



Bay Pines VA Healthcare System
Orthopedic Physical Therapy Residency
Resident Handbook
2024-2025

Dear Physical Therapy Residents,

Welcome to the Bay Pines VA Orthopedic Residency Program! We look forward to the working journey ahead as we aim to provide you, the resident, with a comprehensive educational experience. Our program has been designed to improve your clinical skills and prepare you to become an Orthopedic clinical specialist in physical therapy.

For novice clinicians, the initial years of practice are a time of both challenge and change. Novice clinicians frequently experience cognitive dissonance with respect to theoretical knowledge and the realities of clinical practice. Developing expertise occurs as a process of change within the individual (knowledge, skills, thinking) that depends on the development of habits of mind such as self-awareness, cognitive flexibility, and critical self-reflection. The process is essential in mediating movement from the mere accumulation of years of experience to the acquisition of expertise.

The first year of practice is a key period in the transition to professional expertise, and the community of practice in which novice therapists work undoubtedly plays a critical role. Clinical environments that have role models and mentors present help facilitate and support the development of clinical expertise. By providing a robust clinical learning experience and supportive mentorship, a residency can help the clinician to bridge the gap from novice to specialist.

Expert clinicians are person-centered, self-reflective, evidence-informed, and committed to lifelong learning and clinical growth. Our goal is to graduate residents who embody these characteristics. Thank you for allowing us to be a part of your clinical journey. We are fully committed to your success.

Sincerely,

Matthew Prince PT, DPT, OCS

PT Residency Director, Bay Pines VA

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Faculty and Support Staff

Core Faculty	
Wade Burd PT, MPT	Residency Director
Matthew Prince PT, OCS	Residency Coordinator
Megan Graff PT, OCS, FAAOMPT	Core Faculty
Nick Drizd PT, OCS, COMT	Core Faculty
Leadership	
Shanti Ganesh, MD	PMRS Chief
Sara Dodrill PT, DPT	PT Supervisor
Kimberly Cao MD	Designated Educational Official (DEO)
Adjunct Clinical Experience Staff	
Denise McDonald OT, CHT	Hand Therapist
Medical Observation Experience Staff	
Luiz De Souza MD	Pain Physician
Jodi Shields MD	Physiatrist
Trevor Born MD	Orthopedic Surgeon

Background: The VAHCS operates nine facilities, serves 10 counties, and provides services to greater than 108,000 Veterans annually. The CW Bill Young VA medical center is located in Bay Pines Florida and is a 260 operational bed level 1a tertiary care facility. The Bay Pines Facility is fully accredited by the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF). The Physical Medicine and Rehabilitation Service (PMRS) for Bay Pines VA includes physiatry, chiropractic care, acupuncture, pain interventional management, kinesiotherapy, physical therapy, and occupational therapy. Physical therapy within the physical medicine and rehabilitation service provides specialty and collaborative care in the following areas; CARF accredited inpatient rehabilitation program, TBI rehabilitation program, amputee program including screening, prevention, inpatient/outpatient amputee care, pelvic health, interdisciplinary outpatient chronic pain management program, falls clinic, vestibular, orthopedic acute/inpatient post-operative care, safe patient handling program, musculoskeletal orthopedic outpatient, geriatric, community living center and home based primary care (HBPC).

Mission, Goals, Outcomes

Program Mission: To provide evidence-based education, advanced training, and high-quality mentorship which will prepare qualified physical therapists for orthopedic specialty practice, enhance the quality of orthopedic rehabilitative care they provide to the patients they serve and prepare graduates to contribute to the profession of physical therapy through education, leadership, and research to improve the health of society. The program participates in continuous process improvement and actively addresses strategic initiatives to sustain and maintain the program all while supporting the VA's mission.

Program Goals:

1. To recruit and train qualified physical therapy residents who are able to provide exceptional orthopedic specialist physical therapy care to veterans within the Bay Pines VA healthcare system.
2. To provide a structured program of exceptional clinical mentoring that leads to the development of clinical self-reflection, systematic clinical reasoning and improved clinical decision-making.
3. To prepare residents to apply evidence-based orthopedic specialty physical therapy knowledge and psychomotor skills to enhance clinical practice
4. To provide clinical experiences to a variety of practice settings, diverse patient populations, and interprofessional collaborative experiences which will prepare the resident for orthopedic specialty practice.
5. To graduate professional residents who will be committed to pursuing and obtaining board certification through ABPTS and who will strive to be advocates of orthopedic physical therapy practice and passionately work to educate the communities and health systems they serve.
6. The program will obtain and maintain 'good standing' and full ABPTRFE accreditation status.
7. The program will maintain program sustainability and financial stability.

Program Outcomes:

1. Perform patient examination, evaluation, diagnosis, prognosis, intervention, and clinical reasoning consistent with advanced level orthopedic physical therapy practice that demonstrates advanced knowledge, skills, and abilities consistent with those described in the current ABPTRFE Description of Residency Practice (DRP) in orthopedic physical therapy.
2. Demonstrate knowledge, skills, and abilities to locate, review, appraise, apply, and integrate current orthopedic physical therapy evidence into patient care consistent with principles of evidence-based practice.
3. Demonstrate effective written, verbal, and non-verbal communication skills during patient, professional, and interprofessional interactions with the ability to adapt to diverse situations and communication styles that facilitates positive outcomes.
4. Demonstrate advanced skills as an educator utilizing educational strategies appropriate to the settings and needs of the learner to clearly explain and model

orthopedic physical therapy and patient management principles to patients, interns, colleagues, peers, and other healthcare professionals.

5. Demonstrate behaviors consistent with a commitment to lifelong learning and the pursuit of advanced knowledge skills and abilities through the ability to self-reflect and receive ongoing input from self, mentors, and others as a tool for professional growth and development.
6. Successfully complete residency to be prepared to sit for and successfully pass the ABPTS board certification examination.
7. Promote professionalism within the practice of physical therapy through professional growth, involvement, leadership, collaboration, and contribution.

Program Overview

Program Duration: The Bay Pines VA orthopedic residency is expected to be completed within 12 months, with a maximum of 2080 hours of instruction and patient care. The resident is onboarded as a temporary employee of the VA during the training period. The anticipated start date for the academic year is August 5th 2024 and will end on August 1st 2025. Residents in jeopardy of not successfully completing the residency within the allotted time frame may require an unpaid extension not to exceed two months beyond the residency end date for remediation purposes.

Program Cost: The US Department of Veterans Affairs' Office of Academic Affiliations (OAA) funds all Residency programs in VA. As such the Resident will pay no tuition to the VA. There are no fees or tuition costs associated with this residency program. Upon graduation from the Program, the graduates will sit for the orthopedic specialist examination through ABPTS. The graduate will be responsible for all costs associated with testing for the OCS. Residents are also encouraged to obtain their own personal liability insurance to cover their curricular experiences at outside institutions. Information is provided at orientation regarding obtaining coverage with HPSO through APTA.

Stipend/Financial Compensation: The resident will receive a stipend through OAA, paid on a bi-weekly basis. OAA sets a predetermined stipend amount annually. The approved Physical Therapy Resident stipend expected for the 2024-2025 academic year is approximately \$52,108.

Hours of Work: The resident will be expected to work 40 hours per week. During much of the residency 32 out of 40 hours will be dedicated to clinical care and 8 hours will be dedicated to education and learning activities. Additionally, during most weeks, 4 hours of the 32 hours of clinical hours will include 1:1 clinical mentoring. The typical tour of duty is 0830-1700 Monday through Friday. The specific start and end times though may be variable during specialty clinical rotation which is more dependent on the specialty clinic schedule. While there is approved educational time for the resident during much of the residency it is also expected that the resident will commit some personal time to review materials, study for examinations, and complete assignments and/or special projects.

Benefits: VA residents have standard benefits of 11 paid federal holidays, 4 hours of Sick leave and 4 hours of annual leave per pay period, bi-weekly (up to 104 hours over 26 pay periods for each). Residents are contracted federal employees with a contract that terminates prior to one year and as such they are eligible for healthcare benefits but are not eligible for the full benefits package such as vision, dental, FMLA, paid parental leave etc.

Accreditation Status and ABPTS Certification: The Bay Pines Orthopedic Physical Therapy Residency Program is developing program/candidate for accreditation and will be seeking accreditation in 2024-2025. Applicants who are currently enrolled in an ABPTRFE-accredited clinical residency or are enrolled in a residency program that has been granted candidacy status may apply for the specialist certification examination in the appropriate specialty area prior to the completion of the clinical residency.

Admission and Retention Policies

Admission Criteria: The program will admit up to one resident each year. Residents must meet the minimal eligibility criteria for participation in the Program which is listed below.

1. Applicant must meet the standard conditions for employment for VA physical therapists which includes all the following:
 - I. You must be a United States citizen.
 - II. Applicants tentatively selected for VA employment in a testing designated position are subject to a urinalysis to screen for illegal drug use prior to appointment. Applicants who refuse to be tested will be denied employment with the VA.
 - III. Selective Service Registration is required for males born after 12/31/1959.
 - IV. Individuals appointed under authority of 38 U.S.C chapters 73 or 74, to serve in a direct patient-care capacity in the VHA must be proficient in written and spoken English.
 - V. Subject to background/security investigation and are required to submit identification documents that meet VA security requirements. See <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>
 - VI. Results of screening against the Health and Human Services' List of Excluded Individuals and Entities (LEIE). See: <https://exclusions.oig.hhs.gov/>.
 - VII. Tuberculosis screening and hepatitis B vaccination. In cases in which the applicant has not had a hepatitis B vaccine or tuberculosis screening the VA facility will refuse the trainee appointment until the required vaccinations/screenings are performed have been performed or a declination waiver has been signed. The hepatitis B vaccination and tuberculosis screening may be done by the facility.
 - VIII. Must pass a pre-employment physical examination.
 - IX. Hold active CPR/BLS certification.
 - X. Participation in the seasonal influenza vaccination program and the COVID-19 vaccination program is a requirement for all Veterans Health Administration Personnel.
 - I. Pursuant to VHA Directive 1193.01, VHA health care personnel (HCP) are required to be fully vaccinated COVID-19 subject to such accommodations as required by law (i.e., medical, religious or pregnancy). VHA HCPs do not include remote workers who only infrequently enter VHA locations. If selected, you will be required to be fully vaccinated against COVID-19 and submit documentation of proof of vaccination before your start date. The agency will provide additional information regarding what information or documentation will be needed and how you can request a legally required accommodation from this requirement using the reasonable accommodation process.
2. The applicant should hold a full, current, and unrestricted license to practice in a State, Territory or Commonwealth of the United States, or in the District of Columbia.

- I. If the applicant has not yet graduated at the time of application, then the applicant is expected update the program with proof of graduation and proof of registration for the national physical therapy exam prior to start of the program.
 - a. If the program fails to receive updated information, then the resident offer can be rescinded, and the resident will not be able to start the program.
 - b. If the program starts before the applicant has sat for the national exam, then the applicant must obtain a temporary permit from the state of Florida. If the applicant does not obtain a temporary permit, then in such situation the applicant will not be allowed to start in the program and the resident offer can be rescinded.
 - c. The resident must successfully pass the licensure exam within 3 months of obtaining the temporary permit (or before permit expires; whichever comes first)
 - d. If the resident fails to obtain the licensure within 3 months of obtaining the temporary permit, then the resident will be dismissed early from the program and their employment will be terminated.
 - e. Information on Temporary Permits for Physical Therapist in the State of Florida can be found here.
<https://floridasphysicaltherapy.gov/licensing/u-s-trained-physical-therapist-by-examination-with-temporary-permit/>
 - f. Information on the national physical therapy exam test dates can be found here. <https://www.fsbpt.org/Secondary-Pages/Exam-Candidates/National-Exam-NPTE/Dates-and-Deadlines>
3. Education and experience: The individual must meet at least one of the requirements below:
 - I. Bachelor's degree in physical therapy AND five years of progressively independent experience as a physical therapist OR
 - II. Master's degree in physical therapy AND two years of progressively independent experience as a physical therapy OR
 - III. Doctorate degree in physical therapy OR are currently enrolled in a doctorate in physical therapy program with a graduation date prior to the start of the residency program.
 - IV. Individuals must be a graduate or near graduation from a college or university that is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).
 - I. A transcript must be submitted with your application. Failure to provide transcript to verify education will result in the applicant being denied employment with the VA.

