Pediatric Physical Therapy Residency at the University of Michigan Hospital System

Resident Handbook

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Overview of the Program

The University of Michigan – Flint Pediatric Residency Program is designed to prepare the novice or experienced licensed Doctor of Physical Therapy for clinical specialization and advanced practice through targeted study in the area of pediatrics. The goal of the residency program is to prepare graduates with advanced knowledge that is grounded in collaborative, family centered approaches focused on providing service to a culturally, socially, and economically diverse population.

The residency curriculum includes clinical and didactic components both of which are based on the APTA’s Description of Specialty Practice in Pediatrics (DSP). The DSP details what a Pediatric Clinical Specialist is expected to know, and it forms the basis for the American Board of Physical Therapy Specialists (ABPTS) Pediatric Clinical Specialist (PCS) exam. Mentored clinical experiences occur across a broad range of pediatric clinical practice settings and are facilitated by an ABPTS clinical specialist. The didactic component of the residency curriculum is delivered fully online and taught by University of Michigan – Flint Physical Therapy Department faculty. Upon completion of didactic coursework, the resident earns a Clinical Certificate in Pediatric Physical Therapy from the University of Michigan. Coursework can also be applied to PhD studies in the University of Michigan – Flint PhD in Physical Therapy program. In addition to coursework and clinical practice, residents develop leadership skills through service, advocacy, teaching, and research activities.

The University of Michigan-Flint (UM-Flint) Pediatric Physical Therapy Residency with Clinical Component at UMHS is the result of a collaborative partnership between UM-Flint and the University of Michigan Health System (UMHS). The Residency Coordinator is a core member of UM-Flint physical therapy education faculty and an ABPTS certified clinical specialist. The Residency Coordinator is responsible for all internal and external activities related to the program, ongoing program evaluation, and monitoring the outcomes of the program. Communication and collaboration with UMHS residency clinical faculty is facilitated through regular faculty meetings, on site visits, and sharing of resources through the Pediatric Physical Therapy Residency Organization page in Blackboard. The Pediatric Residency Program with Clinical Component at UMHS Policies and Procedures reflect the collaborative partnership between UM-Flint and UMHS. Policies and procedures are reviewed on an ongoing basis and are published on the residency organization page, in the Pediatric Physical Therapy Advanced Practicum Blackboard course shell, and in the Resident Handbook.

Faculty and Staff of the UM-Flint Pediatric Post Professional Programs

James Creps, PT, DScPT, OCS, CMPT

Assistant Professor and Associate Director of Post-Professional Education Non-Degree Programs

Dr. Creps graduated from the Medical College of Ohio's School of Physical Therapy in 1984, received an Advanced Master’s Degree in Orthopedic Physical Therapy in 2000, and a Doctor of Science degree in Physical Therapy in 2009. He’s an ABPTS certified Orthopaedic Clinical
Specialist and a certified Manual Physical Therapist through the North American Institute of Orthopaedic Manual Therapy. In his capacity as the Associate Director of Post-Professional Non-Degree Programs, Dr. Creps is responsible for the administration of all of the University of Michigan-Flint's Certificate and Residency Programs, including the Pediatric Physical Therapy Residency Program.

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Carol Daly, PT, DPT, PCS
Lecturer III and Coordinator of Pediatric Certificate and Residency Programs

Dr. Daly graduated from the University of Iowa with a certificate in physical therapy and from Drexel University with a Post-Professional Doctor of Physical Therapy degree with clinical concentration in pediatrics. Dr. Daly obtained ABPTS certification in pediatrics in 2002 and completed recertification in 2011. Dr. Daly is an active member of the Section on Pediatrics of the American Physical Therapy Association where she serves on the Practice Committee, the Knowledge Translation Sub-Committee, and acts the liaison between the Section and the APTA Learning Center. Dr. Daly’s primary teaching responsibilities are in the University of Michigan – Flint Transitional Doctor of Physical Therapy Program and the Pediatric Physical Therapy Certificate and Residency Programs. Dr. Daly currently continues in clinical practice at St. Luke’s Witwer Children’s Therapy in Cedar Rapids, Iowa, where she provides outpatient physical therapy services to children of all ages.

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Christina Wixson, BA
Program Coordinator, Post-Professional Programs

Mrs. Wixson is the Program Coordinator for all post-professional degree and non-degree programs. She joined the University of Michigan – Flint Physical Therapy Department in November of 2008. Christina holds a BA in Organizational Communications from the University of Michigan-Flint. Mrs. Wixson works closely with the Associate Director of Post-Professional Non-Degree Programs and the Residency Coordinator and provides student support.

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University of Michigan-Flint

Mission Statement
The University of Michigan-Flint is a comprehensive urban university of diverse learners and scholars committed to advancing our local and global communities. In the University of Michigan tradition, we value excellence in teaching, learning and scholarship; student centeredness; and engaged citizenship. Through personal attention and dedicated faculty and staff, our students become leaders and best in their fields, professions and communities.
**Goals and Objectives**

The University’s 2011-2016 strategic plan sets forth priorities to fulfill the University’s three pillars of excellence in teaching, learning and scholarship, student centeredness, and engaged citizenship including the following:

- **Priority #1** – Enhance the quality and breadth of academic programs and be a school of first choice
- **Priority #2** – Foster a culture in which faculty are supported in pursuing disciplinary and interdisciplinary teaching, scholarship, and creative activity, and expand faculty professional development
- **Priority #4** – Expand participation in civic engagement, experiential learning, and service learning
- **Priority #5** – Fulfill our student mission as we serve a growing and increasingly diverse student population
- **Priority #6** – Cultivate a campus climate that embraces diverse social identities and perspectives.

The mission statement of the University of Michigan-Flint and the priorities outlined in the 2011-2016 strategic plan guide the goals and objectives associated with the Pediatric Physical Therapy Residency Program at UM-Flint.

**Accreditation Status**

The University of Michigan-Flint is fully accredited by the Higher Learning Commission of the North Central Accreditation of Colleges and Schools. Accreditation was renewed in 2010.

The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) of the American Physical Therapy Association directs accreditation of physical therapy residency programs in the United States. The University of Michigan – Flint Pediatric Residency accreditation application is currently in process.

**Academic Integrity**

Intellectual integrity is the most fundamental value of an academic community. Students and faculty alike are expected to uphold the highest standards of honesty and integrity in their scholarship. No departure from the highest standards of intellectual integrity, whether by cheating, plagiarism, fabrication, falsification, or aiding and abetting dishonesty by another person, can be tolerated in a community of scholars. Such transgressions may result in action ranging from reduced grade or failure of a course, to expulsion from the University or revocation of degree.

It is the responsibility of all students and faculty to know the policies on academic integrity in the instructional units at the University of Michigan-Flint. Information about these policies and the appeals process is available from the appropriate administrative
office of the instructional units: in the College of Arts and Sciences, the Office of the Dean of the College of Arts and Sciences; in the School of Education and Human Services, the Office of the Dean of the School of Education and Human Services; in the School of Management, the Office of the Dean of the School of Management; in the School of Health Professions and Studies, the Office of the Dean of the School of Health Professions and Studies and for graduate students, the Office of the Dean of Graduate Programs.

Departments and programs within these instructional units may have specific policies and procedures which further delineate academic integrity. In such cases students are bound by the University policy on academic integrity as well as these department or program policies.

University of Michigan-Flint Residency Programs

Mission Statement

The primary purpose of the University of Michigan-Flint Pediatric Clinical Residency Program is to prepare entry level or general practice physical therapists with advanced pediatric physical therapy knowledge and skills to be able to achieve optimal functional outcomes for every pediatric patient/client.

Goals

The goals of the UM-Flint Physical Therapy Pediatric Residency Program are:

- To prepare graduates who will:
  - Serve as the practitioner of choice with advanced knowledge in pediatric physical therapy
  - Utilize collaborative, multi-paradigm approaches to pediatric physical therapy services based on current best available evidence and child/family preferences
  - Possess strong patient/client management skills while providing family centered pediatric physical therapy services to a culturally, socially, and economically diverse population.

- To develop a program that will meet the requirements for credentialing by the American Physical Therapy Association.

- To support the mission of the University of Michigan Health System (UMHS) to achieve excellence in clinical education and patient care by sharing the expertise of the faculty to new PT graduates or general practitioners who are interested in advancing skills in pediatric therapy.
• To provide pediatric physical therapy residency education delivered in a consistent format with excellent instruction.

Evaluation of Program Goals

The goals of the residency program are evaluated in multiple ways. The didactic component of the education is evaluated by testing incorporated into the course modules of the five certificate courses. The resident will not successfully matriculate through the pediatric residency experience if their grade point average drops below a “B” equivalency while enrolled. The clinical component of the education is evaluated through weekly meetings between the resident and the clinical mentor, and by monthly meetings between the resident and the coordinator of the pediatric residency program at the University of Michigan-Flint. During these meetings, the resident’s progress towards achieving the key clinical skills associated with advanced pediatric practice will be assessed, and remediation plans put in place, as needed.

Objectives

• Qualified applicants will be recruited to join the program.
• The curriculum will be structured with flexibility such that the resident physical therapist will be able to work and be trained at the same time.
• The faculty will provide didactic and clinical education utilizing a client and family centered approach to care.
• The curriculum will prepare the residents to practice independently in pediatric physical therapy.
• The curriculum will address all areas of the Pediatric Description of Specialty Practice in settings consistent with pediatric physical therapy practice.
• The appointed faculty members will be given an opportunity to share their expertise in pediatric physical therapy to the community through education.

