



Homecare Offers Opportunities for New Grads

By Melissa Gaskill

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As a new graduate, Travis King, PT, DPT, staff therapist at New Jersey-based Fox Rehabilitation, figured home-care therapy probably wasn't the best spot for him. "Almost any job is intimidating as a new graduate," King says. "It's even more so if you know you're going to be on your own a certain amount of time."

The challenges of working as a new therapist in home-care settings include lack of supervision and oversight, says Todd Bzdewka, PT, MPT, CCCE, mentor services coordinator at Fox. The isolated nature of home care means that those who practice it need to be well-rounded clinicians, experienced with varied and complex patient cases, something students don't typically pick up in school, he says.

In fact, students may be exposed to the home setting less than most others during their education, says Jennifer Brach, PT, PhD, assistant professor, University of Pittsburgh. Students are seldom placed in home-based settings for internships, which limits their opportunities for real-world experience during training. "You can teach things in the classroom," Brach says, "but most people learn best when they can apply and use something in the care setting, whether clinic or home."

In a home-care setting, new graduates can't bounce ideas off other therapists, Bzdewka points out, and opportunities to develop their clinical skills are limited. "The results can be lack of effective care for the patient. Even if someone is a great therapist, they are a new therapist. Their knowledge for treating patients is limited, and patient care is going to suffer."

Brach adds that new graduates in home healthcare, because they are working independently, "don't have the camaraderie of a clinical setting, where, when you hit a snag, you can grab a more experienced PT and ask for help."

Yet our aging population and the tendency to send patients home sooner will continue to fuel demand for home care. Meeting that demand may require more new graduates starting work in this setting. A good support network and access to resources help, but one of the best ways to ensure success for new graduates in the home-care setting may be a formal mentor program.

Fox Rehabilitation created a structured mentor program four years ago. It includes six months of mentoring and continued support for another six months to help therapists make the transition from school and clinical internships to full-time employment. "We have goals and expectations and a manual with content that we review on a regular basis," Bzdewka says. "We gradually progress the new therapist's caseload during that six months. The first couple of weeks, they shadow their mentor, get comfortable in the setting and learn the skills. Every couple of weeks, we move them up a bit more with patient load."

Mentors have a decreased caseload to allow them dedicated time to spend with their new graduates. This, he says, is key to the program's success. "Lots of people talk of mentoring, but it is very informal," Bzdewka says. "They may say this clinician is your mentor, but if there's no dedicated time, it doesn't really happen. You need a formal program where time is built into the day for each of the parties."

All mentor pairs are required to have contact five days a week for the first three months, either by phone or face to face, and those contacts are tracked.

Another key is a dedicated mentoring staff. "All our mentors volunteer. We don't force anyone to do it," Bzdewka says. "Someone has to want to mentor, otherwise it won't be a great relationship." Potential mentors go through a rigorous interview process, and, after accepting an offer, extensive training in mentoring and teaching, building relationships, learning styles and continuing education.

King says he would not have taken a position that involved making house calls without the structure of the mentor program. "I've had situations where I would call my mentor on a specific case when things weren't making sense, or with specific clinical questions or documentation questions. Having that support, knowing that I could call any time, was very helpful. Otherwise, it would not be doable to take a job like that as a new grad."

According to Bzdewka, the organization hopes that those who have mentors will then want to be one themselves. "What better way to understand the relationship and what it's all about than going through it yourself?" he asks.

Mentors benefit from the relationship as much as those they mentor. Personal and professional development offered in the program helps keep them current, Bzdewka says. "A new grad with a PhD is well-versed in the latest trends and current thinking, so this helps the mentor," he says. "Mentoring opens therapists' eyes to new ways of thinking. It enhances their personal and professional reputations in the field, and the development of their personal and professional relationships, as well."

New graduates should ensure that a mentoring program has real substance to it, he cautions. "It's become a big buzz word lots of companies use," he says. "But ask specific questions to be sure the program is developed, that people are specifically dedicated to mentoring, and that it will provide what you need."

In addition to mentoring, Brach believes that encouraging more student placements in home care would help prepare more graduates to work in that setting. "With the technology available, home therapists having a laptop or some kind of device that gives them access to information also could help," she says. "Research in our field is just starting to pick up, though. We're just starting to learn what we do and why we do it, and home care is probably one of the least studied areas of all. So for a student trying to find information, there's not much out there. We need to encourage and fund more research in the home-care area, so all therapists, not just new ones, have information to access."

In the University of Pittsburgh PT program, Brach says, students end their training with a yearlong clinical internship, working a 40-hour week. "Someone who did that internship in home care, working with another therapist, would feel more comfortable going into that setting afterward," she says.

"One of the most common reasons people are referred to home-care services is because of problems with their mobility and gait. Those patients need physical therapy more than any other kind of care. They have need of home care because they can't get out, and one of the goals of PT is to get them more mobile."

Brach tells students that working in the home setting uses the same evaluations and treatments as any other, although they may have to be more creative about the way they do it. "It's important to have someone you can call to ask questions," she says, "and to not be afraid to admit that you have questions. To this day, I have questions, and a list of experts to call and ask. I think that's how we can provide the best care possible to our patients, in any setting." •

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