



## Created by the APTA Home Health New Graduate Mentorship Program Task Force

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## New Graduate Mentorship Program for Physical Therapists

### Introduction

In the United States, 78 million Baby Boomers (born between 1946 and 1964) are turning 65 at a rate of one every 10 seconds. Additionally, by age 65, two-thirds of all Baby Boomers will have at least one chronic disease and have seen seven physicians.<sup>1</sup> With the focus of the Affordable Care Act on improvement in quality of care and cost containment, home health care is providing solutions to the challenge of providing care for the increasing number of chronically ill for less cost. Home health agencies must increase the number of therapists they employ or contract in order to expand services to an ever growing population in need of home care.

The Bureau of Labor Statistics lists Physical Therapy as one of the fastest growing occupations with a percent change in employment projected at 34% for 2014-24<sup>2</sup>. In the United States, there are presently 233 accredited physical therapy programs. For the 2015 – 2016 academic year, there are 30,419 students enrolled<sup>3</sup>. With a projected attrition rate of 3.5%, there will continue to be a shortage of physical therapists through 2025 and beyond.<sup>4</sup>

Knowing that the baby boomer population will place an ever increasing demand on health care services and that the academic physical therapy programs will not meet the increasing need, there will be a shortage of physical therapists to meet the health care need in our country. It is imperative for home health agencies to hire new graduates in order to get therapists up and running more quickly. No longer is there a luxury for therapists to gain experience in other practice settings before moving into home care.

The American Physical Therapy Association (APTA) has determined that physical therapists are attracted to home health care because of flexible work hours, the benefit of spending one on one time with patients, the focus of improved function, as well as salary. These physical therapists remain in home health care practice because they are proud of their work, they value the relationships they have with their patients and they appreciate the opportunity to make autonomous work decisions.<sup>5</sup>

One of the most common myths in the home health care setting has long been that the physical therapist candidate must have 1 – 2 year's work experience after graduation before being considered. With the rapid growth of the aging population, healthcare policy changes moving care out of the hospital to the home, opportunities for employment in home health care will continue to grow. Home health care agencies will encounter an increasing number of newly graduated physical therapists applying for these positions and must engage these new graduates as new hires in order to meet the demand for services.

*“Working in the home health setting has expanded my knowledge of both the workforce and physical therapy. The training I received as a new graduate has facilitated my growth to be a better therapist, interprofessional colleague and fellow human. The learning has never stopped, the fun has never slowed and the job has never been more fulfilling.”*

*- Spencer Elswick, PT, DPT class of 2015*

As home health care agencies begin embracing physical therapy student programs, there becomes a real opportunity for agencies to transition these experiences into permanent employment. This could potentially result in reducing the costs of training, as well as decreasing time required for the clinician to become a fully productive member of the team. By providing a well-developed onboarding process, new graduate physical therapists will have the opportunity to mature their agency relationship and grow their company loyalty.

The purpose of this document is to provide a suggested process for effectively training the newly graduated physical therapist. This information was developed to allow for flexibility and modification to accommodate the varied learning styles and personalities. The definitive goal is to increase employee retention and support top-quality performance.

1. Ortman, Jennifer M., Victoria A. Velkoff, and Howard Hogan. “An Aging Nation: The Older Population in the United States.” *Current Population Reports*, p25 – 1140. U.S. Census Bureau, Washington, DC. 2014, on the internet at <https://www.census.gov/prod/2014pubs/p25-1140.pdf> (visited July 15, 2016).
2. Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2016-17 Edition*, Physical Therapists, on the Internet at <http://www.bls.gov/ooh/healthcare/physical-therapists.htm> (visited July 12, 2016).
3. Commission on Accreditation in Physical Therapy Education (CAPTE), on the internet at <http://www.capteonline.org/home.aspx> (visited August 13, 2016).
4. *A Model to Project the Supply and Demand of Physical Therapists 2010 – 2025*, on the internet at <http://www.apta.org/WorkforceData/> (visited July 15, 2016).
5. Collins, TL. “Characteristics of the home health practice setting that attract and retain physical therapists: results of a survey and implications for home health.” *Home Healthc Nurse*. 2011 Mar;29(3):156-67, on the internet at <http://www.ncbi.nlm.nih.gov/pubmed/21258241> (visited July 15, 2016).

## Human Resources Section

### Introduction

Unlike an inpatient practice setting, the home health practice setting is much less structured and as unique a practice setting as each home we enter. It can be challenging to make appropriate hiring choices from seasoned clinicians for this unique practice setting, and even more challenging to hire new graduates for this setting when the new graduate has no previous work experience as a licensed clinician. This challenge may be minimized when the potential new hire has had a clinical rotation in the home health practice setting. The new graduate who has had an experience in the home health environment and applies for a position in home health may already be demonstrating character traits desirable for the agency.

New graduates may contribute significantly to your practice or agency by bringing fresh perspectives, positive attitudes, excellent computer literacy/skills, new techniques and ideas to your practice setting. Agencies should not discount new graduates because of the limited clinical experience they bring but look to the skills they possess and character traits they bring.

The goal for this resource is to equip agency recruiters and hiring managers with the appropriate tools to determine if the newly-graduated clinician is a good fit for your organization. In it, you will find information guiding you on character traits to look for in candidates, as well as techniques to avoid making inappropriate hiring decisions. Some of the resources include general hiring dos and don'ts, while others are specific to the home care setting. You will find both referenced and attached tools to assist your team throughout the interview process.

### Background on Need

As of 2014, the Bureau of Labor Statistics estimated job growth for physical therapists would progress by thirty-four percent (34%) over the following 10 years, much faster than the average.<sup>1</sup> A 2010 study using forecast models, projected that “on the basis of current trends, demand for physical therapy (PT) services will outpace the supply of physical therapists within the United States. Shortages are expected to increase for all 50 states through 2030. By 2030, the number of states receiving below-average grades for their PT shortages will increase from 12 to 48.”<sup>2</sup> As of 2015, the American Physical Therapy Association (APTA) also published a forecast model. This model presents three potential scenarios for supply and demand for physical therapists and in all three scenarios, there was a projected shortage in physical therapists, despite growth in graduates from physical therapy programs.<sup>3</sup>

There is a clear need for organizations to maintain an appropriate population of therapy team members to meet their demands, as well as to ensure the highest quality individuals are hired and retained. Current home health hiring practices tend to target individuals with experience. This is understandable, as home health is a very unique environment with unique challenges in a setting

with very limited direct supervision. However, with increasing demands for qualified therapists, it is beneficial to look outside of the box and into hiring new graduates. The key factor for a new graduate program to be beneficial and successful for the patient, the new graduate, and the organization, is appropriate selection and mentoring of the new hire.

As part of the candidate selection process, we need first to identify character traits desirable for the home health setting.

