**MIDVALE CBC COMMUNITY CLINIC PHYSICAL THERAPY**

STUDENT VOLUNTEER HANDBOOK & TRAINING MANUAL

**ABOUT THE CLINIC**

**History**

In 2012, several University of Utah Department of Physical Therapy students expressed interest in starting a student-run pro bono clinic. At the end of the Fall 2013 semester, a student board consisting of 8 students from the Class of 2015 and 8 from the Class of 2016 was elected via an open voting process within each class. Over the course of the next 2 months, the student board held weekly planning meetings under the guidance of faculty advisor Misha Bradford. The student-run pro bono clinic opened under the name of Midvale CBC Community Clinic Physical Therapy (soft opening) on Saturday, February 15, 2014 in partnership with the Community Building Community (CBC) program of Midvale and the University Healthcare Midvale Family Health Clinic.

**Our Mission**

Our mission is to provide quality physical therapy services to underserved and underinsured individuals in the greater Salt Lake area, and to enhance the educational experience of University of Utah physical therapy students through service learning.

*About Us:*

* Services are provided by physical therapy students currently enrolled in the entry-level doctorate of physical therapy program at the University of Utah, while under the guidance of licensed physical therapy practitioners from the local community.
* Services are facilitated primarily through donated time and resources.
* Planning of current and future operation of the clinic is integrated into the curriculum of the department~~.~~
* We share the core values of the [University of Utah College of Health](http://www.health.utah.edu/about/missionvision.html) and [Department of Physical Therapy](http://www.health.utah.edu/pt/about/mission.html), [University of Utah Health Care](http://healthcare.utah.edu/hospital/administration/mission.html), and the [American Physical Therapy Association (APTA)](http://www.apta.org/EthicsProfessionalism/).

We do not discriminate on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability or handicap, sex, gender or sexual preference.

**Our Vision**

* Enhance the education of students and community members alike.
* Address physical therapy needs of the community through evaluation and provision of current evidence-based practice.
* Promote social awareness among students of key issues in the community.
* Create community partnerships.
* Promote the profession of physical therapy through advocacy, professionalism and quality service.

**Who We Serve**

In 2009, it was estimated 24.7% of the population in Midvale fell below the poverty level compared to Utah’s state average of 15.8%. Furthermore, the disability rate for Midvale is 38% for impoverished males and 21.9% for impoverished females. The clinic aims to target services towards these underinsured and underserved Midvale residents in order to improve their physical health and function, address the high rate of disability, and improve their overall quality of life. That said, the clinic does not turn away patients based on where they live and we hope to expand the geographic reach if and when resources allow.

Initially, we expect most referrals to be for adults or teens with musculoskeletal or neuromuscular types of injuries/impairments. Most patients will also be of Hispanic background. However, as we move forward, we aim to expand our patient population to include a wide variety of pathologies, ages, and backgrounds.

**Community Partners**

***Midvale Family Health Clinic***

The goal of the Midvale Family Health Clinic is “to turn no one in need away.” Currently, the primary health

care services at this clinic (medical & dental) are provided by a mix of University of Utah Medical School students and CBC staff. The University of Utah Dental School students will soon be involved in the dental care. We are happy to be in partnership with this clinic to provide quality physical therapy to those truly in need that may not have access to health care.

***Community Building Community (CBC)***

Midvale City began the CBC initiative in 1998 to improve the general well-being of Midvale residents. For

further information on the CBC and their goals please visit the following website: <http://www.midvalecity.org/dp.aspx?p=28>

CBC Support Staff

Mauricio Agramont- *head of CBC: activities coordinator and administrative director*

[mdvl\_cbc@xmission.com](mailto:mdvl_cbc@xmission.com) (daily)/[magramont@midvale.com](mailto:magramont@midvale.com) (emergencies) work: (801) 566-6190

cell: (801) 647-0333

Maria Consuelo- *main CBC contact; patient scheduler and front desk assistant*

[cbcassistant@midvale.com](mailto:cbcassistant@midvale.com) (daily)/[mccala@hotmail.com](mailto:mccala@hotmail.com) (emergencies)

cell: (801) 513-9013

Olinai “Oli” Fernandez- *patient scheduling and patient check-in*

[Oclose68@yahoo.com](mailto:Oclose68@yahoo.com)

cell: (385)-549-4786

Karina Abrew (SPT 2017) - *patient scheduling and patient check-in* (Weekday)

[Karina.abrew@utah.edu](mailto:Karina.abrew@utah.edu)

Cell: (909) 618-8468

Mauricio, Oli and others- *assist with translation during patient care & document translation.*

**Board & Faculty MembersStudent Board Members**

***Clinic Director –****responsible for directing board meetings, coordinating interdisciplinary activities, and overseeing general board/clinic communication and logistics*

Class of 2017: Joseph Broadhead [joseph.broadhead@utah.edu](mailto:joseph.broadhead@utah.edu) (702) 581-7581

Class of 2018: Leslie Cagle [leslie.cagle@utah.edu](mailto:leslie.cagle@utah.edu)  (917) 723-4268

***Secretary –*** *responsible for taking minutes during board meetings, sending out monthly newsletters, managing/updating Canvas page, and helping Directors with clinic logistics*

Class of 2017: Ann Goding [ann.goding@utah.edu](mailto:nira.salant@utah.edu) (612) 269-0892

Class of 2018: Sarah Ward [sarah.ward@hsc.utah.edu](mailto:sarah.ward@hsc.utah.edu) (801) 792-4266

***Treasurer –*** *responsible for creating budget, soliciting donations, and keeping supplies inventory*

Class of 2017: Jennifer Gebhardt Jennifer.gebhardt@utah.edu (801) 809-9258

Class of 2018: Casey Smith  [Casey.Shane.Smith@utah.edu](mailto:Casey.Shane.Smith@utah.edu)  (919) 815-8594

