



Department of Physical Therapy

Clinical Education Handbook

Academic Year 2019-2020 (effective 9.14.19)
Addendum to the DPT Student Handbook

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Disclaimer

The provisions of this Department of Physical Therapy Clinical Education Handbook do not constitute a contract, express or implied, between The University of New England and any applicant, student, student's family, faculty or staff member. The University of New England Department of Physical Therapy reserves the right to change the policies, procedures, rules, regulations, and information in this handbook at any time. Changes will become effective at the time the proper authorities so determine and the changes will apply to both prospective students and those already enrolled. This handbook is a general information publication only, and it is not intended to nor does it contain all regulations that relate to students.

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Introduction

The Clinical Education Handbook is designed to be a resource for students and clinical faculty during clinical education practica. The handbook is divided into three distinct sections. Section One outlines the mission, philosophy, goals, and educational outcomes associated with the Doctor of Physical Therapy (DPT) program. The information can be used by clinical faculty to gain a better appreciation of the breadth and depth of the physical therapy curriculum at the University of New England (UNE) and by students as a reminder of information previously conveyed in the Department of Physical Therapy Student Handbook. Section Two discusses the clinical education experience in the Physical Therapy Program and outlines the clinical education policies and procedures. This section includes the syllabi for the clinical education academic coursework. Section Three contains appendices that include a sample of the evaluation and assessment forms utilized in clinical education at UNE plus several other forms. Clinical faculty and students will be supplied with updated materials to insert into the Clinical Education Handbook as warranted.

Non-Discrimination Policy

UNE operates in accordance with Title IX of the Education Amendments of 1972, the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964 as amended, the Maine Human Rights Act, and all other appropriate civil rights laws and regulations. UNE does not discriminate on the basis of race, religion, color, sex, age, marital status, ancestry, national or ethnic origin, physical or mental handicap, sexual orientation, gender identity, or veteran's status in the administration of its employment practices or in educational programs or activities. UNE is committed to its Equal Opportunity Policy.

Student with Special Needs

UNE will make reasonable accommodations for students with disabilities. Students should notify the Student Access Center as soon as possible regarding any special needs. Timely accommodations are dependent on early registration with this office. Follow this link for more information about [the Student Access Center](#).

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Section One: Mission, Philosophy, Goals, and Educational Outcomes

The mission of the Department of Physical Therapy supports the missions of its administrative unit, the Westbrook College of Health Professions, and the University. By preparing students to be physical therapists and contributing members of society, the DPT program fosters achievement of the University mission.

University of New England Mission Statement

The University of New England prepares students to thrive in a rapidly-changing world and, in so doing, to improve the health of people, communities, and our planet.

Westbrook College of Health Professions Mission Statement

The Westbrook College of Health Professions educates a dynamic, collaborative workforce responsive to the evolving needs of society, thus advancing the health and well-being of all people.

Department of Physical Therapy Mission Statement

The Department of Physical Therapy believes that optimal 21st century, person-centered health care is best delivered by well-educated, compassionate leaders who think critically, reason intelligently, collaborate inter-professionally, and who promote health and wellness. In this spirit, the department is dedicated to preparing students for contemporary physical therapy and advances the profession through its steadfast commitment to excellence in academics, clinical education, scholarship, research, and service.

Philosophy of Education

The faculty is committed to excellence in teaching. We believe our responsibility is to facilitate learning by actively involving the student in the teaching-learning process. We strive to create a secure and open environment for learning and assist students to develop critical thinking and problem-solving skills. We believe that education and learning occur inside and outside the educational program.

We believe that clinical education is an integral part of the curriculum – providing opportunities for students to integrate, employ, and refine the knowledge, skills, and attitudes they develop in the classroom.

By participating in clinical, educational, research, professional, and community activities, the faculty model lifelong learning and professional growth. We expect our graduates to continue to participate in professional and community activities that prepare them to meet the physical therapy needs of society in the future.

Program Goals

The faculty has identified the following six program goals that are compatible with the missions of the Department, College, & University and attained through the curriculum and the activities of the students and faculty:

The goals are to:

1. **Core Attributes:** Graduate compassionate, collaborative leaders who are critical thinkers, and who promote health & wellness.
2. **Academics:** Develop academic excellence within the program and in collaboration with other units of the University.
3. **Clinical Practice and Education:** Develop clinical practice and education opportunities for students and faculty within and beyond UNE.
4. **Research & Scholarship:** Develop areas of interdisciplinary and individual research and scholarship.
5. **Service:** Develop opportunities for the department to promote community and professional service.
6. **Program Development:** Create efficient processes and resources to support and develop the DPT program.

Student Learning Outcomes

After completing the physical therapy curriculum, students will:

1. Integrate concepts from the biological, physical, behavioral, and clinical sciences into physical therapy services;
2. Exhibit professional conduct and behaviors that are consistent with the legal and ethical practice of physical therapy;
3. Demonstrate compassion, caring, integrity, and respect for differences, values, and preferences in all interactions with patients/clients, family members, health care providers, students, other consumers, and payers;
4. Demonstrate culturally sensitive verbal, nonverbal, and written communications that are effective, accurate, and timely;
5. Collect and critically evaluate data and published literature to apply in the delivery of care, practice management, and to examine the theoretical and scientific basis for physical therapy;
6. Screen patients/clients to determine if they are candidates for physical therapy services or if referral to, or consultation with, another health care professional or agency is warranted;
7. Complete a patient/client examination/reexamination and evaluate and interpret the examination data to determine a physical therapy diagnosis and prognosis;
8. Employ critical thinking, self-reflection, and evidence-based practice to make clinical decisions about physical therapy services;
9. Collaborate with patients/clients, caregivers, and other health care providers to develop and implement an evidence-based plan of care that coordinates human and financial resources;
10. Provide services and information related to health promotion, fitness, wellness, health risks, and disease prevention within the scope of physical therapy practice;
11. Advocate for patient/client and profession;
12. Provide consultative services and education to patients/clients, caregivers, health care workers, and the public using culturally sensitive methods that are adapted to the learning needs, content, and context;
13. Employ effective leadership skills in the context of supervising, delegating and mentoring within the profession.

Professional Behaviors

In addition to knowledge and skill acquisition, the process of becoming a professional involves developing competence in generic abilities ¹. The ten Professional Behaviors are noted in the table below.

Professional Behaviors	Definition
1. Critical Thinking	The ability to question logically, identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.
2. Communication	The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.
3. Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
4. Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.
5. Responsibility	The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.
6. Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.
7. Use of Constructive Feedback	The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.
8. Effective Use of Time and Resources	The ability to manage time and resources effectively to obtain the maximum possible benefit.
9. Stress Management	The ability to identify sources of stress and to develop and implement effective coping behaviors. This applies for interactions for self, patient/clients and their families, members of the health care team and in work/life scenarios.
10. Commitment to Learning	The ability to self-direct learning to include the identification of needs and sources of learning, and to continually seek and apply new knowledge, behaviors, and skills.

¹ May WW et al. Model for ability-based assessment in physical therapy education. *J Phys Ther Educ.* (1995): 9:3-6.

Physical Therapy Curriculum

The DPT Program is three calendar years (8 semesters) in length and includes a combination of classroom, laboratory, and clinical practicum experiences (see next page). The curriculum begins with the foundational sciences, through which the student explores and studies normal human structure and function, and fundamental physical therapy techniques. From this critical underpinning, the student engages in the evidence-based approach to the physical therapy management of various health conditions affecting individuals across the lifespan. The curriculum sequence is generally organized according to key body systems (i.e., musculoskeletal, cardiopulmonary, neuromuscular, integumentary). Coursework includes study of the functional and psychosocial impacts of health conditions, relevant medical and surgical interventions, and the physical therapy tests, measures, and interventions utilized within the patient/client management model.

The student is also introduced to the physical therapist's role in disease prevention and health promotion, education, consultation, legislation and policy-making, and administration. The student receives training and engages in scholarly inquiry, either by completing a case report or conducting a research project under the direction and mentorship of a faculty member. The student may also explore topics beyond those required in professional curriculum through elective courses or workshops offered by the Department and College.

Students complete three full-time clinical practica, totaling 36 weeks of clinical experience. More than 500 clinical sites around the United States are available to provide a broad base of experiences in a variety of settings. The sites represent the continuum of health care practice settings including acute care hospitals, rehabilitation hospitals, outpatient private practices, ambulatory care centers, skilled nursing facilities, school/preschool programs, and home health care. Full-time clinical practica experiences are integrated in the second and third professional years, enabling students to apply information learned in didactic courses to patients and clients.

Compliance with Accreditation

The DPT Program at the University of New England is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone:703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>. The program has been an accredited program since its beginnings (first graduating class in 1984). The program, through its policies and procedures, is committed to assuring compliance with the evaluative criteria established by CAPTE.

¹Commission on Accreditation in Physical Therapy Education
1111 North Fairfax Street
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DPT CURRICULUM BY SEMESTER 2019-20

YEAR 1	Credits	YEAR 2	Credits	YEAR 3	Credits
		AY2 – Summer BIO 504 – Neuroscience PTH 516 – Pathology & Med Management: Cardiovascular PTH 522 – PT Management of Patients – Disorders: Cardiovascular and Pulmonary Systems PTH 525 – Practice Management 1 PTH 524 – Clinical Education Seminar	11 4 1 4 1 1	AY3 – Summer PTH 607 – Clinical Practicum 2 PTH 608 – Case Report 1 (Distance Education Course)	8-10 8 2*
AY1 Fall BIO 502 – Gross Anatomy PTH 501 – Foundations of PT Practice 1 PTH 502 – Kinesiology PTH 507 – Introduction to Clinical Medicine	17 6 5 5 1	AY2 – Fall PTH 601 – Clinical Practicum 1 PTH 602 – Scientific Inquiry 2 (Distance Education Course)	10 8 2	AY3 – Fall PTH 700 – Practice Management 2 PTH 701 – Pathology & Med Management: Disorders of the Integumentary System PTH 703 – PT Management of Patients: Disorders Of the Integumentary System PTH 704 – Disease Prevention & Health Promotion PTH 705 – Research Project PTH 708 – Case Report 2 PTH 710 – Complex Case Management	13 2 1 4 3 2* 2* 1
AY1 – Spring PTH 503 – Normal Development PTH 504 – Integrated Clinical Experience (ICE) PTH 506 – Psychosocial Aspects of Disability and Illness PTH 508 – Pathology & Med Management: Musculoskeletal System PTH 510- PT Management of Patients – Disorder: Musculoskeletal System PTH 514 - Scientific Inquiry 1	19 2 1 1 2 11 2	AY2 - Spring PTH 603 – Pathology & Med Management: Disorders of the Neuromuscular System PTH 604 – PT Management of Children with Special Health Needs PTH 605 – PT Management of Adults: Disorders of the Neuromuscular System PTH 610 - Comprehensive Exam I PTH 606 – Research Proposal or PTH 690 - Research Practicum I	15-17 3 5 6 1 2*	AY3 – Spring PTH 706 – Public Policy and Physical Therapy PTH 707 – Clinical Practicum 3 PTH 711 – Comprehensive Exam II	11 2 8 1

NOTES: *Students must take PTH 608 and PTH 708 (Case Report 1 & 2) or PTH 606 or PTH 690 and PTH 705 (Research Proposal or Research Practicum I and Research Project). Students may also take elective courses as schedule permits.

Course Descriptions

Complete course descriptions for the physical therapy curriculum are located in the appendix A.

Conduct Code and Academic Policies for Students in the Professional Education Program in Physical Therapy

The University of New England (UNE) *Student Handbook* contains policies and procedures, including the University Conduct Code that applies to all students at the University. These policies are found at [UNE Student Handbook](#). The PT program also expects students to abide by all policies and procedures found in the program student handbook. These can be found on the left side of this page: [University of New England - Physical Therapy - Home](#). Finally, students are also expected to abide by the American Physical Therapy Association's (APTA) [Guide for Professional Conduct](#) and [Code of Ethics](#). You will note that many of the policies described in the UNE *Student Handbook* are congruent with the APTA's Guide for Professional Conduct and Code of Ethics.

In addition to those policies and procedures described in the above paragraph, students must comply with the program's academic policies and procedures. Please refer to the PT program student handbook for the specific details.

Students have a right to appeal decisions affecting their status in the DPT program. Appeals will be submitted to the Program Director. The Program Director will then form an ad hoc committee of the Director and two full-time Department faculty members to hear the appeal. The Committee will elect its Chair. The Program Director will convey the decision of the Committee to the student. If the student is not satisfied with the Committee's decision, he/she may bring their appeal to the College Dean per the policies and procedures described in the UNE *Student Handbook*. Questions about procedural options should be directed to the Program Director.

Students also have the right to file a complaint about the program with CAPTE. The process for filing a complaint with CAPTE is found at [File a Complaint](#).

Section Two: The Clinical Education Experience

Clinical Education is an essential component of the Physical Therapy Program. Clinical education experiences assist students in developing the skills and attributes necessary to practice as independent health care practitioners. The UNE's Department of Physical Therapy has signed contracts with over 500 clinical sites throughout the United States. These sites represent a variety of practice settings that enable students to be prepared as generalists. Students in the DPT program participate in three, fulltime clinical education experiences. The experiences are each twelve weeks in length and are scheduled intermittently throughout the curriculum.

Students complete their first full-time clinical education experience in the fall of their second year. The twelve-week experience occurs after completion of the Musculoskeletal and Cardiopulmonary Systems courses and is designed to provide students with the opportunity to develop competence in the management of patients with musculoskeletal and/or cardiopulmonary dysfunction. The second twelve-week clinical education experience occurs in the summer semester of the students' second year following completion of the Neuromuscular System adult and pediatric courses. This experience is designed to allow students to develop competence in the management of patients with neuromuscular, musculoskeletal, and/or cardiopulmonary dysfunction. The final twelve-week clinical education experience occurs in the spring semester of the third year immediately prior to graduation. At this point in the curriculum, students should be academically prepared to treat patients with musculoskeletal, cardiopulmonary, neuromuscular, and/or integumentary dysfunctions. The experience allows students to refine existing skills, develop new or advanced skills, or to experience a unique or different practice setting.

The integration of clinical education experiences throughout the professional component was adopted for the following reasons:

1. To provide the student with the opportunity to practice skills shortly after they are learned.
2. To evaluate student performance at a variety of points in the curriculum.
3. To continue the problem-oriented building process in clinical education as well as in the systems courses.

Clinical Education Course Descriptions

The descriptions for the clinical education courses are listed. Complete syllabi for the courses are located in the appendices.

PTH 601	Clinical Practicum I	8 Credits
PTH 607	Clinical Practicum II	8 Credits
PTH 707	Clinical Practicum III	8 Credits

Clinical Education Definitions

The following definitions are provided to ensure optimal communication for all parties involved in clinical education:

- **Director of Clinical Education (DCE):** A physical therapy (PT) faculty member, who develops, organizes, supervises, coordinates, and evaluates the clinical education components of the PT curriculum in conjunction with the ADCE.
- **Assistant Director of Clinical Education (ADCE):** A physical therapy (PT) faculty member who develops, organizes, supervises, coordinates, and evaluates the clinical education components of the PT curriculum in conjunction with the DCE.
- **Site Coordinator of Clinical Education (SCCE):** The physical therapist employed and designated by the clinical education site to organize, direct, supervise, coordinate, and evaluate the clinical education program at their facility.
- **Clinical Instructor (CI):** The physical therapist employed by the clinical education facility that is designated by the SCCE to supervise and evaluate the performance of the PT student.
- **Clinical Education Facility (CEF):** An accredited or approved health care facility that provides PT students with learning experiences and patient access for the development of professional competencies.
- **Clinical Education Contract:** The written, legal document that defines the agreement developed between the academic facility and the CEF. It outlines the rights and responsibilities of all parties.

- **Clinical Site Information Form (CSIF):** A document that is completed by the SCCE providing information about the facility. It is typically the document developed by the American Physical Therapy Association (APTA) and is updated regularly.
- **Clinical Performance Instrument (CPI):** The written evaluation tool, developed by the APTA, which is completed online by the student and the CI at the mid-term and final phase of the clinical practicum.
- **Clinical Practicum (CP):** The 12-week clinical experience that a student participates in during their DPT program.

Roles of Academic Faculty, Clinical Faculty, and Students

Clinical education requires mutual endeavors by the academic faculty, the clinical faculty, and the student to achieve the common goal of clinical competence. The student is responsible for recognition and communication of their own abilities and limitations according to academic level, previous clinical experiences, and personal attributes. The academic faculty is primarily responsible for didactic preparation and coordinating placement of the student in appropriate clinical facilities. The clinical faculty is primarily responsible for providing appropriate learning experiences and evaluating the learner's performance. Please refer to the Appendices C-E for additional information on the roles, responsibility and expectations of clinical faculty.

Responsibilities of Stakeholders in Clinical Education

DCE/ADCE:

- Assign students for 3 CPs that encompass: management of patients/clients typical of those commonly seen in practice across the lifespan and continuum of care; common practice settings; interaction with PT role models whose practice is consistent with UNE's philosophy of practice; opportunities for involvement in interdisciplinary care; and experiences that are supportive of the achievement of expected student outcomes.
- Involve the students in the selection process of clinical practicum sites as appropriate.
- Prepare students for clinical education through meetings and clinical education seminar. Provide policies and procedures concerning clinical education.
- Assign and communicate the CP placements with the student and the clinical education sites.
- Manage assignments when there is a cancellation or change in clinical site placement.
- Provide the student's information to the clinical site at least 1 month prior to the start of each CP.
- Complete a mid-term visit or phone/Skype conference during each clinical practicum, and discuss the clinical performance of the student with the CI and/or SCCE and student.
- Be available to the clinical education faculty and student to offer assistance as needed during a CP.
- Take action if the clinical site, along with consultation from the DCE/ADCE, requests termination of the clinical placement of any student whose work performance is unsatisfactory or whose physical and/or mental health renders them unable to perform the essential functions of the program with or without reasonable accommodations.
- Assign a grade for each CP course after receiving pertinent information from the clinical education faculty and the student.
- Provide clinical sites with feedback about their clinical education program. This may be derived from student assessments of their CP and/or input from the DCE/ADCE or other faculty.
- Contribute to the professional development of the Clinical Education faculty and assist clinical sites with development and management of effective clinical education programs. This includes:
 - Offering each CI a Community Faculty UNE ID and library access;
 - Working with the feedback received during the mid-term visit when the CI/SCCE is asked how UNE can help them grow;
 - Providing bookstore vouchers or CI credentialing vouchers (when applicable).

Clinical Site/Clinical Education Faculty

- Provide the student with an orientation to the facility including: facility and department rules and policies including HIPAA and OSHA, procedures concerning handling of emergency codes (fire alarms, incident reports, etc.), layout of the department and facility, working hours, dress code, reporting of absences, educational opportunities (clinics, in-services, rounds), recordkeeping systems, evaluation processes, etc.
- Provide the student with a skilled CI who has a minimum of 1-year experience, is an effective and ethical clinical teacher/practitioner/communicator, and is committed to the clinical education process. It is preferable, but not required, that each CI has completed the APTA CI Education Credentialing course and possesses skill in communication, principles of supervision, formative and summative evaluations, and planning learning activities.

- Provide a clinical environment that allows for effective teaching and learning. This may mean that the CI has modified the workload at the beginning of the clinical experience in order to allow the CI and student to have teaching and learning time together. It is expected that the teaching and learning will be a shared responsibility of the student and the CI.
- Assess the student's level of ability and skill/knowledge within the specific setting. Utilize the CPI for the purpose of evaluating student performance and for providing formative and summative feedback. The CI will use the scoring suggestions provided in the instructions for use of the tools and document performance effectively.
- Promote student's use of evidence-based practice and integration of academic skills/knowledge and behavior with the realities of clinical practice. Preparing students to be effective and efficient life-long learners in clinics is an important extension of the academic learning.
- Provide practice opportunities that encompass all roles and responsibilities of a physical therapist within the setting inclusive of:
 - **Professional practice expectations:** accountability, altruism, compassion/caring, integrity, professional duties, communication, cultural competence, clinical reasoning, evidence-based practice, and education.
 - **Patient/client management expectations:** screening, examination, evaluation, diagnosis, prognosis, and development of plans of care/interventions.
 - **Practice management expectations:** prevention, health promotion, fitness and wellness, management of care delivery, practice management, consultation, and social responsibility and advocacy.
- Provide role-modeling and constructive feedback to the student, with opportunities for discussion of student's attempts to develop an effective approach of addressing ethical, moral and communication issues that may arise.
- Provide effective communication with UNE regarding the status of the clinical education program, including substantive changes, and student performance/status.
- Obtain consent from patients/clients to have a PT student be involved in clinical care.
- Provide information to students regarding location and cost of emergency services should they be needed while the student is at the facility.

UNE DPT Student:

- Maintain current health insurance throughout their clinical experiences.
- Complete all pre-requisite academic and health requirements prior to the start of their CP or by any established deadline from the clinical facility.
- Provide evidence of current Basic Life Support (BLS) for Healthcare Providers CPR certification and all health requirements as identified by UNE Student Health Services. In addition, some clinical education sites may require additional testing or health documentation. It is the student's responsibility to fulfill these and any other additional requirements in a timely manner prior to the commencement of each clinical education experience. The cost of additional tests is to be incurred by the student.
- Contact the SCCE at least 2 months prior to the start of the CP to discuss questions they might have (hours, dress code, etc.) and also to inquire about any special requirements that need to be completed prior to the commencement of their CP. The clinical education staff will assist the student in completing any special requirements as needed. However, the student is responsible for ensuring the requirements are completed by the deadline established by the clinical facility.
- Students are responsible for costs of transportation, housing, meals, uniforms, and other expenses associated with each CP. It is advisable to plan for these expenses early in the program. CP assignments will not take these costs into consideration.
- Abide by the policies and procedures of the clinical education site regarding dress code, working hours, assigned workdays, holidays, patient care guidelines, documentation, attendance, and attendance at rounds, team meetings, staff meetings, in-service training, etc. Assigned work hours may vary and can include weekends, holidays, and 10+hour days.
- Attendance at clinical is mandatory. If there is an excused absence, or a day missed due to illness, these days must be made up. These arrangements will be made in consultation with the DCE/ADCE, CI, and/or the SCCE.
- Review the clinical site files to become informed about specific requirements for dress, health examinations, pre-clinical assignments, etc. of the clinical center when this information is available.
- Complete a student data form prior to each CP. This provides the CI/SCCE with pertinent information about individual goals, learning styles, prior learning experiences, and competency. Some sites will also request additional information that will require completion prior to the beginning of the CP.
- Complete an in-service or similar presentation during each CP.

- Complete a mid-term and final self-assessment using the web CPI, or other tools as required by the clinical site. These self-assessments should be discussed with the CI as part of the mid-term and final evaluation processes. Also complete the Clinical Experience and Clinical Instruction forms prior to the end of the CP and discuss your assessment with the CI/SCCE.
- Complete all other required paperwork for each CP as outlined in the course syllabus. A grade for the CP can't be provided until the DCE/ ADCE has received and reviewed all required paperwork.
- Assume responsibility for maximizing learning during each CP as evidenced by:
 - Commitment to learning,
 - Clear and timely communication with appropriate co-workers,
 - Continuous regard for all,
 - Effective utilization of information,
 - Informed, responsible decision-making,
 - Effective provision/utilization of feedback,
 - Regular self-assessment.

Clinical Education Policies and Procedures

Student Placement on Clinical Practica

The Department of Physical Therapy presently has signed clinical education contracts with over 500 clinical sites within the United States. The contracts are reviewed and approved by UNE administration (i.e., CFO, Dean) and are established for a period of one year or more. The sites are selected to provide students with access to patients that are representative of those commonly seen in practice in a variety of practice settings. Presently the Department of Physical Therapy does not affiliate with clinical education sites outside the United States. Students are required to complete a minimum of one inpatient and one outpatient experience and a third experience in a setting that is different than the previous two mentioned. This means they select facilities that fall into these categories:

- **Inpatient Setting:** (Long-term care/sub-acute facility, rehabilitation facility, or acute care facility) Patients in these facilities are temporary residents for anywhere from 1 day to 6+ weeks. Their length of stay is dependent on the severity of their diagnosis. The diagnoses may include neurological, orthopedic, medical/surgical, cardiopulmonary, and/or vascular disorders. The student will be exposed to different aspects of PT including typical patient care, discharge planning, billing aspects, and administrative processes.
- **Outpatient/Ambulatory Care Settings:** Patients in these facilities are seen as needed in the clinic. They do not reside at these facilities. The diagnoses seen may include neurological, orthopedic, medical/surgical, cardiopulmonary, and/or vascular disorders. The student typically focuses on patient care, discharge planning, billing aspects, and incorporating pertinent community resources into their care plan.
- **Other Settings:** Special interests that the student may have such as pediatrics, pelvic health, wellness/fitness, occupational health, manual therapy, home health, school-based care, etc. may occur in this category. The special interest can occur in either the inpatient or outpatient facility. The student must select a site that allows them to be exposed to something that they have not seen in previous clinicals.

The overall goal is to place students at affiliating sites that offer learning opportunities consistent with the student's current academic preparation. Students are provided with an availability list that identifies available clinical sites that have agreed to take one or more students for a specified clinical practicum. The list is built by requesting our >500 clinical partners to take students for the year and compiling a list of the spots offered to UNE PT students. The availability list for each CP will be significantly fewer than 500. Students can gather information on the available sites through individual research, meetings with the DCE/ADCE and/or from the student site files that can be found in Blackboard.

The student site files contain a variety of information that can assist students in the decision-making process. The site folder contains the CSIF and evaluations of the clinical site from previous students (if applicable).

Process for Student New Clinical Education Site Creation

All students are given the opportunity to create one a new site for each CP. If a student would like to create a new site, they **must** submit this to the DCE/ADCE during the identified timeframe. It is solely the responsibility of the DCE/ADCE to contact proposed clinical sites; students are NOT allowed to contact the sites during this process. The DCE/ADCE will then follow up to determine if the site is appropriate. Students are allowed to submit one site per CP; if that site can take a student the requesting student will be placed at that site, and must complete their CP at that site. Regardless of the outcome of the request, each student may only request one new site for each CP.

Acquisition of new clinical education sites is dependent primarily on the needs of the clinical education program. If the DCE/ADCE and clinical facility decide to enter into an affiliation together, then the formal process of becoming a contracted clinical site is begun. This process can be lengthy.

Criteria for deeming a new site acceptable are based on the APTA Guidelines for Clinical Education Sites. Each site is evaluated by the DCE/ADCE using the rubric found in Appendix L, They will fill out a “New Site Development” form. This evaluation is based on information like the following (but not exclusive to this list):

- Does the site have a SCCE?
- What type of facility is it (inpatient, outpatient, acute, etc.)?
- Is the clinical site open for 35 hours or more a week?
- Does the clinical site already have a formal student program established? If so, what model do they use for supervision?
- How many physical therapists work at the site?
- Do all CIs have at least 1 year of clinical experience?
- How many CIs are credentialed by the APTA?
- Is the site willing and able to complete the web CPI tool?

Site Selection/Placement Process

All students will complete the steps outlined below. If a student has requested a new site, they will participate in the typical placement process until (and if) the new site confirms their ability to take the student.

Clinical Practicum Placement Process

1. Students will be given the list of clinical sites that are available to them for each CP. Students are encouraged to perform independent research to learn about sites, and the DCE/ADCE will be available as needed.
2. Each student will be asked to select 8 clinical sites where they would like to do their clinical experience and place their preferences into the student portal of JUN Software.
3. The DCE and ADCE will perform student placement primarily by matching students and sites intentionally and individually.
4. If a student is not placed at a site on their list of 8 the DCE and ADCE will handle those on a case-by-case basis.
5. Students, friends, and family members of students are **not permitted** to contact clinical sites for the purpose of soliciting placement.
6. Once the selection process has taken place, the student **cannot** switch their clinical practicum location.
7. Once the placement process is finalized each facility is notified, in writing, of the student(s) who will be attending that clinical experience, the dates they will be attending, and (if applicable) the desired clinical rotation for that affiliation.
8. Clinical facilities may cancel or change an experience for a variety of reasons and at any time prior to the start of an affiliation. These cancellations are beyond the control of the Program and therefore the Program does not assume responsibility for expenses the student may have incurred (e.g. scheduled airfare, housing deposits). Should a student have a cancellation of an assigned clinical education site, the DCE/ADCE communicates this as soon as possible and works with that student to ensure that the best possible alternative placement will be pursued for the student.

Process for Student New Clinical Education Site Creation

All students are given the opportunity to create one a new site for each CP. If a student would like to create a new site, they **must** complete the form listed as appendix L and submit this to the DCE/ADCE during the identified timeframe. It is solely the responsibility of the DCE/ADCE to contact proposed clinical sites; students are NOT allowed to contact the sites during this process. The DCE/ADCE will then follow up to determine if the site is appropriate. Students are allowed to submit one site per CP; if that site can take a student the requesting student will be placed at that site, and must complete their CP at that site. Regardless of the outcome of the request, each student may only request one new site for each CP.

Acquisition of new clinical education sites is dependent primarily on the needs of the clinical education program. If the DCE/ADCE and clinical facility decide to enter into an affiliation together, then the formal process of becoming a contracted clinical site is begun. This process can be lengthy.

Criteria for deeming a new site acceptable are based on the APTA Guidelines for Clinical Education Sites. Each site is evaluated by the DCE/ADCE using the rubric found in Appendix L, They will fill out a “New Site Development” form. This evaluation is based on information like the following (but not exclusive to this list):

- Does the site have a SCCE?
- What type of facility is it (inpatient, outpatient, acute, etc.)?
- Is the clinical site open for 35 hours or more a week?
- Does the clinical site already have a formal student program established? If so, what model do they use for supervision?
- How many physical therapists work at the site?
- Do all CIs have at least 1 year of clinical experience?
- How many CIs are credentialed by the APTA?
- Is the site willing and able to complete the web CPI tool?

Site Selection/Placement Process

All students will complete the steps outlined below. If a student has requested a new site, they will participate in the typical placement process until (and if) the new site confirms their ability to take the student.

Clinical Practicum Placement Process

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First Come/First Serve Offers

Some sites offer UNE a CP slot on a first come/first served (FC/FS) basis. This is determined by the site and means the facility does not reserve that slot exclusively for UNE. Periodically the DCE and ADCE will place students at a FC/FS spot earlier than the placement timeline.

Travel Requirements

In order to ensure that every student has the opportunity to stay local to UNE for at least one clinical, each student is required to travel at least 1.5 hours away from UNE for one of their clinical experiences. The distance is determined by utilizing the <https://www.mapquest.com/> website and comparing the site address to the Portland, Maine location.

Clinical Practicum Expenses

Students are responsible for providing their own transportation to all clinical experiences. While not a requirement, students are strongly advised to have a car available for clinical practica. Lack of a car is not considered when placing students for clinical. Students are also responsible for their own housing arrangements and living expenses. It is very likely that students will be required to travel outside of New England for at least one of their clinical education experiences. Students should anticipate additional living expenses totaling \$2,000-3,000 for all clinical practica. Students are also responsible for any expenses related to additional paperwork or items required by their clinical site (criminal background check, drug screen, etc.).

Conflict of Interest

At the discretion of the DCE/ADCE Students may not be placed at the following clinical sites to avoid potential conflicts of interest:

- If a site is providing them with scholarship or tuition assistance, or where they have a contractual arrangement, unless the assistance is contingent on them completing a clinical practicum at the facility. This except must be discussed and verified by the DCE/ADCE.
- If a member of the student's immediate family (e.g. father, mother, brother, sister, husband or wife) has some jurisdiction over the site's physical therapy practice (e.g. Chief Executive or Financial Officers of a hospital or organization, a physician who refers patients to physical therapy, individuals directly employed by the physical therapy department, family members who serve on the Board of Directors for a facility).
- If the student has been or is currently employed as a physical therapy aide, physical therapist assistant, rehab aide or receptionist at a site within the 5 years preceding a clinical placement.
- If the student has completed 100 or more hours of observation at a site within the 3 years preceding a clinical placement.

Students are required to disclose any known or potential conflicts of interest to the DCE/ADCE. Concealment and subsequent discovery of this information will result in a grade of "F" for that clinical practicum.

Requirements Prior to Clinical Practica

Health Requirements

Students are required to meet all health requirements as designated by the clinical site and the university.(UNE's health requirements can be found [here](#)). These may include but are not limited to:

- A physical examination
- Yearly Tuberculosis clearance
- Documentation of adequate titers for: Measles, Mumps, Rubella, and Varicella
- Documentation of Hepatitis B vaccination and titer, or record of declination of this
- Documentation for childhood polio vaccine
- Any other tests that are required by the clinical site

Students who have not met the health requirements will not be allowed to participate in clinical education experiences. Students must have a review of their immunizations by the UNE Student Health Center prior to each CP. They must obtain documentation of compliance and have it available to send to their clinical site or have it to give to the clinical education office as needed. The student must sign a medical release before the clinical education office shares this information with the clinical site.

In some cases, a site's requirements may exceed the UNE DPT Program requirements. For example, a site may require a varicella titer. It is the student's responsibility to determine the requirements for their specific CP (found in JUN), and complete them prior to the start of clinical. Students will be in contact

with their SCCEs approximately 6 weeks prior to the start of CP, and should confirm the necessary requirements at this time. Failure to complete the specified requirements in a timely manner may result in a student's experience being delayed or canceled, and possibly failure of CP.

Other Requirements

CPR

Each student is required to obtain [Cardiopulmonary Resuscitation \(CPR\) certification, Basic Life Support \(BLS\) for the Healthcare Provider](#) from the American Heart Association prior to clinical practicum 1 (CP 1) and then maintain this certification throughout the remainder of the DPT program. They must provide documentation to the PT Department that they have successfully completed CPR training by submitting a copy of their card. Students must keep a copy of their CPR card available to provide to their clinical sites as needed. It is the student's responsibility to ensure the maintenance of this certification. Failure to provide verification will result in their inability to begin or continue with assigned CP.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) was enacted nationally in an effort to protect individuals' rights to privacy and confidentiality. All students are required to successfully complete UNE's HIPAA training each year. They also receive education about the implications of HIPAA for patient care during their first semester in the PT program. It is the responsibility of each clinical site to orient students to the implications of HIPAA for their site as well as specific policies and procedures pertinent to their site during each clinical experience. Refer to the [UNE Student Handbook](#) for requirements with regards to HIPAA training.

Students should be aware that patient information used in case studies, during class, or for any other reason must be de-identified (see section 164.514 of HIPAA). The following specific identifiers of individual patients or of relatives, employers, or household members of patients must be removed:

- Names
- All geographic subdivisions smaller than a state
- All elements of dates (except year) for birth date, admission date, discharge date, date of death and all ages over 89 and all elements of dates (including year) indicative of such age
- Telephone and fax numbers
- E-mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Vehicle identifiers and license plate numbers
- Device identifiers and serial numbers
- Photographs or any comparable images

Students can maintain confidentiality by doing the following:

- Hold in confidence any information about patients and families that come to your attention. Refrain from public hallway, cafeteria, or elevator conversations about patient care.
- Access only those records or parts of records that you and/or your CI indicates are pertinent for performance of your clinical responsibilities.
- Refer any requests for patient information from unauthorized sources to your CI or his/her supervisor.
- Do not photocopy any part of a medical record without seeking written permission and follow institutional policies for doing so.
- Communicate any questions about confidentiality with your CI and seek help in finding out how it is best maintained.
- Learn and follow the procedures established at your facility to meet HIPAA requirements.

Other Tests/Requirements

Some clinical education facilities may require further tests like a criminal background check, drug screening, OSHA training, etc. prior to the arrival at the site and/or during the course of the clinical experience. The student is responsible for the cost of any further testing. Students are informed of the specifics of extra testing as they have been communicated to UNE. It is possible UNE will not have been

informed of all requirements. The student should verify the site requirements with the SCCE when making initial contact for each CP. Failure to properly complete all requirements may result in a delayed start, cancellation of clinical, or failure of CP.

Students should be aware that information obtained from the criminal background check could jeopardize their ability to complete a scheduled clinical experience and/or impact eligibility for licensing as a physical therapist. Any information obtained during this testing will be sent to the site with the student's consent. The student has the right to choose to deliver the results of this testing to the site themselves. UNE will not be responsible for determining if a test is positive or negative. The clinical site requesting the test will make this determination based on their facility's policies.

