

Definition

Mentorship a mutually agreed upon relationship between two professionals, in which individuals engage in a collaborative learning partnership, working to achieve mutually agreed upon goals. In the mentoring relationship, the mentor facilitates learning by providing resources, encouragement and prompting questions. The mentee is self-directed, and shares in the responsibility for meeting established goals. Mentorship is not didactic, but an opportunity for learning, exploration and discovery, benefiting both the mentor and mentee.

Credit

HTCC has defined three mentoring levels which may be used towards recertification for credit in Category E. These levels are defined below and may be used for up to a maximum of 30 CEU hours per 5 year recertification cycle. General OT/PT student fieldwork supervision should be claimed in Category G.

PLEASE NOTE:

- A new employee may be mentored by another CHT as long as there is a signed mentoring contract
- New staff orientation may not be counted towards mentoring hours
- Observation hours may not be counted towards mentoring hours
- For credit in mentoring a one-on-one relationship is required. Facilitating and/or teaching a study group and/or study course does not count as mentoring
- The person being mentored must be an occupational therapist or physical therapist

Acceptable Proof:

To receive credit for mentoring, a signed Mentoring Contract and Mentor Verification form with log (included in this packet) must be submitted which includes the following:

1. Name and signature of mentor and mentee
2. Length of mentoring relationship
3. Frequency of meetings
4. Type of meetings (i.e. face to face, online, phone)
5. Identified goals for the mentoring relationship

Disclaimer: HTCC seeks to support Certified Hand Therapists and aspiring Certified Hand Therapists in their professional development efforts and provides this information as a public service. This information is for educational purposes and should not be considered authoritative medical or legal guidance or a substitute for consultation with qualified professionals. While engaging in the mentoring relationship, therapists are responsible for ensuring that all state licensure requirements are adhered to and that HIPPA and privacy restrictions are followed.

Level 1: Basic/Consulting:

One contact hour awarded per every two hours of mentoring up to a total of 5 hours per mentee

Mentor Role	Facilitator, Provides resources and suggestions for experiential learning, Asks prompting questions, guides the learning process.
Mentee Role	Self –directed, Establishes learning goals and is responsible for identifying areas of need.
Time Commitment	Monthly to once every few months. As needed as a resource for assisting with meeting learning goals. Mentoring contract will assist in defining amount of time required, Mentoring relationship ends when goals are achieved.
Objective	To assist the experienced therapist in meeting professional or learning goals, May be face-to-face, provided through phone call, or teleconferencing. Examples may include: Preparing for a lecture or presentation, engaging in research, perfecting a particular skill or treatment technique, learning more about a specific diagnosis, basic guidance while preparing for the hand certification exam.

Level 2: Intermediate Mentoring

One contact hour awarded per every two hours of mentoring up to a total of 10 hours per mentee

Mentor Role	Facilitator, Provides resources and suggestions for experiential learning, Asks prompting questions, guides the learning process, and promotes reflection, May plan labs or opportunities for hands on learning, Promotes relationships with additional therapists.
Mentee Role	Self –directed, Establishes learning goals and is responsible for identifying areas of need.
Time Commitment	Monthly to weekly, Mentoring contract will assist in defining amount of time required, May require more preparation time by the mentor, Mentoring relationship ends when goals are achieved or as established in mentoring contract.
Objective	<p>To assist the less experienced therapist in meeting professional or learning goals, Usually face-to-face, however may be provided through phone call, or teleconferencing.</p> <p>Examples may include: A structured plan to review and study for the hand therapy certification exam, assistance with meeting learning objectives established to improve several areas of skill development, increasing comfort level around the treatment of more complicated diagnoses, assisting with the design and preparation of a research or quality improvement projects.</p>

Level 3: Comprehensive Mentoring

One contact hour awarded per every two hours of mentoring up to a total of 15 hours per mentee

