

Utica College - Mohawk Valley Health Systems Orthopedic Residency Program

Resident Handbook

The **mission** of the Mohawk Valley Orthopaedic (MVO) Residency Program is to develop future Board-Certified Clinical Specialists in Orthopaedic Physical Therapy who provide exceptional patient care, integrate evidence with clinical practice and demonstrate effectiveness in teaching the communities they serve.

Our vision is to enhance orthopaedic physical therapy care by pioneering an accredited post-professional residency program in the Mohawk Valley that is recognized locally and nationally for providing exceptional education.

Curriculum Overview

The Orthopaedic Residency Curriculum is based on the Orthopaedic *Description of Specialty Practice* and the *Guide to Physical Therapy Practice*. The Orthopaedic Residency is designed to be one year in length starting in January and ending in December.

Program Curriculum Description:

The didactic curriculum is organized into the five sections that follows the Academy of Orthopedic Physical Therapy Residency Education Curriculum; Current Concepts in Orthopedics, Post-Operative Care, Diagnostic Imaging, Frontiers of Physical Therapy and Pharmacology. These five sections are designed to provide a framework of knowledge to assist the resident with developing their skills as an orthopaedic clinical specialist.

The didactic curriculum begins with a focus on clinical reasoning and evidence-based practice. The section is then organized by the major joints/regions of the body and includes the patient client management of each region. The anatomy, kinesiology and common musculoskeletal conditions of each region/joint will be reviewed and discussed in an outpatient orthopedic context. This section will be used to extend a clinical decision-making framework by examining specific patterns of injury, the pathology related to the injury, the principles of tissue healing and the rehabilitation process. The remainder of the curriculum further extends the framework for clinical decision-making and treatment of patients with orthopaedic conditions by integrating the study of the following topics: 1) advances in medical management of the orthopedic patient, 2) critical inquiry, 3) diagnostic imaging, statistics, pharmacology and the continued application of evidence-based medicine.

This didactic curriculum will be built upon with instruction from academic faculty, laboratory activities to enhance psychomotor skills, experiential learning opportunities such as assistant teaching at Utica College, participation in Grand Rounds at MVHS, participation in the Journal Club, Interdisciplinary observation of specialists involved in the care of patients with orthopaedic conditions.

Expected Program Outcomes.

1. The residents will demonstrate a thorough, timely, orthopedic clinical examination and evaluation skills, with emphasis on differential diagnosis, exercise prescription and manual therapy for effective patient management;
2. The residents will demonstrate integration of professional communications, interviewing skills, physical exam and intervention skills during patient care;

3. The residents will evaluate the impact of bio-psycho-social factors on management of complex patient's and incorporate appropriate strategies during patient care;
4. The residents will utilize optimal tests and outcome measures and determine an evidence-based plan of care for patients during patient care.
5. The residency program will maintain ABPTRFE accreditation.
6. Provide residents with high quality, consistent experiences in the clinic and the classroom.

The components of the Utica College - Mohawk Valley Health System Orthopaedic Residency (UC-MVHS OR) Program are:

1. Clinical Experience in an outpatient Orthopaedic physical therapy clinic. An Orthopaedic Resident is required to spend 30 hours per week in patient care, examining, evaluating, formulating a plan of care and treating an orthopaedic population.
 - a. Direct Patient Care Mentorship. During the residency, each resident will receive 3-4 hours per week of mentorship while engaging in direct patient care. Mentors will help the resident to incorporate most recent evidence and information learned didactically in the monographs into patient care.
2. Didactic, Laboratory and Experiential Components:
 - a. Academy of Orthopedic Physical Therapy (AOPT) Residency Education Curriculum: Residents are provided with a schedule of monograph readings for independent study. Residents are provided with assigned readings from the AOPT Residency Education Curriculum. A residency faculty member will be assigned to each topic area within the curriculum. Meetings will occur between the faculty members and residents to deliver the curriculum. The schedule will be based on the individual needs of the resident and will be coordinated by the faculty and Program Director. The faculty and resident will also review assignments, case presentations, laboratory skills, journal club assignments, participation at grand rounds, and shadowing experiences with other healthcare providers/mentors.
 - b. Lab Sessions: Residents will attend lab sessions throughout the year to practice and master hands on skills and techniques. These sessions will culminate in the demonstration of advanced practice skills expected of an orthopedic specialist.
 - c. Utica College Teaching Experience: Residents will observe and assist in teaching a graduate level Foundational and Musculoskeletal Management Lab Course. Residents will be mentored by course instructors in the delivery of content within the lab setting.
 - d. Attendance and Participation at Grand Rounds: Grand rounds include presentations by physicians, physician assistants, physical therapists, nurses and other health care professionals. Residents will participate in two grand rounds involving relative orthopaedic topics. Evidence/practices of the resident's choosing will be required.
 - e. Physician Observation and Surgical Observation. Residents will have the opportunity to observe and interact with orthopaedic physicians in clinical and surgery settings.
 - f. Journal Club: Residents will review and appraise the journal articles selected by faculty members. The resident is responsible for reviewing the journal and writing a summary response of the key features related to clinical practice.

To ensure continuity and congruence within the curriculum, monitoring of the primary health conditions evaluated, treated and managed by the resident as part of the program's curriculum will continue throughout the year. The residents will provide monthly statistics of their patient population to the

Orthopaedic Residency Director. Every effort will be made to adjust the residents schedule so that patients with the same/similar diagnosis/pathology corresponding to the didactic curriculum are being evaluated and/or treated by the resident. The purposeful threading of the didactic, laboratory and experiential learning opportunities will be coordinated by the residency coordinator and director. This coordination of learning activities is outlined in the curriculum overview by week of the syllabus and will be adjusted as necessary.

