



## Noteworthy

### From Student to Educator

- David G Wilson, M.P.O., CPO, LPO, FAAOP, Assistant Professor, Department of Orthotics-Prosthetics, UT Southwestern School of Health Professions

*“My journey into orthotics and prosthetics is probably similar to most with an experience that introduced me to the field.”*

**Read the full story on page 2.**

### Getting the Most Out of Residency

- Jason Wening, MS, CPO, FAAOP, Clinic Manager Chicago Area Residency Director, Hanger Clinic, Chicago

*“Residency is a unique time in an orthotic and prosthetic professional career.”*

**Read the full story on page 5.**

### Orthotics and Prosthetics Programs vs Real World Practice—Bridging the Gap for New Practitioners

- Jennifer Wolbach, LCPO, Tri Cities Orthotics & Prosthetics

*“Congratulations on your decision to pursue a career in Orthotics and Prosthetics (O&P)! As you prepare to embark on this exciting journey, it is essential to understand the differences between what is taught in an O&P master’s program and what you can expect in real-world clinical practice.”*

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### Helping Residents Shift Out of Observation Mode

- Kenneth Cornell, CO, Chief Clinical Officer, CBS Medical Billing and Consulting

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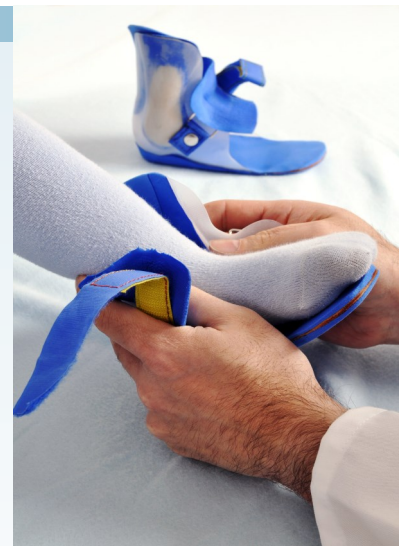
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### The Resident Effect

- Shawna Zeimer, CPO/LPO, Cornerstone Prosthetics & Orthotics

*“As I began my journey, early in my career, as a residency program director at Cornerstone Prosthetics & Orthotics, the experience of working with residents brought about a tapestry of both benefits and challenges.”*

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#### Editor-In-Chief

Ruthie Dearing, MHSA, JD

- [rdearing@ncope.org](mailto:rdearing@ncope.org)

# From Student to Educator— My Journey in Orthotics and Prosthetics

- David G Wilson , M.P.O., CPO, LPO, FAAOP, Assistant Professor, Department of Orthotics-Prosthetics, UT Southwestern School of Health Professions

My journey into orthotics and prosthetics is probably similar to most with an experience that introduced me to the field. For me, a career assessment test in high school listed orthotics and prosthetics as a potential path. Perhaps, I was lucky to find the field so early. The combination of my fascination with the human body and my innate curiosity about how things work piqued my interest.

## About the Author

David is an Assistant Professor in the Department of Prosthetics-Orthotics at UT Southwestern. In his role, he is involved in education, clinical care, and research. David is the course director and primary instructor for the majority of the orthotic courses in the curriculum. Clinically, his interests are focused on lower extremity orthotic management and individual patients with neurological disorders. This interest overlaps with his research focus on optimizing stiffness for custom pre-preg AFOs.



I was drawn to the idea of interacting with and assisting others while still having a tangible object to work on. This revelation set me on a course that would shape my future as a Prosthetist-Orthotist. However, where my journey diverges from many in the field, was when I became an educator.

Determined to pursue this career, I chose to major in Kinesiology & Health Sciences during my undergraduate studies at The College of William & Mary. This educational background provided a rigorous science-based curriculum and deepened my understanding of anatomy, physiology, and biomechanics ensuring a solid foundation for my career. During my summers, I had the incredible opportunity to work at a local orthotics and prosthetics clinic, Orthologix, specializing in pediatric care. I was able to learn from the clinicians about the basics of the field, but also about the importance of the relationships and impact with patients, family members, and other caregivers.

*“This hands-on experience and mentorship allowed me to witness the power of this field firsthand and solidified my desire to further my education in orthotics and prosthetics.”*

The next phase of my journey led me to the University of Texas Southwestern Medical Center (UTSW) where I pursued my master's degree in prosthetics and orthotics. The program provided a comprehensive curriculum that encompassed the theoretical knowledge and practical skills required in this field. From engaging coursework, many patient models, and learning from practicing faculty members, each aspect of the program contributed to my professional growth.



## Student to Educator (continued)

Following the completion of my master's degree, I embarked on a residency program also at UT Southwestern. This period allowed me to further refine my clinical abilities while exposing me to the world of education. Working in an academic medical center provided me with a unique perspective. The environment was filled with individuals who were deeply engaged in learning and advancing their respective fields. It was a place that exuded intellectual curiosity, encouragement, and vibrant energy. Being immersed in such a setting sparked a desire within me to actively participate in the educational aspect of the field.