***Student Liaison –*** *responsible for recruiting, training & scheduling student PTs and optimizing their experience through collecting/incorporating feedback and providing educational resources*

Class of 2017: Scott Allred [jscott.allred@utah.edu](mailto:jscott.allred@utah.edu) (503) 729-8624

Class of 2018: Janessa Milne [janessa.milne@utah.edu](mailto:janessa.milne@utah.edu) (801) 209-5755

***Attending Liaison –****responsible for recruiting and scheduling attending PTs from the surrounding community and optimizing their experience through collecting/incorporating feedback*

Class of 2017: Christopher Whetton [christopher.whetton@utah.edu](mailto:christopher.whetton@utah.edu) (801) 920-1991

Class of 2018: Laila Gerace [laila.gerace@utah.edu](mailto:laila.gerace@utah.edu) (503) 753-8858

***Community Liaison –****responsible for soliciting help from the communities and seeking out patient referrals*

Class of 2017: Alex Engar [alex.engar@utah.edu](mailto:marissa.floodman@utah.edu) (801) 834-5987

Class of 2018: Andrea Corwin [Andrea.corwin@utah.edu](mailto:Andrea.corwin@utah.edu) (801) 520-9879

***Technology Coordinator–****responsible for updating/maintaining website and developing EMR*

Class of 2017:Neil Scheuermann [neil.scheuermann@hsc.utah.edu](mailto:geoff.buchanan@utah.edu) (801) 389-5313

Class of 2018: Audrey Mallon [audrey.mallon@utah.edu](mailto:audrey.mallon@utah.edu) (541) 490-4450

***Research/Outcomes Coordinator –*** *responsible for creating clinic forms and tracking patient/clinic outcomes*

Class of 2017: Brianna Stewart [brianna.stewart@utah.edu](mailto:kayla.trobec@utah.edu) (760) 580-3499

Class of 2018: Shelby Harris [Shelbylee.Harris@utah.edu](mailto:Shelbylee.Harris@utah.edu) (406) 396-3077

***Clinic Coordinator –*** *Responsible for communication with the clinics*

Class of 2017: Karina Abrew [Karina.abrew@utah.edu](mailto:Karina.abrew@utah.edu) Cell: (909) 618-8468

Class of 2018: Diane Bennett [Diane.Bennett@utah.edu](mailto:Diane.Bennett@utah.edu) Cell: (801) 310-6855

**Auxiliary Student Positions**

***Student Administrative Coordinator –****responsible for checking and forwarding clinic voicemail/email messages and obtaining/distributing patient information on a weekly basis*

**Faculty Board Members**

Misha Bradford, MPT, DPT [misha.bradford@hsc.utah.edu](mailto:misha.bradford@hsc.utah.edu) (801) 243-6673

Robin Marcus, PT, PhD, OCS, [robin.marcus@hsc.utah.edu](mailto:robin.marcus@hsc.utah.edu) (801) 581-8681

Heidi Lane, PT, DPT, PCS, [heidi.lane@hsc.utah.edu](mailto:heidi.lane@hsc.utah.edu) (801) 581-8681

Jim Ballard, PT, DPT, [jim.ballard@hsc.utah.edu](mailto:jim.ballard@hsc.utah.edu) (801) 587-9161

Lee Dibble, PT, PhD [lee.dibble@hsc.utah.edu](mailto:lee.dibble@hsc.utah.edu) (801) 581-4637

**CLINIC OPERATIONS**

**Clinic Site:**

**Location:** 49 Center Street

Midvale, UT 84047

**Hours:** Open Saturdays 8:00 AM- 12:00 PM *(subject to change)*

*Two Weekdays a month (subject to change) 6:00 PM- 9:00 PM*

**Physical Layout**

*Please* s*ee Clinic photo/video Orientation (virtual walk-through of building layout, treatment spaces, location of materials/equipment, etc.)*

**Overall Clinic Flow & Patient Care Model**

**Patient Recruitment, Qualification & Scheduling**

Patients are currently recruited by the CBC via word of mouth, including a local program called Neighbor to Neighbor that distributes flyers explaining the medical, dental, and now physical therapy services provided.

In order to qualify to receive services at Midvale CBC Community Clinic Physical Therapy (or basic medical/dental services), patients must be at or below 150% of the poverty line. This is determined by the CBC staff using an Income Verification form which patients fill out on an “honor system” basis.

Patients seeking physical therapy are scheduled by the CBC staff (Oli or Maria) on a first-come, first-serve basis. The CBC staff then relays pertinent patient information to the Student Administrative Coordinator.

**Basic Treatment Structure & Schedule**

Physical therapy is provided at the clinic using a team approach with an attending PT to team ratio of 1:2. Each team consists of 2 student physical therapists (SPTs), one a senior SPT and the other a junior SPT.

The attending PT will be available for consultation with students at any point during patient care if needed. However, students are encouraged to problem solve and apply clinical reasoning as a team first. Students will be REQUIRED to check in with the attending PT at predetermined check points during each patient visit to ensure optimal patient care, encourage proper clinical reasoning, and enhance the clinical education and collaboration experience (s*ee Policies and Procedures section for required check-in points).*

Including patient care plus documentation time, initial evaluations are allotted 2 hours while follow-up/return visits are allotted 1 hour. Each team will typically/ideally see one new patient (Initial eval) and two returning patients (Return visit) per shift according to the below schedule. However, this structure may vary slightly depending on current patient waitlist needs and accommodating for unforeseen patient cancellations/no-shows. There is a possibility of 4 (Saturday) and 3 (Week day) different scheduling formats, please be prepared for any one of the following.

