

Student Program Roadmap & Toolkit

Home Health

a product of the Home Health Section of the American Physical Therapy Association

Acknowledgments

Created by the Home Health Section Student Program Task Force:

Kenneth L Miller, PT, DPT, CEEAA, Leader
Bill Anderson, PT, DPT, GCS, CEEAA
Michele Berman, PT, DPT, MS
Chris Chimenti, PT
Tracey Collins, PT, PhD, MBA, GCS
Shari Mayer, PT, DPT, PCS

The Home Health Section Practice Committee is thankful to the members of the Practice Committee and Student Program Task Force for the creation of this resource. Additionally, this project could not have been completed without the support of the Executive Committee of the Home Health Section.

Home Health Section Practice Committee:

Kenneth L Miller, PT, DPT, CEEAA, Chair
Wendy Anemaet, PT, DPT, PhD, GCS
Nikki Gilroy, PT, DPT
Arlynn Hansell, PT
Virginia Harbour, PT
Jonathan Talbot, PT, MS, COS-C
Laurie Page, PT, DPT, COS-C

Executive Committee (at time of project development):

Cindy Krafft, PT, MS, President
Tonya Miller, PT, DPT, Vice-President
Theresa Gates, PT, Secretary
Chris Chimenti, PT, Treasurer

Robin Childers, CAE, Executive Director

Published June 2015.



TABLE OF CONTENTS

Introduction	Pages 3-6
Suggested Steps to Starting a Student Program in Home Health	Pages 7-13
Model Student Program Policy	Pages 14-16
Student Supervision Regulations and Recommendations	Pages 17-19
Sample Timeline for Facilitated Clinical Instruction	Pages 20-25
Sample Client Consent Form	Page 26
Student Program Documentation Checklist	Page 27
Comparison of Nursing and Physical Therapy Student Programs	Page 28

Introduction

The most important resource in the home health practice setting is the licensed professionals charged with seeing the patients that the home health agency serves. Time and money spent on recruiting and training the clinical staff is costly. The estimated cost of a “bad hire” someone who is hired and trained and then leaves the position (whether voluntarily or not) — costs companies upwards of \$90,000, considering the cost of advertising, interviewing, Human Resources (HR) staff involvement, productivity losses, and training.¹ Additionally, turnover rates add expenses to agencies as well. Turnover rates vary by region and by discipline working in home health, however, the national average turnover rates for physical therapists is 16.55% according to the Hospital & Healthcare Compensation Service.² Onboarding costs for new hires include: the average Full Time Equivalent (FTE) HR cost per hire is \$484, and the overall onboarding costs are the same whether the new hire works out or not, which is \$90,000.¹⁻³ Both onboarding costs and the incidence of “bad hires” are potentially lessened by the development and implementation of a student clinical education (internship) program.

Benefits

Having a student program works to lower the expenses related to recruiting and training whereby the student physical therapist is being trained in the home health practice setting as a non-paid employee serving two purposes. First, it exposes the students to the home health practice setting itself and to the nature of what working in the practice setting. Exposing students to a practice setting while they are in school expands the recruitment pool to candidates that may otherwise not consider a career in home health. Additionally, the students exposed to the practice setting have the opportunity to understand what they are getting into when accepting positions in home health and this should improve retention rates by orienting them to the inner workings of the position ahead of time. Second, the onboarding process could be abbreviated once the student comes back as a paid staff member as the student has a working knowledge of the practice setting and training would include more advanced training rather than addressing a new hire at entry level ability.

The ability to onboard familiar staff more quickly and improve retention. Agencies will save time and money, allowing for staffing ability to meet the growing need for home services anticipated from the aging baby boomer population and implementation of the affordable care act, resulting in increasing numbers of insured people in the United States.⁴

In order for home health agencies to attract top-level talent, it is necessary to provide a valuable exposure to our practice setting. This clinical experience is paramount to the development of successful professionals in our industry. With the proper approach, aspiring professionals can walk away with a positive impression of home health practice and potentially embark upon a home health career down the road.

Importance

- Quality physical therapy services are at the heart of every successful home care agency. Clinician skills have far reaching implications involving the Outcome and Assessment Information Set (OASIS), patient experience survey data (HCAHPS), potentially avoidable events, and episodic payment. As qualified physical therapists (PT) seek opportunities in the work force, they may overlook the home health care setting without prior exposure.
- Student affiliation partnerships between agencies and local physical therapy programs should lead to many benefits, including staff recruitment and continuing education opportunities for the agency, and provide more clinical experience sites for academic programs. Maintaining enough clinical sites to serve physical therapy students is a challenge for many programs.

- Even if the student does not accept a position in home health care during her career, she will possess a better understanding and appreciation for the practice setting. A student program has the potential to create unforeseen benefits as we approach the likelihood of a bundled payment system.

Barriers and Strategies to Overcome Barriers

- Increasing financial and regulatory pressures have forced most health care organizations to optimize operational efficiencies including organizations in home health. As a result, home care clinicians are often challenged to reach productivity targets, maintain quality for the visit itself, meet documentation requirements, and have sufficient time to spend with a student.

This potential barrier of limited time can be addressed by taking non-billable driving time between patients and making it a valuable time for the clinical instructor (CI) and student to have timely discussions of the patients between visits in the car. This is a perfect opportunity to provide education throughout the day between patients.

