

DAOM Mentorship Application Form

GENERAL INFORMATION		Date of application:
Doctoral Fellow Name (print or type):		Cohort #:
Education Start Date:	Expected Graduation Date:	
Mentorship Information		
Mentor Name:	<input type="checkbox"/> Copy of CV on file in ECTOM office.	
Mentor Contact Phone Number:	Fax:	
Mentor Contact Email/s:		
Mentorship Site Name:		
Mentorship Site Address:		
Mentorship Site Orientation Date:		
Mentorship Start Date:	Mentorship End Date:	
<u>Doctoral Program Goals</u>		
(Check the objectives that apply to your goals of participating in this clinical Mentorship.)		
<p>Acquire advanced Oriental medicine knowledge and clinical skills.</p> <p>Obtain essential knowledge and clinical skills in a selected area of specialty.</p> <p><input type="checkbox"/> Integrate Oriental medicine and biomedicine theoretically and clinically.</p> <p><input type="checkbox"/> Collaborate effectively with other healthcare practitioners.</p> <p><input type="checkbox"/> Use clinical administrative, management, supervisorial or marketing knowledge and skills.</p> <p><input type="checkbox"/> Critically evaluate research literature; design and conduct a study in Oriental Medicine.</p> <p><input type="checkbox"/> Demonstrate skills needed for leadership and teaching in Acupuncture and Oriental Medicine.</p>		
<u>Mentorship Core Competencies</u>		
(Check the competency areas which apply to your goals of participating in this clinical Mentorship.)		
<p><input type="checkbox"/> Advanced patient assessment and diagnosis.</p> <p><input type="checkbox"/> Advanced clinical intervention and treatment.</p> <p><input type="checkbox"/> Consultation and collaboration.</p> <p><input type="checkbox"/> Clinical administration, management, supervision, marketing or practice management.</p> <p><input type="checkbox"/> Clinical research and design.</p> <p><input type="checkbox"/> Advanced leadership, supervisorial, marketing or teaching skills and program development.</p>		



	AREA	Mentorship Overview, Goals, Objectives, Tasks, and Deliverables
1.	Provide a Brief Overview of the Mentorship	(brief summary)
2.	Establish your overall Goal/s of participating in this Mentorship (check all that apply)	<input type="checkbox"/> To acquire advanced knowledge in the area of _____ <input type="checkbox"/> To acquire advanced clinical skills in _____ <input type="checkbox"/> To develop my teaching skills in _____ <input type="checkbox"/> To increase my skills in integrative healthcare consultation and collaboration. <input type="checkbox"/> To acquire additional skills at conducting research in healthcare. <input type="checkbox"/> To acquire skills at program development in the area of _____ <input type="checkbox"/> To (other): _____
3.	Write Individualized Measurable Objectives you want to accomplish	(Objectives include measurable components of your overall goal and tell how you will meet the goal/s stated above: what you will do & when you will complete are most important)
4.	List the <u>tasks</u> you will be performing that will lead to meeting your objectives.	(list specific tasks you will do to meet your objectives)
5.	Check the Deliverables that you will have at the end of this mentorship that will demonstrate you have accomplished your goals.	<input type="checkbox"/> Program development items created <input type="checkbox"/> Case Review (one per quarter = _____) <input type="checkbox"/> Research Protocols developed, (orientation guidelines for research, IRB items used) <input type="checkbox"/> Course syllabi with learning objectives for mentorships in teaching <input type="checkbox"/> Course presentation materials (PowerPoints, handouts, templates, etc.) <input type="checkbox"/> DAOM student's evaluation of the mentor (see attached sheet) <input type="checkbox"/> Mentor's evaluation of the DAOM student (preceptee) quarterly = _____ <input type="checkbox"/> Educational certificates completed as part of participation at the mentorship site. (e.g. research training on human subjects, CEUs, educational meetings attended)

Approval Signatures:

I agree to work at and complete the goals, objectives and tasks outlined in this application:

Mentee: _____ Date: ____/____/____

I agree to work with the above listed student and to facilitate the student's learning in the areas listed in the application.

Mentor: _____ Date: ____/____/____

I have reviewed and approved the student's application for this mentorship.

Doctoral Director: _____ Date: ____/____/____

How to Write Mentorship Goals, Objectives, and Tasks

Goals

Goals are broad, generalized statements about what is to be learned. Think of them as targets to be reached, or "hits".

Objectives

- Instructional objectives are specific, measurable, short-term, observable student behaviors.
- Objectives are the foundations upon which one can build lessons and assessments that prove overall course or lesson goals have been met.
- Objectives are tools that enable one to reach set goals.
- The purpose of objectives is not to restrict spontaneity or constrain the vision of education in the discipline, but rather to ensure that learning is suitably focused for both the student and mentor and can be objectively measured.