Resident Goals and Objectives

The goals and objectives of the resident-in-training are as follows:

1. Goal: Excellence in Clinical Practice
   Objectives: By the end of the program, the resident will demonstrate Excellence in Clinical Practice by:
   a. Successful completion of all written, oral, and practical examinations in the didactic and clinical components of the residency program leading to the successful completion of the ABPTS clinical specialist examination for Pediatrics
   b. Demonstration of advanced clinical practice consistent with the Pediatric Description for Specialty Practice
   c. Verification of the ability to locate and analyze the literature in order to provide evidence based care in pediatric physical therapy
d. Confirmation of the appropriate use of outcome measures in complex clinical cases including utilization of this information in developing an appropriate treatment plan, ongoing reassessment of patient progress, and in the discharge planning process.

2. Goal: Leadership and Service in the Profession
   Objectives: By the end of the program, the resident will demonstrate Leadership and Service in the Profession by:
   a. Membership in the APTA and the APTA Section on Pediatrics
   b. Active participation in national, state and local physical therapy initiatives highlighting the use of residency training in the promotion of advanced clinical practice.
   c. Promotion of both basic and advanced Clinical Instructor Training through the APTA to prepare the resident for clinical education and future clinical mentoring.

3. Goal: Promotion of Scholarship, Teaching and Learning
   Objectives: By the end of the program, the resident will demonstrate Promotion of Scholarship, Teaching and Learning by:
   a. Completion of an original case report or study of publishable quality presented at a national, state or local physical therapy venue.
   b. Effectively participating in physical therapy education and/or continuing professional educational programs where the resident is responsible for lecture/program development and teaching

*add additional goals/objectives as needed

Program Curriculum
Courses PTP 690 (4 ch), PTP 691 (4 ch), PTP 692 (4 ch), PTP 790 (3 ch), PTP 791 (4 ch) and PTP 804 (6 ch) make up the didactic component of the pediatric physical therapy residency. These are post-professional graduate level courses that are only open to individuals who have obtained the DPT degree. The development of the curricular content in these courses was completed by referencing the American Board of Physical Therapy Specialties Pediatric Description of Specialty Practice. The skills and didactic knowledge described as requirements for advanced clinical practice are included in the curricular modules and care has been taken to ensure that an understandable transition between CAPTE standards for entry-level knowledge and skills and those referenced in the DSP has been made. PTP 804 is the course number for the Advanced Practicum component of the residency experience. This course is the vehicle that is used to coordinate the resident’s clinical mentoring experience and clinically relevant leadership, education, and research activities. The Advanced Practicum begins in the fall semester of the first year and proceeds through the entire residency experience. It is designed so that congruency between the didactic and clinical components of the residency experience is ensured. Residents must hold a license to practice Physical Therapy in order to be eligible to enroll for this course.
Courses related to diseases and disorders encountered in pediatric physical therapy practice and those related to physical therapy examination, evaluation, and intervention are taught in sequence so that the resident has the opportunity to build upon previous didactic knowledge as they move towards advanced clinical practice. This allows the resident to have baseline knowledge as their clinical practice exposure becomes more complex. Finally, the case study coursework, as well as the course on pediatric physical therapy practice in today’s health care system, ensure that the resident has the opportunity to have a broader perspective on how this new knowledge fits into the larger framework of advanced clinical practice and leadership in the profession.

The residency program is designed for an 18 month completion, however, the resident may petition for a 12 month completion option. The sequence of courses for the 18 month and 12 month residency are shown below.

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<tr>
<th>18 Month Completion Option</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring-Summer</th>
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<td>PTP 804 Advanced Practicum</td>
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<td>PTP 690 Advances in Diseases and Disorders</td>
<td>PTP 691 Evidence Based Examination in Pediatric PT</td>
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<td>PTP 804 Advanced Practicum</td>
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<td>PTP 790 Case Studies in Pediatric PT</td>
<td>PTP 791 Pediatric PT in the Health Care System</td>
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<th>12 Month Completion Option</th>
<th>Fall</th>
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<td>PTP 690 Advances in Diseases and Disorders</td>
<td>PTP 691 Evidence Based Examination in Pediatric PT</td>
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<td>PTP 774/791 PT in the Health Care System</td>
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<td>PTP 790 Case Studies in Pediatric PT</td>
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Residency Experience

Environment

Clinical practice locations for the pediatric residency will differ based on the employment agreement and learning needs of the resident. The types of clients treated at the facilities will reflect those listed in the Description of Specialty Practice in Pediatrics. Residents will have access to the client’s medical records, the expertise of physical therapy clinical specialists and other allied professionals (nursing, OT) as well as contact with the specialty and referring physicians.

Schedule

The resident engages in clinical practice based on the employment contract. During clinical practice, the resident will receive a minimum of 100 hours of mentoring during patient examination or intervention sessions. A minimum of an additional 50 hours of non-patient care mentoring will take place during the residency. Other mentorship will occur via synchronous and asynchronous communication with didactic and clinical faculty to include, but not limited to review of patient cases, review of literature relevant to the patient cases, and discussion of clinical reasoning relative to various pediatric patient cases.

Leadership Experience

The resident is expected to provide leadership by example for the use of evidence based physical therapy practice. The resident is required to complete specific leadership activities as defined in the Advanced Practicum coursework. Examples of these leadership activities include performing educational presentations for peers, assisting with didactic and/or clinical education in the t-DPT and professional DPT program, submission of scholarly writing to a pediatric publication, and participation in statewide and national PT meetings and conferences as able.

Cost and Compensation

The cost for participating in the pediatric certificate and residency program is equivalent to the cost per credit hour at the University of Michigan-Flint for instate and out of state students. Residents may be eligible for scholarships to cover the cost of courses in the curriculum. Residents are paid as licensed physical therapist for hours spent in clinical practice at a rate that is commensurate with their level of experience.

Professional Development Opportunities

The resident will have access to all teleconferences and webinars offered through the University of Michigan-Flint’s Post Professional Program and may participate in the sponsored APTA CI credentialing courses. The resident will have access to the APTA
professionalism modules and other courses through the APTA Learning Center. The resident will be encouraged to participate in an online knowledge translation learning circle with other residents in the Post Professional Certificate and Residency courses at the University of Michigan-Flint. Residents will be encouraged to attend state and national PT meetings of the profession and to participate as a presenter at these meetings.

**Resident initial competence and safety within the clinical setting**

Initial competence of each resident will be determined based on the strength of the application. Upon matriculation into the residency, each resident will be assessed by the clinical faculty to determine their initial competence in any evaluation or intervention technique which brings any risk to the patient should it be completed incorrectly. Further competency of the resident is determined by ongoing clinical faculty assessment and interviews with the Associate Director of Post-Professional Education Non-Degree Programs and the Clinical Coordinator of the Pediatric Residency. This process will allow for discussion by clinical faculty, the Associate Director of Post-Professional Education Non-Degree Programs, and the Clinical Coordinator of the Pediatric Residency to determine what difficulties each resident may face, and how that candidate will be successful in the program.

**American Physical Therapy Association References and Resources**

In addition to the guidance provided by the University of Michigan – Flint Mission Statement, the American Physical Therapy Association provides guidelines for physical therapy residency programs which are incorporated into the framework of the pediatric physical therapy residency program. The following information on residency programs is available on the APTA website. This information was current as of November 2012.

**Residency Program Curricula**

“Residency and fellowship programs must be based on a recognized practice analysis to be credentialed by APTA. Such patterning ensures consistent standards of instruction for prospective residents, their future employers, and even their future patients. A clinical residency curriculum may be based on part or all of the most recent Description of Specialty Practice (DSP) (formerly Description of Advanced Clinical Practice or DACP) in the related specialty area (eg, pediatrics, cardiopulmonary, etc.). For areas of practice where a DACP or DSP does not exist, a practice analysis must be submitted to the Committee for approval to become the basis of the curriculum. Guidelines for conducting a practice analysis are available on the Clinical Residency and Fellowship Program Credentialing Web page.”
“Because fellowship programs are always in *subspecialty* areas, a DACP or DSP is too broad to serve as an acceptable practice analysis. Therefore, a fellowship program must submit an equally acceptable practice analysis in the subspecialty.”

“Residency and fellowship programs vary in their content as well as available continuing education. Some programs provide a more didactic curriculum while others are more clinically based. Selection of a specific program should be based on the applicant's goals and areas of interest.”

**Clinical Practice Time**

“The amount of time devoted to clinical practice should be determined according to what is necessary to achieve the program's curricular outcomes.”

**Clinical Residency and ABPTS Specialist Certification**

“Graduates of a credentialed clinical residency program are eligible to sit for the ABPTS Specialist Certification Examination. These graduates must meet all eligibility criteria for their respective specialty examination; however, they do not have to complete the direct patient care hour document. The resident's application must be received by the application deadline set by ABPTS regardless of graduation status. The resident must prove they graduated from a credentialed residency program by January 31 prior to the examination cycle.”

“For those residency programs seeking credentialing, the program's residency credentialing application must be received by APTA staff by March 1 in order for their current residents to be eligible to sit for the next ABPTS examination. Any residents of a program whose credentialing application was not received by the March 1 deadline may not apply for the next ABPTS examination and must wait until the following year to apply.”