- Additionally, this time alone in the car maintains HIPAA privacy. HIPAA may also be maintained with privacy screens on the laptops and most home care clinicians spend the majority of time in the car when outside of a patient’s home. This space is quiet, private and affords confidentiality to be maintained.
- Physical therapists may lack confidence in accepting a student as they do not have prior experience working in an educational role.
 - Physical therapists who serve as clinical instructors gain leadership experience in two primary ways: PTs gain a broader view of time management and scheduling by being responsible for coordinating the student’s learning schedule and their patient schedules. PTs learn how to delegate tasks and responsibilities to the student.
- Physical therapists compensated on a per visit or contract basis are less likely to consider taking on a student due to the potential impact on their income.

Additional Strategies to Overcome Barriers

- Salaried physical therapists can encourage their employer to provide “forgiveness” for transient lapses in productivity while onboarding a new student or advocate for merit based pay increases for successful student mentorship. Employers might consider providing per visit or contract therapists with enhanced benefits such as providing continuing education and/or professional association dues reimbursement to those willing to accept students for affiliation. This same strategy may be used for staff members (details below).
- The APTA Credentialed Clinical Instructor Program (CCIP) courses are a great way to equip physical therapists with the structure necessary to guide developing professionals. This is a nationwide program with a goal to develop and refine a physical therapist’s ability to teach and guide the development of the student. To save on expenses, home health agencies can host a course. These courses also provide continuing education units (CEU). The CCIP website is: <http://www.apta.org/CCIP/>
- Some states award CEUs for student affiliation. For example, physical therapists working in New York State can receive .25 hours for each 2-week period of student mentorship.

- Practicing physical therapists should be encouraged to consider the personal gratification that comes with student mentorship. Many therapists will pursue ongoing mentorship opportunities following completion of a successful experience.
- Home care agencies and physical therapists who are contemplating the initiation of a student program should consider starting with students who have already completed one or two clinical experiences. Experienced students can often assist the clinical instructor in a collaborative manner to ensure optimal efficiency.
- Academic physical therapy programs eager to identify quality affiliation opportunities are more willing and likely to provide continuing education to the therapy staff that could provide additional continuing education units (CEUs) to the staff.
- Home health agencies may recruit staff volunteers as clinical instructors by providing for professional memberships, journal subscriptions, continuing education and lastly, develop a clinical ladder and count this experience as points towards moving up the ladder.

The benefits of successful physical therapy affiliation in home health care far outweigh the potential barriers. Efforts to involve developing professionals in our rewarding practice setting are pivotal to ensuring the future success of home health physical therapy. Recent comments received by a home health agency Center Coordinator of Clinical Education (CCCE) from a student summarize this point quite well:

I just wanted to take a moment to thank you and everyone at your agency for an incredible experience! I have never worked at a more ethical clinic that really and truly put the patient's needs first before all else. The quality of care that was provided was simply unparalleled and the patient outcomes reflected that dedication from the therapists and nurses."

— Student, upon completing a home health student program

The home health student physical therapy program toolkit contains several resources to assist a home health agency in the development of a new student program or to strengthen and standardize an already existing program. The intent of the Home Health Student Program Roadmap and Toolkit is not intended to duplicate the American Physical Therapy Association (APTA) resources on student clinical education, but to complement it with material specific to the home health practice setting. The Home Health Section (HHS) highly recommends use of both the APTA and HHS resources available here.

Although this toolkit is intended to contain all the necessary elements required for a student program in home health, the user of this material must perform due diligence as federal regulations change and state regulations vary widely (and are not specifically described here).

References

1. ADP. Bad Hire Calculator. Available at: <http://www.adp.com/tools-and-resources/calculators-and-tools/pes-calculators/bad-hire-calc.aspx>. Accessed 9/18/14.
2. John R. Zabka Associates, Inc. *HEMOCARE Salary & Benefits Report 2013-2014*. Oakland, NJ: Hospital & Healthcare Compensation Service. 2013
3. ADP. ROI Onboarding Calculator. Available at: <http://www.adp.com/tools-and-resources/calculators-and-tools/pes-calculators/onboarding-calc.aspx>. Accessed 9/18/14.
4. United States. Government Printing Office. Public Law 111-148. Patient Protection and Affordable Care Act. 2010. Available at: <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>. Accessed 9/18/2014.

Suggested Steps Involved With Starting a Student Program in Home Health

- Research regulations: federal, state. See resource titled, “Student Supervision Regulations and Recommendations”
- Research resources needed specific to your agency and seek administration approval:
 - Clinical Instructor (CI) selection and training
 - Credentialed Clinical Instructor Program (CCIP) is recommended but not required
 - Survey staff for skill set inventory and specialty certifications
 - Review professional development activities for staff (continuing education, board certification in a specialty practice such as Geriatrics)
 - Time and resources for student training:
 - Typically educational programs require a certain degree of site-specific training for students. Some examples may include:
 - Health Insurance Portability and Accessibility Act (HIPAA)/patient confidentiality
 - Social Media
 - Corporate compliance
 - Blood borne pathogens
 - Infection control
 - Hand hygiene
 - Bag technique
 - Sexual harassment
 - Safety in the home/workplace
 - Other agency policies
 - Additional general agency training that will also be indicated:
 - Electronic Medical Record (EMR) training
 - Outcome Assessment and Information Set (OASIS) training, Home Health Care Consumer Assessment of Healthcare Providers and Systems (HHCAPS)
 - Agency preferred methods of communication: email, phone, other computer software (exercise handouts)
 - Resources:
 - Laptop computer or access to office computer/internet (Article searching/evidenced-based practice (EBP))
 - Access to Word Processing and presentation software (internal presentations)
 - References: Articles, textbooks
 - Equipment (bag contents)
 - Staff time for instructing
 - Decreased productivity:
 - The typical agency productivity benchmark is the equivalent of 5 visits/day adjusted for geography, but this will need to be decreased initially, especially at the beginning of the educational experience, as the student orients to the agency. Admissions and other OASIS time points will require a greater amount of time to complete initially and provide student instruction

