University of Michigan-Flint
School of Health Professions and Studies
Physical Therapy Department

University of Michigan
University of Michigan Health System

Neurologic Residency Program

Resident Handbook

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# Table of Contents

Overview of the Program .................................................................................................................. 1
Faculty and Staff Profiles ................................................................................................................ 2
Physical Therapy Department .......................................................................................................... 3
  Mission ........................................................................................................................................ 3
  Core Values ................................................................................................................................. 4
  Accreditation Status .................................................................................................................... 4
  Academic Integrity ....................................................................................................................... 4

Neurologic Residency Programs ................................................................................................... 5
  Mission Statement ....................................................................................................................... 5
  Goals & Objectives ..................................................................................................................... 5
  Resident Goals & Objectives ...................................................................................................... 6
  Curriculum .................................................................................................................................. 7

Residency Experience .................................................................................................................... 8
  Environment ............................................................................................................................... 8
  Schedule .................................................................................................................................... 8
  Leadership Experience .............................................................................................................. 8
  Cost and Compensation ............................................................................................................ 9
  Professional Development Opportunities .................................................................................. 9
  Resident Initial Competency and Safety with the Clinical Setting ............................................ 9

American Physical Therapy Association References & Resources .............................................. 10
  Residency Program Curriculum ................................................................................................. 10
  Clinical Practice Time ............................................................................................................... 10
  Clinical Residency and ABPTS Specialist Certification ............................................................ 10
  APTA Oath ................................................................................................................................ 11

American Board of Physical Therapy Specialties References ..................................................... 11
  Mission Statement ..................................................................................................................... 11
  Specialist Certification ................................................................................................................ 12

Resources at the University of Michigan-Flint ............................................................................... 12
  Email Account ............................................................................................................................ 12
  Office of Registrar ...................................................................................................................... 12
  Blackboard ............................................................................................................................... 12
  Office of Extended Learning ...................................................................................................... 13
Residency Program Policies and Procedures

Section 1: Patient and Client Care

Confidentiality
Patient Protection
Patient Safety

Section 2: Administration and Human Resource

Review and Assessment of Program Policy & Procedures
Admission Procedures
Orientation to the Residency
Academic Retention
Academic Probation
Academic Remediation
Termination from Program
Nondiscrimination
Grievance Procedures
Probationary Period
Malpractice and Health Insurance
Time Off
Program Compliance with Accreditation Criteria
ABPTRFE Complaint Process

Student Services and Support

Availability/Accessibility to Educational Advising and Counseling
Available Support Staff and Services
Educational Resources
Information Technology Service (ITS) Instruction
Office of Extended Learning (OEL)
Mariam E Writing Center
Student Development Center
Accessibility Services
Student Responsibilities and Documentation
University Responsibilities
Student Loan Deferment Information
University of Michigan Flint - Dean’s Office

Appendix A: Orientation Checklist

Appendix B: Online Orientation Class
Overview of the Program

The University of Michigan-Flint/University of Michigan Health System Neurologic Residency Program is dedicated to fostering the resident in gaining expertise in neurologic practice by providing the highest level of training to the resident through didactic and clinical education, patient care, opportunities in clinical research and leadership development. The goal of the residency program is to prepare graduates who will become an evidence-based clinician in advanced practice in neurologic physical therapy.

The residency curriculum includes clinical and didactic components both of which are based on the APTA’s Description of Specialty Practice in Neurology (DSP). The DSP details what a Neurologic Clinical Specialist is expected to know, and it forms the basis for the American Board of Physical Therapy Specialists (ABPTS) Neurologic Clinical Specialist (NCS) exam. Mentored clinical experiences occur across a broad range of neurologic clinical practice settings and are facilitated by an ABPTS certified 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 Neurologic 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/University of Michigan Health System Neurologic Residency Program is the result of a collaborative partnership between University of Michigan-Flint (UM-F) and the University of Michigan Health System (UMHS). The Coordinator of the Residency Program is a core member of UM-Flint physical therapy education faculty and an ABPTS certified clinical specialist. The Coordinator of the Residency is responsible for all internal and external activities related to the program, ongoing program evaluation, and monitoring the outcomes of the program. The Clinical Coordinator of the Residency Program is a member of the UMHS and an ABPTS certified neurologic clinical specialist. The Clinical Coordinator facilitates the communication between the UM-F and UMHS campuses and the delivery of quality mentoring experience for residents enrolled in the program. Faculty meetings, on site visits, and sharing of teaching outcomes and resources are scheduled regularly and the Neurologic Physical Therapy Residency Organization page in Blackboard is utilized to assist the collaboration of faculty at the UM-F and UMHS campuses.

