

ORTHOTICS AND PROSTHETICS PROGRAM

Clinical Student Orientation Manual



**School of Health Professions**

**Clinical Year 2020-2021**

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# Purpose

The purpose of this manual is to help ease the transition you must make as you begin your rotations. General and specific information about student rights, responsibilities, and rules of the institution are provided for each student's review in the *Baylor Student Handbook*. You are advised to become familiar with the policies and procedures contained in both the *Baylor Student Handbook* and the *School of Health Professions Student Handbook*.

This document is meant to be a survival guide rather than a comprehensive source of information. **Do not pack this manual in a box and forget it; it has useful information that you will be asked to refer to during the clinical phase of the Orthotics and Prosthetics Program.** While some topics in this manual may overlap subjects covered in the current *Baylor Student Handbook* and the *School of Health Professions Student Handbook*, the intent of this *Clinical Orientation Manual* is to provide program-specific guidance for students enrolled in the professional phase of the Orthotics and Prosthetics Program. Information contained within this manual may change as the need arises, but only in accordance with the academic and administrative policies of Baylor College of Medicine. Students will be notified of changes to this manual, in accordance with institutional policy. A link to the manual is also located on the clinical resources page on the BCM OP Program website.

Please know that the absence of a written policy in this manual does not imply that one does not exist. Any questions about the policies and guidelines contained within this manual should be directed to the Director of the Orthotics and Prosthetics Program and/or the Associate Director for Clinical Education.

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# Introduction to the Orthotics and Prosthetics Clinical Phase

## Orthotics and Prosthetics Program

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The clinical residency phase of the Master of Science in Orthotics and Prosthetics Program involves in-depth exposure to a variety of individuals and both disciplines in a variety of clinical settings. Your completion of this phase of the training program prepares you to deliver quality orthotic and prosthetic care and services in a wide variety of practice settings.

### Clinical Phase Goals

The combined core and selective clinical rotations are used to ensure that each student can:

- Exemplify the role of the orthotist/prosthetist in providing ethical, patient-centered care by applying nationally accepted professional responsibilities in clinical practice experiences,
- Practice safety of self and others and adhere to safety procedures throughout the delivery of orthotic/prosthetic services,
- Demonstrate an awareness of the humanity and dignity of all patients and related individuals within a diverse and multicultural society,
- Demonstrate appropriate insight of clinical practice, clinical operations, and practice management within the social, cultural, and economic constructs of human function and disability,
- Comprehend and demonstrate knowledge of the collaborative role of the orthotist/prosthetist as a member of the interdisciplinary rehabilitation team in providing patient-centered care,
- Demonstrate the ability to participate as a critical consumer of research and to integrate research findings as evidence into clinical practice,
- Demonstrate the ability to integrate knowledge of the fundamental science in human function (physically, biomechanically, cognitively, socially, and psychologically) with the practice framework of assessment, formulation, implementation, and follow-up of a comprehensive orthotic/prosthetic treatment plan, including fabrication and fitting of devices,
- Demonstrate the ability to make clinical and technical decisions designed to meet patient expectations as well as achieve prescribed orthotic or prosthetic outcomes,
- Demonstrate, in a systematic and effective manner, the ability to impart knowledge when providing learning services for patients and their families, other health professionals, and the public at large,

- Demonstrate the ability to participate in research activities through a working knowledge of the research process,
- Document pertinent information in a manner that promotes efficient direction for patient care, supports effective collegial communication, and meets the requirements of legal, business, and financial constraints, and
- Demonstrate proficiency in clinical and technical procedures that support the orthotic/prosthetic practice.

## **Outcome Competencies Expected of OP Program Graduates**

The clinical role of the orthotist/prosthetist mandates that faculty members prepare the practitioner with the knowledge and skills needed to:

- Embrace a personal ethic of social responsibility and service,
- Exhibit ethical behavior in all professional activities,
- Provide evidence-based, clinically competent care,
- Incorporate the multiple determinants of health in clinical care,
- Apply knowledge of the new sciences,
- Demonstrate critical thinking, reflection, and problem-solving skills,
- Practice relationship-centered care with individuals and families,
- Provide culturally sensitive care to a diverse society,
- Partner with communities in health care decisions,
- Use communication and information technology effectively and appropriately,
- Work in interdisciplinary teams,
- Ensure care that balances individual, professional, system, and societal needs,
- Practice leadership,
- Take responsibility for quality of care and clinical outcomes,
- Contribute to continuous improvement of the health care system: locally and nationwide,
- Advocate for public policy that promotes and protects the health of the public, and
- Continue to learn and help others to learn.

The learning experiences within the pre-clinical and clinical phases of the O&P Program curriculum are designed to develop each graduating student's ability to demonstrate these competencies (see BCM's and NCOPE's *Required O&P Program Competencies* and *O&P Residency Standards*, Appendices A and B for greater detail).

## **Clinical Competencies**

In line with NCOPE Residency requirements, each resident will complete clinical experience and demonstrate competencies in technical skills and safety, as well as the following areas:

<b>Orthotic Competencies</b>	<b>Prosthetic Competencies</b>
Custom Foot Orthosis	Transtibial Prosthesis
Custom Ankle-Foot Orthosis	Transfemoral Prosthesis
Custom Knee-Ankle-Foot Orthosis	Upper Limb Prosthesis
Custom Knee Orthosis	Symes and/or Partial Feet Prosthesis
Custom Scoliosis Orthosis	Post-Operative Care
Custom Thoraco-Lumbo-Sacral Orthosis	
Upper Limb Orthosis	

It is the resident responsibility to approach the preceptor for an competency approval when they feel it is completed. It is the preceptors decision whether or not competency has been reached. These competencies can act as a guide for goal setting on the first day of a rotation. If competency has not been reached by the fourth rotation in all devices, then the 5<sup>th</sup> and 6<sup>th</sup> rotations will be selected strategically to fulfill the absent competencies.

### **Student Attributes**

Graduates of the OP Program are expected to be socially conscious, intellectually mature, and professionally capable individuals. Those qualities felt to reflect the highest ideals of health care practice and ethical behavior within students pursuing the O&P profession include:

- **Academic Integrity** - personally complete all assignments, laboratory exercises, reports, and patient assessments identified as a requirement for any academic course or clinical experience.
- **Altruism** - consistently put the needs of the patient before his or her own.
- **Confidentiality** - hold confidential all information related to patient evaluation and management to be discussed only in the confidential space of the clinical practice setting.
- **Commitment to Learning** - demonstrate intellectual curiosity, seek ways to learn about issues and patient problems, improve his or her fund of knowledge, and teach others.
- **Interpersonal Communication** - demonstrate the ability to socialize with peers, develop rapport with faculty and professional staff, interact effectively with clinical preceptors and patients, and show courtesy and respect in all interpersonal interactions.
- **Personal Integrity** - behave in a way that is truthful and honest, accepting responsibility for his or her actions, and working diligently to correct identified deficiencies.
- **Personal Demeanor and Appearance** - in the clinical setting, be well groomed and appropriately dressed for working with patients and other health professionals.
- **Professional Responsibility** - actively participate in classroom, laboratory, and small group activities, and be present as scheduled during assigned periods for clinical rotations.

- **Environmental Respect** - demonstrate respect for the educational activities offered by the College, the physical facilities of the College and affiliated clinical training sites, and his or her peers.

The faculty and staff of the OP Program are committed to providing an environment conducive to the intellectual and professional development of each enrolled student.

## Technical Standards

It is the policy of Baylor College of Medicine–School of Health Professions-Orthotics & Prosthetics Program that no person shall be denied admission to the school or awarded a degree from the school on the basis of any disability, pursuant to the Americans with Disabilities Act (ADA) of 1990 and section 504 of the Rehabilitation Act of 1973, provided that the person demonstrates ability to meet the minimum standards set forth herein. Baylor College of Medicine–School of Health Professions-Orthotics & Prosthetics will reasonably accommodate individuals with disabilities, provided that the standards required by the school of all graduates and the integrity of the school's curriculum are upheld. Mastery of essential skills is required of all students.

These standards are developed as criteria to achieve the Master of Science degree in preparation for practice as an Orthotist & Prosthetist. The faculty is equally cognizant of its responsibilities to patient models who are a part of the educational process and to future patient who will entrust their welfare and orthotic & prosthetic needs to graduates of our Program. The safety of the patient, on whom the clinical education process is largely focused, has been given a primary consideration in developing these standards. Therefore, the faculty must carefully consider the personal and emotional characteristics, motivation, industry, maturity, resourcefulness, and personal health of the aspiring health care professional.

**Abilities and Skills Requisite for Orthotist & Prosthetist** - A candidate for the Master of Science degree in Orthotics and Prosthetics must have abilities and skills in six essential areas: Acquisition of information, Communication, Motor Skill, Intellectual Skill, Behavior and Character, and Ethics. Technological compensation can be made for disabilities in certain of these areas, but a candidate must be able to perform certain basic functions in a reasonably independent manner. The use of a trained intermediary to observe or interpret information or to perform procedures is deemed to compromise the essential function of the health care professional and may jeopardize the safety of the patient.

Baylor College of Medicine-School of Health Professionals–Orthotics & Prosthetics Program provides the following sample description/examples of technical standards to inform incoming and enrolled students of the performance abilities and characteristics that are necessary to successfully complete the requirements of the Orthotics & Prosthetics curriculum and provide effective and safe health care. To matriculate (enroll) the candidate must meet technical standards, with or without reasonable accommodations, and maintain related satisfactorily demonstration of these standards for duration of the program.

Candidates should be able to perform the following technical standards:

### Acquisition of Information

The candidate must be able to:

Acquire information from demonstrations and experiences in O&P courses such as lecture, group, lab and physical demonstrations. Acquire information from written documents and computer systems (e.g., literature searches and data retrieval). Identify information presented in images from paper, Power Points, and videos. Recognize and assess patient changes in mood, activity,

cognition, verbal and non- verbal communication. Observe a patient accurately at a distance and close at hand.

### **Communication**

The candidate must be able to:

Communicate effectively and sensitively with patients and families. Communicate effectively with faculty, preceptors and all members of the healthcare team during practicum and other learning experiences. Accurately elicit information, including a medical history and other information, to adequately and effectively evaluate a client's or patient's condition including, verbal and non-verbal communication.

### **Motor Skills**

The candidate must:

Possess psychomotor skills necessary to perform or assist with procedures, transfers, donning and doffing orthotic/prosthetic devices. Practice in a safe manner and appropriately provide care during transfers and weight-bearing activities. Be able to lift up to 50 pounds, operate power tools safely, and manipulate materials and components to fashion devices for patient use. Provide life support procedures including cardiopulmonary resuscitation and universal precautions against contamination.

### **Intellectual Skill**

The candidate must be able to:

Use reason, analysis, calculations, problem solving, critical thinking, synthesis, self-evaluation and other learning skills to acquire knowledge, comprehend and synthesize complex concepts. Independently access and interpret medical histories or files. Identify significant findings from history and Physical Exam. Provide a reasoned explanation for likely diagnoses and prescribed therapies and orthotic & prosthetic devices. Recall and retain information in an efficient and timely manner. Incorporate new information from peers, teaches, and literature in formulating diagnoses and plans. Identify and communicate knowledge to others when indicated, ask for help when needed, and make proper judgments as to whether a task can or cannot be carried out alone.

### **Behavioral -Character**

The candidate must possess the emotional health required:

To maintain mature, sensitive effective relationships with clients/patients, families, students, faculty, staff, preceptors and other professionals under all circumstances. For full utilization of their intellectual abilities. For the exercise of good judgment. For the prompt completion of all responsibilities attendant to the diagnosis and care of patients. To tolerate physically taxing workloads. To accept constructive correction and respond by appropriate behavior modification. To use supervision appropriately and act independently when indicated. To function under stress and adapt to changing environments inherent to the classroom and practice settings with or without accommodations. To demonstrate personal and professional self-control as well as tactfulness, sensitivity, compassion, honesty, integrity, empathy, and respect.

### **Ethics**

The candidate must demonstrate professional demeanor and behavior and must perform in an ethical manner in all interactions with peers, faculty, staff, and patients.

Baylor College of Medicine-School of Health Professionals-Orthotics & Prosthetics Program wishes to ensure that access to its facilities and program are available to students with disabilities. The program provides reasonable accommodations to students on a nondiscriminatory basis consistent with legal requirements as outlined in the Americans with Disabilities Act (ADA) of 1990, the Americans with Disabilities Act Amendments ACT (ADAAA) of 2008, and the Rehabilitation Act of 1973.

A reasonable accommodation is a modification or adjustment to an instructional activity, facility, program or service that enables a qualified student with a disability to have an equal opportunity to participate in all student activities. To be eligible for accommodations, a student must have a documented disability as defined by the ADA and Section 504 of the Rehabilitation Act of 1973. The ADA, the ADAAA and Section 504 all define disability as (a) a physical or mental impairment that substantially limits one or more major life activities of such individual; (b) a record of such impairment; or (c) being regarded as having such a condition.