- Costs
 - Decreased productivity costs can be calculated using an agency's cost per visit, which is determined by accounting for a therapist's salary, benefits, and cost of the physical space in the office and supplies. This will vary from agency to agency but in general a 25% reduction in productivity initially for the clinical instructor would be necessary to provide an optimal educational experience for the student.
 - Staff training costs:
 - Continuing education
 - Optional staff training costs:
 - Fees for CI credentialing
 - Costs can be minimized or neutralized in various ways:
 - Agency recruitment
 - A senior-level PT can be hired directly by the agency after his or her successful completion of the clinical experience. DPT students have training in medical screening, pharmacology, evidence based practice, and other topics giving them the ability to enter a more advanced practice setting than in the past. The agency can help develop the student's clinical and documentation skills in a home health specific manner. The agency can also assess the student's compatibility with the agency and team before hiring. This can help fill agency openings, but also allows the agency to be able to train the student/new graduate in a manner optimal for the home health setting.
 - Onboarding new staff is costly (recruitment and training) and introducing students to the home health setting may allow for students to be hired upon graduation, having been previously trained during their clinical experience.
 - Development of a relationship with the local college/university can be a valuable source of networking.
 - Staff Retention
 - Employee engagement in the form of providing educational experiences and mentoring others assists with current staff retention and professional development.
 - Educational experiences
 - Students can help motivate existing staff to remain current with practice standards.
 - Direct infusion of evidence based practice by the student into the home health setting. This practice by the student can encourage more experienced therapists to participate or learn about this process if not formally educated in it.
 - Students can provide staff education in the form of in-services/presentations.
 - Continuing education provided by the college/university faculty.
 - Consulting services by the college/university faculty.

- Use of college/university library services.
 - Patient referrals
 - Advocacy for home health in the community
 - Referrals from therapists from other settings
 - Productivity expectations
 - Utilizing a plan to increase productivity once the student achieves proficiency in certain areas. This will reduce the total cost of the experience.
 - Productivity may improve to above the required visit count minimum for the latter half of the clinical experience with the use of time management strategies like those listed in the bullets below. Improvement in productivity may also neutralize the budget impacts of supporting a student:
 - One clinician can document in the home while the other performs the session. Documentation is completed and reviewed prior to traveling to the next home which will assist with time management and accuracy of documentation.
 - Traveling time can be made more productive by:
 - Discussing patients during traveling
 - Some students may be able to document in the car while the CI is driving (should be addressed in the agency policy)
- Formal Policy and Procedures and Reporting Structure
 - Designation of duties for the Center Coordinator of Clinical Education (CCCE) and CI and who will they report to.
 - This will vary depending on agency administrative structure.
 - Some agencies have a multidisciplinary structure (each discipline remains within their boundaries) or an interdisciplinary structure (different disciplines are integrated within a team). It is important to decide who will be the person overseeing the program as a CCCE and if he or she requires a managerial level position so that the student and CI are reporting to a PT rather than another discipline. Another structure is to have a clinical educator role that functions as the CCCE.
 - Policy regarding productivity standards for CIs taking students
 - This is important to ensure that all departments are in agreement as to patient workloads for the CI to avoid an unfavorable experience for the CI and the student. If the scheduling team is unaware of this policy, then the CI may be scheduled for their typical workload rather than an adjusted one. Having written documentation with evidence of administration support can be important.
 - Policy regarding use of EMR and agency equipment
 - Will the student have a laptop and personal access to EMR?
 - Depends on EMR system:
 - Ability of the student to document in their own laptop:
 - Pros:
 - Allows the student to spend extra time to write and review his/her notes without having to have the preceptor with him/her.

- CIs should have increased benefits (continuing education, compensation) as a clinical lead as it will be their responsibility to remain up to date with current practice throughout the year and not just when there is a student. Between students, clinical leads can assist with mentoring staff and work on staff educational projects.
- Approaching an academic institution
 - This is an excellent opportunity to educate the academic institution about the value of a clinical experience in the home health setting. Some suggested topics include:
 - Discussion of how a home care clinical experience can be a beneficial and unique learning experience for a student:
 - More 1:1 time than with almost any other setting in PT practice with the patient in their environment.
 - 1:1 time with CI to thoroughly review and discuss patient cases between patients and during traveling.
 - Wide variety of patient impairments and functional limitations to manage.
 - Training for independent practice suited for the DPT level that other settings may not provide.
 - Incorporates an advanced degree of complex physical therapy management skills and provides an additional opportunity for schools to challenge an exceptional student.
 - As health care continues to strive to increase utilization of more cost efficient and high quality settings, home health is expected to grow, becoming more of a provider of choice. A clinical experience in this practice setting could be an invaluable preparatory experience in a therapist's future career.
 - A student program may also lead to a new graduate program, benefitting both the agency in terms of staffing and job placement for the graduate.
- Contract with an academic institution
 - There will be a formal contract that will need to be agreed upon by the agency and the academic institution.
 - This contract may need to be reviewed by the agency's legal counsel.
 - This contract will include items such as the academic and agency's mutually agreed upon expectations. It may include items such as that the academic institution will furnish professional liability insurance for the student and the agency will provide site specific training in areas such as blood borne pathogen exposure. The contents may vary by academic institution and address unique state regulatory issues.
 - Allow time for the contract to be reviewed and approved by the academic institution and home health agency.
 - Once the contract is approved, a checklist of the required items included in the contract may be helpful for the CCCE to ensure the necessary documents are received.
- Recruitment of students
 - The Academic Coordinator of Clinical Education (ACCE)/Director of Clinical Education (DCE) will contact the agency CCCE at particular time points during the course of the academic institution's calendar year. This can be somewhat predictable if the professional academic program remains consistent. Having an approximation will help with agency and CI planning and preparedness for the student.