Our program policies and procedures reflect the collaborative partnership between UM-Flint and UMHS. Policies and procedures are reviewed on an ongoing basis and are available on the residency organization page, in the Neurologic Physical Therapy Advanced Practicum Blackboard course shell, and in the Resident Handbook.
Faculty and Staff of the UM-Flint Neurologic Post-Professional Program

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 Orthopedic Clinical Specialist and a certified Manual Physical Therapist through the North American Institute of Orthopedic 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 Neurologic Physical Therapy Residency Program.

Contact Information
E-mail: jcreps@umflint.edu
Phone: 810.762.3373

Min H. Huang, PT, PhD, NCS
Assistant Professor and Coordinator of Neurologic Post Professional Certificate Program and Residency Program

Dr. Huang has a BS degree in Physical Therapy from the National Taiwan University, a M.A. and an Ed.M. in Motor Learning and Motor Control from Columbia University, and a Ph.D. in Kinesiology from the University of Michigan. Dr. Huang is a board certified Neurologic Clinical Specialist. Her clinical and research experience has focused primarily on neurologic rehabilitation with an emphasis on postural control and motor control. Her teaching responsibility is primarily neurologic courses in the post-professional program. She also teaches in the entry-level DPT program. Her professional associations include the American Physical Therapy Association (APTA) and Section for Education, Geriatrics, Neurology, Oncology, and Research, as well as American Congress of Rehabilitation Medicine. Dr. Huang is an Assistant Professor and joined the faculty in March 2010.

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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.

Core Values
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 and 2011-2016 strategic plan of the University of Michigan-Flint guides the goals and objectives associated with the Neurologic Physical Therapy Residency Program.

**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) is the accrediting body of the American Physical Therapy Association for physical therapy residency programs in the United States. The Neurologic 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.
Neurologic Residency Program

Mission Statement
The University of Michigan-Flint/University of Michigan Health System Neurologic Residency Program is dedicated to foster the resident in gaining expertise in neurologic practice by providing the highest level of training to the resident through didactic and clinical education, patient care, opportunities in clinical research and leadership development.

Goals & Objectives
Goals: The goals of the University of Michigan-Flint/University of Michigan Health System Neurologic Residency Program are:

- To prepare graduates who will:
  - Become an evidence-based clinician in advanced practice of neurologic physical therapy
  - Conduct clinical research and contribute to the body of knowledge in neurologic practice.
  - Develop as a leader and advocate for the professional of physical therapy.
  - Provide education in neurologic practice to physical therapy students, physical therapists, healthcare professionals, and outside agencies.

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

- To prepare the residents for successful completion of the ABPTS Neurologic Clinical Specialist certificate examination.

- To support the mission of the University of Michigan Health System (UMHS) to achieve excellence in patient care, education, research, leadership in neurologic practice by sharing the expertise of the faculty to new physical therapy graduates or general practitioners.

- To provide neurologic physical therapy residency education using instructional designs that are consistent with the best practice in andragogy.

Objectives:
- The program faculty will assess the program outcomes at regularly scheduled monthly and annual meetings.

- The program faculty will review and update the program curriculum based on current available evidence prior to the start and at the end of the Fall, Winter and Spring/Summer semesters.
• The program will recruit qualified applicants to join the program.

• The curriculum will be structured with flexibility such that the resident will be able to work and receive training at the same time.

• The program faculty will provide didactic and clinical education.

• The program curriculum will prepare the residents to practice independently in neurologic physical therapy throughout the continuum of care.

• The curriculum will address all areas of the Neurologic Description of Specialty Practice in settings consistent with neurologic physical therapy practice.

