

**ORIENTATION MANUAL
FOR
PHYSICAL THERAPY STUDENTS**



**NEWYORK-PRESBYTERIAN
HOSPITAL/COLUMBIA UNIVERSITY MEDICAL
CENTER**

DEPARTMENT OF REHABILITATION MEDICINE

Center Coordinator of Clinical Education

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For directions to NewYork-Presbyterian Hospital/Columbia University

Medical Center and a campus map go to

<http://www.nyprehabmed.org>

Appendices

- i. Guidelines for the Center Coordinator of Clinical Education (CCCE)
- ii. Guidelines for the Primary Clinical Instructor
- iii. Guidelines for the Secondary Clinical Instructor
- iv. Guidelines and Procedures for Student Presentations

Cardiac Arrest Procedure *(reviewed upon arrival)*

Fire Safety Plan *(reviewed upon arrival)*

ABOUT NEWYORK-PRESBYTERIAN HOSPITAL

NewYork-Presbyterian Hospital/Columbia University Medical Center, an academic medical center and voluntary non-profit acute care general hospital, is located in the Washington Heights neighborhood of northern Manhattan, situated between Broadway and Riverside Drive from West 165th Street to West 168th Street. NewYork-Presbyterian/Columbia includes Morgan Stanley Children's Hospital of NewYork-Presbyterian and The Allen Pavilion, its 300-bed community hospital is located at 5141 Broadway at West 220th Street, just less than three miles north of the main medical campus. NewYork-Presbyterian/Columbia is a major center for training and research in the medical sciences and provides services to the local and tri-state communities as well as to patients throughout the world. We have steadily earned top ranking by *U.S. News and World Report* as a top hospital in the nation.

In 1997, The New York Hospital and Columbia Presbyterian Medical Center merged to form today's NewYork-Presbyterian Hospital, the University Hospital of Columbia and Cornell. As New York City's largest hospital, the combined centers have a capacity of 2,392 beds in New York City and 322 beds in its Westchester psychiatric facility, with an occupancy rate of about 94%. There are approximately 5,563 physicians and 16,212 employees at the NewYork-Presbyterian Hospital with about 1,555,949 outpatient visits in the Ambulatory Care Clinics.

NewYork-Presbyterian/Columbia is part of the greater NewYork-Presbyterian Healthcare Network, comprising a wide geographical base of network institutions and ambulatory care clinics. As we are a teaching hospital, students from Columbia University's College of Physicians and Surgeons, as well as from outside allied health programs, resident physicians and fellows together use the hospital's clinical facilities for education. Each attending physician also holds an academic appointment with Columbia or Cornell University.

Additional information about NewYork-Presbyterian/Columbia may be found by visiting <http://www.nyp.org> and going to "About Us".

ABOUT THE DEPARTMENT OF PHYSICAL THERAPY

Physical Therapy Rotations:

The physical therapy staff at NewYork-Presbyterian/Columbia is comprised of approximately 75 therapists. Staff and senior therapists rotate amongst eight different clinical areas every 12 months to expand their knowledge of various patient populations.

Acute Care

This area services adult medical and surgical inpatients which include those having orthopedic, neurological, and oncology diagnoses. Treatment occurs bedside as well as in the medical, neurological and surgical intensive care units. The type of patient population seen is varied and may include elective surgeries such as joint replacements, discectomy and fusion or laminectomies, tendon or ligamentous repairs. Other diagnoses may include traumatic admission for MVA or GSW as well as for fracture repair. The neurological caseload may consist of acute CVA, Guillain-Barre Syndrome, Multiple Sclerosis, Parkinson's Disease, various other movement disorders and, occasionally, spinal cord injuries. In addition, the Post-Mastectomy Program is based in this area as is a therapist dedicated to the treatment of patients pre- and post-liver transplantation. There is interaction with physicians, nurse practitioners, nurses, social workers, and numerous other health care professionals. Rounds, clinics, conferences, and inservices make this a

dynamic educational experience. There are opportunities to specialize in orthopedic, vascular and neurological/neurosurgical caseloads by applying for six months subrotations.

