MASSACHUSETTS GENERAL HOSPITAL
PHYSICAL AND OCCUPATIONAL THERAPY SERVICES
CLINICAL EDUCATION PROGRAM

FACTS ABOUT MGH
CLINICAL EDUCATION PROGRAMS

Coordinator of Clinical Education: Emily Smith-Sturr, PT, NCS

Location/Phone: Main Campus:
Wang Ambulatory Care Center
Room 128
617-724-0128
Esmith-sturr@partners.org

Hours: Departmental hours vary:
OPD 7:00 am - 7:00 pm
Inpatient 7:45 am - 4:45 pm

Information about MGH: http://www.massgeneral.org/

Information about MGH PT and OT Services:

Directions to MGH and MGH sites: http://www.massgeneral.org/visit/directions/

Parking: No subsidized parking is available to students. Secured bicycle rack is available. Students are encouraged to take public transportation.

Housing/Food MGH does not provide housing. The hospital does have a housing link with potential local options: http://www.partners.org/Housing/default.aspx

There are number of cafeterias within the main hospital. MGH West has a cafeteria, our other sites do not. Refrigeration is available at each site for lunch storage.

Illness/Lateness: During orientation, your Clinical Instructor will discuss procedures for calling in due to illness or being late. Under both these circumstances, all students need to contact both their CI and the Education Coordinator to let them know of the specifics of their situation. This can be done via phone or email. In you choose to use
email, please leave a phone number where you can be reached. Please call before the beginning of the work day (7:00 am to 8:00 am) so that planning for your patients can occur.

**Emergency Medical Care:**
Students have access to the Hospital ED and Medical Walk-In. However, students assume responsibility for all payment not covered by their health insurance for utilization of these services.

**Doctor/Dentist Appointments:**
Scheduling of these appointments during affiliation time is discouraged. If it is an emergency or no other alternative is available, students will be given time off for these appointments.

All requests for time off are made to the Clinical Instructor and cleared through the SCCE. Depending on the policy of your school, time will need be made up.

**Supervision:**
All students are assigned a primary CI. On the outpatient service, there are some situations where clinical experiences have been split between two CI’s who share responsibility for the student. We have also used the 2:1 student to CI supervision model in some situations.

All students will receive some level of supervision throughout the experience, progressively less as their skills progress. Given the acuity and complexity of many of the patients in our system, students may feel that their level of supervision is greater than previous clinical experiences. In most all cases, this is function of the complexity of the clinical environment and our patients. If you feel that the level of supervision provided is not meeting your needs, please address this with your CI. If following the conversation with your CI, you feel that things are not resolved, please contact the SCCE.

**Evaluations: Formative**
Students meet with their CI’s on a weekly basis to review goals of the previous weeks and set up goals for the following week. This is a meeting to summarize performance over the course of a week, not discuss individual patients. Student are expected to come to these meetings with a written assessment and proposed new goals.
Evaluations: Summative

For full time PT students, the APTA CPI will be completed at mid-term and final points of the experience using the computerized format.

For full time OT students, the AOTA FWPE will be completed at the mid-term and final using the computerized format.

Using their respective forms, students are expected to complete a written self-assessment of their performance at both mid-term and final.

Learning Resources:

**Partners login:** When you are logged in to any Partners computer, you will be able to access a variety of different knowledge links as well as access numerous Library Search Engines like OVID, Pub Med, CINAHL, etc.

**eTreadwell:** the Virtual Library for MGH. Includes access to over 500 full text e-journals and an interlibrary loan program. Treadwell Library is on can be accessed electronically through your desk top. A complete list of the many resources at Treadwell can be found at the following website: [http://www2.massgeneral.org/library/foundation/resources.asp](http://www2.massgeneral.org/library/foundation/resources.asp)

**Case Conferences:** Each team of the Inpatient Physical Therapy Service holds monthly meetings to discuss a patient case, formulate a clinical question, analyze the evidence staff members find regarding that question, and apply the evidence to the clinical decision making regarding the specific patient’s care, as well as similar patients encountered in the future. A summary of the discussion, the analysis of the primary research article discussed, and the application of the evidence to practice is written up and stored on a shared drive. Staff members can access these summaries (and those from teams that cover other practice areas) at any time to inform their clinical practice. There are currently 250 of these resources.