Application Process: The applicant must submit a completed application portfolio directly to PT program director at wade.burd@va.gov. The application should include:

- 1) completed residency application form with resume.
- 2) transcripts of entry level physical therapy education,
- 3) state license # or plan for obtaining prior to the residency start date.
- 4) Two letters of recommendation from individuals who can speak to their clinical skills.

- a. One reference must be from a PT who taught the applicant in an academic setting and one reference must be from a PT where the applicant was employed or was a student.
- 5) *Complete two* essays with you application. Essays should be typed on separate pages and included with your application.
 - Describe your reasons for choosing to apply for the orthopedic residency. Indicate any strengths and/or weaknesses that might influence your pursuit of this program.
 - Elaborate on at least two clinical experiences (a particularly challenging or interesting case, a job, or a clinical internship) that you feel will contribute to your ability to succeed in our program. Limit your essay to 1000 words.
- 6) Complete a panel interview at Bay VAHCS or through video in cases of travel hardship.
 - a. Interview Process: Superior applicants will be chosen to participate in the interview process with members of the Residency Admissions Committee which includes representatives from each of the clinical partners of the Program. This committee will also review relevant policies and procedures related to admission/selection/retention criteria. I
 - b. Interview criteria used in assessing the applicant during the interview include the applicant's presentation, communication skills, ability to clearly verbalize their goals and objectives, and reasons for applying to the residency.
 - c. Following the interview process, members of the interview panel will rank their choices and discuss their ranking.
 - d. Top ranked candidates will be notified within 1 to 2 weeks following the interviews.
 - e. If an applicant declines or withdraws from consideration, the next applicant on the list will be notified.
 - f. If the Admissions Committee does not feel that other candidates were qualified or a good fit for the program, it is possible that a residency slot may not be filled.
- 7) The application deadline date will be March 1st, 2024. The applicant selection process is anticipated to be finalized within two weeks.

BLS Certification: BLS certification is required for all clinically active staff employed within VA which includes all individuals that provide direct clinical care to patients. Health profession trainees are responsible for maintaining the BLS or ACLS certification required by their national accrediting body or local program certification standards.

Orientation: The VA will provide orientation and training for facility-specific skills like electronic documentation and assessment of clinical competencies. Documentation is reviewed and discussed regularly throughout the residency year as required by VHA Handbook 1400.04, in which the resident is considered an "associated health trainee."

Retention: Maintaining Active Status: For the resident to maintain active status in the program, minimum requirements include:

- Follow all national and local VA policies (which can be subject to change)

- Abide by the APTA physical therapy code of ethics. (Listed below)
- Complete all assigned work and meet all academic benchmarks (found on pg. 24)

APTA Physical Therapy Code of Ethics:

Principle #1. Physical Therapists shall respect the inherent dignity and rights of all individuals.

- 1A. Physical Therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition or disability.
- 1B. Physical Therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle 2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.

- 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients and clients over the interests of the physical therapist.
- 2B. Physical therapists shall provide physical therapist services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.
- 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapist care or participation in clinical research.
- 2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.
- 2E. Physical therapists shall protect confidential patient and client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.

- 3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's or client's best interest in all practice settings.
- 3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient and client values.
- 3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
- 3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
- 3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

- 4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).
- 4C. Physical therapists shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
- 4D. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.
- 4E. Physical therapists shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
- 4F. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

Principle #5: Physical therapists shall fulfill their legal and professional obligations.

- 5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
- 5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
- 5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient or client continues to need physical therapist services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

- 6A. Physical therapists shall achieve and maintain professional competence.

- 6B. Physical therapists shall take responsibility for their professional development based on critical self- assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
- 6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
- 6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients and clients and society.

- 7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
- 7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
- 7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
- 7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
- 7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapist services accurately reflect the nature and extent of the services provided.
- 7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients and clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

- 8A. Physical therapists shall provide pro bono physical therapist services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
- 8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or under- utilization of physical therapist services.
- 8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

Leave of Absence: Residents are given 4 hours of sick leave and 4 hours of annual leave per pay period for a total of up to 104 hours across the program. Should the resident utilize all available sick or annual leave hours and has a need for additional time off such as in cases of

personal emergency then the resident can be granted leave without pay status for a period not to exceed 60 days. However, the resident must also complete all requirements of the program which includes 1500 clinical hours and 300 didactic hours. Should resident at the end of the year not have completed these hours the resident would be required to continue as a without compensation status employee for up to two months beyond the original termination date in order to make up the required hours. The resident can make up hours during the year and could include weekend hours, evenings, holidays, and/or additional time at the end of the residency.

Withdrawal: A resident can choose to remove him/herself from the residency program at any time by notifying the Residency Program Director or Training Director. If one should choose to leave the program early, they will not have successfully completed the program and will be subject to the provisions of their employment contract.

Resources

Email: Your email will be set up during IT sponsorship by the department. Your email will be accessible through VA Microsoft outlook. You are expected to check your email daily as it will be used to communicate with faculty.

TEAMS: Microsoft Teams will be used throughout the program to deliver access to the curriculum and to submit various assignments during the program.

Library: The Veterans Affairs Library Network (VALNET) is the largest health care library network in the United States, providing library services and resources to Veteran inpatients and outpatients, their families, and caregivers; Department of Veterans Affairs (VA) staff and employees; and students and trainees in affiliated teaching programs. VALNET librarians provide knowledge-based information for clinical and management decision-making, research, and education to enhance the quality of care for veterans enrolled in the VA health care system.

<https://www.va.gov/LIBRARY/VALNET/index.asp>

Remote Access with LibLynx Account: Access library resources from home or away from work without VPN by using a Liblynx account for remote access. A liblynx account allows you to access library resources with a single username and password when you are not on the VA network.

To register for LibLynx Account <https://liblynxgateway.com/gw-signup/va/register>
For problems or questions please contact the [Library Network Office](#).

EAP: The VA offers the Employee Assistance Program, which is a confidential counseling program available to employees who are having problems performing at work due to problems in and out of the workplace. EAP also offers support to groups who are dealing with larger scale crises/needs, such as the death of an employee or patient.

Example Acceptance Letter

Dear @@@,

We are pleased to inform you that you have been selected from a pool of highly competitive candidates for a position within our Physical Therapy Orthopedic Residency Program. As you are aware this offer/position is a temporary, one-year clinical appointment at no additional cost to you.

It is contingent upon the following:

1. Successful completion of a CAPTE accredited doctoral physical therapy program.
2. Successful/satisfactory completion of the National Physical Therapy Examination (NPTE)
3. Physical therapy licensure within one of the 50 states of the U.S or obtain a temporary license from the state of Florida prior to starting the program. You must become licensed within 3 months of starting the program and/or prior to the expiration of the temporary license, whichever comes first. If the resident fails to obtain the licensure within 3 months of obtaining the temporary permit, then the resident will be dismissed early from the program and their employment will be terminated.
4. Meet eligibility requirements (see pg. 8-9 of the attached handbook) and willingness and ability to comply fully with residency program requirements

Details:

- Fixed Stipend: \$52,108 to include optional health benefits.
- Program Cost: There is no program cost for the residents to participate in this program.
- Agreement Duration: Residency appointment begins Aug 5th, 2024 and ends Aug 1st 2025
- Hours/Tour of Duty: Monday through Friday 0830 AM to 5:00 PM
- Benefits: Accrued sick and annual leave with paid Federal Holidays. Residents accrue four hours of annual leave (AL) and four hours of sick leave (SL) each two-week pay period
- Liability coverage and protection under Federal Tort Claims Act
- As temporary employees, residents do not have a probationary period and may be dismissed from the program at any time for grounds specified in the Unsatisfactory Progress and Early Dismissal Process Procedures (SOP 007-10). This can be found in the resident handbook.
- Appeal process is outlined in the SOP 007-06, Physical Therapy Training Program: Due Process Procedures (2023). This can be found in the resident handbook.
- Residents in jeopardy of not successfully completing the residency within the allotted timeframe may require an unpaid extension, up to a maximum of 60 days beyond the residency end date, for remediation purpose
- Resident must obtain malpractice insurance prior to start date

Attached to this letter is a copy of the handbook outlining all policies and procedures. Please sign and return this letter to the residency director as soon as possible. Your signature indicates acceptance of the offer and your commitment and intention to fully participate in all elements of the program and comply with all policies and procedures. "I received the Participant Handbook prior to signing the program contract. I certify that I have read, understood, and agreed to all policies and procedures outlined in the Participant Handbook."

Name:

Signature:

Date:

Program Assessments

Initial Competence: An individual who has graduated from an accredited Physical Therapy program and who has passed or is scheduled to sit for the PT licensure exam is deemed to have initial competence and safety skills for entry to the clinical setting. It is expected that by the end of 2 weeks, the Resident will demonstrate entry-level performance as evident by Residency Competency Evaluation Instrument (Level 1).

Equipment Competence: The resident will also be oriented to all equipment in the department and then complete a competency assessment. A competency assessment is standard for all new therapists and should be performed prior to an employee utilizing any equipment with veterans. This is to ensure the therapist has had an opportunity to review procedures for all equipment specific to Bay Pines. Two verification methods are required to validate and measure the proficiency of an individual for a specific task and can include demonstrations, observation, simulation, verbalization, etc. The resident should demonstrate competency with equipment commonly utilized at the facility. Additionally, residents should also be prepared to demonstrate basic competency in the performance of manual therapy techniques.

Resident expectations prior to completion: The resident prior to expiration or termination of this contract shall immediately deliver any VA property in possession including keys, identification badges, borrowed texts, and any other equipment or material, directly to Bay Pines VA physical therapy department. Residents currently enrolled in an ABPTRFE-accredited residency can be conditionally approved to sit for the specialist certification examination in the appropriate specialty prior to completion of the residency. Residents of Bay Pines VA Orthopedic PT residency must apply to take the ABPTS board certification exam prior to graduation. The resident is responsible for fees associated with the application and examination. Upon graduation the residency will provide the resident with evidence of successful completion of the residency program that can be submitted to ABPTRFE to allow the resident to schedule the examination.

Resident Clinical Skill Performance and Knowledge Assessments: The program uses several different forms, examinations, and evaluations to provide formative and summative feedback and assess resident progress and competency. Details of these can be found on pg. 22.

Residency Director Meetings: During the residency program, there are regularly scheduled (biweekly) meetings between the residency director and the resident to allow for ongoing feedback, assessment of the resident and the overall program. This allows potential problems or barriers to be addressed early and successfully, limiting any negative effects from challenges within the program.

Resident Mentor Evaluations: The resident will informally evaluate each mentor session by filling out their self-reflection form which prompts the resident for feedback about the mentoring session. The program director can review these forms to monitor feedback. In addition, the program director has a scheduled meeting with the resident at least once every two weeks. The resident can give feedback on the program and mentoring during these meetings. The resident will also formally evaluate faculty participating as clinical mentors every 3 months using the "Program Participant Evaluation of Mentor" form. The completed form will be maintained by the residency director in the personnel file for each mentor.

Specialty Practice Observation: There will be opportunities that involve other individuals that are not listed as faculty. These opportunities benefit to the program will be reflected upon in the weekly logbook. This feedback will be used to determine modification to clinical residency experiences.