Students are required to have health insurance coverage. Students can elect to enroll in a health insurance plan offered through the University or may have their own personal or family health insurance coverage. Students enrolled in clinical practica are not considered employees of the clinical site and are therefore not covered under the Workman's Compensation Act. In the case of an incident requiring immediate medical attention, the clinical site may provide emergency care at the student's expense.

Student Liability Insurance

Students registered for clinical practica are provided liability coverage through the University. The supplied liability plan covers students for one million dollars per occurrence and three million dollars per aggregate. Some facilities require a student to have a greater amount of coverage. In this circumstance, the student will be required to pay the additional cost for the extra coverage.

Privacy Rights Concerning Clinical Facilities

All student health information is shared with the clinical facilities only after a student completes a release form allowing the department to do so. The student has the right to refuse to share information; however, they are aware that this might jeopardize their ability to continue on the clinical practicum. If a student is required to complete additional forms or obtain additional testing (criminal background check, drug screen, etc.) they have two options for getting this information to the clinical facility. The student can bring it to the PT department and it will be mailed to the SCCE with their student packet that contains all the other necessary information after they have signed a release form. They may also choose to bring the information directly to the site with them on the first day or prior to the start of their CP. The student is aware that it is their responsibility to be sure all of the requirements are completed prior to beginning their clinical practicum. If they fail to do so, they may delay the start of their clinical practicum, result in cancellation of the clinical, or failure of CP.

Information about academic standing is not shared with the clinical education faculty at the site, as this is considered confidential information and can only be provided to the site by the student, or in special circumstances, by the DCE/ADCE, with written permission of the student.

Information Security/Patient Rights

Use of Patient Non-Protected Health Information and Clinical Facility Information

Students wishing to obtain information such as patient care protocols, administrative information, audit processes or any other information belonging to the facility, need to first request this from the CI and, if approved, from the department manager or supervisor. An explanation regarding the reason for the request as well as the intended use of the information should be provided. If the facility has a policy, procedure, or practice in place, this must be followed. If the request is not approved, the information should not be copied or physically removed from the clinical site.

Use of Patient Images and Materials

Students wishing to use images or other materials that could identify patients and family members need to follow the facility's policy for doing so. This generally entails speaking with the CI and the department manager first. If initial approval is received, the next step may be having another person (such as the CI) speak with the patient about this request. If the patient agrees to the proposed use, a formal, written facility release, signed by necessary parties, will need to be completed. Students should not initiate conversations about such a request with a patient before speaking with a CI and/or manager.

Patient Right to Refuse/Decline Care

All patients have the right to refuse care provided by a PT student. Any refusal or declination must be honored by the CI and student. A CI has the responsibility to inform the patient that a student may be involved in his/her care and seek permission for this. The student must also always identify themselves as a student. They must not misrepresent themselves as a physical therapist.

Student Policies at Clinical Sites

Dress Code

Students must be neatly groomed and dressed in a professional manner at all times when in the clinic. Business casual clothes with a nametag should be worn unless the clinical facility requires alternate attire. When in doubt, students are expected to inquire in advance about specific dress code requirements at a particular facility. The SCCE and/or the CI determine the "appropriateness" of the student's grooming and attire. Students should refrain from wearing excessive jewelry that may interfere with patient treatment.

Professional Demeanor/Cell Phone Usage

Students must act professionally at all times during their clinical practicum. This means when they are with a patient, family, co-worker, another health care provider, etc. They must follow the professional behavior guidelines to ensure that they are acting professionally. They will evaluate their behavior with these guidelines formally at mid-term and final; However, this should be an aspect of ongoing, informal self-assessment throughout the entirety of the Clinical Student's self-assessments of these behaviors should be discussed with their CI, and feedback from the CI should be sought. Professional behavior is highly important to this program, and the Physical Therapy Profession. A student will receive a professional behavior citation or a Critical Incident Report for incidents deemed unprofessional by academic or clinical faculty and staff. Outcomes from any number of CIRs will be determined by the DCE/ADCE and the SDC, and three professional behavior citations will result in failure of the Clinical Practicum. If one incident is egregious enough, that one incident may result in failure. **A student can fail a clinical practicum based solely on unprofessional behavior.**

Use of cell phones is not allowed in the clinical environment. If used during lunch breaks or prior to the start of the workday, please ensure that they are turned **OFF** when returning to the clinical, and left in a locker or other designated location. This also means that text messaging is not permitted. Students are only allowed to have their cell phones on their person while at their clinical facility if their CI has requested the student uses their phone for clinical related reasons.

Work Schedule and Absence from Clinical Education Experiences

Students are expected to follow their clinical instructor's schedule and caseload. Typically, students are required to work 40 hours per week while on a clinical education experience. On rare occasions, and only due to a site request, a student may be approved to work 35-39 hours per week; however, the DCE/ADCE **MUST** approve this. At times, this may necessitate students working early mornings, evenings, holidays or weekends. Students should make sure that other responsibilities do not interfere with their ability to comply with their clinical instructor's schedule. Students routinely are required to complete formal or informal assignments during evening hours.

Clinical attendance is **MANDATORY**. **Only illnesses, personal emergencies, and approved attendance to professional conferences/educational experiences are excused clinical absences.** In the event of illness or personal emergency, the student is required to notify the clinical instructor **AND** the DCE/ADCE prior to the start of the workday. All absences require make-up time at the discretion of the CI/SCCE/DCE/ADCE. Students are required to make-up all missed assignments due to any absence. The scheduling of make-up time is up to the CI/SCCE. Again, the DCE/ADCE must be notified, by the student, of any absence.

Failure to report absences to the DCE/ADCE, and/or any inappropriate absences will result in a Critical Incident Report and/or a Professional Behavior Citation and may impact a student's ability to pass their Clinical Experience.

Students are expected to attend each day scheduled by the clinical facility, including days that University of New England may be closed due to a holiday or inclement weather. UNE does not require students to make up holidays or days missed due to your clinical facility closing due to inclement weather, unless the CI/SCCE prefers it is made up and/or it is determined that the additional missed days could affect their ability to successfully meet grading expectations for the course.

You are expected to go to your assigned clinical placement unless your CI advises you otherwise. However, please take personal safety into consideration. If you arrive late due to weather, there is no makeup expected. If you do not feel you can safely make it in, then these missed hours must be made up. As with all missed clinical time, this must be reported to the DCE/ADCE.

Student withdrawal from a full-time clinical experience: If a student withdraws themselves, or is withdrawn by the DCE from a clinical experience it may result in acceptable non-completion or failure of the clinical experience. The DCE/ADCE will be responsible for submitting an incomplete grade or a failing grade based on the circumstances of the withdrawal.

Some examples of acceptable non-completion (but not an exclusive list) are:

1. Health or medical problems of the student resulting in withdrawal
2. Personal/family issues impacting ability to progress in the clinical experience

Examples of failure (but not an exclusive list) are:

1. The student is deemed to be a risk to patients by the CI, SCCE, and/or DCE/ADCE
2. The student does not follow the facility policies and procedures
3. The student has several unexcused absences/lateness from the clinical experience
4. The student demonstrates multiple skill, behavior, or knowledge deficiencies that merit remediation through curriculum activities

Serious Illness or Injury/Emergency Procedures

If a student becomes seriously ill or injured, the CE site should direct the student to the nearest urgent/emergent care service, with the cost of service borne by the student. Any student ill or injured during the time concurrent with a CP will be required to produce written medical clearance to resume the CP at the CE site. All documentation regarding the student's ability to return to work must be submitted to both the CI/SCCE and the DCE/ADCE. The DCE/ADCE and the Sites will not accept a student returning to the clinic if they do not have full clearance to continue with the CE experience. If a student has restrictions, the site will make the determination if the student can return based on any restrictions based on their facility policies; the DCE and ADCE will assist as needed.

Site Visitation Policy

As a department, we believe there is inherent value in site visitation and actively try to complete as many visits as possible. All academic faculty participate in clinical site visitations when possible.

All students receive contact via a phone call, or a formal site visit near the midpoint of their CP on each clinical education experience. The DCE/ADCE and/or faculty will visit students during their clinical practica whenever feasible. Site visits that take priority are those where students are having difficulty, new clinical sites, and sites that have not yet been visited. However, students, CI, and/or SCCE can request a site visit at any time.

Transportation/Meals/Lodging

Students are responsible for the costs and logistics of all transportation, meals and lodging for all clinical education experiences. When available, information from clinical sites about possible housing options is accessible via the site folder located in Blackboard. Students should know that for many clinical sites they might need to have access to a car or other means of transportation.

Communication during Clinical Practica

We encourage all participants in the clinical education process to engage in open and honest communication in order to maximize the learning potential of all involved. Confidentiality should be maintained as appropriate. Should problems arise during a clinical education experience, we recommend the following steps:

1. As soon as a problem is identified, it should be discussed only between the people involved. (Example: between student and clinical instructor.)
2. If either person feels other intervention is needed or they are not able to deal directly with one another, either person or both should speak with the SCCE.
3. If the problem cannot be resolved at this level, the SCCE, CI, or student should contact the DCE/ADCE.
4. If a student brings a problem directly to the DCE/ADCE, the student will be advised to follow the steps as outlined above. However, the DCE and ADCE are here to help students navigate these challenging circumstances and encourage students to reach out for guidance on how to best maneuver the above steps.

It is understood that some smaller departments and private practices may not have both a clinical instructor and a SCCE, but the steps should remain essentially the same. In addition, we acknowledge the need for directors and/or unit supervisors to be notified of any major problems.

Clinical Site Communication

It is a goal and priority of this department to establish, support, and maintain close partnerships with each clinical education site. The DCE/ADCE or designated faculty member conducts or supervises a site visit, telephone call, or skype call during every CP. It generally occurs between weeks 3 and 6 of the experience and is intended to ascertain how the experience is going in terms of student strengths, goals, and specific areas in need of development. Prior to the visit/call, communication from the PT department to the student/CI/SCCE is made to set up a convenient time and mode of communication. If problems are identified during the visit/call, discussions with the CI/SCCE/student will continue throughout the remainder of the CP as needed. Written documentation of the visit/call and any further discussions are all documented on the Clinical Tracking Form. This documentation can include any problems identified and any action steps created for remediation. If the student is in jeopardy of not being successful on the CP a formal action plan (Appendix U) will be created.

If the CI and/or SCCE or student have concerns or questions about any aspect of the clinical experience, communication with the DCE/ADCE is essential as soon as possible. The DCE/ADCE will make every effort to do a site visit should a problem situation arise or become otherwise unmanageable.

The DCE/ADCE is available for communication with all parties involved in clinical education at any time via e-mail or phone via contact information that is provided to the student and clinical site/staff. If the DCE/ADCE is not available, the UNE PT program director or other identified faculty will be available for communication.

All pertinent and site required student information is shared with the SCCE at each clinical facility, provided by the student or the UNE clinical education team prior to each CP. This information includes, but is not limited to: the Student Data Form (Appendix H), and as needed: the Health Verification Form, the HIPAA training certificate (as required), a copy of the student's CPR certification card, and the UNE liability insurance form.

Evaluation Policies and Procedures

Evaluation is a necessary and useful tool in education. In order to be worthwhile it must be an honest, continuous, shared process and the results acted upon. To be effective, the atmosphere must be open, allow for discussion and provide opportunities to learn and improve. This includes evaluating the student's skills as well as the curriculum, the faculty, and the clinical facility. An attempt is made to include the student in all aspects of the evaluation process.

Specifically related to the clinical education experience written (online) evaluation of the student is expected to be completed midway through and at the completion of the CP. The Physical Therapist Clinical Performance Instrument (CPI) used at UNE appears in Appendix B. Detailed guidelines for completing the Physical Therapist Clinical Performance Instrument appear as an introduction to the actual form. At the start of a scheduled clinical practicum the clinical instructor and student will be given access to the online CPI, allowing them each to perform an evaluation at midterm and final. It is recommended that informal evaluations be done on a daily and/or weekly basis in relation to specific patient care areas, student professional behaviors, or in other areas as needed. If at any time during a clinical practicum, the student or the CI feels that established expectations are not being achieved, the DCE/ADCE should be notified.

There are several additional evaluation forms that students are required to complete following each clinical education experience. These forms include the Clinical Stats Form, Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (Appendix I), a reflection paper, and the in-service documentation.

Clinical Education Performance Criteria

Clinical education is an experiential learning process that is an integral part of the physical therapy curriculum. Attainment of competencies as a physical therapist is dependent upon integration of didactic and clinical education experiences. While didactic education provides a basis for the development of appropriate problem-solving abilities and a knowledge base, clinical education provides an opportunity for refinement of those knowledges, skills and attitudes that characterize an entry-level practitioner.

Students will be assessed according to 18 performance criteria on each clinical education experience. Additional information on the performance criteria, which are listed below, can be found in the Physical Therapist Clinical Performance Instrument in Appendix B.

1. Practices in a safe manner that minimizes the risk to patients, self and others.
2. Demonstrates professional behavior in all situations.
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.
4. Communicates in ways that are congruent with situational needs.
5. Adapts delivery of physical therapy services with consideration for patients' differences, values preferences, and needs.
6. Participates in self-assessment to improve clinical and professional performance.
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
8. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.
9. Performs a physical therapy patient examination using evidenced-based tests and measures.
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
11. Determines a diagnosis and prognosis that guides future patient management.
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
13. Performs physical therapy interventions in a competent manner.
14. Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.
16. Collects and analyzes data from selected outcome measures in a manner that supports accurate

- analysis of individual patient and group outcomes.
17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.
 18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.

Grading of Clinical Education Experiences

Students will be assessed by their clinical instructor(s) at the CP mid-term and final using the Physical Therapist Clinical Performance Instrument for Students (Appendix B). The midterm evaluation should be used to identify areas of the student's strengths and weaknesses (formative feedback), while the final evaluation should summarize the student's overall performance (summative feedback). Grading decisions are based on information gathered from the evaluation form, the CI, and the student. The DCE/ADCE is responsible for determining final course grades. Grades are assigned using a Pass/Fail system.

Any action(s) that demonstrates unsafe or unethical clinical practice may result in failure and/or removal from a clinical experience based upon the decisions of the academic and clinical faculty. A student is required to pass all clinical practica (PTH 601, 607, 707). In the event of a failure of a clinical experience, the student's future in the program is determined per the policies in the Student Handbook, and at the discretion of the SDC, DCE, ADCE, and Program Director.

Physical Therapist Clinical Performance Instrument - Minimal Expectations

The clinical education rubric that is presented below was developed to assist all parties with determining realistic expectations for each of the three clinical education experiences. Failure to meet one or more of the criteria as specified on the rubric **may** constitute grounds for failure.

Performance Criteria	CP I	CP II	CP III
1. Safety: Practices in a safe manner that minimizes the risk to patients, self and others. ¶	Intermediate	Advanced Intermediate	Entry-level
2. Professional Behavior: Demonstrates professional behavior in all situations. ¶	Intermediate	Advanced Intermediate	Entry-level
3. Accountability: Practices in a manner consistent with established legal and professional standards and ethical guidelines. ¶	Intermediate	Advanced Intermediate	Entry-level
4. Communication: Communicates in ways that are congruent with situational needs. ¶	Intermediate	Advanced Intermediate	Entry-level
5. Cultural Competence: Adapts delivery of physical therapy services with consideration for patients' differences, values preferences, and needs.	Intermediate	Advanced Intermediate	Entry-level
6. Professional Development: Participates in self-assessment to improve clinical and professional performance.	Intermediate	Advanced Intermediate	Entry-level
7. Clinical Reasoning: Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management. ¶	Intermediate	Advanced Intermediate	Entry-level
8. Screening: Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.	Intermediate	Advanced Intermediate	Entry-level
9. Examination: Performs a physical therapy patient examination using evidenced-based tests and measures.	Intermediate	Advanced Intermediate	Entry-level
10. Evaluation: Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.	Intermediate	Advanced Intermediate	Entry-level
11. Diagnosis and Prognosis: Determines a diagnosis and prognosis that guides future patient management.	Intermediate	Advanced Intermediate	Entry-level
12. Plan of Care: Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.	Intermediate	Advanced Intermediate	Entry-level
13. Procedural Interventions: Performs physical therapy interventions in a competent manner.	Intermediate	Advanced Intermediate	Entry-level
14. Educational Interventions: Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.	Intermediate	Advanced Intermediate	Entry-level
15. Documentation: Produces quality documentation in a timely manner to support the delivery of physical therapy services.	Intermediate	Advanced Intermediate	Entry-level
16. Outcome Assessment: Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.	Intermediate	Advanced Intermediate	Entry-level
17. Financial Resources: Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.	Intermediate	Advanced Intermediate	Entry-level
18. Direction and Supervision of Personnel: Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.	Intermediate	Advanced Intermediate	Entry-level

If a student is identified to be at risk or is not on track to meet the passing criteria on any of the 18 items on the CPI, or for professional behavior reasons, the DCE/ADCE should be contacted ASAP for involvement and begin remediation as appropriate. UNE should not discover a student has not met the passing criteria on the CPI while reviewing the final CPIs. This is the responsibility of both the CI/SCCE and student, but ultimately the student should be seeking feedback regarding progress, and performing frequent self-assessment throughout.

CI and Student assessment regarding meeting passing criteria are both taken into account when determining if a student has passed a clinical experience.

Clinical Education Faculty

A clinical education faculty member is a health professional who has agreed to provide instruction for a UNE PT student by serving as a CI or SCCE.

Selection Criteria for clinical education faculty members:

- Demonstrated interest in providing clinical education to PT students
- Minimum of one-year experience in clinical practice (or 6 months + if sharing a student with another CI with >1 year experience)
- APTA credentialing as a CI is recommended and desired, but not required
- PT licensed/credentialed in the state in which they are practicing
- Accepting of the responsibilities outlined in the previous section “Responsibilities of Stakeholders in Clinical Education”.

Privileges and Rights:

- Opportunities to attend various clinical education workshops provided by the New England Consortium of Clinical Educators on a yearly basis. These include APTA CI credentialing workshops held regularly in different New England locations as well as SCCE training courses. It also includes complimentary registrations for the New England Consortium Clinical Faculty Institutes (CFI) held once or twice a year. The CFI focuses on contemporary issues related to clinical education.
- A \$100 voucher to be used at the UNE bookstore. This offers clinical faculty the opportunity to purchase a book(s) that will enhance their knowledge and/or that of their facility.
- Opportunities to collaborate and become involved with UNE faculty on various research/scholarship endeavors.
- The opportunity to obtain a UNE Community Faculty ID. This allows the clinical faculty member access to various benefits at UNE including library access to all the databases and journals that UNE provides to its community members. Access to this allows the faculty member to have the ability to enhance their evidence-based practice knowledge.
- Please see the sections entitled Community Faculty Benefits Package and Clinical Education Awards (below) for further details.

Development of Clinical Education Faculty

The DCE/ADCE encourages development of CI/SCCE skills needed for effective clinical education. This development frequently takes place during student visits or phone calls, particularly when challenging situations arise. In addition, the DCE/ADCE supports and encourages attendance at the above-mentioned clinical education courses. At times, scholarships provided by UNE and the New England Consortium of Clinical Educators have been available for attendance at CI credentialing courses. Utilization of APTA Guidelines for Clinical Education is also encouraged for both new CI/SCCEs as well as those wishing to assess their current skills.

Clinical Education Faculty Evaluation

- Clinical education faculty are encouraged, as mentioned above, to make use of the APTA Self-Assessments for CI/SCCE as a basis for self-evaluation.
- Other sources of data available to the CI for self-assessment include:
 - Student feedback – both formative and summative, including the student’s written evaluation of the clinical education experience
 - SCCE feedback regarding performance as a clinical teacher
 - Feedback from the DCE/ADCE that is based on the direct knowledge of the CI/student interaction as well as pertinent discussions. During the course of the mid-term visit/call, the DCE/ADCE or designated faculty member considers the requisite CI skills such as communication/feedback to the student, clinical instruction, supervision and overall assessment of student performance. Feedback in these domains is offered to the CI at this point in time. In addition, follow-up conversations may take place between the DCE/ADCE and CI/SCCE as needed for additional feedback once the CP has ended.
- The SCCE, at times in collaboration with the DCE/ADCE, is also responsible for identifying needs for continuing education of the clinical faculty members.
- Clinical education faculty who serve as SCCEs are also encouraged to utilize the APTA Self-Assessment for SCCEs as a basis for self-evaluation.

- Clinical education faculty who serve as guest lecturers for a specific course are included in the evaluation of the course at the end of the semester, or when the course instructor deems appropriate. They receive feedback from the student evaluations as well as feedback from the course instructor regarding the effectiveness of their instructional skills.

Clinical Education Contracts

A clinical education contract exists between each clinical education facility and the University of New England. A facility may substitute its own contract for the University's standard contract if approved by the University's legal department. The UNE standard clinical education contract is for three years, but can be terminated by either party with 90-day written notice. The contract can be modified by mutual consent, provided that any and all modifications are made in writing and signed by officials of the University and the clinical facility. Contracts are reviewed at least three months prior to any scheduled student placement and renewed, as necessary, prior to the student beginning their clinical placement. A copy of each contract is kept in the clinical education files maintained by the DCE/ADCE and the clinical education administrative assistant. A student will not be sent to a clinical site for which there is no current contract. A copy of the standard UNE Clinical Affiliation Agreement can be found in Appendix P.

Clinical Education Program and DCE/ADCE Evaluation

The UNE clinical education program as well as the DCE/ADCE are evaluated on a regular basis. Students are required to evaluate the DCE/ADCE at the end of each clinical practica, just as they do for any other class at UNE. The evaluation form used is found in Appendix M.

The CI and SCCE are also asked to evaluate the DCE/ADCE and program after each CP that they had a UNE student. These evaluation forms can be found under Appendices N & O.

The Clinical Education department's administrative assistant administers all of these evaluations to ensure they are anonymous. The results are compiled and then shared with the DCE/ADCE. The DCE and ADCE then use this feedback to improve the program and their performance as appropriate.

Concurrent Courses with Clinical Practica

The Department of Physical Therapy requires students to complete a minimum of one distance-learning course with each of the scheduled clinical practica. The courses should not impact the clinical education experience in any manner with the exception of PTH 608: Case Report 1, which is the first of a 2-course sequence that will culminate in the writing of a case report. Since most students will elect to write their report about a patient they see while completing PTH 607: Clinical Practicum II, they will need to collect information about the patient's medical history and the results of the PT examination and treatments during their affiliation. Complete information associated with this course is available in Appendix.

Fall – Second Year

PTH 601: Clinical Practicum I

PTH 602: Scientific Inquiry II

The physical therapy student applies the principles of evidence-based practice to clinical problems. This includes: 1) asking patient-centered questions, 2) identifying, searching, and critically appraising published sources of evidence, and 3) integrating the evidence along with clinical expertise, and the patient's circumstances and preferences into clinical decisions.

This course is offered in distance-learning format while students complete PTH 601: Clinical Practicum I. Students are required to have a computer with Microsoft Word and Internet access.

Summer – Third Year

PTH 607: Clinical Practicum II

PTH 608: Case Report 1 (if applicable)

The physical therapy student gathers data about a patient, institutions, facility, programs, or other definable unit in preparation for writing a case report related to the profession of physical therapy. Topics may include illustration of the patient/client management model with an interesting patient, ethical dilemmas, use of equipment or devices, administrative or educational concerns.

This course is offered in distance-learning format concurrently with PTH 607. Students are required to have a computer with Microsoft Word and internet access. Upon successful completion of PTH 608, students are required to enroll in PTH 708 to complete the case report.

Spring – Third Year

PTH 707: Clinical Practicum III

PTH 704: Disease Prevention & Health Promotion

The current scope of physical therapy practice includes the primary prevention of injury and disease and the promotion of health and wellness. The purpose of this course is to prepare the physical therapy student to function in this emerging role. The course will explore disease prevention and health promotion from an epidemiological approach and the perspectives of various national, state, local and professional association public health agendas and initiatives. Physical therapists often engage in disease/injury prevention and health promotion/wellness activities as educators or consultants, and these roles will be explored through the development and delivery of a community-based education or consultation project.

Community Faculty Benefits Package

The Westbrook College of Health Professions, located on the Westbrook College campus in Portland, prepares graduates to assume entry level and advanced professional positions in the ever-changing health and health care environments.

Benefits Package

The Westbrook College of Health Professions (WCHP) is pleased to offer a benefit package designed for unpaid clinical education faculty who serve the various academic units within CHP through their high quality teaching in the field and clinical rotations sites. The current benefit package includes:

- Free access to library services
- Periodic training sessions for adjunct community faculty
- Certificate of Appreciation for working with student(s)
- Letter of appointment from the Westbrook College of Health Professions Dean recognizing the unpaid faculty appointment (upon request)

The following is a brief overview of each of the stated benefits.

Library Services

The Jack S. Ketchum Library on the University Campus (UC) in Biddeford and the Josephine S. Abplanalp '45 Library on the Portland Campus (PC) provide adjunct community faculty with access to a variety of services including:

- Remote access to databases and online catalog
- ebooks, ejournals, enewspapers, eforms
- Over 22,000 print and electronic full text journal titles
- Public access computers
- Reference, research, and literature search assistance
- Staff including ten professional librarians and six library technical assistants
- DVDs, videos, compact discs, CD-ROMs, and audio cassettes

Training Sessions

The Committee for Excellence in Clinical and Community Service of WCHP periodically offers training sessions that are free of charge to all adjunct community faculty. The topic of the training sessions are diverse in scope; however, they typically relate to issues surrounding the clinical training of students or the delivery of health care/social services. Formal announcements promoting the offerings are sent to participating clinical sites approximately six weeks in advance.

Letter of Appointment

Adjunct community faculty can request a formal letter of appointment from the Dean of the Westbrook College of Health Professions. The letter formally signifies the clinician's involvement with the Westbrook College of Health Professions and is a wonderful example of professional service to an external audience.

The University is indebted to the exceptional work of our clinical community. We view the creation of a formal benefits package to be an important example of our commitment to this valuable group of health care providers. We hope in the future we will continue to expand the scope of the benefits package to further address the unique professional development needs of our adjunct community faculty. We look forward to working with you in the future to collectively educate future health care providers.

Utilization of the Benefits Package

Each Department within the Westbrook College of Health Professions has specific qualifying criteria to be eligible to utilize the benefits package. Please contact the clinical coordinator in your respective discipline to receive additional information.

In order to utilize the benefit's package each adjunct community faculty will need to provide the DCE/ADCE with the following information:

- Full name, credentials, site name, city, state, zip, phone number and email address.

Once the information is received by the DCE/ADCE a special username and password will be provided by the PT department, enabling adjunct community faculty to utilize the benefits package.

Physical Therapy Contacts

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Additional Benefits of Participating in Clinical Education

Clinical Faculty Institutes

The New England Consortium of Clinical Educators (NECCE) offers one or two Clinical Faculty Institutes (CFI) each year for clinical faculty at affiliating clinical sites. The one-day workshops are held at different locations within New England and are free of charge for clinical faculty. Information on upcoming CFIs can be found on the Consortium website (www.necAssistantDCE.org).

Textbook Gift Certificate or CI Training Voucher

The Department of Physical Therapy will supply clinical sites with a \$100 gift certificate to the UNE bookstore or \$170 voucher towards a CI credentialing course offered at UNE for each physical therapy student taken for a clinical education experiences during the academic year. We are greatly indebted to our clinical sites for the role they play in educating our students and are very pleased to offer this benefit. The Department is hopeful that the textbook gift certificate/voucher policy will continue in the future; however, we are unable to guarantee the continuance of this benefit.

Clinical Education Awards

The University of New England Physical Therapy Department recognizes outstanding performance in clinical education through several awards. A list of the awards and criteria for qualification follows. The selection process begins in March of each year with awards presented in May.

Faculty Awards

1. **Distinguished Clinical Educator Award** - This award is given to a person or facility that demonstrates outstanding contributions to the physical therapy clinical education program. Examples of this contribution may include development of an innovative clinical teaching program, role-modeling behaviors, or ability to deal with challenging students. The faculty selects the recipient of this award with input from the DCE/ADCE and the physical therapy students.

Student Awards

1. **Outstanding Student Clinical Performance Award** - The primary consideration for this award is the student's clinical performance as determined by both written and verbal feedback from the clinical education site. The areas of superior performance should not only include problem-solving ability, but also communication skills and professional attributes. The student must have an acceptable academic record (GPA). The faculty selects the student who receives this award with input from the DCE/ ADCE.

University of New England Catalog

PT Course Descriptions 2019 - 2020

BIO 502 - Human Gross Anatomy

An in-depth study of the structure and relationship of the various organ systems of the human body. The course is divided into 4 major sections; upper extremity; back and lower extremity; head and neck; and thorax, abdomen and pelvis. This course provides an overview of human embryology organogenesis. Examination of cadavera is emphasized throughout the entire course, with a strong emphasis placed on the musculoskeletal system. Students will learn anatomical terminology and 3-dimensional anatomy to integrate with clinical correlations, utilizing diagnostic images. The laboratory utilizes prosections, anatomical models, skeletal materials, and cross sections. 6.000 Credit Hours

6.000 Credit hours

BIO 504 - Neuroscience

A study of the structure and function of the human central and peripheral nervous systems, including vascular components, connective tissue support and special senses. Students are expected to develop a solid foundation of the knowledge and skills of nervous systems as a background to their clinical practice. Neurological control of movement and musculature is emphasized. Laboratory includes clinical correlations as well as opportunity to study 3 dimensional anatomical models, gross specimens and diagnostic imaging. 4.000 Credit Hours

4.000 Credit hours

PTH 501 - Foundations of PT Practice

PTH501 will provide students with foundational concepts and practices which form the basis for much of the physical therapy (PT) profession. Through lecture, laboratory, and observational experiences, students will be introduced to various topics such as the role of PT in the health care system, policies and procedures which are important to the profession of physical therapy, the scope of physical therapy practice, the American Physical Therapy Association (APTA), professionalism and patient/client management principles. The course is structured to introduce the conceptual framework necessary for success in the Doctor of Physical Therapy Program. Students will be introduced to professional practice expectations, clinical reasoning, evidence-based practice, documentation, patient safety, communication, physical rehabilitation and nutritional concepts which span the systems courses.

5.000 Credit hours

PTH 501L - Foundations of PT Prac I Lab

In conjunction with the PTH501 lectures, the PTH501 laboratory component provides the physical therapy student with the opportunity to practice the technical skills performed by physical therapists to include, but not limited to: a system review, bed mobility, transfer training and gait training on even and uneven surfaces. Concepts of patient safety and proper body mechanics provide the foundation for skill performance.

0.000 Credit hours

PTH 502 - Kinesiology

An in-depth analysis of human motion with an emphasis on applied anatomy, biomechanics, normal gait and total patterns of motion. Classroom experiences are closely integrated with gross anatomy.

5.000 Credit hours

PTH 503 - Normal Development

This course will apply both the systems and life-span approaches to the study of normal human development. Change in tissues and structures will be followed from their embryological origins through senescence. Theories of human development will be compared and contrasted. Changes in function as it relates to growth, development and aging, including cultural differences, will also be identified.

2.000 Credit hours

PTH 504 - Intergrated Clinical Experience: Musculoskeletal

This is a hybrid course comprised of on-campus seminar classes and off-campus clinical experiences in which students will engage with real patient under the supervision of Clinical Instructors during the first-year, Spring semester. The intent of this course is to 1) promote interaction with patients early in the DPT curriculum, 2) integrate knowledge and skills learned in the classroom & laboratory in PTH 510: PT Management of Patients with Disorders of the Musculoskeletal System, and 3) provide learning opportunities through self-reflection, self-assessment, and peer discussion in order to facilitate growth in interpersonal skills, cultural competence, and clinical decision making.

1.000 Credit hours

PTH 506 - Psychosocial Asp of Dis & Ill

Physical therapists often provide services to patients who are dealing with pathological conditions resulting in significant impairment, functional limitation, and disability. The pathology and its effects consequently impact the psychological and social state of not only the patient, but also family members and caregivers. The intent of this course is to explore these issues to increase awareness, understanding, sensitivity, and respect when working with patients, families, and caregivers, with the ultimate goal of maximizing the therapeutic process and outcome.

1.000 Credit hours

PTH 507 - Intro to Clinical Medicine

As autonomous practitioners, physical therapists must have a strong foundation in the fundamental aspects of causation and processes of human disease and injury. The intent of this course is to provide students with the foundational science content related to human disease and injury. This course will provide the necessary introductory content in preparation for the in depth coverage of system-specific pathology content occurring later in the physical therapy curriculum.

1.000 Credit hours

PTH 508 - Patho Med Mgt Dis Muscul

This course is designed to provide the physical therapy student with foundational knowledge of the musculoskeletal system. The intent of this course is to enable students to understand relevant pathology and medical/surgical management related to common diseases and theories of the musculoskeletal system. Students will integrate this knowledge into best physical therapy practice for patient management as presented in the concurrent PTH 510 – Physical Therapy Management of the Musculoskeletal System.

2.000 Credit hours

PTH 510 - PT Mgt Dis Musc/Skel System

Application of the physical therapy patient/client management model for individuals with primary disorders of Musculoskeletal system. The decision-making process of examination, evaluation, plan or care, interventions, and discharge planning is the primary focus of the course. Examination and intervention techniques are introduced and practiced. Strengthening and stretching exercises, soft tissue techniques, and manual therapy techniques, along with electrical and physical modalities, are taught as part of intervention programs.

11.000 Credit hours

PTH 514 - Scientific Inquiry 1

Scientific Inquiry 1 prepares the student to meet the expectations of entry-level physical therapy practice related to evidence-based practice (EBP). Students use information technology to access the literature of physical therapy, rehabilitation, and medicine and critically evaluate randomized controlled trials, systematic reviews, diagnostic and screening tests, and case reports using EBP guidelines and an understanding of the methods used to conduct clinical research. Topics include: hierarchy of evidence, ethics of clinical research, sampling, experimental design and control, properties of measurements, and statistical inference.

2.000 Credit hours

PTH 516 - Patho Med Mgt Dis Cardio/Pul

This course provides physical therapy students with the medical pathology content related to common pathologies and diseases of the cardiovascular and pulmonary systems and the typical medical and surgical intervention(s) for these conditions. Emphasis will be placed on the pathophysiology of disease and how it relates to a patient's clinical presentation and management.

1.000 Credit hours

PTH 522 - PT Mgt Dis Cardio/Pul Systems

Application of the physical therapy patient/client management model - including examination and intervention procedures and development of physical therapy care plans - for individuals with impairments and functional limitations due to conditions affecting the vascular, cardiac and respiratory systems. Taken concurrently with PTH 516.

4.000 Credit hours

PTH 522L - PT Mgt Dis Cardio/Pul Syst Lab

0.000 Credit hours

PTH 524 - Clinical Education Seminar

Clinical education seminar provides students with an introduction to the structure, objectives, and philosophy of clinical education. Primary topics discussed include an introduction to the clinical environment, clinical education stakeholders, supervisory models, policies and procedures, clinical performance assessment and expectations, self-assessment, communication skills, behavioral objectives, adult learning, professional behaviors, and clinical site selection.

1.000 Credit hours

PTH 525 - Practice Management 1

This course explores a variety of physical therapy (PT) practice management concepts as applied throughout the continuum of care. Topics include an overview of the health care system in the United States, health insurance, defensible documentation, risk management, ethics, fraud and abuse, and financing and billing in healthcare.

1.000 Credit hours

PTH 601 - Clinical Practicum I

A 12 week full-time clinical education experience provided in a variety of health care settings within the United States. The experience is structured to provide students with the opportunity to develop competence in the management of patients with musculoskeletal or cardiopulmonary dysfunction.

8.000 Credit hours

PTH 602 - Scientific Inquiry 2

The physical therapy student applies the principles of evidence-based practice to clinical problems. This includes: 1) asking patient-centered questions, 2) identifying, searching, and critically appraising published sources of evidence, and 3) integrating the evidence along with clinical expertise, and the patient's circumstances and preferences into clinical decisions. This course is offered in distance-learning format concurrent with PTH 601: Clinical Practicum I. Students are required to have a computer with Microsoft Word and Internet access.