Allen Hospital

The Allen Hospital, a 300-bed community hospital, is located at 5141 Broadway at 220th Street. This area services adult inpatients and outpatients with a diversified caseload consisting of orthopedic, neurological, surgical, medical, cardiac rehabilitation, chest physical therapy and a geriatric unit. In addition, PT is provided in the Neonatal Intensive Care Unit for premature infants and on the OB-GYN unit for pregnant women on bedrest or for those requiring mobility training after childbirth. Opportunities for professional education and growth are available through daily rounds with other medical/allied health staff and through area inservices.

Cardiopulmonary-Inpatient

This area provides cardiac and pulmonary physical therapy services for adult inpatients. Cardiopulmonary treatments are provided bedside or, occasionally, in a gym on Milstein 7HS. Pulmonary physical therapy is a six month rotation which encompasses standard chest physical therapy, alternate airway clearance techniques and pulmonary rehabilitation. The cardiac specialty is a one year rotation. Cardiac treatments include functional training, progressive ambulation and strengthening and conditioning exercises

with telemetry and vital sign monitoring. Special populations treated in the cardiopulmonary area include patients with emphysema, managed with lung volume reduction surgery (LVRS) versus medical management, patients who are status post heart or lung transplantation and patients requiring ventricular assist devices - either as a bridge to transplantation or destination therapy. Frequent interactions with cardiothoracic surgeons, cardiologists, pulmonologists and medical physicians make this area a dynamic learning experience. The area has an online orientation lecture series and offers several opportunities for learning and for teaching.

Cardiopulmonary-Outpatient

This area serves both cardiac and pulmonary outpatients. Patients are referred by private physicians and clinics at NewYork-Presbyterian Hospital. Cardiac rehabilitation is typically a series of 36 sessions that include telemetry-monitored aerobic and strength training, education and risk factor modification. Treatment population includes coronary artery disease, stable angina, s/p MI, CHF, and cardiac interventions including stent placement, CABG, valve replacement, heart transplant and the LVADs. Pulmonary rehabilitation is a 24 session program focusing on aerobic and strength training with vital sign monitoring, oxygen management, education and support. The population includes COPD, interstitial lung disease, pulmonary hypertension, CF and s/p thoracic surgery to include LVRS and lung transplant. The pulmonary rehab program is connected with the Center for Chest Disease. Involvement in the ongoing LVRS program and various

research studies ensures a dynamic learning opportunity. Frequent interaction with cardiologists, pulmonologists and nurses are part of these one-year rotations. In addition, teaching and learning opportunities are available through weekly rounds, lectures and visiting student / medical fellows.

Harkness Pavilion

This is an outpatient service for orthopedic, medical, surgical and neurological cases. Patients are referred from attending physicians' practices and from Workforce Health and Safety at NewYork-Presbyterian Hospital/Columbia University Medical Center, from Student Health Services at Columbia University as well as from physicians outside the medical center. Educational growth is ensured through area rounds and inservices. Patient care is individualized and comprehensive with ongoing communication with the attending physicians. Programs at this location include lymphedema and vestibular rehabilitation with a certified lymphedema therapist and a competency-trained vestibular therapist, respectively.

Pediatrics

This is an inpatient and outpatient area covering referrals from pediatric medical, surgical, neurological, orthopedic, and rehabilitation medicine services. The entire spectrum of pediatric patients is seen from the neonatal intensive care unit to 25 years of age with treatments rendered bedside or in a

gym. In addition, physical therapy is provided on the OB-GYN unit for pregnant women on bedrest or for those requiring mobility training after childbirth. Educational activities are ongoing with area inservices, rounds, and conferences. In addition, the opportunity to consult in a seating and mobility clinic is available. In order to rotate to the pediatric area, one must have rehabilitation or acute neurological, cardiopulmonary and orthopedic experience.

Inpatient Rehab

This area provides 6-day comprehensive intensive inpatient rehabilitation for 16 inpatients with varying diagnoses including CVAs, spinal cord injuries, multiple sclerosis, movement disorders and complicated orthopedic, vascular and cardiopulmonary cases. An interdisciplinary approach to patient care is achieved through team meetings and problem solving rounds. Biweekly inservices include literature reviews, gait rounds and diagnostic-specific inservices as well as presentations given on continuing education courses attended by the physical therapists. In addition, there is an opportunity for therapists to consult in a seating and mobility clinic.