Sample Weekly Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
Clinic 8:00-5:00	TA Lab at UC 9:30-12:20 Clinic: 1:30-5:30	Mentor 8:00-11:00 Clinic: 12:00-5:00 Meet with Faculty 11:00-12:00	Clinic: 8:00-5:00	TA Lab at UC 8:30-11:20 Clinic 12:00-5:00

Clinic treatment time: 30.5 hrs

Mentor time direct patient contact: 3-4 hrs

Didactic : 1 hours (Shadowing, grand rounds, journal club/discussions with mentor/practice lab)

Experiential Learning as TA: 6 hours- Musculoskeletal Lab

Curriculum Schedule

Week/s	Monograph Reading Assignments	Assignment/ Learning Experiences	Teaching Observations & Experiences	Evaluative Criteria	Instructor Contact
Week 1	Clinical reasoning/EBP				Elazzazi
Week 2	Understanding Literature	Journal Club		Journal Club Rubric	Elazzazi
Week 2: Basic Research Methods for Understanding Literature (Written Examination)					
Week 3-5	Elbow Wrist/Hand Shoulder		DPT 596 or DPT 597		Schilling
Weeks 6-8	Cervical Thoracic	Journal Club		Journal Club Rubric	Schilling
Weeks 9-10	Lumbar Hip	Lab Session		Manual Therapy Checklist	Caruso-Rahn
Weeks 11-12	Knee/Ankle				Simpson
Weeks 13-14	TMJ SIJ	Lab Session		Manual Therapy Checklist	Schilling
Week 15: Current Concepts of Orthopaedic Physical Therapy (Written Examination)					
Weeks 16-17	Post op Hip Post op Knee Post op Ankle/Foot	Journal Club			Simpson

Weeks 18	Post op Cervical / lumbar			Teaching Observation at Utica College	Caruso-Rahn
Weeks 19-20	Post op Shoulder Post op Elbow	Journal Club		Journal Club Rubric	Schilling & Radwan
Week 21: Postoperative Management of Orthopaedic Surgeries (Written Examination)					
Weeks 22-23	Basic diagnostic Imaging of extremities Spinal imaging		DPT 756: TMJ and SIJ	Core Competency Midterm Check	Radwan
Week 24: Clinical Imaging (Written Examination)					
Week 25-30	Hand Therapy Experience			Live Patient Exams	
Week 31	Neuromuscular healing	Journal Club		Journal Club Rubric	Moriello
Week 32	Regenerative rehab				Caruso-Rahn
Week 33	Engineering and technology				
Week 34	Telehealth and virtual reality		DPT 586 or DPT 587		Simpson
Week 35: Frontiers in Orthopaedic Science (Written Examination)					
Weeks 36-38	Principles of Pharmacology	Journal Club			Radwan
Week 39: Pharmacology (Written Examination)					
Week 41-44:	Resident Teaching Observation at Utica College			Schilling, Elmarakby & Evans	
Week 45:	Final Project Presentation			All Faculty	
Week 46:	Thanksgiving				
Week 47-50:	Live Patient Exams, Core Competency Final Assessment				

Grading Requirements:

Computerized Examinations: Six computerized examinations will be given throughout the year. Each examination will be given at the end of the section outlined in the curriculum overview table. Each examination will test the resident's knowledge, understanding and the application of the concepts contained in the previously completed section of the syllabus. A satisfactory score is correctly answering 75% or greater of the exam items. If the first attempt is not satisfactory for a passing grade, the remediation plan will include a second attempt for passing.

Manual Therapy Technique Competency Checklist: The resident will show competence in selected manual skills in lab practice sessions. These skills will include joint mobilizations, thrust manipulation and neuromobilization. A pass/fail grade will be assigned by a faculty member. Passing will require the manual therapy technique to be performed safely, effectively and accurately.

Orthopaedic Grand Rounds Participation: Participation in two Orthopaedic Rounds will be required. Residents will be scored on their contribution to the rounds presentation discussion, their professionalism, and their ability to communicate effectively to their peers. The resident’s mentor will be responsible for grading. A score of 80% or higher is required to be satisfactory.

Final Project: The Final Project will include a written and/or oral presentation of an orthopaedic case encountered during residency. The case report should include a review of all relevant anatomy, clinical evaluation, manual assessment, relevant current research, progression of treatment, return to sports considerations and justification for the chosen treatment approach. References should follow the instructions of the *AMA Manual of Style*. A score of 75% or higher is required to be satisfactory.

Live Patient Exams: There will be two live patient examinations. One will occur at the midterm and at the end of the residency program. Resident’s will need to achieve 70% satisfactory grades on their 1st live patient examination and achieve 80% satisfactory grades on their 2nd live patient examination. Two attempts are allotted. Attaining an average score less than those listed above in the 1st and 2nd Live Patient Examination will place the resident on probation and result in the resident being required to add an additional 3rd Live Patient Examination to his/her residency program.

Requirements for Successful Completion of the Residency Program:

Assignment	Passing Criteria
6 Written Examinations	Passing Score: 75%
2 Live Patient Examinations (Midterm/Final)	Midterm Live Patient Exam: 70% Final Live Patient Exam: 80%
2 Orthopaedic Grand Rounds Participation	Resident Grand Rounds Participation Rubric: 80%
Final Project: Case Report	Final Project Rubric: 80%
Manual Therapy Checklists	P/F
Core Competencies of a Physical Therapist (Midterm/Final)	Midterm: Level 2 Final: Level 4

Residency Program Information

Program Cost:

Residents will be responsible for purchasing the Academy of Orthopedic Physical Therapy Residency Education Curriculum (Approximate cost \$500.00)

Financial Aid/Stipends

No financial aid or stipends are available for UC-MVOR

Hours of work:

Residents will work at MVHS campus 30-35 hours a week. The hours will fluctuate with didactic teaching responsibilities at Utica College (6-8 hours a week depending on the semester). A schedule is provided in the UC-MVOR syllabus. Any changes due to MVHS needs or for didactic learning opportunities will be communicated with the resident.

