Home Health Clinical Education Best Practices

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Clinical Education: Moving towards best practice through orientation and competency

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Objectives

Upon completion of this course, you will be able to:
• Develop a comprehensive orientation program that follows an interdisciplinary model of training nursing, social work and staff therapy.
• Define and develop a competency program conforming to CMS regulations and accrediting body standards (i.e.: Joint Commission, CHAP, ACHC).
• Design and implement student program promoting home health setting to academia and PT students.
• Implement a new graduate program to meet staffing needs and encourage mentorship.
WHERE DO WE BEGIN?

INTRODUCTION

Pre Test

• True/False. The Centers for Medicare and Medicaid Services (CMS) regulates what competencies are part of a competency program.
• True/False. Role ambiguity and role conflict are interchangeable terms.
• True/False. Over 80 percent of large businesses have orientation programs.
• True/False. Mentors and preceptors serve the same role.
Did you know?
• 1 in 3 employers lacks new-hire orientation programs
• Larger companies (>1000 employees) are less likely (52%) to have orientation programs
• Smaller companies (20-49 employees) are more likely (67%) to have orientation programs
• Orientation programs help new hires contribute more quickly

Did you know?
• Therapy STARS Project (Fazzi Consultants)
  – 60 + agencies completed the project  [Aug 2011-June 2012]
  – Combined total of over 3000 records reviewed
  – Therapy risk – documentation risk
  – Per Record Risk: $1570
  – Average size of audit: 20 records = $31,400 risk
• Having a comprehensive orientation program is one part of a revenue protection plan
Definitions

• Orientation - an introduction, as to guide one in adjusting to new surroundings, employment, activity...[Dictionary.com]

• Best Practice - a method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark. [Businessdictionary.com]

“Without some type of onboarding process, new recruits may not become productive as fast or connect with the company’s culture and values.”

- Max Messmer, Chairman of Accountemps
“Didn’t you hear the new safety mandate? Pitchforks have to be sanitized before we can stab anyone with them.”

GETTING STARTED

ORIENTATION
Purpose of Orientation

• Conform to and comply with Federal and State Regulations.
• Achieve/Maintain accreditation status
• Ensure compliance with agency’s policies and procedures
• Develop realistic job expectations, positive attitude, and job satisfaction
  – Self and Team roles, reporting structure, operationalize job duties, means of communication
• Reduce anxiety – provide guidelines for behavior, conduct to develop teamwork

Purpose of Orientation

• Reduce turnover – orientation shows that the organization values employees, and helps provide the tools necessary for succeeding in the job
• Saves time for supervisors – less likely for supervisors and co-workers to spend time teaching the employee
• Ensure Staff Competence
Regulations

- Code of Federal Regulations (CFR)
  - Federal Regulations – Centers for Medicare and Medicaid Services.
    • Policy Manual – Chapter 7 – Home Health
- State Regulations –
  - Department of Health
    • Rules on medication review
  - Department of Education
    • Scope of Practice

Meeting Regulations through Orientation

- Code of Federal Regulations (CFR)
  - §484.12(c) Standard: Compliance With Accepted Professional Standards and Principles
  - G121 The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in the HHA.
  - Probe – How does the HHA monitor the professional skills of its staff to determine if skills are appropriate for the care required by the patients the HHA admits?
Meeting Regulations through Orientation

• Code of Federal Regulations (CFR)
  – §484.14(c) Standard: Administrator
  – G134 ...employs qualified personnel and ensures adequate staff education and evaluation;
  – Probe – How do the specific administrative activities identified in the standard impact on the services of the HHA?

Meeting Regulations through Orientation

• Code of Federal Regulations (CFR)
  – §484.14(e) Standard: Personnel Policies
  – G141 Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that are kept current.
  – Probe – What does the HHA include in the personnel records about the qualifications and licensure of its employees?
Meeting Regulations through Orientation

- Code of Federal Regulations (CFR)
  - §484.32 Condition of Participation: Therapy Services
  - G189 participates in in-service programs.
  - Probe – How does the HHA ensure that therapy services furnished by staff under arrangement or contract meet the requirements of this condition?

