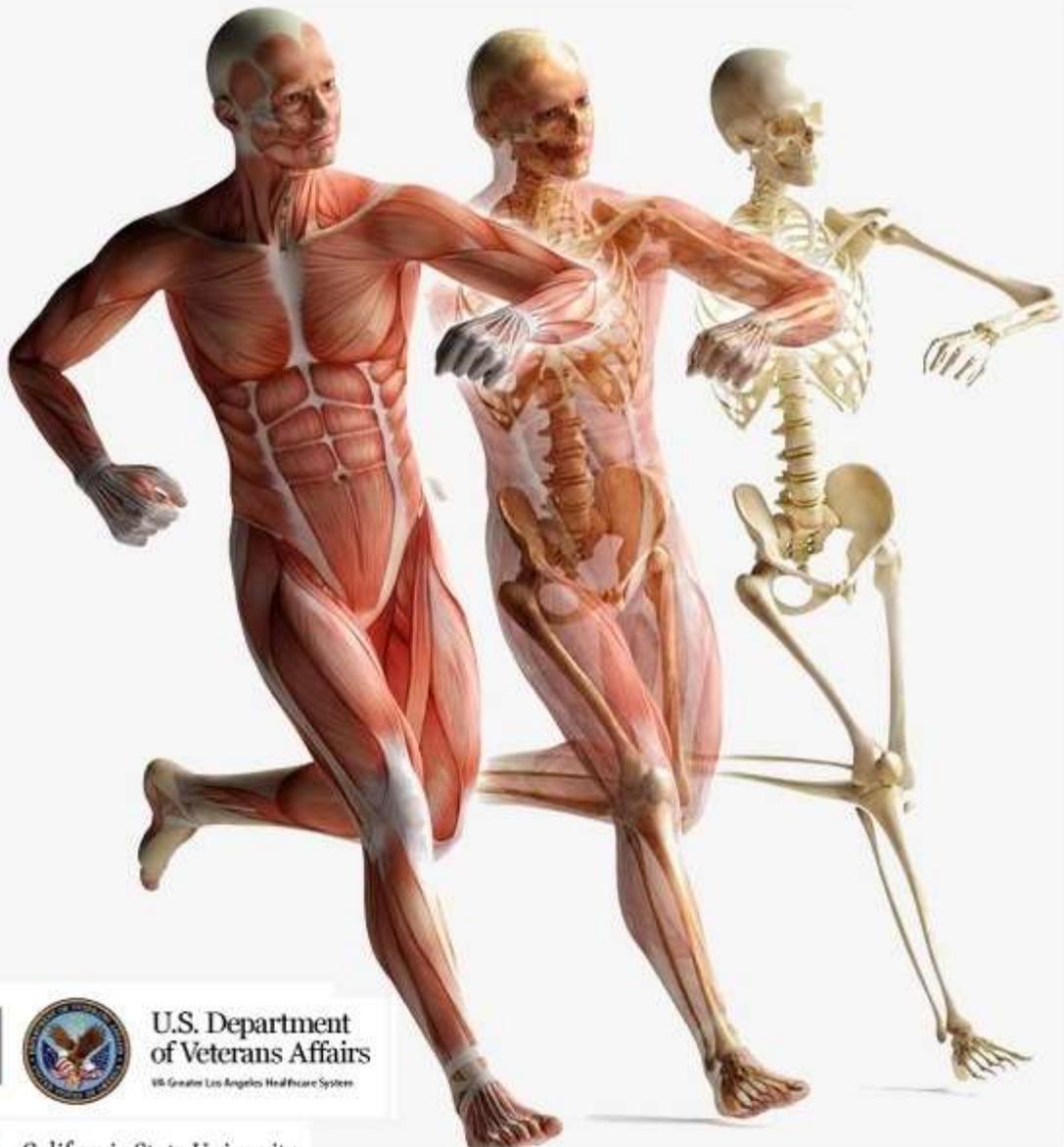


Greater Los Angeles VA
Orthopaedic Residency Program

Physical Therapists
IMPROVE
the Way You *Move*[™]



VA



U.S. Department
of Veterans Affairs
VA Greater Los Angeles Healthcare System



California State University
Northridge

Dear Physical Therapy Resident,

Welcome to the Greater Los Angeles Orthopaedic Residency Program! We look forward to working with you over the next year to guide you in improving your orthopaedic skills by providing you with a well-rounded educational experience. It is an exciting time for us as a profession we move toward specialized practice of the Human Movement System.

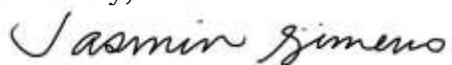
The bridge between theory and practice in a novice Physical Therapist in the initial years after formal education is often unclear and met with ambiguous thought processes through trial and error. Without continued mentorship and formal guidance, there grows a blind allegiance to the formative years of learning. One's pitfalls as a student perpetuate years after graduation. In the case of orthopaedics, some of these pitfalls stem from limited training in kinesiology and how pathologic movement is a basis for neuromusculoskeletal disease. This program aims to provide Residents with a deeper understanding of the basic science of human anatomy, physiology, and kinesiology, and to be able to extrapolate the breadth and depth of knowledge into the whole patient from the cellular level, to the physical, and biopsychosocial domains.

The strong foundation in movement science will improve analytical and diagnostic ability, such that Residents will be able to apply highly-effective manual therapy interventions. These include manipulations, as well as tailored therapeutic exercise interventions as suggested by Clinical Practice Guidelines (CPGs). To achieve this goal, it is imperative that we emphasize the importance of skills required for successful implementation of evidence-based practice (EBP), including assessing the patient's condition, asking important clinical questions specific to patients, acquiring evidence, critical appraisal of evidence, and applying the results to the patients. In addition to the clinical implementation, the results of the critical review of current literature will then serve as a means to identify knowledge gaps, and potential areas of future research. Residents will also have an opportunity to participate in research projects as part of this Residency Program. The practice of transferring words and ideas to intervention, and contributing to pauses in the evidence, are the very basic tenets of this program.

In collaboration with California State University Northridge, we aim to provide Residents with the necessary experience and critical thinking abilities to transition from an entry-level Physical Therapist, to a skilled, thoughtful, and introspective specialist.