As I was well on my journey to be a clinician in the field, I was also very involved in a separate passion...rowing. I was a rowing coach throughout my time as an undergraduate, graduate student, and during residency. These experiences also played a significant role and helped to guide me on my path towards becoming an orthotics and prosthetics educator. I primarily coached novices and freshmen who had little to no experience in the sport, allowing me to build a solid foundation for them and witness their growth and improvement over time.

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*“These experiences as a coach or educator sparked a realization of my enjoyment in teaching and motivating individuals to excel in their abilities while providing a supportive environment to reach their goals.”*

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It is at this point that my journey in the orthotics and prosthetics field diverges from many with my desire and goal to be an educator. Knowing and recognizing the critical importance of having a strong clinical background, I spent many years as a clinician gaining experience through inpatient and outpatient services, ultimately spending most of my time as an orthotist. Because of the unique structure of UT Southwestern as a school with a full-time faculty-led clinic, I was gradually provided opportunities, over time, to expand my skill set and step into additional responsibilities as an orthotics and prosthetics educator.

## Student to Educator (continued)

There doesn't exist a formal pathway in orthotics and prosthetics for individuals who wish to become educators. I was fortunate to be able to work alongside several excellent educators as I learned on the go. I was able to transfer many of the skills gained as a clinician to my role as an educator. Working with an electronic health record isn't too dissimilar from acquiring an online learning management system. Public speaking skills learned while answering questions from patients or referral sources is comparable to speaking to a classroom of students and answering their question. Time spent with patients or in the lab fabricating is directly relatable to interacting with students in those same situations.

Additionally, many of us in the field are educators in different forms. We all educate patients and their families, some are residency directors or mentors, others provide in-services for referral sources or other providers. These are all different types of education, and perhaps more easily relatable to what an educator at school does. I was able to draw on these experiences to develop myself as a more holistic educator for our students.

As an educator, the joy I find in guiding and assisting students on their educational journey is immense. Creating a safe space where students can make mistakes and learn from them has become the cornerstone of my teaching philosophy. I believe in fostering an environment that encourages active engagement, critical thinking, and problem-solving skills. Orthotics and prosthetics is not solely based on rote memorization and book skills.

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*“We work with people , and each person is a unique individual. Therefore, I strive to provide my students with tools they need to troubleshoot and think independently.*

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My ultimate goal as an educator is to develop each student into an excellent clinician. I am passionate about instilling confidence and cultivating critical thinking abilities. By preparing them to face the unique challenges they will encounter in future careers, I equip them with the skills necessary to excel. I emphasize adaptability and individualized approaches, ensuring that students are well-prepared to provide personalized care to their patients.

Beyond the classroom and long after graduation, I enjoy being able to provide mentorship and guidance to students navigating career paths. As the years go on, it is meaningful and rewarding to connect with a large network of former students, now current colleagues, sharing knowledge and experiences. As I continue my journey as an educator in orthotics and prosthetics, I am excited to witness the growth and potential of the next generation of clinicians. They are determined and ambitious while shaping a future filled with compassion, expertise, and boundless possibilities.

**David G. Wilson, M.P.O., CPO, LPO, FAAOP**  
**Assistant Professor**  
**Department of Prosthetics-Orthotics**  
**UT Southwestern School of Health Professions**

# Getting the Most Out of Residency

- Jason Wening, MS,CPO, FAAOP, Clinic Manager Chicago Area Residency Director, Hanger Clinic, Chicago

Residency is a unique time in an orthotic and prosthetic professional career. The resident is expected to transition from student to a competent board eligible clinician prepared to see a wide range of patients independently. This expectation requires a significant amount of experience, growth, and knowledge synthesis in a relatively brief period of time. Just think about the volume of new things encountered when starting a residency: office, people, relationships, medical records software, procedures, and materials, not to mention all the elements of putting a master's degree worth of knowledge into application. All of this can be disorienting and difficult to manage. Below are some suggested actions to consider when looking for ways to get the maximum advantage from time as a resident.

## About the Author

Jason is a clinic manager in Chicago and serves as the Chicago area Residency Director for Hanger Clinic. He has 18 years of experience as a clinician. He received his master's degree in Biomedical Engineering from the University of Michigan and completed his Orthotic and Prosthetic education at Northwestern University.



## Get Comfortable Being Uncomfortable

In clinical practice, every day is an opportunity to be uncomfortable. Patients can present difficult stories of trauma, pain, or loss. It is nearly impossible to be perfectly certain that a specific intervention is the best intervention for a specific patient. Decisions need to be made without knowing if the outcome will be successful. Patients will pose questions or demands that cannot be answered. The experience can be disorienting and overwhelming. It is worth remembering that growth and new learning come from challenge and discomfort. This profession does not become less challenging as time goes on, but it is possible to learn how to maintain composure in the face of these challenges. Practice being present with patients in pain instead of looking for the fastest way out of the room. Practice making complex decisions with incomplete information and then critically assessing the results.

