



UCSF Acute Care Physical Therapy Residency Policies and Procedures Manual

Distributed 2018

Introduction

Dear Residents,

Welcome to the UCSF Acute Care Physical Therapy Residency! We look forward to working with you over the next year. This Residency Policies and Procedures Manual has been assembled to acquaint you with the philosophy of the program and to familiarize you with the policies and procedures of the program not addressed in University publications. You have received a copy of this manual with your appointment letter and a copy is also available on the residency website for convenient access as this information will be relevant throughout your time in the residency program.

Sincerely,



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Program Director
UCSF Acute Care Physical Therapy Residency



Erin Hallett, PT, DPT, NCS
Program Coordinator
UCSF Acute Care Physical Therapy Residency

Resident Statement of Principles

As a resident in the UCSF Acute Care Physical Therapy Residency Program (hereafter referred to as the “Residency Program”), I understand that it is a great privilege to study physical therapy. Over the course of my training, I will assume extraordinary responsibility for the health and well-being of others. This undertaking requires that I uphold the highest standards of ethical and compassionate behavior. Accordingly, I have adopted the following statement of principles to guide me throughout my academic, clinical, and research work. I will strive to uphold both the spirit and the letter of this code in my years in the Residency Program.

Honesty

- I will maintain the highest standards of academic honesty.
- I will neither give nor receive aid in examinations or assignments unless such cooperation is expressly permitted by the instructor.
- I will be truthful with patients and will report accurately all historical and physical findings, test results, and other information pertinent to the care of the patient.
- I will conduct research in an unbiased manner, report results truthfully, and credit ideas developed and work done by others.

Confidentiality

- I will regard confidentiality as a central obligation of patient care.
- I will limit discussions of patients to members of the health care team in settings removed from the public ear (e.g., not in elevators, hallways, cafeterias, etc.).

Respect for Others

- I will uphold a classroom atmosphere conducive to learning.
- I will treat patients and their families with respect and dignity, both in their presence and in discussions with other members of the health care team.
- I will interact with patients in a way that ensures their privacy and respects their modesty.
- I will interact with all members of the health care team in a considerate and cooperative manner.
- I will not tolerate discrimination on the basis of race, gender, religion, sexual orientation, age, disability, or socioeconomic status.
- I will judge my colleagues fairly and attempt to resolve conflicts in a manner that respects the dignity of every person involved.

Responsibility

- I will set patient care as the highest priority in the clinical setting.
- I will recognize my own limitations and will seek help when my level of experience is inadequate to handle a situation on my own.
- I will conduct myself professionally - in my demeanor, use of language, and appearance - in the presence of patients, in the classroom, and in health care settings.
- I will not use alcohol or drugs in any way that could interfere with my clinical responsibilities.
- I will not use my professional position to engage in romantic or sexual relationships with patients or members of their families.

Expectations of Faculty and Fellows

- I have the right to expect clear guidelines regarding assignments and examinations, as well as to have testing environments that are conducive to academic honesty.
- I cannot be compelled to perform procedures or examinations that I feel are unethical or beyond the level of my training.
- I have the right not to be harassed and not to be subjected to romantic or sexual overtures from those who are supervising my work.

- I have the right to be challenged to learn, but not to be abused or humiliated.
- I have the right to expect prompt, frequent, and constructive feedback from faculty and clinical instructors that will enhance my training in physical therapy.

Non-discrimination Policy

It is the policy of the University of California, San Francisco to provide equal employment opportunities to all individuals without regard to race, color, religion, national origin, ancestry, marital status, sex, sexual orientation, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), age (over 40), citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994).

The following offices have been designated as resources. Residents who believe they may have been subjected to discrimination and/or gender, sexual or other forms of harassment in the workplace may seek guidance and counseling.

- Office of Sexual Harassment Prevention & Resolution 415-476-5186
- Office of Affirmative Action/Equal Employment Opportunities/Diversity 415-476-7700
- Faculty and Staff Assistance Program (FSAP) 415-476-8279
- UCSF Office of the Ombuds 415-502-9600
- A resident is entitled to follow the University's confidential sexual harassment procedure <http://www.ucsf.edu/oshpr/policies/policy.html> (link is external)

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Contact List

UCSF Medical Center

400 Parnassus Ave., A-68
San Francisco, CA 94143
415-353-1756

Mailing Address

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San Francisco, CA 94143-0228

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Program Overview

Mission

Mission of UCSF Health:

Our mission – the reason we exist – is caring, healing, teaching, and discovering.

Vision

Our vision – what we want to be – is to be the best provider of health care services, the best place to work, and the best environment for teaching and research.

Values

Our values statement – our guide to the individual and organizational behavior we expect – is embodied in the acronym PRIDE:

- P for Professionalism, how we conduct ourselves and our business
- R for Respect for our patients, families, ourselves and each other
- I for Integrity, always doing the honest, right thing
- D for Diversity, understanding and embracing the diverse beliefs, needs, and expectations of our patients, community and employees
- E for excellence, what we strive for in everything we do

Mission of the UCSF Department of Physical Therapy and Rehabilitation Science

Our mission is to provide evidence-based, patient-centered physical therapy services for the community, and to educate scholarly, socially sensitive clinicians, educators, and researchers in physical therapy and rehabilitation who will lead the profession into the next century. The department is dedicated to advancing physical therapy through three aims: 1) Education; 2) Research; 3) Patient Care.

Mission of the UCSF Department of Rehabilitative Services

We are dedicated to helping patients optimize their functional independence and quality of life through the provision of efficient, high quality, evidence-based, and patient-centered rehabilitation as a result of the development of excellent clinicians.

Mission of the UCSF Acute Care Physical Therapy Residency Program

Our mission is to provide a comprehensive acute care curriculum including mentoring and teaching experiences to facilitate the advanced clinical development of physical therapists. We strive to develop physical therapists that will provide exceptional evidence-based and patient-centered physical therapy services and become future educators of the next generation of physical therapists.

Program Goals & Objectives

The Program will:

1. **Goal:** Support the Mission and Values of the University of California, San Francisco (UCSF) Department of Physical Therapy and Rehabilitation Science.

Objectives:

- a. Develop and offer a post-professional residency program to enhance the advanced educational opportunities in acute care practice for physical therapy health care providers.

- b. Foster professional development and teaching opportunities for faculty and medical center employees within the UCSF Department of Physical Therapy and Rehabilitation Science and the UCSF Department of Rehabilitative Services.
2. **Goal:** Prepare the residents to demonstrate the knowledge, skills and behaviors unique to acute care physical therapy as set forth in the Acute Care Physical Therapist Practice Analysis published in *Physical Therapy* October 2010; 90:1453-1467.

Objectives:

- a. Develop and deliver a curriculum that meets the standards set forth by the Acute Care Physical Therapist Practice Analysis.
 - b. Conduct regular journal clubs to enhance the residents' ability to critically assess literature and current evidence to support advanced physical therapy practice.
 - c. Provide opportunities for self-assessment and advancement in clinical practice.
3. **Goal:** Assist residents and residency faculty in providing advanced patient-centered and evidence-based care to better serve both the community and the profession.