## **Character Traits Desirable to Home Health**

A 2012 article in Forbes<sup>4</sup> identified the top five personality traits employers look for as:

- Professionalism
- High-energy
- Confidence
- Self-monitoring
- Intellectual curiosity

The top three are identified as first-impression traits and can be evaluated by recruiters within the first 30 seconds of meeting the candidate. The article goes on to explain that the last two are achieved through résumé and interview preparation. “Does the résumé language call attention to previous work experience where the potential new hire worked independently on projects or excelled without direct leadership? And concerning intellectual curiosity, is it evident that the candidate has the ability to problem solve and is dedicated to learning new technologies and advancements in his/her field?”<sup>4</sup>

A 2013 article in Forbes<sup>5</sup> states, “...it’s not what the candidates know today. Information can always be taught. The most intelligent companies hire on future success and heavily weigh personality when determining the most apt employees.” 15 character traits were identified in this article:

- Action-oriented
- Intelligent
- Ambitious
- Autonomous
- Display leadership
- Cultural fit
- Upbeat
- Confident
- Successful
- Honest
- Detail oriented

- Modest
- Hard working
- Marketable
- Passionate

Two articles in *Physical Therapy* compared novices to master therapists.<sup>6,7</sup> Although the candidate is a new graduate, it may be beneficial to identify if he/she exhibits any history of these master characteristics. This would allow the interviewer to distinguish between candidates that may be more advanced in the development of these skills and to potentially identify clinicians that may function more readily in a less structured clinical setting. Traits identified in the master physical therapist in these studies included:

- Handles interruptions without disrupting the treatment
- Uses social interaction to elicit information
- Provides frequent cues
- Applies knowledge to clinical practice
- Responds to patient/environmental cues

Other traits identified by Rehab Managers/Supervisors that have participated in the hiring process of home health therapists include:

- Exposure to acute care/chronic disease management
- Time management skills
- Organizational skills
- Computer/typing skills
- Eager to learn
- Flexibility
- Willing to ask questions/for help
- Sound clinical reasoning
- Autonomy
- Strong ethics

## **Recommendations for interview/hiring process**

Now that character traits have been identified, the next step is using the résumé and interview to determine if those characteristics are reflected in your potential new hire.

In reviewing the résumé, does it include:

- Experience in a home health student affiliation
- Exposure to acute care/chronic disease management



- Examples of leadership (roles in school or affiliations)
- Computer literacy

Attitude is also a common theme in many of the above characteristics. Karadag et al.<sup>8</sup> developed an Attitude Scale for Home Care. The 29 item questionnaire is answered using a 5-point Likert-type scale, with each item falling into 1 of 3 sub dimensions:

- Attitudes towards transpersonal caring relations between home care team and patient
- Attitudes toward support experienced in home care
- Attitudes towards comparing hospital health care and home care

Scores range from 29-145. This tool may be useful to include in the interview process to determine how the candidate will fit in with your organization's mission, core values, and culture. A reference on where to locate this tool is included at the end of this section.

Some examples of general interview questions include:

- What interests you in this position?
- What do you know about home health?
- Tell me about your experience and how it qualifies you for this position?
- On previous projects and/or student affiliations, what would you identify as your strengths/weaknesses?
- Provide an example of when you worked independently on a project and what was the outcome?
- Provide an example of when you lead a team on a project and what was the outcome?
- Provide an example of where good communication was imperative in accomplishing a goal and how did you handle that situation?
- How would you respond if you received negative feedback from a patient?
- How far are you willing to travel from your home to treat patients?
- Provide an example of how time management was imperative in accomplishing a goal and how you handled that situation?
- Are you willing to work after hours/weekends/attend mandatory meetings?

Questions that may target the five traits common in master physical therapists<sup>6,7</sup> may be used to identify front-runners among new graduates being considered. Here are a few examples:

Uses most of treatment time in direct patient treatment:

- We use computer documentation. How can you maintain point of service documentation with the patient while still utilizing a major portion of your treatment time in hands-on patient care?

Handles interruptions without disrupting the treatment:



- While treating in the patient's home, you may come across issues like a dog running around the room or multiple family members coming in/out of your treatment area. What are some ways you can think of handling these types of situations?

Uses social interaction to elicit information:

- Other than the medical record, how can you gather data on a patient in homecare?

Provides frequent cues:

- Being able to document skilled need is very important in home care. What are some examples of skilled need you have provided patients in the past and how have you incorporated that in your treatment documentation?

Apply knowledge to clinical practice:

- Identify 1 evidence-based tool/technique you learned in your last semester and how did you apply it during your last clinical experience?

Responds to patient/environmental cues:

- You're working with a patient s/p TKR and she asks you to discontinue treatment for the day after 1 walk around the house, and prior to any other treatment, due to increased pain and fatigue. How do you respond?
- Your patient reports being non-compliant with your HEP. How do you respond?

An article exploring clinicians' experiences (both physical and occupational therapists) through their first year of practice identified themes/phases clinicians progress through.<sup>9</sup> Although these weren't identified as truly chronological phases, as some may have fluctuated between themes, the phases did have an overall tendency to feed into the next eventually. Asking interview questions tailored to meet some or all themes may assist with identifying where a candidate may be in this process. Candidates nearer the latter phase may exhibit less of a challenge adapting to the less structured home care environment. The themes noted in the study are:

- Great expectations – expectations set by the student as he/she began final placement or first job
- Competence – how competent, or not, he/she felt during this new role
- Politics – how did academic experience differ from workplace reality
- Shock – how they dealt with the differences and the idea that working may be no less stressful than school
- Education – did they feel academically prepared for their first job
- Strategies – who did and how did they go about mastering their new environment and problem solving

Sample questions targeting the themes include:

Great Expectations:

- What are you most looking forward to in your first job? What is your goal for yourself in this new position of full-fledged PT (interviewer has to identify how realistic versus idealistic it is)

Competence:

- How capable/confident do you feel that you will be able to achieve that goal and why? (interviewer has to determine confidence level and response to feelings of lack of confidence—pay attention to nonverbals during this question)

Politics:

- What are your biggest concerns, uncertainties, or potential barriers to achieving that goal or as you consider home care as the place to begin your career? (interviewer identifies level of knowledge of and comfort discussing current healthcare issues/office politics/etc.)

Education:

- What aspect of your PT schooling/education/clinical experiences do you feel has prepared you to accomplish that goal or overcome those barriers? (interviewer has to identify if it's strictly textbook knowledge or reflection/application of knowledge)

Strategies:

- What are some strategies you could use, have used, or have seen used to overcome those concerns or potential barriers? (interviewer identifies level of reasoning of collecting data and coming up with a solution/strategy based on that data)

Attached at the end of this section is the **New Graduate ICM** (Interview/Clinician Mastery) **Tool**. Listed above are traits and potential interview questions that can be used to assist you with the hiring process. However, if you prefer a more structured tool, the IPCM will provide you with an organized method of guiding the interview.

No matter the process of interviewing your organization chooses, you want to be cognizant of acknowledging to the candidate that you don't expect them to understand everything about home care today. Be sure to convey that you understand some of the questions may contain unfamiliar scenarios/topics for a new graduate, and that you are only expecting they do their best with answering them. Throughout the interview process, it's important to reassure them that they will be fully educated on the various aspects of home care as they progress through orientation.

