

Clinical Preceptor Handbook
2023-2024

The logo for Baylor College of Medicine, featuring the text "Baylor College of Medicine" in white serif font on a dark blue square background.

Baylor
College of
Medicine

SCHOOL OF
HEALTH
PROFESSIONS

ORTHOTICS &
PROSTHETICS

Master of Science in
Orthotics & Prosthetics

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Program Overview

Master of Science in Orthotics and Prosthetics at BCM

Baylor College of Medicine's (BCM) Orthotics and Prosthetics Program has been designed with the goal of graduating the most well-rounded and capable practitioners. Following 12 months of full-time didactic preparation, students/resident complete an NCOPE-approved 18-month dual residency within the graduate degree program. Prior to the residency, students have met **all** NCOPE-required educational experiences as those graduating from traditional master's degree programs. Students have also passed a comprehensive Clinical Readiness Exam covering the entirety of core content in orthotics and prosthetics.

The Baylor Clinical residency fulfills the requirements for the National Commission on Prosthetic and Orthotic Education's combined residency by holding to the same objectives, residency terms, conditions, and competencies as listed in *The Standards of Accreditation for The Orthotic/Prosthetic Residency Program*. It currently consists of five rotations at predetermined O&P facilities with vetted O&P preceptors. As of July 1, 2019, the first three rotations will be four months in length, followed by either two three-month or one six-month rotation.

During the residency, the residents will also be required to attend clinical seminar webinars directed by BCM faculty (held every two weeks) and complete clinical seminar coursework as required. Residents graduate the Baylor program with Board-Eligible status and a Master of Science in Orthotics and Prosthetics (MS).

Looking at the 18-month residency as a whole, no less than 40% of a resident's clinical interaction will be spent on Orthotic Care or Prosthetic Care alone. The competencies and the disciplines that are being actively covered during the rotations will be ascertained using regular interviews, exams, and evaluation forms.

Program Structure

Baylor College of Medicine serves as one of NCOPE's accredited Residency Programs. Within the BCM Residency Program are clinical affiliation agreements which place those clinics under the umbrella of the BCM Residency Program. Each NCOPE approved mentor serves as a BCM Preceptor as depicted below.



Purpose

The purpose of the clinical residency is to fulfill the following purpose as outlined by NCOPE in 2017:

1. Exemplify the role of the orthotist-prosthetist in providing ethical patient-centered care by applying the ABC Code of Professional Responsibility in clinical practice experiences.
2. Use of sound judgment in regard to the safety of self and others; and adherence to safety procedures throughout the delivery of orthotic-prosthetic services.
3. Demonstrate an awareness of the humanity and dignity of all patients and related individuals within a diverse and multicultural society.
4. Demonstrate an understanding of clinical practice and practice management within the social cultural, business and economic environment of rehabilitation services.
5. Demonstrate an understanding of the collaborative role of the orthotist-prosthetist as a member of the interdisciplinary rehabilitation team.

6. Demonstrate the ability to be a critical consumer of research and to integrate and use research findings as evidence in clinical practice.
7. Demonstrate the ability to integrate knowledge of the fundamental science of human function within the practice framework of assessment, formulation, implementation, and follow-up of a comprehensive orthotic-prosthetic treatment plan.
8. 8. Demonstrate the ability to make appropriate clinical decisions that lead to successful orthotic/prosthetic outcomes.
9. Demonstrate, in a systematic and effective manner, the ability to impart knowledge and instill confidence when providing education for patients and their caregivers, other health professionals, and the public at large.
10. Demonstrate the ability to participate in research activities through a working knowledge of the research process.
11. Document pertinent information in a manner that promotes efficient direction for patient care, supports effective collegial communication, and meets the requirements of legal, business, and financial constraints.
12. Demonstrate competence in clinical and technical procedures necessary for orthotic/prosthetic practice.