Objectives:

- a. Provide academic resources to facilitate development of residency faculty and residents.
 - b. Provide mentorship to elevate clinical reasoning and enhance patient care.
 - c. Promote interdisciplinary collaboration between health care providers to better facilitate patient care and professional development.
4. **Goal:** Facilitate development of residents as clinical educators.

Objectives:

- a. Provide opportunities for teaching within the UCSF/SFSU Graduate Program in Physical Therapy and in the community.
 - b. Provide learning resources to develop teaching skills.
 - c. Provide constructive feedback and assessment of teaching methods.

Participant Goals & Objectives

The Participant will:

1. **Goal:** Become an advanced clinical practitioner in Acute Care Physical Therapy.

Objectives:

- a. Pass required assignments for practice area for successful completion of the Residency Program.
 - b. Demonstrate knowledge of all aspects of physical therapy practice as defined by the Acute Care Physical Therapist Practice Analysis.
 - c. Integrate evidence-based practice into patient care on an on-going basis, following all patient/client care policies.
 - d. Demonstrate competence in and appropriate application of acute care examination and intervention techniques by successfully passing all written and live patient examinations.
2. **Goal:** Become a competent instructor of acute care physical therapy.

Objectives:

- a. Demonstrate competence in graduate-level instruction of acute care physical therapy practice in laboratory settings by designing, implementing and evaluating teaching segment(s) in acute care laboratory session(s) for entry level DPT students within the UCSF/SFSU Graduate Program in Physical Therapy.
 - b. Effectively communicate with and instruct peers and/or inter-disciplinary colleagues in various learning formats, (e.g. in-services, journal clubs, and case presentations).
3. **Goal:** Critically evaluate and apply evidence as the basis for physical therapy practice.

Objectives:

- a. Participate in regularly scheduled journal clubs and complete written clinical appraisal of the literature as it applies to patient cases.
 - b. Prepare a case report and oral presentation to peers and DPT students in Grand Round forum.
 - c. Submit an abstract of their case report for poster or oral presentation at professional conference(s).
 - d. Demonstrate the application of evidence in clinical decision-making in written and live patient examinations.
4. **Goal:** Become a consultant and an advocate who advances physical therapy practice in the professional, public, and medical communities.

Objectives:

- a. Effectively communicate information regarding acute care physical therapy practice to patients, peers, public, and the greater medical community.
- b. Demonstrate oral and written skills necessary to effectively communicate patient management information to patient, colleagues, and members of healthcare team.

Accreditation Status

The UCSF Acute Care Physical Therapy Residency Program has obtained candidate status from ABPTRFE. Though achievement of candidate status signifies satisfactory progress toward accreditation, it does not assure that the program will be accredited.

Physical Therapy as a Profession

APTA Code of Ethics

All residents agree to abide by the American Physical Therapy Association (APTA) Code of Ethics, which delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the APTA. This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values:

- Accountability
- Altruism
- Compassion/Caring
- Excellence
- Integrity
- Professional Duty
- Social Responsibility

A copy of the *Code of Ethics for the Physical Therapist* can be found [online](#).

Technical Standards

The following skills and standards are the technical standards considered necessary for completion of the Residency Program. Residents must also be in compliance with legal and ethical standards as set forth by the APTA Code of Ethics and Standards of Practice and the Physical Therapy Board of California. Residents must be capable of meeting these minimal standards, with or without reasonable accommodation, for successful completion of the program:

1. **Observation** requires the functional use of vision, hearing and somatic senses. A resident must be able to observe lectures, laboratory dissection of cadavers, class demonstrations and clinical patients. Specifically, a resident must be able to observe a patient's movements accurately, anatomic structures, and numbers and patterns associated with diagnostic instruments and tests. Examples in which these observational skills are required include: palpation of peripheral pulses, bony prominences and ligamentous structures, visual and tactile evaluation for areas of inflammation and presence and degree of edema, and use of a stethoscope, sphygmomanometer and goniometer
2. **Communication** includes speech, language, reading, writing and computer literacy. Residents must be able to relate and communicate effectively and sensitively with patients in order to elicit information regarding mood, activity, and posture, as well as to perceive non-verbal communications. Residents must also be able to communicate effectively and efficiently with other members of the health care community to convey information essential for safe and effective care. Residents must learn to recognize and respond promptly to emotional communications such as sadness, worry, agitation, and lack of comprehension of communication. Each resident must be able to read and record observations and plans legibly, efficiently, and accurately in documents such as the patient record. Residents must be able to prepare and communicate concise but complete summaries of individual encounters and complex, prolonged encounters, including hospitalizations. Residents must be able to complete forms according to directions in a complete and timely fashion. Residents must also have the ability to complete reading assignments and search and evaluate literature.
3. **Sensory and Motor Function:** Residents must have sufficient motor function to elicit information from the patient examination by palpation, auscultation, percussion, manual positioning of body segments and other examination procedures. Residents must be able to perform a basic screening and examination (physiological measures such as heart rate and respiration), diagnostic procedures (including but not limited to palpation, manual muscle testing, goniometry, sensory evaluation, gait analysis, and balance assessment), and evaluate radiographic images. Residents must be able to execute motor movements required to provide general care and emergency treatment to patients. Residents are required to possess coordination of both gross and fine muscular movement, equilibrium, and the integrated use of touch and vision.
4. **Intellectual, Conceptual, Integrative and Quantitative Abilities:** A resident must be able to effectively solve problems and measure, calculate, reason, analyze, integrate and synthesize information in a timely fashion. Problem-solving is a critical skill demanded of a physical therapist that requires all of these intellectual abilities. For example, the resident must be able to synthesize knowledge and integrate the relevant aspects of a patient's history and examination findings to develop an effective treatment program in an efficient and timely manner. Good judgment in patient assessment, diagnostic and therapeutic planning is essential; residents must be able to identify and communicate the limits of their knowledge to others when appropriate. Residents must be able to interpret graphs and spatial relationships.
5. **Behavioral and Social Skills and Attributes:** A resident must possess the emotional skills required for the full utilization of their intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities as a physical therapist. Residents must demonstrate the development of mature, sensitive and effective relationships with patients. They must demonstrate empathy, integrity, honesty, concern for others, good interpersonal skills, interest and motivation skills. Residents must be able to tolerate physically and mentally taxing workloads and function effectively under stress. They must be able to adapt to a changing environment, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of patients, tired colleagues and personal fatigue. Residents are expected to accept appropriate suggestions and criticism and, if necessary, respond by modification of behavior. As a component of their education, residents must demonstrate ethical behavior in both the clinical and classroom setting.