Vanderbilt Clinic

This area provides service to clinic outpatients with acute and chronic medical, surgical, orthopedic, neurological, rheumatic and neurovascular

disorders. The clinic receives many referrals from the orthopedic and rehabilitation medicine clinics, with therapists present as consultants. In addition to the variety of patients seen, weekly rounds and area inservices provide educational stimulation and growth.

ABOUT THE STUDENT PROGRAM

Information to Know Before Your Affiliation Begins

A. Hours:

Most therapists work the department's standard hours of 8:30 a.m.-4:30 p.m., Monday through Friday. Weekend and holiday coverage is also provided for inpatients in acute care, cardiopulmonary and the rehabilitation unit. Students are expected to work the same weekday schedule as their Clinical Instructor (CI), but are not responsible for weekend or holiday coverage.

B. Conference and Rounds:

Conference, meetings and rounds schedules will be discussed upon your arrival. You will be attending clinical group inservices and meetings specific to the services that you will be working on during your affiliation. Students may be responsible for reporting their patient's status at the appropriate conferences.

- C. Annual Hospital and Fire Safety Training: Students are required to complete Annual Hospital Training modules and print the proof of completion prior to the start of their affiliation. Please utilize the compact disc and refer to “Instructions for Online Fire Safety and Annual Hospital Training” provided to your program in order to be prepared for the first day of your affiliation. Fire Safety Training is accessible only to Columbia University physical therapy students prior to the start of affiliation, via the Hospital’s Infonet; all other students will do Fire Safety Training at the start of their affiliation.
- D. Cardiopulmonary Resuscitation: Copies of current certification are requested for submission to the CCCE on the first day of affiliation.
- E. Creation of Computer Accounts: Access will be granted so that you may obtain pertinent patient records (ie. radiology and laboratory reports) as well as document in the electronic record as required for all inpatients. Please contact the CCCE (see page 2 of this manual) at least 30 days prior to your start date and provide your social security number which is necessary to create your computer accounts.
- F. Dress Code: Students should adhere to the following dress code as outlined in the Department’s Policy and Procedure Manual.:

POLICY: Neat conservative clothing with visible identification

PURPOSE: To present a professional appearance

APPLICABILITY: All physical therapists and support staff

PROCEDURE:

- Professional, conservative dress and hem length; neat and tidy appearance
- Shoes or clean leather sneakers (in basic colors); No open-toed shoes
- Name plates visible
- Lab coats encouraged, especially at bedside
- No blue jeans or faded colored jeans
- No walking shorts
- No leggings
- “Scrubs” may be worn by staff working with patients at bedside who may have the potential for becoming soiled with bodily secretions during treatment
- Color must be “emerald” or “hunter” green
- A lab coat must also be worn with visible name plate
- In the event that a garment becomes soiled, an extra set must be available on site
- Soiled garments will be laundered on site in the laundry – SB 4th floor
- All staff are responsible for the purchase of his/her own “scrubs”

RESPONSIBILITY: Director of Physical Therapy

REVIEW MONTH: August

OTHER INFORMATION FOR STUDENTS

A. Student Supervision:

NewYork-Presbyterian Hospital’s physical therapy center coordinator of clinical education (CCCE) will coordinate your affiliation with your school

and oversee your experience. You will be assigned to a primary CI prior to your arrival.

Depending on the service you are assigned to, you may have a secondary supervisor as well. Please see Guidelines for the Center Coordinator of Clinical Education, the Primary Clinical Instructor and the Secondary Clinical Instructor (*Appendices i, ii and iii*).

Students are encouraged to give frequent feedback and constructive criticism with regard to the type and amount of supervision they are receiving. This will enable supervisors to individualize as well as optimize your learning experience. Students are also expected to prepare and discuss their learning objectives with their CI(s) on a weekly basis.