- It is advised that the school refer a student that is a good fit for home health:
 - A second or third year student with enough course work to be able to succeed in the complex home health setting.
 - Due to the proximity of the student and CI throughout the day (in the car and patients' homes) maturity, communication, and clinical skills should be strong to optimize the experience for all parties.
 - Consider arranging with the academic institution to have them decide on a couple of candidates and then have the CCCE and CI interview the candidates to decide on the best fit for the clinical experience.

- Preparation for the student to begin at the agency
 - CI assignments should be assigned well in advance, and ideally the CI assigned should be the same one in the interview with the student.
 - It is advantageous to have a primary and a secondary CI to provide coverage when the primary CI is on leave (vacation, illness).
 - Both primary and secondary CIs can work together to provide a shared experience which can provide a greater depth to the student's clinical experience, especially if each CI has an area of specialty.
 - Orientation materials:
 - Face sheet
 - Clearly listing all contacts the student needs including:
 - Preceptor (Primary and secondary) name, email, cell phone
 - CCCE contacts
 - Clinical Director contacts
 - Agency and clinician phone list
 - This can be sent to the student in advance once the student has been accepted into the program so lines of communication can be clearly established.
 - Binder materials:
 - This can include general agency information such as:
 - Agency Mission
 - Management structure
 - Agency policies on topics such as blood borne pathogen exposure, corporate compliance, etc.
 - Note: typically if a student is exposed some organizations may have a policy requiring the student to report to employee health. However, since the student may not have employee status, h/she may be required to go to the ER and utilize their own health plan. His/her health plan may require use of an emergency room that is not part of your health system, so investigation of this process is important.
 - Forms requiring signature:
 - Such as acknowledgment that h/she received educational materials as required by the agency-academic institution contract, acknowledgment that h/she received training in areas such as corporate compliance, and quizzes on any materials requiring reading.
 - Note: Some agencies utilize online services to provide education and post-tests on these topics,

but some charge a fee per participant. Utilizing a paper tool (reading and taking the quiz) can help reduce costs of the educational experience.

- Other materials
 - This can include a list of student resources, staff and managerial contact numbers, and other documents important to the agency.
- Information specific to the student experience
 - Student objectives by week
 - Weekly CI and student communication log
- Student's first day
 - Tour of the agency/physical building
 - Meeting with CCCE and CI to review plan for the day/week
 - Orientation binder introduction
 - Emphasize the weekly communication logs and the agency expectations by week form.
 - Provide essential phone numbers/contact information of team members and agency management.
 - Provide regular meeting dates and times.
 - Completing essential confidentiality forms and other requirements in the binder
- Outline of the student experience/expectations by week. See document: "Sample Timeline for Facilitating Clinical Instruction"

Model Student Policy

This model policy contains elements to be considered when creating or revising agency policy on student programs. Specific policy elements need to be in alignment with federal, state, and local law and in agreement with other agency policies and academic program/clinical education site contract agreement.

PROVISION OF HOME CARE EXPERIENCE FOR STUDENTS

Purpose

To delineate the scope of responsibility/activity of physical therapy students in the home care setting.

Policy

[Name of home health agency (HHA)] may enter into a contract agreement with academic institutions with physical therapy programs to provide students with appropriate home care experience.

General Procedure

- 1) A written agreement is required with the school of physical therapy's professional educational institution and must be reviewed by the agency's legal services prior to the acceptance of students for the home care experience. All requirements stated in the contract must be met prior to commencement of the student's clinical practicum experience and should be reviewed annually to ensure it reflects current requirements.
- 2) Therapy students in training may be provided opportunity only when accompanied by and under the direct supervision at all times of a licensed physical therapist for the experience of the delivery of care in the client's place of residence.

Responsibilities of the Academic Institution

- 1) The educational institution must provide (name of HHA) with the following information regarding each student and / or faculty member (if he/she will be on the premises of the HHA and/or clients' residences):
 - a) Name and contact information of the student to be assigned
 - b) The timeframe for the program (dates, days, hours per week)
 - c) Current level of training/Description of coursework completed
 - d) Prior observational and clinical practicum experiences
 - e) Student letter of written objectives and preferred learning style
 - f) Contact information for Academic Coordinator and/or any other supervising faculty members
 - g) Evidence that each student/faculty member has completed general training regarding confidentiality of client medical records and personal health information, as required under the Health Insurance Portability Act (HIPAA) and similar state confidentiality laws relating to the client's medical information
 - h) Documentation that the student has been trained in OSHA guidelines
 - i) Evidence of criminal background check
 - j) Evidence of health screening
 - k) Verification of immunization/declination as required by state Department of Health (DOH) and the HHA policy (e.g. Flu and Hepatitis, PPD and Varicella)
 - l) Evidence of medical insurance for students

- 2) The academic institution must provide a current copy of proof of professional liability insurance which the agency maintains on file.
- 3) The contracted school is responsible for ensuring competence of any academic instructors on the premises.