It is our experience that a number of individuals with disabilities (as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, as amended) are qualified to study and practice physical therapy with the use of

reasonable accommodations. To be qualified for the Residency Program, those individuals must be able to meet both the academic standards and the technical standards of the program, with or without reasonable accommodations. We encourage residents to engage in a conversation early with Disability Management Services and the Residency Program to discuss what accommodations might be possible given the program requirements. For further information regarding services and resources for individuals with disabilities and/or to request accommodations, please contact [Disability Management Services](#).

Professional Behaviors

Residents enrolled in the Residency Program understand and accept the importance of professional behavior; ethical standards; honesty; commitment to learning; good interpersonal communication skills; respect for colleagues, faculty, community educators and guest speakers; effective use of time and resources; constructive integration of feedback; problem-solving; critical thinking; and stress management. Residents are expected to accept responsibility for learning these standards and being held accountable for their actions. These professional behaviors will be emphasized and expected of all residents throughout their studies in the classroom, the clinic, and the community.

General professional behaviors expected of residents include:

1. Demonstrates a receptive attitude towards suggestions, feedback and constructive criticism.
2. Uses suggestions to make appropriate changes in performance and/or behavior.
3. Uses discretion when discussing confidential information.
4. Demonstrates flexibility in accommodating unforeseen conditions or circumstances.
5. Offers assistance to others when appropriate.
6. Conveys appropriate self-confidence through verbal and nonverbal behavior.
7. Recognizes own limitations by asking for guidance and assistance when needed.
8. Demonstrates initiative to increase skills and knowledge by using appropriate resources.
9. Manages personal affairs in a manner that does not interfere with professional responsibilities.
10. Uses appropriate verbal and nonverbal communication skills with others.
11. Demonstrates respect, courtesy, and consideration for the rights and dignity of others.
12. Maintains a professional appearance and demeanor.
13. Manages and prioritizes tasks to meet responsibilities.
14. Accepts responsibility for personal mistakes and does not blame others or continually offer excuses.

Professional behaviors are demonstrated by:

1. Complying with University and PT program policies and procedures.
2. Exhibiting professional behaviors in accordance with the APTA Code of Ethics.
3. Meeting the requirements of all course instructors.
4. Solving problems through appropriate channels in an efficient and congenial manner.
5. Demonstrating professional behavior during all clinical affiliations.

If a resident does not meet these expectations, s/he will be required to meet with the Advisory Committee.

Administrative Policies

Employee Identification Badges

Residents must use and display their UCSF ID badges at all times to maintain the safety of the UCSF campus and UCSF Medical Center. This policy applies to all UCSF-affiliated sites, including the UCSF Faculty Practice and other clinical and educational sites. UCSF Medical Center photo identification badges must be worn above the waist and be clearly visible. If an employee forgets his/her nametag for a shift, a substitute nametag obtained from Security Services must be worn.

Tuition & Fees

Tuition of \$2,500 is due August 1, 2018. Tuition payment accounts for the cost of administering and maintaining the Residency Program.

Student Loan Deferment & Financial Aid

Information regarding student loan deferment and financial aid for the Residency Program can be found in the [Housestaff Information Booklet](#).

UCSF Employment

The Residency Program is considered by the sponsoring organization as a "Graduate Medical Education (GME) training program" and salaries and benefits are administered by the UCSF Office of Graduate Medical Education (OGME). The OGME is a department within the UCSF School of Medicine. The foremost responsibility of a UCSF GME training program is to provide an organized education program with guidance and supervision of Trainees, facilitating the Trainees' professional and personal development while ensuring safe and appropriate care for patients. The UCSF OGME appoints all "Housestaff" or "Trainees" in post-graduate training programs at UCSF. As a result, all physical therapy residents are considered "Housestaff" or "Trainees" by the organization. Once the UCSF Acute Care Physical Therapy Residency Program selects its residents, residents will then be appointed by the OGME with the title *non-Accredited Graduate Medical Education (non-ACGME) Fellows (also known as "Trainees")* provided they meet all appropriate employment standards required by UCSF. The terminology "Fellow" is governed by the job description of OGME; the participants will be informed that they are not actual 'fellows' using the terminology of ABPTRFE. Further information is provided in the [Housestaff Information Booklet](#).

Potential Health Risks

Numerous health risks are associated with being a physical therapist, including but not limited to: 1) exposure to infectious diseases; 2) exposure to toxic substances; and 3) strains and sprains, and trauma from slips, trips and falls. During the first week of the academic program, residents must review the [Physical Therapy Module](#) created by the US Department of Labor Occupational Safety and Health Administration regarding these risks.

Confidentiality Policy

UCSF is committed to protecting the medical, personal, and other sensitive information about its patients. In health care, the doctor-patient relationship is built on trust and confidentiality. This trust is essential to obtain accurate health information from patients and critical to effectively treat patients. While privacy and confidentiality have always been a priority for health care providers, it has heightened importance in this era of electronic information, with increased speed of information flow and the risks associated with protecting this information. An increasing number of technological solutions have been implemented at UCSF to protect health care information. However, the key to ensuring that this information remains private and confidential is the teamwork of UCSF faculty, staff, students, residents, clinical fellows, and volunteers. UCSF's efforts to protect patient privacy and confidentiality are supported by federal and state laws.

The Health Insurance Portability and Accountability Act (HIPAA) was passed to protect the confidential medical and billing records of patients. A particularly important element of HIPAA regulation pertains to patients' rights related to access to and control of their medical information. All members of the UCSF entity must incorporate the HIPAA rules into their daily activities. UCSF patients have a right to privacy. UCSF is committed to complying with HIPAA, not only because it is the law, but also because UCSF patients and their privacy are valued.

Failure to comply with the electronic data, security, or privacy standards under both federal and state laws can result in civil monetary penalties to the individual as well as penalties to the institution.

Faculty and Residents are required to enroll in and successfully complete cyber-security and HIPAA online instruction at the time of their appointment. Privacy and Security retraining of faculty is required biannually.

Residents will sign the UCSF Confidentiality of Patient, Employee, and University Business Information Agreement as part of their appointment paperwork.

Breaches of privacy are also considered harmful events and require completion of an Incident Report and report to the UCSF Office of Privacy to determine if the privacy event warrants reporting to the CA Department of Public Health. For more information and to access the Privacy and Confidentiality Handbook, please go to <http://hipaa.ucsf.edu/>

Privacy & Access to Records

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulates and sets standards for the way the University protects the privacy and confidentiality of the personal information of its patients. With this University policy, medical records, employment/personnel records, records relating to the Medical Center's business and finances, physical patient communications, attorney-client communications and intellectual property related records are considered confidential. Residents must exercise these rights of privacy. An overview of patient rights can be found on the UCSF Medical Center website (<https://www.ucsfhealth.org/hipaa/>). A resident may request an appointment with the Program Director to review his or her academic file at any time within the Residency Program's normal working hours (8am-5pm, Mon-Fri). This request will be honored within 48 business hours. All documents in a resident's file are the property of the program and may not be taken or sent to another institution or agency. The full policies outlining disclosure of information from resident records are located on the UCSF websites.