2.000 Credit hours

PTH 603 - Patho Med Mgt Dis -Child/Adult

Neurorehabilitation is a complex medical process that aims to help in recovery from a nervous system injury and to minimize and/or compensate for any resulting functional alterations. In the event of serious disability: the patient and his/her families' abilities, life style, and goals are suddenly dramatically changed. Subsequently, the person and his/her family must establish and negotiate a "new way of living" in regard to their changes motor and sensory capabilities as well as changes in their relation to and integration into their community. Physical Therapy practitioners play an important role in this process and as such need to have an understanding of the mechanisms of neuromuscular disorders including: causation, progression, medical management, and differential diagnosis. The content of this course includes information regarding the pathophysiology of neuromuscular disorders commonly encountered in physical therapy practice including signs, symptoms, and disease progression. In addition, students will be provided with information regarding diagnostic measures (including imaging diagnostics) and pharmacologic, medical, and surgical interventions for these disorders.

3.000 Credit hours

PTH 604 - PT Mgt Child Spec Hlth Needs

PT Management of Children with Special Health Needs is designed to prepare students to practice as entry-level physical therapists working with infants, children and youth with special health needs of multiple body systems, especially the neuromuscular system. Using contemporary models of motor control and evidence-based practice, this course will outline the patient/client management model for children with neuromuscular and other system disorders. Integrated classroom and laboratory experiences incorporating case study methodology are used throughout the course to help students develop necessary competencies for physical therapy practice. Lecture, discussion, laboratory, case presentations, journal article reviews, small group work and clinical experiences provide opportunities for learning. Emphasis is placed on in-class active learning for students. This course addresses CAPTE educational outcomes in the following theme areas: critical decision making; screening for developmental delays and disabilities; examination, evaluation, diagnosis, prognosis, plan of care, intervention and outcome assessment of individuals with childhood onset of disorders of the neuromuscular and other systems; management of care delivery.

5.000 Credit hours

PTH 604L - PT Mgt Child Spec Needs Lab

0.000 Credit hours

PTH 605 - PT Mgt Adults with Dis Neuro

This course is designed to prepare physical therapy students to apply the physical therapy patient/client model - including examination and intervention procedures and development of physical therapy care plans - for adults with impairments, activity restrictions, and participation restrictions due to health conditions affecting the neuromuscular system.

6.000 Credit hours

PTH 605L - PT Mgt Adults w/ Dis Neuro Lab

0.000 Credit hours

PTH 606 - Research Proposal

Physical therapy students work with a faculty advisor to develop a research question on a problem of importance to physical therapy, design a research study related to the problem, prepare a research budget, write a research proposal manuscript following journal guidelines, and submit an Application for Initial Review and Approval of Research with Human Subjects or Application for Exemption from IRB Oversight to the Institutional Review Board for Protection of Human Subjects, as needed. Descriptive, exploratory, and experimental forms of research are acceptable. Ordinarily, students work in a group of three. Upon successful completion of PTH 606, students are expected to enroll in PTH 705 to complete their research project. Permission of the instructor is required.

2.000 Credit hours

PTH 607 - Clinical Practicum 2

A 12 week full-time clinical experience provided in a variety of health care settings within the United States. The experience is structured to provide students with the opportunity to develop competence in the managements of patients with musculoskeletal, cardiopulmonary, pediatric or neuromuscular dysfunction.

8.000 Credit hours

PTH 608 - Case Report 1

The physical therapy student gathers data about a patient, institutions, facility, programs, or other definable unit during Clinical Practicum 2 in preparation for writing a case report related to the profession of physical therapy. Topics may include illustration of the patient/client management model with an interesting patient, ethical dilemmas, use of equipment or devices, administrative, or educational concerns. Offered in distance-learning format concurrently with PTH 607. Students are required to have a computer with Microsoft Word and internet access. Upon successful completion of PTH 608, students are required to enroll in PTH 708 to complete the case report.

2.000 Credit hours

PTH 610 - Comprehensive Exam 1

PTH 610 is designed to prepare students for and to assess their performance on Comprehensive Examination 1, the first of two cumulative comprehensive examinations during the DPT program. The purpose of the comprehensive examinations is to help students integrate didactic material into the ongoing development of their critical thinking and clinical reasoning skills. The examinations are intended to help students acquire and cumulatively maintain levels of competence necessary for successful completion of the program and clinical practice after graduation. Comprehensive Exam 1 covers all curricular content from the first four semesters of the DPT Program.

1.000 Credit hours

PTH 690 - Research Practicum I

Physical therapy students work with a faculty advisor on his or her ongoing research projects to gain experience with research that will advance the science of physical therapy education or practice. The student will attend regular research meetings; participate in the collection, reduction and/or analysis of data; and present information related to the research to their peers and other researchers. Students will gain experience in literature review of relevant research topics; understand issues relating to the ethical use of human subjects in research; understand the design and implementation of research; learn methods of data collection, reduction and analysis; gain experience presenting research data in oral, poster or manuscript form. Descriptive, exploratory, and experimental forms of research are acceptable. Inter-professional research is encouraged. Ordinarily, students work in a group of three. Upon successful completion of PTH690, students are expected to enroll in PTH705 to complete their research requirement. Permission of the instructor is required.

2.000 Credit hours

PTH 700 - Practice Management 2

This course explores theories and applications of administrative topics including organizational structure, behavior and culture; human resource management; physical therapy's "Value Proposition" in the health care continuum and beyond; collaboration, leadership and conflict resolution; finance; sales/persuasion; written and oral communication; marketing/media relations; strategic planning; patient satisfaction/relations; and integration of business, social and technological concepts and trends with health care practice. Participation in the course provides students with the foundation to contribute to the administrative success in any physical therapy setting. This course fosters a multitude of "softer" or "essential" workplace skills via a major group project and presentation (Strategic Plan), along with individual endeavors, such as job application collateral material.

2.000 Credit hours

PTH 701 - Patho & Med Mgt Integ Sys

This course is designed to provide the physical therapy student with foundational knowledge of the Integumentary System. The purpose of this is to enable the student to understand the impact of various pathologies on wound development and healing, as well as the relevant medical / surgical interventions. Students will integrate this knowledge into best physical therapy practice for patient management as presented in the concurrent PTH 703 Physical Therapy Management of the Integumentary System.

1.000 Credit hours

PTH 703 - PT Mgt Dis Integumentary Sys

The goal of this course is provide the physical therapy student with the knowledge and skills to meet the expectations of best practices for physical therapy rehabilitation of persons with disorders of the Integumentary System. Disorders of the Integumentary System may be pathologic, infectious, traumatic or surgical in nature. Included in the course is the rehabilitation and physical therapy management of persons with amputations. The course is divided into two units; Unit I is Wound Care and Unit II is Amputations & Prosthetic Devices. This course runs concurrently with PTH 701 Pathology & Medical Management of the Integumentary System.

4.000 Credit hours

PTH 703L - PT Mgt Dis Integ Lab

0.000 Credit hours

PTH 704 - Dis Prevention & Hlth Promo

The current scope of physical therapy practice includes the primary prevention of injury and disease and the promotion of health and wellness. The purpose of this course is to prepare the physical therapy student to function in this emerging role. The course will explore disease prevention and health promotion from an epidemiological approach, and the perspectives of various national, state, local and professional association public health agendas and initiatives. Physical therapists often engage in disease/injury prevention and health promotion/wellness activities as educators or consultants, and these roles will be explored through the development and delivery of community-based education or consultation projects.

3.000 Credit hours

PTH 705 - Research Project

Physical therapy students implement an approved research proposal with a faculty advisor and disseminate the results through (1) a publication quality research report that follows journal guidelines, and (2) a poster presentation. Permission of the instructor is required.

2.000 Credit hours

PTH 706 - Public Policy & Phy Therapy

This course introduces the student to public policymaking in the United States, with an emphasis on current health care policy affecting physical therapy practice. The course will consist of active learning activities that are designed to provide the student with a working understanding of public policy and the skills and resources to be an effective advocate for their patients/clients and the profession. The course draws from relevant current legislative and regulatory issues that are before Congress, federal regulatory agencies, and state legislatures and boards. Students will reflect on and discuss these issues in the context of their clinical experiences to date.

2.000 Credit hours

PTH 707 - Clinical Practicum 3

A 12 week-full time clinical experience provided in a variety of health care settings within the United States. The experience is structured to provide students with the opportunity to develop competence in the managements of patients with musculoskeletal, neuromuscular, cardiopulmonary, pediatric, or integumentary dysfunction.

8.000 Credit hours

PTH 708 - Case Report 2

The physical therapy student completes a case report based on the data collected in PTH 608 and disseminates the findings through (1) a publication quality case report manuscript following journal guidelines and (2) a poster presentation. Peer review is utilized in the developmental process of the final dissemination products.

2.000 Credit hours

PTH 710 - Complex Case Management

Complex Case Management allows students to integrate knowledge gained in previous courses and clinical rotations to develop skills for creating a comprehensive plan of care for patients with multisystem pathologies from an interprofessional perspective. The purpose of this course is to identify and analyze patterns, synthesize patient information and perform reflective practice as part of interprofessional clinical decision making. We will assess and evaluate the management and outcomes of patient/client case examples with a complex array of medical and/or psychosocial conditions and resulting impairments, activity limitations and participation restrictions. The course is designed as a series of learning activities, including clinical case presentations, through which students reflect on how multisystem impairments impact clinical decision-making.

1.000 Credit hours

PTH 711 - Comprehensive Exam II

PTH 711 is designed to assess student performance on Comprehensive Examination 2, the second of two cumulative comprehensive examinations during the DPT program. The purpose of the comprehensive examinations is to help students integrate didactic material into the ongoing development of their critical thinking and clinical reasoning skills. The examinations are intended to help students acquire and cumulatively maintain levels of competence necessary for successful completion of the program and clinical practice after graduation. Comprehensive Exam 2 covers all curricular content from the first seven semesters of the DPT Program.

1.000 Credit hours

PTH 720 - Advanced Pediatric PT

This practical, seminar-discussion type elective course for third year physical therapy (DPT) students follows and builds upon knowledge and skills attained in PTH 604: PT Management of Children with Special Health Needs. The focus of the course is to broaden and enhance the entry level skill set achieved in PTH 604, especially in assessment and interventions for children with neuromuscular and other system disorders and to further prepare students to be autonomous pediatric physical therapy practitioners. This course is differentiated from the PTH 604 course in that, although it may cover assessment and intervention topics covered in PTH 604, it does so in more depth and at a greater intensity than would be expected of second year students. Classes are discussion oriented; participation will involve visiting, and possibly performing hands-on techniques with clients, at a minimum of three different community pediatric sites with instructor, exploring research evidence literature based on these experiences and discussing them in class.

1.000 Credit hours

PTH 721 - Advanced Clinical Orthopedics

The physical therapy student will participate in didactic and laboratory sessions designed to improve evaluation and assessment abilities with an emphasis on clinical reasoning, and implement appropriate manual therapy interventions- including HVLA thrust techniques- for the spine and extremities. This course will be comprised of 50% lecture, cases, and discussions/50% lab sessions.

1.500 Credit hours

PTH 731 - Advanced Motor Learning

Motor learning concepts are recognized as a determinant for practice schedules, feedback, and motor skill acquisition in physical therapy practice. As functional neuroimaging techniques have become more effective, they have been incorporated in motor learning studies. This has resulted in a merging of motor control and motor learning as a means to study motor skill acquisition. A more detailed understanding of both motor learning and motor control concepts provide a theoretical framework for developing therapeutic interventions that teach patients either acquisition of a new motor skill or compensatory strategies for performing already established motor skills. In addition to practice schedules, feedback, and the role of the environment in developing therapeutic interventions; this course will also consider the role of cognition, sensory input, and information processing. Motor control concepts of closed and open loop control systems will be defined and their relation to physical therapy interventions will be explored. Upon completion of this course, students will be able to incorporate motor learning and motor control concepts in planning physical therapy interventions.

1.000 Credit hours

**PHYSICAL THERAPIST
CLINICAL PERFORMANCE INSTRUMENT
FOR STUDENTS**

June 2006

**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**



ISBN # 1-931369-25-9

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For more information about this publication and other APTA publications, contact the American Physical Therapy Association, 1111 North Fairfax Street, Alexandria, VA 22314-1488.
[Publication No. E-42]

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¹ Terms used in this instrument are denoted by an asterisk (*) and can be found in the Glossary.

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VALIDITY AND RELIABILITY

The psychometric properties of the Instrument (ie, validity and reliability) are preserved only when it is used in accordance with the instructions that accompany it and only if the Instrument is not altered (by addition, deletion, revision, or otherwise) in any way.

CLINICAL PERFORMANCE INSTRUMENT

INTRODUCTION

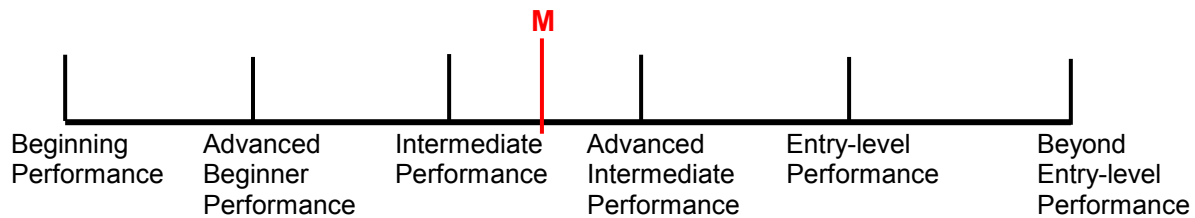
- This instrument should only be used after completing the APTA web-based training for the Physical Therapist Clinical Performance Instrument (PT CPI) at www.apta/education (TBD).
- The PT CPI is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical learning experiences.
- Every performance criterion* in this instrument is important to the overall assessment of clinical competence, and all criteria are observable in every clinical experience.
- All performance criteria should be rated based on observation of student performance relative to entry-level.
- The PT CPI from any previous student experience should not be shared with any subsequent experiences.
- The PT CPI consists of 18 performance criteria.
- Each performance criterion includes a list of sample behaviors, a section for midterm and final comments for each performance dimension, a rating scale consisting of a line with 6 defined anchors, and a significant concerns box for midterm and final evaluations.
- Terms used in this instrument are denoted by an asterisk (*) and can be found in the Glossary.
- Summative midterm and final comments and recommendations are provided at the end of the CPI.
- **Altering this instrument is a violation of copyright law.**

Instructions for the Clinical Instructor

- Sources of information to complete the PT CPI may include, but are not limited to, clinical instructors (CIs), other physical therapists, physical therapist assistants*, other professionals, patients/clients*, and students. Methods of data collection may include direct observation, videotapes, documentation review, role playing, interviews, standardized practical activities, portfolios, journals, computer-generated tests, and patient and outcome surveys.
- Prior to beginning to use the instrument in your clinical setting it would be useful to discuss and reach agreement on how the sample behaviors would be specifically demonstrated at entry-level by students in your clinical setting.
- The CI(s) will assess a student's performance and complete the instrument at midterm and final evaluation periods.
- The CI(s) reviews the completed instrument formally with the student at a minimum at the midterm evaluation and at the end of the clinical experience and signs the signature pages (midterm 35 and final 36) following each evaluation.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from "Beginning Performance" to "Beyond Entry-Level Performance." Student performance should be described in relation to one or more of the six anchors. For example, consider the following rating on a selected performance criterion.



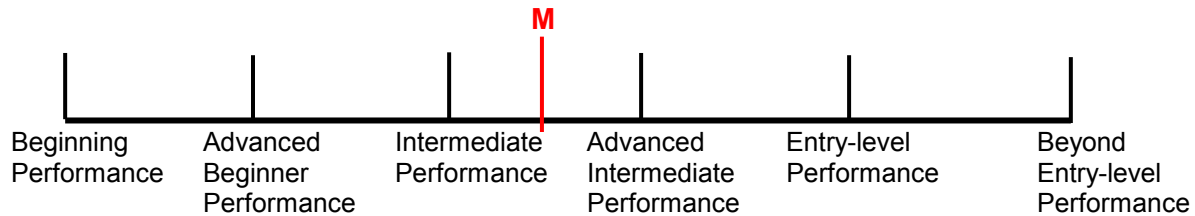
- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of "intermediate performance," however the student has yet to satisfy the definition associated with "advanced intermediate performance." In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 6 anchors.

Instructions for the Student

- The student is expected to perform self-assessment based on CI feedback, student peer assessments, and patient/client assessments.
- The student self-assesses his/her performance on a separate copy of the instrument.
- The student reviews the completed instrument with the CI at the midterm evaluation and at the end of the clinical experience and signs the signature page (midterm 35 and final 36) following each evaluation.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from “Beginning Performance” to “Beyond Entry-Level Performance.” Student performance should be described in relation to one or more of the six anchors. For example, consider the following rating on a selected performance criterion.



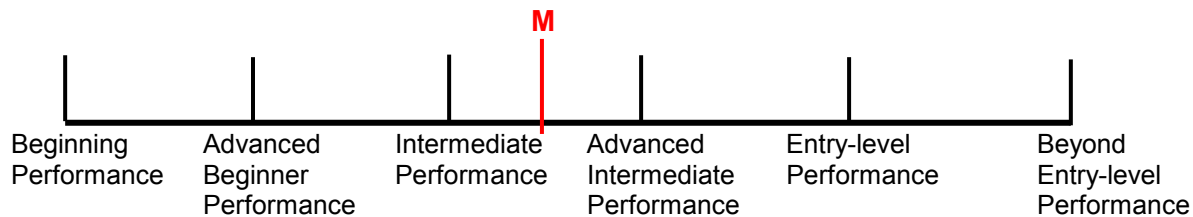
- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of “intermediate performance” however the student has yet to satisfy the definition associated with “advanced intermediate performance.” In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 6 anchors.

Instructions for the Academic Coordinator/Director of Clinical Education (ACCE/DCE*)

- A physical therapist (PT) student assessment* system evaluates knowledge, skills, and attitudes and incorporates multiple sources of information to make decisions about readiness to practice.
- Sources of information may include clinical performance evaluations of students, classroom performance evaluations, students' self-assessments, peer assessments, and patient assessments. The system is intended to enable clinical educators and academic faculty to obtain a comprehensive perspective of students' progress through the curriculum and competence* to practice at entry-level. The uniform adoption and consistent use of this instrument will ensure that all practitioners entering practice have demonstrated a core set of clinical attributes.
- The ACCE/DCE* reviews the completed form at the end of the clinical experience and assigns a grade or pass/fail according to institution policy.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from "Beginning Performance" to "Beyond Entry-Level Performance." Student performance should be described in relation to one or more of the six anchors. For example, consider the following rating on a selected performance criterion.



- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of "intermediate performance," however the student has yet to satisfy the definition associated with "advanced intermediate performance." In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 6 anchors.
- Attempts to quantify a rating on the scale in millimeters or as a percentage would be considered an invalid use of the assessment tool. For example, a given academic institution may require their students to achieve a minimum student rating of "intermediate performance" by the conclusion of an initial clinical experience. It was not the intention of the developers to establish uniform grading criteria given the unique curricular design of each academic institution.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since clinical instructors (CIs) are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance. It would be inappropriate for the ACCE/DCE to provide a pre-marked PT CPI with minimum performance expectations, send an additional page of information that identify specific marked expectations, or add/delete items from PT CPI.

Determining a Grade

- Each academic institution determines what constitutes satisfactory performance. The guide below is provided to assist the program in identifying what is expected for the student's performance depending upon their level of education* and clinical experience within the program.


- First clinical experience: Depending upon your academic curriculum, ratings of student performance may be expected in the first two intervals between beginning clinical performance,* advanced beginner performance, and intermediate clinical performance.
- Intermediate clinical experiences: Depending upon your academic curriculum, student performance ratings are expected to progress along the continuum ranging from a minimum of advanced beginner clinical performance (interval 2) to advanced intermediate clinical performance* (interval 4). The ratings on the performance criteria will be dependent upon the clinical setting, level of didactic and clinical experience within the curriculum, and expectations of the clinical site and the academic program.
- Final clinical experience: Students should achieve ratings of entry-level or beyond (interval 5) for all 18 performance criteria.
- At the conclusion of a clinical experience, grading decisions made by the ACCE/DCE, may also consider:
 - clinical setting,
 - experience with patients or clients* in that setting,
 - relative weighting or importance of each performance criterion,
 - expectations for the clinical experience,
 - progression of performance from midterm to final evaluations,
 - level of experience within the didactic and clinical components,
 - whether or not “significant concerns” box was checked, and
 - the congruence between the CI’s narrative midterm and final comments related to the five performance dimensions and the ratings provided.

COMPONENTS OF THE FORM

Performance Criteria*

- The 18 performance criteria* describe the essential aspects of professional practice of a physical therapist* clinician performing at entry-level.
- The performance criteria are grouped by the aspects of practice that they represent.
- Items 1-6 are related to professional practice, items 7-15 address patient management, and items 16-18 address practice management*.

Red Flag Item

- A flag () to the left of a performance criterion indicates a “red-flag” item.
- The five “red-flag” items (numbered 1, 2, 3, 4, and 7) are considered foundational elements in clinical practice.
- Students may progress more rapidly in the “red flag” areas than other performance criteria.
- Significant concerns related to a performance criterion that is a red-flag item warrants immediate attention, more expansive documentation*, and a telephone call to the ACCE/DCE*. Possible outcomes from difficulty in performance with a red-flag item may include remediation, extension of the experience with a learning contract, and/or dismissal from the clinical experience.

Sample Behaviors

- The sample of commonly observed behaviors (denoted with lower-case letters in shaded boxes) for each criterion are used to guide assessment* of students’ competence relative to the performance criteria.
- Given the diversity and complexity of clinical practice, it must be emphasized that ***the sample behaviors provided are not meant to be an exhaustive list.***
- There may be additional or alternative behaviors relevant and critical to a given clinical setting and all listed behaviors need not be present to rate student performance at the various levels.
- Sample behaviors are not listed in order of priority, but most behaviors are presented in logical order.

Midterm and Final Comments

- The clinical instructor* must provide descriptive narrative comments for all performance criteria.
- For each performance criterion, space is provided for written comments for midterm and final ratings.
- Each of the five performance dimensions (supervision/guidance*, quality*, complexity*, consistency*, and efficiency*) are common to all types and levels of performance and should be addressed in providing written comments.

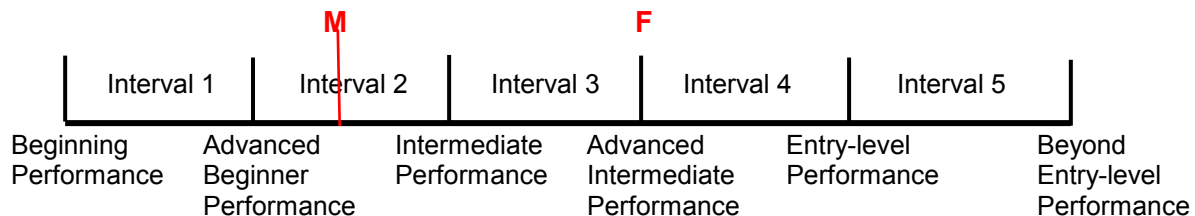
Performance Dimensions

- **Supervision/guidance*** refers to the level and extent of assistance required by the student to achieve entry-level performance.
 - As a student progresses through clinical education experiences*, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation* and may vary with the complexity of the patient or environment.
- **Quality*** refers to the degree of knowledge and skill proficiency demonstrated.
 - As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance.

- **Complexity*** refers to the number of elements that must be considered relative to the patient*, task, and/or environment.
 - As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
- **Consistency*** refers to the frequency of occurrences of desired behaviors related to the performance criterion.
 - As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
- **Efficiency*** refers to the ability to perform in a cost-effective and timely manner.
 - As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.

Rating Student Performance

- Each performance criterion is rated relative to entry-level practice as a physical therapist.
- The rating scale consists of a horizontal line with 6 vertical lines defining anchors at each end and at four intermediate points along that line.
- The 6 vertical lines define the borders of five intervals.
- Rating marks may be placed on the 6 vertical lines or anywhere within the five intervals.
- The same rating scale is used for midterm evaluations and final evaluations.
- Place one vertical line on the rating scale at the appropriate point indicating the midterm evaluation rating and label it with an “**M**”.
- Place one vertical line on the rating scale at the appropriate point indicating the final evaluation rating and label it with an “**F**”.
- Placing a rating mark on a vertical line indicates the student’s performance matches the definition attached to that particular vertical line.
- Placing a rating mark in an interval indicates that the student’s performance is somewhere between the definitions attached to the vertical marks defining that interval.
- For completed examples of how to mark the rating scale, refer to *Appendix A: Examples*).



Anchor Definitions

Beginning performance*:

- A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.
- At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.
- Performance reflects little or no experience.
- The student does not carry a caseload.

Advanced beginner performance*:

- A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.
- At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.
- The student may begin to share a caseload with the clinical instructor.

Intermediate performance*:

- A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.
- At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.
- The student is **capable of** maintaining 50% of a full-time physical therapist's caseload.

Advanced intermediate performance*:

- A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.
- At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.
- The student is **capable of** maintaining 75% of a full-time physical therapist's caseload.

Entry-level performance*:

- A student who is **capable of** functioning without guidance or clinical supervision managing patients with simple or complex conditions.
- At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.
- Consults with others and resolves unfamiliar or ambiguous situations.
- The student is **capable of** maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.

Beyond entry-level performance*:

- A student who is **capable of** functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.
- At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.
- The student is **capable of** maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.
- The student is capable of supervising others.
- The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.

- Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.

Significant Concerns Box

- Checking this box () indicates that the student's performance on this criterion is unacceptable for this clinical experience.
- When the Significant Concerns Box is checked, written comments to substantiate the concern, additional documentation such as a critical incident form and learning contract are required with a phone call (☎) placed to the ACCE.
- The significant concerns box provides an early warning system to identify student performance problems thereby enabling the CI, student, and ACCE/DCE to determine a mechanism for remediation, if appropriate.
- A box is provided for midterm and final assessments*.

Summative Comments

- Summative comments should be used to provide a global perspective of the student's performance across all 18 criteria at midterm and final evaluations.
- The summative comments, located after the last performance criterion, provide a section for the rater to comment on the overall strengths, areas requiring further development, other general comments, and any specific recommendations with respect to the learner's needs, interests, planning, or performance.
- Comments should be based on the student's performance relative to stated objectives* for the clinical experience.

CLINICAL PERFORMANCE INSTRUMENT INFORMATION

STUDENT INFORMATION (Student to Complete)

Student's Name: _____

Date of Clinical Experience: _____ Course Number: _____

E-mail: _____

Total Number of Days Absent: _____

Specify Clinical Experience(s)/Rotation(s) Completed:

_____ Acute Care/Inpatient	_____ Private Practice
_____ Ambulatory Care/Outpatient	_____ Rehab/Sub-Acute Rehab
_____ ECF/Nursing Home/SNF	_____ School/Pre-school
_____ Federal/State/County Health	_____ Wellness/Prevention/Fitness
_____ Industrial/Occupational Health	_____ Other; specify _____

ACADEMIC PROGRAM INFORMATION (Program to Complete)

Name of Academic Institution: _____

Address: _____
(Department) (Street)

_____ (City) (State/Province) (Zip)

Phone: _____ ext. _____ Fax: _____

E-mail: _____ Website: _____

CLINICAL EDUCATION SITE INFORMATION (Clinical Site to Complete)

Name of Clinical Site: _____

Address: _____
(Department) (Street)

_____ (City) (State/Province) (Zip)

Phone: _____ ext. _____ Fax: _____

E-mail: _____ Website: _____

Clinical Instructor's* Name: _____

Clinical Instructor's Name: _____

Clinical Instructor's Name: _____

Center Coordinator of Clinical Education's Name: _____

PROFESSIONAL PRACTICE
SAFETY



1. Practices in a safe manner that minimizes the risk to patient, self, and others.

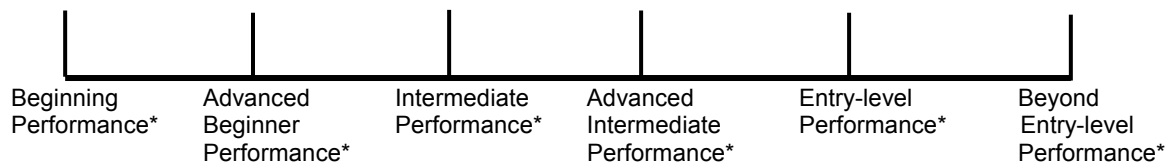
SAMPLE BEHAVIORS

- a. Establishes and maintains safe working environment.
- b. Recognizes physiological and psychological changes in patients* and adjusts patient interventions* accordingly.
- c. Demonstrates awareness of contraindications and precautions of patient intervention.
- d. Ensures the safety of self, patient, and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations, etc).
- e. Requests assistance when necessary.
- f. Uses acceptable techniques for safe handling of patients (eg, body mechanics, guarding, level of assistance, etc.).
- g. Demonstrates knowledge of facility safety policies and procedures.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

 **Midterm**  **Final**

PROFESSIONAL PRACTICE
PROFESSIONAL BEHAVIOR



2. Demonstrates professional behavior in all situations.

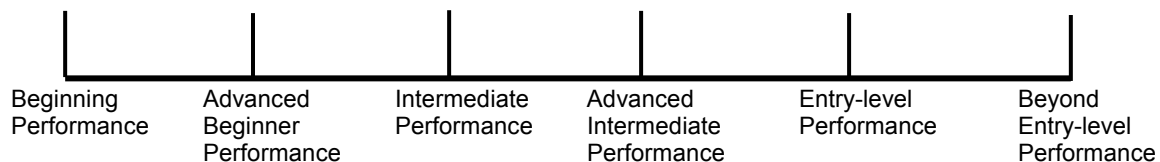
SAMPLE BEHAVIORS

- a. Demonstrates initiative (eg, arrives well prepared, offers assistance, seeks learning opportunities).
- b. Is punctual and dependable.
- c. Wears attire consistent with expectations of the practice setting.
- d. Demonstrates integrity* in all interactions.
- e. Exhibits caring*, compassion*, and empathy* in providing services to patients.
- f. Maintains productive working relationships with patients, families, CI, and others.
- g. Demonstrates behaviors that contribute to a positive work environment.
- h. Accepts feedback without defensiveness.
- i. Manages conflict in constructive ways.
- j. Maintains patient privacy and modesty.
- k. Values the dignity of patients as individuals.
- l. Seeks feedback from clinical instructor related to clinical performance.
- m. Provides effective feedback to CI related to clinical/teaching mentoring.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm
 Final

PROFESSIONAL PRACTICE
ACCOUNTABILITY*



3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.

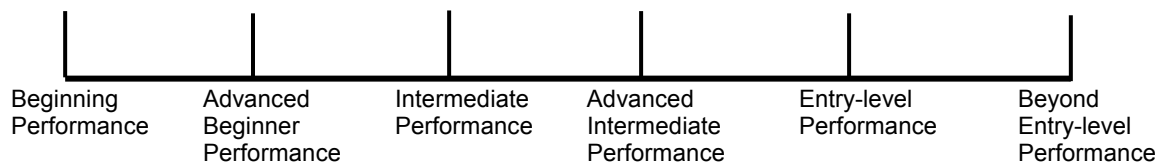
SAMPLE BEHAVIORS

- a. Places patient's needs above self interests.
- b. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
- c. Takes steps to remedy errors in a timely manner.
- d. Abides by policies and procedures of the practice setting (eg, OSHA, HIPAA, PIPEDA [Canada], etc.)
- e. Maintains patient confidentiality.
- f. Adheres to legal practice standards including all federal, state/province, and institutional regulations related to patient care and fiscal management.*
- g. Identifies ethical or legal concerns and initiates action to address the concerns.
- h. Displays generosity as evidenced in the use of time and effort to meet patient needs.
- i. Recognize the need for physical therapy services to underserved and under represented populations.
- j. Strive to provide patient/client services that go beyond expected standards of practice.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm
 Final

PROFESSIONAL PRACTICE
COMMUNICATION*



4. Communicates in ways that are congruent with situational needs.

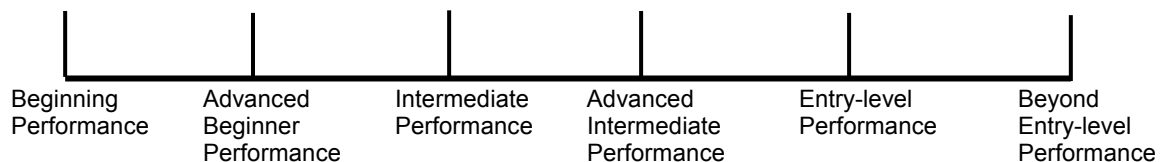
SAMPLE BEHAVIORS

- a. Communicates, verbally and nonverbally, in a professional and timely manner.
- b. Initiates communication* in difficult situations.
- c. Selects the most appropriate person(s) with whom to communicate.
- d. Communicates respect for the roles* and contributions of all participants in patient care.
- e. Listens actively and attentively to understand what is being communicated by others.
- f. Demonstrates professionally and technically correct written and verbal communication without jargon.
- g. Communicates using nonverbal messages that are consistent with intended message.
- h. Engages in ongoing dialogue with professional peers or team members.
- i. Interprets and responds to the nonverbal communication of others.
- j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
- k. Seeks and responds to feedback from multiple sources in providing patient care.
- l. Adjust style of communication based on target audience.
- m. Communicates with the patient using language the patient can understand (eg, translator, sign language, level of education*, cognitive* impairment*, etc).

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm Final

PROFESSIONAL PRACTICE
CULTURAL COMPETENCE*

5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.

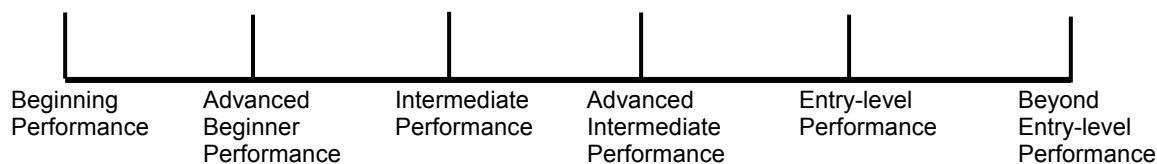
SAMPLE BEHAVIORS

- a. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services.
- b. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability* or health status.*
- c. Provides care in a nonjudgmental manner when the patients' beliefs and values conflict with the individual's belief system.
- d. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.
- e. Values the socio-cultural, psychological, and economic influences on patients and clients* and responds accordingly.
- f. Is aware of and suspends own social and cultural biases.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm

 Final

PROFESSIONAL PRACTICE
PROFESSIONAL DEVELOPMENT

6. Participates in self-assessment to improve clinical and professional performance.

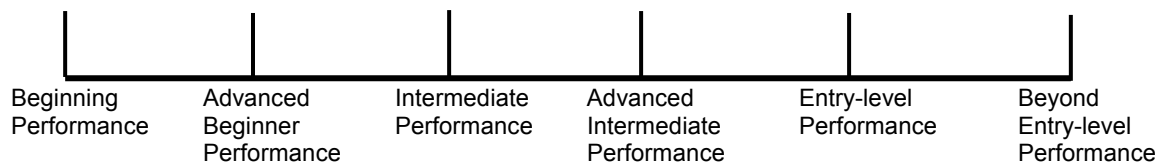
SAMPLE BEHAVIORS

- a. Identifies strengths and limitations in clinical performance.
- b. Seeks guidance as necessary to address limitations.
- c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice and professional development.
- d. Acknowledges and accepts responsibility for and consequences of his or her actions.
- e. Establishes realistic short and long-term goals in a plan for professional development.
- f. Seeks out additional learning experiences to enhance clinical and professional performance.
- g. Discusses progress of clinical and professional growth.
- h. Accepts responsibility for continuous professional learning.
- i. Discusses professional issues related to physical therapy practice.
- j. Participates in professional activities beyond the practice environment.
- k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
- l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc) to achieve optimal patient care.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm

 Final

PATIENT MANAGEMENT
CLINICAL REASONING*



7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.

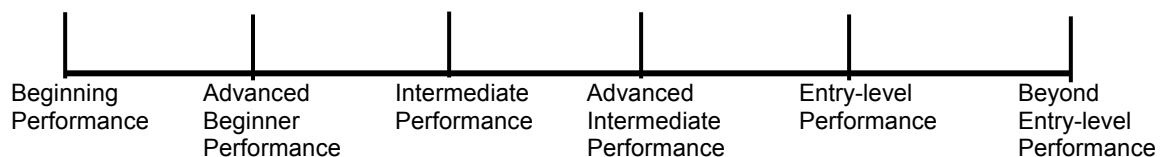
SAMPLE BEHAVIORS

- a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
- b. Makes clinical decisions within the context of ethical practice.
- c. Utilizes information from multiple data sources to make clinical decisions (eg, patient and caregivers*, health care professionals, hooked on evidence, databases, medical records).
- d. Seeks disconfirming evidence in the process of making clinical decisions.
- e. Recognizes when plan of care* and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
- f. Critically evaluates published articles relevant to physical therapy and applies them to clinical practice.
- g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
- h. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
- i. Assesses patient response to interventions using credible measures.
- j. Integrates patient needs and values in making decisions in developing the plan of care.
- k. Clinical decisions focus on the whole person rather than the disease.
- l. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm
 Final

PATIENT MANAGEMENT
SCREENING*

8. Determines with each patient encounter the patient's need for further examination or consultation* by a physical therapist* or referral to another health care professional.