**SATURDAY’S POSSIBLE SCHEDULES**

**Example 1:**

|  |  |  |
| --- | --- | --- |
|  | **7:45 am** | **9:45 am** |
| **Student Group 1** | New patient evaluation | New patient evaluation |
| **Student Group 2** | New patient evaluation | New patient evaluation |

**Example 2:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **7:45 am** | **8:45 am** | **9:45 am** |
| **Student Group 1** | Return patient follow-up | Return patient follow-up | Return patient follow-up |
| **Student Group 2** | Return patient follow-up | Return patient follow-up | Return patient follow-up |

**Example 3:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **7:45 am** | **8:45 am** | **9:45 am** |
| **Student Group 1** | New patient evaluation | x | Return patient follow-up |
| **Student Group 2** | Return patient follow-up | Return patient follow-up | New patient evaluation |

**Example 4:**

|  |  |  |
| --- | --- | --- |
|  | **7:45 am** | **9:45 am** |
| **Student Group 1** | New patient evaluation | Return patient follow-up |
| **Student Group 2** | New patient evaluation | Return patient follow-up |

**WEEKDAY’S POSSIBLE SCHEDULES**

\*\*\*(note students must arrive by 5:30 pm (plan for traffic i.e. leave early) and will leave by 9:00 pm). Karina Abrew will be the front-desk secretary and act as if she were Oli.

**Example 1:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **5:45 pm** | **6:45 pm** | **7:45 pm** |  |
| **Student Group 1** | Return patient follow-up | Return patient follow-up | Return patient follow-up |
| **Student Group 2** | Return patient follow-up | Return patient follow-up | Return patient follow-up |

**Example 2:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **5:45 pm** | **6:45 pm** | **7:45 pm** |
| **Student Group 1** | New patient evaluation | x | Return patient follow-up |
| **Student Group 2** | Return patient follow-up | Return patient follow-up | Return patient follow-up |

**Example 3:**

|  |  |  |
| --- | --- | --- |
|  | **5:45 pm** | **7:45 pm** |
| **Student Group 1** | New patient evaluation | Return patient follow-up |
| **Student Group 2** | New patient evaluation | Return patient follow-up |

In addition to the attending PT and the 4 student PTs providing patient care, there will also be an individual assigned as a “Floater” for each shift. For further details and a list of floater responsibilities, see the Floater Responsibilities Checklist. This individual will be present from 7:30am until close just like the other students and their duties include:

* Prior to patients arriving: 1) collect & file student paperwork, 2) set up the printer, and 3) Set up clinic
* As patients arrive: 1) tally outcome measure scores, 2) take vitals 3) pass completed paperwork along to treating students
* During patient care: 1) maintain smooth clinic flow, 2) provide treatment teams with “time checks” 3) Save documents to Box correctly.
* After patient care: 1) record and email to clinic Directors/Student Liaisons any notes/feedback that came up during the day 2) help with clean-up

**Payment model**

In the start-up phase of this clinic, all patient care was provided free of charge, in keeping with the philosophy of the CBC and Midvale Family Health Clinic. In the past patients have made a $25 deposit that was returned to them upon being discharged by the SPTs. The student Research/Outcomes Coordinators will be tracking outcomes in an ongoing manner to determine if/when this model needs adjustment to optimize patient care outcomes. However, it is also subject to change based upon the needs of our community partner, the CBC.

**Services Provided**

Initially, the physical therapy services provided at the clinic will be primarily targeted at musculoskeletal or neuromuscular impairments/functional limitations. As we continue to expand our outreach efforts, it is our hope that we will provide a continually broader scope of therapeutic services and may even hold certain “specialty clinics” as needs are identified.

We also provide patient education, which is especially important given the high demand for services, which puts a strain on scheduling availability. In addition to in-visit patient education, we also hope to provide periodic health education seminars and informational booths at community events in the future.

Lastly, we provide patient referral for things such as social services, laboratory testing, general medical care, imaging, etc. that are beyond our scope of practice.

**POLICIES & PROCEDURES**

**Scheduling**

All scheduling will be done online via the Signup.com link on the clinic’s website (<http://www.health.utah.edu/physical-therapy/clinics/pro-bono.php>). Students are currently not limited in the number of shifts they may sign up for. Once signed up, students will receive a confirmation email from the Student Liaisons containing further instructions for completing all necessary training materials and paperwork (also available online). Additional reminders containing pertinent patient information may be sent in the week prior to each shift.

**Cancellation/Late Policy**

In the event that a student is unable to fulfill their assigned volunteer commitment for whatever reason, IT IS THE STUDENT’S RESPONSIBILITY TO 1) INFORM BOTH STUDENT LIAISONS AND THEN 2) TRY AND FIND AN APPROPRIATE REPLACEMENT

1. First, try to find ANOTHER STUDENT from the same class (OR the class above) who is able to cover the shift.
2. In the event that no student replacement can be found, contact the MEMBERS OF THE STUDENT BOARD to see if anyone is able to cover the shift.
   * A Board Member contact list is available in the Student Training Manual.

In the event that a student will be late for an assigned shift, they must notify the Student Liaison via phone.

Students who follow the above cancellation/late policy procedures will not be penalized. However, students who no-show for their assigned shift OR are late without giving notice will NOT be allowed to sign-up for shifts in the clinic for the remainder of the month.