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*“A willingness to be uncomfortable is one of the fastest routes to meaningful growth and will continue to bring value for an entire career.”*

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## Learn from Everyone

Every person in clinical practice has a different set of knowledge and experiences. They all have knowledge worth learning. The best clinicians maintain an awareness of how their actions and decisions impact the team around them, administrators, verifiers, billers, technicians, and care extenders. It is very difficult to develop that awareness if there is minimal understanding of the challenges and responsibilities associated with these positions. Take the time to offer assistance to the people in the clinic doing these jobs. These encounters are a great way to develop an understanding of the essential work provided to make patient care possible. It also goes a long way towards becoming a valued part of the clinical team.

## Remember the Long-Term Goal

Plenty of encounters or days are difficult, challenging, or frustrating. There is a lengthy list of incidents and factors that can and will go wrong in orthotics and prosthetics. Sometimes the best laid design and intentions can be completely rejected by a patient. When difficult experiences compound with each other in a short amount of time it is hard to maintain sight of the longer-term goal. A clear, specific, long-term goal is a very valuable tool for staying oriented. Do not be afraid to write that goal on a piece of paper and tape it to the bathroom mirror, computer monitor or some other place where you will see it frequently.

## Getting the Most Out of Residency (Continued)

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*There will always be bumps in the road and wrong turns , but it is essential to know which summit you are trying to attain.*

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### **Embrace the Silence**

Conversation is a great way to build relationships and understand a patient’s perspective. However, not all patients are talkers, and most pediatric patients cannot hold a running conversation during a casting. As clinicians, we do not need to fill every quiet moment with conversation. Quiet is not a problem. As a resident, if you are talking through the entire casting process the odds are high that you missed something critical in the cast. This is especially true if you are not highly confident and proficient at the specific casting technique being used. Dual task activities always leave one of the tasks mentally unattended to. There is nothing wrong with telling a patient: ‘I’m going to stop talking now so I can focus on taking a great impression of your leg.’ More often than not patients will be grateful that your attention is being directed towards this important activity. They may even feel relieved to know that they do not need to fill the silence with conversation as well.

### **Time is Relative**

Clinicians never seem to have enough time. There is always another patient, note, job to fabricate, hospital call, or phone call to return. In many clinics, the schedule is a loose interpretation of how the day might go. A 30-minute appointment can slowly turn into 2 hours of patient care. A follow up appointment can turn into an evaluation for a new device. An empty schedule can turn into a pile of walk-ins and emergencies, or a packed schedule can suddenly empty because of an impending snowstorm. Transportation will bring patients late and pick them up early. The schedule is rarely completely in our control. The only control is how to respond to the inevitable unpredicted events of the day. Embracing a flexible understanding of how your day is going to go will make that day much less stressful than expecting the schedule to evolve exactly as written.

### **When in Doubt, Say ‘Yes’**

One of the best ways to maximize the value of a residency is to say ‘yes’ to as many things as possible. Of course, this action can lead to long hours, but the opportunities to learn and grow will not likely come again. A colleague that needs help with hospital calls, the walk-in that shows up at 4 PM, the request for a volunteer to present a case study, and on and on. It is nearly impossible to predict when a seemingly trivial case will turn into a unique and challenging device design or patient presentation. Great opportunities never arrive when there is nothing else going on and there is no work to do. The patient that walks in with a broken device will not become your patient for life if you do not say ‘yes’ to adding them to your schedule.

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*“They said, let the ‘yes’ be a desire to serve others and grow as a clinician .A ‘yes’ that comes with resentment can be counterproductive.”*

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### **Final Thoughts**

These are a few approaches to getting the most out of a residency. However, learning and growth should not end when the residency ends. The best clinicians are the best because they never stop learning and improving. They never let themselves get overly comfortable, and they frequently make themselves available to colleagues. By embracing these ideas as a resident, a pattern for continued progress can be set that will enable you to nurture and grow for the entirety of your career in orthotics and prosthetics.

**Jason Wening MS, CPO, FAAOP Clinic Manager, Chicago Area Residency Director, Hanger Clinic, Chicago**

# Orthotics and Prosthetics Programs vs Real Practice— Bridging the Gap for New Practitioners

- Jennifer Wolbach, LCPO, Tri Cities Orthotics & Prosthetics, Richland, Washington

## Introduction

Congratulations on your decision to pursue a career in Orthotics and Prosthetics (O&P)! As you prepare to embark on this exciting journey, it is essential to understand the differences between what is taught in an O&P master's program and what you can expect in real-world clinical practice. This article aims to shed light on the challenges faced by young, incoming practitioners entering the field and to provide guidance on how to bridge the gap between theory and practice.