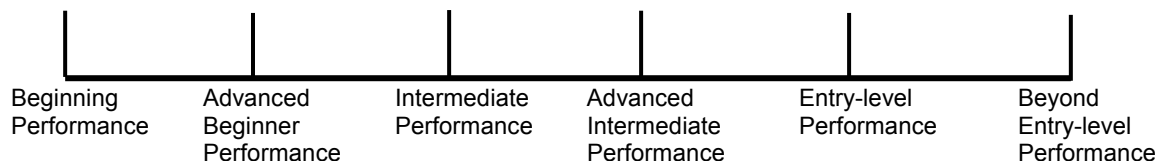
SAMPLE BEHAVIORS

- a. Utilizes test and measures sensitive to indications for physical therapy intervention.
- b. Advises practitioner about indications for intervention.
- c. Reviews medical history* from patients and other sources (eg, medical records, family, other health care staff).
- d. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
- e. Selects the appropriate screening* tests and measurements.
- f. Conducts tests and measurements appropriately.
- g. Interprets tests and measurements accurately.
- h. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.
- i. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary
- j. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm
 Final

**PATIENT MANAGEMENT
EXAMINATION***

9. Performs a physical therapy patient examination using evidenced-based* tests and measures.

SAMPLE BEHAVIORS

- a. Obtains a history* from patients and other sources as part of the examination.*
- b. Utilizes information from history and other data (eg, laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
- c. Performs systems review.
- d. Selects evidence-based tests and measures* that are relevant to the history, chief complaint, and screening.
Tests and measures* (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q), posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
- e. Conducts tests and measures accurately and proficiently.
- f. Sequences tests and measures in a logical manner to optimize efficiency*.
- g. Adjusts tests and measures according to patient's response.
- h. Performs regular reexaminations* of patient status.
- i. Performs an examination using evidence based test and measures.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-level Performance	Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm

 Final

PATIENT MANAGEMENT
EVALUATION*

10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.

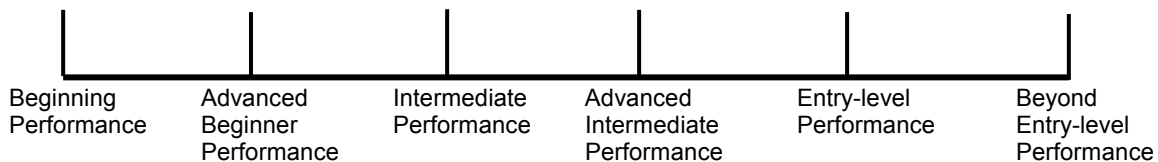
SAMPLE BEHAVIORS

- a. Synthesizes examination data and identifies pertinent impairments, functional limitations* and quality of life. [WHO – ICF Model for Canada]
- b. Makes clinical judgments based on data from examination (history, system review, tests and measurements).
- c. Reaches clinical decisions efficiently.
- d. Cites the evidence to support a clinical decision.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

 **Midterm**  **Final**

PATIENT MANAGEMENT
DIAGNOSIS* AND PROGNOSIS*

11. Determines a diagnosis* and prognosis* that guides future patient management.

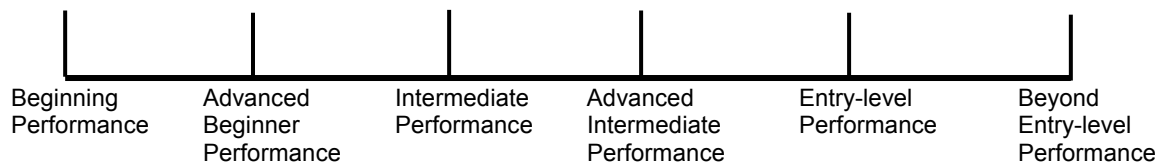
SAMPLE BEHAVIORS

- a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis*.
- b. Determines a diagnosis that is congruent with pathology, impairment, functional limitation, and disability.
- c. Integrates data and arrives at an accurate prognosis* with regard to intensity and duration of interventions and discharge* status.
- d. Estimates the contribution of factors (eg, preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
- e. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc) that help predict patient outcomes.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm
 Final

**PATIENT MANAGEMENT
PLAN OF CARE***

12. Establishes a physical therapy plan of care* that is safe, effective, patient-centered, and evidence-based.

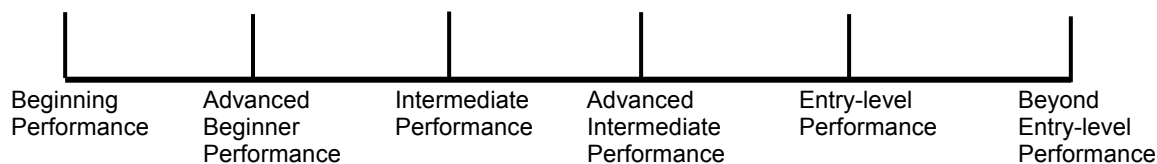
SAMPLE BEHAVIORS

- a. Establishes goals* and desired functional outcomes* that specify expected time durations.
- b. Establishes a physical therapy plan of care* in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services.
- c. Establishes a plan of care consistent with the examination and evaluation.*
- d. Selects interventions based on the best available evidence and patient preferences.
- e. Follows established guidelines (eg, best practice, clinical pathways, and protocol) when designing the plan of care.
- f. Progresses and modifies plan of care and discharge planning based on patient responses.
- g. Identifies the resources needed to achieve the goals included in the patient care.
- h. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
- i. Discusses the risks and benefits of the use of alternative interventions with the patient.
- j. Identifies patients who would benefit from further follow-up.
- k. Advocates for the patients' access to services.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm
 Final

PATIENT MANAGEMENT
PROCEDURAL INTERVENTIONS*

13. Performs physical therapy interventions* in a competent manner.

SAMPLE BEHAVIORS

- a. Performs interventions* safely, effectively, efficiently, fluidly, and in a coordinated and technically competent* manner.
Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques*: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).
- b. Performs interventions consistent with the plan of care.
- c. Utilizes alternative strategies to accomplish functional goals.
- d. Follows established guidelines when implementing an existing plan of care.
- e. Provides rationale for interventions selected for patients presenting with various diagnoses.
- f. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.
- g. Assesses patient response to interventions and adjusts accordingly.
- h. Discusses strategies for caregivers to minimize risk of injury and to enhance function.
- i. Considers prevention*, health, wellness* and fitness* in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.
- j. Incorporates the concept of self-efficacy in wellness and health promotion.*

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-level Performance	Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm

 Final

PATIENT MANAGEMENT
EDUCATIONAL INTERVENTIONS*

14. Educates* others (patients, caregivers, staff, students, other health care providers*, business and industry representatives, school systems) using relevant and effective teaching methods.

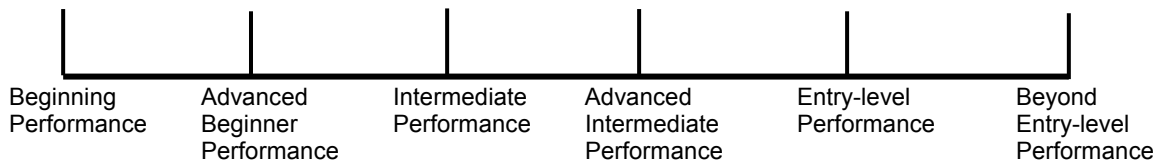
SAMPLE BEHAVIORS

- a. Identifies and establishes priorities for educational needs in collaboration with the learner.
- b. Identifies patient learning style (eg, demonstration, verbal, written).
- c. Identifies barriers to learning (eg, literacy, language, cognition).
- d. Modifies interaction based on patient learning style.
- e. Instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community.
- f. Ensures understanding and effectiveness of recommended ongoing program.
- g. Tailors interventions with consideration for patient family situation and resources.
- h. Provides patients with the necessary tools and education* to manage their problem.
- i. Determines need for consultative services.
- j. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (eg, ergonomic evaluations, school system assessments*, corporate environmental assessments*).
- k. Provides education and promotion of health, wellness, and fitness.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm

 Final

**PATIENT MANAGEMENT
DOCUMENTATION***

15. Produces quality documentation* in a timely manner to support the delivery of physical therapy services.

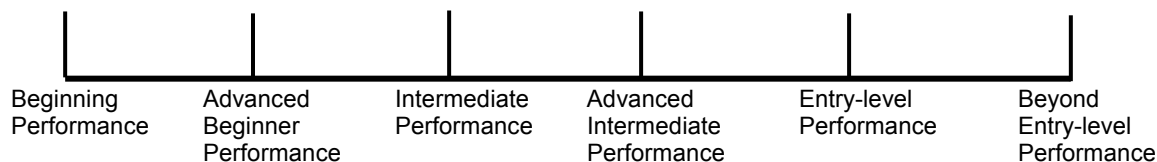
SAMPLE BEHAVIORS

- a. Selects relevant information to document the delivery of physical therapy care.
- b. Documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication* with others involved in the delivery of care.
- c. Produces documentation (eg, electronic, dictation, chart) that follows guidelines and format required by the practice setting.
- d. Documents patient care consistent with guidelines and requirements of regulatory agencies and third-party payers.
- e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.
- f. Produces documentation that is accurate, concise, timely and legible.
- g. Utilizes terminology that is professionally and technically correct.
- h. Documentation accurately describes care delivery that justifies physical therapy services.
- i. Participates in quality improvement* review of documentation (chart audit, peer review, goals achievement).

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm
 Final

PATIENT MANAGEMENT
OUTCOMES ASSESSMENT*

16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.*

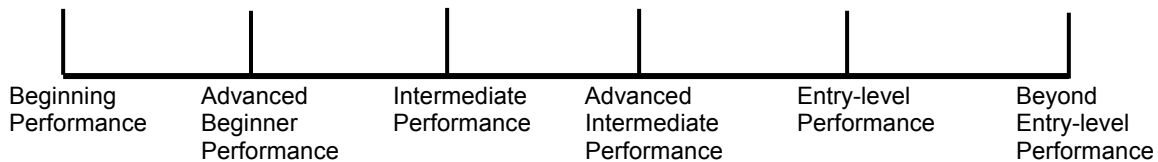
SAMPLE BEHAVIORS

- a. Applies, interprets, and reports results of standardized assessments throughout a patient's episode of care.
- b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.
- c. Seeks information regarding quality of care rendered by self and others under clinical supervision.
- d. Evaluates and uses published studies related to outcomes effectiveness.
- e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.
- f. Assesses the patient's response to intervention in practical terms.
- g. Evaluates whether functional goals from the plan of care have been met.
- h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm
 Final

PATIENT MANAGEMENT
FINANCIAL RESOURCES

17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.

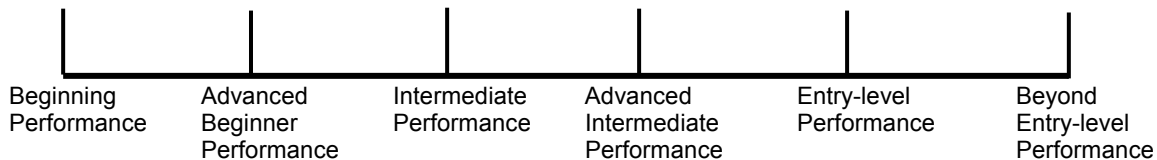
SAMPLE BEHAVIORS

- a. Schedules patients, equipment, and space.
- b. Coordinates physical therapy with other services to facilitate efficient and effective patient care.
- c. Sets priorities for the use of resources to maximize patient and facility outcomes.
- d. Uses time effectively.
- e. Adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements.
- f. Provides recommendations for equipment and supply needs.
- g. Submits billing charges on time.
- h. Adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility.
- i. Requests and obtains authorization for clinically necessary reimbursable visits.
- j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.
- k. Negotiates with reimbursement entities for changes in individual patient services.
- l. Utilizes the facility's information technology effectively.
- m. Functions within the organizational structure of the practice setting.
- n. Implements risk-management strategies (ie, prevention of injury, infection control, etc).
- o. Markets services to customers (eg, physicians, corporate clients*, general public).
- p. Promotes the profession of physical therapy.
- q. Participates in special events organized in the practice setting related to patients and care delivery.
- r. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm
 Final

PATIENT MANAGEMENT
DIRECTION AND SUPERVISION OF PERSONNEL

18. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

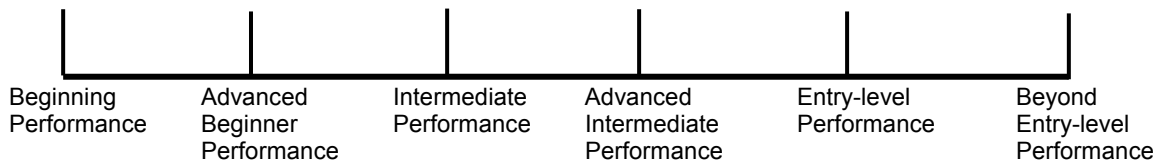
SAMPLE BEHAVIORS

- a. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
- b. Applies time-management principles to supervision and patient care.
- c. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (eg, secretary, volunteers, PT Aides, Physical Therapist Assistants).
- d. Determines the amount of instruction necessary for personnel to perform directed tasks.
- e. Provides instruction to personnel in the performance of directed tasks.
- f. Supervises those physical therapy services directed to physical therapist assistants* and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
- g. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.
- h. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.
- i. Demonstrates respect for the contributions of other support personnel.
- j. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant’s ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
- k. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm
 Final

SUMMATIVE COMMENTS

Given this student's level of academic and clinical preparation and the objectives for this clinical experience, identify strengths and areas for further development. If this is the student's final clinical experience, comment on the student's readiness to practice as a physical therapist.

AREAS OF STRENGTH

Midterm:

Final:

AREAS FOR FURTHER DEVELOPMENT

Midterm:

Final:

OTHER COMMENTS

Midterm:

Final:

RECOMMENDATIONS

Midterm:

Final:

EVALUATION SIGNATURES

MIDTERM EVALUATION

For the Student

I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I have completed the on-line training (website) prior to using this instrument and completed the PT CPI midterm self-assessment according to the training and directions. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

Signature of Student

Date

Name of Academic Institution

For the Evaluator(s)

I/We, the evaluator(s), have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I/We have completed the on-line training (website) prior to using this instrument. I/We have completed this instrument, as the evaluator(s) according to the training and directions for the PT CPI. I/We have prepared, reviewed, and discussed the midterm completed PT CPI with the student with respect to his/her clinical performance.

Evaluator Name (1) (Print)

Position/title

Signature of Evaluator (1)

Date

Evaluator Name (2) (Print)

Position/Title

Signature of Evaluator (2)

Date

CCCE Signature

Date

FINAL EVALUATION

For the Student

I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I have completed the on-line training (website) prior to using this instrument and completed the PT CPI final self-assessment according to the training and directions. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

Signature of Student

Date

Name of Academic Institution

For the Evaluator(s)

I/We, the evaluator(s), have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I/We have completed the on-line training (website) prior to using this instrument. I/We have completed this instrument, as the evaluator(s) according to the training and directions for the PT CPI. I/We have prepared, reviewed, and discussed the final completed PT CPI with the student with respect to his/her clinical performance.

Evaluator Name (1) (Print)

Position/title

Signature of Evaluator (1)

Date

Evaluator Name (2) (Print)

Position/Title

Signature of Evaluator (2)

Date

CCCE Signature

Date

GLOSSARY

Academic coordinator/Director of clinical education (ACCE/DCE): Individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating clinical site and clinical faculty development. This person also is responsible for the academic program and student performance, and maintaining current information on clinical sites.

Accountability: Active acceptance of responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society. ([Professionalism in Physical Therapy: Core Values](#), August 2003.)

Adaptive devices: A variety of implements or equipment used to aid patients/clients in performing movements, tasks, or activities. Adaptive devices include raised toilet seats, seating systems, environmental controls, and other devices.

Advanced beginner performance: A student who requires clinical supervision 75% – 90% of the time with simple patients, and 100% of the time with complex patients. At this level, the student demonstrates developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions) but is unable to perform skilled examinations, interventions, and clinical reasoning skills. The student may begin to share a caseload with the clinical instructor.

Advanced intermediate performance: A student who requires clinical supervision less than 25% of the time with new or complex patients and is independent with simple patients. At this level, the student is proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. The student is able to maintain 75% of a full-time physical therapist's caseload.

Altruism: The primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self interest. ([Professionalism in Physical Therapy: Core Values](#), August 2003.)

Assessment: The measurement or quantification of a variable or the placement of a value on something. Assessment should not be confused with [examination](#) or [evaluation](#).

Beginning performance: A student who requires close clinical supervision 100% of the time with constant monitoring and feedback, even with simple patients. At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner. Performance reflects little or no experience. The student does not carry a caseload.

Beyond entry-level performance: A student who requires no clinical supervision with simple, highly complex patients, and is able to function in unfamiliar or ambiguous situations. Student is capable of supervising others. At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others. Student is able to maintain 100% of a full-time physical therapist's caseload, seeks to assist others where needed. The student willingly assumes a leadership role for managing more difficult or complex cases. Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.

Caring: The concern, empathy, and consideration for the needs and values of others. ([Professionalism in Physical Therapy: Core Values](#), August 2003.)

Caregiver: One who provides care, often used to describe a person other than a health care professional.

Case management: The coordination of patient care or client activities.

Center Coordinator of Clinical Education: Individual who administers, manages, and coordinates CI assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of persons to serve as clinical instructors for students, supervises clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.

Client: An individual who is not necessarily sick or injured but who can benefit from a physical therapist's consultation, professional advice, or services. A client also is a business, a school system, or other entity that may benefit from specific recommendations from a physical therapist.

Clinical decision making (CDM): Interactive model in which hypotheses are generated early in an encounter based on initial cues drawn from observation of the patient or client, a letter of referral, the medical record, or other resources.

Clinical education experiences: These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge and skills in the clinical environment. Experiences would include those of short and long duration (eg, part-time, full-time, internships) and those that provide a variety of learning experiences (eg, rotations on different units within the same practice setting, rotations between different practice settings within the same health care system) to include comprehensive care of patients across the life span and related activities.

Clinical indications: The patient factors (eg, symptoms, impairments, deficits) that suggest that a particular kind of care (examination, intervention) would be appropriate.

Clinical instructor (CI): Individual at the clinical education site who directly instructs and supervises students during their clinical learning experiences. CIs are responsible for facilitating clinical learning experiences and assessing students' performance in cognitive, psychomotor, and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. (Syn: *clinical teacher, clinical tutor, and clinical supervisor.*)

Clinical reasoning: A systematic process used to assist students and practitioners in inferring or drawing conclusions about patient/client care under various situations and conditions.

Cognitive: Characterized by awareness, reasoning, and judgment.

Communication: A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.

Compassion: The desire to identify with or sense something of another's experience; a precursor of caring. ([Professionalism in Physical Therapy: Core Values](#), August 2003.)

Competence: The possession, application, and evaluation of requisite professional knowledge, skills, and abilities to meet or exceed the performance standards, based on the physical therapist's roles and responsibilities, within the context of public health, welfare, and safety.

Competency: A significant, skillful, work-related activity that is performed efficiently, effectively, fluidly, and in a coordinated manner.

Complexity: Multiple requirements of the tasks or environment (eg, simple, complex), or patient (see Complex patient). The complexity of the tasks or environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.

Complex patient: Refers to patients presenting with multiple co-morbidities, multi-system involvement, needs for extensive equipment, multiple lines, cognitive impairments, and multifaceted psychosocial needs. As a student progresses through clinical education experiences, the student should be able to manage patients with increasingly more complex conditions with fewer elements or interventions controlled by the CI.

Conflict management: The act, manner, or practice of handling or controlling the impact of disagreement, controversy, or opposition; may or may not involve resolution of the conflict.

Consistency: The frequency of occurrences of desired behaviors related to the performance criterion (eg, infrequently, occasionally, and routinely). As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

Consultation: The rendering of professional or expert opinion or advice by a physical therapist. The consulting physical therapist applies highly specialized knowledge and skills to identify problems, recommend solutions, or produce a specified outcome or product in a given amount of time. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Consumer: One who acquires, uses, or purchases goods or services; any actual or potential recipient of health care.

Cost-effectiveness: Economically worthwhile in terms of what is achieved for the amount of money spent; tangible benefits in relation to expenditures.

Critical inquiry: The process of applying the principles of scientific methods to read and interpret professional literature, participate in research activities, and analyze patient care outcomes, new concepts, and findings.

Cultural awareness: Refers to the basic idea that behavior and ways of thinking and perceiving are culturally conditioned rather than universal aspects of human nature. (Pusch MD, ed. *Multicultural Education*. Yarmouth, Maine: Intercultural Press Inc; 1999.)

Cultural competence: Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups. "Competence" implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities. (Working definition adapted from *Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda*, Office of Minority Health, Public Health Service, U S Department of Health and Human Services; 1999.)

Cultural sensitivity: Awareness of cultural variables that may affect assessment and treatment. (Paniagua FA. *Assessing and Treating Culturally Diverse Clients*. Thousand Oaks, Calif: Sage Publications; 1994.)

Diagnosis: Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Diagnostic process: The evaluation of information obtained from the patient examination organized into clusters, syndromes, or categories.

Differential diagnosis: The determination of which one of two or more different disorders or conditions is applicable to a patient or client.

Direct access: Practice mode in which physical therapists examine, evaluate, diagnose, and provide interventions to patients/clients without a referral from a gatekeeper, usually the physician.

Disability: The inability to perform or a limitation in the performance of actions, tasks, and activities usually expected in specific social roles that are customary for the individual or expected for the person's status or role in a specific sociocultural context and physical environment. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Disease: A pathological condition or abnormal entity with a characteristic group of signs and symptoms affecting the body and with known or unknown etiology. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Discharge: The process of ending physical therapy services that have been provided during a single episode of care, when the anticipated goals and expected outcomes have been achieved. Discharge does not occur with a transfer (that is, when the patient is moved from one site to another site within the same setting or across setting during a single episode of care). ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Documentation: All written forms of communication provided related to the delivery of patient care, to include written correspondence, electronic record keeping, and word processing.

Dysfunction: Disturbance, impairment, or abnormality of function of an organ. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Education: Knowledge or skill obtained or developed by a learning process; a process designed to change behavior by formal instruction and/or supervised practice, which includes teaching, training, information sharing, and specific instructions.

Efficiency: The ability to perform in a cost-effective and timely manner (eg, inefficient/slow, efficient/timely). As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely.

Empathy: The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.

Entry-level performance: A student who requires no guidance or clinical supervision with simple or complex patients. Consults with others and resolves unfamiliar or ambiguous situations. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. The student is able to maintain 100% of a full-time physical therapist's caseload in a cost effective manner.

Episode of physical therapy prevention: A series of occasional, clinical, educational, and administrative services related to primary prevention, wellness, health promotion, and to the preservation of optimal function. Prevention services and programs that promote health, wellness, and fitness are a vital part of the practice of physical therapy. No defined number or range of number of visits is established for this type of episode. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Evaluation: A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. No defined number or range of number of visits is established for this type of episode. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Evidenced-based practice: Integration of the best possible research evidence with clinical expertise and patient values, to optimize patient/client outcomes and quality of life to achieve the highest level of excellence in clinical practice. (Sackett DL, Haynes RB, Guyatt GH, Tugwell P. *Clinical Epidemiology: A Basic Science for Clinical Medicine*. 2nd ed. Boston: Little, Brown and Company; 1991:1.) Evidence includes randomized or nonrandomized controlled trials, testimony or theory, meta-analysis, case reports and anecdotes, observational studies, narrative review articles, case series in decision making for clinical practice and policy, effectiveness research for guidelines development, patient outcomes research, and coverage decisions by health care plans.

Examination: A comprehensive and specific testing process performed by a physical therapist that leads to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems reviews, and tests and measures. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Excellence: Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. ([Professionalism in Physical Therapy: Core Values](#), August 2003.)

Fiscal management: An ability to identify the fiscal needs of a unit and to manage available fiscal resources to maximize the benefits and minimize constraints.

Fitness: A dynamic physical state—comprising cardiovascular/pulmonary endurance; muscle strength, power, endurance, and flexibility; relaxation; and body composition—that allows optimal and efficient performance of daily and leisure activities. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Function: The special, normal, or proper action of any part or organ; an activity identified by an individual as essential to support physical and psychological well-being as well as to create a personal sense of meaningful living; the action specifically for which a person or thing is fitted or employed; an act, process, or series of processes that serve a purpose; to perform an activity or to work properly or normally.

Functional limitation: A restriction of the ability to perform a physical action, activity, or task in a typically expected, efficient, or competent manner. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Functional outcomes: The desired result of an act, process, or intervention that serves a purpose (eg, improvement in a patient's ability to engage in activities identified by the individual as essential to support physical or psychological well-being).

Goals: The intended results of patient/client management. Goals indicate changes in impairment, functional limitations, and disabilities and changes in health, wellness, and fitness needs that are expected as a result of implementing the plan of care. Goals should be measurable and time limited (if required, goals may be expressed as short-term and long-term goals.) ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Guide to Physical Therapist Practice: Document that describes the scope of practice of physical therapy and assists physical therapists in patient/client management. Specifically, the *Guide* is designed to help physical therapists: 1) enhance quality of care, 2) improve patient/client satisfaction, 3) promote appropriate utilization of health care services, 4) increase efficiency and reduce unwarranted variation in the provision of services, and 5) promote cost reduction through prevention and wellness initiatives. The *Guide* also provides a framework for physical therapist clinicians and researchers as they refine outcomes data collection and analysis and develop questions for clinical research. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Health care provider: A person or organization offering health services directly to patients or clients.

Health promotion: The combination of educational and environmental supports for actions and conditions of living conducive to health. The purpose of health promotion is to enable people to gain greater control over the determinants of their own health. (Green LW, Kreuter MW. *Health Promotion Planning*. 2nd ed. Mountain View, Calif: Mayfield Publishers; 1991:4.)

Health status: The level of an individual's physical, mental, affective, and social function: health status is an element of well-being.

History: An account of past and present health status that includes the identification of complaints and provides the initial source of information about the patient. The history also suggests the patient's ability to benefit from physical therapy services.

Personnel management: Selection, training, supervision, and deployment of appropriately qualified persons for specific tasks/functions.

Impairment: A loss or abnormality of physiological, psychological, or anatomical structure or function. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Integrity: Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do. ([Professionalism in Physical Therapy: Core Values](#), August 2003.)

Intermediate clinical performance: A student who requires clinical supervision less than 50% of the time with simple patients, and 75% of the time with complex patients. At this level, the student is proficient with simple tasks and is developing the ability to perform skilled examinations, interventions, and clinical reasoning. The student is able to maintain 50% of a full-time physical therapist's caseload.

Intervention: The purposeful interaction of the physical therapist with the patient/client, and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques to produce changes in the condition. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Manual therapy techniques: Skilled hand movements intended to improve tissue extensibility; increase range of motion; induce relaxation; mobilize or manipulate soft tissue and joints; modulate pain; and reduce soft tissue swelling, inflammation, or restriction. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Mobilization/manipulation: A manual therapy technique comprising a continuum of skilled passive movements to the joints and/or related soft tissues that are applied at varying speeds and amplitudes, including a small amplitude/high velocity therapeutic movement. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Multicultural/multilingual: Characteristics of populations defined by changes in the demographic patterns of consumers.

Negotiation: The act or procedure of treating another or others in order to come to terms or reach an agreement.

Objective: A measurable behavioral statement of an expected response or outcome; something worked toward or striven for; a statement of direction or desired achievement that guides actions and activities.

Outcomes assessment of the individual: Performed by the physical therapist and is a measure (or measures) of the intended results of patient/client management, including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are

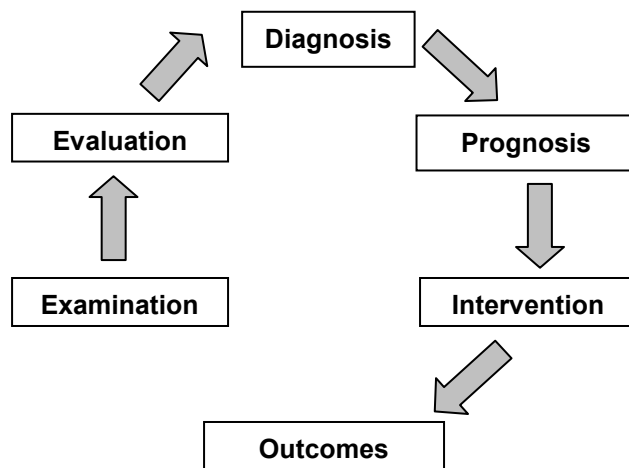
expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

Outcomes assessment of groups of patients/clients: Performed by the physical therapist and is a measure [or measures] of physical therapy care to groups of patients/clients including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are expected as the results of that physical therapy.

Outcomes analysis: A systematic examination of patient/client outcomes in relation to selected patient/client variables (eg, age, sex, diagnosis, interventions performed); outcomes analysis may be used in quality assessment, economic analysis of practice, and other processes.

Patients: Individuals who are the recipients of physical therapy and direct interventions.

Patient/client management model:



(Adapted from the [Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Performance criterion: A description of outcome knowledge, skills, and behaviors that define the expected performance of students. When criteria are taken in aggregate, they describe the expected performance of the graduate upon entry into the practice of physical therapy.

Physical function: Fundamental components of health status describing the state of those sensory and motor skills necessary for mobility, work, and recreation.

Physical therapist: A licensed health care professional who offers services designed to preserve, develop, and restore maximum physical function.

Physical therapist assistant: An educated health care provider who performs physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

Plan of care: (Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Practice management: The coordination, promotion, and resource (financial and human) management of practice that follows regulatory and legal guidelines.

Practitioner of choice: Consumers choose the most appropriate health care provider for the diagnosis, intervention, or prevention of an impairment, functional limitation, or disability.

Presenting problem: The specific dysfunction that causes an individual to seek attention or intervention (ie, chief complaint).

Prevention: Activities that are directed toward 1) achieving and restoring optimal functional capacity, 2) minimizing impairments, functional limitations, and disabilities, 3) maintaining health (thereby preventing further deterioration or future illness), 4) creating appropriate environmental adaptations to enhance independent function. *Primary prevention:* Prevention of disease in a susceptible or potentially susceptible population through such specific measures as general health promotion efforts. *Secondary prevention:* Efforts to decrease the duration of illness, severity of diseases, and sequelae through early diagnosis and prompt intervention. *Tertiary prevention:* Efforts to limit the degree of disability and promote rehabilitation and restoration of function in patients/clients with chronic and irreversible diseases. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Professional duty: Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society. ([Professionalism in Physical Therapy: Core Values](#), August 2003.)

Professionalism: The conduct, aims, or qualities that characterize or mark a profession or a professional person; A systematic and integrated set of core values that through assessment, critical reflection, and change, guides the judgment, decisions, behaviors, and attitudes of the physical therapist, in relation to patients/ clients, other professionals, the public, and the profession. (APTA Consensus Conference to Develop Core Values in Physical Therapy, July 2002, Alexandria, Va)

Prognosis: The determination by the physical therapist of the predicted optimal level of improvement in function and the amount of time needed to reach that level. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Quality: The degree of skill or competence demonstrated (eg, limited skill, high skill), the relative effectiveness of the performance (eg, ineffective, highly effective), and the extent to which outcomes meet the desired goals. A continuum of quality might range from demonstration of limited skill and effectiveness to a highly skilled and highly effective performance.

Quality improvement (QI): A management technique to assess and improve internal operations. Quality improvement focuses on organizational systems rather than individual performance and seeks to continuously improve quality rather than reacting when certain baseline statistical thresholds are crossed. The process involves setting goals, implementing systematic changes, measuring outcomes, and making subsequent appropriate improvements. (www.tmci.org/other_resources/glossaryquality.html#quality)

Role: A behavior pattern that defines a person's social obligations and relationships with others (eg, father, husband, son).

Reexamination: The process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Screening: Determining the need for further examination or consultation by a physical therapist or for referral to another health professional. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.) (See also: [Cognitive screening](#).)

Social responsibility: The promotion of a mutual trust between the physical therapist as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. ([Professionalism in Physical Therapy: Core Values](#), August 2003.)

Supervision/guidance: Level and extent of assistance required by the student to achieve clinical performance at entry-level. As a student progresses through clinical education experiences, the degree of monitoring needed is expected to progress from full-time monitoring/direct supervision or cuing for assistance to initiate, to independent performance with consultation. The degree of supervision and guidance may vary with the complexity of the patient or environment.

Technically competent: Correct performance of a skill.

Tests and measures: Specific standardized methods and techniques used to gather data about the patient/client after the history and systems review have been performed. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Treatment: The sum of all interventions provided by the physical therapist to a patient/client during an episode of care. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Wellness: An active process of becoming aware of and making choices toward a more successful existence. (National Wellness Organization. *A Definition of Wellness*. Stevens Point, Wis: National Wellness Institute Inc; 2003.)

**APPENDIX A
EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Competent)**

EXAMINATION*

9. Performs a physical therapy patient examination* using evidenced-based* tests and measures.

SAMPLE BEHAVIORS

- a) Obtains a history from patients and other sources as part of the examination.*
- b) Utilizes information from history and other data (eg, laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
- c) Performs systems review.
- d) Selects evidence-based tests and measures* that are relevant to the history, chief complaint, and screening.

Tests and measures* (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.

- e) Conducts tests and measures accurately and proficiently.
- f) Sequences tests and measures in a logical manner to optimize efficiency*.
- g) Adjusts tests and measures according to patient's response.
- h) Performs regular re-examinations of patient status.
- i) Performs an examination using evidence based test and measures.

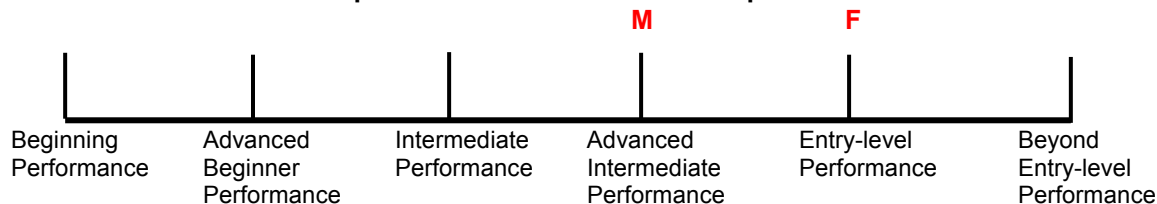
MIDTERM COMMENTS: (Provide comments based on the performance dimensions including *supervision/ guidance, quality, complexity, consistency, and efficiency.*)

This student requires guidance 25% of the time in selecting appropriate examination methods based on the patient's history and initial screening. Examinations are performed consistently, accurately, thoroughly, and skillfully. She almost always is able to complete examinations in the time allotted, except for patients with the most complex conditions. She manages a 75% caseload of the PT with some difficulty and requires assistance in completing the examination for a patient with a complex condition of dementia and multiple diagnoses. Overall she has achieved a level of performance consistent with advanced intermediate performance for this criterion and continues to improve in all areas.

FINAL COMMENTS: (Provide comments based on the performance dimensions including *supervision/ guidance, quality, complexity, consistency, and efficiency*.*)

This student requires no guidance in selecting appropriate examination methods for patients with complex conditions and with multiple diagnoses. Examinations are performed consistently and skillfully. She consistently selects all appropriate examination methods based on the patient's history and initial screening. She consistently completes examinations in the time allotted and manages a 100% caseload of the PT. She is able to examine a number of patients with complex conditions and with multiple diagnoses with only minimal input from the CI. Overall this student has improved across all performance dimensions to achieve entry-level clinical performance.