Standards

- Accrediting bodies such as The Joint Commission (TJC), Community Health Accreditation Program (CHAP) and Accreditation Commission for Health Care (ACHC) develop “standards” based on the federal regulations.
  - TJC – National Patient Safety Goals (NPSG)
    - Patient identification
The Joint Commission (TJC)

• Tag G121 – Provision of Care, Treatment and Services – PC.02.01.01...EP 2 Staff provide care, treatment, or services with professional standards of practice, law and regulation.

• Tag G134 – Leadership – LD.01.04.01...EP 4 The administrator accomplishes the following: Employs qualified staff and provides for staff education and evaluation

TJC

• Tag G141 – Human Resources – HR.01.02.05...EP 8 The organization maintains current licensure and qualifications in personnel records

• Leadership – LD.04.01.07...EP 3 The home health agency has written policies that support its personnel practices and patient care
TJC

• Tag G189 – Human Resources – HR.01.05.01...EP 1 Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented

Community Health Accreditation Program (CHAP)

• Tag G121 – HHI.2
  – Home Health Services are provided, in accordance with organizational policies and procedures, to clients in their place of residence and may include nursing, rehabilitative and personal care services.

• Tag G134 – HHI.4c5, HHI4c9
  – Recruiting, employing and retaining qualified personnel to maintain appropriate staffing levels
  – Ensuring staff development including orientation, in-service education, continuing education and evaluation of staff
CHAP

• Tag G 141 – CIII.1c, CIII.1g2, CIII.1g7, HHIII.1a1, HHIII.1a2, HHIII.1a4
  – CIII.1c Job Descriptions for each employee category delineate lines of authority and reporting responsibilities, duties to be performed, and educational and experiential qualifications specific to the position.
  – CIII.1g Evidence of the following employee information is maintained in accordance with organizational policy and regulatory guidelines.
    • 2. Verification of education/training
    • 7. Current license or certification as applicable

CHAP

• Tag G 189 – HHII.2d1h – participating in in-service programs
  – HHII.2d Rehabilitative therapies are provided by a registered/certified physical or occupational therapist (PT/OT) in accordance with the client’s plan of care. (G-185)
  – 1. Services provided by a physical or occupational therapist include:
    – h. Participating in in-service programs
Policies and Procedures

• Explain agency’s policies and procedures. Examples:
  • Oxygen use
  • Restraint
  • Recertification
• Policies should clarify procedures and processes when Federal Regulations and Accrediting Standards are lacking and a need for standardization exists.

Operationalize Job Duties

• Define realistic job expectations
• Job description
  – Role/Duties
  – Logistics – [Start/End time, treatment duration, productivity, hand off communication, equip ordering, etc.]
• Define team members roles
• Provide reporting structure
• Means of communication/collaboration
Clarifying Roles

• Role conflict – a situation in which a person is expected to perform two incompatible roles.
  – Example – a Supervisor to an employee is also a friend to the employee

• Role ambiguity – denotes uncertainty about expectations, behaviors and consequences associated with a particular role.
  – Research indicates that role ambiguity is positively correlated to both anxiety and likelihood to leave the role.

Expect Professionalism

• Provide guidelines for behavior (code of ethics),

• Encourage teamwork (team model)

• Explain the seven elements identified in Professionalism in Physical Therapy: Core Values:
  – Accountability; Altruism; Compassion/caring; Excellence; Integrity; Professional duty; Social responsibility
Professionalism

“Excellence is not a skill. It is an attitude.”
~Ralph Marston

Establish Competency

• Reduce vulnerability/risk to auditing
  – Documentation competency – therapists
  – Task competency – nurses
• Start new hires with best practices training and develop good habits from the start (documentation, synchronization, collaboration and communication)
Orientation Team

• Human Resources
• Education Department
• Administration
• Compliance Department
• Performance Improvement Department
• Director of Rehab
• Director of Nursing

Orientation Agenda

• General Orientation
  – Mission/Vision
  – Types of Care/Services Provided
  – Table of Organization
  – Human Resources/Benefits
  – Mandatory Policies
  – HIPAA/Privacy
  – Compliance Assurance
  – Patient Rights
  – Infection Control
Orientation Agenda

- Clinical Orientation
  - Overview of Home Care
  - Care Model
  - Case Management
  - Infection Control
    - Bag Technique
  - Payroll/Paperwork/Scheduling
  - Regulations
    - Conditions of Participation (CoP’s)
    - Medicare Policy Benefits Manual Chapter 7
  - Documentation