Agreement Duration

The residency and therefore employment at MVHS will start on 1/4/2021 and end on 12/31/2021.

Financial Compensation (Further information found in MVHS employee handbook)

Residents will be compensated at the rate of 80% of the base pay of a full time Therapist at MVHS. The MVHS Healthcare operates on a bi-weekly pay system. Payroll period begins at 12:01am on Monday and runs 14 consecutive calendar days through 12:00am on Sunday. Payday is the Friday following the end of the payroll period.

Fringe Benefits

Paid time off (PTO) (Also found in MVHS employee handbook)
Full time/regular part-time hourly employees accrue PTO according to a schedule based on length of service. As a resident and working as 80% full time employment the PTO benefit is 132 hours. Time off requests will be approved by both director outpatient services at MVHS and residency program director.

Holidays.

MVHS recognizes the following holidays New Year's Day, Independence Day, Christmas, Easter Sunday, Labor Day, Memorial Day, and Thanksgiving.

Health care and dental insurance are offered by MVHS; however, the resident will have to contribute to their plan. Proof of health care insurance must be provided to human resources if the resident chooses not to accept MVHS insurance benefits.

Program Policies

Residents must abide by both the Utica College and Mohawk Valley Health System policies and are encouraged to review both organizations' employee handbooks.

Probationary Period

As a new employee of MVHS, you will be in an orientation status for the first 90 days of employment. During this period, your performance will be assessed by your supervisor to determine how well you are adjusting to your new position. At the end of the three-month period a performance review will be completed by your supervisor and reviewed with you. During the initial 90 day orientation period you are generally precluded from using Paid Time Off, except one day of scheduled PTO can be used following 30 days of employment if accrued.

Residents who do not achieve a passing grade in the written or Live patient exams or display a level 1 on the assessment of Core Competencies of a Physical Therapist Resident instrument will be placed on probation with a learning contract established to determine the remediation plan and expectations to continue in the Program.

Conditions of academic probation will be communicated to the resident in writing and should include: a description of the reasons for the probation, any required remedial activity, and the specific time frame for the required remedial activity.

Grounds for termination (Also found in MVHS employee handbook)

Violations that may result in immediate termination of employment include: theft, violation of confidentiality rules, use of alcohol/controlled substances while at work or on MVHS/Utica College premises, physical violence, patient abuse and falsification of records.

Appeal

A suspension or dismissal decision can be appealed to the Program Director within 7 business days from the suspension or dismissal decision or submit the appeal to a committee of the Utica College Physical Therapy Department Chair and the MVHS director of Rehabilitation services. If the appeal is not accepted, the resident may submit a written appeal to the Utica College Academic Standard Committee.

Retention Policy:

To successfully complete the residency, residents must participate in the following components of the residency:

- At least 1500 hours of clinical hours, including 150 hours of mentored clinical hours,
- At least 180 of teaching in entry-level DPT program
- At least 300 hours didactic coursework and successfully complete the required components (e.g. 6 Written Examinations, Final project & Live Patient Examination) within the time frame established in the syllabus
- Residents are required to arrive prepared and on time for all clinical and educational activities.
- The residency program is designed to be completed in a 12-month period of time with a maximum completion time of no greater than 15 months and a minimum of completion time of 12 months. Modifications to the program timeframes will be made as appropriate from resident and faculty feedback.

Attendance Policy

- Attendance and participation are expected in all clinical and educational activities.
- Vacations are not to be taken during the times when clinical and educational activities are scheduled. Residents are expected to plan their vacations and special events during times that do not conflict with scheduled clinical and educational activities.
- Tardiness:
 - Residents are required to arrive prepared and on time. Residents consistently arriving late will receive a Notice of Concern from the Program Director. Repeated tardiness will result in placement of the resident on academic probation with a remediation plan developed by the Program Director, Program Coordinator, and the resident’s mentor. Failure to comply with remediation plan guidelines may result in dismissal from the Program.
- Illness or Emergency:
 - Residents are expected to submit an email to the Program Director, instructor and/or mentor before the start of the missed clinical or educational activity. If it is not possible to send the email before the start time, the resident must notify the Program Director within 24 hours of the missed activity. Any resident who does not follow the above expectations will be issued a Notice of Concern and may be reviewed by the Program Director, Program Coordinator, or the Resident’s Mentor, as appropriate. Review may result in academic probation with a remediation plan. Failure to comply with the remediation plan guidelines will result in dismissal from the program.

Remediation Policy

If the minimum passing criteria are not met for the key indicators associated with the didactic, laboratory or experiential learning activities and the core competencies (exhibit 3) of a physical therapist resident, a remediation plan will be developed. This remediation plan will include the noted deficits, expected goals and an action plan for the resident with time frames to achieve the desired outcomes. If the resident fails to show improvement and/or achievement of the goals, dismissal from the residency could ultimately occur following the established action plan.

Residents are required to attain a grade of 75% or better in each of the six (6) computerized examinations at the end of each section of the curriculum; a grade of 80% or better in the Final Project and a grade of 80% or better on the Final Live Patient Exam. Failure to do so, will trigger a probationary period and a remediation plan will commence. The remediation plan will be completed by the resident and program director in collaboration with the relevant faculty member(s). The resident will retake the exam at a later date and must achieve a passing grade. Failure to achieve a passing score on any of the remediated tests or graded assignments listed above could result in termination of the residency.