2023-2024 Clinical Calendar

| Fall Semester 2023 | |
|----------------------------|---|
| Clinical Residency Begins | Monday, June 3, 2023 |
| Summer Vacation | Monday, June 10 – Friday, June 28, 2023 |
| Rotation 1 | Wednesday, July 5 – Friday, October 27, 2023 |
| Senior Day 1 (Houston, TX) | Tuesday, October 31 – Wednesday, November 1, 2023 |
| Rotation 2 | Monday, November 6, 2023 – Friday, February 23, 2024 |
| Spring Semester 2024 | |
| Senior Day 2 (Remote) | Monday, February 26 – Tuesday, February 27, 2024 |
| Rotation 3 | Monday, March 4 through Friday, June 21, 2024 |
| Senior Day 3 (Houston, TX) | Tuesday, June 25 and Wednesday, June 26, 2024 |

| Fall Semester 2023 | |
|--|---|
| Rotation 4 | Wednesday, July 5, 2023 – Friday, September 15, 2023 |
| Senior Day 4 (Remote) | Tuesday, September 19, 2023 |
| Rotation 5 | Wednesday, September 20 – Tuesday, November 28, 2023 |
| Comprehensive Exams (in Houston) | Thursday, November 30, 2023 |
| SHP Research Day Activities (in Houston) | Friday, December 1, 2023 |
| SHP Graduation (in Houston) | Saturday, December 2, 2023 |
| Remote Curriculum | Monday, December 4 – Friday, December 8, 2023 |

Baylor College of Medicine Holidays
(Students on Clinical Rotations Observe BCM Holidays Mentioned Below)

| | |
|------------------------|-------------------|
| Independence Day | July 4, 2023 |
| Labor Day | September 4, 2023 |
| Thanksgiving Holiday | November 23, 2023 |
| Christmas Day | December 25, 2023 |
| New Year's Day | January 1, 2024 |
| Martin L. King Jr. Day | January 15, 2024 |
| Memorial Day | May 27, 2024 |

Resident Preparedness

Prior to registering as residents with NCOPE, BCM requires that all 1st year students pass the Clinical Readiness Exam. This exam is a comprehensive assessment of the knowledge and skills gained over the 12-month curriculum. The CRE includes 150 question written exam and a practical exam. The oral or practical portion of the exam requires that the students complete a full medical history, physical exam and provide a device recommendation and justification for patient models with transfemoral amputation or lower limb orthosis users. Students must also be able to pass the cobbling and blueprinting portion of the exam and observational gait analysis portion of the exam.

Preceptorship

The intent of the preceptorship is to expose the resident prosthetist orthotist to the wide range of pathologies and clinical scenarios commonly seen in prosthetic and orthotic practice. As preceptor/mentor, a practitioner is agreeing to engage in a one-on-one relationship in which the provider serves as the resident's primary teacher, clinical supervisor, and evaluator of performance. Another comparable licensed provider may be designated to supervise the resident on occasion, should it be appropriate to do so. The BCM-assigned preceptor must be the practitioner completing all required evaluation forms in NCOPE Tracker.

Prior to the resident's arrival, the preceptor should make office staff, hospital administrative and clinic personnel, and colleagues aware that a resident will be present. Upon arrival, the preceptor should introduce the pre-graduate resident to these individuals and orient the resident to the nature of the practice, facilities used, staff involved, resources available, and type of medical care rendered. The preceptor should instruct the resident about proper protocol to be followed, provide direction and supervision, and make assignments as required. It is important for the preceptor to outline expectations for resident duties and performance.

The assigned activities should provide an opportunity for the resident to participate, full-time, under supervision, in the day-to-day patient care activities of the preceptor's practice. For example, the resident should participate in providing clinical services in the examining room and other locations where care is provided, such as a hospital, clinic, health center, home, and nursing home. In those settings the resident should be regularly involved and allowed independence to perform tasks as competency dictates. All interactions and clinical notes must be signed off by the clinical preceptor/mentor as governed by the policies of ABC and respective state licensing bodies.

As a teacher, the preceptor should encourage the resident to ask questions, allow time for discussion of case findings, and provide insight into future elements of care.

As an evaluator of resident performance, the preceptor is expected to comment on the resident's performance in terms of the factors listed below. Critique of these dimensions is accomplished using a comprehensive evaluation form that contributes to the final grade. Evaluation of clinical skills and personal attitudes is in addition to evaluation of competency.

- Clinical skills, to include quality of patient work-ups and presentations, written and oral communications, and formulation and implementation of management plans.
- Personal attitudes and attributes to include attitude toward learning and acceptance of responsibility, industry, interpersonal interactions with patients and health professionals, and level of professional maturity and judgment.