**Responsibilities/Expectations**

Students volunteering at this clinic are expected to abide by the same APTA Code of Ethics and Core Values which govern behavior in any other past, present, or future clinical ventures (*see Appendices A and B).*

In addition, student volunteers are responsible for the following:

**PRE-SHIFT expectations:**

* Read through the:
  + Student Training Manual
  + Clinic Photo “Tour”/Orientation
  + Professional Conduct & Dress Policy
* Read & sign the:
  + Training & Requirements Statement of Completion
  + Confidentiality and Information Security Agreement
  + Media/Photo Release Form
  + Student Contact/Emergency Contact Info Sheet
* When you receive the reminder email prior to your shift, read through the pertinent patient information and REVIEW ANY RELEVANT TESTS & MEASURES, TREATMENT INTERVENTIONS, OR OTHER CLINICAL SKILLS!

**DAY OF EXPECTATIONS:**

**General:**

* *Remember to dress professionally and WEAR YOUR NAME TAG! (refer to Professional Conduct & Dress Policy for details)*
* *Try to carpool with other students if at all possible*
* *Arrive 30 minutes prior to when patient care is scheduled to begin (i.e. no later than 7:30 am)*
  + *Note: the doors are not unlocked until the CBC staff arrives at 7:30 am so arriving earlier doesn’t allow you to get a jumpstart on setup/preparation unfortunately.*
* *Please bring your laptop with you if you have one (each team will need one)*
  + *Note: only ENCRYPTED laptops are allowed (because your documentation will contain PHI)*

**Before patients arrive:**

Complete Opening checklist (*found in Clinic Reference Manual binder):*

* Make sure waiting/reception area, treatment room, and exercise gym are set up and supply carts are well-stocked.
* Check-in with CBC staff OR Floater to obtain patient charts and paperwork.
* Meet with student partner to review patient charts, devise initial assessment/treatment approach, and assign roles
  + Assign roles based on experience, comfort level, preferences, etc. so that it is clear who ‘s doing what once the patient arrives
    - Caveat: you may adjust these roles as you go along as needed BUT ONE STUDENT SHOULD BE ACTIVELY DOCUMENTING AT ALL TIMES so that you do not get behind on your paperwork! (*see Documentation section for further details)*
* Communicate to the attending PT what level of supervision you would like and when based on your experience, the patient’s presentation, etc.
  + Other than this, it is NOT necessary to check-in with the attending PT at this point (but you may consult with them if you have questions re: plan)
* On the team laptop, connect to the wireless network and transfer a copy of the necessary electronic documents from the Box account (*refer to the Accessing/Downloading/Uploading Electronic Documents section of Clinic Reference Manual for details).*
* The USB drives will no longer be used unless there are any problems with your UBox account. In this case please contact the Student Liaisons, Clinic Directors and Technology Liaisons.

**During patient care:**

Once the patient arrives, the CBC staff will greet them and help them fill out the necessary paperwork. Once all initial/returning paperwork is completed, the Floater will take vitals and pass the patient’s chart along to the students who will then greet the patient in the waiting area, introduce themselves & the attending PT, and direct the patient back to the treatment room.

Students shall provide patient care in a manner that is consistent with both the ICF model and the APTA Patient Care Model (*see Appendices C and D)* and shall seek to optimize care through collaboration with their team partner as well as the attending PT and/or other student peers present/available.

Out of the 2 hours allotted for an initial evaluation, students should aim to complete the patient care portion in 1.5 hours allowing 30 minutes remaining to complete documentation. The Floater will provide “time checks” at 30-minute increments during the care episode. Likewise, out of the 1-hour allotted for a return visit, students should aim to complete the patient care portion in 45 minutes allowing 15 remaining minutes to complete documentation. The Floater will provide “time checks” at 15-minute increments during the care episode.

Although you are free to consult the attending PT at any point during the episode of care, there are 3 REQUIRED check-in points during an initial evaluation and 2 REQUIRED check-in points during a return visit:

|  |  |
| --- | --- |
| INITIAL EVALUATION | RETURN VISIT |
| 1. After taking the history (before performing the examination) 2. After examination (before performing any interventions) 3. After episode of care has been completed (before the patient leaves) | 1. After re-examination/additional questioning (before performing any interventions) 2. After episode of care has been completed (before the patient leaves) |

Check-ins with the attending should be carried out in a “grand rounds” format to streamline communication (*refer to “Grand Rounds Format-Example” in Clinic Reference Binder).* During this check-in, KEEP THINGS CONCISE (5 minutes or less) and take notes to direct the next phase of your assessment/intervention.

In addition to the attending PT, there are several other resources which are available for your reference/use during treatment: 1) Each other!

2) Textbooks on the supply cart

Some clinical pearls to guide students in optimizing care and maximizing efficiency:

* Be aware that the schedule is subject to change the DAY OF CARE! Be prepared for cancellations, different patients, and a new schedule. Be confident in your skills as a SPT and remember that the attending PT is there to help you more when you need it.
* It is important to let the patients know that you will be seeing them over multiple visits and that usually after the initial evaluation they may be a little more sore than usual but that you will give them a good program to help them and they will feel better etc.
* Before beginning, introduce the patient to all parties involved in their care, including yourselves (as students) and the attending PT (as a “supervisor”).
* Patient history and examination should be thorough yet directed. In the circumstance that there are multiple impairments, find the one/ones that need to be addressed first. YOU MAY NOT GET TO ALL OF THEM IN ONE DAY. Although the time allotted may seem like ample time to complete an evaluation or a return visit, it is important that students tease out pertinent questions, tests, and measures based on given information and/or findings.
  + *NOTE: if you are seeing a returning patient, refer to the initial evaluation “Plan of Care” section for a summary of any comparable signs to help direct your re-assessment*
* Interventions should be based on sound clinical reasoning and evidence if at all possible.
* Goal setting should be patient-centered and objective.
* Collaboration with your student team partner is KEY!
  + While one student is conducting the history/tests & measures, the other should be documenting the findings.
  + While one student is performing or teaching interventions, the other can be photocopying the HEP and finishing documentation.
* When working with Spanish-speaking individuals, ask for an interpreter- that’s what they’re there for! When working with an interpreter, be sure to still speak to/make eye contact with the patient and use your non-verbal communication skills. Also, be aware that using an interpreter will inherently prolong the communication/treatment process- plan accordingly!
* Patient education is an important part of your patient interaction.
  + When teaching patients their home exercises, emphasize the importance of compliance and showing up for future visits.
  + When patients return for follow-up visits, take time to demonstrate to them the value of their therapy by drawing attention to improvements in their outcome measure score and/or other signs/sxs/limitations. To check for understanding of exercises, use the teach-back method and have them show you the exercises they’ve been doing.