Safety Policy and Training

Infection Control: Residents must successfully complete annual online training on infection control and prevention practices and how to use them correctly. This annual training is required by all UCSF employees and reviews how to reduce the risk of spreading infections to patients, co-workers, and each other.

Safety Training: Residents, and all UCSF employees, are required to successfully complete annual training on safe work practices and how to identify hazards and unsafe work conditions. The Program follows UCSF's policies for biological safety, chemical safety, and hazardous materials managements, including but not limited to blood borne pathogens, which are outlined in the online training and referenced in the UCSF Environment Care Manual.

Safe Patient Handling and Mobility: Residents must complete the Introduction to Safe Patient Handling for UC Medical Centers training, which includes safe patient handling basics, patient handling injury factors, coordinator of care, using equipment, manual patient handling, assessing a patient's mobility, communication of mobility, safe patient handling hazards, and your right to refuse.

Cyber Security: Residents must complete the online training in cyber security, which provides information on cyber threats and what each of us can do mitigate them.

Anatomy Lab Formaldehyde Training: Residents are required to successfully complete online training prior to participating in the Anatomy course.

Incident Reporting: All situations that compromise or potentially compromise patient, resident, or faculty safety will be reported in concordance with UCSF Incident Reporting Policy and Procedures.

Acute Stroke Annual Review: Residents are required to successfully complete online training, which describes the procedure to take when you suspect your patient is suffering from a stroke.

Any other required training or learning to meet regulatory compliance standards of UCSF.

The Program Director will keep record of all Resident trainings and ensure compliance. Documentation will be maintained in the Program files, and will be available for review during the ABPTRFE site visit and review. Failure of a Resident to complete required training will prevent participation in Residency clinical care and coursework.

Incidents will be reviewed individually as they arise. The number of incidents, any trends, and corrective action plans will be recorded and discussed annually by the Residency Advisory Committee.

Human Subjects Policy

To safeguard the rights and welfare of human subjects of research, UCSF ascribes unequivocally to the principles of *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects in Research* by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. UCSF has established policies to assure full compliance with all federal regulations, state laws, and University of California policies governing the use of human subjects in research. All faculty and residents participating in studies involving human subjects must complete online instruction and become certified in the protection of human subjects in research, as offered by the UCSF Committee on Human Research. Certificates for faculty and residents will be held in the Program files, which will be available for review during the ABPTRFE site visit and review. Faculty and residents participating in studies involving human subjects must comply with UCSF policies and procedures for research involving human subjects. All research studies are subject to audit by the UCSF Committee on Human Research.

Human subjects may volunteer to participate in laboratory exercises and classroom demonstrations throughout the program. These subjects participate in the program willingly and without coercion or penalty for not participating. Residents are to adhere to HIPAA guidelines and remember that confidentiality of human subjects is required, and will be handled in the same manner as for subjects in clinical settings. The rights and dignity of human subjects must always be maintained, and subjects retain the right to withdraw participation without penalty. Subjects are informed of these rights prior to participation, and any violations of this policy must be reported immediately to the Program Director.

The Program strives to ensure the privacy, dignity, and safety of all individuals associated with the Program, including residents, faculty, staff, and patients/clients. Any individual who will be photographed, audiotaped, or videotaped is required to sign a consent form. A copy of the consent form is available in both the clinic and online via the Collaborative Learning Environment (CLE). Faculty, staff, and residents who wish to photograph, audiotape, or videotape any individual must discuss the content of consent form with the individual and secure a dated signature from the subject. The form is then held in the Program files, which will be available for review during the ABPTRFE site visit and review.

Any assignments involving clinical experience, such as case studies, poster or oral presentations, must be de-identified of all personal information prior to submission to their instructor or peer group.

Resident Access to Educational Laboratory Space

Residents may be granted access to educational laboratory space outside of regularly scheduled class time to practice skills, study for exams, etc. Residents are expected to demonstrate professional behaviors at all times while using laboratory space, are responsible for using the space for its intended purpose, and for returning the space to its original condition upon leaving. Residents must carry and be prepared to display their UCSF ID at all times while using these spaces. The equipment utilized in these spaces may not be taken from the premises for any reason at any time. If a

resident would like to borrow a piece of equipment, s/he should see the Use & Maintenance of Equipment policy. Individual guidelines for requesting access to laboratory space are as follows:

UCSF Clinical Skills Center (CSC)

Residents have access to the Clinical Skills Center (CSC), as needed for skills practice, when not in use by academic classes 24 hours a day using their UCSF ID card.

Use and Maintenance of Equipment Policy

Residents are permitted to occasionally borrow lab equipment. Residents must request permission to borrow equipment from the course instructor and/or Program Director. Residents will not be permitted access to equipment if it conflicts with other instructors or courses that require use of the equipment during the duration of time it will be borrowed. Once permission is granted, the resident must sign out and back in the equipment from the program office. Equipment used for treatment purposes must be authorized and supervised by a physical therapist licensed to practice in California. Broken or faulty equipment will be identified by a sign reading “out of order” and/or “do not use.” Any malfunction must be reported to the Program Director. The supervising faculty member is then notified and the equipment will be put in a locked office or storage space until it is repaired or replaced.

Audio Recording of Lectures

The program recognizes that there are occasions when residents may wish to record lectures to support their learning. If a resident believes there are good academic reasons to record a lecture, the resident should contact the Course Director to request permission prior to making any audio recordings.

Access to Collaborative Learning Environment (CLE)

Residents will be granted access to the Collaborative Learning Environment (CLE) course page for each of their courses at the start of each term. Access will remain active for the CLE page until completion of the Program, at which point access to all course pages will be removed.

Professional Dress Code

Residents represent the program in all activities associated with physical therapy education. Dress and personal appearance should always reflect that status. Residents are expected to maintain appropriate personal hygiene such that body odor, smoke, and other odors are not detectable. All clothing must be clean, and any extreme or immodest attire or accessories are unacceptable. Examples of unacceptable attire include: sheer or tight garments that allow exposure of undergarments, halter or tank tops that expose the midriff in static and dynamic postures (e.g. standing or bending over), items designed to be worn as undergarments, and torn or frayed garments. Shoes must be safe, clean, and in good repair. Sandals, thongs, and bare feet are unacceptable. Hair and facial hair must be clean and controlled as needed so as not to interfere with activities. Nails are to be kept neatly manicured and short (should not extend past the tip of the finger). Artificial nail enhancements are not to be worn by anyone who has direct patient contact. Nail polish is permitted, provided it is not chipped. Anything else applied to natural nails other than polish is considered an enhancement. Jewelry and other accessories must not interfere with safety or activities. Out of consideration for those who are environmentally sensitive, scented personal products should be used sparingly. Headgear, except that required by religious belief, is not allowed.