Mentor Role	Facilitator, Provides resources and suggestions for experiential learning, Asks prompting questions, guides the learning process, and promotes reflection, Responsible for developing or participating in a structured program that includes side-by-side patient care, May include multiple mentors.
Mentee Role	Self –directed, Learning goals are usually part of the structured program which are based upon the facilities objectives, May be part of an agreement with employer to promote growth within work setting.
Time Commitment	Weekly to daily, Mentoring contract will assist in defining amount of time required, Requires the mentor to assist with development of learning activities within a structured program. Usually a calendar year rather than goal directed time-line.
Objective	<p>To assist a new therapist in meeting professional or learning goals, Setting is an outpatient or inpatient clinic where the mentor and mentee participate in a structure program developed by the facility or organization for whom they are employed.</p> <p>Examples may include: Involvement in a structured fellowship program that requires preparation and planning, assistance with meeting learning objectives designed to improve many areas of skill development, preparation for the hand therapy certification exam, and/or efficiency with treatment of various UE diagnoses. HTCC’s Hand Therapist Peer Mentoring Manual may be used to follow a structured program.</p>

Mentoring Contract

The mentoring contract is a document that is used to define parameters and guidelines for the mentoring experience. A mentoring contract allows for open discussion regarding expectations and desired outcomes, and is a tool for use in clarifying roles within the mentoring relationship. The logistics of the mentoring relationship such as meeting places, times, duration and contact information should be included. The mentor and mentee should complete a mentoring contract at the first mentoring meeting agreeing and signing the terms of the agreement. Below is a sample of a mentoring contract.

This contract is being made between (the mentee) _____ and (the mentor) _____ on (date) _____. Both individuals are entering into this relationship on a voluntary basis for the purpose of educational and professional development.

We agree to the following terms:

- 1.Meeting content will be kept confidential unless otherwise stated for learning purposes.
- 2.The mentoring relationship will last for the following: _____
- 3.Meetings will be held in a mutually agreed upon location: weekly monthly
other: _____ for a mutually agreed upon time.
- 4.Contact between meetings should occur via: telephone email text other: _____
- 5.Should meetings have to be cancelled they will be cancelled with at least 24 hour notice.
- 6.The mentor and mentee agree to provide honest and open communication and feedback to one another.
- 7.The agreed upon role of the mentor is (for example: answer questions, facilitate learning opportunities, give advice, promote professional development) _____

- 8.The agreed upon role of the mentee is (communicate learning needs, pose questions for clarification,suggest topics for discussion, to complete assigned learning activities): _____

Mentoring Contract

(Continued)

9. The end of the mentoring partnership will end at an agreed upon time when the following objectives have been met:

A. _____

B. _____

C. _____

10. If for any reason this mentoring relationship is not effective, we agree to honest communication about closure and will use the results as a learning opportunity.

Mentee's Signature: _____

Date: _____

Mentor's Signature: _____

Date: _____

Mentor Name: _____ Date: _____

CHT ID#: _____

Type of Mentoring

- Level 1 - Basic /Consulting
- Level 2 - Intermediate Mentoring
- Level 3 - Comprehensive Mentoring

Length of Mentoring Relationship: Start:_____ End:_____

Frequency: Daily Weekly Monthly Other:_____

Type of Meetings: Face to Face Online Phone Other:_____

Identified goals for the mentoring relationship (Please List):

1. _____
2. _____
3. _____
4. _____
5. _____

This form represents _____ hours of mentoring related to hand therapy. Please complete and submit the Mentoring Log with this document to support hours submitted.

By signing below, I certify that the hours listed here are true and correct to the best of my knowledge and that I have personally verified them for accuracy. I am aware that my inaccurate or false representation of these hours may lead to penalties, including, but not limited to, HTCC’s refusal to accept further verification from me.

Mentor Signature Mentee Signature

Name Name

Mentor Email Mentee Email

Mentor Telephone MenteeTelephone