On behalf of the VA Greater Los Angeles Healthcare System and the faculty and staff at California State University Northridge, we look forward to working with you this coming year.

Sincerely,



Jasmin Riehl Jimeno, PT, DPT, OCS
Physical Therapy Residency Director

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Background

The VA Greater Los Angeles Healthcare System (VAGLAHS) is one of the largest healthcare facilities within the US Department of Veterans Affairs. It is one component of the VA Desert Pacific Healthcare Network (VISN 22) and is the designated Polytrauma/Amputee Network Site. VAGLAHS consists of one medical center in West Los Angeles (WLA), two ambulatory care centers, and eight community-based outpatient clinics. Physical Therapy (PT) services are available at five of the 11 locations. The VAGLAHS service area includes five counties with an approximated total Veteran population of one million. VAGLAHS is affiliated with both UCLA School of Medicine and USC School of Medicine, as well as more than 45 colleges, universities and vocational schools in 17 different medical, nursing, paramedical, and administrative programs. It is also home to a diverse Physical Medicine and Rehabilitation Service (PMRS) which includes Physical Therapy, Occupational Therapy, Kinesiotherapy, Vocational Rehabilitation, Recreational Therapy, maintains an in-house PMR Residency Program in collaboration with the UCLA School of Medicine, and a Pain Fellowship Program.

The PT Clinical Education program is an established, long-standing program with an excellent reputation in the surrounding community. There are currently 13 active affiliation agreements with 13 Doctor of Physical Therapy programs, six of which are out-of-state. Active affiliations include: Azusa Pacific University, Boston University, California State University Long Beach, California State University Northridge (CSUN), Des Moines University, Mount St. Mary's University, New York University, University of California San Francisco/San Francisco State University, University of Delaware, University of Miami, University of New Mexico, University of Southern California, and Western University of Health Sciences.

The Sepulveda Ambulatory Care Center (SACC) is in the San Fernando Valley, 15 miles from the WLA medical center. SACC will be the central hub for the Physical Therapy Residency Program (hereafter referred to as the "Program"). SACC is located three miles from CSUN, who will be serving as the academic collaborative partner for the Program. Residents will be providing patient care at SACC, with select patient-care rotations at WLA. CSUN will be supplementing the evidence-based practice, research, and Movement System Impairments (MSI) didactic series.

VA Mission Statement

To fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's Veterans.

Physical Therapy Residency Mission

To provide high-quality training to entry-level Physical Therapists, using evidence-based, experiential and didactic learning, to train masterful clinicians who possess strong problem-solving abilities, and the desire for self-reflective, life-long learning.

Program Goals

1. Support the mission of the Physical Medicine and Rehabilitation Services department at the Greater Los Angeles VA, by elevating the quality of orthopaedic Physical Therapy, consistent with specialist practice.
2. Provide the veteran population with residency-trained Physical Therapists who excel in advanced orthopaedic practice, guided by a strong foundation in evidence-based practice.
3. Maintain American Board of Physical Therapy Residency and Fellowship education (ABPTRFE) accreditation as an orthopaedic residency.
4. Develop a pathway for Orthopaedic Physical Therapy research that is inclusive of the Resident and current staff.
5. To train Residents who demonstrate advanced skills in clinical reasoning, guided by evidence-based practice, to provide high quality care for the complex veteran population.
6. To train Residents who possess specialist-level clinical judgement and psychomotor skills in human movement system evaluation and treatment, as well as manual therapy interventions.
7. To prepare Residents to pass the Orthopaedic Specialist Examination.
8. To be a local orthopaedic residency of choice with a reputation for high quality training.
9. To graduate Residents who have the ability to obtain and maintain American Board of Physical Therapy Specialists (ABPTS) board certification through diverse exposure of clinical practice, research, and professional education.
10. To graduate Residents who contribute to the advancement of Physical Therapist practice and engage in educating the community or emerging professionals.

Program Outcomes

1. Train Residents who can provide the patients of Greater Los Angeles VA with excellent care through advanced orthopaedic physical therapy examination and interventions, consistent with specialist practice.

2. Train Residents who demonstrate advanced skills in clinical reasoning, guided by evidence-based practice, to provide high quality care for the complex veteran population.
3. Train Residents who possess specialist-level clinical judgement and psychomotor skills in human movement system evaluation and treatment, as well as manual therapy interventions.
4. Prepare Residents to pass the Orthopaedic Specialist Examination.
5. Train Residents who are skilled educators and excel at conveying abstract and esoteric concepts, in a simple, yet accurate format that is specific to the target audience, using both technical and soft skills.
6. Train Residents who are committed members of the profession, who remain engaged through professional activities with the American Physical Therapy Association (APTA), ABPTS, ABPTRFE, or the Federation of State Boards of Physical Therapy (FSBPT).

Program Overview

Agreement Duration

This orthopaedic residency will be completed within 12 months, with a maximum of 2,080 hours of instruction and patient care. Residents are boarded as temporary employees of the VA, during this training period. The anticipated started date for academic year 2019-2020 is July 1, 2019 and will end on Tuesday, June 30, 2020. At that time, the Resident agrees that when this Agreement expires or is terminated, the Resident shall immediately deliver any VA property in possession of the Resident, including keys, identification badges, borrowed texts, and other equipment or material, directly to the VAGLAHS Physical Therapy department, unless otherwise instructed.

Program Costs

The US Department of Veterans Affairs' Office of Academic Affiliations (OAA) funds all Residency programs in VA. As such, no Resident will have to pay tuition. Upon graduation from the Program, the graduates will sit for the Orthopaedic Specialist Examination through ABPTS. The graduate will be responsible for all costs associated with testing. However, this process takes place after separation from VA as a Resident.

Stipend/Financial Compensation

The Resident will receive a stipend through OAA, paid on a bi-weekly basis. OAA sets a pre-determined stipend amount annually. The approved Physical Therapy Resident stipend for the 2019-2020 academic year is approximately \$49,277.

Hours of Work

Typical working hours are 8:00am-4:30pm Monday through Friday. During certain didactic rotations at CSUN, the hours may change (Example: 9:00am-6:00pm) depending on the University schedule. Times may also be variable during specialty rotations and is dependent on the specialty clinic schedule. Regardless of the tour of duty assigned, the Resident will work a 40-hour work week.