Regular resident attendance is expected so that the maximum benefit may be derived. **Resident absences must be approved in advance and submitted to BCM. Sick days may be submitted the day of the event, but they cannot exceed two days without a doctor's note.**

Preceptor Requirements

Qualifications

- Must possess a state license, national certification or international recognition in the subject area being taught
- When a resident's direct patient care is being assessed for competence, the resident preceptor must be a state licensed or nationally certified Orthotist and/or Prosthetist with a CAAHEP accredited education or be equivalent to ISPO category I.
- Must have three years post certification or licensure experience
- Must be principally located at the residency training site
- Must have completed the required modules of the NCOPE Residency Online Training Course (see checklist)
- Cannot be a currently registered resident

Responsibilities

- Participate in the development of learning objectives reflective of the resident's previous experience, goals, and the clinic specialty/case load
- Supervise the resident during patient care
- Evaluate the resident on an ongoing process (Required mid- and final-rotation evaluations)
- Carry out the goals and objectives of the residency rotation as agreed upon by the resident and preceptor
- Act as an advisor to residents for professional activities
- Dedicate sufficient time to educate and train the resident
- Act in a professional manner

Holiday Policy

Baylor College of Medicine Orthotics and Prosthetics resident will observe ALL official Baylor holidays, unless serving in an emergency capacity at a rotation. **No absence requests will be considered for the day before or for the day after an official BCM holiday.**

Senior Day Policy

Senior days are two consecutive days at the conclusion of each clinical term (see clinical calendar). The residents must have appropriate time given to travel back to Houston for these days and must seek approval in advance.

Absence Policy

Baylor residents are allotted 4 sick days and 6 excused absence days over the 18-month residency. The resident must notify their preceptor and BCM of the use of a **sick day** no later than 8:00 am. If the resident must use more than 2 consecutive days, they are required to provide a note from a physician. The resident is required to provide at least 2 weeks' notice for **excused absences**. Residents are required to submit an absence request form to Baylor for both sick days and excused absence days. The resident is not permitted to use excused absence days immediately before or after an approved BCM Holiday.

During rotations, residents schedule no more than half of a day per week or a full day every other week (as best determined with the preceptor) to contribute efforts to the NCOPE research requirement. This time may be used for meetings with research mentors, arranging for participation by research subjects, collecting or processing data, and the creation and refinement of project-related deliverables. Residents may not "bank" research days to use for longer periods of time away from clinic unless approved by Baylor as a specific need of their thesis project.

Dress standards

The Resident will dress in accordance with the clinical site guidelines. Residents are expected to maintain a professional appearance at all times.

Employment at Clinical Sites

BCM Resident are not allowed to be employed at their clinical sites; as such, they are not allowed to sign non-compete agreements at their clinical sites. BCM resident are strictly and explicitly prohibited from sharing proprietary information

which they may learn during a clinical rotation. Sharing such information is grounds for dismissal from the program.

Electronic Medical Record Systems Access

BCM Residents are required to participate in the entire spectrum of patient management, including documentation and administrative tasks within the EMR system. The clinical site must provide independent student access to the EMR system used at their clinical site. The resident is strictly prohibited from using preceptor username and password to complete documentation, which is in line with HIPAA Security Rules:

“Does the security rule permit a covered entity to assign the same log-on ID or user ID to multiple employees? Answer: No. Under the Security Rule, covered entities, regardless of their size, are required under 164.312(a)(2)(i) to “assign a unique name and/or number for identifying and tracking user identity.” A “user” is defined in 164.304 as a “person or entity with authorized access”. Accordingly, the Security Rule requires covered entities to assign a unique name and/or number to each employee or workforce member who uses a system that maintains electronic protected health information (e-PHI), so that system access and activity can be identified and tracked by user. This pertains to workforce members within small or large healthcare provider offices, health plans, group health plans, and healthcare clearinghouses.”

If there are concerns regarding access to EMR/licensing costs, please reach out to the Baylor O&P Program Director or Associate Director. Many EMR systems will provide free or discounted student licenses for residents.

Resident Participation in On-Call Services

The resident is expected to participate in the entire spectrum of patient management, including on-call care that their preceptor is providing. Appropriate supervision of the resident is expected at all times.

Resident Insurance

All residents carry their own liability insurance through BCM. Proof/certificate of coverage can be provided upon request.