[http://www.apta.org/ResidencyFellowship/AboutCredentialingPrograms/](http://www.apta.org/ResidencyFellowship/AboutCredentialingPrograms/)

**GUIDELINES: PROFESSIONAL OATH FOR PHYSICAL THERAPISTS HOD G06-04-23-19**

[Initial HOD 06-00-32-12] [Previously titled: Oath for Physical Therapists] [Guideline]


Whereas, The profession has defined core values of accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility;

Whereas, It is the responsibility of all academic and clinical faculty, clinical instructors, and professional mentors to actively promote to physical therapist students the importance of professionalism;
Whereas, An oath serves to enhance the commitment of the physical therapist professional to the patient, client, and themselves; and

Resolved, That the American Physical Therapy Association supports the use of a professional oath for students in accredited physical therapist education programs and for licensed physical therapists.


American Board of Physical Therapy Specialties

References

The American Board of Physical Therapy Specialties (ABPTS) offers board-certification in eight specialty areas of physical therapy: Cardiovascular and Pulmonary, Clinical Electrophysiology, Geriatrics, Neurology, Orthopaedics, Pediatrics, Sports, and Women’s Health.

Mission Statement

“ABPTS' mission is to improve public health by enhancing clinical excellence in physical therapy practice through credentialing clinical specialists.”

http://www.abpts.org/About/Mission/

Specialist Certification

“The American Physical Therapy Association (APTA), a national professional organization representing more than 80,000 members throughout the United States, established the specialist certification program in 1978. Specialization is the process by which a physical therapist builds on a broad base of professional education and practice to develop a greater depth of knowledge and skills related to a particular area of practice. Clinical specialization in physical therapy responds to a specific area of patient need and requires knowledge, skill, and experience exceeding that of the physical therapist at entry to the profession and unique to the specialized area of practice.”

“The specialist certification program was established to provide formal recognition for physical therapists with advanced clinical knowledge, experience, and skills in a special area of practice and to assist consumers and the health care community in identifying these physical therapists.”

“In 1981 the APTA House of Delegates approved board certification in the area of pediatrics. The purpose of the program is to identify physical therapists with advanced clinical knowledge and experience. The American Board of Physical Therapy Specialties
(ABPTS) coordinates and oversees the specialist certification process. The first pediatrics specialist certification examination was administered in 1986. As of June 2013, ABPTS has certified 1,271 pediatric specialists.”

http://www.abpts.org/Certification/

**Resources at the University of Michigan-Flint**

**Email Account:**
Your email address will be your [uniqunam@umflint.edu](mailto:uniqunam@umflint.edu). Your email will be accessible at [https://email.umflint.edu](https://email.umflint.edu).

As a student in the post-professional program at the University of Michigan-Flint you are expected to check your University email daily. This is to ensure that you are up to date with the most recent information that your instructors have to offer as this is the primary means of communication for the University and the faculty.

For more email information please visit:
http://www.umflint.edu/advising/transfer_next_steps.htm

**Registering for classes**
For information regarding registering for classes use the guide provided below:
http://www.umflint.edu/registrar/documents/OnlineRegistrationInstructions.pdf

**Blackboard**
Blackboard is the course management system used for all didactic coursework and the Advanced Practicum course in the pediatric physical therapy clinical certificate curriculum.

How to login to Blackboard:
http://www.umflint.edu/oel/loginhelp.htm

For a complete Blackboard orientation:

Fact Sheets and Training Materials from Blackboard:
https://bb.umflint.edu/webapps/portal/frameset.jsp?tab_tab_group_id=2_1&url=%2Fwebapps%2Fblackboard%2Fexecute%2Flauncher%3Ftype%3DCourse%26id%3D52402_1%26url%3D
Pediatric Physical Therapy Residency at UMHS
Policies and Procedures

(Created in collaboration with The University of Michigan Health System Fall 2012; adopted for the Pediatric Residency Fall 2013; reviewed and revised January 2014; reviewed May 2014)

The Pediatric Physical Therapy Residency at UMHS is the result of a collaborative partnership between the University of Michigan – Flint and the University of Michigan Health System. The policies and procedures of the residency reflect key aspects of this academic and clinical partnership. Residents of the program must follow all policies in full.

Section 1: Patient and Client Care

CONFIDENTIALITY AND SECURITY OF HEALTH INFORMATION

How do I maintain the confidentiality and security of patient information?

Patient information is protected under UMHS and UM-Flint policies, Michigan laws and regulations, and professional ethical standards. Additional rules put in place by federal law under the Health Insurance Portability and Accountability Act (HIPAA), specifically govern the use, disclosure, access and safety of protected health information (PHI) related to our patients. Among other things, these rules impose new administrative requirements and consequences if we fail to adequately protect the information in all its forms (including verbal discussion, paper and electronic media).

What is protected health information (PHI)?

PHI is a HIPAA term for any information that can be linked to a specific patient about the patient’s health, health care or payment for health care services. PHI can be a patient’s complete medical record billing information, or simply the patient’s name, address, date of birth, date of service, or the fact they are a patient of ours.

When may I access PHI?

You may access PHI if you need the information to perform your job relating to the care of a patient. Accessing PHI for any other reason, including concern for a co-worker or relative or to determine whether an employee who has called in sick is actually ill or to check the demographics page for address, birthday or contact information is strictly forbidden and will result in disciplinary sanctions up to and including discharge from employment.

What does “need to know” mean?
Need to know means that you may access or disclose PHI to a UMHS faculty, staff member or trainee only what he or she needs to know to perform his or her job. For example, you should not discuss seeing a co-worker’s relative or a celebrity in the Hospital. Need to know is important, however, this should never interfere with providing the best possible care to a patient. For example, never withhold PHI from a coworker who is co-managing a patient if the information might be relevant to that patient’s diagnosis or treatment. In the context of the Orthopaedic residency program, it is not appropriate to use any distinguishing patient information in the completion of an assignment unless permission has been granted by the patient.

PLEASE NOTE: Access to PHI is logged, and it can be audited. Access audits are undertaken when there is a report of inappropriate access, when requested by any patient, employee or staff member who believes their privacy rights have been violated, or when requested by an employee’s supervisor. When an audit reveals inappropriate access, disciplinary action will be initiated, up to and including discharge from employment.

What is the “minimum necessary” PHI I should access?

When you have determined that you have a need to know, you must still use or disclose only the minimum amount of PHI necessary to do your work. It is not appropriate to access or provide more PHI than needed. Minimum necessary does not apply to the information needed to treat our patients, so PHI can and should be used for treatment. Make sure that printed reports do not contain social security numbers, and think carefully before including other information that could put patients at risk for identity disclosure and theft.

May I discuss PHI with the patient’s family and friends?

Discussion of PHI with a patient’s family and friends may or may not be appropriate, depending on the situation and the patient’s circumstances. Detailed information on disclosures to family and friends, as it relates to the Pediatric residency, is available online at http://www.med.umich.edu/u/hipaa/faqfamily.htm

May we give PHI to outside organizations that request it?

PHI may be disclosed if the request for information comes from a health care provider or health plan that is part of the patient’s treatment (remember, minimum necessary does not apply to treatment), or when the information is necessary for payment purposes, or is part of regular business operations of the Hospital or Health Center. In any event, be sure to verify the identity of the requesting individual or organization.

When may I access information about myself or my family members?
In the University of Michigan system, if your work authorizes access to CareWeb, you may access your own records and the records of your children until a child’s 11th birthday. After a child turns 11, parental access is obtained through the child’s physician or the HIM Release of Information Unit.

To access the records of a spouse, family members or friends for purposes other than your job, you must have a signed authorization from the person granting access. This authorization must be placed on file with Medical Information Services in order to be valid. It is recommended that you also keep a copy of this signed authorization.

Accessing information without authorization is subject to disciplinary action up to and including discharge, regardless of the reason. Using CareWeb to find a co-worker’s birthday or when a baby was born is unauthorized access.

May I e-mail PHI?

E-mail between UMHS workforce members should be sent within the GroupWise system. If you must send e-mail to a non-GroupWise user, such as many U-M Campus employees, follow the minimum necessary principle. When exchanging e-mail with patients, use the required disclaimer: “Electronic Mail is not secure, may not be read every day, and should not be used for urgent or sensitive issues.”

Email sent outside GroupWise is email that is sent or forwarded by any mechanism to an electronic mail box outside GroupWise. There are a number of ways to accomplish this, and in some cases it will be difficult for a user to know whether or not this is happening.

More information is available regarding communications containing PHI is available online at: http://www.med.umich.edu/i/policies/umh/01-04-357.htm

FAQs on this topic are available at: http://www.med.umich.edu/u/hipaa/faqemail.htm

What can I do to protect PHI in general?

• When sharing patient-related information, keep your voice level down, and avoid discussing it in public areas, such as corridors, elevators and the cafeteria.

• Dispose of all paper containing PHI by shredding or discarding in blue secure recycle bins. For disposal of non-paper PHI waste (ePHI on CD-ROMs, radiographs, portable hard-drive devices, etc.), call the Maintenance Call Center at 936-5054.

• Keep patient-related information from the view of other patients and visitors. In cases where patient safety may require patient identifiers in public areas, contact the Compliance
Office at: [http://www.med.umich.edu/compliance/index.htm](http://www.med.umich.edu/compliance/index.htm) to determine whether it is appropriate to do so.

- Do not give patients their medical records to carry from one area to another.

Where can I turn with PHI confidentiality and security questions?

- Ask your supervisor, who will know your unit’s specific practices.
- Review privacy/security information at: [http://www.med.umich.edu/u/compliance/area/privacy/index.htm](http://www.med.umich.edu/u/compliance/area/privacy/index.htm)

- Email questions to HIPAA-Inquiries@med.umich.edu.
- Call the Compliance Office at 615-4400.
- For anonymous reports, call the Compliance Hotline at 866-990-0111.