**Resident Goals and Objectives**
The goals and objectives of the resident-in-training are as follows:

1. **Goal: Excellence in Clinical Practice**
   
   Objectives: After completing the residency program, the resident will be able to
   
   a. Complete all written, oral, and practical examinations in the didactic and clinical components of the residency program successfully leading to the successful completion of the ABPTS clinical specialist examination for Neurologic practice.
   
   b. Demonstrate advanced clinical practice consistent with the Neurologic Description for Specialty Practice.
   
   c. Conduct a systematic search of literature and critically appraise the literature to inform evidence based practice for patients/clients.
   
   d. Select appropriate and evidence-based outcome measures in complex clinical cases and incorporate the exam findings to develop the treatment plan, ongoing reassessment of patient progress, and in the discharge planning process.

2. **Goal: Leadership and Service in the Profession**

   Objectives: After completing the residency program, the resident will be able to
   
   a. Become an active member in the APTA and the APTA Section on Neurology.
   
   b. Participate in national, state or local physical therapy initiatives to advocate for evidence based practice and advanced practice.
   
   c. Become a certified basic and/or advanced Clinical Instructor training through the APTA to prepare for future clinical education and mentoring of professional DPT students.
3. Goal: Promotion of Scholarship, Teaching and Learning

Objectives: After completing the residency program, the resident will be able to

a. Complete a case report or other scholarly products to present at a national, state or local professional meetings or conferences.
b. Contribute to professional physical therapy education and/or continuing post-professional educational programs.

Program Curriculum
Courses PTP 677 (4 ch), PTP 678 (4 ch), PTP 679 (4 ch), PTP 777 (3 ch), PTP 778 (3 ch) and PTP 802 (6 ch) make up the didactic component of the neurologic 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 Neurologic Description of Specialty Practice (DSP) and Neurologic Physical Therapy Residency Curriculum by the Neurology Section of the American Physical Therapy Association. 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 802 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 first 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 neurologic 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 base line knowledge as their clinical practice exposure becomes more complex. Finally, the case study coursework, as well as the course on neurologic 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 a 12 month completion. The sequence of courses is shown below.

<table>
<thead>
<tr>
<th>12 Month Program - minimum time for completion of the residency</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring/Summer</th>
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<tbody>
<tr>
<td>PTP 802 Residency Advanced Practicum</td>
<td>PTP 802 Residency Advanced Practicum</td>
<td>PTP 802 Residency Advanced Practicum</td>
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<tr>
<td>PTP 677 Advances in Neuroscience in Neurologic Diseases &amp; Disorders</td>
<td>PTP 678 Evidence Based Examination and Outcomes in Neurologic Practice</td>
<td>PTP 679 Evidence Based Plan of Care in Neurologic Practice</td>
<td></td>
</tr>
<tr>
<td>PTP 777 Case Studies in Neurologic Physical Therapy</td>
<td>PTP 778 Neurologic Physical Therapy in the Health Care System</td>
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</table>

**Residency Experience**

**Environment**
Clinical practice locations for the neurologic 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 Neurology. 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 neurologic 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 neurologic publication, and participation in statewide and national PT meetings and conferences as able.

**Cost and Compensation**
The cost for participating in the neurologic certificate and residency program is equivalent to the cost per credit hour at the University of Michigan-Flint for in-state 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 Neurologic 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 Neurologic 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 neurologic physical therapy residency program. The following information on residency programs is available on the APTA website. This information was current as of November 2014.

Residency Program Curricula
If the curriculum of the residency program is in an area or a portion of an area where American Board of Physical Therapy Specialties (ABPTS) specialist certification exists, the curriculum must reflect the entire spectrum of the current ABPTS Descriptions of Specialty Practice (DSP). If the curriculum of the residency or fellowship program is not in an area where ABPTS specialist certification exists, the curriculum must reflect the use of an analysis of practice using validated process. The validated analysis of practice must be approved by ABPTRFE prior to establishing the Program curriculum. See the definition for "Analysis of Practice" in ABPTRFE Accreditation Handbook for requirements related to conducting an analysis of practice for the purpose of developing a new residency or fellowship practice area. Please note that ABPTRFE approval of an analysis of practice and residency program is not formal recognition of a specialty area as defined by APTA. In addition, ABPTRFE recognition does not guarantee recognition by ABPTS and ABPTS retains its authority to require additional work and documentation should a petition to establish a specialty area be filed with ABPTS.