## Summary

A new graduate can bring many great benefits to an organization. Having limited or no experience in home care should not be a barrier to inviting that candidate into your team. You need to be equipped with the tools to identify the most appropriate candidate not only for home health, but also for your organization. This chapter provides a toolbox you can tailor to your organization's interview/hiring process in order to meet your specific culture and needs. Your management team can identify from the list of character traits those that best fit with your mission and vision. Then you can use the referenced and attached tools to develop questions to tailor the interview to tease out candidates that demonstrate those characteristics. The 2013 Forbes<sup>5</sup> article tied the sentiment up nicely with this statement: "You can train an employee on your product or service, you can't train someone to have integrity, resiliency, self-confidence and work ethic." The key to success is selecting the right person from the start, and this toolbox has provided you with resources to do just that.

The next step after the new graduate is hired will be providing an appropriate, structured mentorship experience. You will find information on this in the next chapter.

## References

1. Occupational Outlook Handbook: Physical Therapists. <http://www.bls.gov/ooh/healthcare/physical-therapists.htm>. Published December 17, 2015. Accessed April 10, 2016.
2. Zimbelman JL, Jurascheck SP, Zhang X, Lin VW. Physical therapy workforce in the United States: Forecasting nationwide shortages. *Arch Phys Med Rehabil*. 2010; 1021-1029.
3. A Model to Project the Supply and Demand of Physical Therapists 2010-2025. American Physical Therapy Association. <http://www.apta.org/WorkforceData/>. Last updated 4/12/2016. Accessed July 16, 2016.
4. Top Five Personality Traits Employers Hire Most. Forbes. <http://www.forbes.com/sites/meghancasserly/2012/10/04/top-five-personality-traits-employers-hire-most/#6f29dd586740>. Published October 4, 2012. Accessed July 16, 2016.
5. 15 Traits of the Ideal Employee. Forbes. <http://www.forbes.com/sites/kensundheim/2013/04/02/15-traits-of-the-ideal-employee/#402939f37c94>. Published April 2, 2013. Accessed July 16, 2016.
6. Jensen GM, Shepard KF, Hack LM. The novice versus the experienced clinician: Insights into the work of the physical therapist. *Phys Ther*. 1990;70(5):52-61.
7. Jensen GM, Shepard KF, Gwyer J, Hack LM. Attribute dimensions that distinguish master and novice physical therapy clinicians in orthopedic settings. *Phys Ther*. 1992;72(10):30-41.
8. Karadag E, Duru P, Orsal O. Development of an attitude scale for home care. *ResTheory Nurs Pract*. 2015;29(4):306-324.
9. Tryssenaar J, Perkins J. From student to therapist: Exploring the first year of practice. *Am J Occup Ther*. 2001;5(1):19-27.

## New Graduate ICM (Interview/Clinician Mastery) Tool

### Interview

**In one question, inquire about the top three character traits (professionalism/energy/confidence) with the goal of immediately identifying a personality that positively fits in an organization that drives results (Score 1 point for each positive response):**

|   |  |   |
|---|--|---|
| 1.  | “At this organization, from time to time, we expect our keep employees to develop new projects and/or programs– tell us how you motivate the staff with your new idea or project and how long it would take you from start to launch?” | 0 |
| <b>Ask novice to seasoned questions to screen level and capabilities</b>  |  |   |
| 2   | How do you handle people that talk a lot and ask a lot of questions while you are talking?   | 0 |
| 3   | If you wanted to know my favorite color but could not directly ask me, how would you get the answer?   | 0 |
| 4   | Did you work on a team in school where one member just did not understand the project or show commitment? How did you handle the situation?  | 0 |
| <b>Ask questions regarding positive and negative clinical experiences – ask how the negative clinical experience was handled (looking for a positive attitude). How the negative experience was handled is more important than the experience itself.</b> |  |   |
| 5.  | Positive Attitude  | 0 |
| <b>Interview section score -Section 1 of 2 - Total possible points is 5 pts per section.</b>  |  | 0 |

Personality Test (Recommended as part of pre-hire process). There are free personality tests available online.

At the time of this publication, the above tool was not validated. However, the tool has been designed by consensus opinion based on clinical practice and literature review.

### Clinical Mastery Assessment (Score 1 point for each positive

The purpose of this section is to determine how far along the candidate is on the spectrum of mastery that your organization has set. Your organization will have to determine the qualifying factors for answering each question. It can be used to identify which candidate is the strongest match for your company if you are deciding between multiple candidates.

It may also be used as a guide to assist with identifying the appropriate mentor with which to match up the candidate. As someone with less confidence and feeling less academically prepared for homecare may need a more nurturing and more patient mentor. (The questions below are adapted from themes identified in the following article: Tryssenaar J, Perkins J. From student to therapist: Exploring the first year of practice. *Am J Occup Ther.* 2001;5(1):19-27.)

|   |  | Score |
|---|--|-------|
| 1   | What are you most looking forward to in your first job? What is your goal for yourself in this new position of full-fledged PT (interviewer has to identify how realistic versus idealistic it is)   | 0     |
| <b>Education - the extent to which the student feels academically prepared for his/her first job</b>                      |  |       |
| 2   | What aspect of your PT schooling/education/clinical experiences do you feel has prepared you to accomplish that goal? (Interviewer has to identify if it's strictly textbook knowledge or reflection/application of knowledge)                               | 0     |
| <b>Competence - how competent the student feels approaching his/her first job</b>   |  |       |
| 3.  | How capable/confident do you feel that you will be able to achieve that goal and why? (Interviewer has to determine confidence level and response to feelings of lack of confidence—pay attention to nonverbal during this question)                         | 0     |
| <b>Politics - level of understanding regarding how the academic experience differs from workplace reality</b>             |  |       |
| 4.  | What are your biggest concerns, uncertainties, or potential barriers as you consider home care as the place to begin your career? (Interviewer identifies level of knowledge of and comfort discussing current healthcare issues/paperwork/regulations/etc.) | 0     |
| <b>Strategies - development of methods of mastering the new environment and problem solving</b>                           |  |       |
| 5.  | What are some strategies you could use or have seen used to overcome those concerns or potential barriers? (Interviewer identifies level of reasoning of collecting data and coming up with a solution/strategy based on that data)                          | 0     |
| <b>Clinical Mastery section score - Section 2 of 2 - (Total possible points - 5)</b>                                      |  | 0     |
| <b>TOTAL SCORE - (Max - 10 points)...Higher score - more desirable candidate. Lower score - less desirable candidate.</b> |  | 0     |

#### REFERENCES:

Bouton M, Moore M. The cult of personality testing : Why assessments are essential for employee selection. *J Med Pract Manage.* 2011;27(3):144-149.

Tryssenaar J, Perkins J. From student to therapist: Exploring the first year of practice. *Am J Occup Ther.* 2001;5(1):19-27.

## How to Use this Timeline


The new graduate timeline is a unidirectional and progressive schedule to be advanced in stages that build on the new graduate's knowledge of office and home health processes, regulations, documentation practices, competencies, clinical skills, and productivity.

