From failing student to dysfunctional clinician: The buck stops where?

APTA CSM 2017
Emily Becker
Nancy Kirsch
Beth Sarfaty
Objectives

• Identify the legal and ethical obligations that physical therapists regardless of role have toward students and patients.
• Differentiate between the laws that protect the rights of students and patients and the protections in place for faculty, clinicians and employers.
• Formulate a communication plan that will empower students, faculty, clinicians and employers to make decisions that protect all parties with the primary emphasis always on the protection of the patient.
The evolution of this topic

• Expectations in the educational environment
• Expectations in the clinical environment
• Expectations for the NPTE
• Employment where the clinician *evolves or dissolves*.
The Academic Environment

THE “ACHIEVING” STUDENT AND THE PROFESSIONAL PROGRAM BARRIER
Admission and Retention
The Academic Challenge

• Admissions
• Program Retention
• Preparation for Clinic and Practice
Admissions

• Differentiating between students
  – What do these have to do with becoming a competent PT?
    • Academic Performance
    • GRE’s
    • Recommendations
    • Volunteer activities
    • Observation PT experience

(Searcy, 2015)
What are the skills a PT needs?

• The Essential Functions vs. ADA
  – When do the essential functions come into play?
    • Prior to the offer of admission
    • Following the offer of admission
    • During the program
  – Is there agreement on the PT essential functions?

(Cawthorn, 2015, Kupferman, 2015)
Program Retention

• What are we hoping to achieve?
  Graduation Rate
  NPTE pass rate
  Clinical competence

Professional Education

- Does admission guarantee graduation?
  - What constitutes reasonable help?
  - When does remediation cross the line?
  - How do we identify the student who “just cannot make it?”
  - What happens when we **fail to fail**...

(Vinales, 2015)
The World of Accommodations

Accommodations

What is a reasonable accommodation?
Translating accommodations to clinical practice.

Preparation for Clinic and Practice

• Didactic Skills
  – Basic Science
  – Clinical
  – Professional
  – Evidence Based

(Buchanan 2012, Caldicott, 2015)
How do we prepare students for clinical practice?

• Provide didactic content
• Assess performance/Reflect on performance
  – Written examinations
  – Practical examinations
  – TOSCE’s and OSCE’s
  – Use of simulation and Standard Patients
What do we need to be aware of with issues related to retention?

- FERPA
- ADA
- Notification
  - Policies
  - Academic Processes

(Simon, 2011)
Dismissal and Appeal

• Moving from dismissal to appeal to...

Reinstatement?
The Clinical Site

CLINICAL EDUCATION: THE FINAL FRONTIER
DISCLOSED
Disclosed:
Student prior to arriving

• Background Checks
• Reasonable Accommodations Disclosure Statement
Positive Background Checks

• Federal and State Regulations
  – Contact HR for detailed list that guides adverse actions from positive background check
Reasonable Accommodations

• https://www.eeoc.gov/facts/health_care_workers.html
Our Internal Process for Reasonable Accommodations

• Student must present with restrictions
• We meet with HR to discuss possibilities
  – Are we able to accommodate the request?
• Approve/reject rotation with program
Reasonable Accommodations Provided

- Schedule at a different level of care
- Schedule at a different location
- Schedule with a certain clinical instructor
- Offered Spiritual care for stress management
- Increased documentation time
- Provided ‘quiet’ documentation area
Requested accommodations that have not been provided

- Restrictive exposure precautions during pregnancy
  - Student must follow policy established for all clinicians
- Lifting restrictions within a level of care
  - Refused rotation on an alternative level of care/location
  - Student must follow policy established for all clinicians
- Refusal of the flu shot
  - Healthcare information reviewed by panel
Unreasonable Accommodations

• Courts typically defend:
  – Concern for patient care
  – Protection of the quality of medical services
  – Desire to limit or reduce disruption to the providers operations