Orientation Agenda

- Clinical Orientation
  - Patient Safety
    - National Patient Safety Goals
    - Pain Policy
    - 911 Protocol
  - OASIS/HHCAHPS
  - Competency
  - Collaboration/Communication
  - Electronic Medical Record
  - Observation
  - Field Visit Observation and Preceptoring.
General Orientation
• Day 1. Usually led by Human Resources
  – Compliance
    • HIPAA
    • Privacy
    • Corporate Compliance
      – Fraud, Abuse & Waste
  – Annual Mandatory Policies
    – Patient Rights
    – Infection Control
    – Safety/Fire
  – Benefits
  – Mission/Vision

Clinical Orientation
• Day 2 – Day 10. Usually led by Education dept.
  – Explain regulations, standards, policies
  – Define role and expectations
  – Train and ensure competency*
  – Foster clinical decision making skills,
    professionalism, effective communication and
    promote best practice
  – Classes are open to existing staff for refresher
* Competency related to patient safety and baseline
minimal acceptable standards.
Clinical Orientation

• Day 11 – Day 20*. Preceptoring in field
  – Transfer of learning from classroom to field
    • Clinical decision making
      – Evidence-Based Practice, Best Practice
    • Conformance with regulations/policies
      – Reassessment requirements
      – Issuance of NOMNC and HHCCN/ABN
    • Discharge planning/Care transition
    • Team conferencing (SBAR)
    • Communication/collaboration with team
    • Equipment ordering
  * Individualized to new hire based on experience level

Orientation Provides

– 1. Information in a standardized manner to new team members.
  • Regulatory information driven by CMS or State DOH.
  • Agency information regarding policy/procedures.

– 2. Transition new team member to practices and logistics particular to the agency.
  • Communication/Collaboration
  • Organizational structure – team model – Meeting schedule – Team interactions – Team members roles.
Orientation Provides

– 3. Provide technology training
  • EMR system
    – Information Retrieval/Input
    – Documentation/Scheduling/Tracking
    – Start of Care requirements
    – Synchronization of work (Point of Care-documentation)
  • Email system

– 4. Comprehensive Assessment Training
  • OASIS training

Orientation Provides

– 5. Remove misconceptions; clear up urban legend and clarify any questions the new team members may have
  • 150 foot myth

– 6. Provide opportunities for clinical decision making process. [Evidence Based Practice, Best Practice]

– 7. Identify and describe regulatory auditing bodies such as RAC, ZPIC, MAC

– 8. Preceptorship provides transition from classroom to field
What was your HH orientation experience?

<table>
<thead>
<tr>
<th>Experience 1.</th>
<th>Experience 2.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Welcome by HR</td>
<td>• Welcome by HR</td>
</tr>
<tr>
<td>• Self-study</td>
<td>• Welcome by Ed Dept.</td>
</tr>
<tr>
<td>• Given paperwork</td>
<td>• Classroom instruction</td>
</tr>
<tr>
<td>• Start treating patients</td>
<td>• Observation of team member visits</td>
</tr>
<tr>
<td></td>
<td>• Preceptorship</td>
</tr>
<tr>
<td></td>
<td>• Start treating patients</td>
</tr>
</tbody>
</table>

Impression – figure it out yourself

Impression – we value you and will equip you to succeed

“Education is the movement from darkness to light.” ~Allan Bloom

“If you think education is expensive, try ignorance.” ~Attributed to both Andy McIntyre and Derek Bok
Designing Orientation

• Who is responsible for program? / Who provides education/training?
  • Rehab Director
  • Clinical Educator
  • Multiple specialists/Disciplines

• Class Groupings
  • Interdisciplinary model (train disciplines together)
  • Discipline specific model (traditional silo – train disciplines separately from each other)

• Length of Program

Training and Education

Training
• concerned with acquiring a skill or the psychomotor domain of learning.
• task analysis will yield a complete “step-by-step” list of what needs to be done to accomplish the skill being learned.
• has a definite goal and a time, and requires a show of proficiency.