As a lifelong learner, it should be expected that the Resident will commit some personal time to review material to provide high quality care, study for examinations, and to complete assignments and special projects.

Benefits

The standard benefits for a VA Resident include:

- 10 paid federal holidays
- 4 hours of Sick Leave (SL) per pay period, bi-weekly
 - Up to 104 hours over 26 pay periods
- 4 hours of Annual Leave (AL) per pay period, bi-weekly
 - Up to 104 hours over 26 pay periods
- Optional healthcare, dental, and vision coverage
- A one-year Medbridge Education subscription will be paid for by the Program to supplement independent Resident learning activities

Duties and Expectations of the Resident

Residents must meet the minimal eligibility criteria for participation in the Program:

1. Be a United States Citizen
2. Hold a valid Physical Therapy license (in any state) by the start of the Residency Program; or at least hold a Physical Therapy License Applicant status
3. Have the ability to meet the physical demands of a Physical Therapist
4. Satisfy the pre-employment physical which include a health screen, including immunization

Expected Resident Behaviors

1. Uphold the Code of Ethics for the Physical Therapist and Code of Conduct, as outlined by the American Physical Therapy Association (APTA). The APTA Code of Ethics outlines the ethical obligations of Physical Therapists. Physical Therapist practice is guided by these seven core values:
 1. Accountability
 2. Altruism
 3. Compassion/Caring

4. Excellence
 5. Integrity
 6. Professional Duty
 7. Social Responsibility
2. Follow all VA, Federal, and State policies
 1. Orientation Day will cover all necessary policies and procedures through the online VA Talent Management System.
 3. Residents must be punctual and be prepared for clinical care, and/or didactic activities scheduled.
 4. Residents must present to work dressed professionally, groomed (hair, facial hair, nails), and closed-toed shoes
 5. Participating in all aspects of the curriculum is expected:
 1. Patient care delivery
 - i. Provide safe, effective, and compassionate patient care, that parallels the level of skill reflective of specialist practice
 2. Didactic lectures
 3. Laboratory sessions
 4. Journal Club participation
 5. Research activities
 - i. Complete the required online Collaborative Institutional Training Initiative (CITI) courses within the first month of the Program
 - ii. Research activities may include literature review, any part of Institutional Review Board proposal activities, data collection, data analysis, manuscript writing, and/or submission
 6. Evidence-based practice activities
 - i. Perform self-driven, and complete assigned literature collection and review. This includes performing Critically Appraised Topics
 7. Teaching activities
 - i. Pre-professional students
 - ii. Inter-professional colleagues
 8. Duties and responsibilities as assigned by Faculty
 6. Complete all evaluation forms within the indicated timeframe
 7. Maintain a body regions log, due to the Director at the end of each month.
 8. Maintain an axial and appendicular outcome measures log.
 9. Submit faculty and mentor evaluations at the Midterm and Final evaluation weeks
 10. Be open to constructive feedback
 11. Use suggestions and feedback to make changes in performance, behavior, or critical thinking.
 12. Flexibility during unplanned conditions or circumstances.
 13. Be generous with time and patience with others

14. Ensure that personal matters do not interfere with professional responsibilities
15. Be willing to offer feedback to mentors and faculty regarding the Program's ability to meet its goals
16. Audio or video recording of any lectures will require written permission from faculty.
17. Copying, reproduction, and sharing of exams is strictly prohibited.
18. Residents are expected to take initiative request for additional advisement hours with faculty, staff, and/or mentors, even if those hours fall outside the usual tour of duty.
19. Perform active self-evaluation and self-reflection
20. Be an example of what it means to be a life-long learner

It is vital that Physical Therapists create a culture of learning to create forward momentum for the profession. While all characteristics of a professional are difficult to identify in totality, life-long learning, mentorship, progress, and professional exchange of evidence-based information should be at the forefront of any specialist practice. Residents are expected to uphold these values long after graduation.

American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) Quality Standards

ABPTRFE has published Quality Guidelines for both Residents and Residency programs. The Description of Residency Practice (DRP) for Orthopaedics can be found at:

http://www.abptrfe.org/uploadedFiles/ABPTRFEorg/For_Programs/Apply/Forms/DRP_Orthopaedics.pdf

The Core Competencies for a Physical Therapist Resident can be found at:

http://www.abptrfe.org/uploadedFiles/ABPTRFEorg/For_Programs/Apply/Forms/ABPTRFE_CoreCompetenciesPhysicalTherapistResident.pdf