When performing patient care, the Rehabilitation Services uniforms consist of an approved evergreen top, bottom and jacket. Optional items include short and long sleeve (black, white, or grey only) undershirt for warmth without monogram under the uniform tops. For additional information please read the full [Dress Code Policy](#). Residents are responsible for providing their own scrubs.

Alcohol Policy

All residents are required to abide by the [UCSF Policy on Service of Alcoholic Beverages](#).

Social Media Policy

UCSF has policies and guidelines for the use of online media to ensure that laws are being followed and that the University is being accurately and consistently represented in such communications:

- [Social Media Guidelines](#)
- [Social Media Best Practices](#)

Emergency Procedures

If residents have an emergency, they should reference the following numbers, depending on the type of emergency and their location. In all cases, if the emergency is immediate, dial 911 for the fastest service.

Entity	Dial:
Department of Rehabilitation Services	(415) 353-1756
Medical & Other Emergencies	9-911
Public Safety/Campus Security (emergency)	9-911
Public Safety/Campus Security (non-emergency)	(415) 476-1414

When calling:

1. Give your name and University affiliation.
2. Briefly describe the nature of the emergency situation.
3. Indicate your location and telephone number (specify room number and building).
4. Wait for questions--let the other party hang up first.

Residents should review the [UCSF Emergency Procedures](#). Residents are also highly encouraged to register with UCSF's warning system, [WarnMe](#). Residents must keep their contact information current in the registration system. The university uses WarnMe to send alerts via email, phone, and/or text.

Other Policies

UC Campus Climate Reporting

- UCSF values diversity and affirms the inherent dignity of every person. If you experience or observe behavior that is inconsistent with our Principles of Community, you can report it here:
https://ucsystems.ethicspointvp.com/custom/ucs_ccc/default.asp

UC Diversity Statement and Principles of Community

- UCSF is a composite of many races, creeds, and social affiliations. To achieve campus goals, individuals must work collaboratively and with mutual respect.
- <http://ucnet.universityofcalifornia.edu/working-at-uc/our-values/diversity.html>
- <http://www.ucsf.edu/about/principles-community>

UC Policies Applying to Campus Activities, Organizations & Students

- <http://studentlife.ucsf.edu/policies/campus-activities>

UC Policy on Reporting Child Abuse and Neglect (CANRA)

- All members of the University community who observe, have actual knowledge of, or reasonably suspect child abuse or neglect at a University facility or perpetrated by University personnel are encouraged to promptly report the concern to appropriate external and University officials.

- <http://policy.ucop.edu/doc/4000603/CANRA>

UCSF Digital Millennium Copyright Act (DCMA)

- UC respects copyrights and expects members of the University community to uphold copyright law. Obtaining or offering copyrighted movies, television shows, games, software, and music over the Internet may be punishable with penalties including prison time and monetary damages.
- <http://it.ucsf.edu/policies/digital-millennium-copyright-act-dmca>

Policy on Sexual Harassment/Violence

- UCSF is committed to creating and maintaining an atmosphere free from all forms of harassment, exploitation, or intimidation. Sexual harassment is prohibited both by law and by University policy. Sexual harassment, in any form, will not be tolerated.
- <http://policies.ucsf.edu/policy/150-13>
- <http://policies.ucsf.edu/policy/150-29>
- <http://shpr.ucsf.edu/>

Policy on Substance Abuse

- The unlawful manufacture, distribution, dispensing, possession, use, or sale of alcohol or of controlled substances by University employees and students in the workplace, on University premises, at official University functions, or on University business is prohibited.
- <http://policies.ucsf.edu/policy/150-11>

Smoke-Free Campus Policies

- UCSF has adopted smoke-free campus policies in order to minimize health risk, improve the quality of air, and enhance the environment in all facilities.
- <http://policies.ucsf.edu/policy/550-10>

UCSF Special Use Areas

- Special Use Areas are open spaces at UCSF designated for use by Registered Campus Organizations, student governments, and campus departments for non-commercial activities at Parnassus and Mission Bay.
- <https://studentlife.ucsf.edu/space/special-use-areas>

Whistleblower Policy and Procedures

- Under California law and University policy, members of the campus community are encouraged to bring forward any concerns or allegations regarding improper governmental activities within the University (commonly known as Whistleblower Complaints).
- <http://policies.ucsf.edu/policy/150-23>
- <http://whistleblower.ucsf.edu/>
- <http://www.ucop.edu/uc-whistleblower/>

Academic Policies

Resident Requirements

Applicants must:

- Be a graduate of a CAPTE accredited physical therapist program.
- Provide proof of licensure or Physical Therapy Licensed Applicant (PTLA) status by the Physical Therapy Board of California.

- If the resident is a PTLA, he or she must complete and pass the National Physical Therapy Examination (NPTE) within 90 days of being granted PTLA status by the PT Board of California per the California Physical Therapy Practice Act, Section 2655.93.
- Failure to receive licensure by the specified date will result in dismissal from the Program.
- Be a member of the American Physical Therapy Association.
- Provide proof of current BLS Certification.
- Submit a personal statement for admission.
- Submit current curriculum vitae, including all continuing education courses attended, and academic history.
- Submit reference letters from three physical therapists, one of whom should be a previous instructor or academician.
- Transfer credits are not accepted into the program.

Matriculation & Retention

Matriculation: Matriculation is full-time unless approved by the Program Director and Residency Advisory Committee.

Length of Residency

Length of the residency is a minimum of 12 months and a maximum of 15 months unless otherwise specified by a written agreement between the resident and the Program. See next section for additional details regarding delay of Program completion beyond maximal length of program.

Clinical and Course Schedules

The clinical hours and courses are scheduled across 12 months- Many of the courses are scheduled in advance to accommodate space, the needs of patient care the UCSF Medical Center, and the faculty availability. Given the nature of acute care, Residents will be required to work one weekend day per month and some holidays. All residents are required to take all courses and participate in scheduled clinical hours. Some classes will be scheduled on weekends and evenings. The program aims to schedule at least 2-3 months ahead, and minimize unpredicted changes. Residents are expected to accommodate to changes in the schedule including emergency and last minute changes. Residents will have vacations and scheduled holidays and these dates are included in the Program calendars.

Attendance Policy

Class and Clinical Schedules and Participation:

- Attendance and participation are expected in all clinical and educational activities.
- Vacations are not to be taken during the times when courses are scheduled.

Tardiness:

- Residents are required to arrive prepared and on time.
- Residents consistently arriving late will receive a Notice of Concern from the Program Director. Repeated tardiness will result in placement of the resident on academic probation with a remediation plan developed by the Program Director, Program Coordinator, and the resident's mentor. The Residency Advisory Committee will be consulted as appropriate. Failure to comply with remediation plan guidelines will result in dismissal from the Program.