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
“Applicants must submit evidence of successful completion of an APTA-accredited post professional clinical residency in their respective specialty. Applicants who are currently enrolled in APTA-accredited clinical residencies (or are enrolled in a residency program who has submitted an accreditation application to ABPTRFE no later than March 1, 2014) may apply for the specialist certification examination in the appropriate specialty area prior to completion of the clinical residency. These applicants will be conditionally approved to sit for the examination, as long as they meet all other eligibility requirements, pending submission of evidence of successful completion of the APTA-accredited clinical residency to APTA’s Specialists Certification Program. To verify your residency program’s credentialing status, please visit www.abptrfe.org.” (Minimum Eligibility Requirements and General Information for All Physical Therapist Specialist Certification Examinations. http://www.abpts.org/uploadedFiles/ABPTSorg/Specialist_Certification/About_Certification/SpecCertMinimumCriteria.pdf. Accessed November 12, 2014).
APTA Oath

“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 Code of Ethics, Guide for Professional Conduct, and Standards of Practice set forth principles and guidelines for professional behaviors;

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.”

(Professional Oath for Physical Therapist HOD

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, Orthopedics, 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.”

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.” (Specialist Certification. http://www.abpts.org/Certification/ Accessed November 12, 2014)

Resources at the University of Michigan-Flint

Email Account
Your email address will be your uniquname@umflint.edu. Your email will be accessible at 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

Office of Registrar
http://www.umflint.edu/registrar/welcome-office-registrar

Blackboard
https://bb.umflint.edu

Blackboard is the medium that will be used throughout the program to deliver your curriculum. It is a very good idea that you take the time to get familiar with this program. A sign-in page
will appear. Enter your username and password to sign into Blackboard. Your username is the same as your Uniqname.

**Office of Extended Learning (OEL)**
The Office of Extended Learning (OEL) provides support for Blackboard. If you have questions about the use of Blackboard features or difficulty with Blackboard functionality, please contact OEL directly for expert assistance.

**Email**
olhelp@umflint.edu

**Office Location**
241 French Hall (map)

**Phone**
(810) 237-6691

**Fax**
(810) 766-6803

**Office Hours**
Mon - Fri: 7:30 a.m.-5:00 p.m.

**Support Hours**
Mon - Fri: 7:30 a.m.-11:00 p.m.
Sat - Sun: 10:00 a.m.-11:00 p.m.

**Student Resource**
http://www.umflint.edu/node/1758
Residency Program Policies and Procedures

(Created in collaboration with The University of Michigan Health System Fall 2012; reviewed and revised January 2014; reviewed May 2014)

The University of Michigan – Flint/University of Michigan Health System Neurologic Residency Program 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 Neurologic 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 Neurologic 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 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
  - 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 circumstances, 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 Neurologic 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 healthcare 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 neurologic 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 UMHHHC, 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 Neurologic 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. Verification of professional liability insurance
      v. Two letters of recommendation from currently practicing Physical Therapists
      vi. Curriculum vitae
      vii. Statement of Purpose with description of patient population in specialty area

   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 PT license
      ii. Review official transcript to confirm minimum academic requirement is met (3.0 GPA in PT degree)
      iii. Review documentation of current professional liability insurance coverage
      iv. Review letters of recommendation
      v. Review Statement of Purpose to confirm goal congruency between the applicant and the residency program.

2. University of Michigan – Flint Admission status
   a. Denial
      a. 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
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 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 Residency Program is based on the application material and the interview. Once accepted, the applicant 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 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 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 the Residency Handbook posted to the corresponding UM Flint PTD PPE residency web page.

- Orientation with Coordinator of Residency Program for completion of the orientation checklist. It is highly recommend that the orientation is completed face-to-face.

- 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 Neurologic 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.

