



## Developing And Mentoring New Graduate Staff Physical Therapist Using the Social Styles

Vidit Atul Phanse

Viditp1992@gmail.com

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### ABSTRACT

Physical therapists play a crucial role in the healthcare profession in the United States, acting as the first line of treatment in most orthopedic injuries to improve quality of life and help patients reduce pain and suffering (American Physical Therapy Association, 2020). Despite extensive education, challenging examinations, and clinical rotations, many new graduates struggle to perform at expected levels in practical settings due to a lack of mentoring, clear expectations, and hands-on training. Utilizing social styles during mentorship can significantly enhance the learning experience and foster professional growth. This article explores common dilemmas faced by new graduate physical therapists and the application of social styles—Analytical, Amiable, Expressive, and Driver-in mentoring them.

**Key words:** Physical therapists, healthcare profession

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### INTRODUCTION

Mentoring is an essential process in the professional development of new graduate physical therapists. The transition from academic training to clinical practice can be daunting, with new therapists often struggling to perform at expected levels. This struggle is often due to the steep learning curve and the lack of proper mentoring, clear expectations, and hands-on training (Housel, 2016). Effective mentorship can bridge this gap, ensuring that new graduates gain the necessary skills and confidence to succeed in their roles. Understanding and utilizing social styles can significantly enhance mentorship experience.

### COMMON DILEMMAS FACED BY PHYSICAL THERAPISTS

#### 1) Being Amiable to Patients' Thoughts

When a therapist evaluates a patient, they have their own thoughts on what might be the best treatment frequency and duration for the condition that the patient might be facing. Unfortunately, most therapists fail at communicating this to the patient in an effective manner. Instead, most therapists end up asking the patients how many times they can make it in for treatment within a week. This leads to reduced patient trust and confidence within the therapist and leads to reduced therapy visits, leading to long durations for treatment, recurrence of the condition, and patients quitting treatment due to lack of results. This can affect the morale and job satisfaction of a new therapist (Baker et al., 2017).

#### 2) Lack of Communication with Patients and Team

Lack of communication can result from a lack of confidence in their own skills and/or lack of experience with clinical judgment. This can lead to not setting clear expectations with patients about the post-effects of treatment sessions and expected progression. For example, performing manual therapy and deep tissue massage can be an effective treatment method for some therapists but can often lead to soreness for 24-48 hours post-treatment. Patients may feel that their pain has increased post-treatment session if this expectation is not set in advance (Jones & Smith, 2018). Similarly, training the appropriate muscle group is important to relieve muscle imbalance, but many new therapists fall into the dilemma of providing new exercises to patients to make them look knowledgeable and providing new engagement every session. However, the issue with this method is there

is no accountability or objective measures on how the patient is progressing. Gradual progression of exercises with resistance and repetitions can yield more progress.

### **3) Overtreating and Burning Out**

Depending on the state of employment, state practice acts, and insurance laws, some states have higher reimbursements compared to others. When combined with administrative burdens, this can lead to burnout if the workload is not managed appropriately. Some therapists, while treating multiple patients at the same time, end up spending more than the necessary time with the patient for manual treatment, which can be stressful. Proper time management and completing documentation at the point of service are important to reduce burnout (Smith et al., 2019).

## **USE OF SOCIAL STYLES DURING MENTORSHIP**

Social style should not just be limited to leadership but can also be used for training physical therapists in their day-to-day activities and application while dealing with co-workers and patients. Mentors, while teaching this concept to new graduate therapists, should make sure they identify the new graduate's learning style and adapt to their social style to teach (Housel, 2016).

### **1) Analytical Patients**

When dealing with patients with analytical thinking, attention to detail needs to be focused on. Each step needs to be explained in detail. For example, a therapist explaining to a patient about shoulder impingement, which might take six weeks to rehab, breaking down how each week will look like is extremely appealing to these individuals. To top off this information, research backups are extremely useful. These are not always available in hand but something as simple as "According to our feedback from our past patients, six weeks works best for shoulder impingement treatment and getting results" should work. Give them enough time to reflect on all the information and clear any questions. It is important to give them a chance to clear their questions since it can be a make-or-break in retaining versus losing that patient (Baker et al., 2017).

### **2) Amiable Patients**

Amiable patients are keen on maintaining relationships and will most likely agree to everything that the therapist says. It does not matter if the patient agrees with the therapist's thoughts and has questions regarding them, they will most likely agree and not ask questions. They value maintaining the relationship, and building trust with them is important, further developing that relationship. It is extremely easy to lose these patients without any notice or being communicated with the therapist if the patient loses trust. Deep diving into the patient's thoughts and feelings can help the therapist get the patient to open up their thoughts (Housel, 2016).

### **3) Expressive Style**

They are quite enthusiastic about making relationships, extremely social people, and enjoy interactions. It is important for the therapist to match their relations and make connections. Finding creative ways to treat them is necessary. These are one of the easiest patients to treat if there is a high amount of engagement (Baker et al., 2017).

### **4) Drivers**

As the name suggests, they are looking for quick results and usually will do all they can to get to their results. They will follow the plan of care as prescribed by the therapist. They can try and put their viewpoints quite strongly, but clear communications and expectations with result-oriented explanation and timeframes will gain the trust of these patients (Jones & Smith, 2018).

## **CONCLUSION**

Utilizing social styles in mentoring new graduate physical therapists can significantly enhance their learning experience and professional growth. By understanding and adapting to different social styles—Analytical, Amiable, Expressive, and Driver—mentors can provide more effective and personalized mentorship. This approach not only helps new graduates' transition smoothly into clinical practice but also fosters a positive and supportive work environment, ultimately leading to better patient outcomes and job satisfaction for therapists. Future scope of studies can be performed by comparing therapists who were trained with social styles versus therapists not trained with social styles and the burnout rate in 10 years.

## **REFERENCES**

- [1]. American Physical Therapy Association. (2020). Physical Therapy in the United States. Retrieved August 11, 2020, from <https://www.apta.org>
- [2]. Federation of State Boards of Physical Therapy. (2020). National Physical Therapy Examination. Retrieved August 11, 2020, from <https://www.fsbpt.org>
- [3]. Housel, N. (2016). Mentoring new graduate physical therapists. *Journal of Physical Therapy Education*, 30(3), 12-19.

- [4]. Baker, R., Carter, J., & D'Arcy, A. (2017). The importance of communication in physical therapy. *Physical Therapy Journal*, 97(2), 150-158.
- [5]. Jones, L., & Smith, T. (2018). Burnout in physical therapy: Causes and prevention. *Journal of Physical Therapy Science*, 30(5), 789-797.
- [6]. Smith, M., Wilson, P., & Garcia, R. (2019). Time management and burnout prevention in physical therapy. *Journal of Physical Therapy Science*, 31(1), 23-29.