Designated Learning Experiences

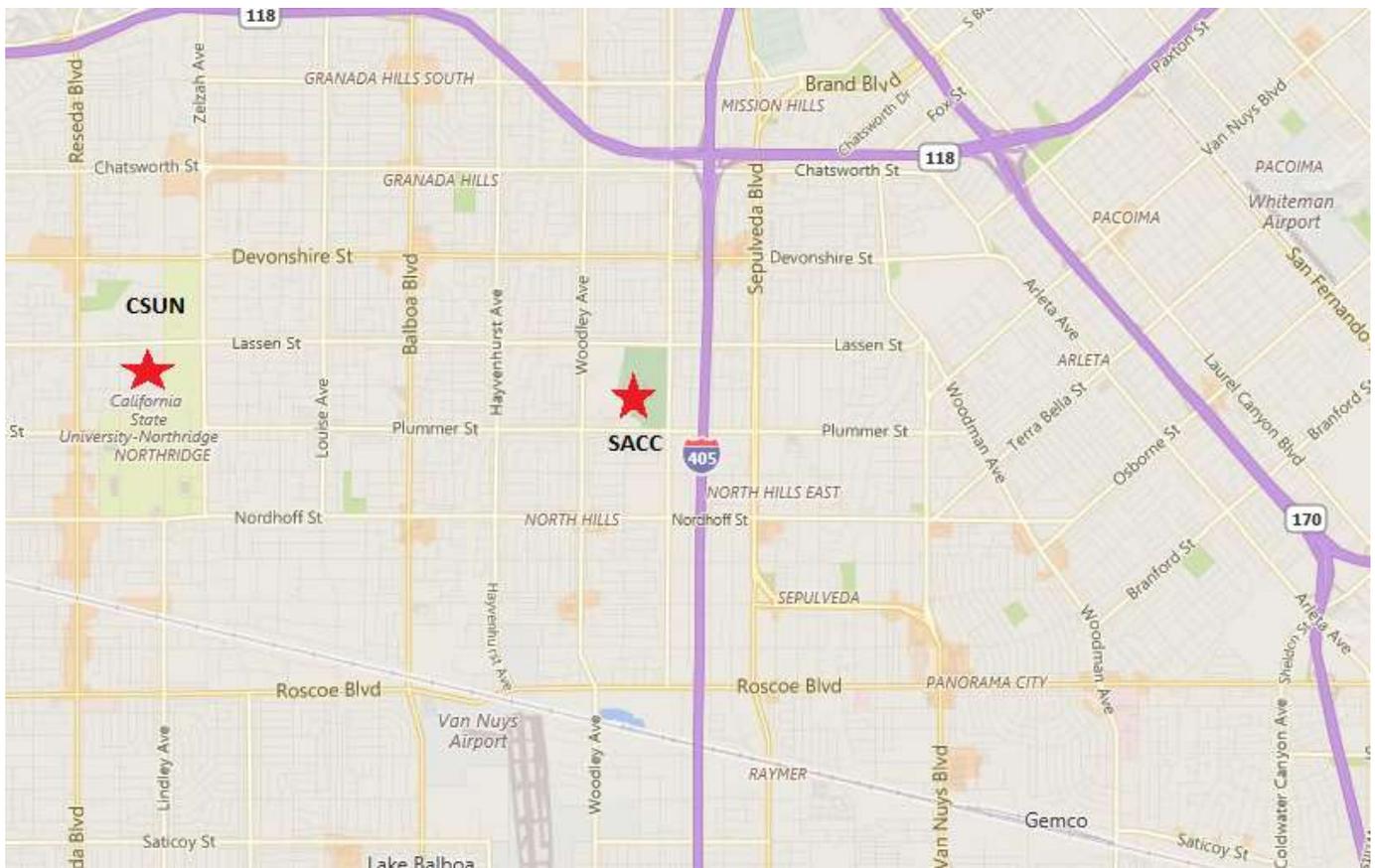
Experiential mentorship will be delivered in a 1:1 fashion with a minimum of 150 hours with clinical faculty through the facility's programs (described below); hands-on lab where video-based, motion analysis will be used to supplement traditional evaluation methods; advanced manual therapy interventions, including spinal manipulation; participate in PT research activities by the Residency faculty; opportunity for the Resident to mentor Doctor of Physical Therapy students, as well as provide didactic lectures to clinical staff, including Physical Medicine Residents and Chiropractic Residents. Opportunities may arise to allow Residents to provide VA-wide education through virtual classrooms. Didactic learning modules will primarily take place at SACC and CSUN, as well as unstructured independent study. Clinical care experiences will be completed at the SACC and WLA campuses. Learning opportunities provided at CSUN are covered below.

Locations

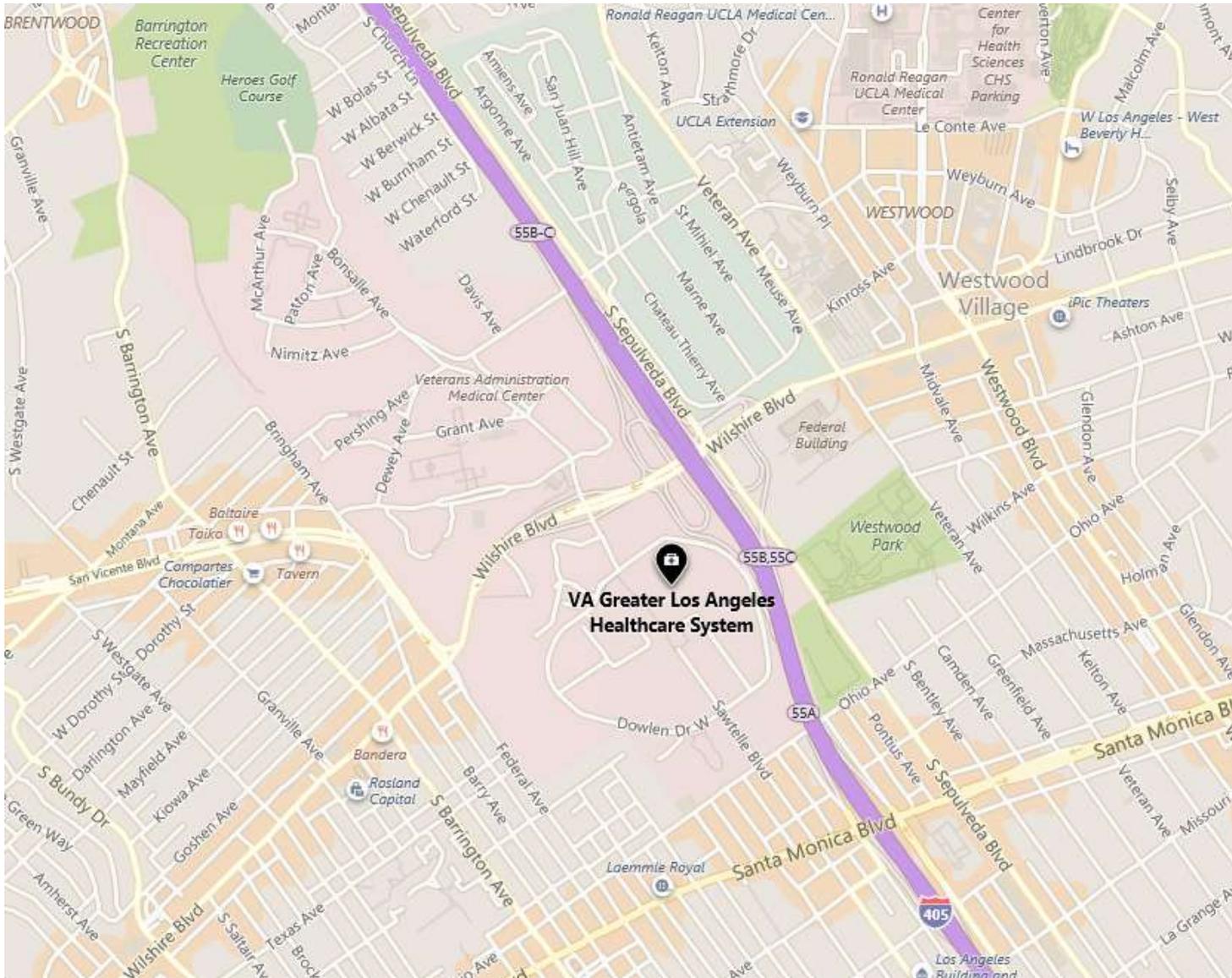
The Sepulveda Ambulatory Care Center (SACC) and California State University Northridge campuses are both located in the San Fernando Valley, which is approximately 30 miles from downtown Los Angeles. SACC is the primary site of the Program. The West Los Angeles VA Medical Center is approximately 15 miles away from SACC, and 14 miles away from downtown Los Angeles.

