



Biofeedback Certification Institute of America Guidelines & Policies For Mentoring Candidates for BCIA Certification in Pelvic Muscle Dysfunction Biofeedback

BCIA believes that mentoring is essential to ensuring quality in the delivery of biofeedback services and that it is critical to the training of beginning biofeedback providers. This document is intended to provide a framework for mentoring of candidates for BCIA Certification. We recognize that each state has its own definitions and regulations of professionals who offer biofeedback services. Both the mentor and BCIA candidate should operate within applicable local, state, and federal laws as well as in accordance with the ethical principles of their profession/occupation. Mentoring does not substitute for supervision required for professional licensure or supervision required for insurance reimbursement.

Definitions

An individual becomes a BCIA candidate for certification by submitting an application with documentation of the educational prerequisite and payment of a filing fee. Mentoring is the process of one person overseeing another person's work. It has been a traditional way of transmitting knowledge and skills from the trained to the untrained or the experienced to the inexperienced practitioner. Mentoring also involves a relationship between a mentor and candidate that promotes the development of skill, knowledge, responsibility and ethical standards in the practice of biofeedback. Through mentoring, the candidate learns to apply knowledge to specific practice situations.

Purpose

Mentoring is unique in that it can provide guidance and support that is not available through any other source of professional development. Ideally, mentoring can be a professionally rewarding experience for mentor and candidate, enhancing the quality of work and ultimately benefit the patient/client and the public.

Mentoring of BCIA Candidates

- I. Obligation of the Mentor. Experienced professionals have an obligation to provide mentoring to those entering the field, thus ensuring that new providers are adequately trained.
- II. Qualifications. The following criteria are required for an individual to serve as a mentor of a candidate for BCIA certification.
 - A. **BCIA Certification**
The mentor must be BCIA certified. Occasionally, because of geographic location or other special circumstances, a candidate cannot be mentored by a professional who is BCIA certified. If there is a professional available who by exceptional merit and experience would be able to provide appropriate

mentoring, a special review of his/her credentials is requested prior to starting training.

B. Experience

The mentor must have at least two years experience in the practice of biofeedback.

C. Mentor Qualifications and Limitations

1. A mentor should operate within applicable local, state, and federal laws as well as in accordance with the ethical principles of their profession/occupation. Mentors should operate within the limits of their expertise, training and professional license/credential.
2. Mentorship does not substitute for supervision required for professional licensure or supervision required for insurance reimbursement. These are unique and separate contractual agreements between two professionals.

D. Professional Commitment

BCIA expects mentors to:

1. be active in the field of biofeedback and their professional area as evidenced by affiliations with professional organizations and as required for BCIA recertification.
2. be free of active sanction by a disciplinary proceeding.
3. demonstrate involvement in formalized training and participation in professional development in the practice of mentoring. This may include workshops, continuing education programs, and study of current literature.
4. have expertise with the candidate's client population and methods of practice.
5. be knowledgeable about issues related to diversity such as race, language, culture, gender, sexual orientation, age, and disability.
6. be both technically and clinically experienced with a major time and career commitment to the field of applied psychophysiology and biofeedback.

III. Procedures

A. The BCIA certificant should file a Mentor Application and await approval from BCIA prior to beginning clinical training. A new application should be filed for each prospective candidate.

B. BCIA strongly encourages each prospective candidate to file their certification application and have it approved prior to beginning clinical training.

- C. A written agreement for mentoring should be signed by both the mentor and candidate. It should be amended and renegotiated as needed to reflect any necessary changes. The agreement should include but not be limited to the following:
1. obligations of the mentor and the candidate
 2. set period of time (no more than one year) and renegotiated at the end of the time
 3. a statement to abide by the ethical principles of the mentor's profession and BCIA
 4. plan to address conflicts between mentor and candidate
 5. fee charged for mentoring
 6. process for termination of mentoring relationship
 7. an evaluation or performance appraisal should be done at specified intervals
 8. format and scheduling of conflict-resolution
- D. Mentoring should be documented by both the mentor and candidate.
- E. We strongly advise that the mentor verify the professional liability insurance of the candidate when the treatment of patients is involved.
- F. Original signatures for all phases of mentoring should be provided to BCIA.

IV. Liability Issues

Although it is rare for a mentor to be held liable for the mistakes made by the candidates, we advise prudence when the treatment of patients is involved. It is ill-advised to treat patients without obtaining professional liability insurance. In order to avoid liability problems, we strongly advise that the following risk management procedures be instituted by the mentor:

- A. Monitor the candidate's professional functioning as well as the mentoring process on a regular basis. Document all interactions.
- B. Ensure that biofeedback services are performed according to accepted standards.
- C. To protect patient confidentiality, a mentor should insist on an informed consent form regarding disclosure of information if the identity of the client/patient is evident.
- D. Identify any practice that might pose a danger to patients/clients and quickly take remedial action.
- E. Identify any inability to practice due to impairment by alcohol, drugs, illness, stress or personal problems.