**Discharging Patients:**

* Discuss progress/goals/outcomes with the patient and let them know that they no longer need to schedule any more appointments (unless their condition changes and their symptoms/functional limitations worsen again).

Review HEP with the patient and educate on additional options for exercise progression if necessary.

* In the patient’s Daily Note dictate the following: "No further skilled interventions needed at this time, recommend continuation of HEP

**Late policy for patients:**

* + Patients are given a 30-minute grace period to arrive without risk of losing their appointment slot.
  + If the patient is later than 30 minutes, it is up to the treatment team (i.e. the students & attending) to decide whether or not it is appropriate to see them if/when they arrive. If it is not appropriate, have Oli/Maria call or speak with the patient to reschedule.
* Interprofessional communication is KEY!

**If any RED FLAGS are encountered during the episode of care AND/OR you deem that the patient requires a referral for imaging or any other reason:**

STEP 1: Have the patient talk with Oli or Maria to schedule an appointment for the upcoming Tuesday at the medical clinic.

STEP 2: Email PBC Secretaries (Ann Goding) at [uofuprobonopt@utah.edu](mailto:uofuprobonopt@utah.edu) a word doc/letter containing the patient name and body part that needs imaging and/or the reason for the referral. (For a template go to Ubox under "Pro Bono Clinic --> Templates --> Communication --> "PBC\_Referral to Primary Care"). MAKE SURE TO PUT “PHI” IN THE SUBJECT LINE (HIPPA regulation)! The Secretaries will then forward that message to Dr. Samuelson wayne.samuelson@hsc.utah.edu (the head physician over at the Midvale Family Health Clinic) for further consultation.

STEP 3: Be sure to save the word document/letter to the patients file on the Ubox account with an appropriate title (Last name, First  name\_Visit number\_HEP)

STEP 4: Proceed with/discontinue care accordingly and educate the patient as to your decisions!

\*\*\*\*In order to document correspondence and establish consistent professional communication among other doctors we will be sending emails through the Pro Bono Clinics Umail account.

If a patient needs to schedule a return visit:

* + All scheduling is done through the CBC staff (primarily Oli).
  + Bring the patient back into the Reception Area and let Oli know when you’d like to see them next

*NOTE: due to high demand for our services, the timeframe within which the patient will be able to be seen again may not be ideal...keep this in mind when devising HEPs for patients and making recommendations for frequency of follow-up…confer with the attending PT beforehand!*

* Given the constant rotation of student providers, tracking patient progress is another must! Remember to monitor outcome measure scores and patient subjective reports. A lack of significant/clinically meaningful progress should be a cue that re-evaluation, referral, and/or discharge is necessary.
  + CLINIC POLICY is that students will re-test/re-evaluate goals & write a more thorough “Progress Note” every 4th visit for returning patients (this can be done using the Daily Note template).
  + Students will be in charge of helping to “flag” patient charts on the 3rd, 7th, 11th, etc. visit by placing a reminder note on the front of the chart stating “Progress Note Needed”.
* Use HEP2Go to design and print HEPs or draw it. Login: uofuprobonopt@utah.edu Password: springboarddiving
* A local gym (Copperview Rec Center) has generously donated day passes for us to distribute to patients who may benefit from access to their facility in the interim between visits. However, we have a limited supply; thus, discretion should be used before distributing them.
* If any items need restocking, let the Floater know so that they may alert the board.
* For liability reasons, under no circumstances should students offer to provide patients transportation to/from the clinic.

**DOCUMENTATION**

* Download the appropriate Evaluation Form (if initial evaluation) OR Daily Note (if return visit) template from the file named *Templates* on box.
* Fill out the form and document while your treatment partner is treating.
  + Make a note in the “Plan of Care” section of any comparable signs that should be re-assessed in future visits to track the patient’s progression.
  + MAKE SURE TO INCLUDE THE PATIENT'S FULL NAME & DATE ON ALL DOCUMENTATION. Record “billable units” in each patient’s chart based on interventions and timeframe allotted to each (record at the top of the Initial Evaluation Form OR Daily Note)

*NOTE: a “cheat sheet” for counting units is taped on the front of each clipboard*

* Save an electronic copy and upload it to box to the “completed documentation” folder by last name, first name.
* Print a paper copy and make sure it gets put in the patient’s folder along with their intake form (if initial evaluation), outcome assessment form, and a copy of their HEP.
  + “Cheat sheets” for scoring outcome assessments are taped on the front of each respective file folder
  + Students should make 2 copies of HEP (one for the patient & one for the patient’s chart)- put the patient’s name and date on both!

For instructions on how to use the printer and copier, refer to the Clinic Reference Manual binder. For helpful tips on documentation, refer to the “Documentation Cheat Sheet” and/or Appendix E.

