

Fall 2008
Vol 8, Number 1**In this issue:****Whose Patient is it Any Way?***by Suzanne Reese, PT***PTA Supervision & the Current Form 5***by Mary Staley, PT***Discipline***by Staci Freudiger, PT***What We Learned***by Robyn Hall, Dir. of Licensing***Expired Licenses**

Whose Patient is it Anyway?

Suzanne Reese, PT

Approximately four years ago I volunteered to chair a task force for the OPTA that would explore new supervision language to be considered by the Physical Therapy Advisory Committee and ultimately the Medical Board. These initial task force meetings were educational, eye opening and sometimes brutal for the participants. It was painfully obvious that there were a number of physical therapists who had a complete disregard for the current supervision law and that they employed practices that were easy, convenient and profitable...but not professional. Slowly I came to realize that there was a huge philosophical chasm that was going to be difficult to bridge...and the underlying question of this philosophical debate: Whose patient is it anyway?

Consider the following three scenarios.

- A physical therapist assistant working for a statewide rehab company in long term care attended one of the early supervision task force meetings. She told the group that while seeing a patient over the course of several months, four different physical therapists were involved in the initial evaluation, the re-evaluation and eventually the discharge planning. The physical therapist assistant related that she never knew who was responsible for that patient's care and was uncertain who she would have contacted if she had questions.
- In an area hospital, the physical therapy staff estimates how many units of service each patient requires and writes that number on the little patient magnets we all know too well. A "non-physical therapist, allied health supervisor" assigns the PTs and PTAs their workload for each day based on the productivity units. Patients might see three to four different physical therapy providers in a very short hospital stay. This is efficient if you are assembling widgets, but how efficient is it for physical therapy intervention, particularly for patient education?
- In an outpatient facility, the secretary schedules visits for patients with whoever has a free space on the schedule book. This includes PTs, PTAs and aides and once again some patients see four to five "therapists" over a course of treatment sessions. The appointment book, rather than good clinical decision making, is driving the intervention in this case.

Whose patient is it anyway?

Many of us think of ourselves as a professional because we possess a unique set of skills. Although certain skills are necessary to be a physical therapist, professionalism goes well beyond our manual skills and clinical decision making. A real professional acts with integrity and demonstrates a personal

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PTA Supervision and the Current Form 5: Verification of Supervision

(Plus additional commentary about the upcoming changes to the PTA supervision rules)

Mary Staley PT

Here it is – the bottom line – a Physical Therapist in Oklahoma can only supervise three Physical Therapist Assistants. Is this news to you? It shouldn't be. The Oklahoma Physical Therapy Practice Act and the associated Administrative Code (rules) are very clear. However, what this actually means has not been as clear.

Yes, I know, the Form 5 we all used had a side 2 for the signatures of what has become known as the "Alternate" Supervisors. Many of us assumed that when the primary supervisor was absent that the alternate supervisor would cover. Many also assumed that we could sign here to cover short term supervision for PTAs in addition to the three PTAs whose licenses we signed.

Guess again. There is no longer a second side to the Form 5. Please throw out any of the old forms you may have copies of in your office. There was never any provision in the PT Practice Act or the rules for anything other than a PT supervising a maximum of three PTAs. Side 2 was identified as part of the supervision issues that surfaced in 2005-2006. The second side of the Form 5 was eliminated after the PT Advisory Committee meeting on December 14, 2006. The most current Form 5 is available on the Medical Board's web site (www.okmedicalboard.org).

At that December meeting, a computer list was presented that showed Oklahoma Licensed PTs (by license number) and the number of PTAs they supervised. It included signatures on PTA licenses or side one of Form 5 as well as the signatures from side 2 of Form 5. Thanks to Carla Hinkle PTA for crunching numbers. At that time there were 3254 licensed PTs and 1345 licensed PTAs. Only 901 PTs had signed any Form 5 or PTA license for practicing PTAs. (27.7% of licensed PT's) Of those 901 PTs, the list showed 152 who had more than three PTAs. (17% of the Supervising PTs)

Please tell me these PTs were not actually primary supervisors for 10 or 8 or 6 PTAs! Probably not. I found a PTA still on my list who no longer worked in our facility. Two more were from the

second side of the old Form 5. The old Form 5s did not have a section to check so the Board personnel would know if the new supervising PT was a change or an addition. The newer Form 5 has an area to make this distinction.

When in doubt, alert the Board of any changes. There should, of course always be good communication of this information between the PT and the PTA.

Unfortunately, unless you were at the December 2006 Advisory Committee meeting or went to the Licensure Board's web site (www.okmedicalboard.org) to read the minutes, you may not be aware that the PTAs you signed for on the back of the old Form 5s were eliminated from your list. The minutes of that meeting called for the Board to notify the licensees involved. We don't believe that happened except by publishing the minutes.