V. The Mentoring Relationship

Mentors should maintain objectivity and should have no conflict of interest. The mentoring relationship is important because it should promote the development of knowledge and skills and standards of care. Although the mentor is in a position of

power, the candidate must be treated with respect. This position must not be used to exploit the candidate in any way, including sexual harassment.

The mentor also has an obligation to the patients/clients of the candidate, and must take appropriate action against unethical conduct of the candidate and one's self. If the mentor believes that the candidate is unqualified to deliver biofeedback services, this must be clearly stated through an evaluation or some other appropriate method.

VI. Clinical Mentoring Requirements for BCIA Certification.

BCIA recommends that mentoring of biofeedback training with patients/clients should take place after the candidate is a pre-qualified BCIA applicant and completes didactic training through an accredited training program, unless the training is part of a degree granting program from an accredited college or university that offers course work concurrently with practicum.

All mentoring requirements may be completed through direct contact or through the use of live phone and/or web meetings. Fax and email may be used as supportive technologies to assist in the transfer of information. The only exception is the "direct observation" requirement which must be met through direct person-to-person observation.

VII. Pelvic Muscle Dysfunction Biofeedback Mentoring Requirements

The mentoring requirements involve two essential requirements: practical experience and mentoring contact hours. Mentoring should be provided by a BCIA-PMDB certified clinician. Mentoring as listed below may be done remotely via e-mail and telephone except for practicum/personal training hours.

A. Practicum/Personal Training 4 hours (1 neuromuscular relaxation, 3 hours surface EMG pelvic floor muscle assessment and pelvic floor biofeedback): The candidate will both perform and undergo a surface EMG pelvic floor muscle assessment, surface EMG pelvic floor biofeedback training, and a relaxation exercise either in a certification training workshop or under the direct observation of their mentor. If a candidate is currently certified in General Biofeedback, they do not have to complete the 1 hour of neuromuscular relaxation.

B. Case Study Presentations: The candidate should demonstrate good skills in assessment, setting up a treatment plan, and conducting treatment sessions with a wide variety of pelvic muscle dysfunction patients. This should be demonstrated with no less than 10 case study presentations. Fulfillment of this requirement is worth 6 hours of mentored time.

Candidates should discuss with their mentors specific cases other than the cases used to fulfill the certification requirement of thirty hours of direct patient care. Mentors or candidates may select the cases to be discussed as

long as a wide variety of patient populations (chronic pelvic pain syndromes and bowel and bladder disorders) are represented.

Case conference hours may also be fulfilled in the following ways:

1. 10 case discussions in the workshop setting
2. 10 case studies, home study modules with testing
3. Case study sessions at national or regional conferences with AAPB, SUNA, or APTA, etc. that will include at least 10 case presentations
4. Shadowing a practicing clinician in her/his setting that will show the candidate at least 10 cases
5. Doing a literature search and report on a specific elimination or chronic pelvic pain disorder (number of cases fulfilled to be determined by the mentor).

- C. **Clinical Training – 30 Patient Contact hours:** The candidate will treat a minimum of five patients through a full course of treatment. Patients are to have one of the following diagnoses: fecal incontinence, constipation with pelvic floor dyssynergia (anismus), vulvodynia, levator ani syndrome, urinary incontinence (stress, urge, or mixed), urinary hesitancy or frequency. Additionally, candidates are required to treat at least one patient within each of the following categories:

1. Storage disorders: urinary incontinence, fecal incontinence.
2. Emptying disorders: constipation related to pelvic floor dyssynergia, urinary hesitancy or frequency related to bladder sphincter dyssynergia.

A minimum of 30 clinical training (patient treatment) hours are required which will include appropriately selected modalities of patient education, surface EMG assessment, diary review, follow-up surface EMG assessments, urge suppression training, therapeutic exercise, relaxation training, toileting behaviors, and prescription of a home training program with or without training devices.

- D. Mentoring Contact Hours - 12 hours:

1. The candidate will submit to their mentor all EMG pelvic floor muscle assessment data, progress notes, and discharge summaries for a minimum of five patients with the diagnoses listed under patient contact. Additionally, the candidate will verbally demonstrate to their mentor proficiency with patient education by simply explaining pelvic anatomy, normal and abnormal bowel and bladder function, general biofeedback, specific pelvic floor muscle EMG biofeedback, and pain mechanisms. These hours may be done remotely via phone or email as agreed upon by the mentor and candidate.
2. Patient Education Proficiency: Candidates will demonstrate to their mentor an ability to simply explain to patients: pelvic floor muscle

anatomy, normal and abnormal bowel and bladder function, general biofeedback, specific pelvic floor muscle EMG biofeedback, and pain mechanisms.