## About the Author

Jennifer is a congenital hand amputee who began her career building orthoses and prostheses as a technician. Desiring to become an orthotist/prosthetist, she earned a Bachelor of Science in Prosthetics and Orthotics from the University of Washington in 2012. Jennifer then completed a two-year residency in Vancouver, Washington where she gained valuable cranial orthoses experience.

In January 2020, Jennifer joined Tri-Cities Orthotics & Prosthetics. She specializes in cranial, below-knee adjustable sockets, partial hands, and silicone prosthetics and orthotics. She is also certified in amputee transtibial and transfemoral gait training. Jennifer lives in Richland with her dog and two young sons. As the daughter of military and immigrant parents, she has a strong work ethic. In her spare time, she enjoys outings with her family, going to church events and sculpting.



## The Fundamentals of O&P Programs

O&P master's programs typically offer a comprehensive curriculum that includes theoretical knowledge and practical skills necessary to become competent prosthetists and orthotists. Some common subjects covered in these programs include:

- **Anatomy and Physiology:** In-depth study of the human musculoskeletal system, biomechanics, and the impact of various conditions on a patient's mobility and function. To understand proper anatomical alignments and movements will enable you to understand what is physically achievable for each individual patient.
- **Materials Science:** Understanding the properties of different materials used in orthotics and prosthetics and how they can be applied to meet patients' specific needs. Understanding the possibility of different materials, designs, and technology necessary to achieve the most functional outcome possible.
- **Gait Analysis:** Learning how to analyze a patient's gait and identify abnormalities that may benefit from orthotic or prosthetic interventions.
- **Assessment and Measurement:** Techniques for conducting patient assessments, taking measurements, casting, and developing appropriate treatment plans.
- **Biomechanics and vector forces:** Proper 3-point force systems permit angular change or control of a joint to resist or facilitate movement which is vital in our field.
- **Fabrication Techniques:** Practical skills in designing, fabricating, and fitting orthotic and prosthetic devices.
- **Patient Care:** Emphasizing the importance of patient-centered care, effective communication, and empathy in the treatment process.
- **Documentation:** How to articulate your patient's condition and medical necessity for clinical documentation regarding patient care.

Stated above are the fundamentals needed to become a competent practitioner with the ability to assist any unknown individual who presents with a physical disability. You are required to be proficient at these basic skills in order to be a competent O&P practitioner.

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*“However it is the individual drive, experience and your practice location that will determine how much fun or autonomy you have in this field.”*

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## Bridging the Gap for New Practitioners (continued)

I love this profession and my job, and I have fun doing it. I enjoy my patients, my colleagues, and discovering new ways to create. However, providing the highest functional and useful device while still getting paid well is a daily challenge.

This field is also stressful; you will work long hours; sometimes your work comes home with you; you will have noncompliant and needy patients; insurance denials; more documentation than anyone could ever care for, and if you want to have a specialty, you will have to study outside of office hours when seeing patients.

### The Realities of O&P Practice

While O&P programs strive to provide a solid foundation, real-world clinical practice can present unique challenges and situations that are not always covered in textbooks. Here are some key points to consider:

**Impromptu Problem-Solving:** O&P practitioners often face complex cases that may not have straightforward solutions. Developing a problem-solving mindset and seeking guidance from experienced colleagues will be invaluable. Learn from many and incorporate the best information into your practice. An ability to solve individual personal issues regarding O&P devices is what makes a skilled practitioner invaluable to an office, and why our jobs cannot be automated.

**Patient diversity:** You will feel like a counselor at times as we are treating patient's deficits helping to diminish emotional issues for some patients and family members. Other patients who are non-complaint will frustrate and many patients will ask for free items or work. Always give your best and then leave it (emotionally) at the practice office.

**Marketing:** This task is a practitioner dislike as many of us are not comfortable "selling" ourselves. However, being personable and effective while talking with physicians will advance your office in referrals. Different private sector offices will be aggressive on this. Being able to promote yourself and your practice to a physician is a necessary and required skill. Typically, you will be marketing to increase a certain patient demographic such as vascular amputees or pediatric orthotic referrals for your office.

**Office Demographic:** Your office patient demographic is going to help determine your strengths or ability of growth. An office with many pediatric referrals will potentially direct you to becoming a pediatric orthotic specialist. For me, coming to a rural area of Washington increased my upper extremity skills set as I treat many patients with on-the-job UE injuries.

I highly recommend that you learn how to code correctly to PDAC and play the Insurance coverage game.....because it is a game. The insurance companies do not like to pay for anything. So, expect a denial and be ready to be audited on many of your claims. This is a skill that has helped me greatly in two ways: being able to have fun with my patients and being able to get high dollar claims approved when needed.