**PATIENT PROTECTION: RIGHTS AND ORGANIZATIONAL ETHICS**

How do our mission and values assist our commitment to patients and families first?

We have an obligation to provide - and patients have a right to expect:

- Considerate and respectful care
- Information regarding their diagnosis and treatment
- Involvement in decisions about their own care
- Participation in ethical issues and questions
- Privacy and confidentiality
- Access to protective services
- The opportunity to consent to, or decline, participation in research studies
- Resolution of complaints
- To be informed of hospital charges and payment methods
- Appropriate assessment and management of pain

How patients are made aware of their rights?
• Signs are posted throughout the facility listing patient rights.
• The Patient Rights and Responsibilities brochure is available in all patient areas.
• The Guide to Guest Services lists patient’s rights in all inpatient units.
• Notice of Privacy Practices automatically printed on patient’s first outpatient visit.

How can patients have their concerns heard and what is the process for resolution?

It is every employee’s responsibility to attempt to resolve patient concerns at the point of origin in a timely and reasonable manner. However, it is appropriate to refer patients and family members to the Office of Clinical Safety (formerly Patient Relations) when:

• The staff providing the care, treatment or services are unable to resolve the patient/family concern at the point of delivery.
• The patient/family concern involves multiple areas.

The Office of Clinical Safety can be contacted in one of the following ways:

• Walk-in: University Hospital, Room UH 2B228 (Monday through Friday, 8 a.m. - 12 p.m. & 1-5 p.m.).

• Phone: Call (734) 936-4330 or toll-free (877) 285-7788.

• After hours, weekends & holidays: Call (734) 936-4000 and ask to have a House Manager or Administrator-on-Call paged.

• Online: Fill out the secure, confidential form that is available online at https://www.med.umich.edu/secure/patrel/feedbackform.htm

How and when do patients give informed consent to receive medical treatments and procedures?

The Informed Consent process involves an explanation of the treatment or procedure a patient is facing — including foreseeable risks, potential benefits, possible consequences of refusal and alternatives; providing an opportunity for questions and information-gathering; and allowing the patient to make a choice. Consent is obtained prior to any significant invasive treatment or procedure. The patient’s understanding and consent are documented. Completed consent forms must be faxed into CareWeb, Imaged Documents by the unit/clinic where the consent is obtained. When the consent is obtained in the inpatient setting the paper copy should be placed in the medical record under the tab, —Reports & Procedures.
For information on faxing into —Imaged Documents— go to:
http://www.med.umich.edu/mcit/carewebwe/help/Legal&Consents.htm

Refusals should be documented on the Patient’s Release Form for Refusal of Blood or Treatment available online at: http://www.med.umich.edu/i/policies/umh/releaseform.html

For more information, refer to the Informed Consent Policy available online at:
http://www.med.umich.edu/i/policies/umh/62-10-001.html

What if a patient cannot provide consent?

For minors or patients incapable of giving consent, consent may be obtained from a parent, guardian or other individual with legal authority for medical decision making. In the event of a medical emergency, when consent cannot be reasonably obtained, the physician may make a judgment as to the patient’s likely wishes. Prior directives will have precedence in such cases. Under certain circumstance, such as admission to the Emergency Department, there is an implied consent for treatment.

What about consent related to blood products?

Blood products (red cells, platelets, plasma or cryoprecipitate) require a separate consent form. The —Consent or Refusal Form for Blood Transfusion— is located on the back of the —Request and Consent to Medical, Surgical, Radiological or Other Procedures— form. It can be used in conjunction with a procedure/surgery or as a stand-alone form.

What resources are available for those dealing with ethical issues?

Ethical concerns are addressed by individual practitioners, multidisciplinary teams or by referral to the Adult or Pediatric Ethics Committees. Ethics Committee members serve as consultants on ethical/bioethical issues. An Ethics/Bioethics consult is needed when an individual is seeking advice on ethical, moral or philosophical problems and issues related to the provision of patient care.

Who can discuss help for financial or cost-of-care issues with patients?

Representatives from:

- Patient Accounts  936-6939
- Admissions and Business Services  936-6929
- Professional Fee Billing  647-5225
- Cancer Center Financial Counselor  647-8663
What is an advanced directive?

An advance directive is a legal document signed by a competent adult giving direction to health care providers about who can speak for them when they are deemed to be unable to speak for themselves and to express their choices for treatment in certain medical, surgical, and behavioral health circumstances. Legal Advance Directives in Michigan are limited to Durable Powers of Attorney for Health Care (DPOA-HC) and Do Not Resuscitate (DNR) declarations. A DNR declaration for non-hospital settings is different from a Do Not Attempt Resuscitation (DNAR) Order described in UMHHC policy 62-010-003 Patient Care Orders. DNAR Orders are written for hospital inpatients.

For more information, refer to the Advance Directives Policy available online at: http://www.med.umich.edu/i/policies/umh/03-07-010.html

At which point in the care experience are patients asked whether they have -- or wish to initiate -- an Advance Directive?

As required by federal and state law, competent adult patients 18 and older will be asked, when they are admitted as an inpatient, whether they have an advance directive. In ambulatory care settings, patients will be asked about their advance directives, when warranted in ambulatory care settings. Conversations around advance directives should take place at every inpatient episode of care, during new patient exams, during annual physicals, and prior to planned procedures and/or hospitalizations. Patients will be offered information in both settings - inpatient and ambulatory care. This is to be done in a sensitive manner, with regard to cultural and religious beliefs. Under Michigan law, neither the hospital staff nor the patient’s family members or presumptive heirs may act as a witness to the patient’s signature on an advance directive.

What resources are available to assist patients with advance directives?

We provide patients, family members and the public with booklets, and online information on advance directives. Representatives from Social Work (764-3140) are trained to discuss them with patients and families. Members of the adult and pediatric ethics committees assist with difficult situations.

What is meant by “No Code“?

No Code, also referred to as Do Not Attempt Resuscitation (DNAR), is an indicator of patients who do NOT wish to be resuscitated in the event their heart stops or they cannot breathe on their own (cardiac or respiratory arrest). In these cases, cardiopulmonary resuscitation (CPR) is not initiated (the arrest team is not called). A No Code/DNAR order must be written only by the
patient’s attending physician, House Officer, Nurse Practitioner or Physician Assistant responsible for the patient’s care after consultation with the attending physician. A verbal order cannot be accepted. The order is written only after discussion with, and consent from, the patient - or an advocate/guardian (where applicable) if the patient is not competent. The written order should be accompanied by a note in the patient’s medical history describing involvement of the treatment team and patient and family in the decision.

Do Not Resuscitate (DNR) declarations are legal documents intended to be used ONLY in non-hospital settings. They are different from an inpatient DNAR Order, as described above.

What assistance is there for possible victims of abuse and neglect?

There are numerous resources available at the Abuse Hurts website located at: http://www.med.umich.edu/i/abusehurts/.

An Abuse Consultation Team (ACT) is in place to provide consultation on assessment, reporting and intervention in suspected cases of child abuse, sexual assault, elder/vulnerable adult abuse and domestic violence. The team also provides consultation about legal or confidentiality issues related to these issues. You may contact the team at 763-0215.

What are the “red flags“ to help identify possible abuse and neglect?

Certain symptoms, injuries, behaviors and histories are indicators, or red flags, for abuse. If a patient exhibits these indicators, clinicians should explore the possibility of abuse more carefully. There is a formal inpatient screening process for abuse and neglect that includes specific questions for clinicians to ask patients. A yes response to questions such as those on the Functional Health Pattern Assessment Form (sampled below) should trigger a special consultation by the Social Work department.

• Are you afraid of anyone close to you?
• Have you ever been hit, slapped, kicked, pushed, shoved or otherwise physically hurt by your partner or someone close to you?
• Are you frequently upset, ashamed or embarrassed by someone close to you?
• Has anyone forced you to have sexual activities?

Online resources include:

• Red flags for domestic violence located at: http://www.med.umich.edu/i/abusehurts/dvflags.htm
• Red flags for vulnerable adult abuse located at:  
  http://www.med.umich.edu/i/abusehurts/vaflags.htm

• Red flags for child abuse located at:  
  http://www.med.umich.edu/i/abusehurts/childflags.htm

If you, or a co-worker, is experiencing abuse at home or at work, contact the Employee Assistance Program at  
  http://www.med.umich.edu/mworks/eap/

**Protection of Patient Rights Involved with Human Subject Research**

The resident must successfully complete the University of Michigan Program for Education and Evaluation in Responsible Research and Scholarship (PEERRS) training in the first semester and will comply with all University of Michigan policies and procedures related to human subjects research. Compliance with these policies and procedures are embedded in all assignments related to human subject research with the residency program.

**PATIENT SAFETY**

What is done to keep patient care at UMHHC as safe as possible?

UMHHC is committed to, and responsible for, providing a safe environment for patients, staff and visitors. You can read the UMHS Commitment to Safety available online at:  
  http://www.med.umich.edu/i/safety/commitment.htm

An institutional Patient Safety Program is in place to improve patient care and reduce mortality and morbidity. It identifies and analyzes high-risk processes and known adverse events that could have or did cause preventable patient injury or an impairment of patient safety. With the results, patient safety groups are developing risk-reduction strategies and other measures to enhance safety.