Decisions regarding reasonable accommodation are determined on a case by case basis taking into consideration each student's disability-related needs, disability documentation, and program requirements. The Orthotics & Prosthetics Program will make every effort to work with students with disabilities to accommodate their disability-related needs. The Orthotics & Prosthetics pProgram is not required to provide accommodations that fundamentally alter or waive essential program requirements.

Since the treatment of patients is an essential part of the educational program, the health and safety of those patients must be protected as a first priority.

Candidates who, after review of the technical standards, determine that they require accommodation to fully engage in the program, should contact the Office of Student Disability Services to confidentially discuss their accommodation needs. Given the clinical/lab nature of the Orthotics & Prosthetics Program additional time may be needed to implement accommodations. Accommodations are never retroactive; therefore, timely requests are essential and encouraged.

### **Understand Your Responsibilities as a Student**

Each of you will be provided an opportunity to participate under supervision in day-to-day patient care activities. **While assigned to rotations in various facilities and institutions, it is your responsibility to participate in patient rounds, lectures, conferences, or any activities designated by the supervising practitioners.** When working with a preceptor, accompany him or her into the examining room and to other locations where the preceptor provides care, such as hospitals, clinics, homes, and nursing homes. In these situations, participate in taking histories, assessing patients, evaluating fit and function of existing devices, and counseling patients concerning the present procedures, use and maintenance of their devices as indicated, and/or other activities as indicated by the preceptor.

# SECTION 2

## The O&P Clinical Phase Policies

Orthotics and Prosthetics Program

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### Responsibilities of Program Student To BCM and BCM Affiliates

While participating in the clinical rotation period at any Facility, **each Program student shall:**

- be subject to all rules and regulations established by the Facility;
- be responsible for his/her own transportation, meals, laundry, lodging and health care needs in the performance of this Agreement; and
- wear a name tag specifying that he/she is a BCM Orthotics and Prosthetics student.

### Communication with Students

A variety of electronic methods are used to maintain regular communication with you and your fellow classmates. Most of the clinical year of the O&P Program will be spent off-site. As a result, communication with students during the clinical phase of the curriculum will occur via cell phones, site visits, email, Google calendar, and direct mail. The principle means of disseminating information to all clinical students enrolled in the O&P Program about schedules, priorities and deadlines is via e-mail, and email. Notices about Senior Days activities and meetings or special events are posted using the Intranet in conjunction with e-mail notices. You are expected to **CHECK YOUR EMAIL DAILY, AND CALENDAR FREQUENTLY** for rotation and administrative communications. Report any technical problems with your BCM email account to the Information Technology Help Desk (713-798-USER).

### Contact Information

Students, staff, and faculty may change their address and telephone number or switch cell phone service providers. Any or all of these changes complicate our ability to communicate with one another, especially in an emergency situation. As with all faculty and staff members, ALL students are REQUIRED to notify key offices of such changes. O&P Students are to notify the O&P Program Office and the Baylor Registrar's Office of ANY and ALL changes in their personal contact information. **Failure to do so will result in a citation for lack of professionalism.**

A contact information update form is available upon request. It is the responsibility of each student to notify all parties involved of any such changes.

### Mobile Phones

Students in the clinical phase of the O&P curriculum are required to obtain and maintain a working mobile phone and are required to respond to calls within a reasonable time frame, until graduation. A simple phone is sufficient for this purpose. Students are required to obtain service that extends throughout the state of Texas and anywhere they are placed so that they may be reached at these sites.

A mobile phone serves as a reliable mode of contact between students in the clinical phase of the O&P curriculum and O&P program faculty and staff. It is imperative that faculty and staff members are able to reach you via mobile phone at all times regarding Program business. **Please give your mobile phone number to the O&P administrative coordinator no later than the final week of your didactic curriculum.**

You must respond to your calls immediately, or as soon as is practical. If you are engaged in a patient examination or procedure, or are in discussion with a supervisor or another provider, respond to your page after completion of the task. **Failure to remain in contact and/or to respond to a call from the O&P Program in a reasonable amount of time will result in a citation for lack of professionalism.**

## **Attendance in the Clinical Year**

Part of the socialization process involves learning the values necessary to perform as a competent healthcare provider. One such value is the sense of responsibility and obligation to one's commitments. On clinical rotations, students make a commitment to patient care, patients, and other members of the health care team. Baylor College of Medicine OP students are expected to fulfill their educational and patient care responsibilities at all times.

## **Holiday Policy**

Baylor College of Medicine Orthotics and Prosthetics students will observe ALL official Baylor holidays, unless serving in an emergency capacity at a rotation. **No absence requests will be considered for the day before or for the day after an official BCM holiday.**

## **Webinars**

You will have twice-monthly webinars via Zoom as part of your distance education courses. These calls will usually be on Mondays at 4pm CST, but may change at the discretion of the course director. You are required to attend these webinars and must notify the instructor prior to any expected or requested absence.

## **Senior Day Policy**

Senior days are two consecutive days at the conclusion of each clinical term devoted to the following:

- Written and skills-based clinical exams
- Faculty, staff, and student administrative meetings
- Professional development
- Clinical education special topics presentations

Attendance at all scheduled Senior Day activities is mandatory. Absence from Senior Day activities will be granted only in exceptional circumstances, and must be approved by the OP Program Assistant Director of Clinical Education prior to the beginning of the term. Missing Senior Day activities or leaving prior to the scheduled ending time will result in counseling by the Program Director with a citation for lack of professionalism.

## **Absence Policy**

Each student is granted an “absence bank” of 4 sick days and 6 excused absence days for the clinical period (18 months). Absence bank day requests are determined in accordance with the following policies and procedures:

#### Anticipated Absence:

Requests for anticipated absence must be submitted in writing to the O&P Program at least two (2) weeks in advance using the Absence Request Form (Appendix E) which can be located online in the clinical resources page of the OP program website. The absence is not approved until both the preceptor and the clinical coordinator have approved the received request.

Anticipated absence approval will only be granted for requests in congruence with the policies outlined below. Consider the following policies carefully prior to submitting a request.

**No requests for absences** will be considered for the following:

- Days immediately preceding or following a BCM holiday
- First day or the last day of a clinical rotation
- Time-off will be limited to days off according to the student work schedule
- O&P students may NOT switch shifts:
  - Among themselves
  - Among students in other programs

#### Unanticipated Absence:

Absences due to **unexpected, urgent or emergent situations** do not require prior approval, but they do constitute an absence and will count as “absence bank” days. Examples include medical illness experienced by the student and personal crisis (e.g., death or illness of an immediate family member).

- If you find you must be absent unexpectedly:
  - First, notify the appropriate rotation supervisor prior to the time you are expected to be on site.
  - Second, Notify the O&P Program **no later than 8 a.m.** on the day of the unanticipated absence by calling the O&P Program office at 713-798-3098.

Note: Absences greater than two days in duration require a **physician’s note** to be submitted to the O&P Program **prior to resumption of clinical duties**.

#### Student/Resident Grievance Policy

This Student/Resident Grievance Policy does not supersede policies and procedures concerning student rights, responsibilities, and appeals as outlined in the Health Professions Student Handbook. Moreover, nothing in the policy supplants actions/decisions of the Health Professions Student Promotions Committee. A student’s dissatisfaction with an examination or grade is not grounds for a grievance against the faculty member who assigned the grade.

Student complaints or grievances should initially be addressed, if possible, by the student with the individual (student, faculty, staff, or residency mentor) most closely related to the grievance. If no resolution is established, the student must ask her/his Health Professions program director for assistance. If the problem cannot be resolved informally or with the assistance of the respective

Health Professions program director, the student may file a formal, written grievance with the Dean, SAHS (referred to below as the Dean).

The written statement should be as specific as possible regarding the action that precipitated the grievance; including date, place, people involved, witnesses, a summary of the incident, efforts made to settle the matter informally, and the remedy sought. The submission of a written complaint in good faith will not affect the student's status, rights or privileges.

Within one week of receiving the written statement, the Dean will provide the individual(s) whose actions or inactions are the subject of the grievance a copy of the written complaint, including the complainant's identify, and allow her/him an opportunity to respond to the allegations in writing. The Dean will also send a copy of the formal grievance to the respective Health Professions program director.

The Dean will meet with all concerned parties within two weeks of receiving the written grievance statement. The Dean may request both oral and written presentations and may make independent inquiries in order to arrive at a decision regarding the grievance. Within one week after such a meeting, the Dean will make a decision as to the merits of the grievance and present a resolution of the problem. Copies of the Dean's decision will be sent to the student, the subject of the grievance, and the Health Professions program director.

If dissatisfied with the decision of the Dean, the student may appeal the decision to the President of the College. The President shall appoint an ad hoc grievance committee composed of a faculty member, a staff member, an administrator, and a student from each respective program in the School of Health Professions. Within two weeks after the appeal, the ad hoc grievance committee shall make a recommendation as to the merits of the appeal and resolution of the grievance. The President shall render a decision to the student. The decision of the President is final. Copies of this decision are sent to the student, the subject of the grievance, the Health Professions program director, and the Dean, School of Health Professions.

A record of all formal grievances will be kept on file in the Office of the President. Respective Deans and grievance committees are encouraged to consider these files in the process of evaluating the merit of the appeal.

### Additional Pertinent Information:

During the clinical phase of your education, the O&P Program reserves the right to schedule activities that **require your participation at any time** other than the designated vacation weeks. The Program reserves the right to require a student to make up any rotation days missed as deemed necessary by O&P Program faculty to ensure the student has completed the required learning experiences and has met the competencies required for successful future practice as an orthotist/prosthetist.

### Instructional Resources

The following resources are available to assist you when submitting assignments and evaluations required by rotation, in order to achieve the competencies expected by time of graduation.

### NCOPE Tracker

Clinical students are **required to log every patient seen and procedure completed** via NCOPE Tracker. Faculty, staff, and administrators periodically run spot checks on students to verify that students are logging appropriately in various rotations. Thus, find a system that works for you and log patients and procedures daily.

NCOPE Tracker is a requirement from NCOPE and is incumbent upon all O&P residents in every program. NCOPE administers the software, holds the account, and can observe the results in real time. As Residency Directors, OP faculty also observe a students logs and uses the output as a partial basis for students' grades and, accordingly, standing with the program.

BCM also maintains is own NCOPE Tracker site which will be utilized to evaluate student performance and competence at various intervals throughout the clinical portion of the program.

Individual students are subject to a meeting with faculty/administrators and will receive a professionalism citation should he/she be found negligent of logging patients and procedures during a rotation at any given time. Students failing to comply with this requirement may be referred to the SAHS Promotions Committee for further action.

NCOPE Tracker functions as a complete electronic student tracking system, including a comprehensive record of individual student patient encounter log tracking. NCOPE Tracker includes specific areas for clinical experience logging.

Program directors, clinical site coordinators, faculty, and students can have instant online access to view tallies and charts of cumulative clinical experiences. Students can quickly and easily enter all patient encounter information from one page, including demographics, clinical information, diagnosis and procedure codes, medications, and clinical notes.

Administrators can customize various pre-built reports, including: cumulative tallies, individual case logs, and time log totals. Reports can be run by date, rotation, clinical site, preceptor, or in aggregate for an entire class. Information from NCOPE Tracker not only allows students to develop a portfolio of their work that can be used when seeking employment, but also allows faculty and program directors to follow the progress of each student.

Faculty can track whether or not students are satisfactorily progressing in their clinical experiences, thereby meeting the objectives of the course. Demographic information will indicate what types of procedures students perform and devices students fit. Overall, faculty can compare what students are being taught and how that compares to actual performance in the clinical arena. Students can login from anywhere and receive the latest upgrades and features automatically, without installing any software.

## **Basic Cardiac Life Support**

Each student **must** maintain BCLS (CPR and AED) training and certification (through an approved course) for the duration of enrollment in the O&P clinical residency phase of the program. Expired BCLS certification must be renewed prior to working in any clinical setting. A copy of each clinical student's valid BCLS certification card is maintained in the student's file in the O&P Program Office.