Recognizing that not all new graduates will progress at the same rate, this timeline intentionally avoids specifying an actual timetable for completion of each stage. Each agency has its own unique operational differences, including: availability of preceptors, geographical territories, agency demographics and agency specific policies and procedures related to orientation, onboarding and staff competency. These characteristics need to be factored into the timeline to ensure a realistic and successful onboarding program. In addition, a new graduate's prior experience in home care as a student, or participation in a formal home care certification program may accelerate the onboarding process. Therefore, the timeline is intended to be used as a general guideline and stage completion is discretionary based on variances to ensure every new graduate has a successful transition.

The new graduate onboarding model utilizes a one-to-one preceptor model to provide greater onboarding support and oversight to the new graduate. A formal preceptor training program is recommended to ensure the success of a new graduate with an effective program.

In addition, 30, 60 and 90 day meetings are highly recommended with office staff/ operations manager and preceptor to assess the new graduate's experiences, challenges, and identified needs.

Finally, we suggest that your new graduate program allow enough flexibility for preceptor consultation on an as needed basis for new and complex care plans to include on-site visits up through a full 12 months for continued growth and learning. Furthermore, this timeline is best used in conjunction with the skills checklist presented in this package.

| New Graduate Focused Orientation  | Responsible Person(s)   | *Signature/Date (optional) |
|---|---|----------------------------|
| <p>Pre-hire:</p> <ul style="list-style-type: none"> <li>• New Graduate (NG) Completes Skills Checklist</li> <li>• Hiring Manager/Field Preceptor Consults with Professional Program Representative for NG Insight (learning style, personality, etc.)</li> </ul>  | <p>Hiring Manager issues Skills Checklist<br/>Hiring Manager/<br/>Field Preceptor</p>   |                            |
| <p>Stage 1:</p> <ul style="list-style-type: none"> <li>• New Employee Welcome/Introductions/ Company Mission/History/Culture</li> <li>• Complete required Agency New Hire Forms (<i>as appropriate</i>) - may include: <ul style="list-style-type: none"> <li>✓ <i>Authorization for Background Check</i></li> <li>✓ <i>Social Security Card</i></li> <li>✓ <i>Driver's License</i></li> <li>✓ <i>CPR Certification</i></li> <li>✓ <i>Auto Insurance</i></li> <li>✓ <i>Drug Test</i></li> <li>✓ <i>Criminal/Sex Offender Results</i></li> <li>✓ <i>Licensure Verification Results</i></li> <li>✓ <i>Medicare/Medicaid Exclusion Results (per state requirements)</i></li> <li>✓ <i>Job Description/Job Demands</i></li> <li>✓ <i>Employee Information (payroll)</i></li> <li>✓ <i>Statement of Employability</i></li> <li>✓ <i>Employment Agreement</i></li> <li>✓ <i>Direct Deposit Authorization</i></li> <li>✓ <i>W-4</i></li> <li>✓ <i>Non-Discrimination Policy</i></li> <li>✓ <i>Statement of Confidentiality/Ethics</i></li> <li>✓ <i>I-9</i></li> <li>✓ <i>Auto Liability Agreement</i></li> <li>✓ <i>Health and Safety/Drug-Free Workplace Policy</i></li> <li>✓ <i>Electronic Data Access/Signature Authentication</i></li> <li>✓ <i>Payroll Deduction Authorization</i></li> <li>✓ <i>Cell Phone Allowance Notification</i></li> <li>✓ <i>Worker Risk Category</i></li> <li>✓ <i>TB Testing Record</i></li> <li>✓ <i>Hepatitis B Notification</i></li> <li>✓ <i>ALF Vaccination Verification (state specific)</i></li> <li>✓ <i>EMR/NAR Acknowledgement (state specific)</i></li> <li>✓ <i>Consent for Use of Photograph</i></li> <li>✓ <i>Flu Vaccine Acknowledgement</i></li> </ul> </li> </ul> <p><i>Note: many of these items should be available from NG Physical Therapy program</i></p> | <p>Hiring Manager/<br/>Administrator/ Human<br/>Resources Representative</p>  |                            |

|   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Agency Required Orientation/Education – may include: <ul style="list-style-type: none"> <li>✓ <i>Abuse and Neglect Policy</i></li> <li>✓ <i>Patient Rights</i></li> <li>✓ <i>Employee Handbook and Acknowledgement</i></li> <li>✓ <i>Corporate Compliance Program</i></li> <li>✓ <i>Code of Conduct</i></li> <li>✓ <i>Customer Service</i></li> <li>✓ <i>Holiday Schedule</i></li> <li>✓ <i>Holiday Compensation</i></li> <li>✓ <i>OSHA Policies/Regulations</i></li> <li>✓ <i>Homebound Criteria</i></li> <li>✓ <i>Back Safety</i></li> <li>✓ <i>Employee Education Opportunities/ Contacts</i></li> <li>✓ <i>Company Benefits (missions support, scholarships, emergency funds)</i></li> <li>✓ <i>Affordable Care Act</i></li> </ul> </li> <li>• Agency Education Modules/Videos – may include: <ul style="list-style-type: none"> <li>✓ <i>Homebound Decision Tool</i></li> <li>✓ <i>Preventing Dog Bites</i></li> <li>✓ <i>Are You Road Ready?</i></li> <li>✓ <i>Discipline Specific Tests and Competencies</i></li> <li>✓ <i>Components of MD Order</i></li> <li>✓ <i>HHCCN and ABN Review</i></li> <li>✓ <i>Patient Transfer Competency</i></li> <li>✓ <i>Mini-Cog Review</i></li> <li>✓ <i>On-Call Process</i></li> <li>✓ <i>Review Agency Approved Abbreviations</i></li> <li>✓ <i>Review Agency Service Codes</i></li> <li>✓ <i>Review Agency Documentation Definitions/Expectations</i></li> <li>✓ <i>Review Specialty Programs/Unique Agency Services</i></li> <li>✓ <i>HHCAHPS</i></li> <li>✓ <i>QAPI Process/Purpose</i></li> <li>✓ <i>Infection Prevention and Control in Home Care</i></li> <li>✓ <i>Fire Safety in Home Care</i></li> <li>✓ <i>Tuberculosis Safety in Home Care</i></li> <li>✓ <i>Electrical Safety in Home Care</i></li> <li>✓ <i>Back Safety and Work-Related Musculoskeletal Disorders (WMSDs)</i></li> <li>✓ <i>Patient Safety in Home Care</i></li> <li>✓ <i>Disasters and Emergency Management</i></li> <li>✓ <i>Hazardous Chemicals</i></li> <li>✓ <i>Sexual Harassment in the Workplace</i></li> <li>✓ <i>Health Care Advance Directives</i></li> <li>✓ <i>Home Health Star Ratings/Publicly Reported Metrics</i></li> </ul> </li> </ul> | <p>Hiring Manager/<br/>Administrator/ Human<br/>Resources Representative</p>  |  |
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| <ul style="list-style-type: none"> <li>Shadow Office Staff – recommend: <ul style="list-style-type: none"> <li>✓ <i>Branch Director</i></li> <li>✓ <i>Scheduler</i></li> <li>✓ <i>Clinical Field Staff Supervisor</i></li> <li>✓ <i>Packet Reviewer</i></li> <li>✓ <i>Medical Records Representative</i></li> </ul> </li> <li>Issue Mobile Device as appropriate by Agency – in Training Mode if available</li> </ul>   | <p>Hiring Manager/<br/>Administrator/Human<br/>Resources Representative</p>  <p>Mobile Equipment<br/>Representative</p> |  |
| <p>Stage 2:</p> <ul style="list-style-type: none"> <li>Meeting with Assigned Preceptor <ul style="list-style-type: none"> <li>✓ <i>Introductions</i></li> <li>✓ <i>Review Job Description</i></li> <li>✓ <i>Discuss Learning Styles</i></li> <li>✓ <i>Review Precepting Plan</i></li> <li>✓ <i>Outline Expectations of NG</i></li> <li>✓ <i>Set Goals</i></li> <li>✓ <i>Review Resources/Tools</i></li> <li>✓ <i>Establish Communication Parameters</i></li> <li>✓ <i>Coordinate Meeting Location/Time to Begin Field Training</i></li> </ul> </li> <li>Attend Case Conference with Field Preceptor</li> <li>Field Preceptor Provides Introductions to Field Clinical Staff</li> </ul>  | <p>Field Preceptor</p>    |  |
| <p>Stage 3:</p> <ul style="list-style-type: none"> <li>Begin Shadowing Preceptor in the Field/Preceptor Teaching/Training in Office – Preceptor Training Checklist <ul style="list-style-type: none"> <li>✓ <i>Policy Review</i></li> <li>✓ <i>Mobile Device Basics</i></li> <li>✓ <i>Organizing Your Day</i></li> <li>✓ <i>In-Home Documents</i></li> <li>✓ <i>Proficiency Collecting Vitals</i></li> <li>✓ <i>Patient History and Physical Assessment</i></li> <li>✓ <i>Documentation in Training Device</i></li> <li>✓ <i>Workflow</i></li> <li>✓ <i>Defensible Documentation</i></li> <li>✓ <i>Obtaining and Writing Orders</i></li> <li>✓ <i>Case Conference Responsibilities/ Expectations</i></li> <li>✓ <i>Therapy Reassessment Rules</i></li> <li>✓ <i>Begin OASIS Education/Training</i></li> <li>✓ <i>Review Star Ratings/Publicly Reported Metrics</i></li> </ul> </li> <li>Attend Case Conferences with Field Preceptor</li> <li>Preceptor Reviews Progress with Branch Director Weekly</li> </ul> | <p>Field Preceptor</p>    |  |