It is the policy of the UMHHC that all employees, faculty and staff, contract staff, residents, volunteers, patients, parents, legal guardians and visitors have the right to speak up to identify uncomfortable situations, confusion about the care provided or to be provided, or issues where real or perceived safety concerns are identified. This information is reported through an established chain of command.

More patient safety resources are available online at the UMHS Safety Central website at:  
  http://www.med.umich.edu/i/safety/patient.htm

What are the key principles guiding the Patient Safety program?

• A focus on process improvement, and the implementation of checks and balances to reduce the risk of error in the complex patient-care environment.
• A non-punitive, trusting environment where errors, adverse consequences of care and—near misses can be reported confidentially.

• All events, or potential events, that compromise patient or staff safety also provide opportunities to learn and identify ways to prevent future occurrences.

• Patient safety is everyone’s responsibility. Each employee plays a critical role in identifying, reporting and resolving conditions that may pose a potential hazard to patients and/or staff.

• New information or changes in process resulting from analysis will be communicated to staff in a timely manner

How do I report a safety concern?

As an employee of UMHHC, there are several avenues available to you for addressing concerns related to the safety and quality of patient care, violation of University or UMHS policies or procedures, or breaches in privacy or security. More information on how to address concerns is available online at:
http://www.med.umich.edu/i/quality/action/quality_care_concerns.html

Section 2. Administration and Human Resources

REVIEW AND ASSESSMENT OF PROGRAM POLICIES AND PROCEDURES
Policies and procedures for the Pediatric Physical Therapy Residency Program will be reviewed on an ongoing basis and formally assessed approved at least annually.

ADMISSION PROCEDURES
The residency admission process represents a collaboration between University of Michigan-Flint and UMHS including components from each institution as outlined below:

1. Residents apply online through RF-PTCAS and the Office of Graduate Programs
   a. Complete online application
   b. Submit required documentation
   i. Official transcript from an accredited institution applicant must have a minimum 3.0 GPA in physical therapy degree
   ii. Current physical therapy license or registration as required in the state in which the applicant resides and practices
iii. Current CPR Card
iv. Proof of Professional Liability Insurance
v. Two letters of recommendation from currently practicing Physical Therapists
vi. Statement of Purpose including description of pediatric physical therapy experience
c. After application is completed, the Office of Graduate Programs reviews for admission into Graduate Study. Upon admission into Graduate Study, the applicant file is forwarded to the PT Department for faculty review and admission determination.
i. Primary source verification of physical therapy license
ii. Review of required documentation
iii. Review letters of recommendation
iv. Review Statement of Purpose

2. University of Michigan – Flint Admission status
a. Denial
i. Does not successfully meet all criteria
b. Standard admission
i. Successfully meets all criteria
c. Conditional admission
i. Completes majority of admission requirements but has the following outstanding
1. Official transcript with DPT posted (recently graduated, documentation not received)
2. PT License (licensing application in process with state Board of Physical Therapy Licensure
3. Proof of professional liability coverage
3. University of Michigan Health System Admission

Once an applicant to the University of Michigan-Flint Pediatric Residency Program has been accepted and has selected UMHS as the location for their clinical work, they will be required to have an onsite interview with the unit supervisors from the locations the resident will be
treating patients and optionally with the Lead Coordinator for Clinical Residencies at UMHS. If an onsite interview is going to provide hardships due to travel, timing/availability, or scheduling, an interview via Skype, Blackboard, or Face Time will be provided.

Acceptance to the UMHS clinical portion of the University of Michigan-Flint Pediatric Residency Program is based on the application material and the interview. Once accepted, applicants will be considered Allied Health Residents within the UMHS system, and is required to apply for a non-posted position at UMHHS to initiate their residency. Possession of a Michigan Physical Therapy license and proof of professional liability coverage is a requirement of acceptance to the clinical portion of the residency.

**ORIENTATION TO THE RESIDENCY**

The resident receives orientation to the Pediatric Physical Therapy Residency Program through a series of activities including:

- **Welcome Package Letter from UM-Flint**
  - Mailed to the resident immediately after the Graduate Programs admissions letter has been sent
  - Contains information to assist the resident in accessing the UM-Flint website, the PTD Post-Professional Student Handbook, course registration procedures, the Blackboard Orientation for Online Students, and additional resources for online learning

- **Blackboard Orientation for Online Students**
  - An online course designed to assist UMF Post-Professional students and residents gain familiarity with the skills required for successful use of technology for online coursework
  - Available 6 weeks prior to the beginning of the first semester

- **Orientation to PTP 804 Advanced Practicum**
  - Blackboard Collaborate web-based, real time computer conference session between the Resident and the Residency Coordinator during the first week of the Fall Semester, Year 1; see Orientation Checklist in Appendix 1.

- **UMHS Employee Orientation**
  - Each UMHS allied health resident participates in an institutional orientation called "Michigan Traditions and Values" (MTV) before the work assignment begins. This activity is provided through the UMHS Mlearning department. Topics include:
Mission, Vision, Values and Goals

Service Excellence

Patient and Family-Centered Care

Diversity and Cultural Competency

Employee Engagement

Lean Management

UMHS Mandatories

The MTV activity, once completed can be found on the residents Mlearning Transcript.

Orientation to Residency UMHS Pediatric Clinical Practice Rotations

Departmental orientations include topics such as:

- Departmental organization and goals, and alignment with UMHS mission
- Unit and scope of services
- Unit/building fire/safety procedures
- Major areas of responsibility, expectations, standards and competencies
- All policies that affect employees including parking, smoking, dress code, key requests, etc.

Additional evidence of the residency orientation is located in Appendix 1.

ACADEMIC RETENTION

Each semester, enrollment and completion of course work are confirmed

a. Appropriate pediatric clinical certificate courses taken and successfully completed

b. Academic deficiencies are identified

i. Email is generated and sent to the resident with a request to contact the residency clinical coordinator to discuss.

ii. Plan is created and implemented to address the challenges the resident faces
iii. Resident must improve their academic standing in the semester following the academic shortage.

1. Failure to do so may result in:
   a. Academic probation
   b. Dismissal

**ACADEMIC PROBATION**
A resident whose cumulative GPA falls below a B (5.0 on a 9.0 point scale) or receives a course grade less than “C” (2.0 on a 9.0 point scale) in a given semester or half semester will be placed on academic probation for the following semester or half semester of enrollment. During the probationary semester, the resident will not be awarded a graduate degree or certificate and cannot transfer credit to a PTD Post-Professional Education Program, be advanced to candidacy, or be allowed to change his or her program (i.e., dual degree, degree level, etc.). Upon the recommendation of the Associate Director for Post-Professional Education Degree and Non-degree Programs, and with the consent of Graduate Programs, a resident may be given an opportunity to correct the scholastic and/or academic deficiency. Graduate programs may also require residents to achieve minimum grades in the overall program of study and/or in particular courses.

A resident on probation when last enrolled in the PTD Post-Professional Education Program who wishes to be reinstated or change fields or degree level, must petition the PTD Post-Professional Education Program and Graduate Programs to modify the conditions of academic standing or discipline. The petition should: provide reasons for the poor academic record; explain how conditions that produced this poor performance have changed; and present specific plans for improvement. The PTD Post-Professional Education Program must approve the petition before a resident can be reinstated.

A resident may be required to withdraw or be dismissed. A resident whose cumulative GPA falls below a B (5.0 on a 9.0 point scale), who is not making satisfactory progress toward the degree, or who is failing to demonstrate an ability to succeed in his or her plan of studies, may be denied permission to register, required to withdraw, or dismissed from the program. Time limits for achieving candidacy, completing the program /degree doctorate are defined in this document.

**ACADEMIC REMEDIATION**
Residents who are challenged with the rigors of this program are given the opportunity to request a temporary withdrawal from the program.
1. Resident submits formal request for temporary withdrawal
   a. Request must include
      i. Reasons for challenges
      ii. Areas of challenge must be clearly outlined
      iii. Draft plan to re-enter the program
   2. Request is reviewed by entire faculty for determination
      a. Timely review is required (5 business day response)
      b. Associate Director must approve request and plan to return

**TERMINATION FROM PROGRAM**
A resident who withdraws from a PTD Post-Professional Graduate program, or is dismissed from the program for academic reasons, is officially discontinued from that program by the PTD, Graduate Programs and the Registrar’s Office. Similarly, a PTD Post-Professional Graduate resident who is not on an approved leave of absence and who does not maintain registration through a fall or a winter term will be considered to have withdrawn and will be discontinued from the graduate program. Funding commitments made at the time of admission expire when a resident is discontinued from the program. A resident should consult with the faculty advisor and the director of graduate studies before deciding to withdraw from a PTD Post-Professional Graduate program.

**NONDISCRIMINATION**
The University of Michigan, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding nondiscrimination and affirmative action, including Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. The University of Michigan is committed to a policy of nondiscrimination and equal opportunity for all persons regardless of race, sex*, color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, disability, or Vietnam-era veteran status in employment, educational programs and activities, and admissions. Inquiries or complaints may be addressed to the Senior Director for Institutional Equity and Title IX/Section 504 Coordinator, Office for Institutional Equity, 2072 Administrative Services Building, Ann Arbor, Michigan 48109-1432, 734-763-0235, TTY 734-647-1388. For other University of Michigan information call 734-764-1817.

* Includes discrimination based on gender identity and gender expression.
GRIEVANCE PROCEDURES

I. Policy

A resident will be afforded the opportunity to file a grievance on matters associated with the resident’s relationship with the University or to enter into a dispute resolution process to facilitate resolving misunderstandings and maintain positive work relationships. An allegation that a resident’s rights under this policy have been violated also will be subject to review under the grievance procedure. (This procedure is not available for resolving disputes or concerns regarding the University’s Benefit Plans. A separate procedure, administered by the Benefits Office, exists for those matters.)