Sepulveda Ambulatory Care Center
1611 Plummer St
North Hills, CA 91343

California State University Northridge
1811 Nordhoff St
Northridge, CA 91330



**West Los Angeles VA Medical Center
11301 Wilshire Blvd
Los Angeles, CA, 90073**



Learning Opportunities

VA Greater Los Angeles Healthcare System

The VA Greater Los Angeles Healthcare System has a number of clinics and programs housed within the Physical Therapy Section, as well as the PM&RS Department. The majority of the Resident's experience will be in an ambulatory care setting for those with primarily

orthopaedic diagnoses. The Resident will also have the opportunity to deliver services to Veterans during scheduled rotations in specialty clinics at the WLA campus.

- *Outpatient Orthopaedic Rehabilitation (SACC)*: The majority of the Resident orthopaedic training will be at this site, where the Resident will be evaluating and treating patients with neuromusculoskeletal injuries. The Resident will have experience in determining pathoanatomic and kinesiopathologic diagnoses, and implementing a plan of care, reflective of contemporary evidence.
- *Assistive Device Clinic (SACC)*: Assistive Device Clinic is a walk-in service for Veterans who need assessment, fitting, and gait training with an appropriate assistive device, as well as specific assistive device components for complex cases. The Resident must quickly assess safety, and consider musculoskeletal and neurologic contributions for walking aids. Typically, patients in this clinic have a high fall risk and have concurrent orthopaedic conditions.
- *Outpatient Amputee Clinic (WLA)*: Amputee Clinic is staffed by a Physical Medicine Physician and Resident, the Orthopaedic Surgeon and Resident, a Wound Care Specialist Nurse, a Podiatrist, a Prosthetist and Prosthetist Resident, a Kinesiotherapist, and a Physical Therapist. There are two parts to our amputee clinic. The first half of the clinic is dedicated to traditional fitting and fabrication of a new prosthesis, following up with returning patients who present for skin checks, and troubleshooting the fit of the prosthesis. The second half of amputee clinic addresses immediate wound and post-operative concerns after an amputation. The PT Resident will be able to participate in foot care education, as well as participate in prosthetic prescription and fitting process. It will also give the Resident an opportunity to interact with a number of different disciplines who share an ultimate goal for this subset of patients. This rotation will take place in the Spring Semester of the Residency, for a four week rotation.
- *Human Performance Lab (HPL)/Biomechanics Lab (SACC)*: The majority of the patients seen in the HPL are patients with polytrauma conditions including mild traumatic brain injury, post-concussion syndrome, and orthopaedic injuries. As 90% of this population reports dizziness, it is imperative that vestibular dizziness must be differentiated from cervicogenic dizziness and other causes. The Resident will participate in both didactic and hands-on experience provided by a faculty member during the HPL clinic. The Resident will be mentored on clinical and laboratory assessment of vestibular testing including oculomotor tests with and without binocular video goggles (RealEyes™), dynamic visual acuity test, and dynamic Posturography (Neurocom® Balance Manage System). Cervicogenic dizziness will be ruled in/out using clinical assessment methods. The influence of both vertigo and cervicogenic dizziness on posture and gait will be assessed using functional tests (e.g., dynamic gait index) as well as instrumented gait analysis (e.g., Vicon® Motion Analysis system). Current evidence of differential diagnosis, valid and reliable outcome measures, and effective intervention and CGPs related to dizziness will be discussed and used as guidelines for clinical management of these patients. The Human Performance Lab /Gait Lab is typically held on Mondays. Patients will be seen in this clinic on an as needed basis.

- *Hand Clinic (WLA)*: The outpatient Hand Rehabilitation Clinic is staffed by a full-time Occupational Therapist, who is also a Certified Hand Therapist, the Orthopaedic Hand Surgeon, and surgical Residents. The Resident will have an opportunity to observe and treat impairments of the lower arm and hand, which can include post-operative care, and fabrication of upper extremity orthoses. The Resident will also be able to interact with Orthopaedic surgeons to provide input regarding rehabilitation, and can also provide the patient with necessary education following hand surgery. Hand clinic is typically held every Tuesday. The hand rotation will take place in the Spring for four weeks.
- *Inpatient Acute Rehab (WLA)*: The Resident will evaluate and provide interventions for Veterans after orthopaedic surgeries, including prescription and training for appropriate Durable Medical Equipment.
- *Evidence-Based Practice and Research*: As VA and CSUN are engaged in collaborative research projects, Residents may join any ongoing projects. CSUN faculty will guide VA Faculty and Residents in the research process. Residents are expected to conduct scholarly work, whether it be experience in any part of clinical research (literature review, data collection, data analysis, or manuscript submission), or writing clinically relevant Case Studies whose quality reflects the criteria needed for publication.

In addition to patient-care programs at this facility, there are a number of opportunities for inter-professional education. As VAGLAHS is the central hub for the joint VA/UCLA Physical Medicine & Rehabilitation Services (PM&RS) Residency program, Residents will be able to participate in additional educational series in musculoskeletal imaging, gait analysis as it pertains to amputee care, and observation of electromyography. Experiences in other PM&RS departments such as Occupational Therapy and Kinesiotherapy, may be utilized to expand the Resident experience.