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| <p>Stage 4:</p> <ul style="list-style-type: none"> <li>• Transition Device to Live Mode (<i>as appropriate</i>)/Facilitate Having Patients Assigned to NG</li> <li>• Field Preceptor Assists NG With Obtaining Supplies/Car Stock</li> <li>• NG to Complete Patient Visits Alone <ul style="list-style-type: none"> <li>✓ <i>Goal of 35% of expected productivity</i></li> </ul> </li> <li>• Meet with Field Preceptor Daily <ul style="list-style-type: none"> <li>✓ <i>Review Documentation from Day's Visits</i></li> <li>✓ <i>Discuss Issues/Concerns of NG</i></li> <li>✓ <i>Continue with OASIS Documentation Education</i></li> <li>✓ <i>Review Expectations of Physical Therapist as Case Manager</i></li> <li>✓ <i>Review Home Health Aide Care Plan Development</i></li> </ul> </li> </ul>  | <p>Mobile Equipment Representative</p> <p>Field Preceptor</p>  |  |
| <p>Stage 5:</p> <ul style="list-style-type: none"> <li>• Complete Any Additional New Hire Education as required by Agency - (<i>preferably completed within 90 days of start date</i>) – may include: <ul style="list-style-type: none"> <li>✓ <i>Pain Management</i></li> <li>✓ <i>Wound Care Basics</i></li> <li>✓ <i>Common Challenges for Homecare Provider</i></li> <li>✓ <i>Pharmacology for Therapists</i></li> <li>✓ <i>OASIS Functional Scoring</i></li> <li>✓ <i>OASIS Competency Assessment</i></li> </ul> </li> <li>• Observe SOC Visit(s) with Field Preceptor and Review Scoring Rationale/Documentation</li> <li>• Complete All Aspects of Care <ul style="list-style-type: none"> <li>✓ <i>Goal of 50% expected productivity</i></li> </ul> </li> <li>• Preceptor Observes NG Initial Evaluation Visit(s) and Completes Competency Check-off</li> <li>• Field Preceptor Begins Transition to Mentor Role/Promotes Increased Autonomy by NG</li> <li>• Field Preceptor Provides Update to Branch Director and Reviews Areas of Deficiency/Concern</li> </ul> | <p>Field Preceptor</p>                                        |  |
| <p>Stage 6:</p> <ul style="list-style-type: none"> <li>• NG Completes All Aspects of Care <ul style="list-style-type: none"> <li>✓ <i>Goal of 75% expected productivity</i></li> </ul> </li> <li>• Field Preceptor to Address any Deficiencies Noted in Competency Check-off</li> <li>• NG Observes Additional SOC Visits (<i>as needed</i>)</li> </ul>   | <p>Field Preceptor</p> <p>Field Preceptor</p>   |  |

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| <p>Stage 7:</p> <ul style="list-style-type: none"> <li>• Complete All Aspects of Care<br/>✓ <i>Goal of 90% expected productivity</i></li> <li>• NG Performs SOC Visit with Field Preceptor Observation</li> <li>• Review Immediate SOC Issues with Preceptor (<i>As Needed</i>)</li> <li>• Field Preceptor Provides Update to Branch Director/Immediate Supervisor Regarding SOC Observation</li> </ul>       | <p>Field Preceptor</p> <p>Field Preceptor</p> <p>Field Preceptor/ Branch Director/ Immediate Supervisor</p> |  |
| <p>Stage 8:</p> <ul style="list-style-type: none"> <li>• Complete All Aspects of Care<br/>✓ <i>Goal for NG to be at 100% expected productivity</i><br/>✓ <i>Should Include Multiple SOC Visits</i></li> <li>• Sit with Packet Review Staff to Review SOC Packets</li> <li>• Packet Review Staff Notifies Field Preceptor and Branch Director/Immediate Supervisor of Any Deficits/Areas of Concern</li> </ul> | <p>Packet Review Representative</p>   |  |
| <p>Stage 9:</p> <ul style="list-style-type: none"> <li>• Complete All Aspects of Care and Documentation at 100% of Expected Productivity Consistently</li> <li>• Branch Director/Immediate Supervisor Arranges Any Final Education Required by Field Preceptor (<i>as needed</i>)</li> <li>• Branch Director/Immediate Supervisor Completes 90-day Evaluation</li> </ul>                                      | <p>Branch Director/ Immediate Supervisor/ Field Preceptor</p>   |  |
| <p>Stage 10:</p> <ul style="list-style-type: none"> <li>• NG Oversight is Now 100% Managed by Branch Director/Immediate Supervisor</li> <li>• Branch Director/Immediate Supervisor Conducts On-Site Field Visit</li> <li>• Face-to-Face meetings held as needed</li> </ul>  | <p>Branch Director/ Immediate Supervisor</p>  |  |

## Skills Checklist Section

### Introduction

Once you hire an appropriate new graduate for your team, the final step toward allowing this team member to treat independently is an assessment of all the required skills. This section includes a tool to identify areas the new graduate will require more training in, as well as areas in which he/she can begin taking a more independent role. The attached **New Graduate Physical Therapist Skills Checklist** will help to guide the Mentor/Preceptor in identifying when the individual is ready to take a more active role in patient care and when increased mentoring is required. It will help to support the Mentor/Preceptor with determining how soon the new graduate will be able to progress to a higher level of productivity and if orientation needs to be extended further. This checklist, in conjunction with the New Grad Onboarding Timeline, will paint a clear picture of exactly where this clinician is in their orientation phase.