Hopefully you have all been to the Oklahoma Medical Board's web site (www.okmedicalboard.org) to renew your license and update your continuing education. Hopefully you are aware that you can see your list of Supervisors/Supervisees when you go in to "Renew & Update Your Allied License" on the left column of home page. You will have to log in to get to the list. It does not show up when doing a general search by practitioner or by license number. PTs – with the online renewal, you won't need to sign a Form 5 on the PTAs license each year. The list continues from year to year now. The PTAs can delete a PT online, and the PTs can delete a PTA online. Board staff members do manual checks to make sure there is still a PT listed as supervisor for the PTA before eliminating a name and will notify the PTA that they can not practice without a supervising PT. If a PT should delete a PTA online, Board staff will manually delete the PT from that PTAs list as well. To add a PT/PTA, a Form 5 must be filled out and currently must be notarized. If you are eliminating a PT or PTA, you should be communicating to the other person as to what you are about to do and why.

A PTA should have a supervising PT in each facility where they work. The underlying premise for supervision is that the PTA can only treat patients whose care is the responsibility of their supervising PT. That means if a PT has evaluated the patient, they currently can delegate that patient's care only to one of their three PTAs. Contract PTAs should have a Form 5 signed for any facility where they work. They can only treat patients under the care of the supervising PT(s). It should be the responsibility of the hiring facility

PTA Supervision

to make sure the Form 5 is signed and notarized, not the contract company. Remember, PTs – you can temporarily remove a PTA for a time (say one is out on maternity leave or sick leave or on vacation) and add the contract PTA to your list. The supervising PT should not be a PT with the contract company who will never see these patients.

The new PTA Supervision rules

The new supervision language we have been working on attempts to address many of the issues that are currently problems. There was an ad hoc task force working on new language, which has been presented to the PT Committee on August 28, 2008. There were many questions, and the need to provide definitions. This will be worked on again, and present to the Advisory Committee again on October 16, 2008. Rest assured, there will be language regarding the Physical Therapist of Record, who will be responsible for the care of the patient. This therapist is the supervising therapist and is responsible for delegation of portions of care and the supervision of the PTA.

Complaints received in 2007:

PTAs = 2

PTs = 6

Disciplinary Actions taken:

1 PT (term of probation extended for two years for violation of terms of probation)

Probations terminated in 2007: PTAs = 2

Probation terms modified: PTAs = 2

Agreements terminated in 2007: PTAs = 2

Discipline

Staci Freudiger, PT

"If we do not discipline ourselves, the world will do it for us." - William Feather

Discipline is a diverse word. In one context it can mean to educate, train, instruct and in another it can mean dedication, focus and follow through. It also can reference corrective actions when a law or rule has not been upheld.

As physical therapy professionals in the State of Oklahoma, our licenses hold us to a standard of rules and laws that we must all follow. We are responsible to know and understand all of them and practice within them daily.

If you are like me, you are aware unfortunately of the "sliding scale" of financial penalties that you might face if you chose to drive your car faster than is stated by law. Our professional licenses hold a similar "scale of discipline", so to speak, when we choose to act outside of our laws and rules.

As you all know, PT's and PTAs are regulated in Oklahoma by the Medical Board. This Board has the authority to impose eight levels of punishment, individually or any combination thereof, if a professional practices outside of the stated boundaries. The disciplinary actions the Medical Board may impose include, but are not limited to (as listed in Title § 59:509.1.):

1. Revocation of license
2. Suspension of license
3. Probation
4. Stipulations, limitations, restrictions, and conditions relating to practice
5. Censure (including specific redress, if appropriate)
6. Reprimand
7. A period of free public or charity service
8. Satisfactory completion of an educational, training, and/or treatment program or programs

The Board may also impose, as a condition of any of the above disciplinary actions, the payment of any costs expended by the Board including legal fees, staff time, monitoring fees, etc. The Board may also choose to authorize the secretary to issue a letter of concern and also has the authority, upon reasonable cause, to require medical examination/evaluation of a licensee.

It is essential that we all know the laws and rules under which we must operate and it is also very important to know what the consequences are for any improper actions. We must hold ourselves, as well as our peers, to these standards and facilitate the education and awareness of the ramifications. The Medical Board's charge is to protect the public; that in turn protects our profession in so many ways.

Hopefully none of us will choose to "drive faster" than our laws and rules specify; we must maintain our professional discipline to avoid the above discipline.