Termination Policy

MVHS employees are required to comply with all MVHS/Utica College and departmental policies, standards, rules, regulations and procedures. Disciplinary action is taken to formally notify an employee that he/she is not in compliance with a policy, standard, rule, regulation or procedure and to give direction on correcting the behavior/performance. A progressive process of corrective disciplinary measures has been established to give the employee an opportunity to modify his/her behavior before serious disciplinary action is warranted. The level at which an employee enters the disciplinary process is dependent on upon the seriousness of the offense. In some cases, immediate suspension or discharge may be warranted. Please visit the MVHS employee handbook for this Process

Each of the following may result in termination of the resident position:

- Found to be incompetent in clinical skills during the probationary period.
- Does not follow through with a contract/plan for remediation within timeframes or guidelines set.
- Does not comply with the UC-MVOR Program's policies and procedures.
- Allows or creates an unsafe working environment.
- Receive a grade less than 80% on a remediated final live patient exam.
- Receives consistently below a level 2 at midterm or below a level 4 at final assessment of core competencies of a Physical Therapist Resident instrument.

The dismissal from MVHS or Utica College will result in the dismissal from the residency program.

Program Grievance Policy

The policy is designed to provide residents with an orderly means of resolving differences. The resident and mentor and/or faculty are encouraged to discuss their concerns with one another and make efforts to resolve any disputes or disagreements. Should there be no resolution, the following actions are appealable to the Program Director and Coordinator, if necessary human resources can be consulted to resolve the difference.

Suspension/dismissal: The Program Director, upon consultation with the Program Coordinator, may suspend the resident from part or all of their duties. This suspension could include clinical and/or teaching responsibilities. This would occur when the removal of the resident from clinical care is required for the best interests of patients, staff, students and/or the resident. The suspension will be confirmed in writing, stating the reason(s) for the suspension and its duration and ultimately could result in dismissal.

A suspension or dismissal decision can be appealed to the Program Director within 7 business days from the suspension or dismissal decision or submit the appeal to a committee of the Utica College Physical Therapy Department Chair and the MVHS director of Rehabilitation services. If the appeal is not accepted, the resident may submit a written appeal to the Utica College Academic Standard Committee.

ABPTRFE Grievance Policy: <http://www.abptrfe.org/Complaints/>

ABPTRFE accepts only written, emailed, complaints that include the complainant's name, contact information, and a summary of the complaint. Where circumstances warrant, the complainant may remain anonymous to the program, however, all identifying information must be provided to ABPTRFE. Written complaints must provide the following information:

- The basis of any allegation of noncompliance with ABPTRFE Quality Standards, policies, and procedures;
- All relevant names, dates, and a brief description of the actions forming the basis of the complaint;
- Copies of any available documents or materials that support the allegations; and
- A release authorizing ABPTRFE to forward a copy of the complaint, including identification of the complainant to the program. In cases of anonymous complaints, or when the complainant requests his/her name to remain confidential, ABPTRFE considers how to proceed and whether the anonymous complaint sets forth reasonable and credible information that a program may be in violation of ABPTRFE Quality Standards and whether the complainant's identity is necessary to investigate the allegation

Leave Policy

Sick leave (see MVHS employee handbook):

Employees who are sick will be allowed to utilize personal leave time as defined in the appropriate handbook or collective bargaining agreement. For those sick greater than 7 calendar days, employee should contact the Hartford to begin application for FMLA and/or short term disability. Employees will be allowed, but not required, to utilize personal leave time to supplement disability payments once disability is approved.

Employees that become symptomatic after a documented exposure, documented on an incident report and verified by infection prevention, for the first seven calendar days of absence, may utilize accumulated paid sick time or be paid as otherwise defined in applicable handbooks or collective bargaining agreements. If absent more than seven calendar days, employee may be eligible for FMLA, disability or workers compensation. Employees can contact the Human Resource Leave Management Office for guidance. Employees with approved workers compensation or disability are allowed, but not required, to supplement accumulated leave time.

Employees may be asymptomatic but restricted from work, per guidance from CDC or DOH, due to exposure or possible exposure during infectious disease outbreaks. Employees that are asymptomatic but are restricted from work because of an exposure or possible exposure outside of work will be placed on a personal leave only for the length of time restricted per the CDC guidelines and allowed to utilize accumulated paid time off. Only once paid time of bank is exhausted may the employee utilize available sick bank time. Documentation of restriction may be requested. Employees restricted to work following a documented exposure while working for MVHS, documented on an incident report and verified by infection prevention, will be placed on a personal leave and allowed to utilize their sick bank, paid time off bank or allowed to be on an unpaid leave of absence, only for the restricted time period defined in the CDC guidelines. If employee becomes symptomatic, the employee may be eligible for workers compensation or disability. Employees with approved workers compensation or disability are allowed to supplement accumulated leave time per current Human Resource policy.

Family Leave

Employees with sick family members may use accumulated paid time off to care for family, in accordance with applicable attendance policy. Employee may also be eligible for FMLA and/or Paid Family Leave. Employees should contact the Hartford to apply. Employees can also contact the Human Resource Leave Management Office for details. Employees utilizing Paid Family Leave may supplement payments with accumulated paid time off in accordance with current Human Resource policy. Any special leave programs created by the Federal or State Government in response to specific infectious disease outbreaks will be followed.

Sick/family/personal leave could cause the resident to be below graduating threshold for clinical/professional hours for the residency and may require the residency to be extended to 15 months maximum or may result in failure of residency.