Types of Objectives

- Psychomotor:** physical skills. Actions which demonstrate fine motor skills such as the use of precision instruments or tools (needles, reflex hammers, etc.), as well as actions which evidence gross motor skills such as the use of the body in patient treatments (including manipulation) and physical assessments.
 - **Example:** I will be able to demonstrate acupuncture treatment for cardiac AMI patients within the ICU setting with minimal disruption of cardiac monitoring procedures.
 - **Example:** I will be able to perform a neck assessment using the head lift process and evaluation of muscle groups used, chin position, and patient's ability to hold head in a single position.
- Cognitive:** understandings, awareness, insights. This includes knowledge or information recall, comprehension or conceptual understanding, and the ability to apply knowledge in analyzing, synthesizing information from, and evaluating a given situation.
 - **Example:** I will know the process and components of implementing a research grant within a hospital setting by February 2008.
 - **Example:** I will be able to develop a course syllabus with measurable objectives for graduate level learners by June 2008.
 - **Example:** I will have a greater understanding of an integrated medical approach to inpatient care for stroke patients.
- Affective:** attitudes, appreciations, relationships.
 - **Example:** I will have a greater appreciation for integrative medicine in an inpatient setting while working collaboratively with other healthcare professionals.

Tasks are actual functions to be performed. Attend patient care conferences, conduct a presentation on TCM or acupuncture, develop a training module, take an IRB exam, treat 10 cardiac AMI patients, treat 5 stroke patients, etc. They should list very specifically what will be done.



Year: _____ Quarter: Winter Spring Summer Fall

ECTOM DAOM Mentorship Agreement Form

Mentee Name: _____ Cohort: _____ Date: ____/____/____

Mentor Name: _____ Specialty: _____

Name of the Mentorship: _____

Setting for the Mentorship: _____

This agreement is developed by the DAOM fellow [mentee] and mentor and approved by the DAOM Program Director before the mentorship begins. The number of objectives may be greater or fewer than listed here.

OBJECTIVES	PLANNED METHOD(S) TO MEET OBJECTIVES
Complete Clinical Log for each learning session.	Use standard Clinic Log form, identify each one of ACAOM core ares sampled in each session, record total hours and dates.

Mentee name and signature

_____/_____/_____
Date

Mentor name and signature

_____/_____/_____
Date

Approved by:

DAOM Program Director name and signature

_____/_____/_____
Date

DAOM Mentorship Application Form Year: _____ Quarter: Winter Spring Summer Fall**MENTOR CONTRACT**

WHEREAS Emperor's College of Traditional Oriental Medicine (hereinafter referred to as College) is incorporated under the laws of the State of California, and:

WHEREAS (mentor name): _____

(Clinic address): _____

[hereinafter referred to as Mentor] has special skills, knowledge and qualifications related to specified educational objectives of the Doctoral fellow [hereinafter referred to as Mentee] and agrees to provide services to the College in accordance with the following terms and conditions.

1. Mentor agrees to provide instructional, evaluative and Mentor services within their scope of services as a licensed professional and agrees to devote their best efforts to provide such services consistent with the highest traditions of Doctoral education.
2. It is mutually understood that Mentor has no power of authority to enter into any contract or commitment for or on behalf of the College. Any financial obligation or expenditure incurred by Mentor for clerical or other support services, or otherwise, in performance of duties pursuant to this contract shall be sole responsibility of the Mentor, and shall not be the responsibility or obligation of the College.
3. This contract is for the instructional services of the above-mentioned Mentor to the College, and is therefore not assignable by said Mentor.
4. Prior to the inception of the mentorship, Mentor agrees to provide a curriculum vita and a copy of current professional licensure if not on file. Additionally, Mentor may be asked to provide official transcripts of college studies from the institution awarding the highest attained degree in the area taught.
5. If Mentor cannot complete their mentorship agreement, s/he agrees to provide the College with sufficient notice
6. The College reserves the right to terminate this contract at any time as necessary for the protection of the College's clinical standards, or if such termination is deemed in the best interest of Mentee and/or College.
7. Mentor understands and agrees that a representative of the College or its designate may monitor, observe or evaluate adherence to College policies and procedures. Mentor understands that written evaluations will be conducted each quarter.
8. Any dispute by and between the parties will be adjudicated through arbitration under the rules of arbitration in the State of California.
9. Mentor has read and agrees to conform to all policies and procedures stated in the Clinic Mentor's Manual. This agreement may be modified or amended in writing signed by both parties.
10. This contract shall be for the Mentee's specified Learning Plan as approved by the Doctoral Program Director, for the period of: _____
11. It is understood that no remuneration will be tendered by College to Mentor under this contract.