B. Student Orientation:

On the first morning of your affiliation, the clinical coordinator will give you a general orientation to NewYork-Presbyterian Hospital, the Department of Physical Therapy, the student program, pertinent policies and procedures and a tour of the department. Your clinical instructor will give you an orientation to your assigned rotation(s).

C. Rotation Assignments:

Students will be assigned to services they request whenever possible. Specialty experiences unique to NewYork-Presbyterian Hospital will be provided on a limited basis. This will be dependent upon availability, staffing and student performance.

D. Work Assignments:

1. Documentation: Students will be expected to write notes following the NewYork-Presbyterian Hospital's format and policies.

2. Student Presentations: An inservice may be required of full-time students. This will provide you with a valuable learning experience since it requires independent research, integration of theoretical and clinical knowledge and an opportunity for public speaking within your assigned clinical area. In addition, students will select a patient for presentation to the other students on affiliation, their CI as well as the CCCE. A laptop, VCR and LCD projector are available if desired and require the CCCE be notified 1-2 weeks in advance for their use. Please refer to Guidelines for Student presentations (*Appendix iv*).
3. Additional Assignments: Students may be given other assignments by their supervisors as well. You are expected to complete them by the assigned date.

E. Student Evaluations:

You will receive a mid-term and final evaluation from your clinical instructor(s) using the Clinical Performance Instrument (CPI). The evaluation criteria used are the clinical objectives set by your school for your particular level of education and experience. Students generally perform a self-evaluation as part of their program's requirements. In addition, weekly summary planning forms should be completed and discussed by the CI and student.

F. Student's appraisal of the affiliation:

At the end of the affiliation, you will complete an evaluation of the affiliation so that the Physical Therapy Department can continue to monitor and upgrade the quality of its student program. Any constructive criticism or suggestions pertaining to your experience at NewYork-Presbyterian Hospital, however, should be discussed immediately with your CI and/or CCCE so as to maximize your learning experience at our facility.

G. Lateness/Illness/Absence:

NewYork-Presbyterian Hospital will abide by your school's policies for lateness, illness and absence. If you will be late or absent, please call your CI and the CCCE at 212-305-5136 by 8:30 a.m.

H. Meals:

Meals can be purchased in the hospital cafeterias located on Presbyterian Hospital floor and Milstein Hospital second floor. There is also a private café in the lobby of Children's Hospital and nearby delicatessens and restaurants. If you wish to bring your lunch, you may use the refrigerators and microwaves located in each physical therapy area.

I. Housing:

Students are responsible for arranging their own housing. While housing availability is somewhat limited, you might try the following:

- Bard Hall (one block away from medical center)
50 Haven Avenue
NY, NY 10032
(212) 304-7000
- Off-Campus Residence (neighborhood shares/rentals)
NewYork-Presbyterian Hospital
NY, NY 10032
(212) 305-4930
- International House
500 Riverside Drive (at W. 123rd Street)
NY, NY 10027
(212) 316-8436; fax (212) 316-1827
admissions@ihouse-nyc.org
- Brandon Residence for Women
340 W. 85th Street
NY, NY 10024
(212) 496-6901
www.thebrandon.org

J. Miscellaneous:

Students must respect the confidentiality of all patients they treat or encounter and any records they have access to and are required to sign a confidentiality agreement on their first day.

Emergency procedures, cardiac arrest and Fire Safety Procedures will be reviewed upon your arrival in your assigned area.

CLINICAL EDUCATION PHILOSOPHY STATEMENT

The therapists at NewYork-Presbyterian Hospital believe the clinical affiliation period is a critical link between the academic and professional career of the physical therapy student. We are committed to providing quality learning experiences and guidance for the student to develop his/her skills in becoming a vital, responsible member of the profession.

**NEWYORK-PRESBYTERIAN HOSPITAL/
COLUMBIA UNIVERSITY MEDICAL CENTER**

DEPARTMENT OF REHABILITATION MEDICINE

GUIDELINES FOR THE CENTER COORDINATOR OF CLINICAL EDUCATION
(CCCE)

1. To schedule clinical placements for the affiliating physical therapy schools each year in accordance with APTA recommendations.
2. (a) To assign each student to a supervising therapist and clinical rotation the student will work on while at NewYork-Presbyterian Hospital.