• Evaluating Accommodations
  – Obtain and evaluate the accommodations
  – Assess and verify undue hardship or direct threat
  – We follow employees policies/ accommodations
NON-DISCLOSED
Non-disclosed: Student prior to arriving

- Attention to detail
- Reading provided information
- Communication Style
- Capacity for the English Language
- Interviews
Non-disclosed: Students at Orientation

- Pre-work paperwork
  - Completion
  - Organization
  - Understanding
  - Details

- Social Interaction
  - Eye contact
  - Conversation
  - Group dynamics

- Documentation Training
  - Lack of Attention
  - Detailed Obsessed
  - Overly Frustrated
  - Inability to let go
Non-disclosed: Information from the Program

• Relationship with Academic Programs
• 3 different interpretations of FERPA with academic partnerships:
  – Nothing shared until issue is identified and program is called by clinical site
  – Full Disclosure with Permission
  – Extension of Faculty
Nothing shared until clinical identifies an issue

- Limits disclosure of unnecessary or protected details
- Limits potential bias of clinical site/clinical instructor
- May limits time to address issues on clinical rotation
- Doesn’t allow for preparatory actions of clinical site/clinical instructor
Extension of Faculty

• Gives clinical site all relevant information
• Student isn’t always aware of what has been shared
• Clinical site does not always share all the details with CI
Full Disclosure with Permission

• Protects and supports students
• Places student in location that best fits student’s needs
• Allows for placement with the most optimal CI
• Identifies issues/educational plan early in rotation
• Involves student in their growth areas
• Positions student in the best opportunity to the student’s growth
NEWLY DISCLOSED
Newly Disclosed Accommodation

• Difficult making determination when something is newly disclosed in middle of clinical
  – Does the behavior change when the accommodation is made?
What is Success?

• What accommodations are reasonable and possible?

• Is completion of the clinical really success?

• Is remediation possible?

• What happens after remediation of a clinical?
Recommendations to future Employers

• Did they show up on time?
• Did they call-in?

Participated in x/# of activities
Objective feedback on student project
The Employer

THE NEEDY EMPLOYEE AND THE BLINDSIDE EMPLOYER
The Employer’s Perspective

- Asking for accommodations for the exam but not on an interview...
- How does the request play into potential employment expectations?
- What does our day as a treating clinician require?
The interview...

• Any red flags we would expect to see?
  – Body language
  – Comfort level with questions

• Any specific questions we should/can ask?
When employment expectations aren’t met...

Not until after the 90 day probation period do we really see it...

- Staying late to document
- Excuses to see less patients or certain types of patients
- Not getting along with other staff
- Poor treatment programs
- Handling medical emergencies
How does this affect others?

• Lack of teamwork
• Decrease self-confidence/self-esteem
• Poor overall performance with patients
• Who needs more care? The employee or the patients? Does this then become a safety issue?
• How does efficiency and effective care, or lack of, impact the overall clinic?
How does this affect patient care?

- Safety
- Outcomes
- Clinic growth
What am I allowed to do?

- ADA protects the employee
  - The Americans with Disabilities Act of 1990, as amended, protects qualified applicants and employees with disabilities from discrimination in hiring, promotion, discharge, pay, job training, fringe benefits, classification, referral, and other aspects of employment on the basis of disability. The law also requires that covered entities provide qualified applicants and employees with disabilities with reasonable accommodations that do not impose undue hardship.
What can I do?

- Coach/Mentor the employee
- Provide additional resources
- Educational opportunities
- Move to another location
What’s next?

• Change the exam?
• What should the NPTE approval process be?
• Any follow up that should occur?
• How can we continue this conversation?
• Any guidelines to establish across jurisdictions?
• What type of communication that should be in place between employer, faculty, student and peer clinicians?
Some self-reporting...

On accommodation form where it asks “How does your disability affect your daily life?”

– Difficulty processing complex information
– Decreased comprehension of written material
– All of this results in frequent errors on a variety of tasks
– Become anxious with time constraints which impacts my reading fluency and comprehension
– Poor self – management in stressful situations