**Following assigned shift:**

Complete Closing Checklist (*found in Clinic Reference Manual binder):*

* FINISH ALL DOCUMENTATION BY 12:00 pm-*the attending PT must sign off on your documentation and we do not want to keep them past 12:00*
  + Shred (or put in shred folder) any papers containing PHI that are NOT being put in patients’ files
* Make sure the treatment area is clean & equipment cart is well-stocked- *should look the same as OR better than when you arrived!* 
  + Soiled linens (towels, pillowcases) should be placed in a plastic bag (from the supply cart) and given to the CBC staff for cleaning
* Complete the post-shift survey that will be emailed to all student volunteers

**EMERGENCY/SAFETY PROCEDURES AND OTHER IMPORTANT PROTOCOLS**

All clinic emergency/safety procedures are outlined in the Emergency Protocols section of the Clinic Reference Manual (*see Appendix F* for details).

As for other potential situations that might arise, please follow the following protocols:

* Unprofessional or unethical attending PT: please email Student Liaisons AND Attending Liaisons directly
* Inappropriate/difficult patient: 1) Notify attending PT

2) Then notify Student Liaisons directly via email

Contacting Emergency Services:

Dial 911 (no need to dial 9)

In case of an **emergency** with a patient or other individual at the clinic, the following actions should be taken:

1) ***The person that is first on scene OR with the patient/individual at the time of the incident takes charge.*** This person shall stay with the patient make sure the patient/individual is safe and stable (performing CPR and First Aid as necessary) and assign the following:

a) One person to call 911 and go direct them into the building if necessary.

b) One person to go get the AED if necessary (*located next to the front door inside the reception area)*

c) One person to alert the Attending PT and help keep others from congregating near the scene.

2) After Emergency Personnel arrive & take over, relay any necessary information to them then fill out an *Incident Report Form*. File ORIGINAL in the filing cabinet under “Completed Incident Reports” and (for patients) a COPY in the patient’s folder.

Safety procedures for other **non-life threatening** patient/individual scenarios\*:

* Lightheaded: stop what you’re doing, have patient sit down, & check vitals
  + If diabetic: check blood sugar and if necessary get a snack/fruit juice and give it to them (extra snacks stocked in the First Aid kit on the supply cart)
* Minor cut, abrasion, burn, etc.:
  + Use PPE (personal protection equipment) and appropriate First Aid supplies from First Aid Kit located on the supply cart.

\**For the above, be sure to document the incident in the patient’s chart.*

In case of a building emergency (e.g. smoke alarm, flooding, etc.):

1. Follow emergency evacuation procedure: FIND THE NEAREST EXIT AND HELP SAFELY EVACUATE THE PATIENTS and call 911.
2. Notify Midvale Public Works and the CBC:
   * Midvale Public Works (801) 255-4207
   * Mauricio Agramont (801) 647-0333

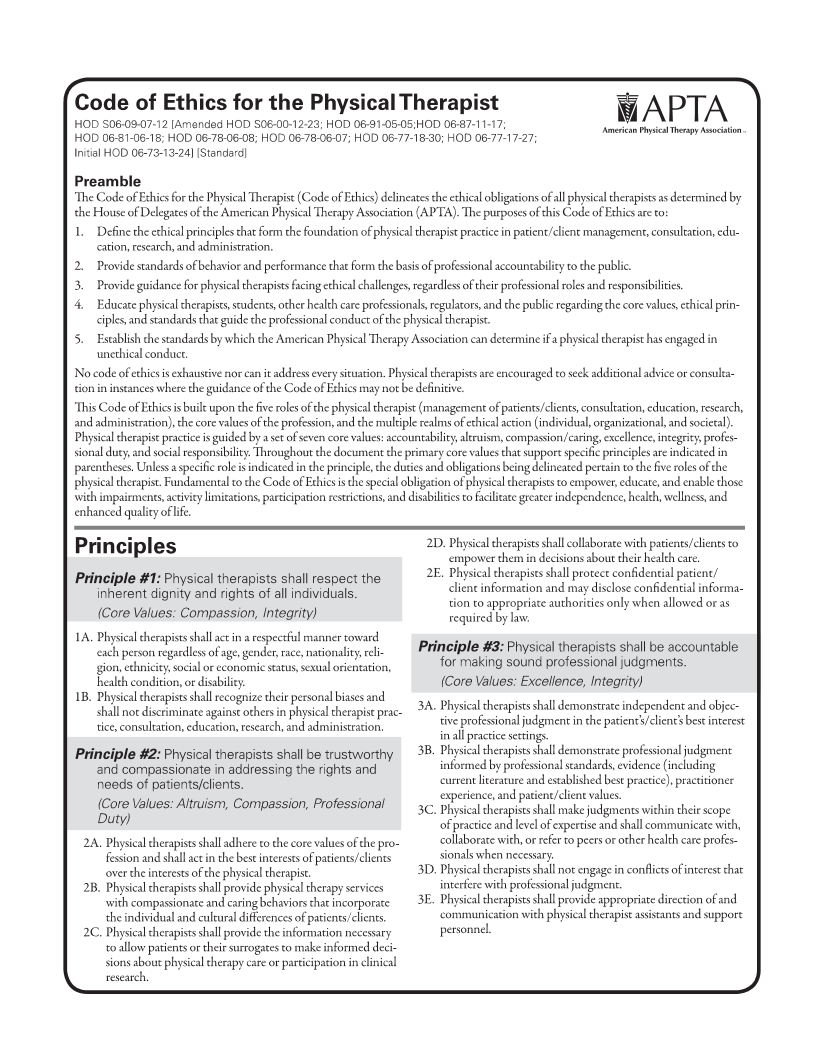
In case of a small contained fire:

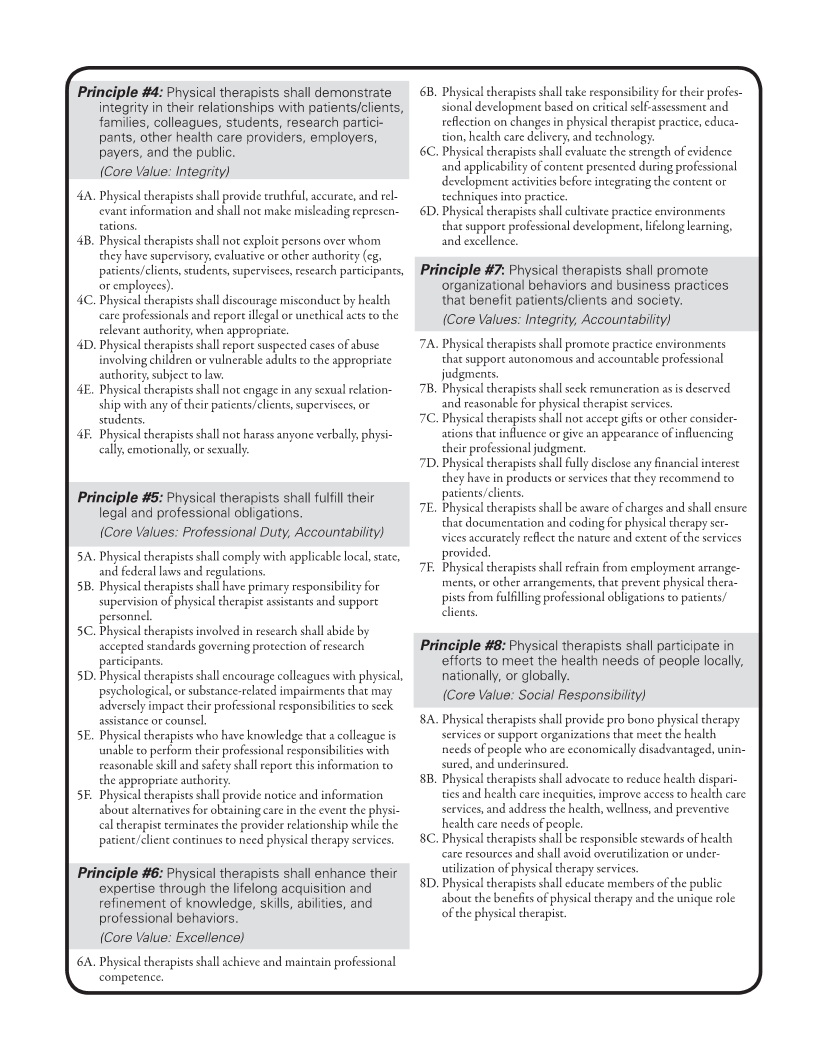
1. Use fire extinguisher: There are three extinguishers. One located at the main entrance of the clinic (patients waiting area), the second is located on the hallway between the exam rooms and the back entrance of the dental room (the door closer to the holding cells/PT storage) and the third one is located at the west entrance of the building by the large room.