Home Health Agency Responsibilities

- 1) A Clinical Educator or designee will provide home care orientation and student assignments. Orientation will include:
 - a) Relevant introductory company and mission statement
 - b) Overview of all services provided
 - c) Pertinent Federal and state guidelines (Conditions of Participation (COPs) for HHAs
 - d) Student role in the home care setting (refer to federal and state regulatory guidelines)
 - e) Overview of policies and procedures including infection control, patient safety, HIPAA, compliance, ethical considerations, reporting guidelines, dress code, communication and in abidance with other agency specific requirements indicated for student completion (*list*)
 - f) Tour of facility, introduction to home care staff and clinical team members.
 - g) Provide access to the Electronic Medical Record (EMR) as per agency policy
 - h) Agency's policy regarding CI's and students driving together between visits
- 2) PT and PTA students will participate in the care of home care clients under the direct supervision of a licensed physical therapist at all times in the presence of the client. The supervising therapist determines the amount and level of care provided by the student, according to the supervising therapist's assessment of the students' knowledge, experience and competence.
- 3) All clients should be made aware of a student PT and in agreement with student participation. A signed client consent form for student experience is not required but may be used if warranted by a HHA (refer to *sample*) from each client who will be seen or whose chart will be reviewed by a student/faculty member.
- 4) The Medical Record: Therapy students will be permitted to access patient records and provide documentation for assessments and interventions provided under the direct supervision of a licensed physical therapist.
 - a) The supervising therapist is responsible for the review of student documentation for all data entry by students in EMR and maintains final oversight for accuracy and completion of the medical record.
 - b) Co-signatures are required for all data entry by students in the EMR.
 - c) Where software system application does not accommodate co-signature of the student, the supervising therapist must ensure that a statement such as "(Name of student), SPT participated in client's care in this visit under direct supervision of the PT." (Supervising PT provides electronic signature.)
 - d) When it is not feasible for the student to document in the agency EMR device and instead more practical to document in a paper format for the purposes of the educational experience, the EMR documentation is submitted and the duplicate paper documentation should not be retained as part of the official medical record. This "practice" documentation should be properly shredded and discarded as per agency protocol.
- 5) The HH agency will provide student's school with verbal/written assessment of student's performance at typical minimum requirements of midterm and final evaluation time periods.

References

American Physical Therapy Association. Supervision of Students under Medicare. 2013. Available at: <http://www.apta.org/Payment/Medicare/Supervision/UseofStudents/>. Accessed 4/30/14.

American Physical Therapy Association. Guidelines and Self Assessment for Clinical Education. 2004. Available at: <http://www.apta.org/Educators/Assessments/ACCE/DCE/GuidelinesandAssessmentsforClinEd/>. Accessed 4/30/14.

3CMS.Gov.Download: Student Supervision Guidelines. Centers for Medicare and Medicaid Website. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Spotlight.html>

Recommended Skilled Nursing Facility Therapy Student Supervision Guidelines
Submitted to CMS by the American Physical Therapy Association (APTA)
during the comment period for the FY 2012 SNF PPS Final Rule . Accessed July 2014

American Occupational Therapy Association. COE Guidelines for an Occupational Therapy Fieldwork Experience - Level II. 2013. Available at: COE Guidelines for an Occupational Therapy Fieldwork Experience - Level II. Accessed 4/30/14.

Office of the Professions. New York State Education Department. Practice Guidelines/Supervision. 2009. Available at: <http://www.op.nysed.gov/prof/ot/otsup.htm>. Accessed 4/30/14.

Office of the Professions. New York State Education Department. GUIDELINES FOR PHYSICAL THERAPY PRACTICE IN NEW YORK STATE. 2010. Available at: <http://www.op.nysed.gov/prof/pt/pt-guidelines-2010.pdf>. Accessed 4/30/14.

Student Supervision Regulations and Recommendations

The following regulations and recommendations are intended for physical therapists only. Physical therapist assistants (PTA) have additional requirements outside the scope of this document.

Background

- Physical therapy (PT) students have participated in the delivery of physical therapy services under the supervision of physical therapy personnel in a variety of practice settings.
- The Centers for Medicare & Medicaid Services (CMS) has published specific criteria (based on practice setting) relating to how and when the program will pay for services provided by students.

Federal Regulations

- Regulations (§484.115) specifically cite definitions for "**qualified personnel**", which does not include students.
- CMS **has not** issued specific restrictions regarding students providing services in conjunction with a qualified PT.
- Medicare Part A regulations are silent on the provision of services by a PT student in the home setting.
- Medicare Part B regulations for services provided in the home are as follows:
 - In general only the services of the therapist can be billed and paid under Medicare Part B.
 - A student may participate in the delivery of the services if the therapist is directing the service, making the judgment, responsible for the treatment and present in the room guiding the student in service delivery.¹
 - “that the qualified practitioner is present and in the room and has direct contact with the patient for the entire session”
 - “The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.”
 - “The qualified practitioner is present in the room guiding the student in service delivery when the physical therapy student is participating in the provision of services. In the case where a patient lives in a congregant setting, it is also recommended that the practitioner provides direct supervision for the entire session and is not engaged in treating another patient or doing other tasks at the same time.”