Assessments

Preceptor Evaluation of Resident Performance

An important part of the assessment process focuses on the resident's acquisition and proficiency in the knowledge and skills essential to functioning as

an orthotist / prosthetist. Please note that competence is defined by NCOPE as having sufficient knowledge, judgment, and skill to provide appropriate treatment interventions. It does not suggest an expert or mastery level of proficiency. Preceptors and residents are encouraged to aim to develop competency even during rotation one. Our program provides the opportunity for residents to develop the clinical skills and knowledge that each unique rotation has to offer. While residents will continue to hone their skills at each rotation, it is expected that residents will achieve competencies at each unique rotation. Though this may represent a departure from residency programs in which the resident is trained in one clinical site for a 12-month period, we believe with targeted efforts and supplemental curriculum provided by BCM during the rotations, a high degree of competency can be achieved.

Outlining specific behaviors or experiences to meet goals and competencies specifically offered at each rotation can create a roadmap to competence. We encourage our preceptors and residents to consider both patient care experience as well as necessary foundational knowledge when determining competency. Engaging in discussions about patient care is helpful for assessing understanding and decision-making abilities.

Achieving Clinical Competencies

Competent - The resident virtually always performs skills or behaviors effectively but may require assistance or guidance in unusual circumstances. The level of "Competent" must be achieved in order to deem the resident competent with this specific skill. Please note that competence is defined as having sufficient knowledge, judgment, and skill to provide appropriate treatment interventions. **It does not suggest an expert or mastery level of proficiency.**

Main Competencies

- Custom Foot Orthosis
- Custom Ankle Foot Orthosis
- Knee Orthosis
- Custom Knee Ankle Foot Orthosis
- Thoracolumbosacral Orthosis
- Custom Scoliosis Orthosis
- Upper Limb Orthosis
- Transtibial prosthesis
- Transfemoral prosthesis
- Upper limb prosthesis
- Symes and/or partial feet prosthesis
- Post-operative care

Required Exposures (competency check-off not required)

For each competency, there are sub-competency areas that describe the competency in more detail.

Sub-Competencies

Assessment

(e.g. History, Clinical Exam, Outcome Measures)

- Rate the resident's ability to perform a comprehensive patient assessment, which includes the following skills:
 - Obtaining and reviewing the prescription
 - Performing an appropriate interview including history
 - Performing an appropriate clinical assessment / examination (Observation, Palpation, ROM, MMT, Gait Assessment)
 - Administering appropriate clinically relevant outcome measures (e.g., TUG, 10 mwt)

Formulation

(e.g. Discussing Options with Patients, Selecting Appropriate Materials and Components)

- Rate the resident's ability to formulate a comprehensive treatment plan, which includes the following skills:
 - Integrating and applying foundational knowledge relevant to management of a patient (e.g., anatomy, biomechanics, materials science)
 - Communicating with the referral source or other providers in the patient care team as indicated
 - Engaging with the patient and/or their family about potential treatment options
 - Selecting appropriate components and materials to manufacture a functional and safe device

Implementation

(e.g. Taking appropriate measurements, shape capture, fabrication, fitting, patient education)

- Rate the resident's ability to implement a comprehensive treatment plan, which includes the following skills:
 - Communicating with the patient and/or their family about the procedures required to provide care
 - Shape capture including anthropometric measurements, scanning, or taking an impression
 - Completing appropriate fabrication documentation
 - Fabrication of the device including mold rectification, thermoforming, laminating, or finishing
 - Performing a final safety and quality inspection prior to device delivery
 - Fitting the device to maximize function, safety, and patient comfort

- Providing education to the patient and/or their family members about the device including wear schedule, cleaning, maintenance, and the need for follow-up
- Referral to other members of the healthcare team as needed

Follow-up

(e.g., Re-assessing the patient's needs, Making Adjustments, Re-administration of Outcome Measures)

- Rate the resident's ability to perform appropriate follow-up care, which includes the following skills:
 - Obtaining subjective feedback from the patient about the wear schedule and effect of the device
 - Re-evaluating the functionality, safety, and overall fit of the device
 - Performing ongoing re-assessment of clinically relevant outcomes to document changes in health status
 - Performing adjustment to the device as needed to provide optimal functionality, safety, and overall fit
 - Performing additional patient education as needed

Practice Management

(e.g., Documentation, Selection of Appropriate Codes, Communication with Staff)