Evaluation of Program: The resident is responsible for completing a Program Evaluation at 6 month and 12 -month time frames. A 24 month follow up graduate survey will be sent to the resident, inquiring as to the type of position they took following their graduation from the residency, whether- or- not they passed their OCS exam, and a self-assessment of the skills they developed during their participation in the Program, including any feedback / suggestions they would have regarding the Program.

Exit Interview: An exit interview will be performed with the residents at the end of the Program to gather information regarding strengths and areas of improvement for program development.

Mentors Evaluation: Each mentor will receive an evaluation from a peer at least annually. The "Peer Evaluation of Mentor" form will be used to provide feedback. Feedback is provided to the Mentor and Residency Director. This form will be maintained in the personnel file. Mentors are also assessed at least annually by the Residency Director using the "Program Director Evaluation of Mentor" form. This information is shared with the mentor and will be retained in the personnel file for each mentor.

Participant Tracking: Residents are required to capture diagnosis information for all consults that they see during their time here. The director will be responsible for monitoring ongoing tracking of patient caseload. Residents will be required to log their mentoring hours and mentoring worksheets. The director will be responsible for monitoring ongoing tracking of mentoring hours. The director will also monitor completion of didactic examinations and log this information. Residents also have a performance and training file that the director is responsible for creating and maintaining. See pg. 51 for policy information regarding participant tracking and record maintenance.

Curriculum Overview

Program Curriculum: The program consists of key components listed below.

1. Didactic Curriculum: The didactic curriculum is based on the most recent description of residency practice and includes learning modules from the Orthopedic Physical Therapy Section of the APTA, in-person labs and courses through MedBridge.
2. Clinical Experiences: The clinical curriculum includes experiences in orthopedic post-surgical rehab, hand therapy, pediatric sports medicine, chronic pain management, outpatient orthopedics. Opportunities for interprofessional collaboration and surgical or procedure observation are built into the clinical experiences.
3. Individual Clinical Mentoring: One on one clinical mentoring is provided throughout the duration of the program. Clinical mentoring is provided weekly with direct resident supervision, assistance, and feedback to enhance clinical practice. Mentors are on site.
4. Scholarly Work: The program emphasizes scholarly work by providing opportunities throughout the year for the resident to participate in. Examples include but are not limited to journal club, in-services, critically appraised topics, program development, quality improvement projects.

Didactic Curriculum: The program uses the most current version of the Academy of Orthopedic Physical Therapy (AOPT) curriculum modules as the didactic reading material. The following reading modules are expected to be completed by the resident.

- 1) Current concepts for orthopedic practice
- 2) Post Operative Management of Orthopedic Surgery
- 3) Imaging
- 4) Pharmacology
- 5) Outcomes
- 6) Orthopedic Screening
- 7) Frontiers of Orthopedic Science
- 8) Screening

Additionally, residents are expected to complete the following courses through MedBridge:

- o MedBridge Courses (Approx 12 hours total)
 1. Introduction to Pediatric and Adolescent Athletic Rehabilitation - Lauren Butler
 2. Assessing Pediatric and Adolescent Patients - Lauren Butler and Jeffrey Fernandez
 3. Common Spinal Pathologies in Pediatric and Adolescent Patients - Kristin Hayden
 4. Common Hip and Pelvic Pathologies in Pediatric & Adolescent Patients - Kristin Hayden
 5. Evaluation and Diagnostic Classification of TMD - Anne Harrison
 6. Treatment of Temporomandibular Disorders and Headaches

Individual Clinical Mentoring: During rotations of inpatient and outpatient orthopedic post-surgical physical therapy and outpatient orthopedic physical therapy, they will receive a total of 4 hours of clinical mentoring each week which will total over the course of the year to 176 hours of 1:1 mentoring. There are no scheduled mentoring times during clinical rotations of hand therapy and chronic pain however, the resident is encouraged to request time to meet with one of the primary mentors if needed.

Mentor Forms: Each week the resident is required to complete and submit one clinical reasoning form and one clinical reflection form. The clinical reasoning forms are designed to be completed during the patient encounter. The clinical reflection forms are designed to be completed later after the clinical encounter. Residents will also be required to maintain a patient logbook during their time in the residency.

Mentor Expectations: Mentors are expected to help foster a positive learning environment and set expectations that are appropriate to the learner's stage of development. The mentors are expected to be transparent, open, and honest with the mentee about their progress and challenges.

Mentee Expectations: Residents who are acting in the mentee role also need to consider how they can help maximize learning during the mentoring experience. Mentees are expected to be actively involved and invested in their own learning and communicate honestly with the mentor about their progress and challenges.

Clinical Experiences: The clinical curriculum is organized in a defined order across the year and was set based upon the specific sequence of clinical curricular components that increase in clinical complexity as the year progresses.

Orientation: Week 1: The first week will be used to help orient the resident to the department, facility and residency and establish baseline testing and learning goals. The second week will begin the first clinical rotation

Experience 1: Inpatient and outpatient orthopedic post-surgical clinic (Weeks 2-10). The first week will be used to help orient the resident to the department, facility and residency and establish baseline testing and learning goals. The second week will begin the first clinical rotation. The first clinical rotation will be working in an inpatient and outpatient setting primarily seeing patients who have recently completed orthopedic surgery. Early on focus is on clinical reasoning, goal setting, and establishing baseline competency levels. The resident works side by side with clinical mentors to orient to staff, the facility, clinic organization, and documentation. Time is also spent to establish a framework for receiving feedback to help clinical growth throughout the program by setting initial goals and discussing learning preferences. During the first 4 weeks, they will exclusively see lower extremity post-surgical patients. Gradually then they will be exposed to see a mix of both lower-extremity and upper-extremity orthopedic surgery patients. During this time the resident is expected to be working through AOPT modules primarily for postoperative management and current concepts for the hip, knee, foot/ankle, and shoulder. The resident is expected to work in this clinic for 9 weeks. The resident will also spend several days observing orthopedic surgical procedures.

Experience 2: Hand Therapy (Weeks 11-12) The resident will complete two weeks of shadowing a certified hand therapist at CWY Bill Young Main Campus. Didactic modules completed during this time are the AOPT modules primarily for postoperative management and current concepts for the elbow and wrist/hand.

Experience 3: Pediatric Outpatient PT (Weeks 13-14) The resident will complete a two-week experience off-site at a pediatric orthopedic and sports medicine clinic. The clinic is run by John Hopkins Children's Hospital. The resident is expected to complete didactic modules for pediatric orthopedic physical therapy during this time.

Experience 4: Outpatient Orthopedic: (Weeks 15-50) During this time the resident will work in an outpatient setting managing a caseload of outpatient orthopedic physical therapy patients for 9 months (36 weeks). During this time the resident will be completing didactic modules for screening, pharmacology, imaging, frontiers in orthopedic science, outcomes, post-operative management for the spine, and current concepts for the low back, neck, TMJ, elbow, thoracic spine, and pelvis.

Experience 5: Chronic Pain Clinic: (Weeks 51-52) During this time the resident will work alongside an outpatient chronic pain therapist who provides interdisciplinary pain care. Didactic modules for chronic pain will be completed during this time. The resident will also observe pain procedures and EMG testing. During this time resident will also complete final scoring on residency competency evaluation instrument and complete any outstanding written examinations, feedback assessments, and exit interview. Certificate of completion to be awarded at this time and time will be set aside to ensure the resident will be processed out of facility per facility policies and procedures.

Out-processing Week: The final week will be used for completing any outstanding items or resident testing and for out processing from the facility.

Scholarly Work: The program emphasizes scholarly work by providing opportunities throughout the year for the resident to participate in. Examples include but are not limited to journal club, in-services, critically appraised topics, program development, quality improvement projects. The resident is required to present at 4 (CAT reviews) in-services, and present at least four times at journal club meetings. The resident must also participate in development, implementation, and assessment of a quality improvement project. These experiences will help to enhance retention and understanding of learned content but also importantly give the resident an opportunity to also develop core residency competencies.

Additional Clinical Experiences: During weeks 2-10 the resident attends clinical labs focused on development of clinical skills.

Forms and Assessments used during program.

Mentoring worksheets are clinically oriented forms that the resident fills out before and immediately following a patient encounter. The clinical mentor also fills out the form to provide the resident with written feedback and suggestions. The forms help to keep a

mentoring session productive and can be viewed over time to reflect the ongoing development of clinical reasoning and decision-making skills.

Self-reflection worksheets are forms that the resident completes after the mentoring sessions. It provides a broader overview of the mentoring session and prompts the resident to reflect on what occurred during the session and aims to develop metacognitive skills.

Resident Clinical Skill Performance and Knowledge: Residents are assessed in several ways throughout the program. The evaluation process is planned, organized, scheduled, and documented to ensure ongoing quality education. The following assessments are used during the program.

- 1) **Live Patient Examination Evaluation:** The resident is evaluated on performance during a clinical encounter and is used to provide the resident with a formal written evaluation of clinical skills. Two patient examination evaluations will be completed throughout the program. These occur at the midpoint and end point of the outpatient orthopedic clinical rotation.
- 2) **Resident Written Examinations:** All didactic written examinations are set at a passing grade of at least 70%. The residents will have a final examination addressing the core curriculum.
- 3) **Resident Clinical Skills Performance Evaluation:** This evaluation is the practice portion of the assessment tool for physical therapist published by the APTA orthopedic section that is designed to assess skills in orthopedic physical therapy related to the description of specialty practice. This tool will be completed at the midpoint and end point of the outpatient orthopedic clinical rotation.
- 4) **Resident Competency Evaluation Instrument-** This is an instrument published by APTA that measures the core competencies expected of a physical therapist resident upon graduation from the program. These domains of competence are broad in nature, representing the residency expectations of all specialty areas of practice. This tool will be completed at the start of the program, at the mid-point of the program and close to the final weeks of the program.

Distance Learning Activities: The program will utilize Microsoft teams as a resource hub for some asynchronous learning activities. Didactic curricular content will be accessed from this location and the resident can post questions to mentors regarding any curricular content.

Mentors can respond to resident questions regarding didactic content directly within the Microsoft Teams forum site. Residents will also use the Microsoft team's forum to upload their mentoring form and the mentor will download the form, provide feedback, and upload the mentoring form back for the resident to review. The forum will also be used for tracking mentoring hours, patient diagnoses treated and outcome measures. The forum will also be used for providing feedback to the resident on scholarly work assignments such as journal club, critically appraised topics etc. Residents' educational hours will be completed on site but are primarily self-directed learning activities. The program provides a guideline for completion of the didactic curricular modules and weekly opportunities for interaction and clarification on didactic curricular content. The resident is provided with 8 hours per week of self-directed learning in the fashion described. These represent 360 out of 1984 hours or 18.1% of total hours.