**Outpatient Neurology Special Interest Group:** This group meets six times per year to discuss topics related to neurologic patient management, including review of recent literature, case presentations, and treatment
strategies. Topics are determined by members of the group. Resources identified in the meeting are shared via a SharePoint discussion group.

**SharePoint resources:** Multiple resource documents have been created to assist staff with their clinical care. In addition, resource documents outlining many tests and measures and their psychometric properties are housed here. Faculty and residents have access on any hospital computer and remote access through a virtual private network.
Physical & Occupational Therapy Services
Clinical Education

POLICY:

All students participating in clinical rotations and/or preceptorships will be oriented to the Hospital and clinical or assigned area according to department procedure.

PROCEDURES:

The purpose of the Clinical Education Program of the MGH Physical and Occupational Therapy Departments is to promote the development of entry-level competencies for the generalist Physical and Occupational Therapist clinician and Physical and Occupational Therapist Assistant as well as post-graduate competencies for the specialist Physical and Occupational Therapist clinician. These competencies involve basic knowledge and skills in physical therapy, professional judgment and behavior. The Clinical Education Program reflects the three major objectives of MGH: quality patient care, education, and research.

The responsibility for learning in clinical education is shared by the student, clinical instructor and educational institution; but, as an adult learner, the student bears the greatest responsibility for success in the clinical environment. The student is responsible for the application of learned clinical knowledge and skills, the ability to identify additional needs for information/skills, and the motivation and skill to effectively utilize a wide variety of resources.

The academic institution is responsible for adequate preparation of the student in clinical knowledge and skills, and active participation in the development of clinical faculty. The clinical instructor is responsible for competency in physical therapy practice and clinical teaching skills consistent with the student’s needs, as well as a commitment to the clinical education process. To provide a quality clinical education program, the clinical instructors are given continuing education and administrative support.
Learning is a dynamic process. An individualized approach to clinical instruction is utilized, determined by the level of the student’s academic, clinical, and professional preparedness. The learning process is planned to accomplish objectives consistent with the clinical site and academic institution and student goals. We support the utilization of alternative models of clinical supervision as a way to develop staff clinical teaching skills and optimize learning, and available resources, through increased student-to-student interaction.

The clinical environment has an important role in the learning process. We maintain an open atmosphere to promote free exchange of ideas around clinical decision making issued within the limits of ethical and safe clinical practice. A variety of learning resources and opportunities to broaden clinical knowledge and skill are available within MGH to complement the physical therapy clinical experience.

Clinical education is a professional responsibility. Inasmuch as learning is a continuous process, the student program is viewed as one of the ways to enrich our professional skills and ultimately benefit our patients.

QUALIFICATIONS OF CLINICAL INSTRUCTORS

The missions of the Hospital and Physical Therapy Services recognize education as a prime goal. The following criteria outline the qualifications for Clinical Instructors of entry-level physical therapy students.

A Clinical Instructor will:

1. Demonstrate clinical competence and professional demeanor
2. Have a minimum of one year of clinical experience
3. Have worked at MGH for at least six months
4. Have had one-to-two months’ experience on the rotation on which they will be assigned a student
5. Meet department standards on their performance evaluation
6. Have attended a Clinical Instructor training program
7. Demonstrate the ability to write objectives, plan learning experiences, and objectively evaluate the student's performance
8. Demonstrate an interest in clinical education and the physical therapy profession
Physical & Occupational Therapy Services
Dress Code: Clinical Staff

Purpose: To define the appropriate professional presentation for the clinical staff of MGH PT & OT Services.

Cancellation: This policy replaces all previous statements prior to the date above (in policy header).

Statement:
All health care providers of MGH Physical and Occupational Therapy Services are required to dress professionally. The appropriateness of the attire is determined, in part, by applicable laws and regulations concerning proper identification, infection control and safety.

Studies have shown that health care providers who project a professional image through attention to details of their appearance, instill confidence in their patients that they will provide the same, careful attention to their patients’ care. Therefore, the therapeutic alliance must be secured before initial verbal interaction has occurred.