*\*If anything seems odd or strange, just use your head!*

**APPENDICES**

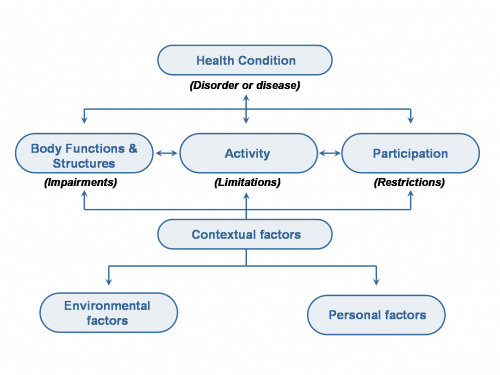
1. **APTA Code of Ethics**



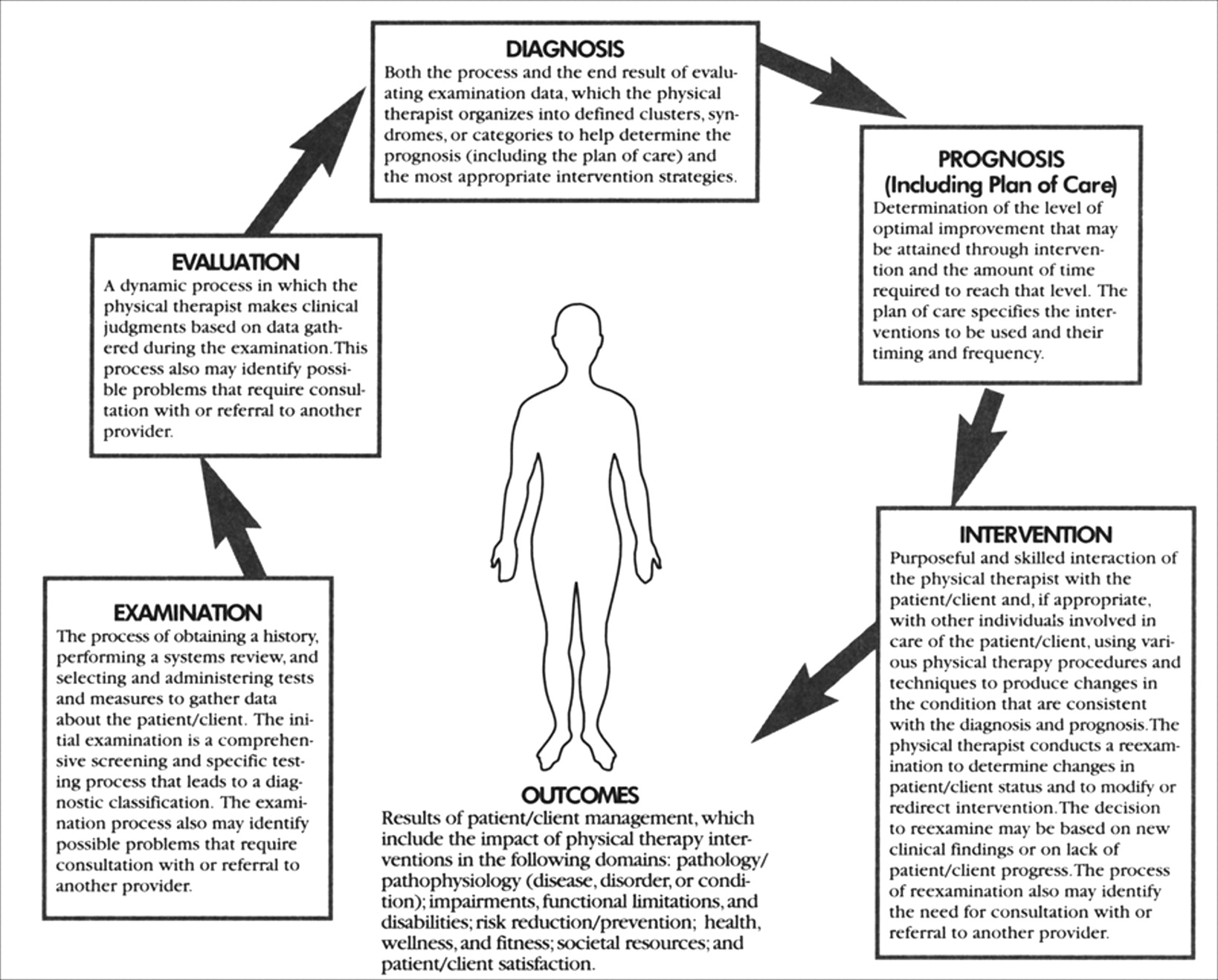


1. **APTA Core Values**

|  |  |  |
| --- | --- | --- |
| **Core Values** | **Definition** | **Sample Indicators** |
| Accountability | Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society. | 1. Responding to patient’s/client’s goals and needs.  2. Seeking and responding to feedback from multiple sources.  3. Acknowledging and accepting consequences of his/her actions.  4. Assuming responsibility for learning and change.  5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities.  6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions.  7. Participating in the achievement of health goals of patients/clients and society.  8. Seeking continuous improvement in quality of care.  9. Maintaining membership in APTA and other organizations.  10. Educating students in a manner that facilitates the pursuit of learning. |
| Altruism | Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self-interest. | 1. Placing patient’s/client’s needs above the physical therapists.  2. Providing pro-bono services.  3. Providing physical therapy services to underserved and underrepresented populations.  4. Providing patient/client services that go beyond expected standards of practice.  5. Completing patient/client care and professional responsibility prior to personal needs. |
| Compassion/  Caring | Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring.  Caring is the concern, empathy, and consideration for the needs and values of others. | 1. Understanding the socio-cultural, economic, and psychological influences on the individual’s life in their environment.  2. Understanding an individual’s perspective.  3. Being an advocate for patient’s/client’s needs.  4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc.  5. Designing patient/client programs/interventions that are congruent with patient/client needs.  6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care.  7. Focusing on achieving the greatest well-being and the highest potential for a patient/client.  8. Recognizing and refraining from acting on one’s social, cultural, gender, and sexual biases.  9. Embracing the patient’s emotional and psychological aspects of care.  10. Attending to the patient’s/client’s personal needs and comforts.  11. Demonstrating respect for others and considers others as unique. |
| Excellence | Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. | 1. Demonstrating investment in the profession of physical therapy.  2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions.  3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes.  4. Conveying intellectual humility in professional and interpersonal situations.  5. Demonstrating high levels of knowledge and skill in all aspects of the profession.  6. Using evidence consistently to support professional decisions.  7. Demonstrating a tolerance for ambiguity. |
| Integrity | Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do. | 1. Abiding by the rules, regulations, and laws applicable to the profession.  2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc.).  3. Articulating and internalizing stated ideals and professional values.  4. Using power (and avoiding use of unearned privilege) judiciously.  5. Resolving dilemmas with respect to a consistent set of core values.  6. Being trustworthy.  7. Taking responsibility to be an integral part in the continuing management of patients/clients.  8. Knowing one’s limitations and acting accordingly.  9. Confronting harassment and bias among ourselves and others.  10. Recognizing the limits of one’s expertise and making referrals appropriately.  11. Choosing employment situations that are congruent with practice values and professional ethical standards.  12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk. |
| Professional Duty | Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society. | 1. Demonstrating beneficence by providing “optimal care”.  2. Facilitating each individual’s achievement of goals for function, health, and wellness.  3. Preserving the safety, security and confidentiality of individuals in all professional contexts.  4. Involved in professional activities beyond the practice setting.  5. Promoting the profession of physical therapy.  6. Mentoring others to realize their potential.  7. Taking pride in one’s profession. |
| Social Responsibility | Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness. | 1. Advocating for the health and wellness needs of society including access to health care and physical therapy services.  2. Promoting cultural competence within the profession and the larger public.  3. Promoting social policy that effect function, health, and wellness needs of patients/clients.  4. Ensuring that existing social policy is in the best interest of the patient/client.  5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision.  6. Promoting community volunteerism and providing leadership in the community.  7. Participating in political activism.  8. Participating in achievement of societal health goals.  9. Understanding of current community wide, nationwide and worldwide issues and how they impact society’s health and well-being and the delivery of physical therapy.  11. Participating in collaborative relationships with other health practitioners and the public at large.  12. Ensuring the blending of social justice and economic efficiency of services. |



1. **ICF model**
2. **APTA patient care model**



1. **APTA Elements of Defensible Documentation**