Example Schedule such as during Outpatient Orthopedic Rotation **(unofficial)*

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
0830-0900	Educational Hours - On Site	Pt. Care - Follow up	Pt. Care - Follow up	Pt. Care - Follow up	Pt. Care - Follow up	Off
0900-0930		Pt. Care - EVAL	Pt. Care - EVAL	Pt. Care - EVAL	Pt. Care - EVAL	
0930-1000						
1000-1030		Pt. Care - EVAL - Mentoring	Pt. Care - EVAL	Pt. Care - EVAL - Mentoring	Pt. Care - EVAL	
1030-1100						
1100-1130		Pt. Care - Follow up - Mentoring	Pt. Care - Follow up	Pt. Care - Follow up - Mentoring	Pt. Care - Follow up	
1130-1200		Pt. Care - Follow up - Mentoring	Pt. Care - Follow up	Pt. Care - Follow Up - Mentoring	Pt. Care - Follow up	
1200-1230	LUNCH					
1230-1300	Journal Club	Documentation Time	Documentation Time	Documentation Time	Documentation Time	
1300-1330	Educational Hours - On Site	Pt. Care - EVAL	Pt. Care - EVAL	Pt. Care - EVAL	Pt. Care - EVAL	
1330-1400						
1400-1430		Pt. Care - EVAL	Pt. Care - EVAL	Pt. Care - EVAL	Pt. Care - EVAL	
1430-1500						
1500-1530		Pt. Care - Follow up	Pt. Care - Follow up	Pt. Care - Follow up	Pt. Care - Follow up	
1530-1600		Pt. Care - Follow up	Pt. Care - Follow up	Pt. Care - Follow up	Pt. Care - Follow up	
1600-1630		Documentation Time	Documentation Time	Documentation Time	Documentation Time	
1630-1700	Documentation Time	Documentation Time	Documentation Time	Documentation Time		
1700	Off - End of Tour of Duty					

Hours Breakdown Per Clinical Experience

	Number of Weeks	Hours per week (Clinical/Edu/Mentoring)	Total Hours per experience (Clinical/Edu/Mentoring)
Outpatient Post Operative Clinic	9	32/8/4	288/72/36
Hand Therapy	2	32/8/0	64/16/0
Outpatient Ortho	35	32/8/4	1120/280/140
Chronic Pain	2	32/8/0	64/16/0
Pediatric Sports	2	40/0/0	80/0/0
Orient/Process Out	2	32/8/0	80 hours (not counted)
Total Hours (Clinical/Edu/Mentoring)	52		1616/384/176
*Holiday Adjustment	11 Holidays - 6 EDU - 5 Patient Care		1576/336/168

Resident Graduation Requirements:

To complete the program residents will be required to complete both clinical and didactic requirements. Should these requirements not be met the resident will not have successfully passed the program and would not be eligible to be awarded a certificate of completion and would not be eligible to obtain board certification. Failure to achieve performance milestones during the program will result in the resident being placed on academic probation with a requirement to remediate the material and successfully achieve the milestone within a specific timeframe. Should the resident fail to achieve the requirements of the remediation plan will result in dismissal from the program. See pg. 28 for more details.

Didactic:

- 1) Complete readings for all didactic modules (>300 educational hours)
- 2) Complete assigned MedBridge online courses
- 3) Successfully score >70% on all written examinations

Clinical:

- 1) Provide a minimum of 30-32 hours of patient care per week and total of greater than 1500 hours over the course of the residency.
 - i. Note: Patient care hours are defined as time spent in patient care, documentation of patient care, direction, and supervision of a physical therapist assistant or student during patient care and conference/rounds on patient care. Mentoring hours are inclusive of the patient-care clinic hours.
- 2) Successfully score >60% on midterm and 70% on final live patient evaluation
- 3) Achieve an average score of 80% on peer chart reviews.
- 4) Resident Clinical Skills Performance Evaluation: Mid-term >70% of scores are (2) satisfactory or greater Final 100% of scores (2) Satisfactory or greater
- 5) Participate in all required observational learning experience;,, hand therapy and medical procedures
- 6) Maintain patient medical conditions outcome log
- 7) Achieve milestones for the APTA core competency of a physical therapy resident instrument.
 - i. Initial (within 14 days of starting) - Level 1
 - ii. Midterm - At least level 2
 - iii. Final - At least level 4

Mentoring:

- 1) Complete at least 150 1:1 mentoring hours.
- 2) Complete 40 self-reflection and 40 clinical reasoning worksheets to be done in conjunction with the at least 150 1:1 clinical mentoring hour.

Scholarly Activity:

- 1) Participate in journal club and active learning sessions.
- 2) Present at least 4 critically appraised topics with an average score of 4 or greater on CAT evaluation form.
- 3) Present at least 4 journal club articles with average score of 4 or greater on journal club evaluation form.

Other: Attend all scheduled meetings with non-faculty advisors for example motivational interviewing, team building leadership, and exit interviews.

*Hours Note: Annual leave totals up to 13 days over the course of the year. Sick leave also totals 13 days but if resident utilizes sick leave and falls below the expected ABPTRFE standard for hours needed then those hours will need to be made up at the end of the residency as work without compensation employee. 26 total days represents 5 work weeks. The program will allow up to 2 months of work without compensation to be added to the end of the program should the resident need to take extended leave during program.

*Orientation: First week is 3 days orientation (1 day facility, 2-day department) then joins Ortho Clinic. Last week is 3 days in pain clinic, 2 days for out-processing. (1 day department, 1 day facility)

Administrative Policies and Procedures

Policies and Procedures: As VA staff, residents are subject to general employee policies and procedures of the VA hospital, in addition to program-specific policies and procedures of the Rehabilitation service. The VA outlines their Policies & Procedures during Resident Orientation as well as in the VHA Handbook 1400.04, ***Supervision of Associated Health Trainees***. Residents also receive Staff Orientation Handbooks specific to the areas they will be assigned. These forms and orientation handbooks are available onsite at the facility.

Non-Discrimination Policy: In accordance with established nondiscrimination policies for the Bay Pines VA Medical Center, our residency program does not discriminate in any manner on the basis of race, color, ethnicity, gender, sexual orientation, age, religion, disability, veteran's status, or national origin at any time during the residency program, including recruitment, admission, retention, and dismissal of program participants.

Reasonable Accommodation: Under federal law, employers are required to make reasonable accommodations for most health conditions, when requested by an employee which would include a resident. In these circumstances, the TD will consult with the Executive TC, ACOS, OAA, Education Service, HR, Legal and/or the Local Reasonable Accommodation Coordinator. Although core competencies and total training time must be achieved, there is often latitude and assistance available to support residents in completing their training programs.

Privacy and Confidentiality Policies: All medical records and personal information of patients are kept strictly confidential by following all policies and procedures of the Department of Veterans Affairs. Lawful and ethical protection of confidentiality is expected. All facilities within the Veterans Health Administration (VHA) abide by the Health Insurance Portability and Accountability Act (HIPAA). The Veterans Health Administration utilizes the Electronic Medical System (CPRS) for patient documentation which requires secured login using authorized credentials through the intranet. In addition, residents must follow all VA and VHA policies and procedures related to the nondisclosure of confidential information, including employee personal records, patient records, the release of information, the confidentiality of information transmitted via fax machine, and third-party concurrent medical record review. The residency program, its faculty/staff, and residents must comply with HIPAA

regulations. The resident must complete VA's Mandatory Training for Trainees (MTT), which includes all required security and privacy training prior to their arrival at Bay Pines VA.

Patient Rights: Patients at the Bay Pines VA are made aware of their rights in various formats, including signs posted throughout the facility, notice of privacy practices automatically printed on the patient's first outpatient visit, and the informed consent process that explains the treatment or procedure a patient is facing. Any consent forms must be approved by the VA in compliance with HIPAA regulations. Residents and supervising faculty that provide patient care must always follow VA policies and procedures in obtaining consent from the patient and documenting the consent or refusal accordingly.

Random Drug Testing Notification and Acknowledgement Health Professions Trainee (HPT) in Testing Designated Positions including Residents The VA nationally has established a Drug-Free: Workplace Program, which includes random testing for the use of illegal drugs by employees (including trainees). All residents and fellows who rotate at the VA will be subject to the VA's random drug testing program. Residents should be aware that as an HPT in a sensitive position you may be subject to random drug testing. The testing procedures, including the collection of a urine specimen, will be conducted in accordance with Department of Health and Human Services (HHS) guidelines for drug testing programs.

Positive Tests In the event of a positive test, you will be given the opportunity to present a prescription from your doctor to explain prescribed medications during an interview with a VA Employee Health Physician. If you are found to be using illegal drugs or using legal drugs without a valid prescription, you will be removed from duty and sent to Bay Pines Employee Health.

VA will initiate termination of VA appointment and/or dismissal from VA rotation against any trainee who:

- refuses to be tested,
- refuses to obtain counseling or rehabilitation after a verified positive drug test, or
- does not refrain from illegal drug use after a verified positive drug test.

Vaccine Policy: Pursuant to VHA Directive 1193.01, VHA health care personnel (HCP) are required to be fully vaccinated against COVID-19 subject to such accommodations as required by law (i.e., medical, religious or pregnancy). VHA HCPs do not include remote workers who only infrequently enter VHA locations. If selected, you will be required to be fully vaccinated against COVID-19 and submit documentation of proof of vaccination before your start date. The agency will provide additional information regarding what information or documentation will be needed and how you can request a legally required accommodation from this requirement using the reasonable accommodation process.

Retention Post-Residency Graduation Policy: Participation in the program does not entitle the resident to be employed by the Bay Pines VA Healthcare System or the US Department of Veterans Affairs upon completion of the Program. The Resident understands and agrees that Bay Pines VA Healthcare System or the US Department of Veterans Affairs has not made any representation as to the availability of future employment. However, the VA's vision for the

future of physical therapist practice embraces the idea of recruiting from a pool of highly skilled, high performing, and dedicated residency graduates. High-performing graduates will be taken into consideration should positions become available in the future.

Leave Policy: Both Sick (SL) and Annual Leave (AL) are available for residents to use. Residents accrue four hours of annual leave (AL) and four hours of sick leave (SL) each two-week pay period. This yields a total of 13 AL days and 13 SL days per year.

Annual Leave: Any AL requests must be submitted and approved 45 days prior to the planned time off, to allow for proper scheduling changes. All leave requests must be submitted in writing to the residency program director and outpatient physical therapy supervisor. Confirmation of approval from both the residency program director and PT supervisor must be obtained.

Sick Leave: SL is reserved for physical and mental illness only. The resident must notify the program director or outpatient supervisor before 0800 AM of any unexpected leave due to illness. The sick leave number is 727-398-6661 ext. 10323. In the event you are unable to reach a live person, leave a message and reach out directly to the outpatient supervisor or residency director through personal phone lines, to expedite the scheduling needs for the day. Failure to comply will be documented in the resident's main file as AWOL (absent without official leave). An absence of 3 days or more due to illness (self or family member) requires the resident to submit a written statement from the treating physician stating the physician has examined and treated resident or ill family member. Leave must be entered into the online VA Time and Attendance portal (VATAS), within 2 hours of returning from SL.

FMLA: VA Directive 5011, Hours of Duty and Leave states that only full-time and part-time employees who have completed at least 12 months are eligible for family leave (FMLA). Sick leave (SL) hours may be used if there are sufficient hours accrued.

Meeting Program Hours: Residents need to participate fully in the program to fulfill the requirements set forth by ABPTRFE. These requirements require the resident to complete a significant number of clinical and educational hours. If a resident is unable to meet the hours required for the program due to prolonged sickness or a non-performance issue, the resident can request an unpaid extension for 60 days beyond the residency end date as a without-compensation (WOC) trainee to meet the needed requirements or participate in unpaid weekend clinical hours to make up the lost time. If the resident requires more than 2 months, they will not achieve successful completion of the program (graduation certificate). A certificate of participation may be provided instead.

Cancellation: Bay Pines VA and US Department of Veterans Affairs reserves the right to cancel the residency program after an offer letter may have been accepted, before the beginning of the residency, because of changes in *levels of funding, inadequate staffing, insufficient enrollment, or other operational reasons*. Bay Pines VA Healthcare System and the US Department of Veterans Affairs shall have no obligation to pay wages or a stipend or provide any of the benefits described in the offer letter, or any benefits detailed in this handbook, for any period after the program has been canceled. Cancellation is not an anticipated event.

Malpractice Insurance: When providing professional services at a VA healthcare facility, protection of supervising practitioners (except those providing services under a contract with VA) and trainees of the affiliated institution are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d). However, residents are still required to obtain malpractice insurance prior the start date of the program. A trainee working under the direction of a VA employee at a non-VA facility with which we have an agreement for the care of veterans is protected from personal liability by the Federal Tort Claims Act.