**ACADEMIC RETENTION**

Each semester, enrollment and completion of course work are confirmed

1. Appropriate clinical certificate courses taken and successfully completed
2. Academic deficiencies are identified
   a. Email is generated and sent to the resident with a request to contact the residency clinical coordinator to discuss.
   b. Plan is created and implemented to address the challenges the resident faces

Resident must improve their academic standing in the semester following the academic shortage. Failure to do so may result in:
1) Academic probation
2) 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
   1) Request must include
      a. Reasons for challenges
      b. Areas of challenge must be clearly outlined
      c. Draft plan to re-enter the program

2. Request is reviewed by entire faculty for determination
   1) Timely review is required (5 business day response)
2) 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 andDearborn 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 an 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 days.
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 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 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 Neurologic 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
In addition to The University’s self-insurance, Neurologic 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 30 hours a week of clinical work and 10 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 2015 Monthly Deduction</th>
<th>University 2015 Monthly Contribution</th>
<th>2015 Total Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UM Premier Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$ 41.00</td>
<td>$ 485.00</td>
<td>$ 526.00</td>
</tr>
<tr>
<td>You + Adult</td>
<td>$ 229.00</td>
<td>$ 823.00</td>
<td>$ 1,052.00</td>
</tr>
<tr>
<td>You + Adult + Children</td>
<td>$ 334.00</td>
<td>$ 1,117.00</td>
<td>$ 1,451.00</td>
</tr>
<tr>
<td>You + Child</td>
<td>$ 145.00</td>
<td>$ 780.00</td>
<td>$ 925.00</td>
</tr>
<tr>
<td>You + Children</td>
<td>$ 145.00</td>
<td>$ 780.00</td>
<td>$ 925.00</td>
</tr>
<tr>
<td><strong>BCBS of Michigan Community Blue PPO</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$ 130.00</td>
<td>$ 485.00</td>
<td>$ 615.00</td>
</tr>
<tr>
<td>You + Adult</td>
<td>$ 407.00</td>
<td>$ 823.00</td>
<td>$ 1,230.00</td>
</tr>
<tr>
<td>You + Adult + Children</td>
<td>$ 580.00</td>
<td>$ 1,117.00</td>
<td>$ 1,697.00</td>
</tr>
<tr>
<td>You + Child</td>
<td>$ 302.00</td>
<td>$ 780.00</td>
<td>$ 1,082.00</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
Friday after Thanksgiving (only if the resident is working in an outpatient clinic at that time)
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 ACCREDITATION CRITERIA
The University of Michigan-Flint is actively pursuing ABPTRFE accredited 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 accredited residencies to ensure that all programs maintain compliance with the accreditation 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 unqualified accreditation is not in substantial compliance with the Rules of Practice and Procedure, that a program with probationary accreditation does not merit probationary accreditation under Rule 9.5, or that an accredited program 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 18.1 to determine whether the complaint relates to the program's compliance with the program agreement, its compliance with the Rules of Practice and Procedure or, if applicable, its qualifying for probationary accreditation 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 accreditation pursuant to Rule 9.8.

ABPTRFE Processing
If APTA staff determines that a complaint relates to a program's compliance with the Rules of Practice and Procedure or, if applicable, its qualifying for probationary accreditation under Rule 9.5, then the staff shall forward the complaint to ABPTRFE for processing in accordance with Rule 13.

Notification
ABPTRFE will notify the complainant if APTA administratively withdraws the program’s accreditation under Rule 9.8, if ABPTRFE changes an accreditation to a probationary accreditation under Rule 13.5, or if ABPTRFE withdraws accreditation under Rule 13.6.

If ABPTRFE chooses not to take adverse action under Rule 13.5 or Rule 13.6, 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) Neurologic Physical Therapy Clinical Certificate Program curriculum
   3) UM-Flint Physical Therapy Department research lab facilities including neurologic body weight support system and treadmill, GaitRite walkway system, VICON motion analysis system, AccuGait portable force plate, and two AMTI-O-R-6-5 force plates
   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 http://filelocker.umflint.edu
   6) Go-Pro video camera
   7) University of Michigan-Flint Thompson e-Library http://www.umflint.edu/library/thompson-library
   8) University of Michigan Inter-library loan http://libguides.umflint.edu/ill
   9) Taubman Medical Library http://www.lib.umich.edu/taubman-health-sciences-library
   10) UMHS Grand Rounds and Clinic In-services
2. Access to Educational Resources

1) For the didactic portion of the residency, residents are enrolled in the five course Neurologic 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 Section Temporary File Storage through the Blackboard course shells for the Neurologic 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 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 (http://www.umflint.edu/oel/) 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/node/1758
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

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
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 ABPTRFE website:

“For information regarding federal loans, please review the Federal Student Loan Forgiveness Opportunities for Physical Therapists. Information regarding forbearance and deferment can be found on the Department of Education website.