### How to Use the New Graduate Physical Therapist Skills Checklist

The checklist has been broken down into various task categories, with some of the most critical and regulatory home care skills at the beginning of the document. Initially, the tool can be provided to the new hire on Day 1 of orientation as a Self-Assessment Tool. This will provide the Mentor/Preceptor with a gauge of how to tailor the start of orientation and will assist the team in determining potential length of time the new hire may be required to be in orientation. Then, the same tool is used as an Assessment Tool, where either the Mentor/Preceptor or Supervisor assesses the clinician's skills and rates him/her on a basis of Meets Standard/Needs Training/Not Applicable. As the clinician is deemed "Meets Standards," he/she will take a more independent role in that task while the Mentor/Preceptor reduces the amount of assistance provided. The final goal is to have a clinician sign off that the new team member "Meets Standards" in all applicable tasks required by your organization and support why this individual is now safe to independently treat patients.

**NEW GRADUATE PHYSICAL THERAPIST SKILLS CHECKLIST**

| Task                                      | Self-Assessment    | New Hire<br>Initials/<br>Date | Mentor Assessment   | Method of<br>Assessment | Mentor or Sup<br>Initials / Date | Comments |
|---|--------------------|-------------------------------|---------------------|-------------------------|----------------------------------|----------|
|   | 1 - Independent    |                               | 1 - Meets Standard  | F - Field               |                                  |          |
|   | 2 - Needs Training |                               | 2 - Needs Training  | P- Practical            |                                  |          |
|   |                    |                               | NA - Not applicable | E - Exam                |                                  |          |
| <b>Infection Control</b>                  |                    |                               |                     |                         |                                  |          |
| Standard Prec.                            |                    |                               |                     |                         |                                  |          |
| Hand Hygiene                              |                    |                               |                     |                         |                                  |          |
| Alcohol-based hand rub /<br>Hand Wash     |                    |                               |                     |                         |                                  |          |
| Bag Technique                             |                    |                               |                     |                         |                                  |          |
| Equipment Cleansing                       |                    |                               |                     |                         |                                  |          |
| Use of CPR Mask                           |                    |                               |                     |                         |                                  |          |
| Car Box/Trunk set up                      |                    |                               |                     |                         |                                  |          |
| <b>Vital Signs</b>                        |                    |                               |                     |                         |                                  |          |
| Manual BP (U/LE)                          |                    |                               |                     |                         |                                  |          |
| Manual Pulse Rate<br>(Radial/Pedal)       |                    |                               |                     |                         |                                  |          |
| Apical Heart Rate                         |                    |                               |                     |                         |                                  |          |
| Respiratory Rate                          |                    |                               |                     |                         |                                  |          |
| Pulse Oximetry                            |                    |                               |                     |                         |                                  |          |
| Rate of Perceived Exertion<br>(RPE) Scale |                    |                               |                     |                         |                                  |          |
| Pain (VAS, Wong Baker)                    |                    |                               |                     |                         |                                  |          |
| Auscultation                              |                    |                               |                     |                         |                                  |          |
| Temperature                               |                    |                               |                     |                         |                                  |          |
| Weight                                    |                    |                               |                     |                         |                                  |          |
| Girth/Circumference<br>Measurements       |                    |                               |                     |                         |                                  |          |
| Parameters/When to<br>call physician      |                    |                               |                     |                         |                                  |          |

| Environmental Assessment                    |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Home Safety Assessment                      |  |  |  |  |  |  |
| Adaptive Equipment Needs                    |  |  |  |  |  |  |
| Home Modifications                          |  |  |  |  |  |  |
| Cognitive Assessment                        |  |  |  |  |  |  |
| Alert and Oriented                          |  |  |  |  |  |  |
| Memory                                      |  |  |  |  |  |  |
| Executive Functioning                       |  |  |  |  |  |  |
| Delirium/ Dementia/<br>Depression           |  |  |  |  |  |  |
| Medication Reconciliation                   |  |  |  |  |  |  |
| Assess for change/<br>addition/ deletion    |  |  |  |  |  |  |
| Assess for med adherence                    |  |  |  |  |  |  |
| Process for new/ changed<br>meds            |  |  |  |  |  |  |
| Updating Med Profile/<br>Paper copy in home |  |  |  |  |  |  |
| Edema                                       |  |  |  |  |  |  |
| Measurement                                 |  |  |  |  |  |  |
| Interventions                               |  |  |  |  |  |  |
| Lymphedema                                  |  |  |  |  |  |  |
| Respiratory                                 |  |  |  |  |  |  |
| O2 mgmt./ safety                            |  |  |  |  |  |  |
| Incentive spirometer                        |  |  |  |  |  |  |
| Musculoskeletal                             |  |  |  |  |  |  |
| ROM   |  |  |  |  |  |  |
| MMT   |  |  |  |  |  |  |

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|---------------------------------------|--|--|--|--|--|--|
| Sensation                             |  |  |  |  |  |  |
| Light Touch                           |  |  |  |  |  |  |
| Pressure                              |  |  |  |  |  |  |
| Proprioception                        |  |  |  |  |  |  |
| 10 gm monofilament                    |  |  |  |  |  |  |
| Neuro Assessment                      |  |  |  |  |  |  |
| Dynamic Balance                       |  |  |  |  |  |  |
| Static Balance                        |  |  |  |  |  |  |
| Coordination (U/LE)                   |  |  |  |  |  |  |
| Falls Assessment                      |  |  |  |  |  |  |
| Dizziness vs vertigo                  |  |  |  |  |  |  |
| STEADI Program                        |  |  |  |  |  |  |
| Functional/ Therapeutic Activities    |  |  |  |  |  |  |
| Bed mobility                          |  |  |  |  |  |  |
| Transfers training (bed/chair/toilet) |  |  |  |  |  |  |
| Ambulation training                   |  |  |  |  |  |  |
| Ramp training                         |  |  |  |  |  |  |
| Curb training                         |  |  |  |  |  |  |
| Stair training                        |  |  |  |  |  |  |
| Bed mobility                          |  |  |  |  |  |  |
| Assistive Device Training             |  |  |  |  |  |  |
| Car Transfers                         |  |  |  |  |  |  |
| Standardized Tests                    |  |  |  |  |  |  |
| Timed Up and Go                       |  |  |  |  |  |  |
| 30 second Sit to Stand Test           |  |  |  |  |  |  |
| 2 Min Step Test                       |  |  |  |  |  |  |
| Other: _____                          |  |  |  |  |  |  |
| Other: _____                          |  |  |  |  |  |  |