What We Learned

Robyn Hall, Director of Licensing

We survived the first year of having to renew and enter continuing education on-line. We appreciate your patience and persistence and have hopefully we have all learned some valuable lessons.

1. Make sure every course you go to is on the approved course list.

As you were trying to renew your licenses, we received an average of 20 calls per day because people went to courses and had certificates but could not find the corresponding course number to enter so they could renew. When you go to a course, check the course list. If the course is not on the list then immediately **request approval**. There is a form on the web site. Don't wait until December 2009 to find out that a course you completed in January 2008 has not been approved.

2. Know how many hours a course is approved for.

You, the licensee, cannot rely on the number of hours printed on your certificate as being the number of hours awarded for the course. Over 50% of courses are approved by the Committee after the course has been completed. The Committee reviews the course material and agenda and approves credit hours accordingly – subtracting time for lunch/breaks. So, even if your certificate says 16 hours, the Committee may approve the course for only 14 hours.

3. Get a three (3) hour ethics course every two years.

The approved ethics courses are listed at the beginning of the approved course list. It does not matter whether your ethics course is Category A or Category B.

4. Enter courses into the database as you complete them.

As you are somewhat familiar with the system now, when you receive a certificate, log on and enter it into your file. That way you know exactly where you stand as far as meeting the requirements. The 2008-2009 approved courses are available on the web site. Getting into the habit of entering a course as soon as it's completed will ensure that the course has been approved and keep you up to date on the number of hours you have completed.

5. Know the requirements/penalties.

The complete continuing education requirements are in the rules at OAC 435:20-9-2 (available on the web site or from the Board office). Within the reporting period (January 1, 2008-December 31, 2009), every PT must obtain 40 hours of **approved** continuing education with at least 20 hours in Category A, and every PTA must obtain 30 hours of **approved** continuing education, at least 15 hours in Category A.

The penalty for not meeting the requirements? You will be required to obtain double hours (PT-80 hours; PTA-60 hours) in the next reporting period. There is no provision for waiver of this requirement.

6. You are responsible for maintaining proof of meeting the continuing education requirements.

Whether or not you are selected for audit, the rules require that evidence/proof of completion of continuing education be maintained for a minimum of four (4) years.

Expired Licenses

Licenses expired as of January 31, 2008

Licenseses required to obtain double continuing education hours for the next compliance period:

PTAs

Mark Anthony	Cheryl Baker
Vicky Arnold	Nikki Butler
Misty Brooks	Andrea Campbell
Leisa Bruns	Bobby Comia
Dori Bynum	Steve Conard
Shelly Cochran	Cherlyn Cunningham
Donna Crismond	Jacqueline Deal
Janice Damron	Angela Delong
Thresa Davis	Shelly Dugger
Vicki Dickinson	Jan Dye
Deborah Hatheway	Martha Ferretti
Sheila Hatton	Jennifer Halberg
Tracy Hayes	Kelli Hatcher
Jason Hoffman	Donna Hazle
Paula Hunter	Marlene Horn
Michael Iten	Susan Hunt
Michael McCarthy	Pamala Jackson
Jackie McDaniel	Jennifer James
Vanessa Meacham	Britt Johnson
Desiree Miller	Vazira Kanga
Kimberly Morgan	Stephanie Laskie
Billie Morris	Ellen Lee
Deborah Muehlberg	Jermaine Love
Marleka Munn	Frances Macarthur
Kimberly Noon	Ronald Mcbride
William Planchon	Darius Mcglory
Robert Powell	Betty Mcgowen
Carla Preston	Teresa McIlroy
Sheila Prince	Trijeanna Miller
Marcia Salisbury	Tiffany Murray
Krista Scifres	Mary Ann Osterhoudt
Ronee Shatswell	Julian Paye
Joandra Shelley	Diane Perkins
Erin Skero	Marco Poblete
Michael Soller	Katherine Reimer
Larry Stineman	William Riopelle
Lori Todd	Sandra Schutz
Ben Wade	Melinda Smith
Rhonda Weisser	John Stemm
Candace Wilder	Kim Sutton
	Larry Tanner
	Patricia Taylor-Mullins
	Patricia Traynor
	Janet Vaughan
	Clayton Warren
	Jeffrey Wolfe
	David Wycoff