California State University Northridge

As part of collaborative work between the VAGLAHS and CSUN, the Resident will have opportunities to participate in didactic and hands-on sessions in the areas of movement system impairment, pain sciences, EBP, and research. Depending on skill level, the Resident may participate as a learner or as a Teaching Assistant on specific topics related to those areas.

Resident Evaluation Processes

Residents will be evaluated by examinations, completion and thoroughness of assignments, active participation in scholarly activities, evidence-based practice activities, and/or research participation.

- **Three written examinations:** Residents will complete three written, multiple-choice and essay examinations. These examinations will occur during the first two weeks of the Program (to attain baseline data), the Midterm period (December 2019), and the Final period (June 2020). The Midterm examination will include specific content from curriculum covered in the first half of the program. The second exam will occur in June and will cover the remaining content. The required passing score is 75%. Residents who fail to achieve an average of at least 75% on a written exam will be offered the option to take a second written exam addressing missed content. Failure to pass the second exam will result in a remediation plan that includes additional written examinations.
- **Three Live Patient Exams (LPE):** Residents will complete three LPEs on actual patients in real clinic time. LPEs will be administered by a member of the residency faculty and will be graded using specific evaluation rubric. LPEs will occur within the first two weeks of Residency, the Midterm, and Final period, as outlined above. If the resident fails to achieve the minimal allowed score (80%), the Resident must retake the exam within four weeks of the failed LPE. Failure to pass the second exam will result in a remediation plan that includes additional LPEs.

For additional information, please see the **Probation** section for Residents who fail to achieve the minimum examination scores.

- **Completion of Critically Appraised Topic (CAT) Assignments:** VA Orthopaedic Residency programs have joined together to create a national, online Journal Club. Residents will be required to complete the assigned readings, and participate in the discussion board, each month. Residents will also need to submit completed CATs to the Residency faculty for review and grading.
- **Manual Therapy Interventions Assessment (MTIA):** A list of common and advanced manual therapy procedures will be found in the Manual Therapy Interventions Assessment Tool. Residents will be required to satisfactorily demonstrate competency in these interventions. Periodic skill checks will occur at the end of each regional module. For example: At the end of the lumbar spine didactic module, a lumbar spine interventions skill check, using the Manual Therapy Interventions Assessment Tool, will take place. All manual therapy intervention skills must be demonstrated by the Resident by the end of the program.

Probation Period

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 Remediation and Due Process Policies and Procedures below. However, a finite remediation period may be granted to

Residents with unsatisfactory performances on any written or live patient examination. This remediation period can last up to 8-weeks. A score of less than 70% on the written examination will result in additional assigned, focused, independent study, and a re-test by the 8th week of the remediation period. Additionally, any egregious behavior or conduct unbecoming of a professional may also warrant an 8-week remediation period. At that time, the Resident will be subject to VA Remediation and Due Process (see section on Remediation and Due Process).

Grounds for Early Termination or Dismissal

1. Academic dishonesty
2. Breach of any pertinent VA Greater Los Angeles Healthcare System, Physical Medicine & Rehabilitation Service, or Physical Therapy Section policies and procedures
3. Failure to abide by the American Physical Therapy Association's Code of Ethics
4. Failure to meet the requirements for any assigned course or rotation
5. Failure to fulfill requirements or obligations set forth within a remediation plan
6. Unexcused or excessive absences, and/or excessive tardiness
7. Criminal activity and/or ethical violations
8. Loss or suspension of Physical Therapy license due to disciplinary action
9. Failure to meet employment requirements at the VA Greater Los Angeles Healthcare System or the Physical Therapy Section
10. Failure to abide by the state practice act where the Resident holds a license

Administrative Policies and Procedures

Non-Discrimination Policy

The VAGLAHS Physical Therapy Department strives to provide fair and equitable trainee selection, admission, evaluation, and retention practices as they relate to providing trainees with clinical education experiences. Physical Therapy students and Residents are considered trainees within VA. The Program does not discriminate on the basis of race, creed, color, gender, age, national or ethnic origin/background, marital status, sexual orientation, disability, or health status. It is the policy of the Physical Therapy Education Program to recruit/select, admit, evaluate, and retain trainees on a non-discriminatory basis.

It is the intention of the department to exercise compliance, due diligence, and exhibit constitutional integrity. As such, the Program strives to be transparent, and comply with all departmental, hospital, 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 or undue hardship. This policy is

emphasized to ensure compliance with all applicable Federal, State, and Local laws relating to equal opportunity.

Privacy, and Confidentiality Policies

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. This facility, and all facilities within the (VHA) must complete the following courses regarding Privacy and Confidentiality prior to any patient interaction:

- VA Privacy and Information Security Awareness and Rules of Behavior
- Privacy and HIPAA Training

Additional courses may be assigned by the facility or Service Chief. These courses are to be completed via the VA's online Talent Management System 2.0.

Leave Policy

Both Sick and Annual Leave are available for Residents to use, only *if* there are a sufficient number of hours accrued in the Resident's leave bank. Planned SL can be used for medical appointments or illnesses. If SL will be used for a medical appointment, the Resident must notify the Residency Director (herein now referred to as "Director" in this document) and the Physical Therapy Section Chief (herein now referred to as "Physical Therapy Chief" or "Chief" in this document), within 24 hours of the Resident's knowledge of said medical appointment, so that the proper scheduling adjustments can be made in the Resident scheduling grid. If SL is unplanned due to an illness, the Resident must notify both the Director and Physical Therapy Section Chief *prior* to the start of duty. This may mean sending the Director a message through personal phone lines, in order to expedite the scheduling needs for the day. Leave must be entered into the online VA Time and Attendance portal (VATAS), within 2 hours of returning from SL. Planned and unplanned SL come from the same bank of SL hours. AL can be used for personal time. Any AL requests must be submitted and approved 60 days prior to the planned time off, to allow for proper scheduling changes.

All leave requests must be submitted in writing to the Director and Physical Therapy Chief. A confirmation of approval of both the Director and Section Chief must be attained prior to taking AL and planned SL. All requests must also be submitted into VATAS. Otherwise, the automated stipend payments to the Resident may be affected. Proper tracking of Resident hours is required to fulfill the requirements set forth by ABPTRFE.