- The government is liable, under the Federal Employees Liability Reform and Tort Compensation Act 28 U.S.C.2679 (b)-(d), which amends the Federal Tort Claims Act, for malpractice claims involving trainees who were acting within the scope of their educational program. Trainees in both VA- sponsored and affiliate-sponsored programs are covered for malpractice claims under this act.
- All trainees must be supervised by practitioners with relevant clinical privileges during all clinical activities related to their specific educational program. The supervising practitioner is professionally and legally responsible for the care provided by trainees.
- The policy for notification of licensed practitioners that a claim for malpractice has occurred is specified in VHA Directive 2009-032. Under this policy, the medical center director must provide written notification to all named licensed practitioners who were assigned to provide care to the patient listed in the tort claim. This notification must occur within 30 days from the date that a regional counsel notifies a director that a claim for medical malpractice has been filed under the Federal Tort Claims Act. In addition, the DEO, the training program director, and any trainees listed in the claim must be notified.
- The VA medical center has a responsibility, as a part of its monitoring procedures for trainee supervision, to review any incident reports and tort claims involving trainees. Trainees will not ordinarily be reported to the National Practitioner Data Bank unless an individual trainee was grossly negligent, disregarded instructions of the supervising practitioner, or acted with willful professional misconduct (38 CFR Part 46; Policy Regarding Participation in National Practitioner Data Bank). Generally, it is the name of the supervising practitioner that is entered into the NPDB and not the trainee.
- VA-sponsored trainees who engage in clinical activities at a non-VA site are provided the same protection by the Federal Tort Claims Act as if they were at the VA as long as this provision is appropriately addressed in the Affiliation Agreement with the non-VA site. (See VHA Directive 1402.1, Malpractice Coverage of Trainees in VA-sponsored Programs When They Are Performing Professional Services at a non-VA Facility).

Unsatisfactory Progress, Early, Dismissal, and Remediation

(1) VA provides organized programs for the education and supervision of trainees, facilitating their professional and personal development while ensuring safe and appropriate care for veterans. Trainees come to VA with a wide range of developing competencies and are still in the formative stages of their careers. Trainees are not expected to be fully competent in all areas of professional practice, but rather to exhibit clinical knowledge, skills, and attitudes congruent with their level of training.

(2) Supervising practitioners recognize the stresses of training and the vulnerability of trainees. They must monitor the well-being of trainees and remain alert for signs of fatigue, illness, impairment, or disruptive behavior in trainees. When a performance problem is noted, a trainee's supervising practitioner must address it.

(3) If a supervising practitioner is concerned that a trainee is *not* acquiring detailed factual knowledge, developing clinical skills, professional competencies, or demonstrating professional standards of conduct to an acceptable degree, these concerns must be raised with the Program Director at VA or affiliate.

(4) Trainee performance deficiencies or failures may take a variety of forms and result from many causes. Any of the following problems or deficits may result in adverse action, including failure or termination, depending upon the severity of the problem. The specific requirements for any disciplinary action are set forth in VA Handbook 5021.

Performance-Related Problems: Performance-related problems that are unlikely to result in an adverse reaction but require corrective action should be handled within the context of the academic training program. These problems should be resolved at the lowest supervisory level and in a way that enhances the professional development of the trainee. If a Resident receives an unsatisfactory rating, fails any written assignments or exams, or fails to exhibit performance of knowledge, skills and abilities expected of the resident then the Resident will be placed on academic probation with a requirement to remediate the material and successfully pass a subsequent test of the material or skill performance. Depending on the nature of the performance problem the residency program may take several concurrent courses of action. These could include:

1. Increasing the amount of supervision, either with the same or other supervisors
2. Change in the format, emphasis, and/or focus of supervision.
3. Reducing the resident's clinical or other workload
4. Requiring specific academic coursework

A second instance of an unsatisfactory rating or failure of any written assignments or exams will result in dismissal from the residency program.

Problematic Behaviors: Problematic behaviors are defined as those behaviors that disrupt the resident's professional role and ability to perform required job duties including the quality of the Resident's clinical services; his or her relationships with peers, supervisors, or other staff; and his or her ability to comply with appropriate standards of professional and/or

ethical behavior. It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanctions, the residency faculty and mentors must be mindful and balance the needs of the impaired or problematic resident and other pertinent stakeholders.

In the case of problematic behavior, the following procedure should be followed.

1. The first instance of unsatisfactory conduct or performance will trigger a discussion regarding the issue between the resident and the faculty involved. Depending on the nature and seriousness of the incident, this first discussion may or may not be formally documented but will be shared with the Program Director. The Program Director will discuss the incident with any other parties involved as well as the resident. Discussions should take place within 48 hours after the first instance.
2. Problematic Behavior that continues despite the initial discussion will place the resident on probation with the development of a formal written action plan. The faculty will state, in writing, the nature of the unsatisfactory conduct, including prior discussions and interventions attempts and outline the action plan designed to remediate the problematic behavior, a timeline for improvement and any conditions of probation. This letter will be shared with and signed by both the resident and the program director. The letter and remediation plan should be established within 48 hours following any meeting discussing continuation of prior problematic behavior.
3. Failure to meet the terms of probation or to follow through with the action plan within the time established will result in dismissal from the residency program.

Substantive problems: Problems that are based on academic or professional deficiencies may require corrective actions, which may include formal remediation or dismissal of the trainee from further VA training. Any performance or competency concerns that do not resolve, despite manager, supervisor, or preceptor input and/or remediation, will be considered a substantive problem. Additionally, an isolated act of gross negligence or poor clinical performance may also be considered a substantive problem. Adverse Action where performance problems are serious or egregious in nature must follow established VA procedures, found **in VA Handbook 5021**. In addition to the remediation and remediation alternatives listed above, disciplinary action may result in the resident's referral to the VA Employee Assistance program (EAP). It is a voluntary program with short-term counseling and referral services. This program is detailed in **VA Handbook 5019**.

The following problems or deficits may result in adverse action such as immediate dismissal and termination. Examples of substantive problems include:

1. Violation of ethical standards for the discipline, for the training program, or for government employees.
2. Violation of VA regulations or applicable federal, state, or local laws.
3. Impaired status, a condition in which a trainee is unable to fulfill program requirements adequately due to an emotional or physical condition, including mental illness, substance abuse, being under the influence of drugs or alcohol, sleep deprivation, or emotional distress.

4. Disruptive, abusive, intimidating, or other behavior that disturbs the workplace environment, or that interferes with Veteran care and/or other unprofessional behaviors.
5. Failure to function within graduated levels of responsibility or to communicate significant Veteran care issues to the supervising practitioner that could impact patient safety.
6. Gross patient safety errors or failures.
7. Breach or disregard of any pertinent VA, Bay Pines VA, Physical Medicine and Rehabilitation Service, or Physical Therapy Residency Program policies and procedures
8. Failure to fulfill requirements or obligations set forth within a remediation plan.
9. Absent without official leave or excessive absence.
10. Loss or suspension of a physical therapy license due to disciplinary action.
11. Failure to meet employment requirements of the Bay Pines Veterans' Hospital or Physical Therapy Residency Program
12. Failure to abide by the state practice act within the state in which the resident holds a current license.

Dismissal Procedures: The resident will be presented with a written notice of dismissal from the program. The letter will state the specific performance or behaviors that qualify for dismissal from program. The resident may submit a written request for a dismissal hearing within 7 days of receiving this letter. A hearing may be appropriate such as in cases of performance problems and problematic behavior. The hearing will be run by the PT supervisor, the PMRS chief, and the Associate Chief of Staff for Education/DEO. During the hearing the resident will present a written complaint and provide any relevant supporting documentation. The residency director will also present any relevant or supporting information. A final decision will be made within 7 business days from this meeting. Once the decision for dismissal is final, the resident will be terminated from VA employment and any remaining funding towards resident salary would be returned to the Office of Academic Affiliations.

PHYSICAL THERAPY RESIDENCY PROGRAM: UNSATISFACTORY PROGRESS, EARLY DISMISSAL, AND REMEDIATION PROCESS PROCEDURES

Bay Pines VA Healthcare System
Bay Pines, FL 33744

Signatory Authority:

Service Chief or Chief of Staff or PT Supervisor

Responsible Owner:

PM&R Service

Service Line(s):

PM&R Service

Effective Date:

October 2023

Recertification Date:

November 2026

PURPOSE: The purpose of this standard operating procedure (SOP) is to provide guidelines and a process for the physical therapy trainee (physical therapy resident) who performs below the Physical Therapy Training Program's expected level of competence or exhibits unprofessional behavior.

POLICY: The Bay Pines VA Health System (BPVAHCS) and Physical Medicine & Rehabilitation (PM&R) provide clear policies and guidelines related to the expected performance and conduct of health professions trainees (HPT) which includes residents. All personnel, including said trainees, are expected to demonstrate professional and ethical behavior and deliver safe and competent care. The Code of Ethics for the Physical Therapist, Code of Conduct from the American Physical Therapy Association (2020), Physical Therapy Trainee & Resident Handbook (2024), and Bay Pines Code of Conduct all provide guidance on these issues.

RESPONSIBILITIES:

- The Chief of PM&R and Supervisor of Physical Therapy shall assure that a policy describing unsatisfactory progress, early dismissal process and remediation procedures for physical therapy trainees are established.
- The Supervisor of Physical Therapy, Residency Program Director, and Site Coordinator of Clinical Education (SCCE) are responsible for ensuring the SOP is current and consistent with employee regulations and rules. They are also responsible for disseminating this policy and ensuring its implementation following annual review.
- In the case of absence, the Supervisor of Physical Therapy, Residency Program Director and SCCE reserve the right to designate an alternate to participate in trainee performance and conduct issues.

PROCEDURES: A trainee of the Physical Therapy Training Program may implement due process at any time a disagreement or conflict arises. It is at the discretion of the SCCE whether a written warning is issued, the Residency Program Director is involved and/or whether a program adjust mentor clinical re-assignment is necessary. A resident throughout the program must be in 'good standing' or may be considered to have a performance related issue.

Good Standing:

- For residents to be in 'good standing' they must not fail to meet the requirements for any assigned course or rotation within the assigned physical therapy training program.

For PT Residents, the following denotes thresholds for acceptable performance during the program:

- Written Examinations: minimum 2 examinations per residency program, 70% passing within two attempts not to exceed 2 weeks between attempts
- Live Patient Evaluations: minimum 2 examinations per residency program, 70% passing (final only) within 2 attempts not to exceed 2 weeks between attempts
- Journal Club/ Critically Appraised Topic Presentations: current/applicable as assessed by mentor and/or faculty. Average score of 4 or greater.
- Peer Review: performed quarterly as assigned by PT Supervisors, within deadline established, reviewed by mentor and PT Supervisor
- Mentor/Self Reflection Forms Log: compiled weekly by resident with review by Program Director quarterly
- Diagnostic Table: updated weekly by resident with review by mentor/program director
- Reflection Tool: completed after conferences and observation of medical procedures and mentoring sessions
- Resident Competency Evaluation Instrument: expectation Level 4 across all areas by conclusion of the program

Evaluation Forms: completed by resident per established timelines for modules, faculty, mentor, and program, presented/reviewed by mentor and Program Director

Performance Related Issues; Unsatisfactory or Delayed Progress:

- Verbal warning: When a trainee exhibits a competency or clinical performance issue that is deemed to be below that of an acceptable level, the Clinical Faculty (for residents this may be residency mentor and/or faculty) or staff member involved will address the deficiency immediately with the trainee and notify the SCCE or Residency Director, in writing. The Clinical Faculty and SCCE/Residency Director will determine whether further action is necessary. If the deficiency is not within a critical element and it is felt the trainee will not likely require/need remediation, no further steps will be taken. Documentation in the trainee's training record is not typically necessary at this stage, provided the deficiency is corrected. PT residents are eligible for advisement and/or remediation at any time throughout the residency to address performance that falls below expectation or residency thresholds. This should first be initiated through the residency mentor.
- Written warning: Remediation/ Performance Improvement: If the deficiency in question is a repeat or similar occurrence, the Residency Director, Physical Therapy Supervisor, and the Mentor will meet to discuss the deficiency and determine what course of action is most appropriate. The trainee is notified of the decision and counseled on the consequences of ongoing deficiency. Documentation of the situation/incident and a plan of action are entered into the trainee's appropriate training record. For residents with below expectation performance, a Learning Contract will be instituted with specific timeframes for accomplishing remediation. The Residency Program Director will oversee the completion of the Learning Contract.
- Cases of Serious Performance Issues: Reprimand/ Early Dismissal: Any performance or competency concerns that do not resolve, despite CI, faculty/mentor, or Supervisor input and/or remediation, are considered a significant performance problem. Additionally, an isolated act of gross negligence or poor clinical performance may also be considered a significant performance problem. In these cases, the Clinical Faculty and/or Resident Director will meet with the Chief of PM&R and Supervisor of Physical Therapy to discuss appropriate actions and recommendations, which may include immediate removal of the trainee from the clinical environment, and/or notification of the trainee's DCE or Residency Program Director (when applicable). It is at the discretion of the DCE, in these instances, with concurrence from the Chief of PM&R, and Supervisor of Physical Therapy at which point a case is brought to the attention of the Residency Director if applicable.