State Regulations

- Rules vary by state and regulations may be liberal or prohibitive regarding services provided by students. State law should be reviewed for guidance on supervision for the provision of services to be considered.
- Some state practice acts are silent on the subject of student supervision and it is recommended that you contact your state licensing board before beginning your program where needed.

- Where state law is silent, agencies need to establish policies to ensure that patient safety is maintained at all times.
- Student PTs are able to provide care in the home health practice setting (as allowed by state law) when the student is supervised by a PT in the home.

Recommendations

The following best practice minimum standards for student physical therapy supervision in home care are recommended and should be the responsibility of the supervising licensed physical therapist:

- Physical therapists, when participating in a student program, shall assure that the programs are approved or pending approval by the appropriate accrediting agency recognized by the Council on Postsecondary Accreditation.
- Insure student is from an accredited school.
- Clinical Instructors should assure an appropriate level of supervision, whether or not a specific CMS rule regarding students has been issued.
- Know the requirements of each payer source: Medicare, Medicaid, and third party insurers. Using students to provide treatment may be allowed by state law, rule, regulation and policy guidelines, however, may not be reimbursable depending on the insurer's specific requirements.

Provision of Direct Personal Supervision

The level of supervision recommended is direct personal supervision.

Direct Personal Supervision is defined as: The physical therapist is physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. Tele-communications do not meet the requirement of direct supervision. (State statues using terms of **direct supervision** and **Onsite supervision** should be interpreted as direct personal supervision in home care unless clarified otherwise by state law).

PT students and Clinical Instructors must follow state laws governing supervision in a physical therapy setting as outlined in state practice act where the clinical experience is taking place.

The supervising physical therapist is accountable and responsible at all times for the direction of the actions of the person supervised when services are performed by the physical therapist student.

Documentation

Students, as unlicensed personnel, may document tasks and activities of patient care during the patient treatment.

The supervising therapist is required to review and co-sign all students' patient/client documentation for all levels of clinical experience and retains full responsibility for the care of the patient/client.

Other federal and state acts and regulations

Federal Law/Act	Website Resource
Family Educational Rights and Privacy Act (FERPA) aka Buckley Amendment	http://www.washington.edu/students/reg/ferpafac.html ; http://epic.org/privacy/education/ferpa.html
Individuals with Disability Act (IDEA)	http://idea.ed.gov/explore/home
Americans with Disabilities Act (ADA)	http://www.ada.gov/
Title VI of the civil rights act of 1964	http://www2.ed.gov/policy/rights/guid/ocr/raceoverview.html

References

1. Centers for Medicare and Medicaid Services. Available at: http://www.cms.hhs.gov/manuals/pm_trans/R1753B3.pdf. Accessed 8/27/14.
2. American Occupational Therapy Association. Student supervision and Medicare requirements. Available at: <https://usm.maine.edu/sites/default/files/lac/AOTA%20supervision%20guidelines%20April%202013.pdf> Accessed 8/27/14.
3. American Physical Therapy Association. Levels of Supervision. HOD p 06-00-15-26. Available at: https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Terminology/Supervision.pdf Accessed 8/27/14.
4. Centers for Medicare & Medicaid Services. Student Supervision Guidelines. Available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/student_supervision_guidelines.zip. Accessed 8/27/14.

Sample Timeline for Facilitating Clinical Instruction (8-12 week rotation)

Pre-Student Arrival

- Clinical Instructor Training
- Assign Clinical Instructor (s) to student (s)
- Clinical Instructor reviews school-provided student documentation (prior rotations/experience/student goals)
- Prepare for Student Orientation
- Prepare and send Student Welcome Letter (dress code, necessary supplies to bring, where to report, who to report to, hours of operation, contact information, etc.)
- Review and update Student Program Policy and Procedure Manual and Student handbook, as needed

WEEK 1

Complete the orientation process

- Review site orientation checklist.
- Introduction to the office.
- Review policy and procedure manuals specific to student policy and state practice act governing therapist practice.
- Complete agency mandatory education specified in student policy.
- Discuss objectives of the student clinical education program.
- Review information from student questionnaire with student: personal goals, preferred learning style, feedback preferences, and observation opportunities (this information should optimally be available to the CI prior to the commencement of the practicum for CI review).
- Discuss communication methods and provide necessary contact information.

Practice Guidelines

- Discuss accountability and productivity goals/expectations.
- Discuss impact of managed care and Medicare PPS (utilization review models) on service delivery and procedures.
- Perform chart reviews, participate in history taking of patient, and conduct components of the objective data of patient evaluation.
- Discuss and practice documentation and goal setting.
- Observe and assist CI in treatment planning and delivery of direct patient care.

WEEKS 2 - 3

Documentation

- Selects and extracts information and pertinent data, i.e. PLOF, PMH, labs, tests/procedures, relevant to the delivery of the therapy patient.
- Student demonstrates evidence of progression with documentation; following guidelines and format required.
- Writes legibly or enters appropriate data electronically.
- Able to document treatment on visit note demonstrating medical necessity and evidence of skilled care.
- Integrates and practices all components of initial examination skills (History, Systems Review, Tests and Measures, Evaluation, Diagnosis, Prognosis, Plan of Care).
- CCCE and CI provide classroom training for OASIS and Reassessment Requirements.

