

RESOURCES

INTRODUCTION:

Resources are available in sufficient quantity and quality to enable the clinical residency or fellowship to accomplish its goals. These resources include adequate patient/client population, faculty, clinical resident or fellow services, staff, finances, access to publications, capital equipment, materials, and facilities.

Evidence 2.2.1.A Provide the program director or coordinator's job description.

Included as separate document.

Evidence 2.2.1.B Provide the program director or coordinator's abbreviated résumé.

Included as separate document.

Evidence 2.2.2 Form 2.2.2 is completed for Susan Reeves at the end of this document. Form will be submitted for additional clinical faculty upon application submission: Terry Sink, PT, PCS; Dora Sole, PT, DPT, PCS; Debbie Neeves, PT, DPT; Beth Little, PT, PCS; Jill Lang, PT, PCS; Heather Vye, PT, MPT, PCS; Cindy Lewis, PT, MPT

Evidence 2.2.4 Provide a summary of professional development opportunities and resources that allow faculty to maintain and improve their effectiveness as clinicians and educators.

The clinical faculty, as full-time employees of the WFBMC Department of Physical Therapy, have multiple opportunities and resources to support their continuing professional development. The below are examples of professional development opportunities available to all staff.

- 5 paid days off work annually for participation in continuing professional education
- Annual stipend for continuing education with additional funds available to support participation at national and regional conferences and ABPTS/other advanced certification
- Tuition reimbursement program
- Journal clubs, bimonthly to monthly educational in-services presented by staff throughout all PT/OT centers.
- Monthly Pediatric Spasticity Interdisciplinary Team Rounds
- Monthly Orthopedic Grand Rounds
- Monthly Neurology Grand Rounds
- Monthly Neonatal Intensive Care Unit Interdisciplinary Team Conference
- PT faculty regularly interact with physicians in clinic
- Attendance and participation in the Annual-Biannual Interdisciplinary Management of Spasticity (Adult and Pediatric) Seminars
- Participation in multiple School of Medicine CME events

- Access to Coy Carpenter medical library; support staff and electronic resources
- Pediatric Therapy Department Reference List and Library

Evidence 2.3.1.1.A List the clinics utilized for resident/fellow education.

- Wake Forest Baptist Medical Center, Brenner Children's Hospital Dept of PT/OT
- Wake Forest Baptist Medical Center, Outpatient Pediatric Therapy Program at CompRehab
- Human Performance and Biodynamics Laboratory, Winston-Salem State University and Wake Forest University School of Medicine

Evidence 2.3.1.1.B Provide affiliation agreements with clinical facilities.

There are no inter-facility agreements as all clinical facilities are WFBH facilities or recognized as part of the School of Medicine under the cooperative agreement between Wake Forest School of Medicine and Winston-Salem State University.

Evidence 2.3.1.2 Describe the process for obtaining malpractice and health insurance coverage for all residents or fellows.

The Pediatric Physical Therapy Resident is a full-time employee of the medical center and has malpractice insurance through the medical center's group liability coverage insurance. Coverage is effective automatically on the first day of employment.

Health insurance, dental, short-term and long-term disability insurance, life insurance and hospital pension are also benefits of employment. Terms of coverage will be discussed with Human Resources Benefits Representatives and will be documented in the residents employee benefit coverage plan. Full benefit package available for review.

Evidence 2.3.1.3 Describe the availability of, and accessibility to educational advising and counseling.

The resident will have two mentors. One mentor, the clinical mentor will provide one-on-one unopposed mentoring time weekly to ensure that the resident's goals for education are being addressed and to provide additional advice and counseling. Additionally, the resident will spend 10 hours per week in the WSSU/WFU Human Performance and Biodynamics Laboratory or WSSU Department of Physical Therapy with the academic mentor/academic faculty from WSSU. One hour of this 10 hours will also be dedicated to one-on-one unopposed mentoring to assist with identifying education needs and providing counseling.

In addition, to the clinical and academic mentors, the Residency Program director will serve as educational advisor and counselor to each resident. All clinical and academic faculty, as well as the Program Director will be available to the resident in person, by

telephone, and email. They are encouraged to advise and counsel each resident as needed. As an employee of WFBH, the resident will also have access to the Employee Assistance Program (EAP). EAP is dedicated to assisting employees in all areas of their life, but in particular to counseling staff with challenges related to work/life balance, managing workplace stress, and communicating with colleagues and managers.

All hospital and department policies and procedures will be reviewed with the resident upon hiring. A thorough department orientation will assist with orienting the resident to equipment, patient safety, local infection control policies, IT systems, clinical documentation requirements, scheduling processes, and general administrative functions.