## **Conduct in the Clinical Setting**

Altruism, confidentiality, personal integrity, personal demeanor, and appearance are attributes deemed essential to functioning effectively in the clinical setting. Information related to any patient is to remain confidential unless otherwise authorized for discussion by an individual clinical preceptor or by the patient. Students are also expected to behave in a way that is truthful and honest, accepting responsibility for their actions, and working diligently to correct identified deficiencies. Any behavior that calls into question your potential capabilities as an orthotist/prosthetist will be reviewed. Examples of unprofessional conduct are listed below:

- Conveying patient information outside the confidential space of the preceptor's practice setting without authorization by the patient, an individual faculty member, or clinical preceptor.
- Transferring information or property from one rotation to another. Such information or property includes, but may not be limited to: HIPAA information, patient population or census data, business practices, proprietary information or fabrication techniques, or any physical or intellectual property.
- Falsifying or presenting fictional patient information as real to fulfill requirements for work assigned by individual faculty members or clinical preceptors.
- Absence from assigned clinical rotations without prior faculty and preceptor authorization.
- Disrupting the clinical pursuits of fellow students, faculty, or clinical preceptors, or infringing upon the privacy, rights, or privileges of other persons.
- Pushing, striking, physically assaulting, or threatening any member of the student body, faculty, staff, or any patient or their family members while assigned to an affiliated clinical setting.
- Altering, transferring, forging, or in any way misusing an identification card, internet address, or other identification of an affiliated clinical facility member participating in the O&P Program.
- Using, possessing, or distributing narcotics, amphetamines, barbiturates, marijuana, hallucinogens, or any other dangerous or controlled drugs, not prescribed by a licensed physician or non-physician provider.
- Possessing or consuming alcoholic beverages, or exhibiting drunken behavior in any form, on the premises of clinical practice sites affiliated with College activities.
- Possessing, storing, or discharging firearms or dangerous weapons on clinical premises used by the College for its academic programs.
- Exhibiting conduct which is lewd, indecent, or obscene, or which is patently offensive to the prevailing standards of an academic community or a clinical practice setting.

Any exhibition of the above behaviors by enrolled students will result in **immediate removal** from an affiliate clinical site, and may lead to suspension from the College and/or permanent dismissal.

## **Stress Management and Counseling Services**

The demands of O&P education are great. We advise you to study hard, but also to remember to make time for recreation. Maintaining your support systems of family and friends can be a tremendous source of strength and encouragement.

Should you begin to feel overwhelmed, faculty members are here to assist you and to facilitate referrals when necessary. Do not hesitate to call on us for help. In an emergency, feel free to contact any O&P Program faculty member using one of the phone numbers provided on page 6 of this manual, and or contact Heather Goodman, M.D., Director, BCM Mental Health Service at 713-

798-4881 (24 hours). Additional counseling and support services are available through WellConnect at 866-640-4777 (24 hours). Additional information on support services from BCM can be found here: <https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-wellness>

Formal and informal stress management sessions are conducted regularly in the Texas Medical Center (TMC). Other resources are available through the College and through your student insurance for individual counseling and psychiatric services as needed.

## Confidentiality and Medical Records

A well-documented patient record is a reliable memory and communication tool. In addition, the medical record is often examined for quality assurance, reimbursement, litigation, and research purposes.

*Handling and Use of Medical Records* - A patient's medical record is a legal document. This information is confidential and must not be revealed without the express consent of the patient. Access to medical records is a privilege and its confidential nature should be respected. Its contents should not be divulged to anyone but the health team taking care of the patient. O&P students are expected to have access to medical records. **Personal access codes to electronic medical records systems are not to be shared with anyone, nor are you to use the access code of another person.** All information recorded by students in the medical record must be reviewed and countersigned by the supervising practitioner. The O&P Program **prohibits** duplication of patient records, with or without patient consent, by students in the process of completing assignments for O&P Program courses.

*Confidentiality* - In accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations, learners are required to maintain the confidentiality of patient identity and patient information at all times. Never list patient identifying data on assignments. Avoid discussing details of cases with your colleagues that include information that could identify the patient. When discussing cases, do so in a private area where your conversation cannot be overheard. Computer generated printouts of confidential, patient-related materials are provided with the understanding that those materials will be kept confidential, as all paperwork connected to the chart should be. If you use this service, please be sure you block out any identifying patient data before you take these printouts out of the hospital.

*Charting Guidelines* – According to the American Orthotic and Prosthetic Association, you should include these items in all your chart notes. The following information is provided to you as directions on how to use the medical record (Note: Some guidelines below refer to paper charting rather than use of the electronic medical record.):

- Date and name of person(s) providing treatment
- Purpose of the visit
- Information on where the patient is in the overall treatment / rehabilitation process
- General observations about the patient's attitude and concerns
- Questions you ask and answers the patient gives
- Any concerns the patient raises or questions he/she asks along with our responses
- All discussion points covered with the patient

- Any materials or devices given to the patient, and the medical necessity of each device/component
- Actions taken, adjustments made, and/or recommendations given
- All physician prescriptions or other authorizations
- Discussions or correspondence with physicians and manufacturers relating to the specific patient or device
- A description of any informational or educational material provided to the patient
- Patient history or physical findings, including patient measurements and documentation of changes in measurements, weight, number of ply socks, etc.
- Photograph of patient / device as appropriate
- Record patient identification information on each page in the chart including name and medical record number.
- Document all contacts with the patient, including telephone calls and prescription refill authorizations.
- Chart the month, day, year and time on each chart entry.
- Sign each entry with your name and credentials (e.g., Jane Doe, OPS-2). Print your name legibly underneath your signature and include a hospital identification number if one was issued. It is helpful to write your pager number as well. Remember, a supervising health care professional is **required to countersign all student entries**.
- Use black ink. This is best for photocopying.
- Write legibly. Print if your handwriting is difficult to read.
- Chart all information immediately, as delays lead to inaccuracies. Choose a method to organize entries (i.e., SOAP format) to ensure that they are comprehensive and reflect the thought processes used in making decisions about the patient's care.
- Leave no blank spaces between entries.
- Fill in every blank on forms and record negatives as well as positives. It is advisable to photocopy any form that you sign and return to the patient. Copy it and place the copy into the medical record.
- Instead of using symbols (+ or -) that can easily be changed, write out the words "positive" or "negative."
- Use ONLY standard abbreviations. Most facilities have a listing of approved abbreviations to which you should adhere.
- Chart precise quantities and place decimals accurately. Always use a leading "0" before a decimal place (example: 0.2 mg NOT .2 mg)
- Correct any mistake in charting by drawing a single line through the incorrect portion, label "error" above, and initial and date the correction. If there is not enough room for the correction to be made legibly at the error, a note should be made indicating where the corrected entry can be found, and the reference must be dated and initialed by the clinician.
- The correct information must be entered in chronological order for the date the error was discovered and corrected.
- Identify any addenda, corrections, and additions. Be sure to date and sign these.

- The risks and benefits of diagnostic procedures and therapeutic interventions must be explained to the patient. A complete description of your discussion with the patient should be made in the medical record. Signed consent forms (whether approving or declining) must be placed in the medical record.

*Charting Prohibitions* – The following is a list of actions that should NOT occur in association with charting:

- Obliterating chart entries with liquid paper, scribbling, or cutting off sections.
- Charting subjective comments about the patient, e.g., “Patient is crazy.” Instead, describe the patient behavior, which may include quoting the patient’s words.
- Charting names without describing their function in relation to patient care, i.e., “Patient is referred to Bob Jones, M.D. for evaluation of back pain.” NOT “Referred to Bob Jones.”
- Inconsistencies in the medical record. The assessment must agree with the diagnostic testing or an explanation must be given as to why it does not.
- Criticizing colleagues. This can be damaging evidence in a lawsuit.
- Altering records after a claim or lawsuit has been filed. DO NOT correct, add to, change or modify any entry in any way.

**Adapted from: *Practice and Liability Management Consultants, Revised 1995.***

## **Employment While in the Program**

Employment at clinical sites by students in the clinical phase of the O&P Program is prohibited. We recognize that other employment may be a necessity for some students, yet O&P Program obligations will **NOT** be altered due to outside employment. It is expected that work obligations will not interfere with scheduled clinical assignments, senior days, classes, or testing and will not impede the clinical year learning process. NO student in the didactic or clinical phases of O&P Program curriculum of the may substitute for clinical or administrative staff.

## **Hospital Credentialing**

In order to accompany your preceptor to the hospital(s) where he or she performs deliveries, surgeries, procedures, and rounds on inpatients, students must apply for and be granted student privileges. This can be a very lengthy process. Be sure to allow enough time prior to starting the rotation to get all the paperwork submitted and approved. You may be responsible for providing a copy of your driver’s license or other identification, proof of current health insurance coverage, a CV, and a transcript proving you have undergone HIPAA and OSHA training provided by Baylor College of Medicine. Most hospitals will ask the student to provide proof of current immunization status. This can be obtained from Baylor College of Medicine’s Office of Occupational Health (OHP) by following this link:

<https://intranet.bcm.edu/as/ohpis/index.cfm>.

## **Occupational Health and Safety Program Compliance**

Throughout your clinical training, you will be interacting with patients in a variety of clinical settings. In accordance with recommendations established by the State of Texas, the US Department of Labor, the Occupational Safety and Health Administration (OSHA), and the Centers for Disease Control and Prevention (CDCP), you will need adequate protection against infectious agents to which you and your patients may be exposed.

## Personal Appearance in the Clinical Setting

When in the clinical setting, you are to be well groomed and appropriately dressed for working with patients and other health professionals. For purposes of example, the term “appropriately dressed” can be described in the following manner:

- Residents should adhere to the dress codes at their clinical sites, which usually involve scrubs or business casual attire.
- Athletic shoes are not appropriate unless wearing scrubs. Closed-toe shoes are always required.
- All students will bring their white lab coat/jacket with a blue background nametag reflecting his or her name and "Orthotic and Prosthetic Student" status along with a BCM ID badge and any other identification mandated by the institution to which he or she is assigned. Whether the resident needs to wear their lab coat is up to the clinical site.

Students improperly attired can expect to receive a verbal warning from a clinical preceptor or a faculty member of the O&P Program. A second infraction during the same rotation **will result in a citation for lack of professionalism** and in the student being dismissed from the rotation, until the student can appear in proper attire.

## Requirements for Graduation: Clinical Education

The following elements of the O&P Program curriculum must be completed in the manner indicated within a time period that does not exceed twice the total number of months within the curriculum. In this context, students must:

- Earn a final grade of “B” or better in all of the clinical rotations and seminars.
- Produce a Master’s Paper meeting all guidelines set by the O&P Program faculty that results in all required institutional approval.
- Participate in Student Research Day by displaying a poster showing the results of your research.
- Achieve at least a minimum passing level of performance on all written and observational measures of clinical knowledge and skill required within the O&P curriculum.
- Achieve a minimal overall GPA of 3.0
- Consistently meet the standards of conduct and professionalism set forth by the College.

Following satisfactory completion of the above measures of performance, each student in the O&P Program is recommended for graduation to the Health Professions Promotions Committee. Certification by the Committee that each of these academic standards has been met leads to the award of the Master of Science in Orthotics and Prosthetics (OP) degree and conferred on December 31<sup>st</sup> of the year of graduation.

## Equipment and Required Textbooks

The student toolkit you received at the beginning of the program is necessary to access at all labs and some classes during the didactic portion of the curriculum. Some of these may be required at your clinical rotations. This should be clarified at the beginning of each rotation during facility orientation. Components of the student toolkit are as follows:

- Set of screwdrivers (3) (Small Flat, Large Flat, and Medium Phillips)
- Scratch Awl
- Scissors for Materials
- Allen Keys: Standard and Metric
- Lighter
- Metric Ruler
- Flexible Tape Measure
- End Cutters
- Side (Diagonal) Cutters
- Utility Knife
- Plumb Bob
- Protective Eye wear
- Hearing protection
- Needle-nose pliers
- Pens& Pencils
- Indelible Pencil
- Perm. marker(s) or China marker
- Scalpel handle + blades (non-sterile)
- Personal respirator
- Sureform Flat
- Sureform Round
- Sureform Half-Round
- Scarpa's Knife
- Plaster Spatula
- Scissors
- Mighty Mite Scissors
- Cast Scissors
- Ball Peen Hammer (8 or 12 oz)
- Outside Calipers
- Leather Punches - multiple size business ends
- Deburring tool
- Bending Irons
- Shoe Horn
- Goniometer

Textbooks may be required for clinical coursework. Students will be notified in advance of any additional material required for clinical courses.

## Risk Management

The cost of professional liability insurance is included in the annual fees charged to all students enrolled in Baylor-sponsored educational programs. Adequate malpractice coverage is in effect for each student at the time that each student begins his or her involvement with patients during the pre-clinical phase of the program. All clinical preceptors and affiliated institutions are provided with proof of liability insurance prior to students beginning rotations. Should a preceptor or institution have any questions regarding liability insurance, promptly refer them to Tonya Morris in the O&P Program office (713-798-3098).