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*“Understanding Local Criteria Determination (LCD) by Medicare, Medicaid and subset and private insurance LCD will be vital to understanding what is available for your patient(s) through insurance and how you will get paid and keep the money you receive.”*

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## Bridging the Gap for New Practitioners (continued)

Based on my experience, this asset is where new practitioners or residents are the weakest coming into the field. I believe that the O&P masters programs should teach more documentation justification per HCPCS in ways that can be articulated in laymen terms for both outside referrals and insurance payors. Learn how to write concisely and effectively.

**Technological Advancements:** O&P is a rapidly evolving field, with new technologies and innovations continuously emerging. Staying updated with the latest advancements is crucial to providing cutting-edge care. But you can only make so many adjustable sockets, Microprocessors, and direct socket fits. All require the same fundamental skill to work correctly as a well-fitting socket is the most vital in a prosthesis, no matter the technology utilized.

**Communication with CFab:** Central fabrication is going to be a part of your daily practice even with an in-house technician. Even working with your in-house technician, work order communication is critical and will be a headache at some point even though you are using well-established central fabrication facilities (CFabs).

**Workflow = Prescription:** This charge includes the evaluation/measurement for the device; insurance coding and coverage; ensuring proper fit and function of each device/patient; and documentation of each evaluation, the device, and delivery.

**Collaborative Approach:** O&P practitioners often work in multidisciplinary teams with physicians, physical therapists, and other healthcare professionals. Learn how to talk concisely and effectively with physical therapists and physicians regarding their referrals. Learning to collaborate effectively is crucial for the provision of comprehensive care. Applicable use of communication is a great marketing tool and a freedom (we) practitioners own as we are paid by the device. I can leave the office and attend a physical therapist's office appointment to assist with prosthetic gait training or selecting the orthotic devices for a child to be better positioned during therapy.

**Developing a specialty:** Learn to be a unique practitioner in your practice. With the help of your clinic population or mentors, you should be able to find a specialty in which to excel and specialize. Over time, you will create and establish your own block of patient referrals because you are recognized as the most experienced in your specialty.

### **Bridging the Gap**

To thrive as an O&P practitioner in the real world, here are some practical steps to take.

#### **Mentorship:**

Find experienced practitioners who are willing to mentor and guide you through the early stages of your career.

Your clinic manager may not be the best mentor of prosthetic fittings. If you are struggling because your patient has a pressure wound; is getting excessive wear in their liner; or every patient is receiving the same prosthetic design and parts, you need to evaluate and make changes. It may be time to seek outside or higher-level help and assistance. Do not stop until you get a satisfactory answer or outcome.

Find a good mentor for prosthetic fitting and gait alignment. Learn and copy from the best you can.

As an experienced clinician, over the years I have reached out to former co-workers and colleagues seeking ways to manage new and/or more challenging cases. I did so on my first solo hip disarticulation patient receiving guidance from a longstanding colleague. His advice was vital for my patient and for me to experience great outcomes.

#### **Clinical Internships/Clinic practice:**

Visit other satellite offices (if available) to see how other practice sites operate and to gain more exposure, if needed. As you advance in the field, your patient caseload will increase and become more complicated.

#### **Continuing Education:**

After graduation, invest in continuous learning through workshops, conferences, and webinars to stay current with advancements in the field.

## Bridging the Gap (Continued)

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*“Seek the best internships or clinical rotations during your program to gain hands-on experience and exposure to real patient cases.”*

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### **TAKE HUGE ADVANTAGE of this!**

I did not know that getting stuck with a documentation justification course (due to slow enrollment on my part) would be so important in my practice confidence and knowledge base. Knowing how to navigate insurance edits and being able to respond as to why lesser technology will not work effectively for your patient is an indispensable skill.

Courses and classes will create opportunities to specialize, but it is your individual drive that will further strengthen your skills and enable you to comprise your own patient referral load.

In my office practice, I am the Upper Extremity specialist, the Cranial Helmet specialist, and the Silicone specialist. These are specialties I wanted to concentrate and focus on when I first graduated from the University of Washington O&P program. Over time, these patients are generally placed on my schedule as I have the highest level of confidence and knowledge pertaining to treatment.

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*“Embrace the challenges you encounter as they will foster growth and make you a more resilient and capable practitioner.”*

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### **Conclusion**

Entering the world of Orthotics and Prosthetics can be a rewarding and fulfilling career choice. While O&P masters programs equip you with essential knowledge and skills, it is essential to recognize that real-world practice may present unique challenges. By embracing continuous learning, seeking mentorship, and being open to new experiences, you can bridge the gap between theory and practice, becoming a successful and compassionate O&P practitioner who positively impacts patients' lives. Good luck on your journey!

**Jennifer L Wolbach, LCPO**  
**Tri-Cities Orthotics & Prosthetics**  
**Richland, Washington**

## Helping Residents Shift Out of “Observation Mode”

- Kenneth Cornell, CO, Chief Clinical Officer, CBS Medical Billing and Consulting

### About the Author

Ken Cornell earned his bachelor's degree in biology at St. Anselm's College in Manchester, NH and completed his post-graduate work in orthotics and prosthetics at UCLA in 1980. Ken has long been active on the board of the New England Chapter of the AAOP and is a past president. He lectures regularly at local colleges and hospitals.