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm
 Final

**APPENDIX A
EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Not Competent)**

EXAMINATION*

9. Performs a physical therapy patient examination* using evidenced-based* tests and measures.

SAMPLE BEHAVIORS

- e) Obtains a history from patients and other sources as part of the examination.
- f) Utilizes information from history and other data (eg, laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
- g) Performs systems review.
- h) Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening.
 - Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
- j) Conducts tests and measures accurately and proficiently.
- k) Sequences tests and measures in a logical manner to optimize efficiency*.
- l) Adjusts tests and measures according to patient's response.
- m) Performs regular re-examinations of patient status.
- n) Performs an examination using evidence based test and measures.

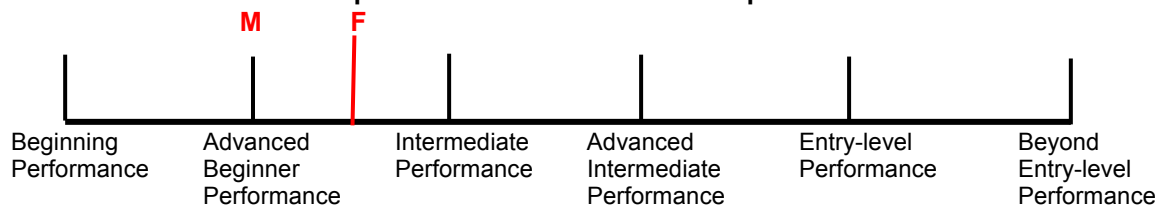
MIDTERM COMMENTS: (Provide comments based on the performance dimensions including *supervision/guidance, quality, complexity, consistency, and efficiency**.)

This student requires guidance 75% of the time to select relevant tests and measures and does not ask relevant background questions to identify tests and measures needed. Tests and measures selected are inappropriate for the patient's diagnosis and condition. When questioned, he is unable to explain why specific tests and measures were selected. He is not accurate in performing examination techniques (eg, fails to correctly align the goniometer, places patients in uncomfortable examination positions) and requires assistance when completing exams on all patients with complex conditions and with 75% of patients with simple conditions. He is unable to complete 60% of the exams in the time allotted and demonstrates difficulty across all performance dimensions for the final clinical experience.

FINAL COMMENTS: (Provide comments based on the performance dimensions including *supervision/guidance, quality, complexity, consistency, and efficiency**.)

This student requires guidance 50% of the time to select relevant tests and measures. He selects tests and measures that are appropriate for patients with simple conditions 50% of the time, however 50% of the time is unable to explain the tests and measures selected. Likewise, 50% of the time, he selects tests and measures that are inappropriate for the patient's diagnosis. He demonstrates 50% accuracy in performing the required examination techniques, including goniometry and requires assistance to complete examinations on 95% of patients with complex conditions and 50% of patients with simple conditions. He is unable to complete 50% of the exams in the time allotted. Although some limited improvement has been shown, performance across all performance dimensions for the final clinical experience is still in the advanced beginner performance interval, which is below expected performance of entry-level on this criterion for a final clinical experience.

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm Final

**APPENDIX A
COMPLETED FOR INTERMEDIATE EXPERIENCE (COMPETENT)**

EXAMINATION*

9. Performs a physical therapy patient examination* using evidenced-based* tests and measures.

SAMPLE BEHAVIORS

- i) Obtains a history from patients and other sources as part of the examination.
- j) Utilizes information from history and other data (eg, laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
- k) Performs systems review.
- l) Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening.
Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
- o) Conducts tests and measures accurately and proficiently.
- p) Sequences tests and measures in a logical manner to optimize efficiency*.
- q) Adjusts tests and measures according to patient's response.
- r) Performs regular re-examinations of patient status.
- s) Performs an examination using evidence based test and measures.

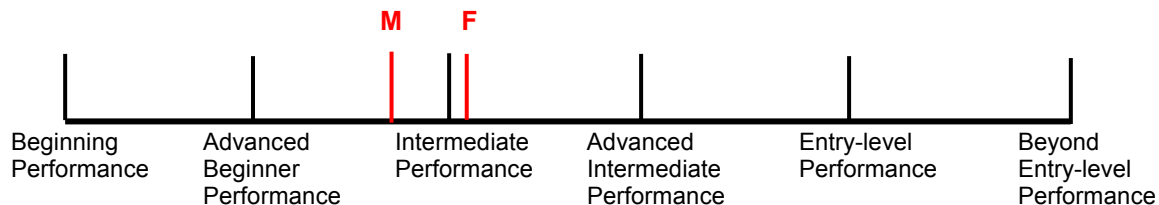
MIDTERM COMMENTS: (Provide comments based on the performance dimensions including *supervision/guidance, quality, complexity, consistency, and efficiency**)

This student requires supervision for managing patients with simple conditions 50% of the time and managing patients with complex neurological conditions 95% of the time. He selects relevant examination methods for patients with simple conditions 85% of the time, however sometimes over tires patients during the examination. He requires limited assistance to perform examination methods accurately (sensory testing) and completes examinations in the time allotted most of the time. He carries a 25% caseload of the PT and is able to use good judgment in the selection and implementation of examinations for this level of clinical experience.

FINAL COMMENTS: (Provide comments based on the performance dimensions including *supervision/guidance, quality, complexity, consistency, and efficiency**)

The student requires supervision for managing patients with simple conditions 25% of the time and managing patients with complex conditions 75% of the time. He selects relevant examination methods for patients with simple conditions 100% of the time and consistently monitors the patient's fatigue level during the examination. He performs complete and accurate examinations of patients with simple orthopedic conditions and is beginning to describe movement patterns in patients with complex neurological conditions. However, he continues to require frequent input to complete a neurological examination and is unable to consistently complete examinations in the time allotted. He carries a 50% caseload of the PT and has shown improvement in advancing from advanced beginner performance to intermediate performance for this second clinical experience.

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm

 Final

APPENDIX B

PT CPI Performance Criteria Matched with Evaluative Criteria for PT Programs

This table provides the physical therapist academic program with a mechanism to relate the performance criteria from the *Physical Therapist Clinical Performance Instrument* with the *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*.¹

Evaluative Criteria for Accreditation of Physical Therapist Programs	Physical Therapist Clinical Performance Instrument Performance Criteria (PC)
Accountability (5.1-5.5)	Accountability (PC #3; 5.1-5.3) Professional Development (PC #6; 5.4, 5.5)
Altruism (5.6, 5.7)	Accountability (PC #3; 5.6 and 5.7)
Compassion/Caring (5.8, 5.9)	Professional Behavior (PC #2; 5.8) Plan of Care (PC #12; 5.9)
Integrity (5.10)	Professional Behavior (PC #2; 5.10)
Professional Duty (5.11-5.16)	Professional Behavior (PC #2; 5.11, 5.15, 5.16) Professional Development (PC #6, 5.12, 5.13, 5.14, 5.15)
Communication (5.17)	Communication (PC #4; 5.17)
Cultural Competence (5.18)	Cultural Competence (PC #5, 5.18)
Clinical Reasoning (5.19, 5.20)	Clinical Reasoning (PC #7; 5.19, 5.20)
Evidenced-Based Practice (5.21-5.25)	Clinical Reasoning (PC #7; 5.21, 5.22, 5.23) Professional Development (PC #6; 5.24, 5.25)
Education (5.26)	Educational Interventions (PC #14; 5.26)
Screening (5.27)	Screening (PC #8; 5.27)
Examination (5.28-5.30)	Examination (PC #9; 5.28, 5.29, 5.30)
Evaluation (5.31)	Evaluation (PC #10; 5.31)
Diagnosis (5.32)	Diagnosis and Prognosis (PC #11; 5.32)
Prognosis (5.33)	Diagnosis and Prognosis (PC #11; 5.33)
Plan of Care (5.34-5.38)	Plan of Care (PC #12; 5.34, 5.35, 5.36, 5.37, 5.38) Safety (PC #1; 5.35)
Intervention (5.39-5.44)	Procedural Interventions (PC #13; 5.39) Direction and Supervision of Personnel (PC #18; 5.40) Educational Interventions (PC #14; 5.41) Documentation (PC #15; 5.42) Financial Resources (PC #17; 5.43) Safety (PC #1; 5.44)
Outcomes Assessment (5.45-5.49)	Outcomes Assessment (PC #16; 5.45, 5.46, 5.47, 5.48, 5.49)
Prevention, Health Promotion, Fitness, and Wellness (5.50-5.52)	Procedural Interventions (PC #13; 5.50, 5.52) Educational Interventions (PC #14; 5.51, 5.52)
Management in Care Delivery (5.53-5.56)	Screening (PC #8; 5.53; 5.54, 5.55) Plan of Care (PC #12; 5.55, 5.56 [<i>however not specifically stated as case management*</i>]) Financial Resources (PC #17; 5.55)
Practice Management (5.57-5.61)	Financial Resources (PC #17; 5.58, 5.60, 5.61) Direction and Supervision of Personnel (PC #18; 5.57) Not included: 5.59
Consultation (5.62)	Screening (PC #8; 5.62) Educational Interventions (PC #14; 5.62)
Social Responsibility and Advocacy (5.63-5.66)	Accountability (PC #2; 5.63-5.66)

¹*Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists (Draft 3).* Commission on Accreditation in Physical Therapy Education, APTA: Alexandria, VA; 2004:7-10.

APPENDIX C
DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
<i>Performance Dimensions</i>	
Supervision/ Guidance	<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.
Quality	<p>Degree of knowledge and skill proficiency demonstrated.</p> <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.
Complexity	<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
Consistency	<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
Efficiency	<p>Ability to perform in a cost-effective and timely manner.</p> <ul style="list-style-type: none"> ▪ As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.
<i>Rating Scale Anchors</i>	
Beginning performance	<ul style="list-style-type: none"> • A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions. • At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner. • Performance reflects little or no experience. • The student does not carry a caseload.
Advanced beginner performance	<ul style="list-style-type: none"> • A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions. • At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills. • The student may begin to share a caseload with the clinical instructor.
Intermediate performance	<ul style="list-style-type: none"> • A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions. • At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. • The student is capable of maintaining 50% of a full-time physical therapist's caseload.
Advanced intermediate performance	<ul style="list-style-type: none"> • A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. • At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. • The student is capable of maintaining 75% of a full-time physical therapist's caseload.
Entry-level performance	<ul style="list-style-type: none"> • A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions. • At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. • Consults with others and resolves unfamiliar or ambiguous situations. • The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.
Beyond entry-level performance	<ul style="list-style-type: none"> • A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations. • At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others. • The student is capable of maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed. • The student is capable of supervising others. • The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.

1.0 THE PHILOSOPHY OF THE CLINICAL EDUCATION SITE AND PROVIDER OF PHYSICAL THERAPY FOR PATIENT/CLIENT CARE AND CLINICAL EDUCATION IS COMPATIBLE WITH THAT OF THE ACADEMIC PROGRAM.

1.1 The philosophies of the clinical education site and the academic program must be compatible, but not necessarily identical or in complete accord.

1.2 The clinical education site and the provider of physical therapy should have a written statement of philosophy.

1.2.1 The statement of philosophy may include comments concerning responsibilities for patient and client care, community service and resources, and educational and scholarly activities.

2.0 CLINICAL EDUCATION EXPERIENCES FOR STUDENTS ARE PLANNED TO MEET SPECIFIC OBJECTIVES OF THE ACADEMIC PROGRAM, THE PROVIDER OF PHYSICAL THERAPY, AND THE INDIVIDUAL STUDENT.

2.1 Planning for students should take place through communication* among the Center Coordinator of Clinical Education (CCCE), the Clinical Instructors (CIs), and the Academic Coordinator/Director of Clinical Education (ACCE/DCE).

2.1.1 The provider of physical therapy has clearly defined, written objectives for its clinical education programs consistent with the philosophy and requirements of each academic program.

2.1.2 Clinical education objectives should be written specifically for the provider of physical therapy by physical therapy personnel.

2.1.3 Students should participate in planning their learning experiences according to mutually agreed-on objectives.

2.1.4 CIs should be prepared to modify learning experiences to meet individual student needs, objectives, and interests.

2.2 A thorough orientation to the clinical education program and the personnel of the clinical education site should be planned for students.

2.2.1 Organized procedures for the orientation of students exists. These procedures may include providing an orientation manual, a facility tour, and information related to housing, transportation, parking, dress code, documentation, scheduling procedures, and other important subjects.

2.3 Evaluation of student performance is an integral part of the learning plan to ensure that objectives are met.

2.3.1 Opportunities for discussion of strengths and weaknesses should be scheduled on a continual basis.

2.3.2 The provider of physical therapy provides both constructive and cumulative evaluations of students. These will be provided in both written and verbal forms, and the evaluation frequency will be scheduled as mutually agreed on by the academic program and the provider of physical therapy.

3.0 PHYSICAL THERAPY PERSONNEL PROVIDE SERVICES IN AN ETHICAL AND LEGAL MANNER.

3.1 All physical therapists and physical therapist assistants provide services in an ethical and legal manner as outlined by the state standards of practice, the state practice act, clinical education site policy, the APTA *Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant, Guide to Physical Therapist Practice*, and the policy and positions of the APTA.

3.1.1 The clinical education site has evidence of valid licensure, registration, or certification for all physical therapists and physical therapist assistants, where appropriate.

3.1.2 The provider of physical therapy has a current policy and procedure manual, which includes a copy of the state practice act and interpretive rules and regulations, the APTA *Code of Ethics, Standards for Ethical Conduct for the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Affiliate Member, Guide to Physical Therapist Practice*, and a clinical education site code of ethics, if available.

3.2 The clinical education site policies are available to the personnel and students.

3.2.1 Written policies should include, but not be limited to, statements on patients/clients' rights, release of confidential information, photographic permission, clinical research, informed consent, and safety and infection control.

3.2.2 The clinical education site has a mechanism for reporting unethical, illegal, unprofessional, or incompetent* practice.

4.0 THE CLINICAL EDUCATION SITE IS COMMITTED TO THE PRINCIPLE OF EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION AS REQUIRED BY FEDERAL LEGISLATION.

4.1 The clinical education site adheres to affirmative action policies and does not discriminate on the basis of race, creed, color, gender, age, national or ethnic origin, sexual orientation, or disability or health status. These policies apply to recruiting, hiring, promoting, retaining, training, or recommending benefits for all personnel.

4.1.1 The clinical education site has written statements regarding nondiscrimination in its hiring, promotion, and retention practices.

4.2 The clinical education site does not discriminate against students and ensures that each student is provided equal opportunities, learning experiences, and benefits.

4.2.1 The clinical education site does not discriminate in the selection or assignment of students or their learning experiences. Evidence of this nondiscrimination may be demonstrated through the clinical education agreement.*

4.2.2 The clinical education site is sensitive to issues of individual and cultural diversity in clinical education.

4.2.3 The clinical education site makes reasonable accommodations for personnel and students according to ADA* guidelines.

5.0 THE CLINICAL EDUCATION SITE DEMONSTRATES ADMINISTRATIVE SUPPORT OF PHYSICAL THERAPY CLINICAL EDUCATION.

5.1 A written clinical education agreement, in a format acceptable to both parties, exists between each academic program and each clinical education site.

5.1.1 A corporate clinical education agreement with an academic program may exist to cover multiple clinical education sites.

5.2 The clinical education site demonstrates support of the participation of its personnel in clinical education activities.

5.2.1 The clinical education site promotes participation of personnel as CIs and CCCEs.

5.2.2 The clinical education site facilitates growth of clinical educators by providing educational opportunities related to clinical education such as in-service presentations, CI training and credentialing programs, and attendance at clinical education conferences.

5.2.3 The clinical education site demonstrates commitment to clinical education by reasonable allocation of resources.

5.3 Administrative support should be demonstrated by the inclusion of a statement of educational commitment within the clinical education site's philosophy statement.

5.4 A clinical education program manual exists, which might include, but should not be limited to, structure of the program, roles and responsibilities of personnel, quality improvement mechanism, policies

and procedures, sample forms, and a listing of current academic program relationships.

6.0 THE CLINICAL EDUCATION SITE HAS A VARIETY* OF LEARNING EXPERIENCES AVAILABLE TO STUDENTS.

6.1 Students in clinical education are primarily concerned with delivery of services to patients/clients; therefore, the provider of physical therapy must have an adequate number and variety of patients/clients.

6.1.1 The primary commitment of students is to patient/client care, including when appropriate, screening, examination, evaluation, diagnosis,* prognosis,* intervention, outcomes, and re-examination (see *Guide to Physical Therapist Practice*).

6.1.2 Provision of a "variety of learning experiences" may include, but should not be limited to, patient/client acuity, continuum of care, presence of a PT/PTA team, complexity of patient/client diagnoses and environment, health care systems, and health promotion.

6.1.3 The clinical education site provides a clinical experience appropriate to the students' level of education and prior experiences.

6.1.4 The clinical education site will provide, if available and appropriate, opportunities for students to participate in other patient/client-related experiences, including, but not limited to, attendance on rounds, planning conferences, observation of other health professionals and medical procedures, and health promotion programs.

6.1.5 The provider of physical therapy has adequate equipment to provide contemporary services to conduct screenings or perform examinations and interventions.

6.1.6 The provider of physical therapy indicates the types of clinical learning experiences that are offered (eg, observational, part-time and full-time).

6.2 Other learning experiences should include opportunities in management practice services (eg, indirect patient/client care). For physical therapist students, these opportunities may include consultation, education, critical inquiry, administration,* and social responsibility. For physical therapist assistant students, these opportunities may include education, administration, and social responsibility.

6.2.1 The clinical education site will expose students to various management practices, if available and appropriate, such as

resource utilization, quality improvement, reimbursement, cost containment, scheduling, and productivity.

6.2.2 The clinical education site will expose students to various delegation and supervision experiences, if available and appropriate, such as direction and appropriate utilization of support personnel.

6.2.3 The clinical education site will expose students to teaching experiences, if available and appropriate, such as in-service programs and patient/client, family, caregiver, and consumer education.

6.2.4 The clinical education site will expose students to various scholarly activities, if available and appropriate, such as journal club, continuing education/in-services, literature review, case study, and clinical research.

7.0 THE CLINICAL EDUCATION SITE PROVIDES AN ACTIVE, STIMULATING ENVIRONMENT APPROPRIATE TO THE LEARNING NEEDS OF STUDENTS.

7.1 The desirable learning environment in the clinical education site demonstrates characteristics of effective management, positive morale, collaborative working relationships, and interdisciplinary patient/client management procedures.

7.1.1 Less tangible characteristics of the site's personnel include receptiveness, a variety of expertise, interest in evidence-based interventions, and involvement with care providers outside of physical therapy.

7.2 There is evidence of continuing and effective communication within the clinical education site.

7.2.1 Possible mechanisms of verbal communication might include personnel meetings, advisory committee meetings, and interaction with other care providers, referral agencies, and consumers.

7.2.2 Possible written communications available include regular monthly or yearly reports, memorandums, and evaluations.*

7.2.3 Possible use of information technology includes e-mail, voice mail, computer documentation, and electronic pagers.

7.3 The physical environment for clinical education should include adequate space for the student to conduct patient/client interventions and practice management services.

7.3.1 The physical environment may include some or all of the following physical resources: lockers for personal belongings, study/charting area, area for private conferences, classroom/conference space, and library resources.

7.3.2 Patient and client-care areas are of adequate size to accommodate patients/clients, personnel, students, and necessary equipment.

7.4 The learning environment need not be elaborate, but should be organized, dynamic, and challenging.

8.0 SELECTED SUPPORT SERVICES ARE AVAILABLE TO STUDENTS.

8.1 Evidence exists that, prior to arrival, students are advised in writing of the availability of support services within the clinical education site and procedures for access to such services.

8.1.1 Support services may include, but are not limited to: health care, emergency medical care, and pharmaceutical supplies; library facilities, educational media and equipment, duplicating services, and computer services; support for conducting critical inquiry; and room and board, laundry, parking, special transportation, and recreational facilities.

8.1.2 Support services will be provided for special learning needs of students within reasonable accommodations and in accordance with ADA guidelines.

9.0 ROLES AND RESPONSIBILITIES OF PHYSICAL THERAPY PERSONNEL ARE CLEARLY DEFINED.

9.1 Current job descriptions exist which are consistent with the respective state practice acts and rules and regulations, and are available for all physical therapy personnel.

9.1.1 Job responsibilities reflecting clinical education activities are clearly defined within the job descriptions of all physical therapy personnel.

9.2 Students are informed of the roles and responsibilities of all levels of personnel within the clinical education site and provider of physical therapy and how these responsibilities are distinguished from one another.

9.3 The clinical education site and the provider of physical therapy should have a current policy and procedure manual that includes a written organizational chart for the provider of physical therapy and for the provider of physical therapy in relation to the clinical education site.

9.3.1 The physical therapy organizational chart clearly identifies the lines of communication to be used by the student during clinical education experiences.*

9.3.2 Organizational charts should also reflect all personnel relationships, including the person to whom the students are responsible while at the clinical education site.

10.0 THE PHYSICAL THERAPY PERSONNEL ARE ADEQUATE IN NUMBER TO PROVIDE AN EDUCATIONAL PROGRAM FOR STUDENTS.

10.1 Comprehensive clinical education can be planned for students in a clinical education site with at least one physical therapist. The state practice act will serve as a guide to determine if a physical therapist assistant can supervise physical therapist assistant students without the on-site supervision of a physical therapist.

10.1.1 Direct clinical supervision of a physical therapist assistant student is delegated to a physical therapist or a physical therapist/physical therapist assistant team.

10.2 Student-personnel ratio can vary according to the provision of physical therapy services, the composition and expertise of the personnel, the educational preparation of students, the type (PT or PTA) of students, the learning needs of students, and the length of the clinical education assignments.

10.2.1 Alternative approaches to student supervision should be considered. Examples may include two or more students to one supervisor, and split supervision by two or more CIs or split supervision by rotation.

10.3 Physical therapist responsibilities for patient/client care, teaching, critical inquiry, and community service permit adequate time for supervision of physical therapy students.

11.0 A CENTER COORDINATOR OF CLINICAL EDUCATION IS SELECTED BASED ON SPECIFIC CRITERIA.

11.1 To qualify as a Center Coordinator of Clinical Education (CCCE), the individual should meet the *Guidelines for Center Coordinators of Clinical Education*. Preferably, a physical therapist and/or a physical therapist assistant is/are designated as the CCCE. Various alternatives may exist, including, but not limited to, non-physical therapist professionals who possess the skills to organize and maintain an appropriate clinical education program.*

11.1.1 If the CCCE *is a physical therapist or physical therapist assistant*, the CCCE should be experienced as a clinician; experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process.

11.1.2 If the CCCE *is not from the physical therapy profession*, the CCCE should be experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; be knowledgeable about the clinical education site and its resources; and serve as a consultant in the evaluation process. A physical therapist or physical therapist assistant who is experienced

as a clinician must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of physical therapist students is delegated to a physical therapist. Direct clinical supervision of the physical therapist assistant student is delegated to a physical therapist or a physical therapist/physical therapist assistant team.

11.2 Planning and implementing the clinical education program in the clinical education site should be a joint effort among all physical therapy personnel with the CCCE serving as the key contact person for the clinical education site with academic programs.

12.0 PHYSICAL THERAPY CLINICAL INSTRUCTORS ARE SELECTED BASED ON SPECIFIC CRITERIA.

12.1 To qualify as a Clinical Instructor (CI), individuals should meet the *Guidelines for Clinical Instructors*.

12.1.1 One year of clinical experience is preferred as the minimal criteria for serving as a CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.

12.1.2 CIs demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.

12.2 CIs should be able to plan, conduct, and evaluate a clinical education experience based on sound educational principles.

12.2.1 Necessary educational skills include the ability to develop written objectives for a variety of learning experiences, organize activities to accomplish these objectives, effectively supervise students to facilitate learning and clinical reasoning, and participate in a multifaceted process for evaluation of the clinical education experience.

12.2.2 The CI is evaluated on the actual application of educational principles.

12.3 The primary CI for physical therapist students must be a physical therapist.

12.4 The PT/PTA team is the preferred model of clinical instruction for the physical therapist assistant student to ensure that the student learns the appropriate aspects of the physical therapist assistant role.

12.4.1 Where the physical therapist is the CI, the preferred roles of the physical therapist assistant are to serve as a role model for the physical therapist assistant student and to maintain an active role in the feedback and evaluation of the physical therapist assistant student.

12.4.2 Where the physical therapist assistant is the CI, the preferred roles of the physical therapist are to observe and consult on an ongoing basis, to model the essentials of the PT/PTA relationship, and

to maintain an active role in feedback and evaluation of the physical therapist assistant students.

12.4.3 Regardless of who functions as the CI, a physical therapist will be the patient/client–care team leader with ultimate responsibility for the provision of physical therapy services to all patients/clients for whom the physical therapist assistant student provides interventions.

13.0 SPECIAL EXPERTISE OF THE CLINICAL EDUCATION SITE PERSONNEL IS AVAILABLE TO STUDENTS.

13.1 The clinical education site personnel, when appropriate, provide a variety of learning opportunities consistent with their areas of expertise.

13.1.1 Special expertise may be offered by select physical therapy personnel or by other professional disciplines that can broaden the knowledge and competence of students.

13.1.2 Special knowledge and expertise can be shared with students through in-service education, demonstrations, lectures, observational experiences, clinical case conferences, meetings, or rotational assignments.

13.1.3 The involvement of the individual student in these experiences is determined by the CI.

14.0 THE CLINICAL EDUCATION SITE ENCOURAGES CLINICAL EDUCATOR (CI and CCCE) TRAINING AND DEVELOPMENT.

14.1 Clinical education sites foster participation in formal and informal clinical educator training, conducted either internally or externally.

14.1.1 The ACCE and the CCCE may collaborate on arrangements for presenting materials on clinical teaching to the CIs.

14.1.2 The clinical education site should provide support for attendance at clinical education conferences and clinical teaching seminars on the consortia, regional, component, and national levels.

14.1.3 The APTA Clinical Instructor Education and Credentialing Program is recommended for clinical educators.

15.0 THE CLINICAL EDUCATION SITE SUPPORTS ACTIVE CAREER DEVELOPMENT FOR PERSONNEL.

15.1 The clinical education site's policy and procedure manuals outline policies concerning on-the-job training, in-service education, continuing education, and post–entry level study.

15.2 The clinical education site supports personnel participation in various development programs through mechanisms such as release time for in-services, on-site continuing education programs, or financial support and educational time for external seminars and workshops.

15.3 In-service education programs are scheduled on a regular basis and should be planned by personnel of the clinical education site.

15.4 Student participation in career development activities is expected and encouraged.

16.0 PHYSICAL THERAPY PERSONNEL ARE ACTIVE IN PROFESSIONAL ACTIVITIES.

16.1 Activities may include, but are not limited to, self-improvement activities, career enhancement activities, membership in professional associations (eg, American Physical Therapy Association), activities related to offices or committees, written or verbal presentations, community and human service organization activities, and other special activities.

16.2 The physical therapy personnel should be encouraged to be active at local, state, component, or national levels.

16.3 The physical therapy personnel should provide students with information about professional activities and encourage their participation.

16.4 The physical therapy personnel should be knowledgeable of professional issues.

16.5 The physical therapy personnel should be members of the American Physical Therapy Association.

17.0 THE PROVIDER OF PHYSICAL THERAPY HAS AN ACTIVE AND VIABLE PROCESS OF INTERNAL EVALUATION OF ITS AFFAIRS AND IS RECEPTIVE TO PROCEDURES OF REVIEW AND AUDIT APPROVED BY APPROPRIATE EXTERNAL AGENCIES AND CONSUMERS.

17.1 Performance evaluations of physical therapy personnel should be completed at regularly scheduled intervals and should include appropriate feedback to the individuals evaluated.

17.2 Evaluation of the provider of physical therapy should occur at regularly scheduled intervals.

17.2.1 Evaluation methods may include, but are not limited to, continuous quality improvement, peer review, utilization review, medical audit, program evaluation, and consumer satisfaction monitors.

17.2.2 Evaluations should be continuous and include all aspects of the service, including, but not limited to, consultation, education, critical inquiry, and administration.

17.3 The clinical education site has successfully met the requirements of appropriate external agencies.

17.4 The provider of physical therapy involves students in the review processes as possible.

17.5 The physical therapy clinical education program should be reviewed and revised as changes occur in objectives, programs, and personnel.

The foundation for this document is:

Barr JS, Gwyer J. *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. Alexandria, VA: American Physical Therapy Association; 1981:3–8.

The development of this document was a result of combined efforts of the Task Force on Clinical Education, 1989–1991 and the Task Force on Clinical Education 1992–1994.

Revisions of this document are based on:

1. American Physical Therapy Association. Guide to Physical Therapist Practice. *Phys Ther*. 1997;77:1155–1674.
2. American Physical Therapy Association. *A Normative Model of Physical Therapist Professional Education: Version 97*. Alexandria, Va: American Physical Therapy Association; 1997.
3. American Physical Therapy Association. *A Normative Model of Physical Therapist Assistant Education: First Revision, January 1998*. Alexandria, Va: American Physical Therapy Association; 1998.
4. American Physical Therapy Association. Physical Therapist Clinical Performance Instrument. *Physical Therapy Clinical Performance Instruments*. Alexandria, Va: American Physical Therapy Association; 1998.
5. American Physical Therapy Association. Physical Therapist Assistant Clinical Performance Instrument. *Physical Therapy Clinical Performance Instruments*. Alexandria, Va: American Physical Therapy Association; 1998.
6. Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. *1997–1998 Accreditation Handbook*. Alexandria, Va: American Physical Therapy Association; 1997: 42–74.
7. Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. *1997–1998 Accreditation Handbook*. Alexandria, Va: American Physical Therapy Association; 1997: 17–41.

Guidelines for Clinical Instructors

1.0 THE CLINICAL INSTRUCTOR (CI) DEMONSTRATES CLINICAL COMPETENCE, AND LEGAL AND ETHICAL BEHAVIOR THAT MEETS OR EXCEEDS THE EXPECTATIONS OF MEMBERS OF THE PROFESSION OF PHYSICAL THERAPY.

1.1 One year of clinical experience is preferred as minimal criteria for serving as the CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.

1.1.1 The CI demonstrates a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.

1.2 The CI is a competent physical therapist or physical therapist assistant.

1.2.1 The CI demonstrates a systematic approach to patient/client care using the patient/client management model described in the *Guide to Physical Therapist Practice*.

1.2.2 The CI uses critical thinking in the delivery of health services.

1.2.3 Rationale is provided by:

1.2.3.1 The physical therapist for examination, evaluation, diagnosis, prognosis, interventions, outcomes, and re-examinations.

1.2.3.2 The physical therapist assistant for data collection, interventions, and outcomes.

1.2.4 The CI demonstrates effective time-management skills.

1.3 The CI adheres to legal practice standards.

1.3.1 The CI holds a valid license, registration, or certification as required by the state in which the individual provides physical therapy services.

1.3.2 The CI provides physical therapy services that are consistent with the respective state practice act and interpretive rules and regulations.

1.3.3 The CI provides physical therapy services that are consistent with state and federal legislation, including, but not limited to, equal opportunity and affirmative action policies, ADA, and informed

consent.

1.3.3.1 The physical therapist is solely responsible for ensuring the patient's/client's informed consent to have a student involved in providing physical therapy services.

1.4 The CI demonstrates ethical behavior.

1.4.1 The CI provides physical therapy services ethically as outlined by the clinical education site policy and the *APTA Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Affiliate Member, and Guide to Physical Therapist Practice*.

2.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

2.1 The CI uses verbal, nonverbal, and written communication skills and information technology to clearly express himself or herself to students and others.

2.1.1 The CI defines performance expectations for students.

2.1.2 The CI and student(s) collaborate to develop mutually agreed-on goals and objectives for the clinical education experience.

2.1.3 The CI provides feedback to students.

2.1.4 The CI demonstrates skill in active listening.

2.1.5 The CI provides clear and concise communication.

2.2 The CI is responsible for facilitating communication.

2.2.1 The CI encourages dialogue with students.

2.2.2 The CI provides time and a place for ongoing dialogue to occur.

2.2.3 The CI initiates communication that may be difficult or confrontational.

2.2.4 The CI is open to and encourages feedback from students, clinical educators, and other colleagues.

3.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS.

3.1 The CI forms a collegial relationship with students.

3.1.1 The CI models behaviors and conduct, and instructional and supervisory skills that are expected of the physical therapist/physical

therapist assistant and demonstrates an awareness of the impact of this role modeling on students.

3.1.2 The CI promotes the student as a colleague to others.

3.1.3 The CI demonstrates respect for and sensitivity to individual and cultural differences.

3.1.4 The CI is willing to share his or her strengths and weaknesses with students.

3.2 The CI is approachable by students.

3.2.1 The CI assesses and responds to student concerns with empathy, support or interpretation, as appropriate.

3.3 The CI interacts with patients/clients, colleagues, and other health care providers to achieve identified goals.

3.4 The CI represents the physical therapy profession positively by assuming responsibility for career and self-development and demonstrates this responsibility to the students.

3.4.1 Activities for development may include, but are not limited to: continuing education courses, journal club, case conferences, case studies, literature review, facility sponsored courses, post-entry-level education, area consortia programs, and active involvement in professional associations (eg, American Physical Therapy Association)

4.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

4.1 The CI collaborates with students to plan learning experiences.

4.1.1 Based on a plan, the CI implements, facilitates, and evaluates learning experiences with students.

4.1.2 Learning experiences should include both patient/client interventions and patient management activities.

4.2 The CI demonstrates knowledge of the student's academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience.

4.3 The CI recognizes and uses the entire clinical environment for potential learning experiences, both planned and unplanned.

4.4 The CI integrates knowledge of various learning styles to implement strategies that accommodate students' needs.

4.5 The CI sequences learning experiences to promote progression of the students' personal and educational goals.

4.5.1 The CI monitors and modifies learning experiences in a timely manner based on the quality of the student's performance.

5.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

5.1 The CI supervises the student in the clinical environment by clarifying goals, objectives, and expectations.

5.1.1 The CI presents clear performance expectations to students at the beginning and throughout the learning experience.

5.1.2 Goals and objectives are mutually agreed-on by the CI and student(s).

5.2 Feedback is provided both formally and informally.

5.2.1 To provide student feedback, the CI collects information through direct observation and discussion with students, review of the students' patient/client documentation, available observations made by others, and students' self-assessments.

5.2.2 The CI provides frequent, positive, constructive, and timely feedback.

5.2.3 The CI and students review and analyze feedback regularly and adjust the learning experiences accordingly.

5.3 The CI performs constructive and cumulative evaluations of the students' performance.

5.3.1 The CI and students both participate in ongoing formative evaluation.

5.3.2 Cumulative evaluations are provided at least at midterm and at the completion of the clinical education experience and include student self-assessments.

6.0 THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS.

6.1 The CI articulates observations of students' knowledge, skills, and behavior as related to specific student performance criteria.

6.1.1 The CI familiarizes herself or himself with the student's evaluation instrument prior to the clinical education experience.

6.1.2 The CI recognizes and documents students' progress, identifies areas of entry-level competence, areas of distinction, and areas of performance that are unsafe or ineffective.

6.1.3 Based on areas of distinction, the CI plans, in collaboration with the CCCE and the ACCE/DCE, when applicable, activities that continue to challenge students' performance.

6.1.4 Based on the areas identified as inadequate, the CI plans, in collaboration with the CCCE and ACCE/DCE, when applicable, remedial activities to address specific deficits in student performance.

6.2 The CI demonstrates awareness of the relationship between the academic program and clinical education site concerning student performance evaluations, grading, remedial activities, and due process in the case of student failure.

6.3 The CI demonstrates a constructive approach to student performance evaluation that is educational, objective, and reflective and engages students in self-assessment (eg, problem identification, processing, and solving) as part of the performance evaluation process.

6.4 The CI fosters student evaluations of the clinical education experience, including learning opportunities, CI and CCCE performance, and the evaluation process.

The foundation for this document is:

Barr JS, Gwyer J. *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. Alexandria, VA: American Physical Therapy Association; 1981:3–8.

Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. *1997–1998 Accreditation Handbook*. Alexandria, Va: American Physical Therapy Association; 1997:42–74.

Moore ML, Perry JF. *Clinical Education in Physical Therapy: Present Status/Future Needs*. Alexandria, Va: American Physical Therapy Association and the Section for Education; 1976.

The development of this document was a result of combined efforts of the Task Force on Clinical Education, 1989–1991 and the Task Force on Clinical Education 1992–1994.