In the event a student is injured or involved in the care of a patient for whom there is an adverse event or outcome and concern exists about the potential for a liability claim, the student should follow the following procedure:

1. If an incident occurs regarding medical care to a patient or visitor at a clinic or hospital in which a Baylor employee, student, faculty member, staff member, or fellow is involved, Baylor Risk Management should be contacted by phone at **713-798-4509**. **BCM Risk Management** will document the information for the BCM Professional Practices and Education subcommittee for quality improvement (QI) purposes. This will couch the information in QI privilege that will also protect it from discovery if a lawsuit is filed.
2. The second type of incident report also involves a patient or visitor at a clinic or hospital but does not center on the Baylor employee or clinician's medical care. An example would be the Baylor employee witnessing a fall. The Baylor employee, student, faculty member, staff member, or fellow may be asked to fill out the clinic or hospital's incident report for their QI process.
3. The third type of incident is that which occurs to a Baylor employee, student, staff member, faculty member, or fellow injured during the course and scope of their position with Baylor. In this case, the Baylor Incident/Accident Report is immediately completed for an on-the-job injury and sent to Sandra Parker (713-798-3361), Workers' Compensation Administrator,

NABS 0-104. Send the report promptly so that it is received by the following day at the latest. The supervisor is required to fill out the Supervisor's Investigation Report, and the employee is encouraged to contact the Baylor Occupational Health Program physician immediately (713-798-8945). The physician will either ask the employee to come to the clinic to be examined and treated or refer the employee to another physician or to an emergency facility.

4. Important guidelines:

- a) In incidents involving patients, understand that what you write may be released to third parties. Therefore, adhere to proper charting techniques: be objective, factual, and accurate. Do not speculate about the cause of the occurrence or criticize others. Write only information that is or should be in the medical record; i.e., name of patient and the date, time and location of the event. For all other parts of any incident report form that is requested, refer to the chart. Write where applicable: "see my progress note of (time and date)" or "see the operative report of (date)" or "see my order of (time and date). If you do not chart, write exactly what you saw with no speculations; i.e., "At 12:45 on 07/07/00, I saw a man dressed in a hospital gown lying on his back on the floor in the 6<sup>th</sup> floor Urology unit in a pool of fluid. Four hospital personnel were assessing him..."
- b) In incidents involving visitors in a hospital or clinic, the visitor should be referred to the appropriate part of the hospital for treatment; e.g., the emergency center. If you examine the visitor, who may now become a patient, a medical chart should be created and the above guidelines should be followed in completing the incident report.

For risk management reasons, consider the details of the event to be a confidential matter. Do not share them with your classmates, your instructors, or O&P Program administration unless directed to do so. Information you relate to others is often discoverable.

# SECTION 3

## Baylor College of Medicine General Policies and Procedures

Orthotics and Prosthetics Program

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### **Alcohol and Substance Abuse**

The use of alcohol and other drugs, even infrequently, can seriously damage one's health. In response to these facts, the College has an established formal Substance Abuse Policy that is published in the School of Health Professions (SAHS) O&P Program Student Handbook (p 45). Specifically, students and employees of the College may not unlawfully manufacture, distribute, dispense, possess or use controlled substances or alcohol on campus. Any individual who violates this prohibition is subject to disciplinary action. Sanctions may include expulsion or firing from the College, mandatory participation in an alcohol/drug abuse assistance or rehabilitation program, as well as referral of the matter to law enforcement agencies for prosecution.

### **Student Drug Testing Policy**

In keeping with BCM's Substance and Alcohol Abuse Policy: (M02.5.34), all applicants to and students enrolled in Baylor College of Medicine's Medical School or School of Health Professions are required to provide documentation of a negative drug screen as a contingency for acceptance into and continued enrollment in their respective programs.

#### **Rationale**

1. Baylor College of Medicine has a responsibility to protect the health, safety, and welfare of society and the patients we serve. An assessment of a student's suitability to function in a clinical setting is necessary to promote the highest level of integrity in health care services.
2. Clinical facilities are increasingly requiring drug testing on individuals who supervise care, render treatment, and/or provide services within the facility.
3. Clinical rotations are part of the core curriculum in BCM's health professions education programs. Students who cannot participate in clinical rotations due to a positive drug test are unable to fulfill the requirements of the degree program. Therefore, these issues need to be resolved prior to a commitment of resources by the college and the student.
4. Additional rationale for drug testing include; (a) detecting illicit drug use, (b) performing due diligence and competency assessment of all individuals who may have contact with patients and/or research participants; (c) meeting the public demands for greater diligence in clinician training; and (d) partial assessment of professionalism, a core competency graduation goal.

#### **Health Professions Student Drug Testing after Matriculation**

Health Professions students can be requested to submit to a drug test for cause throughout their course of training (see BCM Substance and Alcohol Abuse Policy: M02.5.34).

If a faculty member or other member of the health care team believes there is concern for drug use, this should be communicated to the Orthotics and Prosthetics Program Director or his/her designee. The Program Director will contact the Director of the Occupational Health Program for consultation on whether or not the student's behavior causes reasonable suspicion of substance abuse (drugs or alcohol) and warrants a drug test.

A student on Leave of Absence (LOA) from their degree program for a period of more than one year may be required to take a drug test before being permitted to resume their course of study.

Health Professions students will be provided with the necessary instructions and consent forms for the required drug testing.

### **Operational Accountability**

The Director of the Occupational Health Program will be responsible for administering the drug testing. Testing will be done using chain of custody forms for specimen collection and conducted by a BCM-approved vendor(s) collection site(s). The drug testing shall include testing for a panel of drugs as determined by the Substance Abuse Assistance Council and any additional substances as determined by the Director of the Occupational Health Program in consultation with the Program Director. Results from any company or government entity other than those designated by Baylor College of Medicine will not be accepted. Laboratory analyses will be done using a Substance Abuse and Mental Health Services Association certified lab with testing results sent to the Director of the Occupational Health Program, who will send a confirmation report to the Dean of the School of Health Professions and the student's Program Director.

### **Positive Drug Test**

Any Health Professions student with a positive drug test will be reported to the Dean of the School of Health Professions and the student's Program Director. The student will be immediately withdrawn from all classroom and clinical activity.

**O&P Students:** Positive drug test results will be handled in accordance with the Substance and Alcohol Abuse Policy of BCM as published in the SAHS Orthotics and Prosthetics Student Handbook. In addition, the O&P Program Director shall cooperate with the Texas Medical Board to the extent required by law. If allowed to return to the program, any student who has a second positive drug test will be dismissed from the college.

### **Falsification of Information**

Falsification of information will result in immediate dismissal from the degree program.

### **Confidentiality of Records**

Drug testing reports are confidential and will be maintained by the Occupational Health Program.

### **Recordkeeping**

Educational reports of a positive drug test shall be retained in a secure location in the Registrar's Office until two (2) years after graduation or withdrawal from BCM. Test results and records are

subject to the Family Educational Rights and Privacy Act (FERPA) regulations. For additional information on FERPA, please see <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

## **Disability Accommodations**

Students with documented disabilities who wish to request accommodations under Section 504 of the Rehabilitation Act or the Americans with Disabilities Act should contact the Dean of Students to discuss the accommodations process. See formal policy guidelines in SAHS O&P Program Student Handbook.

## **Good Academic Standing**

The procedures for administering examinations, assigning grades, and reviewing student performance are under the purview of the Health Professions Promotions Committee. The primary responsibilities of the Committee encompass:

- Setting academic standards required for promotion forward and graduation from each of the Health Professions Programs offered by the College.
- Setting requirements for remedial work, academic course load for students whose academic work is unsatisfactory, or dismissal of such students.
- Ensuring that each Health Professions student demonstrates the academic and personal qualities of a competent Nurse Anesthetist, Physician Assistant, or Orthotist / Prosthetist.
- Reviewing the system of student performance evaluation on a regular basis, e.g.: grading system and narrative summaries.

The Committee meets as necessary, but at least once each academic period, to review the academic progress of each enrolled student.

In the case of a student whose academic and/or non-academic performance has been unsatisfactory in one or more courses or a selective, the Committee may require the student to:

- Take a special make-up examination;
- Be placed on Academic Warning;
- Be placed on Academic Probation;
- Enroll in a remedial course of study;
- Repeat specific courses or rotations, even if previously passed;
- Repeat an academic year of study;
- Be dismissed from study at the institution; or
- Withdraw.

All of the above actions are the prerogative of the Committee. Actions other than those described above may also be taken.

In order to begin clinical rotations, a student must earn a passing grade in all courses in the pre-clinical (didactic) phase of the O&P curriculum and score a satisfactory grade on the Clinical Readiness Exam, or CRE. All grades included on the transcript are counted, including remedial and repeat grades.

## **Leave of Absence**

The faculty of the O&P Program recognizes that there are situations when a student may require time away from the Program. The mechanism by which a student may be away from the Program for more than two or three days is the leave of absence. Such leaves are granted for a maximum of one year with the approval of the Health Professions Promotions Committee. Students considering a leave of absence should arrange a meeting with the Program Director to discuss the matter. Approval of a period of leave requires that the affected student complete specific paperwork through the Office of Student Affairs and the Financial Aid Office. A formal written letter or email must be received by the Office of Student Affairs 30 days prior to termination of the period of leave indicating the student's intent to resume studies as scheduled. A student who fails to return within the designated time must reapply for admission. For more information, see the Academic Policies and Procedures section of the [SAHS O&P Program Student Handbook](#).

## **Pregnancy**

Students who become pregnant while enrolled in the O&P Program are advised to notify the Program Director as soon as possible. Because there is always some risk of exposure to infectious disease and/or known teratogens, it is important that the student take the necessary precautions to avoid harm to the fetus.

When in the clinical phase of the O&P curriculum, a pregnant student has several options:

- Continuing with clinical rotations provided a signed physician's statement indicating the student's physical ability to continue has been submitted to the O&P Program Office, and/or
- Continuing the clinical phase of the curriculum through the seventh month of pregnancy followed by a leave-of-absence delaying completion of the balance of the O&P Program curriculum.

Regardless of which option the pregnant student selects, all program requirements must be completed before the College may award the Master of Science degree.

## **Student Code of Conduct**

The faculty of the College views development of professionally capable, intellectually mature, and socially conscious students as the best indicator of educational success. In this regard, the College has established a detailed statement of student responsibilities and sanctions for academic and non-academic conduct inconsistent with the standards of the College. These standards are summarized below:

- Academic misconduct includes cheating, plagiarism, attempting to obtain an examination prior to its administration, providing assistance to another person without authorization, receiving assistance from another student without authorization, submitting another person's work as one's own, falsifying laboratory results, or attempting to falsify the record of one's grades or evaluations.
- Non-academic misconduct includes the inappropriate possession or intentional destruction of College property, infliction or threat of bodily harm, forcible entry to or unlawful use of College

premises, possession or consumption of alcohol, stealing, falsifying documents, possessing or storing firearms or dangerous weapons, misrepresentation of facts to the Student Faculty Review Board, and the use of illicit drugs.

A student may be placed on probation, suspended, or dismissed from BCM for both the academic and non-academic reasons stated in the [SHP O&P Program Student Handbook](#).

## **Sexual Harassment**

Sexual harassment is a form of discrimination that consists of unwelcome verbal, non-verbal, or physical contact of a sexual nature that has the effect of interfering with student or employment status by creating an intimidating, hostile, or offensive work or learning environment. The College prohibits any member of the College Community, male or female, from sexually harassing another employee, student, or other person dealing with the institution. The specific policy on Sexual Harassment can be found in the Human Resource policies on the BCM Intranet.

## **Baylor Clinic Family Medicine Express Care Center**

The Department of Family and Community Medicine has opened a clinic providing same-day service, available to all Baylor employees, students, residents/fellows and their family members.

The Express Care Center (ECC) is located on the 12th floor of the Baylor Clinic, 6620 Main Street, Suite 1250. Hours of operation are Monday through Friday, 12:30 PM-4:00 PM. Occasionally they are open 9:30 AM-11:00 AM.

The Express Care Center will focus on urgent treatment of illnesses. It is not for "routine" check-ups or chronic disease management. The goal of the center is to see patients on the day an appointment is requested. Call 713-798-WELL (9355) to schedule an appointment. Patients may walk-in; however, to minimize waiting time, appointments are encouraged and there are a limited number of walk-in appointments available.

Most insurance plans offered through BCM to employees are accepted in the Express Care Center. Unfortunately, UNICARE HMO participants with a Kelsey Seybold PCP are not covered at the ECC. Any co-payments required by insurance will be collected at the time of service.

## **Social Media Policies**

Before creating or participating in social media, students are highly encouraged to familiarize yourself with social media policies, based on existing BCM policies, including:

- [BCM Policies and Procedures](#)
- [Code of Conduct](#)
- [Acceptable Use Policy](#)

These policies address but are not limited to: blogs, FaceBook, MySpace, Wikipedia, Twitter, LinkedIn, YouTube, Google Plus, and other similar services.

### In general, a student should not:

- Disclose confidential patient Protected Health Information. Do not make public comment about the care of any patient or participation of any research volunteer. This is a federal offense and is the basis for immediate dismissal.
- Engage in any form of harassment, derogatory, or inflammatory remarks about an individual's race, age, disability, relation, national origin, physical attributes, sexual preference, or health condition.
- Violate copyrighted or trademarked material. If you post content, photos, or other media, you are acknowledging that you own or have the right to use these items.
- Promote personal projects or endorse other brands, causes, or opinions as a BCM employee.
- Use the official BCM logo on any social media site without the approval of Institutional Web Management.