The undersigned hereby agree to the above terms and conditions as stated:

Mentor: _____ Date: ____/____/____

Doctoral Program Director: _____ Date: ____/____/____



EMPEROR'S COLLEGE
OF TRADITIONAL ORIENTAL MEDICINE
MENTORSHIP REPORT FORM

Section One

- ☉ Mentor credentials, experience, and accomplishments
- ☉ Mentorship style of interaction and how he proceeded to mentor you:
 - Coaching — encouraged the development of goals & steps to get there
 - Educational — provided learning materials to broaden your perspective
 - Directive — told you what to do and how to do it
 - Authoritative — came with expert advice and assisted you to find your way
 - Other:

Section Two

- ☉ What steps did you take to accomplish your goals?
 - Initial phase: creating goals
 - Middle phase: creating a plan
 - Accomplishment phase: outcome of the process and achievement of goals
 - Pitfalls, bad outcomes, re-do's

Section Three

- ☉ Evaluation of the process
- ☉ Evaluation of the outcome
- ☉ Evaluation of the mentor
- ☉ Would you recommend this mentor to others, if so why?

Section Four

- ☉ What did you learn that you would use to help a colleague set up a practice?
- ☉ What would you do differently than how you proceeded with this mentor?

Section Five

- ☉ What did you learn that should be a normal part of the curriculum?

DAOM Fellow's Name & Cohort #:	Mentorship Dates:	Mentor Name:				
Doctoral Program Objectives: <input type="checkbox"/> Acquire advanced Oriental medicine knowledge and clinical skills. <input type="checkbox"/> Obtain essential knowledge and clinical skills in a selected area of specialty. <input type="checkbox"/> Integrate Oriental medicine and biomedicine theoretically and clinically. <input type="checkbox"/> Collaborate effectively with other healthcare practitioners. <input type="checkbox"/> Use classical literature to develop clinical strategies and provide background for research and scholarly work. <input type="checkbox"/> Critically evaluate research literature; design and conduct a study in Oriental Medicine. <input type="checkbox"/> Demonstrate skills needed for leadership and teaching in Acupuncture and Oriental Medicine.		Mentorship Core Competencies: <input type="checkbox"/> Advanced patient assessment and diagnosis <input type="checkbox"/> Advanced clinical intervention and treatment <input type="checkbox"/> Consultation and collaboration <input type="checkbox"/> Clinical supervision and practice management <input type="checkbox"/> Clinical evaluation and research <input type="checkbox"/> Advanced teaching skills and program development				
Mentorship Description: 		Overall Goal/s of Mentorship: (you can attach copy of page 2 of the Mentorship Application)				
Mentor, Please review the DAOM Mentee's goals and objectives and rate each area.		In the columns below rate the intern's progress toward each task listed within the timeframe of the mentorship				
Tasks to complete to meet overall goals and objectives of the Mentorship: (list each)		Excellent	Good	Fair	Failed	Unable to Evaluate
1)						
2)						
3)						
4)						
5)						
6)						
Overall Impression of Mentee's Progress Towards Goals described above:		Mentor's Signature:				
		Mentee's Signature:				
		Date Reviewed:				
Please use back of sheet or type your additional comments about the mentorship.						

EVALUATION ECTOM DAOM MENTORSHIP

Mentee Name: _____ Cohort: _____ Date: ____/____/____

Mentor Name: _____ Specialty: _____

Name of the Mentorship: _____

Setting for the Mentorship: _____

Upon conclusion of the mentorship, the mentor and DAOM fellow together complete the final score and comments columns of this form, evaluating the success of the mentorship in meeting the objectives and the integration of practice and scholarly inquiry in the final deliverable product. The scale is from 1 to 5 with **5 as excellent, 4 as competent, 3 as average, 2 as inadequate, and 1 as no competency at all.** Please submit this form and the final deliverable product to the DAOM Program Director for inclusion in the fellow's file. Attach additional page[s] as necessary.

OBJECTIVES	PLANNED METHOD(S) TO MEET OBJECTIVES	FINAL SCORE	COMMENTS

 Mentee name and signature

 ____/____/____
 Date

 Mentor name and signature

 ____/____/____
 Date

Approved by:

_____ / _____ / _____
DAOM Program Director name and signature Date

Certification of satisfactory completion of Mentorship Hours and Deliverable Product by the Mentor

By my signature below I certify that the DAOM fellow has completed _____ hours of mentorship work under my supervision and that I have reviewed the final Deliverable Product and consider it to be sufficient for a passing grade.

_____ / _____ / _____
Mentor name and signature Date