Revisions of this document are based on:

American Physical Therapy Association. Guide to Physical Therapist Practice. *Phys Ther*. 1997;77:1155–1674.

American Physical Therapy Association. *A Normative Model of Physical Therapist Professional Education: Version 97*. Alexandria, Va: American Physical Therapy Association; 1997.

American Physical Therapy Association. *A Normative Model of Physical*

Therapist Assistant Education: First Revision, January 1998.
Alexandria, Va: American Physical Therapy Association; 1998.

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Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. *1997–1998 Accreditation Handbook.* Alexandria, Va: American Physical Therapy Association; 1997: 42–74.

Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. *1997–1998 Accreditation Handbook.* Alexandria, Va: American Physical Therapy Association; 1997: 17–41.

CENTER COORDINATORS OF CLINICAL EDUCATION

Appendix E

Guidelines for Center Coordinators of Clinical Education

1.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION (CCCE) HAS SPECIFIC QUALIFICATIONS AND IS RESPONSIBLE FOR COORDINATING THE ASSIGNMENTS AND ACTIVITIES OF STUDENTS AT THE CLINICAL EDUCATION SITE.

1.1 To qualify as a Center Coordinator of Clinical Education (CCCE), an individual should meet the *Guidelines for Center Coordinators of Clinical Education*. Preferably, a physical therapist or a physical therapist assistant is designated as the CCCE. Various alternatives may exist, including, but not limited to, nonphysical therapist professionals who possess the skills to organize and maintain an appropriate clinical education program.

1.1.1 If the CCCE *is a physical therapist or physical therapist assistant*, he or she should be experienced as a clinician; experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; knowledgeable about the clinical education site and its resources; and serve as a consultant in the evaluation process.

1.1.1.1 The CCCE meets the requirements of the APTA *Guidelines for Clinical Instructors*.

1.1.2 If the CCCE *is not from the physical therapy profession*, the CCCE should be experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; knowledgeable of the clinical education site and its resources; and serve as a consultant in the evaluation process. A physical therapist or physical therapist assistant who is experienced as a clinician must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of a physical therapist student is delegated to a physical therapist. Direct clinical supervision of a physical therapist assistant student is delegated to a physical therapist or a physical therapist/physical therapist assistant team.

1.1.2.1 The CCCE meets the nondiscipline-specific APTA *Guidelines for Clinical Instructors* (ie, Guidelines 2.0, 3.0, 4.0, and 5.0).

1.2 The CCCE demonstrates knowledge of contemporary issues of clinical practice, management of the clinical education program, educational theory, and issues in health care delivery.

1.3 The CCCE demonstrates ethical and legal behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy.

2.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE COMMUNICATION AND INTERPERSONAL SKILLS.

2.1 The CCCE interacts effectively and fosters collegial relationships with parties internal and external to the clinical education site, including students, clinical education site personnel, and representatives of the academic program.

2.1.1 The CCCE performs administrative functions between the academic program and clinical education site, including, but not limited to, completion of the clinical center information forms (CCIF), clinical education agreements, student placement forms,* and policy and procedure manuals.

2.1.2 The CCCE provides consultation to the clinical instructor (CI) in the evaluation process regarding clinical learning experiences.

2.1.3 The CCCE serves as a representative of the clinical education site to academic programs.

2.1.4 The CCCE is knowledgeable about the affiliated academic programs and their respective curricula and disseminates the information to clinical education site personnel.

2.1.5 The CCCE communicates with the Academic Coordinator of Clinical Education* (ACCE) regarding clinical education planning, evaluation, and CI development.

2.1.6 The CCCE is open to and encourages feedback from students, CIs, ACCEs, and other colleagues.

2.1.7 The CCCE demonstrates respect for and sensitivity to individual and cultural differences.

3.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

3.1 The CCCE plans and implements activities that contribute to the professional development of the CIs.

3.1.1 The CCCE is knowledgeable about the concepts of adult and lifelong learning and life span development.

3.1.2 The CCCE recognizes the uniqueness of teaching in the clinical context.

3.2 The CCCE identifies needs and resources of CIs in the clinical education site.

3.3 The CCCE, in conjunction with CIs, plans and implements alternative or remedial learning experiences for students experiencing difficulty.

3.4 The CCCE, in conjunction with CIs, plans and implements challenging clinical learning experiences for students demonstrating distinctive performance.

3.5 The CCCE, in conjunction with CIs, plans and implements learning experiences to accommodate students with special needs.

4.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

4.1 The CCCE supervises the educational planning, clinical experiences, and performance evaluation of the CI(s)/students(s) team.

4.1.1 The CCCE provides consistent monitoring and feedback to CIs about clinical education activities.

4.1.2 The CCCE serves as a resource to both CIs and students.

4.1.3 The CCCE assists in planning and problem solving with the CI(s)/student(s) team in a positive manner that enhances the clinical learning experience.

5.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE PERFORMANCE EVALUATION SKILLS.

5.1 The CCCE is knowledgeable about educational evaluation methodologies and can apply these methodologies to the physical therapy clinical education program.

5.2 The CCCE contributes to the clinical education site's process of personnel evaluation and development.

5.3 The CCCE provides feedback to CIs on their performance in relation to the *Guidelines for Clinical Instructors*.

5.3.1 The CCCE assists CIs in their goal setting and in documenting progress toward achievement of these goals.

5.4 The CCCE consults with CIs in the assessment of student performance and goal setting as it relates to specific evaluative criteria established by academic programs.*

5.4.1 For student remedial activities, the CCCE participates in the development of an evaluation plan to specifically document progress.

6.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE ADMINISTRATIVE AND MANAGERIAL SKILLS.

6.1 The CCCE is responsible for the management of a comprehensive clinical education program.

6.1.1 The clinical education program includes, but is not limited to, the program's goals and objectives; the learning experiences available and the logistical details for student placements; and a plan for CI training, evaluation, and development.

6.1.2 The CCCE implements a plan for program review and revision that reflects the changing health care environment.

6.2 The CCCE advocates for clinical education with the clinical education site's administration, the provider of physical therapy administration, and physical therapy personnel.

6.3 The CCCE serves as the clinical education site's formal representative and liaison with academic programs.

6.3.1 Activities include scheduling; providing information, documentation, and orientation to incoming students; and maintaining records of student performance, CI qualifications, and clinical education site resources.

6.4 The CCCE facilitates and maintains the necessary documentation to affiliate with academic programs.

6.4.1 The CCCE maintains current information, including clinical center information forms (eg, CCIF), clinical education agreements, and policy and procedure manuals.

6.5 The CCCE has effective relationships with clinical education site administrators, representatives of other disciplines, and other departments to enhance the clinical education program.

6.6 The CCCE demonstrates knowledge of the clinical education site's philosophy and commitment to clinical education.

6.7 The CCCE demonstrates an understanding of the clinical education site's quality improvement and assessment activities.

The foundation for this document is:

Barr JS, Gwyer J. *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. Alexandria, VA: American Physical Therapy Association; 1981: 3–8.

Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. *1997–1998 Accreditation Handbook*. Alexandria, Va: American Physical Therapy

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Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. *1997–1998 Accreditation Handbook*. Alexandria, Va: American Physical Therapy Association; 1997: 17–41.

GLOSSARY

Appendix F

ADA (Americans with Disabilities Act): The 1990 federal statute that prohibits discrimination against individuals in employment, public accommodations, etc.

Administration: The skilled process of planning, directing, organizing, and managing human, technical, environmental, and financial resources effectively and efficiently. A physical therapist or physical therapist assistant can perform administrative activities, based on recognition of additional formal and informal training, certification, or education.

Academic Coordinator of Clinical Education (ACCE): An individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating development of the clinical education site and clinical educators. This person is also responsible for coordinating student placements, communicating with clinical educators about the academic program and student performance, and maintaining current information on clinical education sites. (Synonym: Director of Clinical Education)

Academic Program: That aspect of the curriculum where students' learning occurs directly as a function of being immersed in the academic institution of higher education; the didactic component of the curriculum that is managed and controlled by the physical therapy educational program.

Affective: Relating to the expression of emotion (eg, affective behavior).

Center Coordinator of Clinical Education (CCCE): Individual(s) who administers, manages, and coordinates clinical instructor assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of persons to serve as clinical instructors for students, supervises clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.

Clients: Individuals who are not necessarily sick or injured but can benefit from a physical therapist's consultation, professional advice, or services. Clients are also businesses, school systems, families, caregivers, and others who benefit from physical therapy services.

Clinical Education Agreement: A legal contract that is negotiated between academic institutions and clinical education sites that specifies each party's roles, responsibilities, and liabilities relating to student clinical education. (Synonyms: letter of agreement, affiliation contract)

Clinical Education Consortia: The formation of regional groups that may include physical therapy programs or clinical educators for the express purpose of sharing resources, ideas, and efforts.

Clinical Education Experience: That aspect of the curriculum where students' learning occurs directly as a function of being immersed within physical therapy practice. These dynamic and progressive experiences comprise all of the direct and

indirect formal and practical "real life" learning experiences provided for students to apply classroom knowledge, skills, and behaviors in the clinical environment. These experiences can be of short or long duration (eg, part-time and full-time experiences, internships that are most often full-time post-graduation experiences for a period of one year) and can vary by the manner in which the learning experiences are provided (eg, rotations on different units that vary within the same setting, rotations between different practice settings within the same health care system). These experiences include comprehensive care of patients across the life span and related activities. (Synonym: Clinical Learning Experiences)

Clinical Education Program: That portion of a physical therapy program that is conducted in the health care environment rather than the academic environment; the sum of all clinical education experiences provided.

Clinical Education Site: The physical therapy practice environment where clinical education occurs; that aspect of the clinical education experience that is managed and delivered exclusively within the physical therapy practice environment and encompasses the entire clinical facility.

Clinical Instructor (CI): An individual at the clinical education site, who directly instructs and supervises students during their clinical learning experiences. These individuals are responsible for carrying out clinical learning experiences and assessing students' performance in cognitive,* psychomotor,* and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. (Synonyms: clinical teacher; clinical tutor; clinical supervisor)

Clinical Performance Instrument (CPI): American Physical Therapy Association developed student evaluation instruments that are used to assess the clinical education performance of physical therapist and physical therapist assistant students. The Physical Therapist CPI consists of 24 performance criteria and the Physical Therapist Assistant CPI consists of 20 performance criteria.

Cognitive: Characterized by knowledge, awareness, reasoning, and judgment.

Communication: A verbal or nonverbal exchange between two or more individuals or groups that is: open and honest; accurate and complete; timely and ongoing; occurs between physical therapists and physical therapist assistants as well as between patients, family or caregivers, health care providers, and the health care delivery system.

Competent: Demonstrates skill and proficiency in rendering physical therapy care (physical therapist), or those aspects of physical therapy care (eg, data collection, components of intervention) as delegated by the physical therapist (physical therapist assistant).

Competencies: A set of standard criteria, determined by practice setting and scope, by which one is objectively evaluated.

Cultural and Individual Differences: The recognition and respect for, and response to, age, gender, race, creed, national and ethnic origin, sexual orientation, marital status, health status, disability or limitations, socioeconomic status, and language.

Data Collection Skills: For the physical therapist assistant, this consists of:

- The processes or procedures used to gather information through observation; measurement; subjective, objective, and functional findings;
- The processes or procedures used to define progression toward goals;
- The interpretive processes or procedures used to make a judgment or decision within the plan of care established by the physical therapist;
- Those skills that must be integrated to achieve the most effective interventions and optimal outcomes.

Diagnosis: A label encompassing signs and symptoms, syndromes, or categories. It is also the decision reached as a result of the diagnostic process, which is the evaluation of information obtained from the patient examination that is organized into clusters, syndromes, or categories.

Ethical and Legal Behaviors: Those behaviors that result from a deliberate decision-making process that adheres to an established set of standards for conduct that are derived from values that have been mutually agreed-on and adopted for that group.

Evaluation: A dynamic process in which the physical therapist makes clinical judgments based on the data gathered during the examination.

Examination: The process of obtaining a history, performing relevant systems reviews, and selecting and administering specific tests and measures.

Intervention: The purposeful and skilled interaction of the physical therapist with the patient/client and, when appropriate, with other individuals involved in care, using various methods and techniques to produce changes in the condition.

Outcomes: Outcomes are the results of patient/client management. They relate to remediation of functional limitation and disability, primary or secondary prevention, and optimization of patient/client satisfaction.

Paraprofessional: When used in reference to physical therapy services, this designates the physical therapist assistant. The physical therapist assistant is a technically educated health care provider who assists the physical therapist in the provision of physical therapy (HOD 06-96-24-39).

Patients: Individuals who are the recipients of physical therapy direct intervention.

Philosophy: Broad context and theoretical framework provided for program purpose, organization, structure, goals, and objectives; a statement of philosophy under some conditions may be synonymous with a mission statement.

Physical Therapist: A person who is a graduate of an accredited physical therapist education program and is licensed to practice physical therapy.

Physical Therapist Assistant: A person who is a graduate of an accredited physical therapist assistant program and who assists the physical therapist in the provision of physical therapy. The physical therapist assistant may perform physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

Physical Therapist Patient Management Model: Elements of physical therapist patient care that lead to optimal outcomes through examination, evaluation, diagnosis, prognosis, and intervention and outcome (See Guide to Physical Therapist Practice, *Phys Ther.* 1997;1180).

Physical Therapy: Use of this term encompasses both physical therapists and physical therapist assistants.

Physical Therapy Aide: A non-licensed worker, trained under the direction of a physical therapist, who performs designated routine physical therapy tasks.

Physical Therapy Personnel: This includes all persons who are associated with the provision of physical therapy services, including physical therapists, physical therapist assistants who work under the direction and supervision of a physical therapist, and other support personnel. (Synonym: physical therapy staff)

Plan of Care: Statements that specify the anticipated long-term and short-term goals and the desired outcomes, predicted level of optimal improvement, specific interventions to be used, duration and frequency of the intervention required to reach the goals, and outcomes and criteria for discharge.

Primary Care: The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, who develop a sustained partnership with patients, and who practice in the context of family and community (Institute of Medicine, 1994); the earliest stage in the delivery of health care, usually associated with the concept of "gatekeeper."

Professional: A person who is educated to the level of possessing a unique body of knowledge, adheres to ethical conduct, requires licensure to practice, participates in the monitoring of one's peers, and is accepted and recognized by the public as being a professional. (See Physical Therapist.)

Prognosis: The determination of the level of optimal improvement that might be attained by the patient/client and the amount of time needed to reach that level.

Provider of Physical Therapy: This indicates the part of the clinical education experience that is managed and delivered exclusively under the direction of the physical therapist with the ability to delegate and supervise components of physical therapy care to the physical therapist assistant, physical therapy aides, and other support personnel.

Psychomotor: Refers to motor activity that is preceded by or related to mental activity.

Reexamination: The process by which patient/client status is updated following the initial examination because of new clinical indications, failure to respond to interventions, or failure to establish progress from baseline data.

Secondary Care: The management of patients seen initially by another practitioner and then referred to physical therapy; secondary care is provided in a wide range of settings, from hospitals to preschools.

Student Placement Forms: A questionnaire distributed by physical therapy education programs to clinical education sites requesting the number and type of available placements for students to complete clinical education experiences.

Supervision: A process where two or more people actively participate in a joint effort to establish, maintain, and elevate a level of performance; it is structured according to the supervisee's qualifications, position, level of preparation, depth of experience, and the environment in which the supervisee functions.

Tertiary Care: Highly specialized care, usually including a referral. Tertiary care may be defined by the setting (eg, an organ transplant unit) or by the sophistication of the service.

Treatment: One or more interventions used to cure or ameliorate impairments, functional limitations, or disability or otherwise produce changes in the health status of the patient; the sum of all interventions provided by the physical therapist to a patient/client during an episode of care.

Variety of Clinical Education Experiences: Considers multiple variables when providing students with clinical learning experiences relative to patient care including, but not limited to, patient acuity, continuum of care, use of a PT/PTA care delivery team, complexity of patient diagnoses and environment, and health care delivery system.



Immunization Form
for Colleges of Health Professions

University of New England and State of Maine Requirements

Name: _____ Date of Birth _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Cell: _____ Home: _____

COLLEGES of: Health Professions:

College of Osteopathic Medicine, College of Dental Medicine, College of Pharmacy, Nursing, Applied Exercise Science, Athletic Training, Sports Medicine, Dental Hygiene, Physical Therapy, Occupational Therapy, Physician's Assistant, Social Work and MSNA.

Tdap Vaccine: Date Administered: _____

Meningococcal Vaccine: (Residential Students Only) Date Administered: _____

Hepatitis B Series: (Three shot series)

(HEP B TITER REQUIRED)

Hepatitis B Surface Antibody Titer, Quantitative: REQUIRED

Dates Administered: #1 _____ #2 _____ #3 _____

Hepatitis B Antibody Titer: Result: Laboratory report **MUST** be attached.

*If titer proves **NEGATIVE** or **EQUIVOCAL**, a repeat of the Hepatitis B series of 3 vaccines is required.

*See Immunization Compliance Protocol for guidance. www.une.edu/studentlife/shc

MMR Series: (Two shot series)

Dates Administered: #1 _____ #2 _____

MMR Titer Required **ONLY** if unable to provide documentation of 2 immunizations.

MMR Antibody Titer, Quantitative: Result: Laboratory report **MUST** be attached.

*If titer proves **NEGATIVE** or **EQUIVOCAL**, then two administrations of the vaccine are required.

*See Immunization Compliance Protocol for guidance. www.une.edu/studentlife/shc

Varicella Series: (Two shot series)

Dates Administered: #1 _____ #2 _____

Varicella Titer Required **ONLY** if unable to provide documentation of 2 immunizations.

Varicella Antibody Titer, Quantitative: Result: Laboratory report **MUST** be attached.

*If titer proves **NEGATIVE** or **EQUIVOCAL**, then two administrations of the vaccine are required.

*See Immunization Compliance Protocol for guidance. www.une.edu/studentlife/shc



Immunization Form
for Colleges of Health Professions

University of New England and State of Maine Requirements

Name: _____ Date of Birth _____

<p>Tuberculin Skin Test: Two-step TB Testing is required. Testing must be within one year prior to UNE start date. The second TST must be placed 1-3 weeks after the first TST is planted. TB testing is repeated annually.</p> <p>(a) <input type="checkbox"/> History of childhood BCG vaccination (date: _____) (b) <input type="checkbox"/> Prior positive tuberculin skin test # mm induration: _____ (c) <input type="checkbox"/> History of latent TB Record antibiotic therapy, if taken: Start Date: _____ Date of Completion: _____ Date of chest X-ray (attach report): _____</p> <p style="text-align: center;">If you checked A, B, or C An Annual Tuberculosis Symptom Assessment is required This form is located on our website. http://www.une.edu/studentlife/shc</p>	<p>Two-Step Tuberculin Skin Test</p> <p>Step 1 Date Placed: _____ Date Read: _____ # mm induration: _____ <input type="checkbox"/> negative <input type="checkbox"/> consistent with latent TB</p> <p style="text-align: center;">Repeat 7 to 21 days after step 1</p> <p>Step 2 Date Placed: _____ Date Read: _____ # mm induration: _____ <input type="checkbox"/> negative <input type="checkbox"/> consistent with latent TB</p> <p style="background-color: yellow;">One tuberculin skin test is required annually thereafter.</p>
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Please mail or fax forms to Student Health Services at the appropriate campus	
11 Hills Beach Rd Biddeford, ME 04005 Tel: (207) 602-2358 Fax: (207) 602-5904	716 Stevens Ave. Portland, ME 04103 Tel: (207) 221-4242 Fax: (207) 523-1913

IMMUNIZATIONS DUE:

Spring Semester due: January 1st
Fall Semester due: July 1st
Winter Semester due: Oct 1st

Summer Semester due: April 1st
COM Semester due: June 1st

Health Care Provider Signature/Stamp (REQUIRED):

Signature of Health Care Provider

Date

Printed/Typed Name of Health Care Provider

Telephone Number



Student Data Form

I. Student's Personal Data:

Name _____ College or University _____ Clinical Exp: I II III IV V
 Preferred Mailing Address _____ City _____ State _____ Zip _____
Please print
 Cell Phone _____ Home Phone _____ E-Mail _____

Liability Insurance Carrier _____ Policy # _____
 Medical Insurance _____ Policy # _____

In Case of Emergency Contact Relationship _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone _____ Home Phone _____

Previous Clinical Experiences (list most recent first)

	Facility	Full time/Part time?	Length of Experience	Type of Experience (eg. OP ortho, acute)

Housing Information

I would: like to take advantage of the housing you offer
 like to review any housing information you may have available

I have housing available at
 I have a car I will rely on public transportation

II. LEARNING STYLE PROFILE

A. Please comment on how you prefer to learn.

B. Please comment on the amount and type of feedback you prefer while learning in a clinical setting.

III. STUDENT SELF-ASSESSMENT

Overview: The 18 items of the *Clinical Performance Instrument (CPI)* are grouped into two main categories of **Professional Practice** and **Patient Management**. The left hand column lists the subcategories in each and provides sample behaviors to consider when assessing your performance.

Directions:

1. In the second column, using the following key, indicate your level of exposure in each of the subcategories:

For first full-time experiences use the following choices:

- 4 = integrated clinic, classroom and lab
- 3 = integrated (or part-time) clinic only
- 2 = classroom and lab
- 1 = classroom only
- 0 = no exposure

For subsequent experiences add the following options:

- 6 = full time clinic, classroom and lab
- 5 = full time clinic only

2. Complete the third column **ONLY** if you have completed at least one full-time clinical experience. For your second clinical experience through your final clinical experience, *using the anchor definitions described below and considering the performance dimensions provided*, indicate your level of performance for each of the items listed by placing a vertical mark (|) on the rating scale. Note: You must meet **ALL** of the conditions of the anchor to place a mark directly on the anchor.
3. In the last column, using the anchor definitions and performance dimensions as a framework, provide a general statement of your performance for the entire category of items listed.

NOTE: Steps 1 and 2 provide a visual representation of your perceived level of performance. Step 3 provides a general overview of your exposure and competence in narrative form, and complements the information previously given to insure a well-rounded picture of your capabilities.

Anchor Definitions: (As read from left to right on the rating scale)



Beginning performance (bp):

- A student who requires close supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions
- At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner.
- Performance reflects little or no experience
- The student does not carry a caseload.

Advanced beginner performance (abp):

- A student who requires clinical supervision 75 – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.
- At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.
- The student may begin to share a caseload with the clinical instructor.

Intermediate performance (ip):

- A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.
- At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.
- The student is **capable of** maintaining 50% of a full-time physical therapist's caseload.

Advance intermediate performance (aip):

- A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.
- At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.
- The student is **capable of** maintaining 75% of a full-time physical therapist's caseload.

Entry-level performance (ep):

- A student who is **capable of** functioning without guidance or clinical supervision managing patients with simple or complex conditions.
- At this level the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions and clinical reasoning.
- Consults with others and resolves unfamiliar or ambiguous situations.
- The student is **capable of** maintaining 100% of a full-time physical therapists caseload in a cost effective manner.

Beyond entry-level performance (bep):

- A student who is **capable of** functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.
- At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.
- The student is **capable of** maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.
- The student is capable of supervising others.
- The student willingly assumes a leadership role for managing patients with more difficult or complex conditions.
- Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession

Performance Dimensions:

Quality = the degree of skill or competence demonstrated (eg, limited skill, high skill), the relative effectiveness of the performance (eg, ineffective, highly effective), and the extent to which outcomes meet the desired goals. A continuum of quality might range from demonstration of limited skill and effectiveness to a highly skilled and highly effective performance.

Supervision/guidance required = level and extent of assistance required by the student to achieve clinical performance at entry-level. As a student progresses through clinical education experiences, the degree of monitoring needed is expected to progress from full-time monitoring/direct supervision or cuing for assistance to initiate, to independent performance with consultation. The degree of supervision and guidance may vary with the complexity of the patient or the environment.

Consistency = the frequency of occurrences of desired behaviors related to the performance criterion (eg, infrequently, occasionally, routinely). As the student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

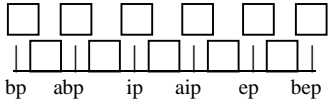
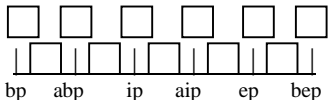
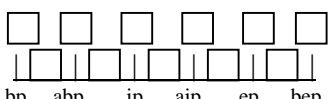
Complexity of tasks/environment = Multiple requirements of the patient or environment (eg, simple, complex). The complexity of the environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.

Efficiency = the ability to perform in a cost-effective and timely manner (eg, inefficient/slow, efficient/timely). As a student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely.

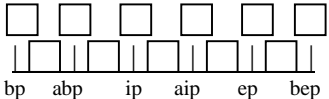
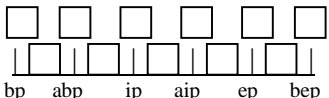
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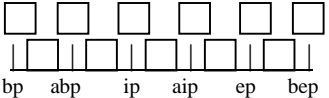
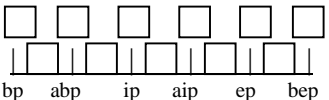
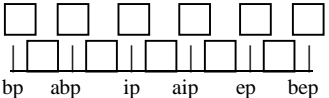
Professional Practice

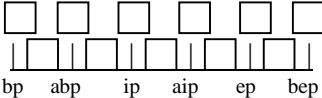
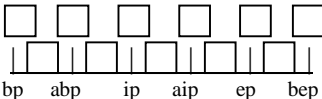
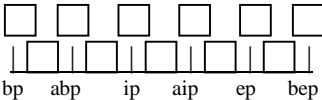
<i>Performance Item</i>	<i>Exposure</i>	<i>Competence</i>	<i>Narrative Comments</i>
<p>1. SAFETY: Practices in a safe manner that minimizes risk to patient’s self, and others (Establishes and maintains safe working environment; recognizes physiological and psychological changes in patients and adjusts patient intervention accordingly; demonstrates awareness of contraindications and precautions of patient intervention; ensures the safety of self, patient and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations, etc.); requests assistance when necessary; uses acceptable techniques for safe handling of patients (eg, body mechanics, guarding, level of assistance etc.); demonstrates knowledge of facility safety policies and procedures.</p>	5 6 4 3 2 1 0 _____		
<p>2. PROFESSIONAL BEHAVIOR: Demonstrates professional behavior in all situations (Demonstrates initiative (eg, arrives well prepared, offers assistance, seeks learning opportunities; is punctual and dependable; wears attire consistent with expectations of the practice setting; demonstrates integrity in all interactions; exhibits caring compassion, and empathy in providing services to patients; maintains productive working relationships with patients, families, CI and others; demonstrates behaviors that contribute to a positive work environment; accepts feedback without defensiveness; manages conflict in constructive ways; maintains patient privacy and modesty (eg, draping, confidentiality); values the dignity of patients as individuals; seeks feedback from clinical instructor related to clinical performance; provides effective feedback to CI related to clinical/teaching mentoring.</p>	5 6 4 3 2 1 0 _____		
<p>3. ACCOUNTABILITY: Practices in a manner consistent with established legal and professional standards and ethical guidelines. (Places patient’s needs above self interests; identifies, acknowledges, and accepts responsibility for actions and reports efforts; takes steps to remedy errors in a timely manner; abides by policies and procedures o the practice setting (eg, OSHA, HIPAA, PIPEDA [Canada] etc.); maintains patient confidentiality; adheres to legal practice standards including all federal, state/province, and institutional regulations related to patient care and fiscal management; identifies ethical or legal concerns and initiates action to address the concerns; displays generosity as evidenced in the use of time and effort to meet patient needs; recognize the need for physical therapy services to underserved and underrepresented populations; strive to provide patient/client services that go beyond expected standards of practice.</p>	5 6 4 3 2 1 0 _____		

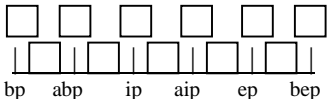
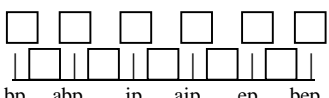
<p>4. COMMUNICATION: Communicates in ways that are congruent with situational needs. (Communicates, verbally and nonverbally, in a professional and timely manner; initiates communication in difficult situations; selects the most appropriate person(s) with whom to communicate; communicates respect for the roles and contributions of all participants in patient care; listens actively and attentively to understand what is being communicated by others; demonstrates professionally and technically correct written and verbal communication without jargon; communicates using nonverbal messages that are consistent with intended message; engages in ongoing dialogue with professional peers or team members; interprets and responds to the nonverbal communication of others; evaluates effectiveness of his/her own communication and modifies communication accordingly; seeks and responds to feedback from multiple sources in providing patient care; adjusts style of communication based on target audience; communicates with the patient using language the patient can understand (eg, translator, sign language, level of education, cognitive impairment, etc.).</p>	<p>5 6 4 3 2 1 0 _____</p>		
<p>5. CULTURAL COMPETENCE: Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. (Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services; communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status; provides care in a nonjudgmental manner when the patients' beliefs and values conflict with the individual's belief system; discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures; values the socio-cultural, psychological, and economic influences on patients and clients and responds accordingly; is aware of and suspends own social and cultural biases).</p>	<p>5 6 4 3 2 1 0 _____</p>		
<p>6. PROFESSIONAL DEVELOPMENT: Participates in self-assessment to improve clinical and professional performance: (Identifies strengths and limitations in clinical performance; seeks guidance as necessary to address limitations; uses self-evaluation ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice and professional development; acknowledges and accepts responsibility for and consequences of his or her actions; establishes realistic short and long-term goals in a plan for professional development; seeks out additional learning experiences to enhance clinical and professional performance; discusses progress of clinical and professional growth; accepts responsibility for continuous professional learning; discusses professional issues related to physical therapy practice; participated in professional activities beyond the practice environment; provides to and receives feedback from peers regarding performance, behaviors, and goals; provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc.) to achieve optimal patient care.</p>	<p>5 6 4 3 2 1 0 _____</p>		

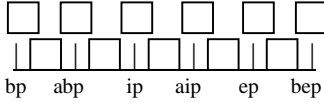
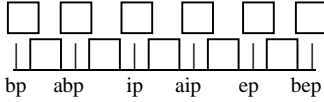
Patient Management

<i>Performance Item</i>	<i>Exposure</i>	<i>Competence</i>	<i>Narrative Comments</i>
<p>7. CLINICAL REASONING: Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management. (Presents a logical rationale (cogent and concise arguments) for clinical decisions; makes clinical decisions within the context of ethical practice; utilizes information from multiple data sources to make clinical decisions (eg, patient and caregivers, health care professionals, hooked on evidence, databases, medical records); seeks disconfirming evidence in the process of making clinical decisions; recognizes when plan of care and interventions are ineffective, identifies areas needing modification, and implements changes accordingly; critically evaluates published articles relevant to physical therapy and applies them to clinical practice; demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict; selects interventions based on the best available evidence, clinical expertise, and patient preferences; assesses patient response to interventions using credible measures; integrates patient needs and values in making decisions in developing the plan of care; clinical decisions focus on the whole person rather than the disease; recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.</p>	5 6 4 3 2 1 0 _____		
<p>8. SCREENING: Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional. (Utilizes tests and measures sensitive to indications for physical therapy intervention; advises practitioner about indications for intervention; reviews medical history from patients and other sources (eg, medical records, family, others health care staff; performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies; selects the appropriate screening tests and measurements; conducts tests and measurements appropriately; interprets tests and measurements accurately; analyzes and interprets the results and determines whether there is a need for further examination or referral to other services; chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary; conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.)</p>	5 6 4 3 2 1 0 _____		

<p>9. EXAMINATION: Performs a physical therapy patient examination using evidence-based tests and measures. (Obtains a history from patients and other sources as part of the examination; utilizes information from history and other data (eg, laboratory, diagnostic and pharmacological information) to formulate initial hypothesis and prioritize selection of tests and measures; performs systems review; selects evidence-based tests and measures that are relevant to the history, chief complaint and screening; conducts tests and measures accurately and proficiently; sequences tests and measures in a logical manner to optimize efficiency; adjusts tests and measures according to patient's response; performs regular reexaminations of patient status; performs an examination using evidence-based tests and measures.).</p> <p>NOTE: See appendix for list of tests and measures and items to consider during history taking (from the CPI and the Guide to Clinical Practice).</p>	<p>5 6 4 3 2 1 0 _____</p>		
<p>10. EVALUATION: Evaluates data from the patient examination (history, systems review, and tests and measurements) to make clinical judgments. (Synthesizes examination data and identifies pertinent impairments, functional limitations and quality of life [WHO – ICF Model for Canada]; makes clinical judgments based on data from examination (history, system review, tests and measurements; reaches clinical decisions efficiently; cites the evidence to support a clinical decision).</p>	<p>5 6 4 3 2 1 0 _____</p>		
<p>11. DIAGNOSIS AND PROGNOSIS: Determines a diagnosis and prognosis that guides future patient management. (Establishes a diagnosis for physical therapy intervention and list for differential diagnosis; determines a diagnosis that is congruent with pathology, impairment, functional limitation and disability; integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status; estimates the contribution of factors (eg, preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions; utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc) that help predict patient outcomes).</p>	<p>5 6 4 3 2 1 0 _____</p>		

<p>12. PLAN OF CARE: Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. (Establishes goals and desired functional outcomes that specify expected time durations; establishes a physical therapy plan of care in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services; establishes a plan of care consistent with the examination and evaluation; selects interventions based on the best available evidence and patient preferences; follows established guidelines (eg, best practice, clinical pathways, and protocol) when designing the plan of care; progresses and modifies plan of care and discharge planning based on patient responses; identifies the resources needed to achieve the goals included in the patient care; implements, monitors, adjusts, and periodically re-evaluates a plan of care and discharge planning; discusses the risks and benefits of the use of alternative interventions with the patient; identifies patients who would benefit from further follow-up; advocates for the patients' access to services).</p>	<p>5 6 4 3 2 1 0 _____</p>		
<p>13. PROCEDURAL INTERVENTIONS: Performs physical therapy interventions in a competent manner. (**Performs interventions safely, effectively, efficiently, fluidly and in a coordinated and technically competent manner; performs interventions consistent with the plan of care; utilizes alternative strategies to accomplish functional goals; follows established guidelines when implementing an existing plan of care; provides rationale for intervention selected for patients presenting with various diagnoses; adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions etc.; assesses patient response to interventions and adjusts accordingly; discusses strategies for caregivers to minimize risk of injury and to enhance function; considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems; incorporates the concept of self-efficacy in wellness and health promotion). **Note: See Appendix for list of interventions(from the CPI and Guide to Clinical Practice).</p>	<p>5 6 4 3 2 1 0 _____</p>		
<p>14. EDUCATIONAL INTERVENTIONS: Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods. (Identifies and establishes priorities for educational needs in collaboration with the learner; identifies patient learning style (eg, demonstration, verbal, written); identifies barriers to learning (eg, literacy, language, cognition); modifies interaction based on patient learning style; instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community; ensures understanding and effectiveness of recommended ongoing program; tailors interventions with consideration for patient family situation and resources; provides patients with the necessary</p>	<p>5 6 4 3 2 1 0 _____</p>		

<p>tools and education to manage their problem; determines need for consultative services; applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (eg, ergonomic evaluations, school system assessments, corporate environmental assessments); provides education and promotion of health, wellness and fitness).</p>			
<p>15. DOCUMENTATION: Produces documentation in a timely manner to support the delivery of physical therapy services. (Selects relevant information to document the delivery of physical therapy patient care; documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication with others involved in delivery of patient care; produces documentation (eg, electronic, dictation, chart) that follows guidelines and format required by the practice setting; documents patient care consistent with guidelines and requirements of regulatory agencies and third-party payers; documents all necessary information in an organized manner that demonstrates sound clinical decision-making; produces documentation that is accurate concise, timely and legible; utilizes terminology that is professionally and technically correct; documentation accurately describes care delivery that justifies physical therapy services; participates in quality improvement review of documentation (chart audit, peer review, goals achievement).</p>	<p>5 6 4 3 2 1 0 _____</p>		
<p>16. OUTCOMES ASSESSMENT: Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual and group outcomes. (Applies, interprets, and reports results of standardized assessments throughout a patient's episode of care; assesses and responds to patient and family satisfaction with delivery of physical therapy care; seeks information regarding quality of care rendered by self and others under clinical supervision; evaluates and uses published studies related to outcomes effectiveness; selects, administers, and evaluates valid and reliable outcomes measures for patient groups; assesses the patient's response to intervention in practice terms; evaluates whether functional goals from the plan of care have been met; participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).</p>	<p>5 6 4 3 2 1 0 _____</p>		

<p>17. FINANCIAL RESOURCES: Participates in the financial management *budgeting, billing, and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines. (Schedules patients, equipment and space; coordinates physical therapy with other services to facilitate efficient and effective patient care; sets priorities for the use of resources to maximize patient and facility outcomes; uses time effectively; adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements; provides recommendations for equipment and supply needs; submits billing charges on time; adheres to reimbursement guidelines established by regulatory agencies, payers, and the family; requests and obtains authorization for clinically necessary reimbursable visits; utilizes accurate documentation, coding, and billing to support request for reimbursement; negotiates with reimbursement entities for changes in individual patient services; utilizes the facility's information technology effectively; functions within the organizational structure of the practice setting; implements risk-management strategies (ie, prevention of injury, infection control, etc.); markets services to customers (eg, physicians, corporate clients, general public; promotes the profession of physical therapy; participates in special events organized in the practice setting related to patients and care delivery; develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).</p>	<p>5 6 4 3 2 1 0 —</p>		
<p>18. DIRECTION AND SUPERVISION OF PERSONNEL: Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. (Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies; applies time-management principles to supervision and direct patient care; informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (eg, secretary, volunteers, PT Aides, PTAs); determines the amount of instruction necessary for personnel to perform directed tasks; provides instruction to personnel in the performance of directed tasks; supervises those physical therapy services directed to PTAs and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies; monitors the outcomes of patients receiving physical therapy services delivered by other support personnel; demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel; demonstrates respect for the contributions of other support personnel; directs documentation to PTAs that is based on the plan of care that is within the PTAs ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics and facility policies; reviews, in conjunction with the clinical instructor, the PTA documentation for clarity and accuracy.</p>	<p>5 6 4 3 2 1 0 —</p>		

Student Name: _____

College or University_____

Clinical Experience: I, II, III, IV, V _____

Clinical Education Site _____

Length of Experience:_____

Type of Experience(eg, acute, ortho, rehab)_____

Goals for the Experience:

1.