As a member of Physical and Occupational Therapy Services you should place the patient’s needs first even if this necessitates curtailing some aspects of your individual expression. Professional dress is contextual and should reflect the culture of the environment. Personnel will present a neat, clean, and professional appearance that promotes a patient-focused environment and distinguishes staff as members of the MGH PT & OT Services, by incorporating the following practices:

- MGH identification badges must be worn above the waist, clearly visible to others.
- Jewelry must be kept to a minimum (no long, dangling earrings and necklaces during direct patient care). Staff should be prepared to remove jewelry from piercings while at work.
- Tattoos, when present, should be discrete. Staff may be asked to cover tattoos.
- Long hair (hair longer than the top of shoulders) must be fully tied back appropriately to prevent interference during direct patient care.
- Consistent with MGH fingernail policy: artificial nails or nail jewelry may not be worn. Natural nails must be well maintained and be clean and short (no longer than ¼ inch). If nail polish is worn, clear polish is preferred to allow for better visualization of the under-nail area, thereby contributing to more effective hand hygiene. Nail polish must be maintained regularly so that it is not cracked, chipped, or scratched.
- Refrain from use of perfume and cologne.
- All professional staff, students, and interns must follow these guidelines for professional attire during working hours (including week-ends and holidays):
  - Supportive, closed-toe footwear
  - Clothing is clean, pressed and in good condition
  - Pants or skirts which allow for necessary job-related movements


- No jeans, cargo pants, capris, cropped pants, cut-offs or athletic clothing (sweatpants, running pants, jeggings)
- Pants need to be hemmed so they do not drag on the floor.
- Skirts must be of reasonable length and style to allow freedom of movement even during unexpected aspects of your workday.
- Shirts or blouses which allow for necessary job-related movements
  - Men: Collared shirts and ties
  - Women: Shirts or blouses must provide sufficient coverage to ensure that both the midriff and back are covered during job-related movements. No low cut or clinging shirts, sweaters or blouses.

- **Lab Coat:**
  - All PT and OT Services personnel who have direct contact with patients are supplied with lab coats through the MGH linen system. Lab coats may be laundered by the MGH linen department or laundered at home with hot water.
  - All PT and OT Services staff must wear a lab coat when representing the department or attending a meeting outside of the Department.
  - Lab coats are the preferred dress when providing patient care.
  - Physical and Occupational Therapy Staff must wear lab coats for initial patient encounters except where the lab coat is a perceived barrier to establishing the patient/family relationship; or is an infection control risk.

- **Fleece vest or jacket:**
  - Fleece vest/jacket bearing the department approved logo and in conservative colors (black and blue preferred) may be purchased from the MGH vendor at employee’s expense.
  - Name and clinical credentials optional and should only include regulatory designation (PT or OT) and department recognized certifications (eg. CHT or OCS).
  - The fleece vest/jacket must be frequently laundered at home with hot water.

- **Scrub uniform:** [Inpatient Staff only]
  - Scrub uniform must include both scrub top and bottom in a matching solid color (no prints).
  - Scrub color preference green, blue, grey, or black
  - Scrub pants need to be hemmed so they do not drag on the floor.
  - A solid color t-shirt (without any logos) may be worn under scrub uniform top.
  - The only clothing acceptable to be worn over scrubs is a lab coat or a department approved fleece vest/jacket.
The purpose of a dress code is to ensure a look that projects professionalism. The code allows for individuality while maintaining safety and cleanliness. Overall appearance should be in keeping with the professional standards of the Massachusetts General Hospital and the professionals that work within the Institution.

**Requirements:**

Attire should be professional. No see-through material. No spaghetti straps or garments that would reveal your undergarments. Tops/dresses should provide appropriate coverage. Skirts/dresses should be of a length that doesn’t reveal a non-professional appearance when bending over. Shorts are not permitted.

- Jeans or slacks that look like jeans are not appropriate attire for work.

- Sandals may be worn in Summer months but beach like thongs/flip flops are not considered professional.

- Your ID badge must be worn and visible each day.

- You must keep outerwear in your lockers, not on backs of chairs or in patient view.
MGH PT and OT Services
Clinical Education Program

DIRECTIONS TO MGH SITES

Interactive maps are available for all our locations with links listed below:

MGH MAIN CAMPUS:
http://www.massgeneral.org/visit/directions/

MGH WALTHAM
https://www.massgeneral.org/waltham/directions/

MGH CHELSEA HEALTH CARE CENTER:
https://www.massgeneral.org/chelsea/maps-directions/

MGH REVERE HEALTH CARE CENTER:
https://www.massgeneral.org/revere/directions/

MGH CHARLESTOWN HEALTH CARE CENTER
https://www.massgeneral.org/charlestown/directions/