### Facebook

- Do not think of your Facebook account as private. As a rule, never write anything you wouldn't want published on the front page of a newspaper. Do not participate in any online quizzes, personality tests, or other promotions that allows third parties to gain access to your content.
- A Facebook page cannot be created in lieu of an .edu site. Facebook pages and other social media tools are to be used as supplements to the .edu presence.
- If you are interested in setting up a Facebook page, contact Institutional Web Management.
- Links to Facebook pages from an .edu page will only be approved if that FB page has been set up by the Web Management group.
- All BCM Facebook pages should include a link to [www.bcm.edu](http://www.bcm.edu).

### YouTube, Flickr, and other photo/video sharing networks

- Use of external web sites for work-related purposes such as a photo sharing through Flickr and YouTube must first be approved by Institutional Web Management in conjunction with the Office of General Counsel.
- BCM has an official YouTube channel. To post a video, submit it to [pa-webteam@bcm.edu](mailto:pa-webteam@bcm.edu).

YouTube recommends the following settings for the best results:

Video Format: H.264, MPEG-2 or MPEG-4 preferred Aspect Ratio: Native aspect ratio without letterboxing (examples: 4:3, 16:9)  
Resolution: 640x360 (16:9) or 480x360 (4:3) recommended Audio Format: MP3 or AAC preferred Frames per second: 30 Maximum length: no more than 10 minutes (2-3 minutes ideal) Maximum file size: 1 GB

Videos considered overly self-promotional in nature, including but not limited to infomercial-type videos, will not be approved because they put the bcm.edu domain at risk of being blacklisted by YouTube.

### Google

Use of Google groups, calendars, documents, and other tools are not allowed for the posting of BCM web site content. The BCM content management system, SharePoint, and Active Data Calendar provide solutions and per BCM policy, keeps BCM content on BCM servers.

## For Physicians and healthcare-related professionals

Special guidelines have been noted with physicians and other health providers in mind.

- Do not give medical advice using social media. Let individuals with health inquiries know the importance of online health privacy and the legal implications to you. When possible, refer patient inquiries to BCM MyChart for secure messaging and medical advice.
- Limit contact with patients or potential patients who reach out to you via Facebook, Twitter or other social media avenues. Remember, there is no clear line between your work life and your personal life on Facebook. Even if you block access to your site there is no guarantee personal information will be kept confidential.
- Document any patient contact. Any attempt of a patient to discuss clinical matters via a social media platform should be documented in the patient's medical record.
- It is important to note anything and everything you send is recorded and can be traced back to its author in one way or another.

BCM reserves the right to amend terms, conditions, policies, and guidelines over time to address the changing online environment and issue revisions to the policies.

# SECTION 4

## Evaluation in the O&P Clinical Phase

### Orthotics and Prosthetics Program

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Program evaluation is an essential part of assuring the ongoing quality of an educational program and is required to meet program accreditation standards. One of our responsibilities as faculty members of the College is to systematically review the effectiveness of the education provided all students enrolled in the O&P Program. The assessment process is used to judge the program's compliance with the standards and guidelines for accreditation, provide continuous quality improvement, and assess a graduate's readiness for practice.

### Clinical Examinations

All examinations given to students enrolled in the O&P Program are done so in the name of the Program, the School, and the College. Instructors give written and skill-based exams to measure student performance at the end of each clinical rotation. Students must be present for all written and practical assessments of knowledge and skills.

Clinical students may only be excused from taking an examination secondary to the death of a family member and, sometimes, due to a student's acute illness. Documentation by an appropriate health care provider must be provided to the responsible faculty member and the Program Director in cases of acute illness. Excused absences resulting in missed clinical examination(s) will be made up at a time designated by the faculty member supervising the associated clinical rotation(s). However, students who miss examination(s) for reasons that do not constitute an approved absence will receive a grade of "0" for the exam missed. Furthermore, re-examination in any course for a student who has been dismissed, suspended, or is on leave of absence is contrary to existing policy.

### Planning and Self Reflection

As a healthcare professional, it is essential that a portion of your time be used to self-assess your own competency as a practitioner. You can do this as part of the self-reflection process and as a component of the end-of-rotation evaluations. The instrument used to assist you with this process is the Student Competencies Self-Assessment. This self-evaluation form is completed electronically at the end of each rotation. The instrument explores your perception of your ability to function in a number of clinical and professional roles. You can use this information to track your perceptions about your changing abilities over time and guide your goal-setting process.

### Grading System

In clinical courses, clinical rotations and clinical selective rotations, grades are rendered as follows:

Grade	Score Range	Quality Points	Interpretation
A	90 – 100	4.0	Exceptional performance
B	76 – 89	3.0	Performance meeting expectations
C	70 – 75	2.0	Minimally passing performance

D	65 – 69	1.0	Performance below expectations
F	0 – 64	0.0	Unsatisfactory performance

## Site Visits

Students and/or clinical sites may be visited by an O&P Program faculty member during the clinical year. Students and/or preceptors may also request a site visit from an O&P Program faculty member at any time during any term.

Should a student fail to achieve a passing score on either portion (professionalism or clinical knowledge and skills) during a site visit, the O&P student will be re-evaluated. If the student remains unable to exhibit core competencies during the return site visit, the O&P Program faculty will determine an appropriate remedial plan and/or the student may be referred to the Health Professions Promotions Committee for action. Serious questions about the student's capacity to perform in the clinical setting may result in the suspension of clinical privileges by the Program Director, an action requiring a review and appropriate action by the Promotions Committee.

## Performance Evaluation Process

The process of student performance evaluation is ongoing throughout each clinical rotation. Preceptors should conduct a review with the student at both the mid-point and the end of rotations. Informal evaluation occurs each time a student and preceptor interact. The formal evaluation focuses upon the manner in which the student interfaces with patients and with others in the clinical setting, the quality of the oral presentations and written charting notes, the thought process associated with the analysis of patient information, and the skills exhibited when asked to assist with or perform clinical procedures.

The rotation evaluation, using the *NCOPE Tracker Evaluation* form, should occur at the middle and during the final week for each rotation. The purpose of the mid-rotation evaluation is to review performance to date and to allow time for any corrective action mandated by the preceptor. Students often need to be proactive with preceptors to receive such review, by asking the preceptor at the beginning of the rotation to schedule a time with you for mid-rotation feedback.

Preceptors complete the same form at the end of the rotation and submit the evaluation form electronically. The final preceptor evaluation grade submitted accounts for a designated percentage of the final grade for the clinical rotation.

Additional clinical assessments include the: student site visit(s) conducted by O&P Program faculty, clinical assessment examinations (CAE), and clinical skills examinations (CSE). Successful completion of these measures, while not necessarily counted as part of a rotation grade, is required for graduation. Students with unsatisfactory performance on any of these measures may be referred to the Promotions Committee for further action.

## Clinical Rotation and Clinical Seminar Grading

At the conclusion of each rotation, the course director(s) shall render a grade for each clinical rotation undertaken, with a final grade of "B" required for each clinical rotation. The Clinical Rotation grades consist of 60% clinical performance and 40% professionalism, as rated by the clinical preceptor. Clinical Seminar grades are outlined by each seminar course director. Clinical students are required to meet the minimum standards outlined below for the written examination and the preceptor evaluation of student performance components for each clinical rotation.

### ***Preceptor Evaluation of Student Performance***

This structured evaluation is completed electronically through the NCOPE Tracker system and evaluates student ability to take a history, perform a physical exam, generate written documents, present and discuss cases, accomplish procedures, synthesize information, formulate management plans, interact with patients and other providers, and exhibit sound professional judgment. A minimum score of 76 is required on all clinical end-of-rotation preceptor evaluations of student performance. Students scoring less than a 76 on the end-of-rotation preceptor evaluation may result in revocation of clinical privileges by the Program Director and referral to the Health Professions Student Promotions Committee for further action.

### ***Additional Clinical Coursework***

The evolution of the clinical education program in the OP program at BCM requires constant evaluation and updating of the clinical coursework. Additional assignments, such as required conference calls, presentations, essays, or portfolios may be assigned. All such assignments will be announced in a course syllabus provided to students upon beginning a clinical course.

### **Evaluations Required by Students**

All students in the O&P Program are required each term to complete an evaluation for each instructor and preceptor involved within the clinical year and for each clinical course and rotation offered. Clinical rotation and preceptor evaluations must be completed by the stated deadline by every student enrolled in the clinical phase of the O&P Program curriculum.

### ***Student/Trainee Evaluation of Rotation and Preceptor***

The student completes this evaluation electronically at the end of each clinical term. It determines the ability of the rotation to help students understand defined clinical principles and develop technical skills, and the ability of the setting to strengthen student capacity to perform essential role responsibilities.

### ***Encounter documentation –NCOPE TRACKER***

NCOPE Tracker is used to keep a record of student involvement with patients, procedures, and devices fit. This tracking is mandatory for all clinical students in every clinical rotation.

NCOPE Tracker serves two vital purposes. First, it provides insight into the ability of each clinical site to provide a consistent minimum level of student experience over time. Secondly, data are used for responding to requests for clinical privileges from new graduates.

OP Program Faculty and the Program Director may review NCOPE Tracker reports for individual students at any given time period during the clinical year. Failure to use NCOPE Tracker to record each patient seen on each clinical rotation will result in a professionalism citation and may yield a failing grade for a rotation, for which students will be referred to the Promotions committee for further disposition and consequences.

### ***Student Self-Evaluation***

The instrument is used to document the student's perceptions of his or her knowledge mastery and competency attainment at fixed intervals (the end of each term) during the clinical phase of the curriculum.

### **Readiness for Practice**

The final area of information that you will be asked to provide to the program occurs following graduation. Sources of feedback are outlined below:

### ***Graduate Survey***

The Graduate Survey seeks information about the practice environment in which recent O&P Program graduates are employed and about the extent of the recent graduate's perceived impact on the delivery of O&P care within the practice setting. This instrument is typically completed during the 12<sup>th</sup> month following graduation from the program.

### ***Employer Survey***

The Employer Survey seeks information about the readiness of recent O&P Program graduates to function in the practice setting and to contribute to the delivery of health care. The instrument is completed by the supervising clinicians of program alumni during the 12<sup>th</sup> month following graduation from the program.

### **Clinical Academic Calendar**

Please see the most up-to-date clinical calendar as published by Baylor College of Medicine on the OP program website's clinical resources page.

### **Senior Days**

Senior Days take place on the last Tuesday and Wednesday at the end of each clinical term (CT). BCM faculty reserve the right to ask students to attend an additional third senior day, as needed. Senior Days activities include written exams, competency testing, lectures / presentations, enrichment learning activities, rotation orientations, and/or administrative tasks.

Activities may be scheduled any time from 8:00 AM to 5:00 PM on the dates below. Expect to be in attendance for the entire time, and **do not** make plans to depart early.

During the clinical phase of your education, the Program reserves the right to schedule activities that require your participation at any time other than the designated vacation weeks

# SECTION 6

## Appendix

### Standards of Accreditation for The Orthotic / Prosthetic Residency

From NCOPE, as adopted in 1993, and revised in 2011

#### Introduction/Definition

An orthotic and prosthetic residency program is a post graduate educational program centered on clinical training that results in the resident's attainment of competencies in the management of comprehensive orthotic and prosthetic patient care.

The reader of these standards should refer to the appended glossary for terms to further aid in the understanding of the terminology used in these standards.

The National Commission on Orthotic and Prosthetic Education (NCOPE) has adopted the following standards of accreditation by which all orthotic and prosthetic residency programs seeking accreditation are measured. To ensure compliance with the residency standards, the application process for new or renewal of an accredited residency program will include:

- review of the facility's accreditation status
- the online tracking system data (for renewal of accreditation)
- resident feedback (for renewal of accreditation)
- review of program assessment report (PAR)

NCOPE reserves the right to perform an onsite visit of the residency program to ensure compliance to the residency standards. The expense of the visit would be the responsibility of the residency program.

#### Standard I: Mission, Purpose, Objectives, Outcomes and Program Improvement

##### Mission

1.1 The program must have a mission statement that describes the overall purpose(s) of the program.

Required Documentation:

- Program's mission statement

##### Purpose

1.2 The program must be centered on clinical training that results in the resident's attainment of competencies in the management of comprehensive orthotic and prosthetic patient care.

The expected competencies are:

1. Exemplify the role of the orthotist-prosthetist in providing ethical patient-centered care by applying the ABC Code of Professional Responsibility in clinical practice experiences.