(b) To schedule the student's case presentations, midterm and final evaluations.
3. To refer each student to an orientation manual and hospital, departmental and internship information prior to their arrival.
4. To provide additional orientation material to the student and review salient points in the previous orientation manual on the first day of their affiliation.
5. To give the student a general orientation to the services they will work on while at NewYork-Presbyterian Hospital and to discuss their individual needs.
6. To review with each student the objectives their school has set for them.
7. To review with the student the hospital's expectations of them.
8. To provide the student a tour of the Rehabilitation Department.
9. To arrange for an I.D. for the student.
10. To introduce the student to the primary CI and available staff.
11. To remain available to the student throughout the affiliation.
12. Assign CIs with input from area supervisors.

13. To orient, educate and advise therapists who are working with students about the student program, discussing supervision, writing evaluations, etc.
14. To meet with the supervising therapist about their student prior to the affiliation, reviewing academic and clinical experiences and offering guidelines for working mentoring students, and throughout the affiliation to monitor progress as needed.
15. To review student evaluations before they are given and to be present during an evaluation if there is a problem.
16. To communicate with the academic coordinator of clinical education (ACCE) if problems arise with student performance. At any time during the affiliation, the ACCE may be contacted to discuss performance concerns related to the criteria in the American Physical Therapy Association's Clinical Performance Instrument (CPI) or in the student manual. Follow up decisions/plans are made in conjunction with ACCE and may include learning contracts, termination of affiliation and extending the affiliation time to allow for improvement.
17. To speak with the ACCE regarding the student's performance on an ongoing basis as indicated/requested or if an on-site visit is made and counsel students or CIs as appropriate.
18. To have the student complete the affiliation appraisal before their completion of the affiliation.
19. To provide written information the schools may need for accreditation and return evaluations and related paperwork to schools upon completion of the affiliations.
20. To facilitate the establishment of new and to maintain existing Student Training Agreements in conjunction with departmental and Hospital administrators and the Office of Legal Affairs.
21. To attend seminars and workshops about clinical education.
22. To continuously improve the quality of the student program at NewYork-Presbyterian Hospital.

**NEWYORK-PRESBYTERIAN HOSPITAL/
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DEPARTMENT OF REHABILITATION MEDICINE

GUIDELINES FOR THE PRIMARY CLINICAL INSTRUCTOR

1. To review the student's daily schedule, to make the CCCE aware of any necessary changes and to assist in making these changes.
2. To introduce the student to the therapists and other staff they will be working with.
3. To orient the student to the service on which they are working.
4. To inform the student about what is expected of them at the beginning of the affiliation.
5. To provide the student with as many learning experiences as possible; periodically reviewing the criteria of the evaluation tool to ensure all appropriate are being addressed.
6. To give the student frequent constructive feedback.
7. To encourage open communication and exchange of ideas with the student.
8. To inform the CCCE of any special requests or needs that the student may have.
9. To keep the CCCE informed about the student's progress, impressions they may have of the student and any problems that may arise.
10. To counsel the student regarding any difficulties or problems that may arise.
11. To inform the CCCE of student's absence and arrange to make up time as required.
12. To assist the student with topic selection, research and content for student presentation.
13. To collect feedback about the student from all therapists who work with

him/her.

14. To prepare the midterm and final evaluations in a timely manner and review with the CCCE as indicated prior to presenting them to the student.
15. The evaluations should reflect the opinions of all the therapists involved, based on their written evaluations. The student's evaluation should be based on the school's objectives for each student's particular level of education.
16. To allot and schedule time appropriately to prepare and conduct written evaluations.
17. To have the student explain his/her feelings about the affiliation and to communicate this to the CCCE if not present at the time of the evaluations.
18. To speak with the ACCE regarding the student's performance if a site visit is made.
19. To provide the appropriate level of supervision as is recommended and/or required by APTA and/or insurance guidelines.
20. Arrange additional educational experiences (ie. observation of surgery, observation in another clinical area) if student is meeting affiliation objectives.
21. Arrange for coverage of student supervision in their absence.