PTs

Ayodeji Akinsanya
Marilyn Allen
Toni Allen
Ann Angiel
Angelique Aubuchon

Physical Therapists

ATWOOD, CAROL
BAKER, LORRI ELLEN
BANISTER, LISA GAYLE
BILLS, BRADLEY GILL
BLACKWELL-OCHOA, STACIE LYNN
BOOKER, WENDY JEAN
BOOTH, TRAVIS SCOTT
BRISCOE, CYNTHIA DENISE
BUCKNER, GEORGE WILLIAM
BUSBY, JESSICA KATHLINE
CLAFLIN, BRANDON SCOTT
CREAGER, CONNIE GREEN
CRYER, BARBARA ANN
CULWELL-MORGAN, CYNTHIA LYNN
CUPPS, CARA JENNIFER
CURLEY, MEGHAN MARGARET
DANIEL, VICKI LYNN
DAVIS, CLAUDIA DIXON
DELA CRUZ-RAMOS, MARIA ELAINE
DHARMADAS, SANDHYA
DIXON, LEAH MICHELLE
EBERLIN, WESLEY BRYAN
ECKART, AVA JO
FORBIS, PEGGY LEE
FRAVEL, DUSTIN DONN
GATEI, CATHERINE WAIRIMU
GUNTHER, SONDRAL LEE
HACKLER, MEGHAN JO
HACKNEY, MARNIE RENEE
HAW, MICHELLE QUE
HOSEY, CAMERON ELIZABETH
IBRAHIM, MOHAMED ATTIA
ILLEMAN, CECILIA JANE
KRIEGER, NATALIE BROOKE
KUNZELMAN, SUSAN H
LABHART, MARK KELLY
LUSTER, MICHAEL DINARD
MACKAY, WILMA JEANNETTE
MATHIS, TONIA SHERELL
MCALLISTER, NATALIE BROOKE
MCCAMMON, MARY SUSAN
MCINNIS, MELISSA LEE
MCLAUGHLIN, MYRA
MYER, ANNE HOWARD
OGAN, KATHLENE KRYN
PATTERSON, KEITH STACY
PELLACK, ALTHEA MARY
PERRY, MICHELLE

PIERCE, JAMES DEAN
RELYEA, DERRIEN LEE
REYNOLDS, TROY EDWARD
RICHARDS, LOIS JANE
ROBINSON, MEGAN ALYCE
RUNNELS, ERIC DOUGLAS
SAVAGE, CRYSTAL LYNN
SCHULTZ, PAUL DUANE
SKINNER, KIMBERLY RENE
SOELL, DOUG PAUL
SOUTH, BARRON TRACY
STARK, RANDY MARSHALL
STEVENS, ROXANNA DAWN
SWAIM, WYNONA PATRICIA
TRANCHINA, JESSICA MARIE
WEBB, ANGELA GALE
WHITE, CLAUDIA ANNE

Physical Therapist Assistants

BALDERAS, ROY
BARNES, DEANE ANN
CASEY, VICKY NECK
CRANE, PAULA MARIE
DAVIS, CAROL JEAN
DEAN, KEVIN JOEL
FARRAR, R. ALLEN
GUEL, JENNIFER LYNN
HAMLIN, TONIA LEIGH
HUDGENS, TRACI RENEE'
JOHNSTON, SUSAN KAY
LABASS, DORIS MARIE
MALIPURATHU, CHERIAN GEORGE
MCBRIEN, BRENTLEE WAYNE
MCBROOM, JEANETTE CAROL
MUTTERS, CLARE MICHELLE
PATTON, DIANE ELIZABETH
PROTZMAN, KRISTINA OPAL
RAPP, JEREMY BEAU
ROGERS, ANNE MARIE
SHAMBLIN, LINDA KAYE
SMITH, JENNIFER MEAGEN
TEETER, LEON EARL
THACKRAY, MARIE DIANE
WADDLE, DAVID EARL
WINTERS, CHERI DEE
WYATT, DIANA JEWEL

Whose Patient?, continued from front page

commitment to their patients. The American Physical Therapy Association defines professionalism through core values: accountability, altruism, compassion/caring, excellence, integrity, duty and social responsibility. Physical therapists must be accountable for their behaviors that positively influence patient outcomes; they must altruistically place the needs of the patient ahead of their own self-interest and they must have the integrity to be an integral part in the continuing management of the patient.

Whose patient is it anyway?

In recent years, health plans, professional associations and health care organizations have attempted to focus on customer service and a culture of professionalism. However, it appears that many physical therapists have become just employees who allow their professional practice to be dictated by hospital administrators, profit minded managers, or productivity goals. They have become powerless to push back to say, "these patients are my responsibility and I need the autonomy to fulfill my obligations to my patients." The concept of professionalism is uppermost in the hearts and minds of the authors of the supervision language. Physical therapists, regardless of their clinical setting are responsible for every patient once they accept them to provide physical therapy services. According to the APTA Guide for Professional Conduct:

"Upon accepting a patient/client for physical therapy services, a physical therapist shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions."

Whose patient is it anyway? They are yours.

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