Non-Discrimination/Privacy/Confidentiality Policies (Also in MVHS Employee Handbook)

It is the policy of the Mohawk Valley Health System (MVHS) and Utica College to be an equal opportunity/affirmative action employer. The Mohawk Valley Health System and Utica College prohibits discrimination and harassment of any type and affords equal employment opportunities to employees and applicants without regard to race, color, creed, religion, sex (including pregnancy), national origin, age, disability, sexual orientation, gender identity, transgender status, genetic predisposition or information, marital status, family status, military/veteran status, domestic violence victim status,

arrest/conviction record, political beliefs, or any other category protected by law. The Mohawk Valley Health System will abide by all applicable laws and regulations. The organization also adheres to and supports all laws and practices to promote equality of economic opportunity for minority group members and women to eradicate barriers that have unreasonably impeded access by vendors of minority and women-owned business enterprises (M/WBEs) to contracting activity. All such decisions are made by utilizing objective standards based on an individual's and M/WBEs qualifications as they relate to a particular job vacancy or requirements of contracted work, and to the furtherance of equal employment opportunity/affirmative action. Additionally, the Mohawk Valley Health System will take action to employ, advance in employment and treat qualified Vietnam-era veterans and disabled veterans without discrimination in all employment practices.

Malpractice Insurance

As an employee of MVHS, the residents will have Malpractice insurance and NYS Workers Compensation Insurance coverage by MVHS. Please see MVHS handbook for details of insurance.

Participant Tracking

The Program will maintain a database of current and past program participants in a file that will be kept on a Utica College owned, password protected computer. A copy of that record will be shared with MVHS. MVHS will also have a file on the resident as an employee of MVHS. The Program director, program coordinator (MVHS) and Utica College admission department will track current and past program participants.

Designated Learning Experiences

- Direct Patient Care Mentorship: During the residency, each resident will receive approximately 3 hours per week of mentorship while engaging in direct patient care. This time will be spent both observing with a mentor as well as operating as the primary treating therapist. Mentors will help the resident to incorporate most recent evidence and information learned didactically in the monographs into patient care.
- Lab Sessions: Residents will attend lab sessions throughout the year to practice and master hands on skills and techniques. These sessions will culminate in the demonstration of advanced practice skills expected of an orthopedic specialist.
- Utica College Teaching Experience: Residents will observe and assist in teaching a graduate level Foundational and Musculoskeletal Management Lab Course. Residents will be mentored by course instructors in the delivery of content within the lab setting.
- Attendance and Participation at Grand Rounds: Grand Rounds include presentations by physicians, physician assistants, physical therapists, nurses and other health care professionals. Residents will participate in two grand rounds involving relative orthopaedic topics. Evidence/practices of the resident's choosing will be required.
- Physician Observation and Surgical Observation. Residents will have the opportunity to observe and interact with orthopaedic physicians in clinical and surgery settings.
- Journal Club: Residents will review and appraise the journal articles selected by faculty members. The resident is responsible for reviewing the journal and writing a summary response of the key features related to clinical practice.

Program Participant Duties/Expectations

- Completion of all self-study modules and passing score on each associated written exam
- Completion of all didactic course work assigned with a passing score on each assignment
- Attendance and participation in two grand rounds

- Completion of teaching activities as both a teaching assistant and adjunct instructor in UC DPT graduate courses
- Completion of employee requirements and expectations at both MVHS and UC

ABPTRFE Quality Standards Information/Links to where participants may read and review ABPTRFE’s Quality Standards can be accessed [HERE](#).

Participant Evaluation Processes

The UC MVHSOR program faculty will use the Core Competencies of a Physical Therapist Resident instrument for the assessment of resident progression throughout the program. Residents will be assessed on these competencies upon entrance into the program (baseline self-assessment), at mid-term (progress), and at final. This instrument will be completed by resident and program director/coordinator in collaboration with faculty and mentors at the midterm and final. Rating of each core competency will be based on but not limited to, direct observation, electronic assessment (e.g., videotape or live video observation), documentation review, role playing, interviews, live patient examinations, portfolios, tests, standardized practical activities, and patient and outcome surveys. At a minimum, residents are expected to demonstrate all Level 1 benchmarks upon entrance into the program, all Level 2 or above benchmarks at mid-term, and all Level 4 or above benchmarks at the completion of the residency program in order to graduate,

Participant receipt of Handbook Attestation:

“I received the Resident Handbook prior to signing the program contract. I certify that I have read, understand and agreed to all policies and procedures outlined in the Resident Handbook”

_____ Signature _____ Date

Name

Please see appendices following the handbook information to see all evaluation forms that will be utilized for resident tracking.

Appendices

1. Core Competencies of a PT resident
2. Final Project Rubric
3. Journal Club Rubric
4. Manual Therapy Checklist
5. Resident Teaching Review Form
6. Live Patient Exam Form
7. Teaching Observation Form

Core Competencies of a PT resident can be found using the following link
[Core Competencies of a Physical Therapy Resident](#)

Utica College - Mohawk Valley Health System Orthopaedic Residency Program
Final Project Rubric

Instructors should explain any inadequate(s):

	Inadequate (0-1)	Meets Expectations (2)	Exceeds Expectations (3)
Introduction – (Why is this case interesting? What clinical question do you need to answer?) Background and purpose			
A review of literature investigating the problem, evaluation, treatment etc. Importance of the problem			
Case Description Patient Client Classification: Practice Pattern ICF & ICD 10 codes Other classification systems if relevant (<i>e.g. McKenzie, SCI, etc...</i>)			
Examination (clinical presentation of the patient. You can put actual data from the PT exam in table(s). Tables may be in the body of the paper or in an appendix. Summarize key points of the PT Exam in narrative form.) History Systems Review Tests and Measures			
Evaluation, PT Diagnosis, and Prognosis (supported by evidence from the literature and clinical reasoning grounded in science and theory)			
Intervention (supported by evidence from the literature, where possible, or clinical reasoning grounded in science and theory)			
Outcomes including Goals			
Reexamination			
Criteria for Termination of Physical Therapy Services			
Discussion (draw conclusions, discuss implications and make recommendations) Reflecting on this patient and ability to generalize If presented with a similar patient or problem what would you do? Did access to services, or lack of access, have any impact on the care provided? Was there adequate research/literature to guide your care of this patient?			
Analysis of the fiscal impact (Summary of the fiscal impact of the physical therapy intervention on the patient based on estimates of charges and the patient’s insurance coverage)			
References: AMA formatted bibliography (>60% of references are research articles or systematic review if applicable) Referenced within the paper appropriately			

Passing = Must score 75% or higher to pass.