2.4 Financial Resources

Evidence 2.4.1.A Describe the Program's current sources of funding.

The curriculum development, resident salary and benefits, and clinical supervision costs provided by the clinical faculty are funded by WFBH, a not for profit and financially stable institution. The resident is a clinical practitioner whose salary will be more than offset by revenue generated in direct patient care. A business plan for this program identifies an exit strategy in the case that the program is no longer a financially viable option for the institution. The plan documents the process for discontinuing the program if it is not longer sustainable. In that unlikely scenario, all current resident salaries will be supported for the remainder of their residency. No new residents will be enrolled.

Evidence 2.4.1.B Describe the Program's plan to assure funding throughout the period of credentialing.

The resident will participate in direct patient care. Revenue generated in patient care will more than offset the cost of the program, ensuring that the resident's salary will be secured for the duration of the residency.

Evidence 2.5.1 Describe the available support staff and services.

Each clinical site employing residents has full-time support staff and services available to meet the needs of the resident.

Available support staff and services:

- Administrative Supervisor
- Clinical Director
- Clinical Manager
- Clinical Coordinator
- PT/OT Technician
- Department Secretary I and II

Insurance Specialist
Patient Service Coordinators
Physical Therapists
Physical Therapy Assistants

Patient Service Coordinators and the Administrative Supervisor handle scheduling functions in the outpatient therapy center. Department secretaries are available in all settings to support administrative functions. Insurance Specialists are available in the outpatient environment to support verifying benefits, receiving authorization for services, and counseling patients on their financial liability and benefits. The Clinical Director, Clinical Manager, Clinical Coordinator and staff therapists are also available to assist as need and accept this responsibility as members of the Pediatric Residency Program Team.

Evidence 2.6.1 Describe the educational resources, including methods of access, available to faculty and residents or fellows.

Residents have access to the Wake Forest School of Medicine Coy Carpenter Library. Coy Carpenter Library provides books, journals, audio-visual media, and Internet access to its users. Inter-library loans are also available. The resident will have full-time access to a computer and Internet access to the Coy Carpenter Library in-house and while offsite. In addition to the Coy Carpenter resources, residents have access to books and journals compiled within the Department of Physical Therapy Library. The Department dedicates library funds to purchase books and multi-media educational resources at the request of staff and residents. Residents are also eligible for continuing education days and funding, pending approval of requested courses/meetings from the Clinical Director.

Evidence 2.6.2 Describe the facilities that house the Program.

The Pediatric Physical Therapy Resident will practice in three facilities: Wake Forest Baptist Medical Center Brenner Children's Hospital, Wake Forest Baptist Medical Center Outpatient Pediatric Physical Therapy Center at CompRehab, and the Human Performance and Biodynamics Laboratory at Miller Plaza.

Wake Forest Baptist Medical Center Brenner Children's Hospital. Brenner Children's Hospital is a 155 bed acute hospital, Pediatric Level I Trauma Center. The facility offers state of the art equipment and care to pediatric patients age birth to 21 years old.

Pediatric Therapy Department at CompRehab Plaza. The Pediatric Physical Therapy Department at CompRehab Plaza is a state-of the art facility covering over 10,000 square feet of space, with a large gym with climbing wall, 4 private treatment rooms, cast room, and administrative space for physical and occupational therapists. The space is adjacent to the Pediatric SLP and Audiology Department, and is located one floor

above the Department of Pediatric Orthopedics. This physical co-location supports interdisciplinary team development and collaboration. Additionally, pediatric physical therapists participate in multidisciplinary clinics with members of the Department of Pediatrics, Pediatric Neurology, Neurosurgery, and Urology.

Human Performance and Biodynamics Laboratory, WFU/WSSU. The facility has over 2000 square feet of space and 12 foot ceilings. It houses state-of-the-art motion analysis equipment and facilities including a 30 foot walking track, 3D optical motion capture system, Digital RealTime system with 10 cameras, EMG equipment, Virtual reality training system, and Balance Master.

Evidence 2.7.1 List the equipment and materials available to meet the goals of the Program. The multi-site Program must provide a list of equipment available to the resident/fellow at each clinical site.

The following equipment is available to the resident at all three clinical sites.