Retention: Maintaining Active Status

In order for the Resident to maintain Active Status in the program, minimal requirements include

- Follow all National and Local VA policies (which can be subject to change)
- Abide by the Physical Therapist and Code of Conduct

- Complete all assigned work (scholarly, didactic, and administrative feedback forms)
- Meet academic benchmarks (75% on the written examination and 90% on live patient examinations)

Retention: Post Residency Graduation

Participation in the Program does not entitle the Resident to be employed by the VA Greater Los Angeles Healthcare System or US Department of Veterans Affairs upon completion of the Program. The Resident understands and agrees that VA Greater Los Angeles 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.

Malpractice Insurance

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.

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).

- a. 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.
- b. 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.
- c. 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.

- d. 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.
- e. 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).

Remediation Policies and Procedures

Purpose

To provide procedures available to Physical Therapy trainees (physical therapist assistant students, physical therapy students, physical therapy doctoral interns, and physical therapy post-doctoral residents) within the Physical Medicine and Rehabilitation Service (PM&RS). This section provides information on problematic behavior or impairment, a process for the remediation of problems, possible sanctions, and due process, with respect to grievances.

Policy

All personnel, including trainees, have the right to receive due process in matters of disagreement with supervisory staff. The Code of Ethics for the Physical Therapist and Code of Conduct from the American Physical Therapy Association (2010) provide guidance regarding professional interactions and conflict resolution among Physical Therapists and other Professionals.

Definition of Problematic Behavior

For the purposes of this policy, problematic behavior is defined broadly as an interference in professional functioning that is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional behaviors and ethical standards.
2. An inability to acquire the level of professional skills necessary to reach an acceptable level of competency

3. An inability to control personal stress, psychological problems, and/or excessive emotional reactions that interfere with professional functioning.

Ultimately, it becomes a matter of professional judgement as to when a Resident’s behavior is seriously impaired. However, problems typically become identified as impairments when they include one of more of the following characteristics:

1. The Resident does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit that can be rectified by further supervision.
3. The quality of the Resident’s service deliver is negatively affected
4. The problem is not restricted to one area of professional functioning
5. A disproportionate amount of attention by residency faculty or mentors is required
6. The Resident’s behavior does not change as a function of feedback, remediation efforts, and/or time.

Remediation Alternatives

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, the patients involved, other Residents, and other pertinent stakeholders. The information below is a synthesis **for VA Handbooks 1400.08, 5019, and 5021** regarding Due Process for Trainees and the Employee Assistance program.

1. Verbal Warning to the Resident emphasizes the need to discontinue inappropriate behavior under discussion. No record of this action is kept.
2. Written Acknowledgement where the Resident is presented with documentation that where he/she must acknowledge:
 - a. The Director is aware of and concerned with the Resident’s performance or behavior
 - b. Said concern(s) has been brought to the attention of the Resident
 - c. The Director will work with the Resident, Program Coordinator, and/or residency Faculty and Mentors to problem-solve skill deficits and that the behaviors associated with the concerning behaviors are not significant enough to warrant more serious action.

This Written Acknowledgement will be removed from the Resident’s file when the resident responds to the concerns and successfully completes the residency.

3. Written Warning to the Resident indicates the need to discontinue an inappropriate action or behavior. This letter will contain:
 - a. A description of the Resident's unsatisfactory performance
 - b. Actions needed by the Resident to correct the unsatisfactory behavior
 - c. The time line for correcting the problem
 - d. What action will be taken if the problem is not corrected
 - e. Notification that the Resident has the right to request a review of this action

A copy of this letter will be kept in the Resident's file by the Program Coordinator. Consideration may be given in removing this letter at the end of the residency by the Director in consultation with Faculty, Program Coordinator, Physical Therapy Chief, and the facility's Designated Education Officer (DEO). If the letter is to remain in the file, documentation should contain the positions statements of the parties involved in the dispute.

4. Schedule modification is a time-limited, remediation-oriented, closely supervised period of training designed to return the resident to a more fully functioning state. Modifying a Resident's schedule is an accommodation made to assist the Resident in responding to personal reactions to environmental stress, with the full expectation that the Resident will complete the Program. This period will include more closely scrutinized supervision conducted by the Training Faculty in consultation with the Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
 - a. Increasing the amount of supervision, either with the same or other supervisors
 - b. Change in the format, emphasis, and/or focus of supervision
 - c. Recommending personal therapy
 - d. Reducing the resident's clinical or other workload
 - e. Requiring specific academic coursework
5. Suspension of Direct Service Activities requires a determination that the welfare of the Resident's patients has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Director in consultation with the Program Coordinator, Chief, Hospital Administration DEO, and Human Resources. At the end of the suspension period, the Resident's supervisor in consultation with the Program Coordinator, Chief, and DEO will assess the Resident's capacity for effective functioning and determine when direct service can be resumed.

6. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the residency, this will be noted in the resident's file. The Director in consultation with the Service Chief and DEO will inform the resident of the effects the administrative leave will have on the resident's stipend and accrual of benefits. Human Resources guidance will also be needed in this process.

7. Dismissal from the Residency involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions, after a reasonable time period, do not rectify the impairment and the resident seems unable or unwilling to alter her/his behavior, the Director will discuss with the Program Coordinator, Service Chief, and DEO the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APTA Code of Ethics, or when imminent physical or psychological harm to a patient is a major factor, or the resident is unable to complete the residency due to physical, mental or emotional illness.

8. Residents in jeopardy of not successfully completing the residency within the allotted timeframe may require an unpaid extension, up to a maximum of 6 weeks beyond the residency end date, for remediation purposes.

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 alternatives listed, 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 that is voluntary. This program is detailed in **VA Handbook 5019**.

Procedures for Responding to Inadequate Performance by a Resident

If a Resident receives an unsatisfactory rating, fails any written assignments or exams, or if a staff member has concerns about a Resident's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. Issues can be discussed with the Director at any time, but they should first be addressed within the supervisory relationship. The Director will encourage such direct resolution.
 - a. If the resident has a problem that directly involves the Director, he or she is encouraged to address that problem first with the Director. If an issue with

the Director is not resolved in a satisfactory fashion, the Resident is encouraged to discuss the issue with the Chief.

