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# HIATS Mentorship Plan Request

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentored Clinician Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentored Clinician Discipline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentored Clinician Registration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Experience \_\_\_\_\_\_\_\_\_ months related experience

Proposed mentorship Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed mentorship End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor(s) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor(s) Discipline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor(s) Experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Is the mentor of the same discipline as the mentored clinician and meet the minimum HIATS clinician requirements?
	+ Yes / No (Do not proceed if the answer is no)
* Only one of the Physiotherapist, Occupational Therapist, Psychologist or Physician disciplines on each team can be mentored at the same time. Will this proposed mentorship plan result in more than one disciplines per HIATS team being under mentorship at any given time?
	+ Yes / No

At minimum, the mentorship plan must include the components:

* **Clinician will have a designated mentor.** This mentorship will ensure that the mentored clinician has the ability to meet and consult with their mentor to address issues or questions. The expectation is that these meetings occur on a weekly basis.
* **Reports to be reviewed.** All reports, or the portion(s) of the report produced by the mentored clinician, will be reviewed by the mentor and/or other qualified staff or equivalent prior to submission to WorkSafeBC. Feedback will be provided to the mentored clinician with the goal of ensuring that the report(s) adequately addresses all relevant issues in a consistent and succinct manner.
* **Peer observation, review, and feedback.** This will occur on a monthly basis and can occur in the context of a peer review from either the mentor or another core team member.
* **Regular meeting with management.** The progress towards achieving the goals of the mentorship program needs to be monitored, modified, and evaluated through quarterly meetings between the mentor, mentored clinician and clinic management.

Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic Management

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WorkSafeBC HIATS Program Manager or delegate

Send the mentorship package to the Program Manager and Quality Assurance Supervisor for HIATS as well as the General Health Care Services mailbox hcsinqu@worksafebc.com. The mentorship pack checklist is:

* This document completed;
* A detailed letter outlining the proposed mentorship;
* The clinician’s resume;
* An updated staff list for the clinic.