

New Graduate Mentoring Program Checklist

Employee Name: _____ **Facility:** _____

Mentor Name: _____ **Start Date:** _____

Supervisor Name: _____

PHASE I – At Facility with Supervisor

<i>Day 1</i>	
<input type="checkbox"/>	Introduce new staff member to team, nursing, administration.
<input type="checkbox"/>	Give tour of facility to therapist.
<input type="checkbox"/>	Pair them up with another therapist whom they shadow and is designated as their mentor. a) Review Facility Specific Procedures for Telephone Orders, Care Plan etc. b) Review Equipments (Modalities, splints, wheelchairs etc.) c) Observe on evaluation and one treatment. d) Observe documentation of the evaluation and treatment.
<input type="checkbox"/>	Break for lunch (supervisor to touch base with therapist to ensure that their morning went well, and answer any questions the therapist may have)
<input type="checkbox"/>	Therapist to tx up to 3 hours of pts in the pm,(only treatments no evaluations) and complete daily billing and notes with supervisor or mentor they were paired up with in the morning.
<input type="checkbox"/>	Complete Track 1 of orientation tracks

Therapist Initial_____

<i>Day 2</i>	
<input type="checkbox"/>	Pair up with mentor for 2 hours of tx/eval time observe Giftrap documentation with that therapist as well as training on any equipment used during tx sessions, and time for questions about department/facility/specific patients.
<input type="checkbox"/>	Initiate Evaluation from Chart review to patient assessment and documentation for the rest of the morning.
<input type="checkbox"/>	Break for lunch (supervisor to answer any questions therapist has at that point)

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<input type="checkbox"/>	Tx for 2.5 hours in the pm and complete daily billing and notes. Mentor to touch base with therapist to ensure no problems/questions with the tx's or documentation/billing.
<input type="checkbox"/>	Complete Track 2 of orientation tracks

Therapist Initial _____

Day 3	
<input type="checkbox"/>	Supervisor to do brief 15 min meeting with therapist to ensure no major questions or concerns up to this point.
<input type="checkbox"/>	Complete 3 hours of tx in the morning (if evaluating therapist-try to make one of the pts on this morning an evaluation). Complete documentation/billing.
<input type="checkbox"/>	Break for lunch-supervisor to review eval documentation/provide any support needed to ensure charting and billing is accurate and up to date, and all questions answered.
<input type="checkbox"/>	Tx for 3.5 hours in the pm and complete daily billing and notes. Supervisor to ensure that therapist is on target with completing billing/notes, and therapist is ok using any equipment available for tx.
<input type="checkbox"/>	Complete Track 3 of orientation tracks.

Therapist Initial _____

Day 4	
<input type="checkbox"/>	Complete 3 hours of tx in the morning and 2.5 hours of tx in the pm.
<input type="checkbox"/>	Supervisor or mentor to touch base with therapist to ensure that no issues arose with any patients, equipment is being utilized safely, give feedback on documentation.
<input type="checkbox"/>	Complete Track 4 of orientation tracks.

Therapist Initial_____

Day 5	
<input type="checkbox"/>	Complete 6.5 hours of tx time.
<input type="checkbox"/>	Supervisor and/or mentor train therapist on any specialty equipment available within the department. (ACP training if equipment avl).preferably with a patient on their schedule.
<input type="checkbox"/>	Complete Track 5 of orientation tracks.

Therapist Initial_____

Day 6	
<input type="checkbox"/>	Supervisor complete Orientation Checklist form with therapist.
<input type="checkbox"/>	Mentor to continue to work closely with new Grad and be available for questions.
<input type="checkbox"/>	Complete 7 hours of tx/eval time.

Therapist Initial_____

Days 7-10	
<input type="checkbox"/>	Complete Track 6 of orientation tracks. Complete any unfinished tracks.
<input type="checkbox"/>	Provide new Grad with date for PHASE II of program at the corporate office.



<input type="checkbox"/>	<p>Provide information regarding MENTORING HELPLINE</p> <ul style="list-style-type: none">a. mentoring@tendertouch.comb. Telephone number for MENTORING HELPLINE <u>844-344-6090</u>c. Monthly Conference call details and schedule (3rd Friday of the Month 12:15pm) <u>563-999-2090 Access Code: 921087</u>
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Therapist Initial _____

I attest that the above training has been completed.

Signature of Therapist

Signature of Mentor

Signature of Supervisor