PJ Fabri 2008

Education
• strives to prepare learners to be analytical thinkers and problem solvers by facilitating the learning of principles, concepts, rules, facts, and associated skills and values/attitudes
• aim is to develop learner’s understanding, abilities to synthesize information, and work skills within and beyond the workplace.
Adult Learner

• Need to know why they should learn something
• Need to be self-directing
• Problem-centered
• Must perceive a need to learn

CA Woodward 2007

Orientation Manual

• Job Description
• Include copy of regulations, standards, policies related to the job being performed
• Scope of practice
• Code of Ethics
• Objective Test Manual
• Best Practices Guidelines
• Contact information for team and agency
• Communication Trees (Routine and Emergency)
• Blank paperwork
• Checklists
• OASIS – Item by Item manual
• HHCAHPS- Survey
Interdisciplinary Orientation

- Promotes effective communication/coordination
- Make care safer & reduce harm
- Ensure patient/family are partners in care
  - Care focus is patient-centered rather than discipline-centered as noted with Silo Model orientation.

Interdisciplinary Orientation

**Benefits**
- Sets the tone for collaboration from the start
  - Forge interdisciplinary relationships from the first day
  - Develop trust between disciplines on team
- Efficient use of training resources
- Cross education
  - Nursing, Rehab, Social Work staff learn from each other what roles they play in the home care setting

**Challenges**
- Decreased attention to discipline specific needs
- Dependent on who is leading the orientation
- Possibility for lack of clinical support and expertise for discipline specific questions and scenarios. (Minimized with co-training by multiple disciplines).
Orientation Program

• Common Curricula – Interdisciplinary content
  – Policy and procedure
  – EMR
  – Regulations
  – Billing/Insurance
  – Documentation
  – Team conferencing
  – Medication Management
  – OASIS Training

• Specific Curricula – Discipline specific content
  – Competency
  – Clinically based instruction
  – Clinical decision making
  – Documentation

– Series of classroom led, clinically based days spread over first 3 months
  • New material vs. refresher

– Discipline specific
  • Examples of topics:
    – Wheelchair Assessment in Home Care and advanced safe patient handling equipment
    – Cognition and Low Vision Lab for OTs
    – SLP clinical topics in home care
    – Other agency specific program instruction
      » Falls Prevention Programs
    – Start of Care Training
    – Re-education regarding documentation audit, prn.
Preceptor Program

• Training to Preceptors
  – Ensures common message and content to new hires
  – Bridge from classroom to field (transfer of learning)
• Shared Caseload by preceptor and new hire
  – Educator and preceptor set up planned learning
    – Daily/Weekly Goals provided
      • Ex. Day 1. Call patients to set up appointments.

Completion of Orientation

• Preceptor completes competency checklist
• Field visit completed by new hire for clearance to clinical operations.
  – Observe and evaluate new hire for conformance with regulations/standards/policy
  – Observation of field visit for competency to allow for clearance.
Competency Program - Purpose

- Comply with regulations/standards
- Relates to patient safety
- Defines minimum acceptable standard
Competency - CFR

• §484.36(b) Standard Competency Evaluation in-Service Training...[CFR pertains to Home Health Aides and NOT RN, PT, OT, SLP].
• However, TJC, CHAP have standards based on the above regulation for RN, PT, OT, SLP.

Competency - TJC

• HR.01.05.03: Staff participate in ongoing education and training.
  – Rationale: Ongoing education is critical to providing patients with clinically competent health care professionals.
• HR.01.06.01: Staff are competent to perform their responsibilities.
  – EP 5 Staff Competence is initially assessed and documented as part of orientation.
Competency - TJC

• HR.01.06.01: Staff are competent to perform their responsibilities.
• EP 6 Staff competence is assessed and documented once every three years, or more frequently as required by organization policy or in accordance with law and regulation.

Competency - CHAP

• HHIII.1G Clinical competency evaluations are performed at time of hire and annually to assess employee basic skill levels for all staff providing patient care.
Competency - ACHC

• Standard BH4-6A: The organization designs and implements a competency assessment program based on the/services provided. Competency assessment is an ongoing process and focuses on the primary service, and/or therapies being provided. Competency assessment is conducted initially during orientation and annually thereafter.

• Validation of skills is specific to the personnel's role and job responsibilities.