2.

3.

4.

5.

Areas of Strength	Areas to Strengthen

Student Signature:_____ **Date completed** _____

Tests and Measures

- a. aerobic capacity
- b. anthropomorphic characteristics
- c. arousal, mentation, and cognition
- d. assistive and adaptive devices
- e. community and work reintegration
- f. cranial nerve integrity
- g. environmental, home and work barriers
- h. ergonomics and body mechanics
- i. gait, assisted locomotion and balance
- j. integumentary integrity
- k. joint integrity and mobility
- l. motor function
- m. muscle performance (strength, power, endurance)
- n. neuromotor development and sensory integration
- o. orthotic, protective and supportive devices
- p. pain
- q. posture
- r. prosthetic requirements
- s. range of motion
- t. reflex integrity
- u. self-care and home management (includes ADL's, IADL's)
- v. sensory integration (including kinesthesia and proprioception)
- w. ventilation, respiration and circulation

Interventions

- a. airway clearance techniques
- b. debridement and wound care
- c. electrotherapeutic modalities
- d. functional training in community and work reintegration (including IADL's, work hardening and work conditioning)
- e. functional training in self-care and home management (including ADL's and IADL's)
- f. manual therapy techniques
- g. patient-related instruction
- h. physical agents and mechanical modalities
- i. prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment
- j. therapeutic exercise (including aerobic conditioning)

Preferred Practice Patterns: Cardiopulmonary

- a. Primary Prevention/risk factor reduction for Cardiopulmonary disorders
- b. Impaired aerobic capacity and endurance secondary to Deconditioning associated with Systemic disorders
- c. Impaired ventilation, respiration (gas exchange), and aerobic capacity associated with airway clearance dysfunction
- d. Impaired aerobic capacity and endurance associated with cardiovascular pump dysfunction
- e. Impaired aerobic capacity and endurance associated with cardiovascular pump failure
- f. Impaired ventilation, respiration (gas exchange), aerobic capacity, and endurance associated with ventilatory pump dysfunction
- g. Impaired ventilation with mechanical ventilation secondary to ventilatory pump dysfunction
- h. Impaired ventilation and respiration (gas exchange) with potential for respiratory failure
- i. Impaired ventilation and respiration (gas exchange) with mechanical ventilation secondary to respiratory failure
- j. Impaired ventilation, respiration (gas exchange), aerobic capacity, and endurance secondary to respiratory failure in the neonate

Preferred Practice Patterns: Neuromuscular

- a. Impaired Motor Function and Sensory Integrity Associated with Congenital or Acquired disorders of the Central Nervous System in Infancy, Childhood and Adolescence
- b. Impaired motor function and sensory integrity associated with Acquired Nonprogressive disorders of the Central Nervous System in Adulthood
- c. Impaired motor function and sensory integrity associated with Progressive disorders of the CNS in adulthood
- d. Impaired motor function and sensory integrity associated with Peripheral Nerve Injury
- e. Impaired motor function and sensory integrity associated with Acute and chronic polyneuropathies
- f. Impaired motor function and sensory integrity associated with nonprogressive disorders of the spinal cord
- g. Impaired arousal, ROM, Sensory Integrity and motor control associated with coma or vegetative state.

Preferred Practice Patterns: Musculoskeletal

- a. Primary prevention/risk factor reduction for Skeletal Demineralization
- b. Impaired Posture
- c. Impaired Muscle Performance
- d. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Capsular Restriction
- e. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Ligament or other Connective Tissue Disorders
- f. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Localized Inflammation
- g. Impaired Joint Mobility, Motor Function, Muscle Performance, ROM or Reflex Integrity Secondary to Spinal Disorders
- h. Impaired Joint Mobility, Muscle Performance, and ROM associated with Fracture
- i. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Joint Arthroplasty
- j. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Bony or Soft Tissue Surgical Procedures
- k. Impaired gait, locomotion, and Balance and Impaired motor function secondary to Lower Extremity Amputation

Preferred Practice Patterns: Integumentary

- a. Primary prevention/risk factor reduction for integumentary disorders
- b. Impaired Integumentary Integrity secondary to superficial skin involvement
- c. Impaired integumentary integrity secondary to partial-thickness skin involvement and scar formation
- d. Impaired integumentary integrity secondary to full-thickness skin involvement and scar formation
- e. Impaired integumentary integrity secondary to skin involvement extending into fascia, muscle or bone
- f. Impaired anthropomorphic dimensions secondary to lymphatic system disorders

**PHYSICAL THERAPIST STUDENT
EVALUATION:

CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION**

June 10, 2003
(updated 12/27/10)



**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**

PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name

Academic Institution

Name of Clinical Education Site

Address City State

Clinical Experience Number Clinical Experience Dates

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned

Highest degree earned Degree area

Years experience as a CI

Years experience as a clinician

Areas of expertise

Clinical Certification, specify area

APTA Credentialed CI Yes No

Other CI Credential State Yes No

Professional organization memberships APTA Other

Additional Clinical Instructor Name (Print name)

Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned

Highest degree earned Degree area

Years experience as a CI

Years experience as a clinician

Areas of expertise

Clinical Certification, specify area

APTA Credentialed CI Yes No

Other CI Credential State Yes No

Professional organization memberships APTA Other

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site

Address City State

2. Clinical Experience Number

3. Specify the number of weeks for each applicable clinical experience/rotation.

Acute Care/Inpatient Hospital Facility	Private Practice
Ambulatory Care/Outpatient	Rehabilitation/Sub-acute Rehabilitation
ECF/Nursing Home/SNF	School/Preschool Program
Federal/State/County Health	Wellness/Prevention/Fitness Program
Industrial/Occupational Health Facility	Other

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No

6. What else could have been provided during the orientation?

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1= Never 2 = Rarely 3 = Occasionally 4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

Diversity Of Case Mix	Rating	Patient Lifespan	Rating	Continuum Of Care	Rating
Musculoskeletal		0-12 years		Critical care, ICU, Acute	
Neuromuscular		13-21 years		SNF/ECF/Sub-acute	
Cardiopulmonary		22-65 years		Rehabilitation	
Integumentary		over 65 years		Ambulatory/Outpatient	
Other (GI, GU, Renal, Metabolic, Endocrine)				Home Health/Hospice	
				Wellness/Fitness/Industry	

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale.

Components Of Care	Rating	Components Of Care	Rating
Examination		Diagnosis	
• Screening		Prognosis	
• History taking		Plan of Care	
• Systems review		Interventions	
• Tests and measures		Outcomes Assessment	
Evaluation			

9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	
Using evidence to support clinical practice.	
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	
Being involved in district, state, regional, and/or national professional activities.	

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth?

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- Physical therapist students
- Physical therapist assistant students
- Students from other disciplines or service departments (Please specify _____)

12. Identify the ratio of students to CIs for your clinical experience:

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe _____

13. How did the clinical supervision ratio in Question #12 influence your learning experience?

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

- Attended in-services/educational programs
- Presented an in-service
- Attended special clinics
- Attended team meetings/conferences/grand rounds
- Directed and supervised physical therapist assistants and other support personnel
- Observed surgery
- Participated in administrative and business practice management
- Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines)
- Participated in opportunities to provide consultation
- Participated in service learning
- Participated in wellness/health promotion/screening programs
- Performed systematic data collection as part of an investigative study
- Other; Please specify _____

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
 - Time well spent; would recommend this clinical education site to another student.
 - Some good learning experiences; student program needs further development.
 - Student clinical education program is not adequately developed at this time.
17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.
19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?
20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*?
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*?

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=*Strongly Disagree* 2=*Disagree* 3=*Neutral* 4=*Agree* 5=*Strongly Agree*

Provision of Clinical Instruction	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site's objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance.		
The CI provided timely feedback on student performance.		
The CI demonstrated skill in active listening.		
The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		
The CI taught in an interactive manner that encouraged problem solving.		
There was a clear understanding to whom you were directly responsible and accountable.		
The supervising CI was accessible when needed.		
The CI clearly explained your student responsibilities.		
The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated patient-therapist and therapist-student relationships.		
Time was available with the CI to discuss patient/client management.		
The CI served as a positive role model in physical therapy practice.		
The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching.		
The CI made the formal evaluation process constructive.		
The CI encouraged the student to self-assess.		

23. Was your CI'(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation Yes No Final Evaluation Yes No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation

Final Evaluation

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments

Final Comments

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments

Final Comments

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.

Weekly Planning Form # _____**Student Name:****Date:****Students Review of the Week**

Directions: Write narrative explaining activities/patient care experiences you were involved in during this week. Identify areas of strength as well as things that might have been challenging or not gone so well. For all weeks other than week 1, respond to the goals you wrote in the previous week to identify if they were met and discuss if they were not met.

Review of Goals From Previous Week:

CI's Review of the Week

Directions: The CI writes a narrative describing how the student performed during this week, if the CI has time.

Goals for the upcoming week

Directions: Write at least 2 goals you wish to accomplish next week. Be sure your goals are written in an objective and measurable format.

Student's Signature: _____
(electronic Signatures are acceptable)

CLINICAL SITE INFORMATION FORM (CSIF)
APTA Department of Physical Therapy Education

We request each clinical site to complete a new or revised Clinical Site Information Form (CSIF) each year. As of this year we are using the web CSIF.

To complete your Clinical Site Information Form (CSIF) online, visit <https://csifweb.amsapps.com>. If you have a Physical Therapist and/or Physical Therapist Assistant Clinical Performance Instrument (CPI) Web account, please use the same username/password to login to CSIF Web. If you do not have a username/password, please contact Academic Software Plus support at csifwebsupport@academicsoftwareplus.com for assistance.



**DEPARTMENT OF PHYSICAL THERAPY
CLINICAL EDUCATION - NEW CLINICAL SITE DEVELOPMENT FORM**

**STUDENTS: Complete as much as possible; DO NOT contact sites*

Is this for a specific Student?: Yes No

Submitted by: Choose Form submission date: _____

If YES, Student Name: _____	Class Year: _____
For Rotation: <input type="checkbox"/> CP 1 <input type="checkbox"/> CP 2 <input type="checkbox"/> CP 3	Rotation dates: _____

I. Site Demographic Info (Physical location of site):

Site Name:		
Address:		
Address:		
City:	State:	Zip:
Phone:	Ext:	Fax:
Location Type: <input type="checkbox"/> Error! Reference source not found. Error! Reference source not found. Error!		
Web Site Address: Error! Reference source not found.		
Is this a Corporate/National company site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Setting Type: Choose an item		
Patient Population if specialized:		
Primary Reason for New Site: Choose an item		
Mailing address if different:		

II. SCCE Information:

SCCE also a CI: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	
Phone:	Email address:

III. Clinical Education Program Information:

Type of facility /setting (select all that apply):			
Classification:	<input type="text" value="Choose"/>	Classification:	<input type="text" value="Choose"/>
Classification:	<input type="text" value="Choose"/>	Classification:	<input type="text" value="Choose"/>

BELOW COMPLETED BY ALIA SULLIVAN OR TARA PARADIE

NEW CLINICAL SITE EVALUATION RUBRIC

I. Evaluation Information:

Date Evaluated	
Evaluated by	Choose
Resource used for the Evaluation:	<input type="checkbox"/> Website <input type="checkbox"/> CSIF <input type="checkbox"/> Phone Call <input type="checkbox"/> Visit <input type="checkbox"/> Colleagues Other:

II. Evaluation Table:

Points	3	2	1	Don't Create	Score
Nature of Learning Opportunities					
<i>Caseload variety</i>	Wide variety of learning opportunities available	Moderate variety	Low variety	Expectations for students are unacceptable	
<i>Ethical practice setting</i>	Ethical ownership model, appropriate staffing ratio apparent		Unable to determine from review	Unethical practice	
<i>Opportunity for Interprofessional Collaboration (IPC)</i>	Has 2 or more professions other than PT in the facility or opportunities for IPC	Has 1 profession other than PT in the facility or opportunities for IPC			

Points	3	2	1	Don't Create	Score
Clinical Education Preparedness					
<i>Clinical instructor (CI) qualifications</i>	Most CIs have a year or more of clinical experience		Most CIs have less than 1 year experience but site is dedicated to CI development	Most CIs have less than 1 year experience & site is not dedicated to CI development	
<i>CI teaching qualifications</i>	Most CIs are credentialed through the APTA and site supports APTA CI credentialing	Few CIs are credentialed through the APTA ; site supports APTA CI credentialing	No CIs are credentialed through the APTA ; site supports APTA CI credentialing	Site does not support APTA CI credentialing	
<i>Clinical learning focus</i>	Student program already established in the facility and/or SCCE has dedicated time for students	First year of a student program	Planning to establish a student program		

Points	3	2	1	Don't Create	Score
Overall Fit with UNE					
<i>Potential for ongoing use</i>	Broad student interest in setting, patient population and/or geographic location AND willing to take future UNE students	Limited student interest in setting, patient population and/or geographic location AND willing to take future UNE students	Likely only one time option		
Total Overall Score					

Score Points:	Description
>14 points	pursue clinical affiliation agreement
8-14 points	Director of Clinical Education & Assistant Director of Clinical Education collaborate to make final decision, request additional information or perform site visit to gather more information as need.
Topic of Concern:	
< 8 points	Do not pursue at this time. Advise the clinical site of areas of concern that could be developed further for future consideration

Comments:	
Final Evaluation:	
<input type="checkbox"/> Pursue clinical affiliation agreement <input type="checkbox"/> Recommend further improvements and re-evaluate <input type="checkbox"/> Do not pursue clinical affiliation agreement	



PT [REDACTED] Clinical Education Survey [REDACTED]

Course: [REDACTED] Clinical Practicum [REDACTED]
 Department: **Physical Therapy**
 Faculty: [REDACTED]

If you have questions or comments about this survey, click here to send a message to the survey administrator.

WCHP - PT Clin Ed Courses

WCHP - PT Clin Ed - Course Evaluation

- 1) **The Clinical Education Team disseminated information about available clinical sites in a timely manner.**

Strongly Disagree Disagree Neutral Agree Strongly Agree

- 2) **The Clinical Education Team provided descriptive information about clinical sites which allowed me to make informed selections.**

Strongly Disagree Disagree Neutral Agree Strongly Agree

- 3) **The Clinical Education Team adequately responded to any concerns I raised about my Clinical Experience.**

Strongly Disagree Disagree Neutral Agree Strongly Agree

- 4) **Please provide any details about your experience that you found particularly beneficial. Be sure to identify your site, if that information would be relevant.**

- 5) **Please provide details about your experience that you believe could be improved for future experiences and/or students. Be sure to identify your site, if that information would be relevant.**

WCHP - PT Clin Ed Lecturer

Please select all of the people with whom you have had contact or experience within the context of the section title shown above:



If you have questions or comments about this survey, click here to send a message to the survey administrator.

Save and Continue to Next Page

Close Preview




PT [redacted] Clinical Education Survey [redacted]

Course: [redacted] Clinical Practicum [redacted]
Department: **Physical Therapy**
Faculty: [redacted]


If you have questions or comments about this survey, click here to send a message to the survey administrator.

WCHP - PT Clin Ed Lecturer [redacted]

WCHP - PT Clin Ed - Lecturer Evaluation (Part I) [redacted]
Please answer the following items for the specific faculty member(s) with whom you worked to secure placement for this Clinical Experience:
 [To mark all questions in this section as Not Applicable, click here:](#)

1) The faculty attempted to meet my individual needs in a manner that was considerate of the needs of my classmates and fair in the overall placement process.

Strongly Disagree Disagree Agree Strongly Agree **Not/Applicable**

WCHP - PT Clin Ed - Lecturer Evaluation (Part II) [redacted]
Please answer the following items for the specific faculty member(s) with whom you worked during this Clinical Experience:
 [To mark all questions in this section as Not Applicable, click here:](#)

2) The faculty provided me adequate means to contact them during this clinical experience.

Strongly Disagree Disagree Agree Strongly Agree **Not/Applicable**

3) The faculty asked questions which encouraged me to share any issues or concerns that I had during this clinical experience.

Strongly Disagree Disagree Agree Strongly Agree **Not/Applicable**

4) The faculty attempted to facilitate the resolution of any conflicts which were encountered during this clinical experience.

Strongly Disagree

Disagree

Agree

Strongly Agree

Not/Applicable

5) The faculty's interventions were provided in a timely manner and were sensitive to my needs.

Strongly Disagree

Disagree

Agree

Strongly Agree

Not/Applicable

6) The faculty was supportive throughout this clinical experience.

Strongly Disagree

Disagree

Agree

Strongly Agree

Not/Applicable

7) Other (Please Specify)

If you have questions or comments about this survey, click here to send a message to the survey administrator.

Close Preview



NECCE - CI Eval of Faculty (Template)

1. NECCE - CI Evaluation of Faculty

The purpose of this evaluation is to assist the faculty in the assessment of their performance throughout the most recent clinical education experience. The ratings should reflect an overall impression of the clinical education process at the University of New England. Space has been provided for comments as needed. Your comments will be confidential; only summary information will be provided to the faculty.

Director of Clinical Education(DCE)- Alia Sullivan PT, DPT, GCS, CEEAA

Assistant Director of Clinical Education (ADCE)- Tara Paradie, PT, MS

*** 1. Who made contact during the clinical experience?**

2. Type of contact:

3. Who else; if anyone, assisted you?

*** 4. The Faculty:**

	Needs Improvement	Average	Superior	N/A
1. Provided any requested guidance regarding how to develop a good learning experience for the student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Assisted the CI in evaluation of the student, if requested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Advised the CI regarding how to assist the student, if they have requested assistance with student performance problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Solicited feedback regarding the student's academic preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Was available by phone, email or in person when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Responded appropriately to any suggestions I provided for improvement of the Clin Ed Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. The faculty strengths are:

6. Suggestions for the faculty member:

7. Suggestions for how the faculty member can assist you in becoming a better CI:



NECCE - SCCE Eval of Faculty/ Staff (Template)

1. NECCE - SCCE Evaluation of Faculty/Staff

The purpose of this evaluation is to assist the Faculty/Staff in the assessment of their performance running the clinical education program. The ratings should reflect an overall impression of the clinical education process at the University of New England. Space has been provided for comments as needed. Your comments will be confidential; only summary information will be provided to the Clin Ed Team that consists of:

Director of Clinical Education(DCE)- Alia Sullivan PT, DPT, GCS, CEEAA

Assistant Director of Clinical Education (ADCE)- Tara Paradie PT, MS

Clinical Placement Coordinator -Nichol Shea

*** 1. For the clinical experience that just concluded ; The Clin Ed Team:**

	Needs Improvement	Average	Superior	N/A
1. Notified the SCCE of scheduled clinical education assignments in a timely manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Provided all needed information about the curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Was available by phone, email or in person when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Responded appropriately to any suggestions I provided for improvement of the Clin Ed Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. The Team strengths are:

3. Suggestions for the Team:

4. Suggestions for how the Team can assist you in becoming a better SCCE:

CLINICAL AFFILIATION AGREEMENT

THIS CLINICAL AFFILIATION AGREEMENT (the “Agreement”) is made and entered into this DAY day of MONTH, YEAR, by and between **University of New England**, a not for profit private educational institution with campuses in Biddeford and Portland, Maine, (collectively referred to as “the University”) and SITE NAME, a CORPORATION TYPE corporation located in CITY, STATE (“Clinical Affiliate”). The University and Clinical Affiliate are sometimes hereinafter referenced individually as a “Party” and collectively as the “Parties”.

WHEREAS, The University has a structured experiential program in Physical Therapy (hereinafter, “Program”) and as part of the Program students are required to have supervised practical experience and training in the subject matter of the Program (hereinafter, “Practicum”).

WHEREAS, Clinical Affiliate is willing and able to provide said practical experience and training at its location(s) subject to certain understandings and agreements as to the Program and its operation at Clinical Affiliate’s location(s).

NOW, THEREFORE, in consideration of the foregoing recitals, the promises contained herein and for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree that certain students enrolled at the University may complete their Practicum at Clinical Affiliate location(s) subject to the following terms and conditions.

1. The University shall:

1.1 Develop, administer, and operate the Program and provide guidelines for accomplishing the Practicum;

1.2 Assign students to the Clinical Affiliate locations. The number of students assigned to the Clinical Affiliate will be set by agreement between the University and the Clinical Affiliate not less than sixty (60) days prior to the start of each semester;

1.3 Provide the name of all faculty associated with the Practicum and each student assigned by the University to the Practicum at least four (4) full weeks prior to the arrival of each such student at the Clinical Affiliate locations;

1.4 If required by law, ensure Students are properly immunized and have had a health examination prior to beginning the Practicum;

1.5 Educate students such that they understand and respect the confidential nature of patient-specific data that is available to them. All such students shall be required to comply with

Clinical Affiliates policies and procedures with respect to confidentiality, including but not limited to policies regarding the Health Insurance Portability and Accountability Act (“HIPAA”);

1.6 Cooperate in any inquiry or investigation by the Clinical Affiliate related to the activities or performance of any student.

1.7 Oversee the Practicum contemplated by the terms of this Agreement.

1.8 Upon receipt of a request from Clinical Affiliate, withdraw or reassign any student whose work, conduct or health may have a detrimental effect on Clinical Affiliate’s patients or employees, as determined by Clinical Affiliate in its sole and absolute discretion.

1.9 Provide constructive feedback to Clinical Affiliate concerning the quality and content of the experiences students have during the Practicum, and receive feedback from Clinical Affiliate regarding the Program’s content and the Practicum experience.

2. The Clinical Affiliate shall:

2.1 Administer, staff and operate the Clinical Affiliate physical therapy experience and maintain standards of and supervise patient care at the Clinical Affiliate locations.

2.2 Designate Clinical Affiliate personnel as “Preceptors” who will carry out the Practicum at each Clinical Affiliate location. The University faculty may also serve as Preceptors. Preceptors will provide supervision of the students in the Practicum in accordance with Program requirements.

2.3 Provide orientation for students and the University faculty on the policies and procedures of the Clinical Affiliate.

2.4 Permit assigned students and the University faculty to have access to the Clinical Affiliate’s sites pursuant to prearranged scheduling.

2.5 Provide Program experiences that meet course objectives as determined by the University.

2.6 Through Clinical Affiliate’s Preceptors (a) document any observations they may have from time to time regarding the performance of students and forward those observations to the University; and (b) within a time frame reasonably requested by the University, provide to the University information and comments about students participating in the Practicum, based on criteria provided by the University.

2.7 Provide or secure the provision of emergency medical care to the students and faculty who may become ill or may be injured while on duty at Clinical Affiliate sites. Reports of each serious illness or accident shall be sent to the University within a reasonable time after any such illness or

accident.

2.8 Notify the University of any student who Clinical Affiliate wishes to reject from participation in the Program at Clinical Affiliate locations or of any student Clinical Affiliate wants reassigned or whose assignment Clinical Affiliate wants to terminate.

2.9 Notify the University of any situation or behavior involving the students or a faculty member wherein safety of any person is threatened or whereby the cooperative intent of this agreement is jeopardized, in which event Clinical Affiliate shall have the authority to remove the student from the Clinical Affiliate site at Clinical Affiliate's sole discretion.

2.10 Patient Care/Administration. Clinical Affiliate will have sole authority and control over all aspects of patient services. Clinical Affiliate will be responsible for and retain control over the organization, operation and financing of its services.

3. The Clinical Affiliate and the University shall:

3.1 Jointly evaluate the students participating in the Practicum as follows:

3.1.1 Preceptors and faculty members in the course of their supervision of students will make anecdotal notes whenever appropriate and file the same with the University Program Director or responsible faculty member so as to provide adequate basis for their evaluation.

3.1.2 Provide the student with formal written evaluations, jointly prepared by the University faculty and Preceptors, which the students must acknowledge by signature, at least once within each rotation period.

3.1.3 Evaluate student performance. Individual evaluations shall be based on established criteria by a consensus of all Preceptors and the University faculty involved with the Student. It is understood and agreed that the ultimate responsibility for the supervision of students rests with the University.

3.2 Meet periodically to assess the affiliation and the Practicum and, if appropriate and mutually agreed upon, to make adjustments to the Practicum to meet Program, the University and Clinical Affiliate needs and expectations.

3.3 Comply with applicable laws.

3.4 The University and the Clinical Affiliate will mutually cooperate fully in the reporting and investigation of any incidents occurring at the Clinical Affiliate, all in accordance with applicable law, the University policies and Clinical Affiliate policies, as appropriate.

4. FERPA. Students assigned to the Program have given written consent that the University and the Clinical Affiliate may provide to each other educational records of the student. The Clinical Affiliate acknowledges that records relating to or concerning the Program are educational records within the meaning of the Family Educational Rights and Privacy Act (FERPA) and the Clinical Affiliate shall not disclose such records except to the University or in strict compliance with the provisions of FERPA and upon prior notice to the student and to the University.

5. HIPAA. The parties shall safeguard protected health information (“PHI”) by using and disclosing PHI only in accordance with HIPAA. Without limitation to other rights and remedies under this Agreement or afforded by law, either party may terminate this Agreement in the event that is has determined that there is a material breach of this section. The parties further agree to execute any additional mutually agreed upon documents as required under HIPAA to assure the safeguarding of PHI.

6. Independent Contractors.

6.1 Preceptors employed by Clinical Affiliate shall be eligible to be considered for honorary Adjunct Clinical Faculty of the University appointments, if appropriately qualified, but shall have no rights of the University Faculty. Such Preceptors shall not be compensated or employed by the University. For all purposes under this Agreement, such Preceptors shall be considered employees of Clinical Affiliate, which shall be solely responsible for the compensation and benefits for said Preceptors.

6.2 The University, its faculty and its students who participate in the Practicum, shall not receive any compensation from the Clinical Affiliate relating to the activities described in this Agreement.

6.3 The Clinical Affiliate, and its Preceptors, agents, servants, employees, officers, directors and trustees are not and shall not be considered employees of the University, and the University and its faculty, agents, students, servants, employees, directors and trustees are not and shall not be considered employees of the Clinical Affiliate.

6.4 The Clinical Affiliate and the University shall at all times be deemed and act as independent contractors and shall perform their tasks and duties consistently with such status, and neither party nor its agents, students, servants, employees, officers, directors or trustees will make

claim or demand for any right or privilege applicable to an agent, student, servant, employee, officer, director or trustee of the other, including but not limited to Worker's Compensation coverage, disability benefits, accident or health insurance, unemployment insurance, social security or retirement membership or benefits.

6.5 Nothing contained in this Agreement shall constitute or be construed to be or to create a partnership or joint venture between the parties.

7. Indemnification. Subject to the limitations and conditions of applicable state law, each party hereto shall defend, indemnify and hold harmless the other, and its agents, students, servants, representatives, employees, officers, directors, and trustees from and against any and all payments, claims, losses, judgments, liabilities or expenses of any nature, including reasonable attorneys' fees and court costs, caused by the act or omission of said party, its agents, students, servants, representatives, employees, officers, directors, or trustees in the performance of said party's obligations under this Agreement, to the fullest extent permitted by law, except to the extent caused by the indemnified party's act or omission, or the act or omission of the indemnified party's agents, students, servants, representatives, employees, officers, directors, or trustees. In those instances where the Parties are or may be jointly liable or responsible, both parties will jointly defend such Claim and any liability assessed will be apportioned based on relative culpability.

8. Insurance. Each party will maintain or cause to be maintained, without interruption throughout the term of the Agreement:

8.1 Comprehensive General Liability ("CGL") insurance on an occurrence basis with minimum limits of \$1,000,000.

8.2 Professional Liability insurance with minimum limits of \$1,000,000.

8.3 Worker's Compensation and Employer's Liability insurance but not for students participating in the Program as they are not employees.

9. Term and Termination. This Agreement is effective for a period of three (3) years, beginning MM/DD/YYYY and ending MM/DD/YYYY. This Agreement may be terminated at any time by either Party without cause by ninety (90) days prior written notice delivered to the other Party by certified mail return receipt, provided however, that if said termination occurs in the middle of a Practicum, then those students currently participating shall be allowed to complete the Practicum.

10. Miscellaneous.

10.1 This Agreement represents the entire understanding of the parties with respect to the subject matter hereof and supersedes and cancels all previous agreements between the parties respecting said subject matter.

10.2 This Agreement may be amended or modified only in a writing signed by authorized representatives of Clinical Affiliate and the University.

10.3 The descriptive headings of this Agreement are for convenience only and shall not control or affect the meaning or construction of any provision of this Agreement.

10.4 All notices hereunder shall be deemed given three (3) business days after deposit in the U.S. mail, postage prepaid, registered mail, return receipt requested and addressed as follows (or to such other address as either party may give notice of hereunder):

If to Clinical Affiliate:

SITE NAME

REMITTANCE ADDRESS

CITY, STATE, ZIP CODE

If to the University:

University of New England

Department of Physical Therapy

716 Stevens Avenue

Portland, ME 04103

Copy to:

Ron Schneider, Esquire

Bernstein Shur

100 Middle Street

P.O. Box 9729

Portland, Maine 04104

Notices shall be effective upon receipt by certified mail, return receipt requested.

10.5 This Agreement shall be governed by and construed under the laws of the state of Maine, notwithstanding Maine conflicts of law rules.

10.6 This Agreement shall be binding upon and inure to the benefit of the parties hereto and their successors, but neither this Agreement nor any rights hereunder shall be assignable by either party.

10.7 This Agreement may be executed in any number of counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed by their duly authorized representatives as of this DAY day of MONTH, YEAR.

("Clinical Affiliate")

University of New England

Signature

Signature

By: _____
Printed Name

By Nicole L. Trufant

Its _____
Title

Its Sr. VP of Finance and Administration

Clinical Education Tracking Form (University of New England)

Name: _____

Indicates red-flag item

	PTH 601 (Initial)	PTH 607 (Intermediate)	PTH 707 (Culminating)
	Date: <u>0</u> Week <u>0</u> out of 12 Select one: (None) Faculty name: _____ Facility: _____ Rotation: _____ Travel Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No CI: _____ types of pts: _____ Ages: _____ # exams to date: _____ Case Load: _____ IPE Exposure: _____	Date: _____ Week <u>0</u> out of 12 Select one: (None) Faculty name: _____ Facility: _____ Rotation: _____ Travel Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No CI: _____ types of pts: _____ Ages: _____ # exams to date: _____ Case Load: _____ IPE Exposure: _____	Date: _____ Week <u>0</u> out of 12 Select one: (None) Faculty name: _____ Facility: _____ Rotation: _____ Travel Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No CI: _____ types of pts: _____ Ages: _____ # exams to date: _____ Case Load: _____ IPE Exposure: _____
	CI=CI comments S=student comments	CI=CI comments S=student comments	CI=CI comments S=student comments
Professionalism & Safety <ul style="list-style-type: none"> • <input type="checkbox"/> Responsible Behavior (#2) • <input type="checkbox"/> Accountability (#3) • <input type="checkbox"/> Safety (#1) 			
Areas of Strength			

Areas to Improve			
Questions for CI			
<u>Communication with student</u> Open, honest, timely?			
<u>Overall summary of performance</u> Any skills you are concerned about? How is this being addressed? Special interventions. Remediation required? Any other areas you need to discuss?			
Follow-up required?			
Is there anything UNE can do to help you be a better CI?			
Comment on academic preparation			
Questions for Student			
<u>Communication with clinical instructor</u> CI provides timely/constructive feedback ? CI discusses/facilitates problem-solving/critical thinking?			
<u>Supervision</u> CI has directly observed my performance? CI/Staff available for consult/assist?			

<u>Overall summary of performance</u> Are you satisfied with your performance to date? Any skills you are concerned about? How is this being addressed? Any other areas you need to discuss?			
Comment on academic preparation			
What is your inservice or project title:			
Mid-Term CPI Review			
Faculty Evaluation	<input type="checkbox"/> Acceptable <input type="checkbox"/> Concerns	<input type="checkbox"/> Acceptable <input type="checkbox"/> Concerns	<input type="checkbox"/> Acceptable <input type="checkbox"/> Concerns
Plan of Action			

Approved Time Off:			
Comments:			

Faculty Assessment			
Assessment of Educational Experience/CI Skills by Faculty	<input type="checkbox"/> Acceptable <input type="checkbox"/> Further Development Needed	<input type="checkbox"/> Acceptable <input type="checkbox"/> Further Development Needed	<input type="checkbox"/> Acceptable <input type="checkbox"/> Further Development Needed
Communication/feedback to students	<input type="checkbox"/> Very Effective <input type="checkbox"/> Effective <input type="checkbox"/> Development Needed	<input type="checkbox"/> Very Effective <input type="checkbox"/> Effective <input type="checkbox"/> Development Needed	<input type="checkbox"/> Very Effective <input type="checkbox"/> Effective <input type="checkbox"/> Development Needed
Clinical Instruction/Facilitation of Clinical Reasoning	<input type="checkbox"/> Very Effective <input type="checkbox"/> Effective <input type="checkbox"/> Development Needed	<input type="checkbox"/> Very Effective <input type="checkbox"/> Effective <input type="checkbox"/> Development Needed	<input type="checkbox"/> Very Effective <input type="checkbox"/> Effective <input type="checkbox"/> Development Needed
Supervision	<input type="checkbox"/> Very Effective <input type="checkbox"/> Effective <input type="checkbox"/> Development Needed	<input type="checkbox"/> Very Effective <input type="checkbox"/> Effective <input type="checkbox"/> Development Needed	<input type="checkbox"/> Very Effective <input type="checkbox"/> Effective <input type="checkbox"/> Development Needed
Assessment of student Performance	<input type="checkbox"/> Very Effective <input type="checkbox"/> Effective <input type="checkbox"/> Development Needed	<input type="checkbox"/> Very Effective <input type="checkbox"/> Effective <input type="checkbox"/> Development Needed	<input type="checkbox"/> Very Effective <input type="checkbox"/> Effective <input type="checkbox"/> Development Needed

Deficiencies noted in documentation on CPI:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			
Is CI/CCCE/CE experience meeting student/programs needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially Met	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially Met	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially Met
Comments:			
Faculty Notes/ Assesment/ Recommendations/Follow-up plans: Requires Follow-up	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			

Additional Comments:

**University of New England
Westbrook College of Health Professions**

**Department of Physical Therapy
PTH 601: Clinical Practicum I**

**Syllabus
Fall 2019**

INSTRUCTOR: Alia Sullivan, PT, DPT, GCS, CEEAA
OFFICE: PROCTOR 215
OFFICE HOURS: Available by appointment

Direction of Clinical Education
PHONE: 207-221-4593
EMAIL: asullivan25@une.edu

INSTRUCTOR: Tara Paradie, PT, MS
OFFICE: PROCTOR 206
OFFICE HOURS: Available by appointment

Asst. Director of Clinical Education
PHONE: 207-221-4572
EMAIL: tparadie@une.edu

COURSE CREDITS: 8

CLASS TIME / CLASSROOM/CLINIC TIME:

- 480 hours (minimum of 420 with prior approval) with a schedule to follow that of the Clinical Instructor(s)
- Assigned clinical site

Course Description: A 12-week, full time clinical experience provided in a variety of health care settings within the United States. The experience is structured to provide students with the opportunity to develop competence in the managements of patients primarily with musculoskeletal or cardiopulmonary dysfunction.