II. Regulations

A. Pre-Grievance Counseling

Representatives of Human Resources and Affirmative Action (i.e. Staff Human Resources, Mediation Services, Health System Human Resources, Flint and Dearborn Human Resources), and, in situations when unlawful discrimination is alleged, a representative of the HR/AA Office of Institutional Equity, will be available to counsel Residents who believe they have a grievance.

The role of the counselor is to help the grievant identify the source of the problem and provide the grievant with information concerning University resources, policies and Standard Practice Guides, as well as information about protective state and federal laws and regulations which may have a bearing on the potential grievance.

B. Informal Resolution

The University will make a good faith effort to seek informal resolution of a problem brought to the attention of a Human Resources representative, through discussion and communication with the department or unit involved and with appropriate University officials. Residents and supervisory personnel are expected to consult with the appropriate offices and consider the option of mediation or other dispute resolution mechanisms before proceeding with the formal grievance process.

Efforts will be made to protect the privacy of persons involved to the extent possible.

Informal avenues for University Residents to discuss work-related conflicts and resolve disputes are available from Human Resources. Specialized assistance using a trained mediator is available (see SPG 201.09). The use of any of these services will not deny a grievant continuing access to the prescribed grievance procedures.
Staff at Dearborn and Flint and within the Health Systems have access to the Informal Resolution option and may have other dispute resolution mechanisms available. Check with the appropriate HR/AA office.

C. Grievance Procedure

The Grievance Procedure is a three step management review process whereby Residents may address matters associated with their employment in accordance with the procedures set forth in this Standard Practice Guide. The process begins generally with a conversation between the resident and his/her supervisor (step 1). If not resolved there, step 2 in the process is for the Resident to submit his/her concerns in writing to the next level of supervision, the residency director. The final step, if needed, is the University Review Committee (see Procedures and item 6 below).

1. Time Standards

Time limits set forth for filing and appealing grievances, must be strictly followed by the grievant. Mutually agreeable adjustments in the time period for holding a review meeting and in issuing an answer may be made due to the unavailability of a necessary party. The grievance is considered settled on the basis of the last answer if the grievant fails to appear at a scheduled review meeting or does not appeal on a timely basis.

When both parties in a formal grievance process request it, the time clock on the grievance procedure may be stopped for a time period satisfactory to both parties to allow for a good faith attempt to resolve the conflict or disagreement through mediation.

2. Modification

The progression from Steps 1 through 3 (see attached procedures) may be modified by the University by reducing the number of steps for grievance resolution where the origin of the grievance, the operational unit involved, or the content and scope of the grievance makes that progression impractical. In addition, at the option of the grievant, the grievance may begin at a level above the supervisor involved if the grievance alleges unlawful discrimination by such supervisor.

3. Assistance in Review Meetings

An Resident may select any individual (except an Resident who is included in a University collective bargaining unit or the grievant’s immediate supervisor) to assist in the review meetings at Steps 2 and 3. If the assistant is a University Resident, the assistant will not lose time or pay for attending meetings held during the assistant’s normal working hours.
4. No Loss of Time or Pay

An Resident’s attendance at a grievance review meeting held during normal residency hours shall be with pay per the stipend agreement. Any other time spent in formulating or preparing a grievance shall be done outside the regular work schedule and shall be without compensation.

5. Discipline Grievances

Grievances concerning discharge, disciplinary layoff, a written reprimand in lieu of a disciplinary layoff, alleged sex harassment or alleged unlawful discrimination will begin at Step 3.

6. University Grievance Review Committee

The University Grievance Review Committee includes the head of the aggrieved Resident’s operating unit, or a designated representative, who is responsible for the answer; an appropriate Director of Human Resources or a designated representative, who will preside and is responsible for conducting the review; and a resident not employed in the vice presidential or vice chancellor area in which the aggrieved resident works, who will be selected by the aggrieved resident from a panel appointed by the Vice Presidents and Vice Chancellors. When unlawful discrimination is alleged, the committee will also include an HR/AA representative of the Office of Institutional Equity.

The conduct of the meeting is prescribed by the University. The Resident will have an opportunity to present all relevant information to the University Review Committee during the meeting. The Committee will consider this information in formulating its response. Participants should not expect that witnesses will be called, testimony taken or that the proceedings will be recorded electronically.

The University Grievance Review Committee may explore the context in which the grievance occurred and consider other remedies. When one or more members of the committee do not agree with the grievance answer proposed by the operating unit, the member(s) may present concerns to the appropriate Executive Officer or designee for review.

7. Limits on Financial Reimbursement

Except as otherwise specifically provided, University liability for back wages or other financial reimbursement is limited to the period of 30 calendar days prior to the University’s knowledge of the facts brought to the University’s attention through this procedure.

D. Cooperation/Non-Retaliation

These procedures are designed to provide a fair internal mechanism for resolving disputes of Residents. The success of these procedures depends upon willingness of all members of the
University community to participate when asked and to participate truthfully. An appeal under this procedure will not cause any reflection on the individual’s status as a resident nor will it affect future residency, compensation or work assignments. Retaliation against a resident who participates in the grievance or any informal resolution process is prohibited. A resident who penalizes or retaliates against another resident may be subject to corrective action.

**RESPONSIBILITY ACTION**

Seek pre-grievance counseling, and consider informal resolution.

Human Resources advises the Resident concerning University policies, practices, options and resources for mediation, Standard Practice Guides, and protective laws and regulations.

Work to informally resolve a grievance. In no event shall this effort void the time limits established in the procedure outlined in the Standard Practice Guide, except when parties choose to participate in mediation, per SPG 201.09.

Resident (Step 1) Within 15 calendar days (30 calendar days if the grievant works with a representative of HR/AA or the Office of Institutional Equity to informally resolve a grievance) of knowledge of the facts giving rise to the grievance, discuss grievance with immediate supervisor, or consistent with II.C.2. above, and at the option of the grievant, at a level above the supervisor involved if an allegation of unlawful discrimination against the supervisor. Resident should clearly inform the supervisor they consider the discussion the 1st step of the grievance process. Supervisor Reply orally to Resident within three mutual working days from date of discussion. At this step supervisors are strongly encouraged to use informal dispute resolution to resolve problems.

Resident (Step 2) If not satisfied with oral answer, may appeal in writing to Department Head.

Complete Grievance Form 39707. Obtain advice as needed from appropriate Human Resources Office.

Present Grievance Form 39707 to Department Head (or equivalent level of supervisor) or his/her designated representative within seven calendar days following an unsatisfactory answer. If no answer is received within the time limit of three (3) mutual working days from date of discussion, the grievant may appeal at any time within seven calendar days after the due date.

Department Head Upon receipt of written appeal:

Notify Human Resources representative and send copy of grievance.
Schedule review meeting and hear oral presentation of grievance within seven calendar days of receipt of written grievance.

Provide resident with a written response to grievance within seven calendar days of review meeting.

Resident (Step 3) If not satisfied with the answer, appeals to the University Grievance Review Committee within 14 calendar days after receipt of Step 2 answer. If no Step 2 answer is received within seven calendar days of review meeting, may appeal to the University Review Committee within 14 calendar days of the due date (grievance involving lost time, discipline or discharge begins at Step 3 and must be filed within the time limits set forth for a Step 1 grievance).

Present Grievance Form 39707 (including Step 2 answer) to the University Grievance Review Committee.

Presider of University Upon receipt of written appeal, schedule review meeting
Grievance Review Committee within 30 calendar days of receipt of written grievance.

University Grievance Review the record and hear the presentation of the grievance.
Review Committee Meet and consult as necessary. Issue answer to the grievance.
Presider of University Assure that written response to grievance is issued within 60
Grievance Review Committee days from date of hearing (30 days when the grievant is appealing a discharge, a lost time disciplinary action, or alleged unlawful discrimination.)

Member(s) of the University If not in agreement with the proposed answer, submit the matter
Grievance Review Committee to the appropriate Executive Officer.

Executive Officer Review the record, determine whether the proposed answer requires reconsideration or direct the University Grievance Review Committee to issue the answer.

Head of Operating Unit If findings include the conclusion that a representative of the University with supervisory responsibility violated University policy, consider corrective action as provided in SPG 201.12.

No further appeal is available under this policy.

Procedures are issued by Human Resources and Affirmative Action Administration, and HR/AA retains the authority to revise them as necessary. Inquiries should be directed to HR/AA.
PROBATIONARY PERIOD

The first six months of residency is a probationary period, unless an evaluation is not completed by the fourth month of the residency (UMPNC Agreement, paragraph 232). Upon satisfactory completion of the probationary period or if no evaluation is completed before the end of the fourth month, the individual acquires regular status as resident with the UM-Flint.

During the probationary period it is important to determine whether the individual continues service with the department and the University Health System. If the individual is not meeting the requirements of the job, corrective action should be taken prior to completion of the probationary period. Primary counsel regarding the any unsatisfactory performances is first managed by the clinical mentor as well as the Lead Coordinator for Clinical Residencies. Counsel and assistance in handling of this situation are available from the Human Resources Department at UMHS and within the policies and procedures of the UM-Flint Pediatric Physical Therapy Residency. The follow form is used to address specific performance issues associated with the probationary period.