2. Use of sound judgment in regards to the safety of self and others; and adherence to safety procedures throughout the delivery of orthotic-prosthetic services.
3. Demonstrate an awareness of the humanity and dignity of all patients and related individuals within a diverse and multicultural society.
4. Demonstrate an understanding of clinical practice and practice management within the social, cultural, business and economic environment of rehabilitation services.
5. Demonstrate an understanding of the collaborative role of the orthotist-prosthetist as a member of the interdisciplinary rehabilitation team.
6. Demonstrate the ability to be a critical consumer of research and to integrate and use research findings as *evidence* in clinical practice.
7. Demonstrate the ability to integrate knowledge of the fundamental science of human function within the practice framework of assessment, formulation, implementation and follow-up of a comprehensive orthotic-prosthetic treatment plan.
8. Demonstrate the ability to make appropriate clinical decisions that lead to successful orthotic/prosthetic outcomes.
9. Demonstrate, in a systematic and effective manner, the ability to impart knowledge and instill confidence when providing education for patients and their caregivers, other health professionals, and the public at large.
10. Demonstrate the ability to participate in research activities through a working knowledge of the research process.
11. Document pertinent information in a manner that promotes efficient direction for patient care, supports effective collegial communication, and meets the requirements of legal, business and financial constraints.
12. Demonstrate competence in clinical and technical procedures necessary for orthotic/prosthetic practice.

**Objectives:**

- 1.3 The program must have the resident(s) meet the following objectives prior to completion of the program:

- 1.3.1 **Patient Evaluation/Assessment**

- The resident must demonstrate the ability to complete the following essentials of the patient evaluation process:

- 1.3.1.1 Perform a comprehensive assessment of the patient using standardized tools and methods to obtain an understanding of the individual's potential orthotic/prosthetic needs.
    - 1.3.1.2 Determine method and criteria for referring patients to other health care Professionals, if necessary.

- 1.3.1.3 Document services using established record-keeping techniques to record patient assessment and treatment plans, to communicate fabrication requirements and to meet standards for reimbursement and regulations of external agencies.
- 1.3.1.4 Establish a relationship and effectively communicate with the patient or caregiver to gather cogent and useful information for orthotic/prosthetic assessments.

#### **1.3.2 Formulation of Treatment Plan**

The resident must demonstrate the ability to integrate and apply foundational knowledge and patient information to direct orthotic/prosthetic management.

- 1.3.2.1 Synthesize and integrate foundational knowledge and evidence from literature with findings of the assessment of a patient.
- 1.3.2.2 Identify impairments or functional limitations, discern patient goals and determine related biomechanical objectives.
- 1.3.2.3 In collaboration with the patient, design an intervention plan and an appropriate orthoses/prostheses to meet the needs of the patient and the biomechanical objectives.
- 1.3.2.4 Demonstrate the ability to formulate a comprehensive treatment plan.

#### **1.3.3 Implementation of Treatment Plan**

The resident must demonstrate the ability to apply the necessary skills and procedures, including fabrication, to provide orthotic/prosthetic care.

- 1.3.3.1 Perform the necessary procedures and fabrication processes to provide prosthetic/orthotic services by using appropriate techniques, tools and equipment.
- 1.3.3.2 Discern the possible interaction between the device and the patient with respect to corrective and accommodative treatment.
- 1.3.3.3 Assess quality and structural stability of the orthosis or prosthesis based on the needs and goals of the patient.
- 1.3.3.4 Evaluate the fit and function of the orthosis or prosthesis, making adjustments as necessary to obtain optimal function and meet patient goals.
- 1.3.3.5 Perform transfer methods, initial gait and mobility instructions that provide for patient safety during appointments.
- 1.3.3.6 Provide effective instruction to patients, family members and caregivers on the care, use and maintenance of the orthosis or prosthesis, as well as skin care information and wearing schedules for the device.
- 1.3.3.7 Evaluate and document the level of patient comprehension of these instructions.

#### **1.3.4 Follow Up**

The resident must demonstrate the ability to develop and implement an effective follow-up plan to assure optimal fit and function of the orthosis or prosthesis and monitor the outcome of the treatment plan.

- 1.3.4.1 Provide continuing patient care and periodic evaluation to assure, maintain and document optimal fit and function of the orthosis or prosthesis.
- 1.3.4.2 Develop an effective long-term follow-up plan for comprehensive orthotic or prosthetic care.
- 1.3.4.3 Provide adequate education to assure the patient and caregivers understand the importance of adhering to the treatment plan and regular follow-up visits.
- 1.3.4.4 Document all interactions with the patient and caregivers.
- 1.3.4.5 Perform appropriate follow-up assessment and procedures.

- 1.3.4.6 Assess the function and reliability of the device using validated outcome measures as appropriate.

### **1.3.5 Practice Management**

The resident must demonstrate the ability to identify and observe policies and procedures regarding human resource management, physical environment management, financial management and organizational management.

- 1.3.5.1 Demonstrate knowledge of basic billing and coding procedures.
- 1.3.5.2 Demonstrate knowledge of applicability of federal and state legislation and regulations associated with orthotic and prosthetic services.
- 1.3.5.3 Demonstrate the ability to document clinical chart notes, legal compliance and insurance issues.
- 1.3.5.4 Demonstrate an understanding of how orthotists and prosthetists may deal with ethical and legal responsibilities related to patient management.
- 1.3.5.5 Demonstrate knowledge of the terminology specific to Medicare, with an understanding of L-coding history and usage, state regulations and third-party insurance reimbursements.

### **1.3.6 Professional/Personal Development**

The resident must be able to articulate the importance of personal and professional development including the following areas:

- 1.3.6.1 Lifelong learning with the goal of maintaining the knowledge and skills at the most current level
- 1.3.6.2 Engagement in community service
- 1.3.6.3 Engagement in service to and development of the profession
- 1.3.6.4 Attention to personal coping skills and potential for compassion fatigue
- 1.3.6.5 Exemplification of professional responsibility and ethics
- 1.3.6.6 Advocacy for and engagement in research to support the profession

## **Outcomes**

1.4 At the end of the accreditation cycle NCOPE will collect and report the program outcomes for the purpose of assessing the success and need for improvement of the program. The program will be evaluated on the following outcomes:

- Completed residents and their certification designation
- Residents that were released prior to completion of the residency
- Clinical exposures the residents received, as recorded by NCOPE's online tracking system

## **Program Improvement**

1.5 The program must complete a Program Assessment Report mid way through it's accreditation cycle to determine the degree to which it has attained its mission and residency objectives and to identify areas for program improvement.

- 1.5.1 The accreditation cycle is five (5) years

Required Documentation:

- Program Assessment Report (PAR)

## **Standard II: Residency Requirements**

## **Residency Term**

### **2.1 Residency term requirements**

2.1.1 For dual discipline programs, the term of the program must be equivalent to a minimum of 18-months full-time training *and* residents must meet the competencies in both disciplines. Full-time is defined as a minimum of 37.50 hours a week. In a dual program, there cannot be less than 40% of exposure in either discipline.

2.1.2 For single discipline residency programs, the term of the program must be equivalent to a minimum of 12-months of full-time training (per discipline) *and* residents must meet the competencies in the given discipline. Full-time is defined as a minimum of 37.50 hours a week.

2.1.2.1 For resident's extending their credential, they may spend 50% of their time in their certified discipline and 50% of their time in their residency discipline. The length of the program is still 12-months with a minimum of 20 hours a week in the residency discipline. NCOPE, at its discretion, may require verification of the time spent in the residency discipline by the resident. The verification could include, but is not limited to, patient logs, appointment schedules, or payroll documentation.

2.1.3 Residency may be completed part-time, which is considered greater than or equal to 20 hours but less than 37.50 hours a week. However, the residency program must be completed within 36 months for a dual discipline program and 24 months for a single discipline program.

2.1.4 Alternate residency structure will be considered after review of written request and as deemed appropriate by the NCOPE.

## **Residency Conditions**

2.2 The resident's involvement in patient care must be sufficient to enable the mission and objectives of the program to be fulfilled.

2.2.1 Patient care provided by the resident and the mentor must be consistent with current clinical care guidelines and accepted standards of practice which are established through accreditation of the practice.

Required Documentation:

-Patient log utilizing the electronic residency tracking program

2.3 The resident must be supervised in the delivery of patient care services by a resident mentor (resident mentor is defined in section 4.2).

2.3.1 The resident must be given progressively increasing responsibility in the delivery of patient care services based upon demonstrated clinical competence.

Required Documentation:

- Documented privileging policy that complies with the program's facility accreditation and state licensure.

## **Competencies and Experiences**

2.4 The resident must obtain competence, through clinical experiences, in order to provide independent patient care. Competence is defined as having sufficient knowledge, judgment and skill to provide appropriate treatment interventions.

2.4.1 Residents must receive exposure to the following patient populations: pediatrics, adult and geriatric. They must also receive exposure in managing congenital, acute and chronic pathologies.

2.4.2 Resident orthotists must receive clinical experience managing patients with treatment modalities including upper-limb, lower-limb and spinal orthoses.

2.4.2.1 In order to successfully complete a residency, resident orthotists are **required** to attain **competency** in managing patients who require the following orthoses:

- Custom foot orthosis
- Custom ankle-foot orthosis
- Knee orthosis
- Custom knee-ankle-foot orthosis
- Custom thoraco-lumbo-sacral orthosis
- Custom scoliosis orthosis
- Upper limb orthosis

Required documentation:

- Resident Clinical Competency Evaluation Form for each orthosis as entered into the electronic residency tracking system.

2.4.2.2 Resident orthotists are required to attain orthotic **experience** managing patients who require the following orthoses:

Foot orthosis	Hip orthosis
Ankle-foot orthosis	Cervical orthosis
Knee orthosis	Thoraco-lumbo-sacral orthosis
Knee-ankle-foot orthosis	Lumbo-sacral orthosis
Scoliosis orthosis	Wrist-hand orthosis

Required documentation:

- Patient log utilizing the electronic residency tracking system.

2.4.2.3 It is **recommended** that resident orthotists attain orthotic **experience** in managing patients who require the following:

Hip-knee-ankle-foot orthosis	Seating systems	Footwear
Shoulder-elbow orthosis	modifications	Cervical-
HALO	thoracic-lumbo-sacral	orthosis
Fracture management	Wound care	management
Standing frames		

2.4.3 Resident prosthetists must receive clinical experience managing patients with treatment modalities in upper-limb and lower-limb prostheses.

2.4.3.1 In order to successfully complete a residency, resident prosthetists are **required** to attain **competency** in managing patients who require the following prostheses or care:

- Transtibial prosthesis
- Transfemoral prosthesis
- Upper limb prosthesis
- Symes and/or partial feet prosthesis
- Post operative care

Required documentation:

- Resident Clinical Competency Evaluation Form for each prosthesis as entered into the electronic residency tracking system.

2.4.3.2 It is **recommended** that resident prosthetists attain prosthetic **experience** in managing patients who require the following prostheses:

- Externally powered prosthesis
- Immediate postoperative
- Various joint disarticulations

## 2.5 Technical Competencies

The resident must obtain competence through technical experiences in order to assure the orthoses/prostheses associated with the treatment plan are fabricated and assembled appropriately. This must include knowledge regarding warranty, maintenance and repair of orthoses/prostheses. Competence is defined as having sufficient knowledge and skill to perform or direct fabrication and assembly of appropriate orthoses/prostheses.

Required documentation:

- Technical Skills and Safety Competency Form

2.6 The resident must complete professional activities that include the following:

2.6.1 Either give an O&P Awareness presentation or volunteer for an O&P organization (humanitarian or professional)

**AND**

2.6.2 Complete **one** of the following:

### **Clinical Track**

2.6.2.1 Every quarter (total of four for 12 month and total of six for 18 month programs) one of the following activities must be completed:

- Critically Assessed Topic (CAT)
- Journal club presentation
- Case presentation
- Professional in-service

- Presentation at grand rounds, state, regional, national or international meeting

-Required Documentation

Director's Quarterly Evaluation of the Resident entered into the electronic residency tracking system

**OR**

**Research & Development Track**

2.6.2.2 A directed study spanning the course of their residency which will include quarterly updates.

-Required Documentation

- Director's Quarterly Evaluation of the Resident entered into the electronic residency tracking system
- Directed Study Cover Sheet and Statement Forms
- Submission of completed project

**Standard III: Administration and Resources of the Residency Program**

3.1 An O&P facility and any affiliate location(s) must be accredited by an organization that accredits Comprehensive Orthotic and Prosthetic Patient Care Services and requires a Commission on Accreditation of Health Professions Education Programs (CAAHEP) accredited orthotic and prosthetic education for orthotists and prosthetists, in order to participate in the residency program.

Potential residency sites outside the United States will be assessed on an individual basis. NCOPE, at its sole discretion, will determine if the site is appropriate to house part or all of a residency. One of the criteria used will be the education of the professional staff. ISPO category I level education will be the benchmark used for this determination

Required Documentation

- A copy of the accreditation certificate

3.2 The program must have a written selection procedure including admission eligibility criteria which must be provided to the applicants when requested.

3.2.1 Admissions eligibility criteria must include the requirement that prior to admission, applicants have graduated from an orthotic and prosthetic education accredited by CAAHEP/National Commission on Orthotic and Prosthetic Education (NCOPE) within the past 10 year eligibility period. Applicants that meet these criteria but are beyond the 10 years may appeal to the NCOPE for admission.