“I have always considered it an honor to work in the fields of orthotics and prosthetics. I find myself more motivated than ever. Each patient challenges me to apply my experience, knowledge, and skills to achieve the highest level of activity possible for that person. For some, that means playing sports, for some it is shopping with family and friends, for others it is being able to walk independently around the house without pain. I have a particular interest in the orthotic management of CMT (Charcot-Marie-Tooth) disease.”



Orthotic and Prosthetic residents may feel like they have been in school their whole lives. It is an amazing experience to arrive at the end of your formal education and receive your degree. It is a huge achievement...like being part of a wagon train that finally gets to California. It is liberating and full of options.

Never mind the fact that now you can stop paying for school and start making money! You've been learning your whole life and shocker, you will never stop learning throughout your career. What you have learned during your residency will make everything else you have learned up to this point make sense! It is like you have been building all the parts to this amazing machine your whole life and now you are going to plug it in and turn it on!

### TRANSFORMATION

So, you will learn a ton during your residency. What is different is how you learn during your residency. In school you learn in classrooms by listening and watching your professors, and of course studying and researching. In your O&P master's program you again learn within the classroom by observing how your instructors work with actual patients and then you begin with hands-on patient learning.

As the residency director at Cornell O&P in Massachusetts, I have enjoyed many years working with residents and am proud that every resident finished very well, passing exams the first time. However, I have noticed that all residents seem to have a difficult time getting out of observation mode. New residents are very good at observing and asking questions. And it is no wonder as that is how they have learned their entire life, including during the MSPO program.

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*“But point of fact, to make the transformation from student to practitioner requires a transition from observing to doing.”*

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### DOING

Many residents begin their residency feeling like they have been “doing” throughout their MSPO program. Often, they will make this statement with their hands in their pockets. It takes active thought to make the transition from observing to doing. Learning by doing and applying actual patient care experiences now becomes the new paradigm.

Typically, Day 1 begins with a mentor introducing the resident to a patient. The mentor will begin the evaluation and take extra time to explain all his/her findings to the resident. Once the resident has *observed* the mentor's evaluation, the mentor will have the resident put his/her hands on this patient who is not a student model, but someone in actual need of orthotic/prosthetic treatment. Many times, the resident will find this experience surprising. Like the first time a pilot is asked to land the plane. Doing requires this transition out of observation mode.

Actual patient care is how the residents will learn from now on. Residents will learn from mistakes and learn how and what to do better each next time using gait analysis, hands on Manual Muscle Testing, ROM Testing and manual correction of tone induced deformities. During the first month or so we will both take casts, modify models' side by side, and, go through the fit and delivery. Then a month later, as we are evaluating another patient, the resident is again standing in the back of the room observing. It's a hard habit to break.

## Observation Mode (Continued)

I am not suggesting that residents hip-check mentors out of the way and take over. But I am suggesting that you take advantage of every learning opportunity. To do that, you must step forward and ask if you can place your hands on a patient.

Mentors run short on time while teaching residents and can save time by doing things themselves instead of having the resident do it. It is during these lost interchanges that learning opportunities disappear, and learning is delayed.

### **IMPARTING KNOWLEDGE**

Doing also means using the terms you have learned to impart knowledge. Residents will recognize and understand all the terms and principles taught to them but may find it very difficult to articulate what they know. Although residents are familiar with terms and principles, they do not know it well enough to impart that knowledge back in writing or verbally. Finding the words is always more difficult than expected. Even practitioners that have great skills and a history of-success with patients fail to be recognized because they cannot express their skills in words. When a doctor wants to discuss a patient with you, he will do an amazing job presenting his patient with great detail in a very short time. I have heard this skill referred to as an elevator presentation. This skill is the ability to impart knowledge and NCOPE has included it in your residency competencies for a very good reason.

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*“The truth is your ability to impart knowledge will define you as a practitioner.*”

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I suggest you take the time and effort to find the right words while writing. Soon those written phrases will become part of your everyday language.

### **DOING BETTER**

The future for O&P is exciting to think about. You will become better clinicians than your present-day mentors. One area in particular is gait. We are among the very few healthcare professionals who get formal training in gait and it is our area of expertise. Without question, one of the most important things we do as orthotists and prosthetists is improve our patient’s ability to ambulate. As experts in gait, we will need to impart this knowledge. When you evaluate your patient’s gait, use your skills to describe your observations like the expert you have become. Breakdown what elements are lacking in swing phase and stance phase. Articulate how your O&P treatment will restore those lacking elements of gait and how the patient will benefit functionally. It will define you and our profession.

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*“In summary, do not waste an opportunity to learn by doing.”*

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Always ask to put your hands on a patient and see if you understand all the nuances of what your mentor is trying to teach. Do not just ask a question. Repeat the information to your mentor in your words using all the terms and principles you have learned.