***Please keep copies of your presentation/paper with edits in your residency binder. Be sure to include your final product.**

Utica College - Mohawk Valley Health System Orthopaedic Residency Program

Journal Club Rubric

Journal Name: _____

	Consistently (3)	Occasionally (2)	Infrequently (1)
Main clinical point is described in written summary of Journal			
Description of how the journal can be applied to clinical practice			
Resident accurately evaluates the Journal article relevance to clinical practice			
Provide good appraisal of the study's methodological quality			
Identify ways to apply the study's clinical bottom line into clinical practice			

Score _____ (15 points)

Operational Definitions for Grading:

Consistently: Completes > 90% of the time

Occasionally: Completes > 50% of the time

Infrequently: Completes < 50% of the time

Utica College - Mohawk Valley Health System Orthopaedic Residency Program

Manual Therapy Checklist

The resident will show competence in selected manual skills in lab practice sessions. These skills will include joint mobilizations, thrust manipulation and neuromobilization. A pass/fail grade will be assigned by a faculty member.

Passing will require the manual therapy technique to be performed safely, effectively and accurately.

Score of “Pass” is required in all categories of manual skill checklist

Sample Manual Therapy Checklist:

Manual Therapy Checklist: Demonstrate skills related to impairment-based intervention for Graded Joint Mobilization, Thrust Manipulation or Neuromobilization	Instructor Check
Selects appropriate manual therapy technique to address the impairment.	
Ensures no contraindications to performing manual therapy are present.	
Uses correct body mechanics throughout the intervention.	
Uses correct patient positioning, hand placement, and adequate stabilization to perform the mobilization.	
Uses appropriate force application in the manual therapy technique relative to the treatment plane. (direction, amplitude and frequency)	
Overall process and skill performance are efficient	
Comments:	

Utica College - Mohawk Valley Health System Orthopaedic Residency Program
Resident Instructional Teaching Review Form

Resident: _____

Course: _____

	Consistently	Occasionally	Infrequently
The Resident had an organized approach to the subject matter in a way that contributes to effective learning.			
The Resident communicated effectively.			
The Resident displayed genuine interest in the subject matter and in teaching.			
The Resident displayed positive attitudes toward students (approachability, availability, concern for students as individuals)			
The Resident challenged students to strive toward excellence.			
The Resident had fair grading practices.			
The resident demonstrated advanced knowledge of orthopaedic physical therapy.			
The resident used a good teaching approach that facilitated students' learning			

Operational Definitions for Rating:

Consistently: Completes > 90% of the time

Occasionally: Completes > 50% of the time

Infrequently: Completes < 50% of the tim

Comments:

Faculty Member Name & Signature: _____/_____

Utica College - Mohawk Valley Health System Orthopaedic Residency Program
Practice Dimensions Expected Of an Orthopaedic Clinical Specialist

Resident: _____ Date: _____

Directions: Place an "X" in the box that BEST reflects the behavior observed.	Unsatisfactory Performance	Satisfactory Performance	Superior Performance	N/A
1. Examination				
a. Obtain a history / perform an interview				
1. Adapt communication style to best build rapport with the patient				
1. Adapt communication to best match the patient's cognitive level and learning style				
1. Identify the patient's current level of activity and ability to participate in desired tasks				
1. Identify the <i>area(s)</i> of the patient's symptoms				
1. Identify the <i>type/nature</i> of the patient's symptoms				
1. Identify the <i>time behavior</i> of the symptoms				
1. Identify the <i>level of irritability or severity</i> of the symptoms				
1. Identify the symptom's <i>aggravating factors</i>				
1. Identify the symptom's <i>easing factors</i>				
1. Identify other therapeutic interventions employed by the patient – and their usefulness				
1. Identify the patient's response to his / her current clinical situation (including psychosocial factors)				
Rate Resident's overall performance for this competency and record rating: Unsatisfactory, Satisfactory, Superior →				
Comments:				

<i>Directions: Place an "X" in the box that BEST reflects the behavior observed.</i>	<i>Unsatisfactory Performance</i>	<i>Satisfactory Performance</i>	<i>Superior Performance</i>	<i>N/A</i>
<i>b. Examination/Re-examination. Administration of selected specific tests and measures, when appropriate</i>				
1. Assess current level of function using a self-report questionnaire				
1. Assess pain levels				
1. Assess postural alignment during static and dynamic activities				
1. Assess gait, locomotion, and / or balance				
1. Assess integumentary and joint tissue quality (e.g. signs of inflammation, effusion)				
1. Assess circulation (e.g. VBI, PVD)				
1. Assess sensation, proprioception, and reflexes				
1. Assess active range of motion and movement / pain relations				
1. Assess joint passive mobility (range of motion, movement / pain relations)				
1. Assess extremity joint accessory / joint play motions				
1. Assess spinal segment mobility (mobility and movement / pain relations)				
1. Assess joint integrity (e.g. ligamentous stress tests)				
1. Assess muscle flexibility / muscle length				
1. Assess nerve mobility (range of motion, movement / pain relations)				
1. Assess soft tissue mobility (e.g. fascia, myofascial, nerve entrapment sites)				
1. Assess response of connective tissue (e.g. ligament, bone) to palpatory provocation				
1. Assess response of muscles tissues (e.g. trigger points) to palpatory provocation				
1. Assess muscle power – strength, endurance				