- Rate the resident's ability to perform appropriate practice management, which includes the following skills:
 - Documenting all patient encounters using techniques compliant with HIPAA, CMS and other standards as indicated
 - Selecting appropriate HCPCS Codes (L-Codes) for reimbursement of services rendered
 - Communicating with the office staff as needed to coordinate care including claim submission, communication with the care team and to setup follow-up appointments
 - Generating and/or attaining necessary support document needed for claim submissions as indicated
 - Documenting patient encounters into NCOPE's clinical tracking system

Technical and Safety Competency

- Rate the resident's ability to perform the following aspects of O&P care associated with technical implementation:
 - Demonstrates a knowledge of material science and design as needed to implement orthotic/prosthetic care
 - Adheres to universal precautions and infection control protocols implemented in all patient care settings

- Demonstrates proper use of person protective equipment (PPE) associated with orthotic/prosthetic technical procedures
- Demonstrates a knowledge of components required to implement orthotic/prosthetic care
- Demonstrates a knowledge of orthotic/prosthetic component warranty and limitations that are defined by both the manufacturer and third-party payer
- Demonstrates entry-level skill in orthotic/prosthetic fabrication
- Demonstrates the knowledge and skills to perform static and/or dynamic alignment of orthoses/prostheses
- Demonstrates the knowledge and ability to perform maintenance and repair to orthoses/prostheses
- Demonstrates a knowledge of materials management and inventory control consistent with contemporary business practice

Administrative Checklist for Preceptor-Resident Pairs

Resident Evaluations

All residents are required each term to complete an evaluation for each preceptor as well as the residency overall. Reports of these evaluations may be provided to preceptors upon request upon the completion of at least three residency rotations (the forms will be de-identified).

Beginning of rotation (~1-2 weeks into the rotation)

1. Complete the rotation orientation form by setting goals and identifying potential competencies to be met during the rotation. Residents will submit this form to BCM.
2. Schedule the mid-rotation evaluation meeting

Mid-Rotation (8 weeks into the rotation)

1. Residents are required to complete the pdf version of the Self-Assessment and bring it to the one-on-one meeting with their preceptor.
 - a. This pdf form should also be completed by any clinicians who have spent enough time with the resident that they feel they could contribute to the evaluation.
2. Complete a one-on-one mid-rotation evaluation meeting. At this meeting the preceptors are required to complete an Evaluation of the Resident in Tracker and have a pdf copy emailed to the resident. ***It is important that the correct Quarter and Rotation number in Tracker. Please see guidelines below.***
3. Residents are required to generate an Executive Case Log report from NCOPE Tracker and have it signed by the preceptor. Residents will submit to BCM once completed.

4. Residents are required to generate an Engagement Over Time report from NCOPE Tracker and have it signed by the preceptor. Residents will submit to BCM once completed.
5. Residents are required to submit an Evaluation of the Residency Program in NCOPE Tracker at this time as well. Residents will submit to BCM once completed.

| BCM Rotation Schedule Days | For Mid-Rotation Evaluations in Tracker Choose: | For End of Rotation Evaluations in Tracker Choose: |
|----------------------------|---|--|
| Rotation 1 = 1 – 110 | Quarter 1 | Quarter 2 |
| Rotation 2 = 111 – 229 | Quarter 2 | Quarter 3 |
| Rotation 3 = 230 – 355 | Quarter 3 | Quarter 4 |
| Rotation 4 = 356 – 453 | Quarter 5 | Quarter 5 |
| Rotation 5 = 454 – 536 | Quarter 6 | Quarter 6 |

End of Rotation (16 weeks into the rotation)

1. Residents are required to complete the pdf version of the Self-Assessment and bring it to the one-on-one meeting with their preceptor.
 - a. This pdf form should also be completed by any clinicians who have spent enough time with the resident that they feel they could contribute to the evaluation.
2. Complete a one-on-one mid-rotation evaluation meeting. At this meeting the preceptors are required to complete an Evaluation of the Resident in Tracker and have a pdf copy emailed to the resident. ***It is important that the correct Quarter and Rotation number in Tracker. Please see guidelines below.***
 - a. Make note that the “Overall Grade” and “Professionalism Grade” are two scores which make up the resident’s course grade for this portion of the residency. These grades, in addition to rotation-specific assignments completed by the resident, are sent to the registrar’s office. Preceptors are encouraged to
3. Residents are required to generate an Executive Case Log report from NCOPE Tracker and have it signed by the preceptor. Residents will submit to BCM once completed.
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