Competency Program - Logistics

• Organization chooses:
  – What items to include (specific competencies)?
  – Frequency?
  – How many items?
  – How to measure/assess (format)?
    • Field observation
    • Practical
    • Written exam
  – Consequences of failure?
### Competency Examples - PT

- Hand Hygiene (field observation)
- Bag technique (field observation)
- Vital signs  
  - Auscultation – breath sounds
- Range of Motion  
  - Goniometry
- Manual Muscle Testing
- Sensation Testing
- Objective Testing
- Continuous Passive Motion (CPM) Set up.
- Coagu-check
- Wound Care  
  - Wound Vac
- Oxygen Use
- Hoyer Lift
- Fit testing – Particulate Mask

### Competency Examples - RN

- Hand Hygiene (field observation)
- Bag technique (field observation)
- Vital signs
- Auscultation – breath sounds
- Foley Catheter
- Glucometer
- Oxygen Use
- Coagu-check
- Wound Care
- Wound Vac
- Hoyer Lift
- Fit testing – Particulate Mask
- Pleurex Catheter
- Ostomy Care
- Infusion (PICC line insertion)
Competency

• Specific Competencies
  – Needs to pertain to specific professions and related job responsibilities
    • Examples:
      – Dressing Changes
      – Bag Technique and Hand washing
      – Objective Testing

• Specialty Competencies
  • Examples:
    – Vestibular testing and treatment
    – Coaguchek Monitoring

Competency

• Time points for testing
  – During orientation
    • Prioritize which competencies need to be tested before new hires see their first patient
      – Bag Technique
    • Other competencies may wait until later in orientation period
      – Vestibular competency
  – Annual
    • Part of annual field visit
    • Performance appraisal
    • Part of competency fair
Competency

• Format
  – Standardize assessment method
    • Give patient scenario
    • Test for knowledge by verbal or written response to questions
    • Test for hands on skill by observation of return demonstration of task
    • Have criteria for pass/fail decision
    • Create education plan/training enrichment

Competency

• Example:
  – Bag Technique and Hand washing:
    • Knowledge component (written test)
      – Regulations/policies pertaining to transmission based precautions
      – Centers for Disease Control Hand washing guidelines
    • Practical component (lab or field visit observation)
      – Observe bag technique
      – Observe hand washing
Competency

• Recording results
  – Personnel file (Electronic or paper)
  – Connecting competencies of clinicians to patient assignment
    • Some EMR vendors have ability to create clinician profiles
    • Match clinician skill sets to patient needs
    • Example:
      – Clinician “A” has been trained in CHF protocol
      – CHF competent checked off in EMR clinician profile
      – Clinician “A” is assigned to Patient with CHF Dx

Transition to Clinical Operations

• After completion of classroom training, preceptorship training, observation of competency by preceptor, the education department is notified to perform clearance visit.
  • Upon completion of clearance visit, the new hire begins to build up a caseload.
Transition to Clinical Operations

• Caseload
  – New hires caseload needs to be gradually increased
    • Take into account the learning curve
    • Do not want to lose new employees after investing time and money for their orientation
  – Agency needs to set a standard progression of weekly productivity goals
    • Both new hire and supervisor have clear, transparent expectations of how many visits per day are expected

Starting career in home health

NEW GRADUATE PROGRAM
New Graduate Program

• Structure
  – Orientation
  – Mentorship
  – Competency testing
  – Ongoing focused group training
  – Access to continuing education
  – Keeping management informed of new graduate progress

New Graduate Program

• Benefits to agency
  – Expand recruitment pool
  – Train clinicians starting out with no or less “bad habits”

• Must check state regulations for experience requirements prior to beginning a career in home health.
  – NYS PTA’s must have 2 years experience prior to starting in home health.
### New Graduate Program

- **Orientation**
  - Same orientation as other new hires
  - Benefit from interaction with veterans in group
  - Need to understand same information as everyone else
    - Regulations, policies and procedures, OASIS
    - EMR
    - Competency testing

- **Mentorship**
  - Education staff
    - Field supervisors who are dedicated to mentoring new graduates one-on-one for an appropriate period of time
    - These staff do not carry their own caseload
    - They oversee the new graduate’s caseload
    - Provide immediate feedback in the field
    - Recommend one on one supervision for at least 6 months
      - Frontload supervision for first 3 months then taper as new graduate’s skills progress
New Graduate Program