- Documentation: All trainees have a training file that is maintained and kept secure by the Administrative Officer of PM&R. Resident trainee issues are to be appropriately documented within the trainee's training record.
- Residents in jeopardy of not completing the residency within the established timeframe because of a performance issue, may be considered for unpaid extension, up to a maximum of 2 months beyond the initially established end date, for remediation purposes. A Learning Contract will be initiated to assist in accomplishing the completion of the program.

Conduct Related Issues; Unprofessional Behavior: Should a trainee exhibit poor professional conduct, disregard for Medical Center, Service Line, or Section policy/ procedure, or ethical misconduct, the following established procedure applies:

- First Occurrence: Verbal warning: When a trainee behavior occurs that is deemed to be unacceptable, the CI, faculty/mentor or staff member involved will address the behavior immediately with the trainee and notify the Residency Director, in writing. The Clinical Faculty (for residents this may be residency mentor and/or faculty) and Residency Director will determine whether further action is necessary. Documentation in the trainee's training record is not typically necessary at this stage.
- Second Occurrence: Written warning: If the behavior in question is a repeat occurrence or similar undesirable behavior, the Residency Director, Physical Therapy Supervisor, and the Clinical Faculty will meet to discuss the incident and determine what course of action is most appropriate.
- Recurrent or Serious Incidents: Any undesirable behavior that recurs, despite clinical instructor or supervisor input, is considered a significant problem. Additionally, an initial incident or behavior may be deemed a serious breach or infraction. In these cases, the Clinical Faculty, SCCE/Residency Director, and Physical Therapy Supervisor will meet to discuss appropriate actions and recommendations, which may include immediate removal of the trainee from the clinical environment and/or notification of the Residency Program Director (when applicable). It is at the discretion of the SCCE/Residency Director, whether a written warning is issued, and/or whether or not a program adjustment or clinical re-assignment is necessary. The trainee is notified of the decision and counseled on consequences of any additional incidences. Documentation of the situation/incident and a plan of action are entered into the trainee's appropriate training record.
- Criminal or Unethical Behavior: In serious situations where instances of criminal behavior or unethical behavior (including patient abuse or exploitation) is suspected or witnessed, the Clinical Staff, Mentor, Residency Director, or Physical Therapy Supervisor will report the incident to the appropriate authority, as per mandatory reporting procedures.
- Documentation: Disruptive behavior by trainees should be documented within the training record but should not be documented within the patient/medical record, as per Medical Center policy.

Grounds for Early Dismissal/Termination:

All Physical Therapy Trainees (including residents):

- Academic dishonesty
- Breach of any pertinent VA, Bay Pines VA, PM&R, or Physical Therapy Residency Program policies and procedures
- Failure to abide by the American Physical Therapy Association's Code of Ethics
- Failure to fulfill requirements or obligations set forth within a Learning Contract.
- Unexcused or excessive absence
- Criminal activity and/or ethical violations
- Physical Therapy Residency Applicants/Residents, specifically:
 - Loss or suspension of a physical therapy license due to disciplinary action
 - Failure to meet employment requirements of the Physical Therapy Residency Program which includes securing a valid license through successful initial passage of the NPTE prior to the start date of the residency. Or attainment of valid temporary license

- Failure to obtain a valid license within 3 months of attaining temporary license
- Failure to abide by the state practice act within the state which the resident holds a current license.
- Early Dismissal/Termination is from both employment within the organization and participation within the Residency Program.
- Failure to meet the requirements for any assigned course or rotation within the assigned physical therapy training program. For PT Residents, the following Grading Rubric helps to establish thresholds for acceptable performance:
 - Written Examinations: minimum 2 examinations per residency program, 70% passing within two attempts not to exceed 2 weeks between attempts
 - Live Patient Evaluations: minimum 2 examinations per residency program, 70% passing (final only) within 2 attempts not to exceed 2 weeks between attempts
 - Journal Club/ Critically Appraised Topic Presentations: current/applicable as assessed by mentor and/or faculty. Average score of 4 or greater.
 - Peer Review: performed quarterly as assigned by PT Supervisors, within deadline established, reviewed by mentor and PT Supervisor
 - Mentor/Self Reflection Forms Log: compiled weekly by resident with review by Program Director quarterly
 - Diagnostic Table: updated weekly by resident with review by mentor/program director
 - Reflection Tool: completed after conferences and observation of medical procedures and mentoring sessions
 - Resident Competency Evaluation Instrument: expectation Level 4 across all areas by conclusion of the program
 - Evaluation Forms: completed by resident per established timelines for modules, faculty, mentor, and program, presented/reviewed by mentor and Program Director

RESCISSION: N/A

REFERENCES:

American Physical Therapy Association, (2020). Code of Ethics
 American Physical Therapy Association, Ethics and Judicial Committee, (2020).
 Guide for Professional Conduct VHA Handbook 5021
 Physical Therapy Training Program: Due Process Procedures (2023)
 Physical Therapy Department: Professional Behaviors Expected of the Pos doctoral/Professional Physical Therapist Resident
 Notification and Acknowledgement of Conduct & Courtesy and Patient Abuse Policy
 Bay Pines Code of Conduct
 Physical Therapy Resident & Trainee Handbook (2024)

FOLLOW-UP RESPONSIBILITY: PT Supervisor)/Residency Program Director is responsible for reviewing and updating this policy.

EXPIRATION DATE: November 2026

APPROVED:

Wade Burd PT, MPT
 PT Residency Program Director

Sara Dodrill PT, DPT
 Supervisor of Physical Therapy

Matthew Prince PT, OCS
 PT Residency Coordinator

PHYSICAL THERAPY RESIDENCY PROGRAM: DUE PROCESS PROCEDURES

Bay Pines VA Healthcare System
10000 Bay Pines Blvd
Bay Pines, FL 33744

Signatory Authority: Service Chief or Chief of Staff or PT Supervisor

Responsible Owner: Physical Medicine & Rehabilitation (PM&R)

Service line(s): PM&R Service

Effective Date: October 2023

Recertification Date: November 2026

PURPOSE: To provide due process procedures available to physical therapy trainees (physical therapy residents) within the Physical Medicine & Rehabilitation (PM&R), Physical Therapy (PT) Section.

POLICY: As per Veterans Health Administration (VHA) and Bay Pines Veterans Health Care Services (PM&R) policy, all personnel, including trainees, have the right to receive due process in matters of disagreement with supervisory staff and/or program management. The Code of Ethics for the Physical Therapist and the Code of Conduct from the American Physical Therapy Association (2020) provide general guidance regarding professional interactions and conflict resolution among Physical Therapists and other health professionals.

RESPONSIBILITIES: The Chief of PM&R and Supervisor of Physical Therapy shall assure that a policy describing due process procedures for physical therapy trainees is established and reviewed annually. The Site Coordinator of Clinical Educator (SCCE) and Residency Program Director are responsible for ensuring that the Standard Operating Procedure (SOP) is current and consistent with employee regulations and rules. They are also responsible for disseminating this policy and ensuring its implementation. In the case of absence, the Chief of PM&R, Physical Therapy Supervisors or SCCE reserve the right to designate an alternate to participate in trainee due process proceedings.

PROCEDURES: If differences arise between a trainee and Clinical Instructor (also known as "CI," "clinical mentor" or "clinical faculty") or staff member, or resident regarding program management, the following procedures will be followed.

1. The trainee should request a meeting with the involved CI or staff member to attempt a mutual resolution. (A trainee may request a meeting directly with the SCCE for confidential matters/concerns). Upon receiving the meeting request, the assigned CI should ensure a meeting is set within 2 business days. If this process is unsuccessful, and the problem remains unresolved:
2. The trainee should request a meeting with the SCCE/Residency Director. Upon receipt of the request to meet, a meeting will be set within 2 business days to attempt resolution of the problem. If a disagreement arises between the trainee and SCCE/Residency Director, the trainee may follow Step 2(a) or 2(b). If the issue remains unresolved, or if no formal request to meet is received, then the process moves to Step 3.
3. The trainee may present their case directly to the Physical Therapy Supervisor, who upon receipt of the request to meet will schedule a meeting within 2 business days to attempt resolution of the problem.

4. In cases where confidentiality concerns or unusual circumstances exist, the trainee may present their case directly to the Chief of PM&R and/or Physical Therapy Supervisor for an attempt at resolution.
5. A meeting will be set between the SCCE/Residency Director, Physical Therapy Supervisor, trainee, and CI or staff member within 2 working days of Step 2. If an agreeable solution is not possible after this meeting and the problem remains unresolved: The SCCE/Residency Director, Physical Therapy Supervisor, Chief of PM&R, trainee, and CI or staff member will meet to resolve the problem within 5 working days of Step 3.
6. If this fails to bring resolution: The SCCE/Residency will present the unresolved situation and issues of concern to the Associate Chief of Staff for Education. This is considered the final step of the appeal process at the local level.
7. In instances of serious criminal or behavioral misconduct, the SCCE or Physical Therapy Supervisor may remove the trainee from the clinical environment and move directly to Step 5.

Additional Assistance: At any stage of the process, the Resident may request additional assistance and/or consultation. Resources for outside consultation include:

VA Office of Resolution Management (ORM) –
Department of Veterans Affairs
Office of Resolution Management (08)
810 Vermont Avenue, NW, Washington, DC 20420
1-202-501-2800 or Toll-Free: 1-888- 737-3361
<http://www4.va.gov/orm/>

Filing Complaints directly to ABPTRFE: Residents, as employees participating in a program recognized by the American Board of Physical Therapy Residency & Fellowship Education (ABPTRFE) may also seek grievance through ABPTRFE. The link to file a complaint with ABPTRFE is <https://abptrfe.apta.org/complaints>.

RESCISSION: N/A

REFERENCES:

- American Physical Therapy Association, (2020). Code of Ethics
- American Board of Physical Therapy Residency and Fellowship Education, (2021). Processes and Procedures for Clinical and Non-Clinical Physical Therapist Residency and Fellowship Programs

FOLLOW-UP RESPONSIBILITY: PT Supervisor/Residency Program Director is responsible for reviewing and updating this policy.