Illness or Emergency:

- The resident must call the Department of Rehabilitative Services before 7:00 AM on the day of absence to accommodate patient care and scheduling. Residents are expected to submit an email to the Program Director, instructor and/or mentor before 7:00 AM of day of the missed clinical or educational activity. If it is not possible to send the email before the start time, the resident must notify the Program Director within 24 hrs of the missed activity either by phone or email.

- Any resident who does not follow the above expectations will be issued a Notice of Concern and may be reviewed by the Program Director, Program Coordinator, the resident’s mentor, and the Residency Advisory Committee as appropriate. Review may result in academic probation with remediation plan. Failure to comply with remediation plan guidelines will result in dismissal from the program.

Discretionary Absences:

- Residents are allowed up to three discretionary or excused absence days from required activities per year. Discretionary and excused absences will be tracked.
- Discretionary absences cannot be used:
 - On days of course examinations.
 - During blocked courses for which work and examinations cannot be made up (during the same academic year).
 - When guest patients or special lectures are scheduled.
 - During inter-professional learning experiences.
 - A discretionary absence may not exceed greater than 8 hours of patient care time. The resident will be expected to make up patient care time outside of residency schedule.
 - For discretionary absence days, residents must submit an email to both the Program Director and their mentor and/or instructor as far in advance as possible of the planned missed day, but a minimum of 15 days prior to the session.
 - If a resident does not submit notification of the absence in a timely fashion, the absence request will be denied, and the resident will be expected to attend residency activities on the requested day. If the resident takes the absence without official approval, the resident will be asked to meet with the Program Director to discuss professional behavior.
 - Absences due to illness, death, birth, accident, or extenuating circumstances may not be considered discretionary and may be considered excused.
 - Residents are expected to make up any missed coursework. If the resident exceeds three discretionary or excused absences, the resident may be required to perform additional independent study assignments to demonstrate competency in the missed material. If the resident misses more than five days of residency activities, they will be reviewed by the Program Director, Program Coordinator, the resident’s mentor, and the Residency Advisory Committee as appropriate, and may be placed on academic probation with a remediation plan. Failure to comply with remediation plan guidelines will result in dismissal from the Program.

Accommodations for Religious Holidays:

The UCSF Residency Program shall accommodate residents wishing to observe religious holidays when such observances require residents to be absent from class activities. It is the responsibility of the resident to inform the Program Director and their mentor and/or instructor in writing within the first two weeks of the Program start date. If holidays occur within the first two weeks of the Program, the resident must notify the Program Director and their mentor and/or instructor in writing at least three days before the date that they will be absent. It is the responsibility of the Program to make reasonable effort to honor the resident request without penalty, and the responsibility of the resident to make up the work that was missed.

Vacation:

Residents will be allotted 20 days of paid vacation per the [Housestaff Leave Policy](#). Schedules are made in four month blocks (July-September, October-January, February-June). The resident is expected to work at least one weekend day per month. For the winter schedule (October-January), the resident is expected to work one major and one minor holiday. Within the first two weeks of starting the program the resident will meet with the Program Director and Physical Therapy Supervisor to schedule weekend and winter holidays through January. Additional meetings will occur at least one month prior to the next schedule block moving forward. 17 of the allotted 20 days will be scheduled by the resident and approved by the Program Director and Physical Therapy Supervisor to not interfere with fixed clinic and curricular schedules. The remaining three days will be reserved for discretionary absences.

Major Holidays:

- New Year's Day
- Thanksgiving Day
- Christmas Day

Minor Holidays:

- Martin Luther King Day
- President's Day
- Cesar Chavez
- Memorial Day
- Independence Day
- Labor Day
- Veteran's Day
- Friday after Thanksgiving Day
- Christmas Eve
- New Year's Eve

Retention Policy:

- Residents must complete all graded assignments and demonstrate adherence with attendance policy.
- All graded assignments will be completed in a 12-month time frame. If a resident has an incomplete or requires additional time in the clinic to meet program completion standards, the resident may extend the residency up to three months. Once the assignment has been completed or resident has satisfactorily met clinical standards, a certificate of completion will be awarded.
- Residents must complete the required 188 hours of mentoring time.
- Completion of all teaching assignments outlined in Curricular Schedule.
- Residents must successfully complete all examinations and assignments as defined below in order to maintain active status within the Program.

Examinations:

The range of evaluation processes used in the curriculum includes:

- **Three written examinations:** Residents will complete three written, multiple-choice examinations. Written test may also include short answer questions. The exam questions will be written by individual instructors and submitted to Program Director and Program Coordinator for final approval and test construction. The first exam will occur in December and will include specific content from curriculum covered in the first 15 weeks of the program. The second exam will occur in May and will include specific content from curriculum covered over the next 18 weeks. The third exam will be in August and will cover the remaining content. Residents who fail to achieve an average of at least 80% on a written exam will be offered the option to take a second written exam addressing missed content. Failure to pass the second exam will result in a remediation plan that includes additional written examinations.
- **Three Live Patient Exams (LPE):** Residents will complete three LPEs on actual patients rather than models. LPEs will be administered by a member of the residency faculty and will be graded using a defined rubric that includes, but is not limited to, interview and assessment skills, handling skills, clinical reasoning and application of evidence from the literature. LPEs will occur in December, May, and August. Residents must score at least 70% on their first LPE in December, and at least 80% on the final two LPE's in May and August. If the resident fails to achieve the minimal allowed score the resident must retake the exam within four weeks of the failed LPE. Failure to pass the second exam will result in a remediation plan that includes additional LPEs.

- **Completion of case study oral presentation:** Residents will receive education on case report selection and development and will select a patient of interest within the first two months of the Program. The case report will be presented to peers and DPT students in a Grand Round forum. Residents will be graded using defined rubric by appointed residency faculty. Residents will submit abstracts of their case reports for possible poster or podium presentation at local and/or national conferences. Parameters that will be scored include but are not limited to breadth and depth of literature review, theoretical rationale for the clinical approach, thoroughness of the intervention and documentation, analysis and impact of the findings, and suggestions for future research and clinical care. Residents must achieve greater than 80% on both the case report abstract and the oral presentation. Failure to achieve at least 80% on either assignment will result in a requirement for revision of the assignment until achieving passing grade. If the resident fails the oral case presentation, the resident will be asked to repeat the presentation to selected faculty members.
- **Critically Appraised Topic (CAT) assignments:** Residents will submit ten CAT from journal club meetings. Parameters included in the assignments are formation of a PICO question, search query efficiency, and application of the evidence to a clinical question. Completion of all ten CAT assignments will result in “Pass” grade.
- **Compilation of Scores**
 - The average of scores on the three written examinations will constitute 25% of the Resident’s final grade.
 - Live Patient Exams (LPE) will constitute 35% of the final Residency grade.
 - The oral case presentation and abstract will constitute 20% of the final Residency grade.
 - Critically Appraised Topic (CAT) assignments will constitute 20% of the final Residency grade.