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DEPARTMENT OF REHABILITATION MEDICINE

GUIDELINES FOR THE SECONDARY CLINICAL INSTRUCTOR

1. To give the student a specific orientation to the service on which they are working with the student.
2. To inform the student about what is expected of them as soon as possible.
3. To encourage open communication and exchange of ideas with the student.
4. To give the student frequent and constructive feedback.
5. To provide the student with as many learning experiences as possible, periodically reviewing the criteria of the evaluation tool to ensure all appropriate are being addressed.
6. To keep the primary CI informed of the student's progress. To meet with the primary CI.
7. To contribute to written midterm and final evaluations of the student following the school's evaluation form and objectives for the student.
8. To share the responsibilities of the clinical education experience with the primary CI, student, school and CCCE.

**NEWYORK-PRESBYTERIAN HOSPITAL/
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DEPARTMENT OF REHABILITATION MEDICINE

Guidelines for PT Student Presentations

PATIENT CASE PRESENTATION:

- I. Objective: The participant will demonstrate the ability to present a comprehensive patient case history of own choice to other students, CI and CCCE.
- II. Time allotment: 45 minutes when two cases presented; 60 minutes when one case presented, inclusive of discussion time

| III. <u>Presentation Outline</u> | <u>Time Allotment</u> |
|--|-----------------------|
| A. Patient Introduction | 1 minute |
| • age, gender, admission date if applicable, diagnosis | |
| • referral source, prescription | |
| B. History of Present Illness | 4 minutes |
| • date(s) of onset/related symptoms | |
| • evaluations by physician(s) | |
| • specific diagnostic procedures and results | |
| C. Past Medical History | 2 minutes |
| D. Medications (purpose and main side effects) | 2 minutes |
| E. Social and Functional Histories | 1 minute |
| • occupation | |
| • home/family structure | |
| • recreational activities/hobbies | |
| • type of dwelling/presence of stairs | |
| • mobility and ADL statuses, with/without devices | |
| F. Hospital Course | 5 minutes |
| • dates of relevant tests and results | |
| • dates of relevant surgery | |

- significant patient changes

G. Physical Therapy Evaluation

15 minutes

- general observation
- mental status
- ROM
- MMT
- sensation
- circulation prn
- functional mobility
- special tests prn

H. Physical Therapy Assessment

- summary of pertinent findings
- short term goals
- long term goal

I. Physical Therapy Plan

- frequency of treatments to be rendered

J. Physical Therapy Treatments

15 minutes

- number of treatments provided to date
- specific PT procedures with rationale, ie. physical agents, therapeutic exercise (demo prn)
- response to treatment(s)

Other tips:

- Review your presentation with your supervisor (for feedback and suggestions).
- Please make sure to speak slowly and clearly and gear your presentation to the level of your audience. Practice in advance.
- Please come prepared with sufficient copies of handouts.
- Demonstration and/or practice of specific interventions is important for dynamic learning to take place.
- You must obtain and use an encrypted flash drive when working on your presentation, remove all PHI, refrain from copying and pasting from Allscripts and do not make any references to NYP or Columbia.
- If submission to faculty is required, printing is the preferred method, otherwise email it only from home computer.

AREA INSERVICE:

- I. The case presentation is generally the only presentation required, however, if you are requested to also provide an inservice please speak with your CI to determine an appropriate topic. If related to hospital caseload, incorporate pathology, clinical application/comparison to any other techniques, review of theory, review of anatomy/physiology, application to patient case history prn, audiovisual content prn and evidence-based practice concepts. If student's thesis is presented, include brief overview of the topic, hypothesis and null-hypothesis, review of the literature pertaining to the topic, your research methodology, conclusions drawn from the research and potential clinical application.
- II. Review your presentation with your supervisor (for feedback and suggestions).
- III. Content should be presented in about 45 minutes with about 15 minutes remaining at end for questions/discussion.
- IV. Please come prepared with sufficient copies of handouts.
- V. Demonstration and/or practice are useful when specific treatment approaches are being presented.
- VI. Be well prepared and practice presentation in advance.
- VII. Maintain eye contact and relax during presentation.

Good luck with the presentations!