THE UNIVERSITY OF MICHIGAN HEALTH SYSTEMS

CLINICAL RESIDENCY

Clinical Department: _____________________

Administrative Department: _____________________

Today's Date: ____________

Start Date: _____________________

Staff Member: _______________________________________________________

Employee ID: _____________________

FORM MUST BE RETURNED TO THE LEAD COORDINATOR FOR CLINICAL RESIDENCIES BY:

____________________

Classification: _______________________________________________________

Reason for Evaluation: COMPLETION OF PROBATIONARY PERIOD

Review Date: ________________

Return this form to: UMHS Human Resources, 2901 Hubbard, Box 2435, with a copy to the Residency Coordinator at UM-Flint.
The first six months of employment is a probationary period, unless the evaluation is not completed by the fourth month of employment (UMPNC Agreement, paragraph 232). Upon satisfactory completion of the probationary period or if no evaluation is completed before the end of the fourth month, the individual acquires regular status with the University, except that employees in the Graduate Nursing classification shall always be in a probationary status. During the probationary period it is important to determine whether the individual continues service with your department and the University. If the individual is not meeting the requirements of the job, corrective action should be taken prior to completion of the probationary period. Counsel and assistance in handling of this situation are available from the Human Resources Department.

The following evaluation and recommendation concerning ____ (RESIDENTS NAME) ___________ should be completed.

1. A. Employee is not able to meet requirements of the position and will be terminated as of ________________________________.

B. Employee shows promise, but must make more progress in certain areas.

C. Employee is making satisfactory progress.

2. If you circle 1A or 1B, list areas in which _____ (RESIDENTS NAME) ________________ progress has not been satisfactory and consult with your Human Resources Consultant and the UM-Flint Residency Coordinator.

3. Comments:

__________________________________________________________________________________________

This evaluation was discussed with employee on ____________________________ (date).

__________________________________________________________________________________________

Clinic Supervisor’s Signature Date

__________________________________________________________________________________________

Employee’s Signature Date

The staff member’s signature, which is required, indicates that the staff member has reviewed this form. It does not necessarily imply agreement with the evaluation.
MALPRACTICE AND HEALTH INSURANCE

Statement of Medical Professional Liability Insurance:
For University of Michigan-Flint Residents Enrolled in the Physical Therapy Program, The University of Michigan self-insures its Medical Professional Liability Insurance exposures. This program includes coverage for all enrolled residents while acting within the scope of University sponsored activities, including course-required activity to complete their clinical certificate and residency. The University’s self-insurance program is permanently funded, non-cancelable and provides limits in excess of $1,000,000 each occurrence and $3,000,000 annual aggregate.

For questions, please contact the following:
Chip Hartke, Underwriter
The University of Michigan
Risk Management Department
Argus II Building
400 S. Fourth Street
Ann Arbor, MI 48103-4816
Office: (734) 764-2200
Fax: (734) 763-2043
E-mail: ehartke@umich.edu

In addition to The University’s self-insurance, pediatric physical therapy residents are required to maintain personal professional liability insurance.

UMHS Allied Health Residents are eligible for medical benefits. The costs of the benefits are scheduled according to the base salary of the resident. Residents are currently paid a stipend of $3700.00 per month for 32 hours a week of clinical work and 8 hours a week of didactic work; part time salaries are pro-rated from this amount based on the number of hours worked per week. Below is the cost schedule for Allied Health Residents which is under the category of Professional Specialist for HR benefits program. Residents sign up for these benefits through UMHS HR department.

Benefits Program: Professional Specialist

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Your 2014 Monthly Deduction</th>
<th>University 2014 Monthly Contribution</th>
<th>2014 Total Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>U-M Premier Care</td>
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</tr>
<tr>
<td>You Only</td>
<td>$ 35.00</td>
<td>$ 453.00</td>
<td>$ 488.00</td>
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<tr>
<td>Health Plan</td>
<td>Your 2014 Monthly Deduction</td>
<td>University 2014 Monthly Contribution</td>
<td>2014 Total Premium</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------</td>
<td>-------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>You + Adult</td>
<td>$202.00</td>
<td>$774.00</td>
<td>$976.00</td>
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<tr>
<td>You + Adult + Children</td>
<td>$295.00</td>
<td>$1,052.00</td>
<td>$1,347.00</td>
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<tr>
<td>You + Child</td>
<td>$128.00</td>
<td>$731.00</td>
<td>$859.00</td>
</tr>
<tr>
<td>You + Children</td>
<td>$128.00</td>
<td>$731.00</td>
<td>$859.00</td>
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**BCBS of Michigan Community Blue PPO**

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<th>Your 2014 Monthly Deduction</th>
<th>University 2014 Monthly Contribution</th>
<th>2014 Total Premium</th>
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</thead>
<tbody>
<tr>
<td>You Only</td>
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<tr>
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<td>$731.00</td>
<td>$1,003.00</td>
</tr>
<tr>
<td>Health Plan</td>
<td>Your 2014 Monthly Deduction</td>
<td>University 2014 Monthly Contribution</td>
<td>2014 Total Premium</td>
</tr>
<tr>
<td>------------------------</td>
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<tr>
<td><strong>Comprehensive Major Medical</strong></td>
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<td>You + Child</td>
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<tr>
<td>You + Children</td>
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<td>$ 787.00</td>
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<td><strong>Health Alliance Plan</strong></td>
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<td>You + Adult</td>
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<td></td>
<td>$ 313.00</td>
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<td>Health Plan</td>
<td>Your 2014 Monthly Deduction</td>
<td>University 2014 Monthly Contribution</td>
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</tr>
<tr>
<td>---------------</td>
<td>----------------------------</td>
<td>--------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>You + Child</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>You + Children</td>
<td>$ 313.00</td>
<td>$ 731.00</td>
<td>$ 1,044.00</td>
</tr>
</tbody>
</table>

**TIME OFF**

UMHS Allied Health Residents are allotted 10 paid days off for a 12 month and 15 paid days off for an 18 month clinical residency program, not including holidays. Allied Health Residents are paid for the following observed holidays:

- Labor Day
- Thanksgiving Day
- Christmas Day
- New Year’s Day
- Memorial Day
- Fourth of July

Should an allied health resident require more than the above stated time off during their residency, the UMHS Lead Coordinator for Clinical Residencies will review the circumstances around this excess. The Lead Coordinator for Clinical Residencies will require the resident to either 1) add time to the end of their clinical residency to make up for lost time out of the clinic, 2) dismiss the resident for the remainder of the clinical residency with the option to return to the clinical residency the following cycle.

**PROGRAM COMPLIANCE WITH CREDENTIALING CRITERIA**

The University of Michigan-Flint is actively pursuing ABPTRFE credentialed physical therapy residencies in multiple specialty areas. As part of this initiative, the faculty and staff review the most updated versions of the ABPTRFE Evaluative Criteria as they become available and are published on the world wide web. This process is used both proactively for developing residencies and retroactively for credentialed residencies to ensure that all programs maintain compliance with the credentialing requirements of the ABPTRFE.
**ABPTRFE COMPLAINT PROCESS**

Any person who believes that this residency program is not in compliance with ABPTRFE criteria may turn to the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) to log a complaint using the process described below.


File a Complaint
Any person may submit a complaint to ABPTRFE if he/she has reason to believe that a program with an unqualified credential is not in substantial compliance with the Evaluative Criteria, that a program with a probationary credential does not merit a probationary credential under Rule 9.5, or that a program with a credential has not complied with its program agreement. A complaint submitted under this Rule must be filed with APTA staff on the prescribed form.

Initial Review of Complaint
The APTA staff will review any complaint submitted under Rule 16.1 to determine whether the complaint relates to the program's compliance with the program agreement, its compliance with the Evaluative Criteria or, if applicable, its qualifying for a probationary credential under Rule 9.5. If the determination is negative, the staff shall so advise the complainant.

Compliance with Program Agreement
If APTA staff determines that a complaint relates to the program's compliance with the program agreement and that the program has failed to comply with the obligations imposed by the program agreement, APTA may administratively withdraw the program's credential pursuant to Rule 9.8.

ABPTRFE Processing
If APTA staff determines that a complaint relates to a program's compliance with the Evaluative Criteria or, if applicable, its qualifying for a probationary credential under Rule 9.5, then the staff shall forward the complaint to ABPTRFE for processing in accordance with Rule 12.

Notification
The ABPTRFE will notify the complainant if APTA administratively withdraws the program’s credential under Rule 9.8, if ABPTRFE changes a credential to a probationary credential under Rule 12.5, or if ABPTRFE withdraws a credential under Rule 12.6. If ABPTRFE chooses not to take adverse action under Rule 12.5 or Rule 12.6, it will notify the complainant.
Student Services and Support

Availability/accessibility to educational advising and counseling
The University of Michigan-Flint’s Physical Therapy Department offers students both educational advising and counseling via email, phone, office hours and video conferencing.

Available support staff and services
The resident has access to the Assistant Director for Post-Professional Education Non-Degree Programs, the Residency Coordinator, the Lead Coordinator for Clinical Residencies at UMHS, Clinical Mentors, Clinical Faculty, and the UM Flint Program Coordinator for Post-Professional Programs for assistance throughout the program.