Remediation & Grounds for Dismissal

Remediation:

When the faculty identify a resident who fails to achieve at least 80% or a passing score on an assignment, is not meeting the minimal requirements of the program, or appears to be struggling with academic course and/or clinical load, the resident will be issued a Counseling Letter or Notice of Concern and may be placed on academic probation. The purpose of a Counseling Letter is to describe a single instance of problematic behavior and to recommend actions to rectify the behavior. A Notice of Concern should address a pattern of problems, and include the nature of the deficiency and any necessary remedial actions required on the part of the Resident. Receipt of a Counseling Letter or Notice of Concern requires the resident to meet with the Program Director, Program Coordinator, and the assigned mentor. Together, they will develop a remediation plan to assist the resident in demonstrating proficiency with past material and strategies for improving performance with future material. When all parties agree on the plan and a timeline, the plan will be signed, dated, and implemented. The Residency Advisory Committee will be consulted as needed.

Delay of Program Completion beyond the Maximum Length of the Program:

Extenuating circumstances could delay completion of the Program beyond the maximum 15 months for a resident in good standing. Such circumstances may include but are not limited to pregnancy, complications of pregnancy or delivery, or illness. The Resident will be notified in writing of any requirements for additional time beyond 15 months. Funding for additional time extending beyond the original period of appointment will be permitted only at the discretion of University and upon written confirmation by the Program Director.

Dismissal from the Program:

Any one or more of the following may result in dismissal from the Residency Program. The resident may also be dismissed from the Program for reasons not stated below. Dismissed residents may contest the decision by means of the grievance policy. The resident may be dismissed from the Program if the resident:

- Does not meet criteria set forth in the remediation plan in the agreed upon timelines.

- Fails to follow the student content and non-plagiarism standards cited in the UCSF Policy on Conduct and Discipline. As members of an established profession, the program and faculty adhere to the APTA Code of Ethics. Any violation of that code is subject to disciplinary review by the Program faculty up to and including dismissal from the Program. Residents are expected to work independently and honestly on all examinations.
- Does not meet the professional behavior standards expected by UCSF Health and UCSF Department of Physical Therapy and Rehabilitation Science. If the resident does not meet professional behavior standards, they will be issued a Counseling Letter or Notice of Concern and may be placed on academic probation. The resident will be presented to the faculty and Residency Advisory Committee for review. Residents who are having difficulty with professional behaviors will be asked to seek mentoring/counseling. Unprofessional behaviors can serve as reason for dismissal from the Program, independent of grades.
- Omits or falsifies his or her Program application, medical record, or University or medical document, including billing records and the electronic health record. Any allegation regarding failure to comply with UCSF's billing rules shall be forwarded to UCSF's Corporate Compliance Officer and/or the Office of General Counsel for resolution in accordance with UCSF's Corporate Compliance Program.
- Performs a serious or repeated act or omission compromising acceptable standards of patient care, including but not limited to an act that constitutes a medical disciplinary cause or reason.
- Becomes ineligible to practice physical therapy in the State of California as stated by the Physical Therapy Board of California in Physical Therapy California State Practice Act.
- Does not comply with UCSF Medical Center Policies and Procedures.
- Allows or creates an unsafe working environment.
- Does not meet employment requirements of the Residency Program.

Resident Advising

Resident advising and counseling is available on an ongoing basis. Formal advising with both Program Director and Program Coordinator is provided within the first two weeks of the Program as part of the orientation process, at the midterm of the Program, and upon finishing the Program.

Residents will have access to the Program Director's email address for after-hours concerns.

Each resident will be assigned a mentor for educational counseling and clinical guidance.

All residency faculty will be available for advising on an appointment basis.

As members of UCSF, residents have access to the Office of the Ombuds, which offers confidential, neutral assistance with issues that may arise during residency training. See website <http://ombuds.ucsf.edu/> for additional information.

Grievance Policy

Residents selected for the UCSF Acute Care Physical Therapy Residency Program will subsequently be appointed by the UCSF Office of Graduate Medical Education (OGME) at non-Accredited Graduate Medical Education (non-ACGME) Trainees, provided they meet all appropriate employment requirements for UCSF. The UCSF OGME defines due process for the Grievance Policy. The UCSF OGME Grievance Policy is available in the [Housestaff Information Booklet](#) and is summarized below.

Residents also have options outside of due process to voice their grievances, and to obtain resolution of disagreements. These include grade appeals, complaints to the Program, complaints to ABPTRFE, and Whistleblower policies in alignment with California law and University of California policy.

OGME Grievance Policy Summary: The policy is designed to provide residents with an orderly means of resolving differences. Residents and faculty are encouraged to discuss their concerns with one another and make efforts to

resolve any disputes or disagreements. Should there be no resolution, the following actions are appealable to the Residency Advisory Committee.

- **Academic Probation:** Conditions of academic probation will be communicated to the Trainee in writing and should include: a description of the reasons for the probation, any required remedial activity, and the specific time frame for the required remedial activity.
- **Suspension:** The Program Director may suspend the Resident from part or all of the Resident's usual and regular assignments in the Program, including, but not limited to, clinical and/or didactic duties, when the removal of the Resident from clinical care is required for the best interests of patients, staff and/or the Resident. The suspension will be confirmed in writing, stating the reason(s) for the suspension and its duration.
- **Adverse Annual Evaluation:** A Resident may request a review by the Residency Advisory Committee for a final evaluation that is overall unsatisfactory or marginal.
- **Requirement That Trainee Must Repeat an Academic Year:** A Resident may be required to repeat an academic year in lieu of dismissal from the Program due to unsatisfactory progress in the training program or for other problems. The decision whether to permit the Resident to repeat an academic year is at the sole discretion of the Program Director.
- **Denial of University Certificate of Completion:** If the Program Director, in consultation with the Organization Administrator, decides not to award the Resident a University Certificate, the Program Director will notify the Resident as soon as reasonably practicable of this intent.
- **Change of Record:** A Resident may seek a correction or deletion to his/her personal/employee record by submitting a written request to the Program Director for a review by the Residency Advisory Committee. Within thirty (30) days of receipt of such a written request, the Residency Advisory Committee will recommend to the Program Director to either make the amendment or deletion, or inform the Resident in writing that the request has been denied. If the Program Director refuses to amend or delete the record, the Resident shall have the right to enter into the record a statement setting forth the reasons for the Resident's disagreement with the record.

Residency Advisory Committee Appeal Procedures

The resident will be notified as soon as reasonably possible that s/he has received an overall marginal or unsatisfactory annual evaluation, or is required to repeat the current academic year, or will not be granted a University Certificate. The resident will also be provided with the name of and manner by which to contact the Residency Advisory Committee Chair if they desire to appeal the Program's decision or wish a change of record.