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|--|--|--|--|--|--|--|
| <b>Pressure Relief</b>   |  |  |  |  |  |  |
| Common areas of breakdown  |  |  |  |  |  |  |
| Bed  |  |  |  |  |  |  |
| Chair  |  |  |  |  |  |  |
| Offloading   |  |  |  |  |  |  |
| Devices/Equipment  |  |  |  |  |  |  |
| <b>Therapeutic Exercise</b>                                      |  |  |  |  |  |  |
| PROM/AAROM/  |  |  |  |  |  |  |
| AROM/Self-ROM  |  |  |  |  |  |  |
| PRE  |  |  |  |  |  |  |
| Stretching   |  |  |  |  |  |  |
| Mobilizations  |  |  |  |  |  |  |
| HEP Development  |  |  |  |  |  |  |
| <b>Prosthetics (donning/ doffing/ transfers with/ amb. with)</b> |  |  |  |  |  |  |
| Type of Prosthesis:<br>_____                                     |  |  |  |  |  |  |
| <b>Orthotics (donning/ doffing/ transfers with/ amb with)</b>    |  |  |  |  |  |  |
| Type of Orthosis:  |  |  |  |  |  |  |
| <b>Modalities</b>  |  |  |  |  |  |  |
| Hot pack/moist heat  |  |  |  |  |  |  |
| Cold pack/ ice   |  |  |  |  |  |  |
| Other:   |  |  |  |  |  |  |
| Other:   |  |  |  |  |  |  |
| <b>DME</b>   |  |  |  |  |  |  |
| Walking devices  |  |  |  |  |  |  |
| Other:   |  |  |  |  |  |  |
| Other:   |  |  |  |  |  |  |

|                         |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|
| DME Proficiency         |  |  |  |  |  |  |
| Transfer Board          |  |  |  |  |  |  |
| Tub bench/ Shower Chair |  |  |  |  |  |  |
| Bedside commode         |  |  |  |  |  |  |
| Mechanical lift         |  |  |  |  |  |  |
| CPM                     |  |  |  |  |  |  |
| Compression Pumps       |  |  |  |  |  |  |
| Wheelchair              |  |  |  |  |  |  |
| Seating/ Positioning    |  |  |  |  |  |  |
| Manual                  |  |  |  |  |  |  |
| Power                   |  |  |  |  |  |  |
| Wound Care              |  |  |  |  |  |  |
| Assessment              |  |  |  |  |  |  |
| measurement             |  |  |  |  |  |  |
| Interventions/          |  |  |  |  |  |  |
| Common Dressings        |  |  |  |  |  |  |
| High Risk Patient Ed.   |  |  |  |  |  |  |
| Heart Failure           |  |  |  |  |  |  |
| COPD                    |  |  |  |  |  |  |
| DM                      |  |  |  |  |  |  |
| Telehealth Process      |  |  |  |  |  |  |
| IDT Communication       |  |  |  |  |  |  |
| Case conferencing       |  |  |  |  |  |  |
| Physician Communication |  |  |  |  |  |  |
| DME company             |  |  |  |  |  |  |
| CG/Family               |  |  |  |  |  |  |

|                                       |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|
| Orthopedic/Surgical Processes:        |  |  |  |  |  |  |
| THR protocols/<br>precautions         |  |  |  |  |  |  |
| TKR protocols/<br>precautions         |  |  |  |  |  |  |
| TSR protocols/ precautions            |  |  |  |  |  |  |
| Spinal precautions                    |  |  |  |  |  |  |
| Cardiac precautions                   |  |  |  |  |  |  |
| Weight Bearing                        |  |  |  |  |  |  |
| Restrictions                          |  |  |  |  |  |  |
| Staple Removal                        |  |  |  |  |  |  |
| Suture Removal                        |  |  |  |  |  |  |
| Visit Preparation                     |  |  |  |  |  |  |
| Chart Review                          |  |  |  |  |  |  |
| Check Auth. Status                    |  |  |  |  |  |  |
| Check Order Status                    |  |  |  |  |  |  |
| Supplies (single use)                 |  |  |  |  |  |  |
| Paperwork (HEP, DC, Pt.<br>Education) |  |  |  |  |  |  |
| Documentation Processes/ Paperwork    |  |  |  |  |  |  |
| SOC/ROC/Recert-<br>(OASIS)            |  |  |  |  |  |  |
| Evaluation                            |  |  |  |  |  |  |
| Creating measurable goals             |  |  |  |  |  |  |
| Reassessment                          |  |  |  |  |  |  |
| Routine Visit Note                    |  |  |  |  |  |  |
| Transfer (OASIS)                      |  |  |  |  |  |  |
| DC Planning/<br>Documentation (OASIS) |  |  |  |  |  |  |

New Hire Name Print/Signature

Date

Mentor Name Print/Signature

Date

Supervisor Name Print/Signature

Date

### **New Graduate Field Preceptor Roles and Expectations**

- Provide a quality orientation for the new graduate following company policy.
- Serve as a mentor and guide for the new graduate for first 90 days of employment. This guidance will include assisting with connecting to office staff and fellow field clinicians.
- May be requested to provide additional support and intermittent training through the first full year of new graduate employment.
- Will achieve and maintain agency expected documentation standards.

### **New Graduate Field Preceptor Qualifications**

- Has a minimum of one-year experience with the company.
- Is a champion of company mission, policies, standards and processes.
- Possesses strong organization skills, has a patient demeanor and is very detail-oriented.
- Has effective oral and written communication skills.
- Is a skilled educator and instructor. Is comfortable providing constructive feedback.
- Is able to set priorities, handle multiple tasks and adjust plans unexpectedly.
- Maintains a positive and helpful demeanor during times of stress and frequent interruptions.

### **New Graduate Field Preceptor Specific Duties and Responsibilities**

- Manage and organize learning opportunities and training schedules for new graduate.
- Prepare new graduate progress reports and update Branch Director on progress.
- Participate in new graduate 90 day evaluation if requested by Branch Director.
- Abide by agency privacy program and compliance program.
- Perform patient visits with new graduate in a timely, professional and appropriate manner.
- Assist new graduate in understanding and mastering skills outlined in job description.
- Observe and evaluate new graduate knowledge of service provision, agency policies and procedures, and compliance to all State and Federal regulations.