1. Assess muscle power – force / pain relations (e.g. contractile tissue response to tests)				
1. Assess movement coordination				
1. Assess motor learning				
Rate Resident's overall performance for this competency and record rating: Unsatisfactory, Satisfactory, Superior →				
Comments:				
Directions: Place an "X" in the box that BEST reflects the behavior observed.	Unsatisfactory Performance	Satisfactory Performance	Superior Performance	N/A
1. Evaluation				
a. Interpret data from history				
1. Identifying relevant, consistent, and accurate data				
1. Prioritize reported functional limitations and activity restrictions				
1. Assess the patient's needs, motivations, and goals				
b. Develop a working diagnosis (Hypothesis)				
1. Develop working diagnosis (hypothesis) for the <i>possible contraindications for the physical therapy intervention</i>				
1. Develop working diagnosis (hypothesis) for the <i>stage of condition</i>				
1. Develop working diagnosis (hypothesis) for the <i>anatomical structures</i> involved with the complaint(s)				
1. Develop working diagnosis (hypothesis) for the <i>probable cause(s)</i> of the complaint(s)				
c. Plan the physical examination / select tests and measures				
1. Select tests and measures that are <i>consistent with the history</i> for verifying or refuting the working diagnosis				

1. Select tests and measures that are <i>appropriately sequenced</i> for verifying or refuting the working diagnosis				
1. Select tests and measures that <i>have acceptable measurement properties</i> to verify or refute the working diagnosis				
d. Interpret data from physical examination				
1. Interpret data from the physical examination – related to the <i>stage of the condition(s)</i>				
1. Interpret data from the physical examination – related to the <i>irritability of the condition(s)</i>				
1. Interpret data from the examination – related to <i>psychosocial factors</i>				
e. Select intervention approach				
1. Select intervention approach, as appropriate, to include <i>referral to another health care provider</i>				
1. Select intervention approach, as appropriate, to include <i>physical therapy intervention</i>				
1. Select intervention approach, as appropriate, to include <i>further examination</i>				
Directions: Place an "X" in the box that BEST reflects the behavior observed.	Unsatisfactory Performance	Satisfactory Performance	Superior Performance	N/A
f. Respond to emerging data from examinations and interventions				
1. Respond to emerging data from examinations and interventions by <i>modifying</i> the intervention				
1. Respond to emerging data from examinations and interventions by <i>redirecting</i> the intervention				
Rate Resident's overall performance for this competency and record rating: Unsatisfactory, Satisfactory, Superior				
→				
Comments:				

1. Diagnosis				
a. Based on the evaluation, organize data into recognized clusters, syndromes, or categories				
b. Based on the diagnosis, determine the most appropriate intervention approach				
Rate Resident's overall performance for this competency and record rating: Unsatisfactory, Satisfactory, Superior →				
Comments:				
1. Prognosis				
a. Choose assessment measures				
1. Choose re-assessment measures to determine <i>initial</i> responses to interventions				
1. Choose re-assessment measures to determine <i>long-term</i> responses to interventions				
Directions: Place an "X" in the box that BEST reflects the behavior observed.	Unsatisfactory Performance	Satisfactory Performance	Superior Performance	N/A
b. Establish plan of care				
1. Establish plan of care, <i>selecting</i> specific interventions based on impairments				
1. Establish plan of care, <i>prioritizing</i> specific interventions based on impairments				
c. Prognosticate regarding function				
1. Predict the <i>optimal level</i> of function that the patient will achieve				
1. Predict the <i>amount of time</i> needed to reach the optimal level of function				

Rate Resident's overall performance for this competency and record rating: Unsatisfactory, Satisfactory, Superior →				
Comments:				
1. Intervention				
a. Provide patient education related to the plan of care				
1. Educate patient on his/her <i>diagnosis</i>				
1. Educate patient on his/her <i>prognosis</i>				
1. Educate patient on his/her <i>treatment</i>				
1. Educate patient on his/her <i>responsibility</i>				
1. Educate patient on <i>self-management</i> strategies				
b. Implement therapeutic exercise				
1. Implement therapeutic exercise to improve <i>mobility</i>				
1. Implement therapeutic exercise to improve <i>muscle performance</i>				
c. Implement functional training				
1. Implement functional training for <i>injury prevention</i>				
1. Implement functional training using <i>orthotic, protective, or supportive devices</i>				
1. Implement functional training for <i>assistive or adaptive devices or equipment</i>				
1. Implement functional training using <i>movement cueing and/or ergonomic instruction</i>				
Directions: Place an "X" in the box that BEST reflects the behavior observed.	Unsatisfactory Performance	Satisfactory Performance	Superior Performance	N/A
1. Implement functional training using <i>work conditioning/endurance training</i>				
d. Implement manual therapy procedures				