Educational resources, including methods of access, available to faculty and residents

1) Resources
   1. Blackboard Course Management System www.bb.umflint.edu
   2. Pediatric Physical Therapy Clinical Certificate Program curriculum
   3. UM-Flint Physical Therapy Department research lab facilities including pediatric body weight support system and treadmill, VICON motion analysis system, AccuGait portable force plate, and two AMTI-O-R-6-5 forceplates
   4. Resources for research at UMHS including the Center for Statistical Consultation and Research and the Michigan Institute for Clinical & Health Research
   5. University of Michigan Filelocker Secure Temporary File Storage
   6. Go-Pro video camera
   8. University of Michigan Inter-library loan http://www.umflint.edu/library/thompson-library
   10. UMHS Grand Rounds and Clinic Inservices

2) Access to Educational Resources
   1. For the didactic portion of the residency, residents are enrolled in the five course Pediatric Physical Therapy Clinical Certificate Program curriculum; courses are presented in an online format via the Blackboard course management system. Residents may access course materials and asynchronous learning activities at any time. Synchronous class meetings are held for all courses using Blackboard Collaborate computer conferencing sessions. Residents receive orientation to the Blackboard system prior to beginning the first semester in the program.
   2. Faculty and residents have access to the UM-Flint research labs by coordinating with the UM-Flint PTD Director of Research and to UMHS research resources through the assistance of clinical mentors and Lead Coordinator for Clinical Residencies.
   3. Residents are provided access to the University of Michigan Filelocker Secure Temporary File Storage through the Blackboard course shells for the Pediatric Physical
Therapy Clinical Certificate Program curriculum. The Filelocker system is designed to allow large data files to be uploaded to a secure temporary site.

4. The resident is provided with access to a Go-Pro video camera for video assignments. Video files can then be submitted to the instructor using the UM Filelocker system.

5. All residents have full access to the University of Michigan and University of Michigan-Flint libraries. At the time of admission to the program, each resident is given a UMID number which enables them to access the electronic library and utilize the Taubman Medical Library.

6. All residents attend the clinical lectures presented by the UMHS clinical faculty.

7. All residents participate in journal clubs and may attend the Grand Rounds (optional) at UMHS.

8. All residents attend the Department of Physical Rehabilitation, Pediatric Rehabilitation Center, and CS Mott Children’s Hospital in-services (required and optional).

9. All residents have access to personal computers located at the UMHS facilities

Information Technology Service (ITS) Instruction
The ITS department is available to help with all needs regarding on campus technology. The following guide will help with any questions with setting up a new account at The University of Michigan – Flint:
http://www.umflint.edu/its/documentation/studentguide.pdf

Office of Extended Learning
The Office of Extended Learning is a resource provided to all of University of Michigan-Flint students. It provides learning opportunities outside the traditional, face-to-face classroom experience. Outside of the online and mixed mode academic courses, professional development courses and workshops are also available.

The Office of Extended Learning also provides technology and online instructional support for UM-Flint faculty.

Student Help Guides are available at:
http://www.umflint.edu/oel/students/helpguides.htm
http://www.umflint.edu/oel/

Mariam E. Writing Center
All students of University of Michigan-Flint have access to the Mariam E. Writing Center. Here students are provided assistance with all writing and speech assignments.

To make an appointment, please call: (810) 766-6602
Or make an appointment online at: http://www.umflint.edu/writingcenter/

Student Development Center

Counseling Services
Counseling Services are provided to all University of Michigan-Flint students through the Student Development Center.

**Contact Information**
Please call (810) 762-3456

**Accessibility Services**
Accessibility Services provides a supportive environment that enables students with disabilities the opportunity to develop to their maximum academic and personal potential. Students with documented disabilities may request modifications, accommodations, or auxiliary aids enabling them to participate in and benefit from all postsecondary educational programs and activities. The Accessibility Services Coordinator serves as a resource for students to assist them in adapting to the university, and educates the student about his/her role as a self-advocate in the accommodation process.

**Non-Discrimination Policy**
The University of Michigan, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding nondiscrimination and affirmative action. The University of Michigan is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight or veteran status in employment, educational programs and activities, and admissions. Inquiries or complaints may be addressed to the Senior Director for Institutional Equity and Title IX/Section 504/ADA Coordinator, Office of Institutional Equity, 2072 Administrative Services Building, Ann Arbor, Michigan 48109-1432, 734-763-0235, TTY 734-647-1388. For other University of Michigan information call 734-764-1817.

**Student Responsibilities and Documentation**

**Student Responsibilities**

- Students who believe they are eligible for services must self-identify and provide current documentation of their disability to the Accessibility Services Office in order to determine appropriate services.

Student Handbook, Class of 2015 209

- Students are encouraged to schedule a meeting with the Accessibility Coordinator before the start of an academic year to discuss specific needs and accommodations.

- Students are strongly encouraged to be proactive due to the fact that some accommodations, e.g., adaptive equipment, alternative book format, etc., can take several weeks to order/obtain.
• Students are expected to provide their own transportation, personal attendant, and other items not directly related to the academic environment.

**Documentation**

• Documentation should not be more than three years old and turned in within 30 days of registering with Accessibility Services.
• Documentation should come from the medical professional who diagnosed or is currently treating you and must be an expert in the field.
• Students registered with Accessibility Services who qualify for exam accommodations can access the accommodation form by clicking the link below.

Exam Accommodation Form can be accessed at: [http://www.umflint.edu/studentdevelopment/documents/AS_Exam%20Form.pdf](http://www.umflint.edu/studentdevelopment/documents/AS_Exam%20Form.pdf)

**University Responsibilities**

• Verification that a student’s disability is documented.
• Coordination and provision of reasonable accommodations. Aids and/or services are selected in consultation with the student receiving accommodations.
• Students with documented disabilities will be provided an “Instructor Notification” letter notifying instructors of the services for which the student is eligible.
• The Accessibility Services Coordinator works with the faculty, staff and administrators as a student advocate and provides support to all parties in the accommodation process.

**Coordination of Services**

UM-Flint provides a wide range of services to students with qualifying disabilities to allow them to participate in the mainstream of college life. Students are responsible for their ultimate success in academic and personal programs; however, Accessibility Services will provide the necessary services to increase success potential. Services are both highly individualized and based on need; they may include, but are not limited to, the following:
• Advocacy and referral on and off campus
• Orientation to campus resources
• Course materials in alternative formats
• Sign language and oral interpreters
• Special testing arrangements
• Access to adaptive equipment and technology

[http://www.umflint.edu/studentdevelopment/accessibility_services.htm](http://www.umflint.edu/studentdevelopment/accessibility_services.htm)
**Student Loan Deferment Information**

Students may have loan deferment options while undergoing a residency or fellowship physical therapy program. Information regarding student loan deferment during residency can be found at [http://www.umflint.edu/pt/documents/Loan%20Deferment%20During%20Residency%20web%20page.pdf](http://www.umflint.edu/pt/documents/Loan%20Deferment%20During%20Residency%20web%20page.pdf)

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**University of Michigan Flint - Dean's Office**

[http://www.umflint.edu/cas/deans.htm](http://www.umflint.edu/cas/deans.htm)

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**Appendix A**

**Pediatric Residency Orientation Checklist**

<table>
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<tr>
<th>Physical Therapy Department</th>
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<tbody>
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<td>PTD Certificate &amp; Residency Programs</td>
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<td>Academic Standards and Integrity</td>
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<td>ABPTS Grievance Policy and Procedure</td>
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<td>ABPTS Mission</td>
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<td>ABPTS Specialist Certification</td>
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<td><strong>Residency Programs</strong></td>
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<td>Program Mission</td>
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<td>Program/Objectives</td>
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<td>Resident Goals/Objectives</td>
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<td>ABPTRFE Residency Criteria</td>
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<td>Curriculum Flow Chart</td>
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<td>Environment</td>
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<td>Schedule</td>
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<tr>
<td>Clinical Mentoring</td>
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<tr>
<td>Evaluation of Resident’s Advancing Clinical Competence</td>
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<tr>
<td>--------------------------------------------------------</td>
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<tr>
<td>Role of the Residency Coordinator</td>
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<td>Policies and Procedures</td>
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<td>Teaching and Research</td>
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<td>Professional Development Opportunity</td>
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<td>Cost and Compensation</td>
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<td><strong>Student Services and Campus Support</strong></td>
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<tr>
<td>Educational Advising and Counseling</td>
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<tr>
<td>Information Technology Services (ITS)</td>
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<td>Office of Extended Learning (OEL)</td>
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<tr>
<td>Accessibility Services</td>
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<td>Library</td>
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<tr>
<td>Center for Statistical Consultation and Research</td>
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<td>Michigan Institute for Clinical &amp; Health Research</td>
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<td>Orientation to Blackboard Pediatric Organization</td>
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<tr>
<td>Orientation to Blackboard Advanced Practicum</td>
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<tr>
<td>Orientation to Certificate Courses</td>
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I have read and understand the policy and procedure outlined in the UM Flint Residency Handbook and Pediatric Addendum.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Printed Name</th>
<th>Date</th>
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</thead>
</table>

The Residency Coordinator has specifically reviewed the topics on this check list in addition reviewing the student handbook with me.
Appendix B: Online Orientation Class

Mandatory Online Learning Orientation for tDPT and Clinical PT Certificate Students

Please Note: Not to confuse with the Blackboard Orientation for Online Students module already available in your course list.

What is the Orientation about?

How to gain Access:

1. Register at the University of Michigan-Flint Blackboard Course Registration website at https://blackboard.umflint.edu

2. Log into Blackboard and locate the tDPT Online Orientation in your “My Courses” menu.

Timing & Further Considerations:

- Course length: 25 contact hours
- Registration fee: $50.00
- Register upon your admission to the University

Contact the UM-Flint Office of Extended Learning Help Desk for assistance in registering for the course: Email: help@umflint.edu

Phone: (810) 237-9091