2. If the initial discussions are unsuccessful within a short time (e.g., 1-2 weeks), the Director will meet with the Resident(s) and Supervisor(s) to assist in problem resolution. At this point the Residency Faculty, Program Director, Section Chief, and the DEO will be apprised of the problem and the steps taken to attempt resolution.
3. If this process does not quickly resolve the problem or the problem promptly recurs, the Residency Faculty will become formally involved in discussions leading to a solution. The Supervisor(s) and Resident(s) may be asked to attend the Faculty meeting to discuss the problem and alternative solutions, especially if the problem involves either ethical issues related to patient care or possible changes in the student's program of training. A remediation alternative may be suggested, as described above.
4. If the problem cannot be resolved through these steps or if the Residency Faculty believes that the nature of the resolution lies outside its scope of authority, the Program Coordinator, Chief, Human Resources, DEO, and/or other hospital administrators may be consulted to assist in planning and adjustments.
5. Whenever a decision has been made by the Director about a Resident's training program or status in the agency, the Director will inform the Resident in writing and will meet with the Resident to review the decision. This meeting may or may not include the resident's Supervisor(s).
6. The Resident may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below.

Due Process

Due process ensures that decisions about residents are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures that are applied to all trainees, and provide appropriate appeal procedures available to the resident. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the Residents, in writing, the Program's expectations related to professional functioning. Discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding impairment.

4. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
5. Providing a written procedure to the Resident that describes how the Resident may appeal the program's action, as covered in this handbook.
6. Ensuring that residents have sufficient time to respond to any action taken by the program.
7. Using input from multiple professional sources when making decisions or recommendations regarding the resident's performance.
8. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

Grievance Policies

VAGLAHS Policy

This section provides guidelines to assist Residents who wish to file complaints against staff members. In general, there are two situations in which grievance procedures can be initiated:

1. In the event a Resident encounters any difficulties or problems with staff members (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences, a resident can:
 - a. Discuss the issue with the staff member(s) involved
 - b. If the issue cannot be resolved after this discussion, the Resident should discuss the concern with the Director
 - c. If the Director cannot resolve the issue, the Resident and Director should discuss the problem with the Program Coordinator and Chief
 - d. If the Resident has a concern with the Director that has not been resolved through discussion with the Director, the Resident can discuss the problem with the Chief.
 - e. If the Chief cannot resolve the issue, the Resident can formally challenge any action or decision taken by the Director, the Supervisor or any member of the Faculty by following this procedure:
 - i. In the event that the Resident has a concern with the Director and/or Chief, the Resident can discuss the problem with the Associate Chief of Staff for Education/DEO prior to filing a formal complaint (as noted above).

The Resident should file a formal complaint, in writing and all supporting documents, with the Director. If the Resident is challenging a formal evaluation, the Resident must do so within 5 days of receipt of the evaluation.

Within five days of a formal complaint, the Director must consult with the Chief and implement Review Panel procedures (described below).

2. If a Faculty member has a specific concern about a Resident (other than inadequate performance), the staff member should:
 - a. Discuss the issue with the resident(s) involved
 - b. Consult with the Director
 - c. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents, to the Director for a review of the situation. When this occurs, the Director will, within five days of a formal complaint, consult with the Chief and implement the Appeal and Review Panel procedures (described below).

ABPTRFE Policy

All Residents have right to file a formal complaint with the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE). Residents contact ABPTRFE directly if they feel that the Program has not the achieved expectations as outlined in this handbook. Residents may find additional information at:

<http://www.abptrfe.org/Complaints/>

Appeal and Review Panel and Process

When needed, a review panel will be convened by the Chief and DEO. The panel will consist of three staff members selected by the Chief with recommendations from the Director and the Resident involved in the dispute. The Resident has the right to hear all facts with the opportunity to dispute or explain the behavior of concern. Within five (5) work days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the Review Panel submits a written report to the Chief, including any recommendations for further action.

Recommendations made by the Review Panel will be made by majority vote. Within three (3) work days of receipt of the recommendation, the Chief will either accept or reject the Review Panel's recommendations. If the Service Chief rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Service Chief may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision. If referred back to the panel, they will report back to the Chief within five (5)

work days of the receipt of the Chief's request of further deliberation. The Chief then makes a final decision regarding what action is to be taken. The Director informs the Resident, staff members involved of the decision and any action taken or to be taken.

If the Resident disputes the Chief's final decision, the Resident has the right to contact the Associate Chief of Staff for Education/DEO to discuss this situation. If the Resident disputes the Associate Chief of Education's/DEO's decision, the Resident has the right to contact the Department of Human Resources to discuss this situation.

Participant Tracking

Data on Resident performance and the Resident's evaluation of the program will be collected at timed intervals. Resident performance evaluations will include written examinations, live patient examinations, manual therapy performance assessments, and scholarly assignments—Journal Club participation and completion of Critically Appraised Topics. Scored examinations will take place at the Midterm (approximately week 26) and at the Final (approximately week 50). The Resident's evaluation of the program's performance will also be collected at the Midterm and Final weeks. These will include Faculty and Mentor evaluations, a general program evaluation form, as well as completion of a Resident Body Regions log, to track the Primary Health Conditions the Resident is exposed to. This will allow the faculty to assess the facility's ability to provide well-rounded clinical experiences.

At the end of the Program, Residents will complete an exit interview to collect qualitative data on how, in the Resident's opinion, the program can improve its ability to maintain the mission of the program, make strides to reach or surpass benchmarks, or how the program may need to modify its outcomes. Additionally, a Post-Graduate Survey will also be mailed to Resident graduates on year after completion of the Program. This Post-Graduate Survey will be sent annually in order to track longitudinal outcomes of Graduate Residents.

Cancellation

VAGLAHS 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 a session, because of changes in levels of funding, inadequate staffing, insufficient enrollment or other operational reasons. The VA Greater Los Angeles 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.

Policies and procedures from the Physical Therapy Orthopaedic Program at James A. Haley VA in Tampa, FL were used as a guide for this handbook. The Due Process section is substantially based on policy of the VAGLAHS Clinical Health Psychology Intern Program, Chiropractic Program, and Handbooks 1400.08, 5019, and 5021, VHA Directive 1402.1.

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