1. Implement manual therapy procedures – <i>soft tissue mobilization</i>				
1. Implement manual therapy procedures – <i>joint mobilization</i>				
1. Implement manual therapy procedures – <i>joint manipulation</i>				
1. Implement manual therapy procedures – <i>passive range of motion</i>				
1. Implement manual therapy procedures – <i>neuromuscular facilitation</i>				
1. Implement manual therapy procedures – <i>mobilization with movement</i>				
e. Apply physical agents				
1. Apply physical agents – <i>to facilitate tissue healing</i>				
1. Apply physical agents – <i>to modulate pain</i>				
f. Apply taping or external devices				
1. Apply taping or external devices <i>to prevent tissue injury</i>				
1. Apply taping or external devices <i>to facilitate tissue healing or edema management</i>				
1. Apply taping or external devices <i>for neuromuscular re-education</i>				
Rate Resident's overall performance for this competency and record rating: Unsatisfactory, Satisfactory, Superior →				
Comments:				
Directions: Place an "X" in the box that BEST reflects the behavior observed.				
	Unsatisfactory Performance	Satisfactory Performance	Superior Performance	N/A
1. Outcomes				
a. Review outcomes of care related to optimization of patient satisfaction				
b. Review outcomes of care related to remediation of functional limitations				

c. Review outcomes of care related to remediation of disability/participation restrictions				
d. Review outcomes of care related to promotion of secondary prevention				
e. Review outcomes of care related to promotion of primary prevention				
Rate Resident's overall performance for this competency and record rating: Unsatisfactory, Satisfactory, Superior →				
Comments:				

Summary Comments:

Summary: Of the ___ practice dimensions that I observed related to the APTA's Clinical Skills Performance Evaluation Tool, you were Superior on ___ of the areas, Satisfactory on ___ of the areas, and Unsatisfactory on ___ of the areas. Thus, you performed Satisfactorily or Superiorly on ___% of the skills observed (___ divided by ___ times 100).

The Passing Criteria is based on the following performance expectations:

- 1st Live Patient Examination: Satisfactory or Superior Performance on 70% of Practice Dimensions Observed
- 2nd Live Patient Examination: Satisfactory or Superior Performance on 80% of Practice Dimensions Observed

Attaining an average score less than those listed above in the 1st and 2nd Live Patient Examination will place the resident on probation and result in the resident being required to add an additional 3rd Live Patient Examination to his/her residency program.

Grading Criteria:

Superior Performance: one or more of the following must be observed for a superior score, with no components from the unsatisfactory scale observed:

- Practice dimension was necessary and well organized (e.g. no excessive testing) and utilized best available evidence (e.g. Clinical Practice Guidelines, Clinical Prediction Rules, etc.)
- Performed safely for patient/therapist
- Superior/complete performance (e.g. timeliness, excellent use of body mechanics and patient positioning)
- Superior interpretation of practice dimension (e.g. able to articulate working diagnosis based on sound rationale, available evidence, patient and clinician values) and is clearly articulated to the patient, and transparent to the evaluator

Satisfactory Performance: one or more of the following must be observed for a satisfactory score, with no components from the unsatisfactory scale observed:

- Practice dimension was necessary, adequately organized and/or utilized best available evidence (e.g. Clinical Practice Guidelines, Clinical Prediction Rules, etc.)
- Performed safely for patient/therapist
- Adequate/complete performance
- Adequate interpretation of practice dimension, which is articulated to the patient, and the resident has minimal difficulty answering patient questions in a timely fashion.

Unsatisfactory Performance: one or more of the following must be observed for an unsatisfactory score:

- Practice dimension was unnecessarily utilized and did not utilize best available evidence (e.g. Clinical Practice Guidelines, Clinical Prediction Rules, etc.)
- Practice dimension was necessary but not utilized
- Performed unsafely for patient/therapist
- Inadequate/incomplete performance
- Inadequate interpretation of practice dimension, which is not articulated to the patient, and the resident has difficulty answering questions in a timely fashion.

Resident's Remediation Plan:

How will you address practice dimensions which were graded as "Unsatisfactory"?

Goals:

Methods/Strategies to Achieve Goals:

Resident Signature: _____ ***Date:*** _____

Mentor Signature: _____ **Date:** _____

Program Director Signature: _____ **Date:** _____

Utica College - Mohawk Valley Health System Orthopaedic Residency Program
Teaching Observation Forms

Pre-Observation Form. This form is to be completed by the resident prior to the observation.

Resident:

Observer:

Course:

Number of students:

Length of session:

Topic of the lab session observed:

1. What are the specific learning objectives that are planned for this lab session?

2. What strategies will you use to determine if students achieve those objectives during lecture?

3. What learning strategies will be used? Circle

Discussion, Demonstrations, Case vignettes, Active learning activities, Audio/video clips, Personal experiences, Solicitation of questions from the class, Other

4. What else would you like to tell me about the class that will help me better understand as I observe?

5. What would you like the feedback to include? Are there particular activities/strategies that you would like for me to pay attention to? Do you have concerns about any specific segments/components of the session?

Observation Form: (to be completed by Utica College Faculty)

Course session:

Topic:

Date:

Provide comments relative to your observation of the following:

Evaluate the above resident in each of the following categories using the following scale:

5 = Excellent /Outstanding, 4 = Better than average, 3 = Average/Acceptable, 2 = Below average, 1 = Poor / Unacceptable, NA = Not applicable

Clarity of learning objectives NA 1 2 3 4 5

Planning and organizing lab activities	NA	1	2	3	4	5	
Delivery, pace and tone		NA	1	2	3	4	5
Use of active learning strategies		NA	1	2	3	4	5
Content (accuracy, relevance, match to student needs	NA	1	2	3	4	5	

Which of the following learning opportunities did the resident provide for the students during the lab?

____ Learning through listening (e.g. lecture)

____ Learning through reflection (e.g. students were asked to think about

____ Learning through discussion (e.g. engaging students with questions, small group problem solving)

____ Learning through the observation of action (e.g. watching videos, other people role playing)

____ Learning by doing (e.g. actual performance of a task, activity)

What went particularly well in this lab session?.

Other comments.

Post-Observation/Feedback Form: (to be completed by the Resident)

1. What went well today?

2. Did the students demonstrate achievement of the learning objectives? How? Discuss achievement of Bloom's taxonomy. Achievement of knowledge and application/synthesis of learning.

3. Other comments