To request a review of the Program's decision by the Residency Advisory Committee, the Trainee must, within ten (10) days from the date of the notice, provide the Program Director with a written statement detailing the reasons s/he believes s/he should not be required to repeat the academic year, should not have received an overall marginal or unsatisfactory evaluation, or should be granted a University Certificate of Completion of Training. The Program Director will convene the Residency Advisory Committee to review the resident's statement within ten (10) days of its receipt. The resident must appear at the Resident Advisory Committee hearing. Failure to appear in person will be deemed a voluntary dismissal of his/her complaint, acceptance of the academic action, and waiver of the right to appeal. While attorneys are not allowed in the hearing of the Residency Advisory Committee, the resident may be assisted by another person of their choice. The Residency Advisory Committee will orally notify the resident of its decision within three (3) days of its meeting, and provide the Resident a written decision within ten (10) days of the oral notification.

The decision of the Resident Advisory Committee will be final.

Grade Appeals:

If a resident feels the grade received is not a fair representation of the work completed, the resident may request, in writing, a review by the instructor. If the instructor and the resident can work out an agreement, the grade will be changed. If an agreement is not reached, the resident may request that the instructor enlist a "second opinion" from

another faculty member. If the resident is dissatisfied with the “second opinion”, the resident may further appeal the grade only if: (i) the evaluation or grade constitutes an act of discrimination; or (ii) the resident’s academic freedom was infringed upon. If further appeal is warranted, the resident will be advised to follow the Residency Advisory Committee Appeal Procedures.

Complaints to the Program:

A resident who has a complaint about the Program that falls outside of due process may file a written complaint with the Program Director. When possible the Program Director and Program Coordinator will discuss the complaint directly with the resident within 14 business days. If the complaint is resolved at this point, a letter from the Program Director acknowledging the resolution of the complaint will be filed in the Program’s files, along with the complaint, and a copy will be provided to the resident. If resolution of the complaint is not achieved, or if the complaint is against the Program Director, the resident may submit a written complaint to the Organization Administrator. The Program Director will also forward a written summary of any previous discussions, as appropriate. The Organization Administrator may meet with each party separately and/or with both parties jointly to reconcile the complaint. A letter outlining the resolution by the Organization Administrator will be filed in the Program’s files, along with the complaint, and a copy will be provided to the resident. If resolution is not achieved, the involved party may submit a written complaint to the UCSF Chancellor. A letter outlining the resolution by the UCSF Chancellor will be filed in the Program’s files along with the complaint, for a period of five years.

ABPTRFE’s Complaint Process

All Residents have right to file a formal complaint with the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE). Residents are informed at orientation that they may contact ABPTRFE if they feel that the Program has not achieved expectations outlined by Program materials. Refer to: <http://www.abptrfe.org/Complaints/>

Probationary Policy

The Residency Program is an educational training program under the UCSF OGME, which does not have a probationary period for trainees. However, residents will be supervised closely during the period prior to examinations, and active, formative feedback will be provided to maintain progress in the Residency Program. The mechanisms for formal action include the Counseling Letter and the Notice of Concern, described above.

Termination Policy

See *Dismissal from the Program* for grounds for dismissal from the Program.

If the resident enters the Program as a pre-existing UCSF employee within the Department of Rehabilitative Services and is dismissed from the Residency Program based on failure to meet Program standards, the individual can re-apply for an open position if the position is available.

If the resident is dismissed from the Residency Program, and was not previously employed within the UCSF Department of Rehabilitative Services, his/her employment with UCSF will also be terminated.

Professional, Family, and Sick Leave Policy

See stated *Attendance Policy*.

Withdrawal/Leave of Absence

Leave of Absence for Resident in Good Standing

Extenuating circumstances could delay completion of the Program beyond the maximum 15 months for a resident in good standing. Such circumstances may include but are not limited to pregnancy, complications of

pregnancy or delivery, or personal illness. The resident will be notified in writing of any requirements for additional time beyond 15 months. Funding for additional time extending beyond the original period of appointment will be permitted only at the discretion of University and upon written confirmation by the Program Director.

Leave of Absence for Resident on Academic Probation

If a resident requests in writing a leave of absence while on academic probation, they will be required to re-apply to re-enter the program. If the resident is successful in his or her application for re-admission, the Program Director and the Residency Advisory Committee will determine the aspects of the Residency to be completed by the resident.

Academic Honesty

Residents are expected to follow the student conduct and non-plagiarism standards cited in the [UCSF Policy on Student Conduct & Discipline](#). It is the expectation that residents will not attempt to gain an unfair advantage over their classmates by: (a) stealing, reproducing, circulating, or otherwise gaining access to written and/or practical examination materials prior to the time authorized by the instructor; (b) unauthorized collaborating on an academic assignment; (c) retaining, possessing, using, circulating, or discussing previously given written and/or practical examination materials (including case scenarios and test materials to be returned to the instructor at the conclusion of the examination; or (d) intentionally obstructing or interfering with another resident's academic work. The use of electronic media (e.g., cell phones, tablets) is prohibited during examinations unless authorized by the instructor/proctor.

As members of an established profession, the program faculty and residents will adhere to the APTA Code of Ethics. Any violation of that code is subject to disciplinary action by the Academic Review Committee up to and including dismissal from the program. Residents are expected to work independently and honestly on all examinations and report those who appear to be cheating.

Cultural Humility

The Residency Program values diversity, inclusion and cultural sensitivity. Our courses are designed to be a welcoming environment for residents and instructors to learn from each other to ensure the best learning experience. As we continue to learn and grow in our professional development, we aim to use language that is inclusive of all genders, sexual orientations, ethnicities, physical body sizes, disabilities, ages, and religions. Residents are encouraged to provide feedback to the Course Director throughout the duration of each course. Residents are also invited to share with the Program Directors ways in which cultural diversity can be added or integrated into the course material.

Program Evaluations

Purpose

The program employs a complete and comprehensive evaluation process to provide the maximum opportunity for residents and faculty to provide feedback regarding the program. The evaluation process allows the program to be dynamic and responsive to change within the profession. The evaluations are necessary for faculty advancement and the ongoing improvement of the program.

Residents

The major component of the evaluation process is resident input. This includes an evaluation of each course, faculty member(s) who teaches in the course as well as the Residency Program itself. These evaluations are completed at the end of each course and throughout the Residency Program. It is important for each resident to be honest and objective in giving feedback. This feedback should be constructive and reflect both the positive and negative aspects of a course or experience. Focus should be on the issues that can be changed rather than those that cannot. Personal issues should not

be considered in the evaluation process, but rather handled individually. These evaluations are reviewed by the accreditation site team and copies of the evaluations are placed in faculty files.

ABPTRFE Compliance

The Program ensures its continual compliance with ABPTRFE Evaluative Criteria for Residency Programs. The Program Director and Residency Advisory Committee are responsible for upholding compliance with all guidelines. The Program Director will notify ABPTRFE within 30 days of any substantive change and will comply with Rule 15 of the ABTRFE Rules of Policy and Procedure.

Resident Services

Please reference the Housestaff Information Booklet section on services: <http://meded.ucsf.edu/gme/housestaff-information-booklet#Services for Housestaff>