- Laptop computer or desktop computer
- Mat tables
- Hi-low tables
- Parallel bars
- Trial orthotics and braces
- Variety of walkers, wheelchairs, canes, crutches
- Floor mats
- Benches of varies heights
- Steps
- Climbing wall (CompRehab only)
- Walkable (CompRehab only)
- Tilt table
- Treadmill (CompRehab only)
- Functional Electrical Stimulation
- Surface EMG Biofeedback unit
- Access to a variety of position devices for children from newborn thru adolescence
- Access to augmentative communication devices
- Swiss balls
- Ball pit (CompRehab only)
- Swings
- Climbing equipment
- Stairs
- Varied terrain/surfaces for balance and gait/mobility training
- Exercise equipment for strength and endurance
- Other therapeutic modalities as needed by the patient population (laser, pulsatile lavage with suction, Mist US, US, etc)

Description of Patients by Diagnostic Group/Impairment Category

Diagnostic Group/Category or Impairment or Diagnostic Category*	Percentage of Total Number of Patients/Clients Per Year (Not Visits)
Neuromuscular Disorders: Acquired Brain Injury (e.g. cerebral palsy, stroke, brain tumor, infant botulism, etc.)	15%
Neuromuscular Disorders: Traumatic Brain Injury	2%
Neuromuscular Disorders: Developmental Delay (e.g. Down Syndrome, gross motor delay, other syndromes)	10%
Neuromuscular Disorders: Spinal related injury/impairment (e.g. spinal cord injury, transverse myelitis, Guillian Barre Syndrome, spina bifida, etc)	6%
Neuromuscular Disorders: Other (e.g. seizure disorder, hypotonia not otherwise specified, hypertonia, peripheral nerve injury, progressive disorders of CNS, genetic syndromes, etc.)	5%
Musculoskeletal: Bony Impairment (fractures, tumors, limb length discrepancy, s/p surgical procedure for deformity, malalignment)	12%
Musculoskeletal: Postural Impairment (e.g. scoliosis, limb length discrepancy, torticollis, etc)	7%
Musculoskeletal: Joint impairment and dysfunction (e.g. connective tissue disorder, sprains/stains/instability, etc.)	5%
Musculoskeletal: Sports related injuries	3%
Musculoskeletal: Blood disorders (leukemia, hemophilia, sickle cell disease, anemia, DVT)	3%
Musculoskeletal: Other (obesity, deconditioning, idiopathic toe walking)	5%

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Cardiopulmonary: Cardiac (congenital heart defect, cardiomyopathy, s/p repair of congenital heart defect)	3%
Urological/Gastrointestinal: Pediatric Incontinence	5%
Integumentary: Burns	4%
Integumentary: Wounds and pressure sores	2%
Integumentary: Other (crush injuries, cellulitis)	1%
Other: Psychiatric Admission, Extreme Prematurity, Low Birth Weight, Very Low Birth Weight	10%

Form 2.2.2

NAME (with credentials) Susan Reeves, PT, MPT, NCS		ABPTS CERTIFICATION/RECERTIFICATION (Designate year certified/Year of latest recertification)		
TITLE Clinical Director Physical and Occupational Therapy	% FTE (based on 40 hrs) 5%	<input type="checkbox"/> Cardiopulmonary <input type="checkbox"/> Clinical Electrophysiology <input type="checkbox"/> Geriatric <input checked="" type="checkbox"/> Neurologic <input type="checkbox"/> Orthopaedic <input type="checkbox"/> Pediatric <input type="checkbox"/> Sports <input type="checkbox"/> Women's Health	Cert. 2006	Recert.
PLACE OF EMPLOYMENT Wake Forest Baptist Health				
SITE WHERE FACULTY PROVIDES INSTRUCTION/MENTORING Pediatric Therapy Center, CompRehab Plaza; Wake Forest Baptist Medical Center Brenner Children's Hospital				
AREAS OF RESPONSIBILITY IN PROGRAM				
Program Director (see Residency Director job description), Clinical Faculty for both outpatient and inpatient areas				
RECENT PROFESSIONAL DEVELOPMENT ACTIVITIES				
Peer Reviewed Publications:				
Norris JA, Cabrera MN, Smith TL, Reeves SH, Koman LA. Quantifying Spasticity in a Clinical Setting. <i>Biom Sci Instrum.</i> 2007;43:284-9.				
Shilt JS, Reeves S, Wetter J, Cabrera MN, Kolaski K, Smith BP. The Outcome of Intrathecal Baclofen treatment on spastic diplegia: Preliminary results with a minimum of 2-year follow-up. <i>J Pediatr Rehabil Med.</i> 2008;1(3):255-261.				
Lai LP, Reeves S, Smith BP, Kolaski K, Shilt JS. Use of Intrathecal Baclofen in a pediatric cerebral palsy patient with refractory hemiplegia to maintain orthopedic surgery gains. <i>J Pediatr Rehabil Med.</i> 2008;1(3):263-8.				
Professional Membership:				
American Academy of Cerebral Palsy Annual Meetings 2011-2206, Multimedia Education Committee member American Physical Therapy Association				
Ongoing Professional Education: transitional DPT Program, University of North Carolina Chapel Hill, enrolled Aug 2010-present				