Practice Guidelines

- Level I and II: Treat one to two patients per day (revisits) or one evaluation and one revisit.
- Level III and IV: Treat two to three revisits per day or one eval and one to two revisits.
- Observes health and safety regulations to promote a safe working environment.
- Demonstrates confidence in all patient interactions.
- Maintains patient confidentiality.
- Effectively identifies additional need for support for safety of both clinician and patient during treatment intervention.
- Attends team meetings.
- Participates in interdisciplinary team conferencing.
- Demonstrates ability to communicate with interdisciplinary team members when necessary regarding patients' needs.

Administration

- Follows department guidelines for the delivery of therapy services, e.g. critical/clinical pathways or protocols.
- Interacts with case management, social services, or home health services to understand each entity's role for discharge planning (i.e. arranging observation to better understand their roles).

Research

- Introduces ideas for professional development/in-service project.
- Introduces ideas for writing a case study to prepare for publication (optional for exceptional students).

WEEKS 4 - 6 (by mid-term)

Documentation

- Produces documentation that follows guidelines and format required by the home health practice setting.
- Produces documentation that is accurate, concise, timely, and legible.
- Documents pertinent information related to impairments and restrictions in activity limitations/participation consistent with regulatory agencies and third-party payers.
- Monitors and documents functional outcomes at appropriate time points based on CMS regulation and third party payer rules.
- Incorporates response to treatment, discharge planning, family conference and communication with others involved with the delivery of patient care.
- Demonstrates effective communication and collaboration amongst team members and patient.

Practice Guidelines

- Treat three to four clients for re-visits/day and two to three new evaluations per week and observe CI in a Start of Care admission.
- Safely conducts organized examinations and interventions.
- Documentation reflects knowledge of pathology, co morbidities, pharmacology.
- Synthesizes examination data and interprets clinical findings to establish a therapy diagnosis.
- Progresses interventions appropriately.
- Establishes and maintains productive working relationships.
- Establishes effective communication for caregiver training.
- Begins to provide feedback to paraprofessionals.
- Accepts criticism without defensiveness.
- Listens actively and attentively to what is being communicated by others and attends and contributes to Interdisciplinary team meetings, reviewing new and current cases.
- Verbalizes need for other disciplines (OT, SLP, SN, WOCN, RD, MSW) based on clinical and psychosocial findings.
- Continues to develop basic documentation skills with more complexity and sophistication to reflect skilled care in all notes.

AT MID-TERM

Practice Guidelines

- Continues to increase caseload size in accordance with student level up to 50% of CI caseload with ability to incorporate time management skills to complete visits in expected treatment time allotted and with appropriate supervision for clinical level (greater expectation for level III and IV to achieve).

- Introduce variable case mix including more complicated patients at appropriate level with mentoring to promote critical thinking.
 - Makes recommendations for referral to other health care professionals when indicated.
 - Performs therapy examinations in a technically competent manner.
 - Uses clinical findings, medical knowledge to establish realistic client-centered meaningful goals and optimal functional outcomes that specify expected time duration.
 - Establishes a plan of care consistent with the examination and evaluation.
 - Performs reassessments and monitors effectiveness of the plan of care based on comparative data and changes in patient status.
 - Incorporates evidenced-based practice in plan of care.
 - Continues to initiate discharge planning and coordinates /recommends services of other health care providers.
 - Evaluates effectiveness of communication and modifies behavior or strategy as appropriate.
 - Performs self-assessment of professional behavior objectives and asks for assistance as needed.
 - Identifies and establishes priorities for educational needs in collaboration with the learner(s).
 - Conducts educational activities with patients and family members using a variety of instructional strategies as needed.
 - Evaluates effectiveness of educational activities.
 - Able to initiate discharge plan that includes referrals for community resources and services.
 - Other: Complete review of midterm Clinical Performance Instrument (CPI) with CI/student discussion.

WEEKS 8-12 (near completion)

Documentation

- Completes all documentation correctly, and efficiently.

Practice Guidelines

- Performs therapy examinations in a technically competent manner.
- Adjusts examination according to patient response.
- Optimal and timely use of selected procedures, tests and measures for establishing therapy diagnosis and progressing plan of care.
- Identifies competing diagnoses that must be ruled out to establish a diagnosis.
- Incorporates evidenced-based practice into plan of care and assessment of ongoing care.
- Uses intervention time efficiently and effectively.
- Modifies educational activities considering learner's needs, characteristics and capabilities.
- Manages variable case-mix including complicated patients.
- Makes recommendations for referral to other health care professionals when indicated.

- Maximizes time with patients and maintains productivity while providing quality care.
- Continues to manage full caseload approaching productivity standard (75% of CI caseload for Level IV). Able to participate in a PT ONLY (OPEN) with assistance.
- Manages complicated patients, families, home and community re-entry with some consultation.
- Maintains productive pace.
- Demonstrates innovation in plan of care, specifically intervention and discharge strategies.
- Continue to refer to other health care professionals when indicated.
- Consistently incorporates evidenced-based practice into plan of care and documentation.

Administration

- Able to complete discharge plan that includes community referrals and/ or equipment to promote safety, independence, health maintenance, and wellness.
- Advocates for patient interventions or services with case manager, physician, or fiscal intermediaries.
- Demonstrates commitment to an interdisciplinary team approach.