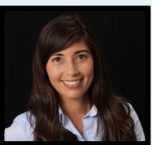
**Kenneth Cornell CO,  
Chief Clinical Officer,  
CBS Medical Billing and Consulting**

# The Resident Effect: Unlocking the Potential and Overcoming the Challenges of Collaborating in a Clinical Setting

- Shawna Zeimer, CPO/LPO, Cornerstone Prosthetics & Orthotics, Everett, Washington

## About the Author

After accomplishing her first degree at the University of Oklahoma, a Bachelor of Business Administration in 2005, Shawna spent several years as a social worker before completing a Prosthetics and Orthotics degree at the University of Washington in 2014. For a career, Shawna chose Orthotics and Prosthetics because she enjoys helping patients increase their independence and meet personal goals. Shawna's favorite pastimes include playing soccer, mountain biking, and chasing after her kids. She looks forward to helping others continue participating in their favorite activities.



As I began my journey, early in my career, as a residency program director at Cornerstone Prosthetics & Orthotics, the experience of working with residents brought about a tapestry of both benefits and challenges. Being relatively new in the field, I was acutely aware of my limited experience and the potential limitations it posed in sharing extensive knowledge with the residents. However, my recent experience as a resident myself emerged as a valuable asset, providing a unique understanding of their needs and aspirations among the residents.

Thru the collaboration and support of numerous practitioners and the unwavering backing of our clinic owners (Dave Hughes, Mike Smith, and Kelly Gies) our residency program thrived and achieved (I believe) significant success. Contributions from the entire Cornerstone team formed the bedrock of our program, ensuring a nurturing environment where residents could flourish and evolve into competent professionals.

I am pleased to have the opportunity to shed light on the myriad of benefits and challenges that have unfolded over the past few years as the residency program in our Everett office expanded from a solitary resident to accommodating, at times, a remarkable cohort of four residents. In reflecting upon this period, I am eager to advance the notable rewards and difficulties that have enriched our collective experience.

### ***BENEFITS (Residents)***

Learning in a clinical setting can provide numerous benefits to P&O residents, including the opportunity to develop skills that are directly applicable to patient care. Unlike traditional didactic learning, clinical training allows residents to learn and practice skills in real-life situations. Additionally, patients themselves can often provide valuable insight and feedback to residents, offering direct instruction or alternative solutions to clinical challenges. As a result, residents can develop a more in depth, comprehensive understanding of patient care, enabling them to provide more effective and efficient treatments.

Beyond the development of clinical skills, learning in a clinical setting also provides residents the opportunity to improve interpersonal, communication, and empathy skills. By working closely with patients and healthcare professionals, residents can hone their ability to communicate complex medical information in a clear and concise manner, while developing a deeper understanding of patient needs and concerns. Furthermore, exposure to a variety of practitioners and teaching styles enhances the overall learning experience, providing residents with a diverse range of perspectives and approaches to the provision of patient care. It has been a gratifying experience to witness the growth of our residents as they gain confidence through the opportunities provided for hands-on experience.

In addition to the benefits noted above, clinical training offers residents the chance to develop additional skills that are essential to success in the healthcare field. These critical components of patient care include time management, efficiency, and administrative tasks necessary for billing.

## The Resident Effect (Continued)

Furthermore, face-to-face interaction with patients and healthcare professionals enhances the learning experience. This learning experience provides residents with the opportunity to build relationships and networks that may be invaluable in their future careers.

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*“Overall, learning in a clinical setting provides a comprehensive and practical educational foundation that prepares residents for successful careers as healthcare professionals.”*

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### **BENEFITS** *(clinicians / office)*

Working with residents can also provide numerous benefits for clinicians who provide training and mentorship. For one, residents often bring a growth mindset to their work, shifting cultures within the workplace toward a more innovative and forward-thinking approach. By disseminating clinical techniques learned from other states or regions (e.g., Baylor College of Medicine), residents can introduce novel solutions to complex problems while challenging mentors to keep-up with new knowledge and practices. This interchange creates an environment of collaboration and continuous learning, improving the overall quality of care provided to patients. Secondly, working with residents encourages clinicians to improve their abilities to verbalize justifications for clinical decisions, when challenged by residents to explain thought process and reasoning.

Residents can also take on tasks that improve efficiency within the clinic, such as reducing appointment times or filling in when a clinician is away from the office. This support allows for a more seamless patient experience and helps to reduce wait times and increase access to care. In addition, residents often approach problems with an open perspective, creating novel solutions that benefit both patients and clinicians. Overall, working with P&O residents provides clinicians the opportunity to learn and grow alongside the next generation of healthcare professionals, thereby improving the quality of care provided for all patients.