• Competency testing
  – Perform standard competencies during orientation period
  – Add specific competencies for variety of patient populations
    • By the time the mentorship period is complete there should be evidence that they are able to manage a wide spectrum of patients

New Graduate Program

• Competency testing
  – Should include ability to show competency in:
    • Assessment
    • Formulating a patient centered plan of care
    • Treatment skills
    • Equipment management
  – For a variety of patient populations
    • Orthopedic
    • Neurological
    • Cardiopulmonary
    • General Medical
    • Pediatric
New Graduate Program

• Ongoing training
  – New graduate specific group training sessions
  – Given at regular intervals over a set period of time
    • Monthly for the first year of hire
    • Rotating schedule of topics
      – No matter when a new grad starts they will rotate through all topic days in a year’s time
  – Opportunity to bond with fellow new graduates
  – Continues communication with mentors even if their field supervision has been tapered

New Graduate Program

• Access to continuing education
  – Promote “never ending” education
  – Agency provided CEU events
  – Agency supported CEU budget
    • Recruitment tool
• Require certain amount for first year of hire
New Graduate Program

• Communication with New Graduate’s Supervisor
  – If using a mentor model
    • Regularly scheduled meetings with new graduate’s supervisor to keep them in the loop
      – Progress
      – Issues
      – Recommendations for continued success
    • Structured hand off to supervisor
      – Ex: At end of a year long program:
        » Competencies are met
        » New graduate curriculum has been attended
        » New graduate is under full supervision of regional rehab manager

Staff stays current

STUDENT PROGRAM
Student Program in Home Care

• Benefits to the agency
  – Establish/strengthen relationships with academic programs
    • Academia may provide in-service training to staff
    • Gain access to medical libraries
  – Great source of recruiting if the agency has an established new graduate mentorship program
  – Relationships lead to mutual understanding of academia and the home health setting
    • Dispel mis-conceptions of home health as an inappropriate first job for their new graduates
    • Academia may provide content for CEUs at your agency
    • Home Health Agencies may provide presentations to students in academic setting.
  – Recommend last year affiliation for the home care setting

Student Program in Home Care

• Structure
  – Develop relationships/contracts with Academic programs
    • Centers Coordinator of Clinical Education (CCCE) for the agency – Liaison between agency and schools
  – Orientation for student
    • Abbreviated as compared to new employee orientation
  – Create a pool of Clinical Instructors (CI) among staff
    • Choose wisely!
  – Standardize expectations for student and CI experience
Student Program in Home Care

• Orientation for MSW/OT/PT/RN/SLP students
  – One day agenda
    • Policies and Procedures
    • HIPAA/Ethics
    • Regulations
    • EMR
      – Be aware of regulations regarding
        » Ability of students to document in the EMR
        » Non-billable visits

Student Program in Home Care

• Create a pool of Clinical Instructors
  – Ask for volunteers
    • Choose among your best clinicians
  – Training
    • APTA Credentialed Clinical Instructor Program (CCIP)
    • Agency specific training
  – Compensation
    • Evaluate appropriate compensation for time
      – Decreased productivity
      – Reward
        » APTA membership
Student Program in Home Care

• Standardize program
  – Expectations of student
    • Exposure to varied caseload
    • Achieve competency with documentation in home care
    • Interdisciplinary observations in the agency
      – MSW, RN, OT, SLP
    • Building productivity
    • Professional growth
      – In-service to staff
      – Case study for publication

Student Program in Home Care

• Standardize program
  – Expectations of Clinical Instructor (CI)
    • Establish weekly goals for:
      – Visits performed by CI vs. student
      – # of notes reviewed by CI
    • Oversee the caseload seen by student
    • Responsible for timely completion of student evaluation materials and meeting with university program faculty
    • Guide student in creating/presenting in-service to team
CONTINUING EDUCATION

Ensuring Best Practice

Continuing Education Program

• Benefits to the agency
  – Infuses evidence based practice into culture
  – Recruitment and retention tool for staff
  – Supports license requirements for staff
  – Improves reputation of agency to customer base
  – Possible source of revenue for agency
    • Course fees for external attendees
Continuing Education Program