| <b>Field Preceptor Specific Competencies Required</b> |  |
|---|--|
| <b>Communication</b>                                  | <ul style="list-style-type: none"> <li>• Effectively communicate with supervisors, patients and coworkers maintaining a high level of professionalism and courtesy</li> <li>• Demonstrate tolerance and even temperament while using sound judgement</li> <li>• Direct issues or concerns, as appropriate, to supervisors</li> </ul> |
| <b>Teamwork</b>                                       | <ul style="list-style-type: none"> <li>• Support team effort with positive contributions toward agency goals</li> <li>• Model kindness, consideration and courtesy to others</li> <li>• Modify work schedule to meet demands and assist with completion of tasks that support agency efficiency</li> </ul>                           |
| <b>Problem Solving</b>                                | <ul style="list-style-type: none"> <li>• Make effective decisions to manage projects appropriately</li> <li>• Gather and analyze information required to provide successful patient care</li> </ul>  |
| <b>Dependability</b>                                  | <ul style="list-style-type: none"> <li>• Maintain confidentiality and adhere to HIPAA regulations</li> <li>• Refrain from conducting personal business during work hours</li> <li>• Adhere to all agency policies and procedures</li> </ul>  |
| <b>Time Management</b>                                | <ul style="list-style-type: none"> <li>• Meet productivity goals and documentation standards while balancing Field Preceptor duties</li> <li>• Prioritize and multitask assignments</li> <li>• Model punctuality and effectively manage work schedule</li> </ul>   |
| <b>Job Knowledge</b>                                  | <ul style="list-style-type: none"> <li>• Exhibit understanding of job duties and responsibilities</li> <li>• Thoroughly understand home health regulations</li> </ul>  |
| <b>Initiative</b>                                     | <ul style="list-style-type: none"> <li>• Actively promote agency mission</li> <li>• Demonstrate interest in professional growth and development</li> </ul>   |

| New Graduate Field Preceptor Training Checklist   |
|---|
| <p>Assess Educational Needs</p> <ul style="list-style-type: none"> <li>• Review Self-Assessment and Skills Checklist for areas of requested education</li> <li>• Review discipline specific posttests; discuss correct answers</li> </ul>   |
| <p>Policy Review</p> <ul style="list-style-type: none"> <li>• Personal appearance and dress code</li> <li>• Patient complaints and grievances</li> <li>• Patient abuse, neglect, exploitation</li> <li>• Clinician’s health and safety</li> <li>• Emergency preparedness plan</li> <li>• Paid time off policy; extended illness policy</li> <li>• Handling hazardous materials</li> </ul> |
| <p>Mobile Device/Software Basics</p> <ul style="list-style-type: none"> <li>• Mobile device care, mobile device maintenance, mobile device settings</li> <li>• Data input methods (keyboard, voice recognition)</li> <li>• Email</li> <li>• Trouble shooting tips</li> <li>• Discuss when paper documentation may be necessary</li> </ul>   |
| <p>Organizing The Day</p> <ul style="list-style-type: none"> <li>• Preparing for a visit/chart review</li> <li>• Mapping patient address</li> <li>• Contacting patient in advance/notify of schedule changes</li> <li>• Time sensitive visits</li> <li>• Communication with office staff</li> </ul>   |
| <p>Supplies/Car Stock</p> <ul style="list-style-type: none"> <li>• Car stock supply ordering</li> <li>• Monthly expired supply check</li> <li>• Start of Care packets/patient handbooks/patient education materials</li> <li>• Copies of miscellaneous documents (communication logs, paper visit notes)</li> </ul>   |
| <p>Understanding of Workflow</p> <ul style="list-style-type: none"> <li>• Documentation completion expectations</li> <li>• Correct utilization of coordination notes</li> <li>• Writing orders/order types</li> </ul>   |

## Defensible Documentation

- Utilizing ICF model
- When to use SOAP notes
- Evidence based practice
- Demonstrating medical necessity
- Documenting homebound criteria
- Outcome measures/process measures
- Potentially avoidable events
- OASIS functional scoring
- Best practices

## Case Conference

- Preparation and expectations
- Discharge/recertification decisions
- Discussion of problem patients

## Therapy Reassessment Requirements

- 30 day reassessment rule, tracking
- Use of home communication logs
- Office workflow related to reassessments

## Case Manager Expectations

- Completion of home health aide care plan
- Performance of home health aide supervisory visits
- ABN forms
- HHCAHPS/Star Ratings
- HHCAHPS/patient satisfaction
- Patient emergency plan
- Face to Face regulations



## New Graduate Feedback Form

|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| I felt my mentor was a knowledgeable/skilled physical therapist  |                |       |         |          |                   |
| I felt my mentor was knowledgeable/skilled in the nuances of homecare                                  |                |       |         |          |                   |
| I felt comfortable asking my mentor questions  |                |       |         |          |                   |
| I felt like I was supported during my orientation experience   |                |       |         |          |                   |
| I felt I was given ample amount of time to learn tasks before I was expected to perform them on my own |                |       |         |          |                   |
| I felt my mentor was a good educator   |                |       |         |          |                   |
| I felt my mentor had adequate time allotted in his/her schedule to train me                            |                |       |         |          |                   |
| I felt the pace of my orientation was appropriate for my learning style/skill level                    |                |       |         |          |                   |
| I felt supported by my supervisor  |                |       |         |          |                   |
| Orientation was a positive experience for me   |                |       |         |          |                   |

Please provide feedback on any answers not rated Strongly Agree/Agree:

What aspect(s) of orientation were most meaningful to you?

If you could change the orientation process for future new graduates, what change(s) would you like see?

Please provide any other comments you may have regarding your orientation experience.

|  |  |                 |         |
|--|--|-----------------|---------|
|  | <b>Sample - New Graduate Policy</b>      |                 |         |
|  | <b>Mentorship and On-boarding Policy</b> | Effective Date: | xx/xxxx |
|  |  | Revision Date:  | xx/xxxx |
|  |  | Reviewed Date:  | xx/xxxx |

**POLICY:** Mentorship and on-boarding of new graduate physical therapists will include the identification of competencies to be assessed, frequency of assessment, assessment method(s), and the provision for ongoing improvement and maintenance of staff competencies.

**PURPOSE:** To ensure the provision of quality patient care consistent with the Agency Mission and individual staff requirements.

**RESPONSIBLE PERSONNEL:** Agency staff and management team members as appropriate to the position specific requirements.

**SPECIAL CONSIDERATIONS:** At a minimum, competency assessment will take place upon hire, orientation, periodically thereafter, and as appropriate for new procedures, technology and/or job specific responsibilities.

Required Agency competencies may also change in response to a change in: patient population served, Agency Mission, technology and staff learning needs.

**PROCEDURE:**

Pre-start period: New hire to complete self-assessment skills checklist (attachment A) and learning style, personality profile assessments, and complete pre-hire process as per process for experienced personnel. Individualized learning and training are planned based on new hire’s self-assessment.

Orientation period: Preceptor/Mentor completes new hire skills assessment checklist (attachment A) and further learning and training is planned based on identified need. Educator/preceptor(mentor) follow New Graduate On-Boarding Timeline (attachment B) during orientation and preceptorship period. Once forms are completed, field clearance competency is performed as per agency orientation/competency policy for experienced new hires.

Post-Orientation/Extended Mentorship period: Based on skills checklist, educator/preceptor observation/assessment and/or new hire observation/assessment, further educational needs identified are addressed with enriched learning opportunities via learning management system, continuing education, educator presentation, etc. Preceptor/Mentor and/or educator will be available to provide support to new graduate as needed via phone call and/or joint visits in the field.

Staff competence is assessed for new hire as per on-boarding timeline and existing competency policy.