### **CHALLENGES** *(Residents)*

For residents, working in a clinical setting can present several challenges. One such challenge is knowing when to ask for help versus independently making clinical decisions. Residents must learn to balance the need for support and guidance with the desire to develop independence and confidence in their skills and abilities. Additionally, residents must adapt to various teaching styles and the personal preferences of practitioners. When working with multiple clinicians and mentors in different settings, this experience can be difficult. As residents establish rapport and credibility while navigating new clinical environments, building trust with new mentors is critical as well as challenging. A resident’s ability to achieve and consolidate trust may affect access to more complex patient cases.

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*“As residents establish rapport and credibility while navigating new clinical environments, building trust with new mentors is critical as well as challenging.”*

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## The Resident Effect (Continued)

Another challenge for P&O residents in a clinical setting is advocating for themselves regarding individual educational needs and time constraints. It is important for residents to communicate goals and limitations to mentors and preceptors to ensure that the resources and support needed to succeed are provided. This may seem like a daunting task in a busy clinical environment where residents may feel pressured to take on a more supporting role to “help out the team.” Residents may also feel nervous about “rocking the boat,” especially if they hope to achieve employment within a particular host clinic.

Finally, learning administrative procedures and claim processing is often a very challenging aspect of clinical training. Administrative procedures and claim processing require residents to develop a comprehensive understanding of the billing and reimbursement process. Providing more focus in this area has been a recent goal at Cornerstone as it often gets overlooked by practitioners trying to provide residents with as much direct patient care as possible.

### **CHALLENGES** *(clinicians / office)*

Working with residents in a clinic presents challenges for both the clinic and clinicians. Established clinicians may exhibit resistance to adopting residents due to the fear of losing control over patient care. This fear stems from concerns about entrusting less experienced individuals with the responsibility of providing medical treatment. Additionally, insecurity regarding their own expertise can further contribute to the resistance, as clinicians may perceive the presence of residents as a threat to professional standing. Overcoming these challenges requires creating an environment that addresses these fears and insecurities, emphasizing the importance of collaboration while recognizing the valuable contributions of residents and teaching clinicians.

Additionally, clinicians and owners can face a dilemma accepting that residents will make mistakes, and these mistakes may have cost implications. Balancing the acceptance of inevitable errors with patient safety and minimizing financial repercussions requires a thoughtful approach to time management while ensuring adequate support for residents.

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*“Striking the right balance between allowing residents to develop skills and ensuring patient safety requires careful evaluation and monitoring of the capabilities and strengths of each individual resident.”*

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This decision-making process can be complex and subjective, as it involves assessing the competency and readiness for increased autonomy of each resident.

Financial constraints can also come into play. Creating a symbiotic environment where both residents and mentors benefit requires investments in training resources and infrastructure (e.g., desk space, computers, office staff). Balancing financial considerations and opportunities for growth can be a challenge that the clinic owners and teaching staff must negotiate and navigate.

In terms of time management, clinics need to be operationally structured in a way that efficiently trains and utilizes residents' skills. However, when appointments become difficult or time is limited, clinicians may need to temporarily step out of the teaching role and take the lead to meet the goals of the appointment. This balancing act between teaching and providing efficient patient care can be challenging to maintain. Furthermore, a lack of top-down support could pose a significant challenge if clinic owners or managers prioritize efficiency over educational learning opportunities.

Additional challenges may include accommodation for residents with disabilities. This accommodation will ensure that the clinic is designed and built to accommodate wheelchair users (both residents and patients) and/or residents with arm amputations.

**Shawna Zeimer, CPO/LPO**  
**Cornerstone Prosthetics and Orthotics**  
**Everett, Washington**

# ABC Career Awareness Initiative

The ABC Career Awareness Initiative is in full swing and there are several resources that can help you with your residency professional activity. Check out the [ABC website](#) for activities that you can do now.

**Become an Ambassador** – share your personal experiences with young people through career fairs, high school career days, speaking opportunities, mentorship programs, social media, video and more. Sign up to be an Ambassador and ABC will even help you find activities in your area.

**Free Resources** – ABC’s online toolkit features numerous ways to engage students in your community. These FREE materials include an information flyer about the profession, a sample/editable PowerPoint, business cards for you to use, sample social media posts, trading cards featuring different jobs in OP&P and much more.

**Share Your POP Story** – you don’t have to be an official Ambassador to spread the word about the career you love. Tell friends, family and anyone you meet about POP. Like and repost POP content on social media.

For more information or to become an Ambassador and access the Toolkit, visit [ABC’s Career Awareness Page](#).

## Are You Leveraging NCOPE Tracker to The Fullest?

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View the latest tutorials and resources for NCOPE Tracker users by visiting: <https://ncope.org/tracker>

## NCOPE Hosts Multiple Live Events Each Quarter for O&P Stakeholders

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View the calendar and learn how to participate by visiting: <https://ncope.org/events>

## The National Commission on Orthotic & Prosthetic Education

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330 John Carlyle St  
Suite 200

Phone: 703-836-7114