EXPIRATION DATE: November 2026

APPROVED:

Wade Burd PT, MPT
PT Residency Program Director

Sara Dodrill PT, DPT
Supervisor of Physical Therapy

Matthew Prince PT, OCS
PT Residency Coordinator

PHYSICAL THERAPY TRAINING PROGRAM: SELECTION, ADMISSION, AND RETENTION OF TRAINEES

Bay Pines VA Healthcare System
10000 Bay Pines Blvd
Bay Pines, FL 33744

Signatory Authority:

Service Chief, or Chief of Staff

Responsible Owner:

PM&R Service

Service Line(s):

PM&R Service

Effective Date:

October 2023

Recertification Date:

November 2026

PURPOSE: The purpose of this Standard Operating Procedure (SOP) is to provide procedures for the fair and equitable selection, admission, evaluation, and retention of physical therapy trainees (physical therapist Associate students, physical therapy students and physical therapy post-doctoral residents) within the Physical Therapy Section of the Physical Medicine & Rehabilitation (PM&R).

BACKGROUND:

Physical Therapy Training Program: The Physical Therapy (PT) Section of the Bay Pines VA Healthcare System (BPVAHCS) has a longstanding clinical training program with nine active affiliation agreements. The PT Section trains physical therapy students involved in Commission on Accreditation in Physical Therapy Education (CAPTE) accredited programs. There is also a developing Physical Therapy Residency program in Orthopedics through the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE).

Physical Therapy Trainees:

PT Students and PTA Students: The American Physical Therapy Association (APTA) and CAPTE provide oversight of formal, academic physical therapy, and physical therapists assistant programs. These programs enroll physical therapy students and physical therapist assistant students respectively. As a requirement of these formal academic programs, these students are required to complete planned, supervised, clinical education experiences.

PT Residents: APTA and ABPTRFE provide minimum guidelines and requirements for admission to, participation in, and graduation from accredited physical therapy residency programs. The developing Orthopedic Residency Programs at BPVAHCS is a year-long, post-doctoral program for licensed PTs and must meet accreditation requirements established by ABPTRFE. The orthopedic residency program receives ongoing funding through the VA Office of Academic Affiliations (OAA).

POLICY: The PT Section strives to provide fair and equitable trainee selection, admission, evaluation, and retention practices as they relate to providing students and residents with clinical education experiences. The program does not discriminate based on race, creed, color, gender, age, national or ethnic origin/backgrounds, marital status, sexual orientation, disability, or health status. It is the policy of

the PT Section to recruit/select, admit, evaluate, and retain trainees on a non-discriminatory basis. The PT Section will exercise compliance, due diligence, and integrity. The Program strives to be transparent and comply with all Section, Care Line, Medical Center, Equal Employment Opportunity (EEO), APTA, and ABPTRFE related policies and guidelines. The Program will make reasonable accommodations for qualified individuals with known disabilities, unless doing so would result in unreasonable/undue hardship. This policy is emphasized to ensure compliance with all applicable federal, state, and local laws pertaining to equal opportunity.

RESPONSIBILITIES:

- The Chief of PM&R and Supervisor of Physical Therapy shall assure that a policy describing fair and equitable procedures for the selection, admission, evaluation, and retention of PT trainees is established and reviewed annually.
- The Chief of PM&R, Supervisor of Physical Therapy, Residency Program Director, and Site Coordinator of Clinical Education (SCCE) are responsible for ensuring the SOP is current and consistent with employee regulations and rules. They are also responsible for disseminating this policy and ensuring its implementation.
- In the case of absence, the Chief of PM&R, Supervisor of Physical Therapy, Residency Program Director and SCCE reserve the right to designate an alternate to participate in trainee selection, admission, evaluation, or retention processes.

PROCEDURES:

- As per VA and Bay Pines PM&R policy, all trainees are required to be fingerprinted, clear a physical examination, demonstrate required vaccination, and current CPR training, and receive a thorough background investigation.
- Appointment as a trainee is contingent upon successful security clearance. Trainees must also be in good standing within their academic program to be considered for a clinical traineeship.

PT Students/Interns

- These trainees are accepted and appointed through an active affiliation agreement with a CAPTE Doctoral Physical Therapy (DPT) Students
- These trainees are accepted and appointed through a CAPTE accredited physical therapy program within a college or university.
- The onboarding process involves a review of academic and clinical training history, transcripts, application forms, reference letters/checks, and may include phone or face-to-face interviews.
- These trainees are evaluated by their clinical instructor via the CPI.

PT Residency Programs:

Eligible residency applicants must be:

- Either a licensed physical therapist within one of the 50 states/territories, or a doctoral student from a CAPTE accredited physical therapy program who plans on becoming licensed prior to the start date of the residency.
 - A resident applicant can obtain a temporary license permit through the State of Florida prior to the start of the residency, however. they must successfully pass the licensure exam within 3 months of obtaining the temporary permit (or before permit expires; whichever comes first)
 - If the resident fails to obtain the licensure within 3 months of obtaining the temporary permit, then the resident will be dismissed early from the program and their employment will be terminated.
- United States citizen
- Able to travel and fund travel related expenses if needed to fulfill didactic and/or clinical requirements of the residency program.
- Able to comply with all Bay Pines VAHCS employment requirements.

- Residency applicants must submit their complete application package through the Residency/Fellowship Physical Therapist Centralized Application Service (RF-PTCAS) prior to the established deadline.
- Complete packages include:
 - Resume/Curriculum Vitae
 - Essay statements
 - Official Transcript
 - Three (3) Letters of Recommendation, One from a prior clinical instructor/mentor

Selection Process:

- Applications received by the Residency Program Director by the deadline are reviewed for completeness, thoroughness, and quality.
- Members of the Residency Steering Committee, consisting of the Program Director, Program Coordinator and/or Faculty Liaisons, are notified by email to enter RF-PTCAS and objectively review the application materials with a decision to deny, request additional information or proceed to interview.
- Elements of the application (Essay, References, Clinical Experience, and Service) are rated on a 0-3 scale (0=not met, 1=somewhat meets; 2=meets, and 3=exceeds expectations).
- Candidates whose application packages meet consensus for advancement to the interview are invited for a performance-based, face-to-face interview.
- In cases where travel creates hardship or guidelines are in place that require social distancing, a teleconference interview may be deemed acceptable by the Director and Committee.
- Interviews are scored based on the 0-3-point system and an overall objective score is achieved by adding in the application review score.
- Members of the Residency Steering Committee review all scores with a decision to decline or offer a position.
- Candidates who are selected for an offer by consensus are sent an email extending the offer.
- Once an offer is extended and accepted, the candidate receives information about the program that includes requirements of the position and signs a Letter of Agreement as a good faith measure/commitment to participate and comply fully with all elements of the residency.
- Given competition for residency slots and the timelines established by OAA, review of the applications and offers for positions can be performed on a "first come, first served" basis.
- The Residency Program reserves the right to close the RFPTCAS portal to applications prior to the published deadline, as indicated in their respective program statement on RF- PTCAS to ensure the program start date. Likewise, the Program may request that the portal timeline be extended to ensure quality candidates.

Admission: Residents admitted to the program:

- Receive primary source verification of licensure status.
- Are processed as paid trainees and must comply with all Medical Center, PM&R, and PT Section procedures and policies related to employment and the extension of clinical privileges.
- Practice with appropriate level of clinical supervision and oversight as per VA Central Office/Office of Academic Affiliations (OAA) policy (See Handbook 1400.04), and have a National Provider Identifier (NPI) on record.

Evaluation:

- Residents are evaluated weekly via planned mentoring sessions with their assigned mentor. Feedback is elicited via the Mentoring Tracking Form.
- Residents are also evaluated more formally through such means as evaluations within the program; 90-Day Probationary Review, Journal Club and Critically Appraised Topic Presentation, Clinical module tests, Mentor evaluation, Competency using the Residency Competency Instrument Evaluation at initial, mid, and end points of the program, Clinical Skills Performance Instrument and Quarterly Peer Review and Residency Committee Review.

- Residents also participate in the utilization of self-assessment tools at the beginning, midpoint, and end of their programs.

Retention of Trainees:

- Trainees in good standing are retained through the duration of the predetermined/prearranged clinical training period.
- A trainee struggling with performance or conduct issues may be subject to a performance improvement plan/remediation, as per Section policy related to unsatisfactory or delayed progress to enable success. The year-long Program, which exceeds the minimal ABPTRFE requirement, was established to allow time for remediation.
- The Program may extend the residency for an additional three months in the event of unusual circumstance, such as unexpected illness/injury. A trainee who exhibits unsatisfactory progress or conduct that does not positively respond to remediation efforts or that is considered serious or severe in nature is subject to the due process policy and may face early dismissal/termination from the program. Residents who are dismissed from their program will not remain in employee status.

Good Standing:

- For residents to be in 'good standing' they must not fail to meet the requirements for any assigned course or rotation within the assigned physical therapy training program.

For PT Residents, the following denotes thresholds for acceptable performance during the program:

- Written Examinations: minimum 2 examinations per residency program, 70% passing within two attempts not to exceed 2 weeks between attempts
- Live Patient Evaluations: minimum 2 examinations per residency program, 70% passing (final only) within 2 attempts not to exceed 2 weeks between attempts
- Journal Club/ Critically Appraised Topic Presentations: current/applicable as assessed by mentor and/or faculty. Average score of 4 or greater.
- Peer Review: performed quarterly as assigned by PT Supervisors, within deadline established, reviewed by mentor and PT Supervisor
- Mentor/Self Reflection Forms Log: compiled weekly by resident with review by Program Director quarterly
- Diagnostic Table: updated weekly by resident with review by mentor/program director
- Reflection Tool: completed after conferences and observation of medical procedures and mentoring sessions
- Resident Competency Evaluation Instrument: expectation Level 4 across all areas by conclusion of the program
- Evaluation Forms: completed by resident per established timelines for modules, faculty, mentor, and program, presented/reviewed by mentor and Program Director

Processing of selected Trainees:

- Human Resources - All trainees, in paid status or without compensation (WOC) are processed via the Human Resources SOP to include fingerprinting and background clearance.
- All trainees are formally appointed through this office and will sign an offer letter (not to be confused with the Program's Letter of Acceptance).
- Computer Access: PT trainees are provided with computer access to the network, VISTA and CPRS (electronic charting packages) as appropriate and after completing the Mandatory Trainee Training, as per Medical Center and OAA policy.
- Access and privileges are commensurate with level of education, training, certification, and licensure status and assigned through the Residency Program Director.
- Orientation: As per Bay Pines VAHCS policy, all trainees receive an orientation to the Medical Center and their assigned clinical area (Service/Section) to include hours/tour of duty, ID badge, PIV access, parking and workstation assignment, job expectations/requirements, competency assessment, and safety considerations.

- For Residents, this formal orientation also provides orientation to the Residency Program and is approximately 40 hours coinciding with a lightened clinical load to address familiarization with the mentor, weekly schedule, facility resources and selection of Program projects

RESCISSION: N/A

REFERENCES:

- SOP 007-10, Physical Therapy Training Program: Unsatisfactory Progress and Early Dismissal Process Procedures (2023)
- SOP 007-06, Physical Therapy Training Program: Due Process Procedures (2023)
- EEO-01, Equal Employment Opportunity (EEO) Program (2018)
- Processing Requests for Reasonable Accommodations from Employees and Applicants with Disabilities (VA Handbook 5975.1, 2013)
- VA Form 10-2850D
- VA Optional Form (OF) 306
- TMS Instructions for Mandatory Training-Health Professions Trainees
- OAA policy (Handbook 1400.04)
- Rules of Behavior (VA Handbook 6500)

FOLLOW-UP RESPONSIBILITY: Chief, PM&R Service /Residency Program Director / PT Supervisor are responsible for reviewing and updating this policy.