3.2.1.1 An alternative pathway may be available, upon petition to NCOPE by an educational program, where by the residency is integrated within the master's level program.

3.2.2 For applicants that received their education outside the United States and do not have a CAAHEP degree, their education has to be translated by the World

Education Service ([www.wes.org](http://www.wes.org)) and the equivalency must equal a baccalaureate degree in orthotics and/or prosthetics at a program in the United States.

3.2.3 Non-discrimination policies must be followed in selecting residents.

3.2.4 The program's publications, advertising and student recruitment materials and activities must present an accurate representation of the program.

Required Documentation:

- Selection procedure/admission to residency program

3.3 Applicants to the residency program must be provided the program's policies regarding the duties and obligations of the resident, including:

3.3.1 Duration of the resident's training program

3.3.2 Expected weekly hours of resident's attendance including on-call duties

3.3.3 Resident's compensation, which cannot be contingent upon productivity of the resident

3.3.4 Resident's health, professional and leave benefits

3.3.5 Resident's professional liability protection for both internal and external clinical settings

3.3.6 Requirements for residency completion and awarding of certificate

3.3.7 NCOPE's philosophical position continues to be non-supportive of Resident Practitioners being obligated to sign non-competition agreements as a condition of employment. However, NCOPE recognizes Residents are employees of, and receive salary and benefits from, their residency program. As employees, in most states they can be asked to sign valid non-compete agreements. Programs must provide full disclosure of non-compete if required of resident prior to admission.

Required Documentation:

- Resident Agreement

3.4 The resident's orientation to the program must include information on:

3.4.1 Clinical practice protocols

3.4.2 Infection control

3.4.3 Facility safety policies

3.4.4 Counseling, remediation, and dismissal of the resident

3.4.5 Receiving, adjudicating, and resolving resident complaints

3.4.6 Due process provided to the resident on adverse decisions

3.4.7 The program's calendar, including the program's start date, end date and significant deadlines for program requirements

3.4.8 Criteria used to assess resident performance

Required Documentation:

- Orientation procedures
- Documents and/or policies addressing the above items provided to resident
- Written policy regarding (and, if applicable, records of) receiving, adjudicating and resolving resident complaints.

3.5 The resident must receive both quarterly and competency evaluations.

Required Documentation:

- 6 quarterly evaluations for dual discipline
- 4 quarterly evaluations for single discipline
- 7 orthotic clinical competency evaluations
- 5 prosthetic clinical competency evaluations
- Technical skill and safety competency evaluation
- Final evaluation form

3.6 The physical facilities, equipment, and support from ancillary staff must enable the mission, goals and objectives of the program to be fulfilled.

Required Documentation:

- Description of facilities, equipment and ancillary staff
  - o Include confirmation that residents will have daily and/or weekly access to a computer with internet access or the ability for the resident to bring personal laptop into the office and be provided internet access

3.6.1 If an individual facility is unable to provide the full scope of experience for the resident, the program must establish an affiliation with an additional site/location.

3.6.1.1 Affiliation sites and mentors must meet the standards for a residency program

3.6.2 A program must have in their affiliation agreement the following:

- Name of the affiliated site
- Names and qualifications of the mentor(s) involved in the residency program at the affiliated site
- Description of the experience the affiliated site will provide the resident
- The resident's schedule at the affiliated site
- Identification that the resident is covered for liability and malpractice at the affiliated site.

Required documentation:

- A formally executed affiliation agreement

3.7 The resident must have access to current educational and informational resources.

Required Documentation:

- Description of current educational and informational resources

3.8 In the event a residency is terminated prematurely or placed on hold, the residency director must submit appropriate documentation.

Required Documentation:

- Residency Director's Notification of Incomplete Residency

## **Standard IV: Faculty, Roles and Responsibilities**

- 4.1 The program must have a director whose qualifications and time dedicated to the program are adequate to provide educational guidance to the program. The director is responsible for the organization, administration, continuous review, planning, development and general effectiveness of the program.

#### **Qualifications for Residency Director**

- 4.1.1 Must possess a minimum of a bachelor's degree in O&P, post baccalaureate certificate in orthotics and/or prosthetics or a master's in O&P or be equivalent to ISPO category I.
- 4.1.1.1 For residency directors who were active on or before March 15, 2011, the director is exempt from the educational standard in 4.1.1.
- 4.1.2 Be credentialed in the profession of Orthotics & Prosthetics through a certification program accredited by the National Commission for Certifying Agencies (NCCA) or hold a professional license as is required by the state in which he/she is employed
- 4.1.3 Must have five years post certification or licensure experience
- 4.1.4 Must have completed the NCOPE Residency Director Online training course (to the extent that it is available)
- 4.1.5 Cannot be a currently registered resident

#### **Responsibilities**

- 4.1.6 Establish learning objectives
- 4.1.7 Maintain documentation of resident agreements
- 4.1.8 Monitor and approve documentation of resident's procedure log
- 4.1.9 Maintain printable documentation of evaluations, including regular assessments of resident performance
- 4.1.10 Provide these documents of the NCOPE Residency Review Committee or site visitors upon request
- 4.1.11 Notify NCOPE in writing of any changes that might significantly alter the educational experiences
- 4.1.12 Act as an adviser to residents for professional activities
- 4.1.13 Maintain and adhere to the residency accreditation standards

#### **Required Documentation**

- Director's Quarterly Evaluation of the Resident
- Final Evaluation of the Resident

- 4.2 The Resident Mentor(s) of the program must have the qualifications to educate and train the resident in accordance with the mission, goals and objectives of the program.

#### **Qualifications for Resident Mentor**

- 4.2.1 Must possess a state license, national certification or international recognition in the subject area being taught
- 4.2.1.1 When a resident's direct patient care is being assessed for competence, the resident mentor must be a state licensed or nationally certified Orthotist and/or Prosthetist with a CAAHEP accredited education or be equivalent to ISPO category I.
- 4.2.2 Must have three years post certification or licensure experience
- 4.2.3 Must be principally located at the residency training site
- 4.2.4 Must have completed the required modules of the NCOPE Residency Online

## Training Course

4.2.5 Cannot be a currently registered resident

### Required Documentation:

- Abbreviated biographical sketch for each resident mentor with whom the resident interacts daily.
- Certificate of completion of Training Modules

### **Responsibilities**

4.2.5 Participation in development of learning objectives

4.2.6 Supervise the resident during patient care

4.2.7 Evaluate resident on an ongoing process

4.2.8 Carry out the goals and objectives of the residency

4.2.9 Act as an adviser to residents for professional activities

4.2.10 The mentors must have sufficient time dedicated to the program to educate and train the resident

### Required Documentation:

- Mentor Quarterly Evaluation of the Resident Form (every three months)
- Residency Clinical Competency Forms (as competency is attained)
- Technical Skills & Safety Competency Form

4.3 The mentor-to-resident ratio must not exceed one mentor to two residents.

## **Standard V: Residents**

5.1 The resident must be registered with NCOPE before the start of residency program.

5.2 The resident must participate in patient care, under supervision, commensurate with his/her level of advancement and responsibility and adhere to policies and procedures of the residency site.

5.3 The resident must maintain their procedure log online.

5.4 The program must be evaluated by the resident quarterly.

### Required Documentation:

- Resident's Quarterly Evaluation of Residency

5.5 Must adhere to ABC's Code of Professional Responsibility.

5.6 In the event a residency is terminated prematurely or placed on hold, the resident must submit appropriate documentation.

### Required Documentation:

- Patient log utilizing the electronic residency tracking system
- Resident's Evaluation of Residency Form
- Resident Notification of Incomplete Residency Form

5.7 At the conclusion of the residency, the resident must submit the appropriate documentation.

Required Documentation:

- Resident's Final Evaluation of Residency
- Submission of directed study for the Research & Development Track in 2.6.2.2

### **Revision of the Residency Standards**

NCOPE is committed to conducting a valid and reliable accrediting process. Review and revision of the orthotic and prosthetic residency program standards is a regular part of NCOPE's activities. Programs or individuals who wish to suggest changes to the standards are invited to submit their suggestions in writing. The procedure for revision of the standards is as follows:

1. NCOPE will review the standards at least every five years.
2. As part of the standard review process, NCOPE will circulate contemplated changes to accredited programs, O&P schools, O&P sister organizations and other communities of interest. The comment period will be a minimum of 30 days.
3. Following review of comments on the standards, NCOPE may elect to recirculate a revised draft for additional comments. The comment period will be a minimum of 30 days.
4. When the comment solicitation and review process is complete, NCOPE will take action to adopt the standards.

NCOPE may review, revise, delete or add individual standards at any time it deems appropriate in accordance with the following process. If, through its system of review, NCOPE determines that it needs to change any individual standard or the standards as a whole, NCOPE will initiate the revision process within 12 months of determining that a change is necessary. NCOPE will complete the revision process in a reasonable period of time. Before finalizing any changes to the standards, NCOPE will provide notice to its constituency and other communities of interest and provide a response time of a minimum of 30 days to comment on the proposed changes. NCOPE will consider comments received from interested parties in the revision process.

## **Appendix C**

### **Glossary of Terms**

From NCOPE's *Standards of Accreditation for  
The Orthotic / Prosthetic Residency*

**ABC Code of Professional Responsibilities** - The ABC [Code of Professional Responsibility](#) is a set of principles which govern the professional, ethical and moral integrity of individuals and organizations engaged in the delivery of orthotic, prosthetic and pedorthic care. The Code applies to all ABC credentialed individuals and accredited facilities.

**Affiliated Site** – An O & P patient care facility that is not a part of the Host Residency site's organization. The affiliated site plays a critical role in filling experiential gaps in the mandatory clinical, technical or administrative areas of the residency training.

**Case Presentation** – A case study presentation given to colleagues within the residency program. A case study involves a particular method of research. Rather than using large samples and following a rigid protocol to examine a limited number of variables, case study methods involve an in-depth, longitudinal examination of a single instance or event. Case studies lend themselves especially to generating (rather than testing) hypotheses.

**Commission on Accreditation of Health Professions Education Programs (CAAHEP)** – CAAHEP is the largest programmatic accreditor in the health sciences field. In collaboration with its Committees

on Accreditation, CAAHEP reviews and accredits over 2000 educational programs in twenty-three (23) health science professions. NCOPE is a Committee on Accreditation within the CAAHEP system and the orthotist/prosthetist education level programs are accredited by CAAHEP.

Note: For orthotists and prosthetists that received their formal O&P education prior to the existence of CAAHEP, the education must have been attained under a program accredited by the Educational Accreditation Commission (EAC), the predecessor to CAAHEP's accreditation.

**Competency(ies)** - A specific range of skill, knowledge and ability to do something, especially measured against a standard.

**Comprehensive Orthotics and Prosthetics Patient Care Services**- O&P patient care that includes custom fabricated and custom fit prefabricated orthoses and/or custom fabricated limb prostheses.

**Critically Assessed (Appraised) Topic (CAT)** – A CAT is a brief summary of the most currently published research that is used to answer a specific clinical question. The author defines the scope of the CAT based on his/her knowledge of the topic and research at hand. The CAT is a brief critical appraisal of the literature. It may be used to inform clinical practice as a secondary knowledge source.

**Directed Study** –A detailed project that utilizes research methods and is supervised throughout the residency program. Types of projects for the directed study can be accessed at:

[http://www.ncope.org/assets/pdfs/definitions\\_directed\\_studies.pdf](http://www.ncope.org/assets/pdfs/definitions_directed_studies.pdf)

Resource by American Academy of Orthotists & Prosthetists Research Glossary for research definitions:  
<http://www.oandp.org/glossary/>

**Goals** – Focus on the general aims of the residency program that describe future expected outcomes or states. They focus on ends rather than means.

- **Goals** focus on the general aims of the program and curriculum
- **Objectives** focus on what you expect students to do/know at the end of instruction
- **Outcomes** focus on what students are able to do/know at the end of instruction (and for which you have supporting evidence)

**Independent Patient Care** –A resident will never provide completely independent patient care during their residency. The resident's independence is determined by the level of supervision the resident requires based on their competence and the patient care service(s) being provided. Once a level of competence has been obtained, the resident may move from direct supervision to indirect supervision. NCOPE would prefer indirect supervision be provided by an appropriately credentialed supervisor or mentor in the facility the resident is providing their patient care, but does not require the supervising credentialed individual to be on-site. The supervisor must be available for consultation throughout the patient care process. The supervisor must review the results of care and the documentation of the services rendered by the resident. The supervisor is responsible for countersigning all resident entries in the patient's clinical record within 15 days.

**In-service** – A presentation on a topic related to O&P given to a group of professionals at a local hospital, nursing facility, physical therapy office, or similar, with the intention of increasing the knowledge level of the attendees on the specific O&P topic.