Additional content to be reviewed with the exceptional student on a level IV rotation

- Demonstrates ability to verbalize purpose and recognition of need for use for:
 - Outcome and Assessment Information Set (OASIS)
 - Notice of Medicare Non-Coverage (NOMNC)
 - Advanced Beneficiary Notice (ABN)
 - Home Health Change of Care Notice (HHCCN)

Administration (optional opportunity for Level IV provided meeting entry level competencies)

- Develops understanding of staffing needs based on caseload and productivity.
- Develop understanding of any of the following through participation and learning:
 - Reimbursement
 - Quality Improvement
 - Compliance and Risk Management
 - Human Resources
 - Operational management and Planning
 - Finance

Research

- Finalizes with CI professional development/in-service project for presentation or hand in case report in anticipation of submission for publication.
- Other: Complete review of CPI and student evaluation with CI discussion.

Glossary of terms:

Level I – Student's first clinical experience

Level II – Student's second clinical experience

Level III – Student's clinical experiences in final year of academic program

Level IV – Student's final clinical experience during or after completion of academic coursework

**Sample Client Consent for Student Experience
(optional as per individual home health agency policy guidelines)**

CLIENT CONSENT FOR STUDENT EXPERIENCE

Client Name:

Student Training Institution:

Category: Nursing Physical Therapy Occupational Therapy Speech Therapy

Other:

[Name of Agency] is working with a student from the above named training institution in order to provide an opportunity to learn about home health care.

Any medical record review or home visit will be done in concert with and under the direction of a Registered Nurse/Therapist employed by [Name of Agency].

Confidential personal information may be learned during these visits or from information in your chart. All students and faculty have been trained in state and federal law governing confidentiality of medical records and your personal health information will not be used by the Student other than for training purposes.

The student is not an employee of [Name of Agency] and is under the ultimate supervision and direction of the training institution.

By signing this consent I specifically and voluntarily authorize [Name of Agency] to release and share personal health information with the student and faculty. I understand that this consent may be revoked at any time by notifying [Specific Agency Employee] in writing.

You are not required to allow the student in your home and refusal will not jeopardize your care provided through [Name of Agency].

I understand that my signature below is voluntary consent to allow students/faculty, as appropriate, from the above named institution to:

observe the care rendered to me by [Agency Staff] in my place of residence.

have access to my Personal Health Information, assist the [Name of Agency] employee in the performance of specified and approved procedures, related to my care.

Client/Representative Signature: _____ Date: _____

Sample Student Program Checklist

The purpose of the student program checklist is:

1. Identify necessary documentation to be provided to the Home Health Agency (HHA) prior to a student beginning a home health rotation.
2. Assist Center Coordinator for Clinical Education (CCCE) with organizing and maintaining necessary documentation in student HR folders.

A Home Health Agency's documentation checklist should match the School/HHA contract requirements. The following sample list is not all inclusive and not meant to be a mandatory list for all jurisdictions.

Student Name: _____ **Date of Affiliation:** _____

Academic Program: _____

Items to be furnished to [\[Home Health Agency\]](#) one month prior to the start of a clinical rotation:

- Signed HHA Acceptable Use Policy Acknowledgment Form.
- Student(s) name(s) and addresses, specific dates and hours, proof of student health insurance and student's learning objectives.
- School's faculty liaison name and contact information.
- Proof of infection control training (including OSHA Blood Borne Pathogen).
- Proof of current and compliant with all immunizations and Tb screening requirements.
 - o Negative PPD (Mantoux) within one (1) year, and a chest x-ray, if PPD positive.
 - o Td (Tetanus-diphtheria) booster within ten (10) years;
 - o Proof of immunity against measles (Rubella), Mumps, and German Measles (Rubeola);
 - o Varicella titer or disease, where such proof is documentation of adequate immunization or serologic confirmation;
 - o Hepatitis B immunization or signed declination; and
 - o Influenza vaccination or signed declination.
 - o Physician Statement (NP or PA is acceptable) that student is free of impairments that pose a risk of injury/illness to Agency's patients or interfere with the performance of his/her assigned duties
- Proof of HIPAA Training.
- Proof of Student Liability Insurance with HHA as additionally named insured.

Comparison of Nursing and Physical Therapy Student Programs in Home Health Practice Setting

	Nursing	Physical Therapy
Rotations (exclusive of specialty rotations)	Medical-Surgical (1 and 2); Pediatrics; Obstetrics; Behavioral Health, Community.	Acute Care; Rehabilitation (acute and/or sub-acute); Outpatient.
Clinical Affiliation Class Size	Class size – 30-60 students with clinical groups of 8-10 students per site. One instructor (academic faculty) per clinical group.	Typically 1:1 or 2:1 model with one or two students assigned to a clinical instructor (PT staff member of practice setting). Center Coordinator of Clinical Education (staff member of clinical site) and Director of Clinical Education (academic faculty member) are resources to CI and student PT during rotation.
Clinical class component	Academic instruction included.	Academic instruction at clinical site is not included.
Preconference and post conference –clinical group discussions	Students meet as clinical group together prior to and following observation and participation with staff nurse for clinical discussion.	Not included in group setting. One on one or two on one discussion is ongoing throughout rotation.
Duties	May or may not include patient care.	Includes hands on assessment and treatment, establishment of care plan and documentation of same
CMS Chapter 7 Benefit Policy Manual	40.1.2.14 Student Nurse Visits.	Not addressed.
Student Assessment Tool	Not standardized nationally. Student assessments are varied and completed by academic institution.	American Physical Therapy Association Standardized Student assessment tool called the Clinical Performance Instrument (CPI) completed ideally on website.
Mandatory In-service or Case Report	Not required.	Must check with school and agency policy.