EXPIRATION DATE: November 2026

APPROVED:

Wade Burd PT, MPT
PT Residency Program Director

Sara Dodrill PT, DPT
Supervisor of Physical Therapy

Matthew Prince PT, OCS
Rehabilitation Coordinator PM&R

PHYSICAL THERAPY RESIDENCY PROGRAM: RECORD MAINTENANCE

Bay Pines Veterans Healthcare System
10000 Bay Pines Blvd
Bay Pines, FL 33744

Signatory Authority:
Service Chief or Chief of Staff or PT Supervisor

Responsible Owner:
Physical Medicine & Rehabilitation

Service Line(s):
Physical Medicine & Rehabilitation.

Effective Date
October 2023

Re-certification Date:
November 2028

PURPOSE: To provide the procedure for appropriate record maintenance concerning Physical Therapy Trainees who participate in residency programs within the Physical Therapy Section of the Physical Medicine & Rehabilitation (PM&R).

BACKGROUND:

Formal record maintenance for accredited programs, including probationary accreditation time frames, regarding current and past participants shall follow the VHA Directive 1400, Office of Academic Affiliation (November 9, 2018) and the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE): Quality Standards for the Physical Therapist Residency and Fellowship Programs, Adopted: May 22, 2022, Quality Standard 3.3.8.

The following records will be maintained for a period of 25 years (1140.1 Clinical Trainee onboarding Case File/CTOCF):

- Application for Health Professions Trainees, VA Form 10-2850D,
- Declaration for Federal Employment, OF-306,
- Appointment Letter,
- Appointment Affidavit, SF-61,
- Screening Checklist, VA Form 10-0453, and,
- Employment Eligibility Form, I-9 if necessary.

This is designated temporary record maintenance with end of calendar year in which the academic year is completed as cut-off date, with transfer to Federal Record Center when seven (7) years old and destruction at 25 years.

The following records will be maintained for a period of five (5) years:

- (1140.2 Trainee Qualifications and Credentials Verification Letter/TQCVL):
- TQCVL from VA Sponsored Programs
- This is designated temporary record maintenance with end of academic year in which training is completed as cut-off date, destruction at five (5) years.

The following records will be maintained for a period of 50 years

- (1140.3 Training Certificate of Completion): PM&R Policy 007-08 Physical Therapy Training Program.

- Maintained case files for all graduates and for those enrolled but do not complete.
- This is designated temporary record maintenance with end of program as cut-off date, no transfer to Federal Records Center permitted, destruction at 50 years.

The following records will be maintained by the Program per ABPTRFE guidance:

- Participants' signed Letters of Agreement from the program
- Evaluations and examinations of program participants administered by the program
- Graduate surveys
- Mentor evaluations (performed by the Program Director and/or Program Coordinator)
- Evidence of annual review of curriculum and goals by the program

The Director of Residency & Fellowship, acting in capacity as Residency Program Director, is responsible for ensuring adequate space for record maintenance and process for securing records.

The Residency Steering Committees were established for the Physical Therapy Residency Programs to ensure policy and procedures follow ABPTRFE standards to achieve and maintain accreditation status. Annual review of records is conducted by the Committees.

POLICY: It is the intent of the Physical Therapy Section to meet the standards for accreditation governing residency programs under their supervision. Record maintenance of current and past program participants will be reviewed annually to ensure that records are maintained according to published requirements.

RESPONSIBILITIES:

- The Supervisor of Physical Therapy and Chief of PM&R shall assure that a policy describing the need for record maintenance is established.
- The Supervisor of Physical Therapy and Director of Residency & Fellowship are responsible for ensuring that SOP is current and consistent with ABPTRFE requirements. They are also responsible for disseminating this policy and ensuring its implementation.
- In the case of absence, the Supervisor of Physical Therapy and Director of Residency & Fellowship reserve the right to designate an alternate to participate in record maintenance review such as SCCE or Residency Program Coordinator.

PROCEDURES:

- Director of Residency & Fellowship ensures that all identified records in Section III B (see above) are maintained by programs for the required time frame.
- Records to be provided to site reviewers and/or ABPTRFE upon request.
- Records may be kept as electronic files, but contents must be accessible by Residency Program Director and/or Supervisor of Physical Therapy.
- Pursuant under the Health Insurance Portability and Accountability Act of 1996, 42 CFR Part 160, no protected health information (PHI) is to be contained within the maintained records.

RESCISSION: N/A

REFERENCES:

VHA Directive 1400 (November 9, 2018)

ABPTRFE Part III: Quality Standards for Clinical Physical Therapist Residency and Fellowship Programs (May 22, 2022)

Health Insurance Portability and Accountability Act of 1996, 42 CFR Part 16

FOLLOW-UP RESPONSIBILITY: PT Supervisor/Residency Program Director is responsible for reviewing and updating this policy.

EXPIRATION DATE: November 2026

APPROVED:

Wade Burd PT, MPT
PT Residency Program Director

Sara Dodrill PT, DPT
Supervisor of Physical Therapy

Matthew Prince PT, OCS
PT Residency Coordinator

Leave Policy - Physical Therapy Residency Program

Bay Pines VA Healthcare System Bay Pines, FL

Signatory Authority:

Chief, Physical Medicine and Rehabilitation Service

Responsible Owner: Medical Management Specialist

Service Line(s): Physical Medicine and Rehabilitation Service

Effective Date: November 1st 2023

Recertification Date: November 30th, 2026

1. PURPOSE AND AUTHORITY

a. The purpose of this standard operating procedure (SOP) is to establish procedures for employees in the Physical Medicine and Rehabilitation Service (PM&RS) when requesting planned/unplanned leave. This SOP must be followed by all PM&RS employees.

b. This SOP outlines a standardized approach to the management of leave within PM&RS. The impact of leave on the delivery of patient care determines when to approve leave. All staff are encouraged to plan their vacation time a year in advance. All PM&RS clinical providers are responsible for timely notification of planned annual leave (AL), authorized absence (AA), or Military Leave (ML) in order to provide and promote quality care. All PM&RS clinical providers will be required to submit routine leave requests a minimum of 45 days prior to desired dates of leave, which follows VAHCS Memorandum 516-18-136-008. The 45-day requirement permits enough time for clinic closure, rescheduling, and arranging for fee basis coverage. Clinical providers will have an understanding that unexpected absences due to illness or family emergency may have severe consequences on patients and staff alike

2. PROCEDURES

a. Planned Leave.

(1) Providers will make plans at least 45 days in advance for annual leave and authorized absence Subparagraph level two.

(2) All leave requests will be entered electronically in VATAS.

(3) Supervisors will approve valid leave within five working days of submitted request.

(4) Exceptions to the 45-day policy will be granted in cases of emergency and will be coordinated through the administrative supervisor. If such an emergency requires notifying and rescheduling patients, the requesting clinician will review the medical records to determine the appropriateness of rescheduling and will contact those patients accordingly. Computer rescheduling will be coordinated by the HAS Supervisor in PM&RS.

(5) When requesting Education/Travel staff will complete the electronic Travel and Education Request form with attached, appropriate conference brochure and agenda. Once approved, one copy of the packet will be sent to the employee and one copy will be retained in the Administrative Office. When approved, staff will be notified with instructions for confirming arrangements for travel. Staff are cautioned that no education or travel expense will be reimbursed without prior written approval. Travel orders will be issued, and a copy will accompany the employee on the travel/training trip. A travel order copy will be provided to the respective timekeeper in order to post the timecard appropriately.

(6) All staff are expected to communicate directly with their immediate colleagues in order to arrange coverage during their absence.

(7) Employees using Authorized Absence (A/A) – Electronic leave requests MUST contain the following: Conference or training name, city, and state, as appropriate.

(8) Employees using Military Leave (ML) will submit an official copy of military orders to timekeeper, in advance prior to ML.

(9) Once the leave request has been approved electronically, administrative staff or clinical supervisors will prepare the appropriate clinic cancellation request form. No clinics will be blocked without official approval in order to ensure clinics are appropriately cancelled.

b. Unplanned Leave.

(1) Requests for unplanned leave will be made to the PM&RS Administrative Offices by calling (727) 398-6661, extension 15451. Staff are expected to contact their supervisor to provide an update on upcoming scheduled patient appointments and any pending issues that a covering provider will need to know.

(2) Per Payroll regulations, electronic leave requests MUST be entered as soon as possible upon your return to duty.

(3) Providers requesting leave less than 45 days shall submit a justification in writing or via e-mail to supervisor.

(4) The leave approving supervisor will review the request and either approve or disapprove within three working days with notification to the provider

(5) If the request for leave is approved, providers are responsible for coordinating the care of their patients around the clinic changes. At a minimum, providers shall:

(a) Review each patient's clinical record.

(b) Determine a plan for refilling medications. (For physicians only)

(c) Reschedule visits so that patients are seen prior to the approved leave if possible.

(d) If appropriate, the patient may be managed telephonically.

(6) In no instance that a patient's appointment, be cancelled more than once. In those rare instances where this is unavoidable, special arrangements will be made to ensure that the rescheduled visit is at a convenient time for the patient.

(7) Employees must ensure they have enough leave to cover the absence, prior to entering an electronic leave request. If not, please check with the timekeeper for advice.

(8) When requesting Family Care (CB) the reason MUST be annotated in the comments section of the electronic leave request. (i.e. sick child, taking care of parent, etc.).

(9) When requesting Family Care (CB), for a death in the family, "Bereavement" MUST be annotated in the remarks section of the electronic leave request.

(10) Emergency or unplanned leave coverage (i.e., SL) will be arranged through the immediate supervisor. Providers shall reschedule visits so that patients are seen prior to unplanned leave. Supervisors will shift workload to accommodate patient care if the patient cannot be seen prior to the appointment.

(11) Physicians will need to contact the Service Chief and/or the Medical Management Specialist if SL is needed during on call duty. The Service Chief or a PM&RS staff physician will cover the on-call duty.

3. ASSIGNMENT OF RESPONSIBILITIES

a. The Chief of PM&RS, or designee, is responsible for ensuring compliance with the established leave policies, shall review all requests, approve or disapprove as appropriate by determining the impact on patient care, review appropriate coverage, and review sufficient/appropriate leave.

b. Health Administration Service staff assigned to PM&RS clinics will be responsible for canceling and rescheduling patients.

4. Resident requirements

a. Residents must complete a specific number of patient care clinical hours, mentoring hours and educational hours per ABPTRFE the governing accreditation body.

b. Over the 52-week program residents must obtain at least 1500 patient care clinical hours, 150 mentoring hours and over 300 educational hours.

c. The program provides more than the minimum number of hours for all three categories.

d. Residents are entitled to utilize sick leave and annual leave per the above policy similar to any other VA employee. However, if the total amount of leave used by the end of the years places the

resident below the minimum standard of hours set by ABPTRFE (such as in cases of extended leave) then the resident must make up those hours.

e. Residents will be afforded an opportunity to continue in the program for up to 2 months (8 weeks) as a work without compensation (WOC) employee until they successfully obtain the minimum hours necessary to graduate the program.

5. DEFINITIONS

None.

6. REFERENCES

[VAHCS Memorandum 516-12-05-001, Hours of Duty and Leave/Absence, September 2012](#)

7. Review

SOP will be reviewed every five years or when there are changes to the facility policy or a health care accreditation body mandate, CARF or JCAHO.

8. RECERTIFICATION

This SOP is scheduled for recertification on or before the last working day of November 2026. In the event of contradiction with national policy, the national policy supersedes.

REFERENCES:

American Physical Therapy Association, (2020). Code of Ethics

American Board of Physical Therapy Residency and Fellowship Education, (2021). Processes and Procedures for Clinical and Non-Clinical Physical Therapist Residency and Fellowship Programs

FOLLOW-UP RESPONSIBILITY: PT Supervisor/Residency Program Director is responsible for reviewing and updating this policy.

EXPIRATION DATE: November 2026

9. SIGNATORY AUTHORITY

APPROVED:

Wade Burd PT, MPT

PT Residency Program Director

Sara Dodrill PT, DPT

Supervisor of Physical Therapy

Matthew Prince PT, OCS

PT Residency Coordinator