**ISPO Category I** - The International Society for Prosthetics and Orthotics (ISPO) is a global Non-Governmental Organization that contributes throughout the world in all aspects of science and practices

associated with the provision of prosthetic and orthotic care, rehabilitation engineering and related areas. ISPO developed a professional profile and a categorization system that is based on levels of education and training the individual gains and avoids dependence on titles. To be recognized as a Category I Prosthetist/Orthotist, the following must be met:

- Entry requirement is a university entry-level (or equivalent, 12-13 years schooling) and
- 3-4 years of formal, structured training leading to University Degree (or equivalent.)

Resource reference for the organization of ISPO: <http://ispoint.org/>

Resource reference for Category I Information Package:

[http://ispoint.org/images/docs/education/information%20package%20cat%201\\_aug2007.pdf](http://ispoint.org/images/docs/education/information%20package%20cat%201_aug2007.pdf)

**Mission** – A brief statement of the primary intentions of the program. The mission should broadly define what the program is aiming to achieve.

**NCOPE** – National Commission on Orthotic and Prosthetic Education. NCOPE is the accreditation body for the O&P profession, who works in cooperation with CAAHEP for certain levels of practice within O&P. NCOPE develops, applies and assures standards for orthotic and prosthetic education through accreditation and approval to promote exemplary patient care.

**O&P Awareness presentation** – A presentation given to a group of students (middle school, high school or college) or other potential entrants into the field, with the intention of increasing their knowledge of the O&P profession.

Resource link for the presentation <http://www.opcareers.org/>

**Objectives** - Focus on what you expect residents to do/know at the end of the residency program

**Outcomes** - Focus on what residents are able to do/know at the end of the residency program (and for which you have supporting evidence)

**Patient Procedure Log-** The electronic recording (via NCOPE Tracker software) of all patient encounters, the services and devices provided and the level of resident involvement in this patient care.

**Professional Activity** – Activities that are related to the O&P profession but do not involve direct patient care or fabrication. NCOPE believes that involvement in these types of activities enhances a resident's education.

**Principally located** - Meaning the person is located at the given residency training site at least 60% of the time (or 60% of the time that the resident is at that particular site/facility). For example, if the resident spends two months of the residency at a particular office, a qualified resident mentor would need to be at that location at least 60% of that time.

**Residency Director-** The individual ultimately responsible for the residency program development, the coordination of learning experiences, and the guidance of the residents' progress from initiation to completion of the program.

**Resident Mentor** – A resident mentor is a certified or licensed O&P professional who is given the task of teaching the resident in his/he area(s) of expertise. A resident mentor should have not only the knowledge and skills necessary to teach a resident effectively, but he/she should also have the interest, energy and time to teach. A resident mentor is a somewhat broad term that could apply to several of the staff at the residency program. For example, a Certified Pedorthist can be a resident mentor if he/she meets the qualifications defined in section 4.2. **However**, there are *specific* resident

mentors who are allowed to supervise and assess a resident when his/her patient care abilities are being assessed for competence. It is only these specific resident mentors who are given access to NCOPE's online tracking system. These mentors must meet the qualifications defined in 4.2.1.1.

**World Education Service (WES)** – an organization that provides the service of reviewing a student's transcripts and prepares an evaluation report for NCOPE. The WES evaluation report compares your education from any country in the world to the U.S. system. The evaluation must show equivalence to a baccalaureate degree in O&P for an individual to enter residency. If the evaluation reports less than a baccalaureate degree, the individual will need to attend an accredited O&P program in the US. Information on WES and their services can be found at [www.wes.org](http://www.wes.org). The expense of the evaluation report is to be paid by the individual, not NCOPE.

## Appendix D

### Orthotics and Prosthetics Student Professionalism Form

\_\_\_\_\_  
Date Form Completed:

\_\_\_\_\_  
Course/Rotation Title:

\_\_\_\_\_  
Date Issue Discussed With Student:

\_\_\_\_\_  
Course Director/Preceptor Name:

\_\_\_\_\_  
Student Name (type or print legibly)

\_\_\_\_\_  
Course Director/Preceptor Signature:

**The student listed above has exhibited one or more of the following behaviors that need improvement to meet expected standards of professional orthotists and prosthetists.**

**Directions:** The student needs further education or assistance with the following (circle):

**1. Reliability**

- a. Fulfilling responsibilities in a reliable timely manner
- b. Learning how to complete assigned tasks
- c. Improving fund of knowledge

**2. Self-Improvement and Adaptability**

- a. Accepting constructive feedback
- b. Recognizing limitations and seeking help
- c. Being respectful of colleagues and patients
- d. Incorporating feedback in order to make changes in behavior
- e. Adapting to change

**3. Relationships with Students, Faculty, Staff, and Patients**

- a. Establishing rapport
- b. Being sensitive to the needs of patients
- c. Communicating with peers, staff, faculty, preceptors, and patients
- d. Establishing and maintaining appropriate boundaries in work and learning situations
- e. Relating well to fellow students in a learning environment
- f. Relating well to staff in a learning environment
- g. Relating well to faculty in a learning environment
- h. Respecting the confidentiality of patient information

**4. Upholding the Student Statement of Principles**

- a. Maintaining honesty
- b. Contributing to an atmosphere of learning
- c. Respecting the diversity of race, gender, religion, sexual orientation, age, disability, or socioeconomic status
- d. Resolving conflicts in a manner that reflects the dignity of every person involved
- e. Using professional language and being mindful of the environment
- f. Protecting patient confidentiality
- g. Dressing in a professional manner

**5. Other** \_\_\_\_\_

**Comments & Suggestions for Change:**

**This section is to be completed by the student:**

**I have read this evaluation and discussed it with by course director/clinical preceptor.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Appendix E

### Baylor College of Medicine Orthotics and Prosthetics Program ABSENCE REQUEST FORM

[https://bcmop.qualtrics.com/jfe/form/SV\\_0xJMEpcFAgZIGZD](https://bcmop.qualtrics.com/jfe/form/SV_0xJMEpcFAgZIGZD)

Please complete this form in order to request an excused absence or report an unexcused absence. Excused absences need to be requested at least two weeks in advance and need to be approved by your preceptor. If you are taking more than 1/2 day off for research it will need to be approved.

**Student Name:** \_\_\_\_\_

**Preceptor Name:** \_\_\_\_\_

**Rotation**

- Rotation 1  
 Rotation 2  
 Rotation 3

- Rotation 4  
 Rotation 5  
 Rotation 6

**Please indicate the days which you are requesting or the sick days that you missed. More than two sick days will require a note from a physician.**

---

**Are the days for research activities?**

- Yes  
No

**Please describe what you will be doing for research:**

---

Please submit your response. Your request will be reviewed by the clinical coordinator. You will receive notification within 48 hours. Please contact the program administrator if you do not hear anything.

## Appendix F

### Orthotics and Prosthetics Program Baylor College of Medicine

#### Preceptor Designation form

Please contact your preceptor NO EARLIER than three (3) weeks and NO LATER than one (1) week prior to the start date of your rotation.

Student name \_\_\_\_\_

Rotation / Dates \_\_\_\_\_

Preceptor name \_\_\_\_\_

Office address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Contact person \_\_\_\_\_

**AHEC Contact** \_\_\_\_\_  
**(if applicable)** \_\_\_\_\_

\_\_\_\_\_

Please contact the AHEC representative at least two (2) weeks, or as instructed by Tonya Morris, prior to the beginning of your rotation for housing information and reporting instructions. The AHEC rep will be happy to answer questions about your housing, the community, and your preceptor.

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Appendix G**

### **General Clinical Rotations Course Descriptions**

#### **Rotation 1: Technical Skills**

The focus of the first rotation is technical skills. These skills related to traditional hand skills, including casting and impression taking, mold modification, device fabrication, device assessment, and device adjustment. The clinical site assignment for this course will serve to meet a pre-determined portion of the program requirements for exposure to adult, geriatric, and pediatric patient populations, as well as to private, public, and institutionally owned practices. The didactic portion of the course will be a series of conference calls, webinars, and online discussions through Blackboard and other online platforms, and interaction with third-year students. Technical Scenario case questions will be answered and discussed weekly, as well as lecture content on technical skills. The students will be assessed through technical projects completed during the rotation participation in course discussions and online collaborations, and an in-person assessment related to their clinical rotation at the end of the rotation. They will also be required to submit goals, reflection on the completion of those goals, and case logs.

#### **Rotation 2: Patient Assessment and Development of a Treatment Plan**

The focus of the second rotation will be patient assessment and the generation of a treatment plan. Students will be guided through strategies of patient assessment, including history and physical assessment, and will discuss the resulting implications on a treatment plan. The clinical site assignment for this course will serve to meet a pre-determined portion of the program requirements for exposure to adult, geriatric, and pediatric patient populations, as well as to private, public, and institutionally owned practices. The didactic portion of the course will be a series of conference calls, webinars, and online discussions through Blackboard and other platforms, and interaction with third-year students. Patient evaluation and treatment plan case questions will be answered and discussed weekly, as well as lecture content on clinical decision-making and patient evaluation. The students will be assessed through documentation and reflection of assessment and plan development experiences completed during the rotation, participation in course discussions and online collaborations, and an in-person assessment related to their clinical rotation at the end of the rotation. They will also be required to submit goals, reflection on the completion of those goals, and case logs.

#### **Rotation 3: Practice Management**

The general focus of rotation 3 will be practice management, specifically issues related to contemporary practice and insurance, billing, ethical practice, office management, ancillary professionals, and the experience of orthotic and prosthetic care. The clinical site assignment for this course will serve to meet a pre-determined portion of the program requirements for exposure to adult, geriatric, and pediatric patient populations, as well as to private, public, and institutionally owned practices. The course will be a series of conference calls, webinars, and online discussions through Blackboard and other web platforms, and interaction with first-year students. Practice management questions will be answered and discussed weekly, as well as lecture content and guest speakers on business management, insurance practices, coding, and billing. The students will be assessed through assignments related to evaluation and analysis of their clinic's practice management, participation in course discussions and online collaborations, and an in-person assessment related to their clinical rotation at the end of the rotation. They will also be required to submit goals, reflection on the completion of those goals, and case logs.

### **Rotation 4: Professional Advancement**

The general focus of rotation 5 will be professional advancement in orthotics and prosthetics. Content covered by the course will include skill development in personal professional advancement, as well as advanced topics in orthotic and prosthetic care, including cutting-edge technology and considerations for future developments. The course will be a series of conference calls, webinars, online discussions through Blackboard, and interaction with first-year students. Students will be required to submit assignments related to career development, such as an updated resume and cover letter, participate in a mock interview, and generate conversation on technological advancements in the field. The students will be assessed through assignments related to career development and considerations for future practice in orthotics and prosthetics, participation in course discussions and online collaborations, and an in-person assessment related to their clinical rotation at the end of the rotation. They will also be required to submit goals, reflections, and case logs.

### **Rotation 5: Special Populations (Board Review 1)**

The general focus of rotation 4 will be special patient populations, specifically highlighting high levels of care for unique populations and general care for commonly seen patient populations in both orthotic and prosthetic practice. The discussion of these populations will range from pathologies to cultural and demographic backgrounds that may have implications on orthotic and prosthetic care. Curriculum will be presented in a way which also reviews didactic year content and applied important OP principals and foundational knowledge in the clinical setting. The clinical site assignment for this course will serve to meet a pre-determined portion of the program requirements for exposure to adult, geriatric, and pediatric patient populations, as well as to private, public, and institutionally owned practices. The course will be a series of conference calls, webinars, and online discussions through Blackboard. Case questions will be answered and discussed weekly, as well as lecture content from recognized experts in special patient populations. The students will be assessed through assignments related to patient populations, participation in course discussions and online collaborations, and an in-person assessment related to their clinical rotation at the end of the rotation. They will also be required to submit goals, reflections, and case logs.

### **Rotation 6: Leadership in Orthotics and Prosthetics (Board Review 2)**

The general focus of rotation 6 will be leadership in orthotics and prosthetics, on both the micro and macro levels, and continued board review. Content will include professional involvement and advocacy, as well as curriculum related to leadership within a clinic setting. Didactic year principals and highlights will be reviewed and applied in the clinical setting. By the end of the second week of the rotation, students will establish goals for the rotation with their preceptor. Those goals will be submitted to the course director and reviewed at the midpoint and end of the rotation. The goals will address the competencies the preceptor expects the student to obtain by the end of the rotation, as well as any areas identified by the student. The course will be a series of conference calls, webinars, online discussions through Blackboard, and interaction with first-year and second-year students. The students will also share videos and presentations through blackboard. Students will participate in guest lecture experiences with local and national leaders in the field. The students will be assessed through assignments related to evaluation and analysis of their clinic's practice management, participation in course discussions and online collaborations, and an in-person assessment related to their clinical rotation at the end of the rotation. They will also be required to submit goals, reflections, a case log, and documentation of the completion of all of their NCOPE clinical competencies.