• Requirements
  – Vary State to State
  – Vary by discipline
    • State PT Board
    • AOTA
    • ASHA
  – Fees for accreditation application and renewals
  – Individual assigned to manage CEU program

Continuing Education Program

• Managing CEU program
  – Responsibilities
    • Assess if courses meet criteria for CEU
    • Adhere to rules for advertising courses to external clinicians
    • Assign appropriate CEU/contact hours for each course based on agenda
    • Sign off on CEU certificates
    • Maintain accurate records of each course offered
    • Be available for audit by accrediting bodies
    • Keep track of when renewal of accreditation is due
Continuing Education Program

• Challenges
  – Resources
    • Education staff needed to manage program
    • Cost of application and renewal fees
    • Decision to hold courses during workweek
      – Paid time for staff/per diems?
    • Space to provide courses
      – At agency offices
      – Renting space
    • Cost of external speakers and advertising

Post Test

• True/False. The Centers for Medicare and Medicaid Services (CMS) regulates what competencies are part of a competency program.
• True/False. Role ambiguity and role conflict are interchangeable terms.
• True/False. Over 80 percent of large businesses have orientation programs.
• True/False. Mentors and preceptors serve the same role.
Thank You

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- Joseph Gallagher, PT, DPT, COS-C  
  • Joseph.gallagher@vnsny.org

REFERENCES

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Preceptor Job Description:

Purpose:

• Performs activities related to orientation and continuing education of the staff.
• Guides, advises, and instructs new staff during their orientation period; assists with completion of orientation documentation; communicates with supervisor/manager and education department regarding new hires progress; and identifies orientation and education needs of new staff.
• Provides feedback and suggestions to education department to guide curricula development

Responsibilities:

• Collaborates with clinical educator to develop an individualized orientation plan
• Observes field visits and reviews required documentation for quality, justification of services, and reimbursement requirements in accordance with agency policy, and regulatory and accreditation standards
• Completes evaluation of orientee utilizing orientee Performance Feedback tool
• Reeducates the orientee as needs are identified
• Communicates progress with orientee, supervisor/manager and clinical educator
• Assists with completion of Orientation Standards checklist
• Completes competency documentation

Buddy Job description

Purpose:

• Support the new employee’s successful adjustment to his/her new role, manager, team, and the organization.
• Position provides informal mentoring, support, and education to support the employee in coming up to speed and contributing in the new role.
• This role begins once the new hire has completed their orientation/preceptorship.

Responsibilities:

• Voluntary position
• Informal role – meetings are individually scheduled by new hire and buddy
• Purposefully meant to be unstructured
• Does not provide supervision to new hires
• May be like discipline or not
• May be on same department or not
• May not be clinician’s clinical supervisor
• Promotes staff retention
• Officially lasts 6 months
Mentor Job Description

Purpose:

• Provides clinical and field supervision to newly graduated clinicians.
• Engages in the development, refinement and provision of didactic and practical home health specific content knowledge and skills necessary to support skilled clinical decision making in a reimbursement conscious environment.

Responsibilities:

• Assists with the field orientation and support of new graduates. This includes, but it is not limited to staff training, care coordination and scheduling, and resolving clinical case concerns and customer service issues. Provides input regarding performance and learning needs of assigned clinicians on a regular basis.
• Provides clinical education support and clinical care oversight to new graduates. Acts as a resource for clinical documentation, OASIS completion, care management, chart/case reviews and patient related issues. Monitors quality and shares best practices to ensure therapy provided is consistent with agency standards as well as patient goals and objectives. Monitor’s new graduates’ case loads, documentation and patient care/outcomes.
• Utilizes a variety of methods and resources such as lectures, home visits, discussion, learning assignments and clinical competency assessments to identify and address individual learning needs of new graduates, actively involving them in the process. Provides coaching, education, and verbal and written feedback to new graduates regarding job performance. Works to achieve agency initiatives as appropriate.
• Maintains complete and timely documentation of feedback activity and new graduates’ progress. Provides counseling and participates in corrective actions or remediation as appropriate.
• Supports and encourages the application of evidence-based practice and research results to clinical practices.
• Provides in-service education, clinical skills training and regional operational support as needed.