With respect to loans from private lenders, contact them and see what options they offer. Bear in mind that upon residency completion, you may receive a certificate from the program. In addition, should you sit for and pass the board certification exam through the American Board of Physical Therapy Specialties (ABPTS), you will earn credentials following your residency training. Some private loan lenders may require you to verify either, or both.”


University of Michigan Flint - Dean's Office
http://www.umflint.edu/cas/deans.htm
Neurologic Residency Orientation Checklist

NEUROLOGIC RESIDENCY ORIENTATION CHECKLIST

RESIDENT NAME:
REVIEWER NAME/INITIAL:

PHYSICAL THERAPY DEPARTMENT

<table>
<thead>
<tr>
<th>ORGANIZATIONAL STRUCTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSION AND STRATEGIC PLAN</td>
</tr>
<tr>
<td>POST-PROFESSIONAL PHYSICAL THERAPY EDUCATION NON-DEGREE PROGRAMS</td>
</tr>
<tr>
<td>CLINICAL CERTIFICATES AND RESIDENCIES</td>
</tr>
<tr>
<td>ACADEMIC STANDARDS AND INTEGRITY</td>
</tr>
</tbody>
</table>

RESIDENCY PROGRAMS

<table>
<thead>
<tr>
<th>PROGRAM MISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM GOALS/OBJECTIVES</td>
</tr>
<tr>
<td>RESIDENT GOALS/OBJECTIVES</td>
</tr>
<tr>
<td>CURRICULUM: CLINICAL AND DIDACTIC COMPONENTS</td>
</tr>
<tr>
<td>CURRICULUM FLOW CHART</td>
</tr>
<tr>
<td>ABPTRFE CRITERIA</td>
</tr>
<tr>
<td>METHODS OF PROGRAM EVALUATION</td>
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</tbody>
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### RESIDENCY EXPERIENCE

<table>
<thead>
<tr>
<th>Environment</th>
<th>Schedule</th>
<th>Clinical Mentoring</th>
<th>Evaluation of Resident’s Advancing Clinical Competence</th>
<th>Role of the Residency Coordinator</th>
<th>Policies and Procedures</th>
<th>Cost and Compensation</th>
<th>Professional Development</th>
<th>Teaching and Research</th>
<th>ABPTS Grievance Policy and Procedure</th>
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</thead>
</table>

### STUDENT SERVICES AND UNIVERSITY SUPPORT

<table>
<thead>
<tr>
<th>Educational Advising and Counseling</th>
<th>Information Technology Services (ITS)</th>
<th>Office of Extended Learning (OEL)</th>
<th>Accessibility Services</th>
<th>Library</th>
<th>Center for Statistical Consultation and Research</th>
<th>Michigan Institute for Clinical &amp; Health Research</th>
</tr>
</thead>
</table>

### RESOURCES

<table>
<thead>
<tr>
<th>E-mail Account</th>
<th>Class Registration</th>
<th>Blackboard Access</th>
<th>Orientation to Blackboard Course</th>
<th>Orientation to Blackboard Advanced Practicum Course Shell</th>
<th>Orientation to Blackboard Residency Organization “Room”</th>
</tr>
</thead>
</table>
Appendix B

Online Orientation Class

Welcome to the University of Michigan-Flint’s Post-Professional Neurologic Clinical Residency Program! We are happy to have you join us in this important and exciting journey. Graduate Programs will be sending you your University of Michigan-Flint Student ID (UMID) if they haven’t already. Below are some first steps to take to get you started. Please note that this document includes ‘snapshots’ from our actual website. This should assist you in seeing exactly what you should see!

Visit our website www.umflint.edu

In the upper right-hand corner of the webpage, you will see a “My” icon, hit the word “My” and it will bring down a menu. Select ‘My UM-Flint’. Scroll down and you will see “Blackboard”. Select it.
Blackboard is the medium that will be used throughout the program to deliver your curriculum. It is a very good idea that you take the time to get familiar with this program.

A sign-in page will appear. Enter your username and password to sign into Blackboard. Your username is the same as your Uniqname.
Upon signing in, you are required to complete the *Blackboard Orientation for Online Students*. This will take approximately 1 hour. Make sure to get comfortable and avoid distractions.