PREREQUISITES: Students registered for Clinical Practicum 1 must be enrolled in the program of Physical Therapy and have completed all previous courses as outlined in the Physical Therapy Student Handbook or receive instructor permission. (See DPT student handbook).

COURSE OBJECTIVES: SEE BELOW

WCHP CORE VALUES: SEE BELOW

DPT PROGRAM STUDENT LEARNING OUTCOMES: SEE BELOW

INTERPROFESSIONAL COMPETENCIES: SEE BELOW

CAPTE STANDARDS: SEE BELOW

Revised: July 2019; September 2019

Course Objectives: After completing the course, students should be prepared to:	WCHP Core Value	IPE Competency	DPT Program Outcome	CAPTE Accreditation Required Elements	Assessment Method
1. Practices in a safe manner that minimizes the risk to patients, self and others; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)	Health & Wellness		2	7D33, 7D37, CC4, CC5.43	CPI
2. Demonstrates professional behavior in all situations; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)	Compassion		2	7D1, 7D4, 7D5, 7D6, 7D14, CC 5.11	CPI
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)	Leadership		2	7B2, 7B6, 7D2, 7D3, 7D41	CPI
4. Communicates in ways that are congruent with situational needs; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)	Compassion	Communication	3, 10	7D7, 7D12, 7D21	CPI
5. Adapts delivery of physical therapy services with consideration for patients' differences, values preferences, and needs; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)	Health & Wellness; Compassion; Collaboration		3, 4	7D8, CC5.18	CPI
6. Participates in self-assessment to improve clinical and professional performance; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)	Critical Thinking		8	7D13, 7D15, CC5.12, CC5.19	CPI
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)	Health & Wellness; Compassion; Critical Thinking		1, 8	7D9, 7D10, 7D11, 7D34, 7D36, 7D40, CC5.18, CC5.20	CPI

8. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)	Health & Wellness; Compassion; Critical Thinking; Collaboration	Roles/Responsibilities; Teams/teamwork	6, 9	7D16, 7D34, 7D35, CC5.27	CPI
9. Performs a physical therapy patient examination using evidenced-based tests and measures; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)	Health & Wellness		5, 7	7D17, 7D18, 7D19a-w, 7D35, CC5.28, CC5.29, CC5.30, CC5.45, CC5.46	CPI
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)	Health & Wellness; Critical Thinking		8	7D20, 7D35, 7D40, CC5.31	CPI
11. Determines a diagnosis and prognosis that guides future patient management; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)	Health & Wellness; Critical Thinking		1, 8	7D22, 7D23, 7D35, 7D40, CC5.32, CC5.33	CPI
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)	Health & Wellness; Compassion; Critical Thinking		5, 8	7D24, 7D26, 7D28, 7D30, 7D35, 7D36, 7D39, 7D40	CPI
13. Performs physical therapy interventions in a competent manner; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)	Health & Wellness		8	7D27a-i, 7D34, 7D35	CPI
14. Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)	Health & Wellness; Compassion	Roles/Responsibilities; Communication	3, 9, 10	7D12, 7D34, 7D35	CPI

<p>15. Produces quality documentation in a timely manner to support the delivery of physical therapy services; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)</p>	<p>Critical Thinking</p>		<p>4, 7</p>	<p>7D32, 7D38</p>	<p>CPI</p>
<p>16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)</p>	<p>Critical Thinking</p>		<p>1</p>	<p>7D31, 7D38, 7D40, CC5.46, CC5.47, CC5.48, CC5.49</p>	<p>CPI</p>
<p>17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)</p>	<p>Leadership</p>		<p>2, 9</p>	<p>7D35, 7D36, 7D38, 7D40, 7D41, 7D42, CC5.2</p>	<p>CPI</p>
<p>18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines; requires clinical supervision 50% of time or less depending on complexity of patient conditions. (Intermediate)</p>	<p>Collaboration</p>	<p>Teams/teamwork; Roles/Responsibilities</p>	<p>3, 9, 13</p>	<p>7D25, 7D29, CC5.40</p>	<p>CPI</p>

REQUIRED TEXTS: N/A

KEY COURSE WEBSITES: Blackboard

RESPONSIBILITIES (faculty and learner):

Clinical experiences are under the supervision of a licensed physical therapist that serves as the clinical instructor (CI). Specific eligibility criteria for clinical instructors are outlined in the Clinical Education Handbook. Experiences include observation and direct patient care activities. The learner is responsible for being prepared each day and working with patients, colleagues, families, and others in a professional manner, and with clinical accuracy. Students should seek guidance from their CI(s) as appropriate, and utilize all available resources as needed, including UNE faculty.

COURSE REQUIREMENTS:

STUDENT REQUIREMENTS PRIOR TO A CLINICAL EDUCATION EXPERIENCE

Students are responsible for providing the DCE/Assistant DCE with several required documents six weeks prior to a scheduled clinical practicum. The documents include:

- Student Data Form
- Health Information Form
- Evidence of CPR certification (one course)
 American Heart Association: BLS Healthcare Provider Course
- Evidence of HIPAA Training

The documents are an essential component of a larger mailing that is sent to the assigned clinical sites prior to a scheduled clinical practicum. Failure to provide the DCE/ ADCE/ CPC with the necessary documents by the stated deadline may result in a clinical practicum being delayed or cancelled, and students will be issued a Critical Incident Report, and/or a Clinical Education professional behavior warning. Students are responsible for making sure they are in compliance with all of the health requirements for their assigned clinical site. In some cases, the actual requirements at a clinical site may exceed the requirements outlined in the Health Information Form.

Students are required to make personal contact (site visit, phone, mail, e-mail) with the Site Coordinator of Clinical Education (SCCE) at their assigned clinical site at least six weeks prior to a scheduled clinical education experience. Students should use this opportunity to check on the status of any specific site requirements, and to ask questions about their assigned rotation.

Clinical Instructor and Student Requirements during and after a Clinical Education Experience

Clinical instructors and students are required to complete a variety of forms during a clinical practicum. **STUDENTS:** In order to pass your clinical experience, the following completed forms must be submitted, on time, as instructed (ex: blackboard) to the DCE/ ADCE/CPC:

Form to be completed by Student during the first week of CP, or prior

- **First Day/Week CP Data Gathering Form**
 - Submitted via google doc. Link on blackboard
 - Submit no later than 11:55pm on the Friday of your first week of CP.
 - Make sure you enter your CI's email address they use for CPI Web

Forms to be completed by Student for weeks 1-3 (additional weeks required per instructor)

- **Weekly Planning Forms for week 1-3**
 - Completed by the end of week 1, 2, and 3
 - Submitted via blackboard by 11:55pm on Saturday of week due

Web-Based Form to be completed by CI & Student

- **CPI: Physical Therapist Clinical Performance Instrument**
 - Student self-assessment
 - Clinical Instructor assessment of student
 - Completed at mid-term (end of week 6) and final (last day of CP) & 'signed off' by both

Forms to be completed by Student at end of CP (Due 1 week after the end of CP)

Due at 11:55pm 1 week following the end of your CP.

Example: CP ends 11/22/19; forms are due no later than 11/29/19 @ 11:55pm.

- **Physical Therapist Student Evaluation: Clinical Site/Experience**
 - Completed at final (not required at mid-term) and results shared with CI and/or SCCE) at final. **No signature or narrative needed from CI**
 - Submitted via student database portal:
<http://pt.junconsulting.com/public/logIn.aspx?ReturnUrl=%2f>
- **Physical Therapist Student Evaluation: Clinical Instruction**
 - Completed at final (not required at mid-term) and results shared with CI and/or SCCE) at final. **No signature or narrative needed from CI**
 - Submitted via student database portal:
<http://pt.junconsulting.com/public/logIn.aspx?ReturnUrl=%2f>
- **In-service Outline/Copy**
 - Completed at any point during the CP by the student
 - Submitted via blackboard
- **Clinical Statistics Form**
 - Completed at any point during the CP by the student
 - Submitted via blackboard
- **Clinical Education Portfolio**
 - Completed in the end of CP by the student
 - Submitted via blackboard
- **Reflection Paper**
 - Completed in the end of CP by the student
 - Submitted via blackboard

EVALUATION:

Their clinical instructor(s) will assess the student at the midterm and final using the Physical Therapist Clinical Performance Instrument. The midterm evaluation should be used to identify areas of the student's strengths and weaknesses, while the final evaluation should summarize the student's overall performance.

Grading decisions are based on information gathered from the Clinical Performance Instrument, final clinical paperwork, student's professional behaviors, and any additional pertinent feedback gathered from the clinical faculty and the student. The DCE/ADCE are responsible for determining the final course grade. The grade is assigned using a Pass/Fail system.

Any action by the student that demonstrates unsafe or unethical clinical practice may result in failure and removal from a clinical practicum based upon the decisions of the academic and/or clinical faculty.

GRADING – The following grading scale will be utilized:

<u>Letter</u>	<u>Number</u>	<u>QP</u>
A	94-100	4.00
A-	90-93	3.75
B+	87-89	3.50
B	84-86	3.00
B-	80-83	2.75
C+	77-79	2.50
C	74-76	2.00
C-	70-73	1.75
D	64-69	1.50
F	< 64	0.00
I	Incomplete	
P	Pass	

POLICIES

ATTENDANCE / DRESS CODE / PROFESSIONAL BEHAVIORS

Attendance, appropriate dress, and professional conduct are required for all course activities, as described in the DPT student and clinical education handbook.

ATTENDANCE:

Students are expected to follow their clinical instructor's schedule and caseload. Typically, students are required to work 40 hours per week while on a clinical education experience. In rare occasions, a student can be approved to work 35-39 hours per week; however, the DCE/ADCE MUST approve this. At times, this may necessitate students working early mornings, evenings, holidays or weekends. Students should make sure that other responsibilities do not interfere with their ability to comply with their clinical instructor's schedule. Students routinely are required to complete formal or informal assignments during evening hours.

Clinical attendance is **MANDATORY**. **Only illnesses, personal emergencies, and approved attendance to professional conferences/educational experiences are excused clinical absences.** In the event of illness or personal emergency, the student is required to notify the clinical instructor **AND** the DCE/Assistant DCE prior to the start of the workday. All absences require make-up time at the discretion of the CI/SCCE/DCE/ADCE. Students are required to make-up all missed assignments due to any absence. The scheduling of make-up time is up to the CI/SCCE. Again, the DCE/ADCE must be notified, by the student, of any absence. Failure to report absences to the DCE/ADCE, and/or any inappropriate absences will result in a Critical Incident Report and may impact a student's ability to pass their Clinical Experience.

CANCELLATION / DELAY:

Students are expected to attend each day scheduled by the clinical facility, including days that University of New England may be closed due to a holiday or inclement weather. UNE does not require students to make up holidays or days missed due to your clinical facility closing due to inclement weather, unless the CI/SCCE prefers it is made up and/or it is determined that the additional missed days could affect their ability to successfully meet grading expectations for the course.

You are expected to go to your assigned clinical placement unless your CI advises you otherwise. However, please take personal safety into consideration. If you arrive late due to weather, there is no makeup expected. If you do not feel you can safely make it in, then these missed hours must be made up. As with all missed clinical time, this must be reported to the DCE/ADCE.

DRESS CODE:

Students must be neatly groomed and dressed in a professional manner at all times when in the clinic. Business casual clothes with a nametag should be worn unless the clinical facility requires alternate attire. When in doubt, students are expected to inquire in advance about specific dress code requirements at a particular facility. The Site Coordinator of Clinical Education and/or the Clinical Instructor determine the "appropriateness" of the student's grooming and attire. Students should refrain from wearing excessive jewelry that may interfere with patient treatment.

PROFESSIONAL BEHAVIORS:

Students must act professionally at all times during their clinical practicum. This means when they are with a patient, family, co-worker, another health care provider, etc. They must follow the professional behavior guidelines to ensure that they are acting professionally. They will evaluate their behavior with these guidelines formally at mid-term and final; However, this should be an aspect of ongoing, informal self-assessment throughout the entirety of the Clinical. Student's self-assessments of these behaviors should be discussed with their CI, and feedback from the CI should be sought. Professional behavior is highly important to this program, and the Physical Therapy Profession. **A student can fail a clinical practicum based solely on unprofessional behavior.**

ACADEMIC INTEGRITY:

The University of New England (UNE) values academic integrity in all aspects of the educational experience. Charges of academic dishonesty are very serious. These include but are not limited to cheating, falsification, destruction or alteration of the work of others, multiple submission of the same work without permission, and plagiarism – the appropriation of the work of others. For a fuller understanding of this issue, please visit the University’s web page on Academic Integrity at:

<http://www.une.edu/studentlife/plagiarism/index.cfm>

Student Access Center:

UNE seeks to promote respect for individual differences and to ensure that no person who meets the academic and technical standards requisite for admission to, and continued enrollment at, the University is denied benefits or subjected to discrimination at UNE solely by reason of his or her disability. Any student eligible for academic accommodations due to a documented disability is encouraged to speak with the professor in a timely manner. Registration with UNE Student Access is required before accommodation requests can be granted. Student Access on the Portland campus is located in the lower level of Ginn Hall and may be reached by calling 221-4418. Student Access on the Biddeford campus is located in the lower level of Stella Maris Room 131 and may be reached by calling 602-2815.

<http://www.une.edu/studentlife/student-access-center>

Student Academic Success Center

The Student Academic Success Center offers a range of free services to support your academic achievement, including tutoring, writing support, test-prep and studying strategies, learning style consultations, and many online resources. **To make an appointment** for tutoring, writing support, or a learning specialist consultation, **go to une.tutortrac.com** or visit the SASC. **To access our online resources**, including links, guides, and video tutorials, **visit <https://une1.sharepoint.com/sites/SASC>**.

WCHP COURSE AND INSTRUCTOR EVALUATION POLICY:

Course and instructor evaluations are important tools for evaluating the quality of your education, and for providing meaningful feedback to course instructors on their teaching. In order to assure that the feedback is both comprehensive and precise, course evaluations are a required element of every course. Students who complete all their evaluations on time will have access to their grades as soon as they are available. For those students who do not complete their evaluations, grades will be masked for approximately two weeks.

SUBJECT TO CHANGE STATEMENT/COURSE COMMUNICATIONS:

This syllabus and schedule are subject to change. Announcements regarding the course will be made either via email or on the Blackboard Course website. It is expected that students check blackboard at least once a week, and check their UNE email daily while on Clinical Practicum. It is the student's responsibility to be aware of changes announced by the DCE/ADCE.

OTHER:

- Students are required to provide their own transportation and living expenses (if necessary). These are not factored into clinical placement.
- The student will provide feedback, along with the clinical instructor, during a scheduled site visit or telephone conversation with a member of the academic faculty.
- The student is expected to report any concerns or problems to the DCE/ADCE (and to the CI/SCCE as appropriate) as soon as possible. Students are expected to utilize their appropriate resources for guidance, and to help manage challenging situations.
- The student is required to follow and abide by all policies created by their given facility

Physical Therapist Clinical Performance Instrument - Minimal Expectation Guidelines

The clinical education rubric that is presented below was developed to assist all parties with determining realistic expectations for each of the three clinical education experiences. Failure to meet one or more of the criteria as specified on the rubric **may** constitute grounds for failure.

Performance Criteria	CP I	CP II	CP III
1. Safety: Practices in a safe manner that minimizes the risk to patients, self and others.	Intermediate	Advanced Intermediate	Entry-level
2. Professional Behavior: Demonstrates professional behavior in all situations.	Intermediate	Advanced Intermediate	Entry-level
3. Accountability: Practices in a manner consistent with established legal and professional standards and ethical guidelines.	Intermediate	Advanced Intermediate	Entry-level
4. Communication: Communicates in ways that are congruent with situational needs.	Intermediate	Advanced Intermediate	Entry-level
5. Cultural Competence: Adapts delivery of physical therapy services with consideration for patients' differences, values preferences, and needs.	Intermediate	Advanced Intermediate	Entry-level
6. Professional Development: Participates in self-assessment to improve clinical and professional performance.	Intermediate	Advanced Intermediate	Entry-level
7. Clinical Reasoning: Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.	Intermediate	Advanced Intermediate	Entry-level
8. Screening: Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.	Intermediate	Advanced Intermediate	Entry-level
9. Examination: Performs a physical therapy patient examination using evidenced-based tests and measures.	Intermediate	Advanced Intermediate	Entry-level
10. Evaluation: Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.	Intermediate	Advanced Intermediate	Entry-level
11. Diagnosis and Prognosis: Determines a diagnosis and prognosis that guides future patient management.	Intermediate	Advanced Intermediate	Entry-level

12. Plan of Care: Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.	Intermediate	Advanced Intermediate	Entry-level
13. Procedural Interventions: Performs physical therapy interventions in a competent manner.	Intermediate	Advanced Intermediate	Entry-level
14. Educational Interventions: Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.	Intermediate	Advanced Intermediate	Entry-level
15. Documentation: Produces quality documentation in a timely manner to support the delivery of physical therapy services.	Intermediate	Advanced Intermediate	Entry-level
16. Outcome Assessment: Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.	Intermediate	Advanced Intermediate	Entry-level
17. Financial Resources: Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.	Intermediate	Advanced Intermediate	Entry-level
18. Direction and Supervision of Personnel: Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.	Intermediate	Advanced Intermediate	Entry-level

**University of New England
Westbrook College of Health Professions**

**Department of Physical Therapy
PTH 607: Clinical Practicum 2**

**Syllabus
Summer 2020**

INSTRUCTOR: Alia Sullivan, PT, DPT, GCS, CEEAA
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INSTRUCTOR: Tara Paradie, PT, MS
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COURSE CREDITS: 8

CLASS TIME / CLASSROOM/CLINIC TIME:

- 480 hours (minimum of 420 with prior approval) with a schedule to follow that of the Clinical Instructor(s)
- Assigned clinical site

Course Description: A 12-week, full time clinical experience provided in a variety of health care settings within the United States. The experience is structured to provide students with the opportunity to develop competence in the managements of patients primarily with musculoskeletal, cardiopulmonary, pediatric, or neuromuscular dysfunction.

PREREQUISITES: Students registered for Clinical Practicum 2 must be enrolled in the program of Physical Therapy and have completed all previous courses as outlined in the Physical Therapy Student Handbook or receive instructor permission. (See DPT student handbook).

COURSE OBJECTIVES: SEE BELOW

WCHP CORE VALUES: SEE BELOW

DPT PROGRAM STUDENT LEARNING OUTCOMES: SEE BELOW

INTERPROFESSIONAL COMPETENCIES: SEE BELOW

CAPTE STANDARDS: SEE BELOW

Revised: September 2019

Course Objectives: After completing the course, students should be prepared to:	WCHP Core Value	IPE Competency	DPT Program Outcome	CAPTE Accreditation Required Elements	Assessment Method
1. Practices in a safe manner that minimizes the risk to patients, self and others; requires clinical supervision ≤ 25% depending on complexity of patient conditions. (Advanced Intermediate)	Health & Wellness		2	7D33, 7D37, CC4, CC5.43	CPI
2. Demonstrates professional behavior in all situations; requires clinical supervision ≤ 25% depending on complexity of patient conditions. (Advanced Intermediate)	Compassion		2	7D1, 7D4, 7D5, 7D6, 7D14, CC 5.11	CPI
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines; requires clinical supervision ≤ 25% depending on complexity of patient conditions. (Advanced Intermediate)	Leadership		2	7B2, 7B6, 7D2, 7D3, 7D41	CPI
4. Communicates in ways that are congruent with situational needs; requires clinical supervision ≤ 25% depending on complexity of patient conditions. (Advanced Intermediate)	Compassion	Communication	3, 10	7D7, 7D12, 7D21	CPI
5. Adapts delivery of physical therapy services with consideration for patients' differences, values preferences, and needs; requires clinical supervision ≤ 25% depending on complexity of patient conditions. (Advanced Intermediate)	Health & Wellness; Compassion; Collaboration		3, 4	7D8, CC5.18	CPI
6. Participates in self-assessment to improve clinical and professional performance; requires clinical supervision ≤ 25% depending on complexity of patient conditions. (Advanced Intermediate)	Critical Thinking		8	7D13, 7D15, CC5.12, CC5.19	CPI
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management; requires clinical supervision ≤ 25% less depending on complexity of patient conditions. (Advanced Intermediate)	Health & Wellness; Compassion; Critical Thinking		1, 8	7D9, 7D10, 7D11, 7D34, 7D36, 7D40, CC5.18, CC5.20	CPI

8. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional; requires clinical supervision $\leq 25\%$ depending on complexity of patient conditions. (Advanced Intermediate)	Health & Wellness; Compassion; Critical Thinking; Collaboration	Roles/Responsibilities; Teams/teamwork	6, 9	7D16, 7D34, 7D35, CC5.27	CPI
9. Performs a physical therapy patient examination using evidenced-based tests and measures; requires clinical supervision $\leq 25\%$ depending on complexity of patient conditions. (Advanced Intermediate)	Health & Wellness		5, 7	7D17, 7D18, 7D19a-w, 7D35, CC5.28, CC5.29, CC5.30, CC5.45, CC5.46	CPI
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments; requires clinical supervision $\leq 25\%$ less depending on complexity of patient conditions. (Advanced Intermediate)	Health & Wellness; Critical Thinking		8	7D20, 7D35, 7D40, CC5.31	CPI
1. Determines a diagnosis and prognosis that guides future patient management; requires clinical supervision $\leq 25\%$ depending on complexity of patient conditions. 11. (Advanced Intermediate)	Health & Wellness; Critical Thinking		1, 8	7D22, 7D23, 7D35, 7D40, CC5.32, CC5.33	CPI
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based; requires clinical supervision $\leq 25\%$ depending on complexity of patient conditions. (Advanced Intermediate)	Health & Wellness; Compassion; Critical Thinking		5, 8	7D24, 7D26, 7D28, 7D30, 7D35, 7D36, 7D39, 7D40	CPI
13. Performs physical therapy interventions in a competent manner; requires clinical supervision $\leq 25\%$ depending on complexity of patient conditions. (Advanced Intermediate)	Health & Wellness		8	7D27a-i, 7D34, 7D35	CPI
14. Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods; requires clinical supervision $\leq 25\%$ depending on complexity of patient conditions. (Advanced Intermediate)	Health & Wellness; Compassion	Roles/Responsibilities; Communication	3, 9, 10	7D12, 7D34, 7D35	CPI

<p>15. Produces quality documentation in a timely manner to support the delivery of physical therapy services; requires clinical supervision $\leq 25\%$ depending on complexity of patient conditions. (Advanced Intermediate)</p>	<p>Critical Thinking</p>		<p>4, 7</p>	<p>7D32, 7D38</p>	<p>CPI</p>
<p>16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes; requires clinical supervision $\leq 25\%$ depending on complexity of patient conditions. (Advanced Intermediate)</p>	<p>Critical Thinking</p>		<p>1</p>	<p>7D31, 7D38, 7D40, CC5.46, CC5.47, CC5.48, CC5.49</p>	<p>CPI</p>
<p>17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines; requires clinical supervision $\leq 25\%$ depending on complexity of patient conditions. (Advanced Intermediate)</p>	<p>Leadership</p>		<p>2, 9</p>	<p>7D35, 7D36, 7D38, 7D40, 7D41, 7D42, CC5.2</p>	<p>CPI</p>
<p>18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines; requires clinical supervision $\leq 25\%$ depending on complexity of patient conditions. (Advanced Intermediate)</p>	<p>Collaboration</p>	<p>Teams/teamwork; Roles/Responsibilities</p>	<p>3, 9, 13</p>	<p>7D25, 7D29, CC5.40</p>	<p>CPI</p>

REQUIRED TEXTS: N/A

KEY COURSE WEBSITES: Blackboard

RESPONSIBILITIES (faculty and learner):

Clinical experiences are under the supervision of a licensed physical therapist that serves as the clinical instructor (CI). Specific eligibility criteria for clinical instructors are outlined in the Clinical Education Handbook. Experiences include observation and direct patient care activities. The learner is responsible for being prepared each day and working with patients, colleagues, families, and others in a professional manner, and with clinical accuracy. Students should seek guidance from their CI(s) as appropriate, and utilize all available resources as needed, including UNE faculty.

COURSE REQUIREMENTS:

STUDENT REQUIREMENTS PRIOR TO A CLINICAL EDUCATION EXPERIENCE

Students are responsible for providing the DCE/Assistant DCE with several required documents six weeks prior to a scheduled clinical practicum. The documents include:

- Student Data Form
- Health Information Form
- Evidence of CPR certification (one course)
 American Heart Association: BLS Healthcare Provider Course
- Evidence of HIPAA Training

The documents are an essential component of a larger mailing that is sent to the assigned clinical sites prior to a scheduled clinical practicum. Failure to provide the DCE/ ADCE/ CPC with the necessary documents by the stated deadline may result in a clinical practicum being delayed or cancelled, and students will be issued a Critical Incident Report, and/or a Clinical Education professional behavior warning. Students are responsible for making sure they are in compliance with all of the health requirements for their assigned clinical site. In some cases, the actual requirements at a clinical site may exceed the requirements outlined in the Health Information Form.

Students are required to make personal contact (site visit, phone, mail, e-mail) with the Site Coordinator of Clinical Education (SCCE) at their assigned clinical site at least six weeks prior to a scheduled clinical education experience. Students should use this opportunity to check on the status of any specific site requirements, and to ask questions about their assigned rotation.

Clinical Instructor and Student Requirements during and after a Clinical Education Experience

Clinical instructors and students are required to complete a variety of forms during a clinical practicum. **STUDENTS:** In order to pass your clinical experience, the following completed forms must be submitted, on time, as instructed (ex: blackboard) to the DCE/ADCE/CPC:

Form to be completed by Student during the first week of CP, or prior

- **First Day/Week CP Data Gathering Form**
 - Submitted via google doc. Link on blackboard
 - Submit no later than 11:55pm on the Friday of your first week of CP.
 - Make sure you enter your CI's email address they use for CPI Web

Forms to be completed by Student for weeks 1-3 (additional weeks required per instructor)

- **Weekly Planning Forms for week 1-3**
 - Completed by the end of week 1, 2, and 3
 - Submitted via blackboard by 11:55pm on Saturday of week due

Web-Based Form to be completed by CI & Student

- **CPI: Physical Therapist Clinical Performance Instrument**
 - Student self-assessment
 - Clinical Instructor assessment of student
 - Completed at mid-term (end of week 6) and final (last day of CP) & 'signed off' by both

Forms to be completed by Student at end of CP (Due 1 week after the end of CP)

Due at 11:55pm 1 week following the end of your CP.

Example: CP ends 11/22/19; forms are due no later than 11/29/19 @ 11:55pm.

- **Physical Therapist Student Evaluation: Clinical Site/Experience**
 - Completed at final (not required at mid-term) and results shared with CI and/or SCCE) at final. **No signature or narrative needed from CI**
 - Submitted via student database portal:
<http://pt.junconsulting.com/public/logIn.aspx?ReturnUrl=%2f>
- **Physical Therapist Student Evaluation: Clinical Instruction**
 - Completed at final (not required at mid-term) and results shared with CI and/or SCCE) at final. **No signature or narrative needed from CI**
 - Submitted via student database portal:
<http://pt.junconsulting.com/public/logIn.aspx?ReturnUrl=%2f>
- **In-service Outline/Copy**
 - Completed at any point during the CP by the student
 - Submitted via blackboard
- **Clinical Statistics Form**
 - Completed at any point during the CP by the student
 - Submitted via blackboard
- **Clinical Education Portfolio**
 - Completed in the end of CP by the student
 - Submitted via blackboard
- **Reflection Paper**
 - Completed in the end of CP by the student
 - Submitted via blackboard

EVALUATION:

Their clinical instructor(s) will assess the student at the midterm and final using the Physical Therapist Clinical Performance Instrument. The midterm evaluation should be used to identify areas of the student's strengths and weaknesses, while the final evaluation should summarize the student's overall performance.

Grading decisions are based on information gathered from the Clinical Performance Instrument, final clinical paperwork, student's professional behaviors, and any additional pertinent feedback gathered from the clinical faculty and the student. The DCE/ ADCE are responsible for determining the final course grade. The grade is assigned using a Pass/Fail system.

Any action by the student that demonstrates unsafe or unethical clinical practice may result in failure and removal from a clinical practicum based upon the decisions of the academic and/or clinical faculty.

GRADING – The following grading scale will be utilized:

<u>Letter</u>	<u>Number</u>	<u>QP</u>
A	94-100	4.00
A-	90-93	3.75
B+	87-89	3.50
B	84-86	3.00
B-	80-83	2.75
C+	77-79	2.50
C	74-76	2.00
C-	70-73	1.75
D	64-69	1.50
F	< 64	0.00
I	Incomplete	
P	Pass	

POLICIES**ATTENDANCE / DRESS CODE / PROFESSIONAL BEHAVIORS**

Attendance, appropriate dress, and professional conduct are required for all course activities, as described in the DPT student and clinical education handbook.

ATTENDANCE:

Students are expected to follow their clinical instructor's schedule and caseload. Typically, students are required to work 40 hours per week while on a clinical education experience. In rare occasions, a student can be approved to work 35-39 hours per week; however, the DCE/ADCE MUST approve this. At times, this may necessitate students working early mornings, evenings, holidays or weekends. Students should make sure that other responsibilities do not interfere with their ability to comply with their clinical instructor's schedule. Students routinely are required to complete formal or informal assignments during evening hours.

Clinical attendance is **MANDATORY**. **Only illnesses, personal emergencies, and approved attendance to professional conferences/educational experiences are excused clinical absences.** In the event of illness or personal emergency, the student is required to notify the clinical instructor **AND** the DCE/ADCE prior to the start of the workday. All absences require make-up time at the discretion of the CI/SCCE/DCE/ADCE. Students are required to make-up all missed assignments due to any absence. The scheduling of make-up time is up to the CI/SCCE. Again, the DCE/ADCE must be notified, by the student, of any absence. Failure to report absences to the DCE/ADCE, and/or any inappropriate absences will result in a Critical Incident Report and/or a Professional Behavior Citation and may impact a student's ability to pass their Clinical Experience.

CANCELLATION / DELAY:

Students are expected to attend each day scheduled by the clinical facility, including days that University of New England may be closed due to a holiday or inclement weather. UNE does not require students to make up holidays or days missed due to your clinical facility closing due to inclement weather, unless the CI/SCCE prefers it is made up and/or it is determined that the additional missed days could affect their ability to successfully meet grading expectations for the course.

You are expected to go to your assigned clinical placement unless your CI advises you otherwise. However, please take personal safety into consideration. If you arrive late due to weather, there is no makeup expected. If you do not feel you can safely make it in, then these missed hours must be made up. As with all missed clinical time, this must be reported to the DCE/ADCE.

DRESS CODE:

Students must be neatly groomed and dressed in a professional manner at all times when in the clinic. Business casual clothes with a nametag should be worn unless the clinical facility requires alternate attire. When in doubt, students are expected to inquire in advance about specific dress code requirements at a particular facility. The Site Coordinator of Clinical Education and/or the Clinical Instructor determine the "appropriateness" of the student's grooming and attire. Students should refrain from wearing excessive jewelry that may interfere with patient treatment.

PROFESSIONAL BEHAVIORS:

Students must act professionally at all times during their clinical practicum. This means when they are with a patient, family, co-worker, another health care provider, etc. They must follow the professional behavior guidelines to ensure that they are acting professionally. They will evaluate their behavior with these guidelines formally at mid-term and final; However, this should be an aspect of ongoing, informal self-assessment throughout the entirety of the Clinical Student's self-assessments of these behaviors should be discussed with their CI, and feedback from the CI should be sought. Professional behavior is highly important to this program, and the Physical Therapy Profession. **A student can fail a clinical practicum based solely on unprofessional behavior.**

ACADEMIC INTEGRITY:

The University of New England (UNE) values academic integrity in all aspects of the educational experience. Charges of academic dishonesty are very serious. These include but are not limited to cheating, falsification, destruction or alteration of the work of others, multiple submission of the same work without permission, and plagiarism – the appropriation of the work of others. For a fuller understanding of this issue, please visit the University’s web page on Academic Integrity at:

<http://www.une.edu/studentlife/plagiarism/index.cfm>

Student Access Center:

UNE seeks to promote respect for individual differences and to ensure that no person who meets the academic and technical standards requisite for admission to, and continued enrollment at, the University is denied benefits or subjected to discrimination at UNE solely by reason of his or her disability. Any student eligible for academic accommodations due to a documented disability is encouraged to speak with the professor in a timely manner. Registration with UNE Student Access is required before accommodation requests can be granted. Student Access on the Portland campus is located in the lower level of Ginn Hall and may be reached by calling 221-4418. Student Access on the Biddeford campus is located in the lower level of Stella Maris Room 131 and may be reached by calling 602-2815.

<http://www.une.edu/studentlife/student-access-center>

Student Academic Success Center

The Student Academic Success Center offers a range of free services to support your academic achievement, including tutoring, writing support, test-prep and studying strategies, learning style consultations, and many online resources. **To make an appointment** for tutoring, writing support, or a learning specialist consultation, **go to une.tutortrac.com** or visit the SASC. **To access our online resources**, including links, guides, and video tutorials, **visit <https://une1.sharepoint.com/sites/SASC>**.

WCHP COURSE AND INSTRUCTOR EVALUATION POLICY:

Course and instructor evaluations are important tools for evaluating the quality of your education, and for providing meaningful feedback to course instructors on their teaching. In order to assure that the feedback is both comprehensive and precise, course evaluations are a required element of every course. Students who complete all their evaluations on time will have access to their grades as soon as they are available. For those students who do not complete their evaluations, grades will be masked for approximately two weeks.

SUBJECT TO CHANGE STATEMENT/COURSE COMMUNICATIONS:

This syllabus and schedule are subject to change. Announcements regarding the course will be made either via email or on the Blackboard Course website. It is expected that students check blackboard at least once a week, and check their UNE email daily while on Clinical Practicum. It is the student's responsibility to be aware of changes announced by the DCE/ADCE.

OTHER:

- Students are required to provide their own transportation and living expenses (if necessary). These are not factored into clinical placement.
- The student will provide feedback, along with the clinical instructor, during a scheduled site visit or telephone conversation with a member of the academic faculty.
- The student is expected to report any concerns or problems to the DCE/ADCE (and to the CI/SCCE as appropriate) as soon as possible. Students are expected to utilize their appropriate resources for guidance, and to help manage challenging situations.
- The student is required to follow and abide by all policies created by their given facility

Physical Therapist Clinical Performance Instrument - Minimal Expectation Guidelines

The clinical education rubric that is presented below was developed to assist all parties with determining realistic expectations for each of the three clinical education experiences. Failure to meet one or more of the criteria as specified on the rubric **may** constitute grounds for failure.

Performance Criteria	CP I	CP II	CP III
1. Safety: Practices in a safe manner that minimizes the risk to patients, self and others.	Intermediate	Advanced Intermediate	Entry-level
2. Professional Behavior: Demonstrates professional behavior in all situations.	Intermediate	Advanced Intermediate	Entry-level
3. Accountability: Practices in a manner consistent with established legal and professional standards and ethical guidelines.	Intermediate	Advanced Intermediate	Entry-level
4. Communication: Communicates in ways that are congruent with situational needs.	Intermediate	Advanced Intermediate	Entry-level
5. Cultural Competence: Adapts delivery of physical therapy services with consideration for patients' differences, values preferences, and needs.	Intermediate	Advanced Intermediate	Entry-level
6. Professional Development: Participates in self-assessment to improve clinical and professional performance.	Intermediate	Advanced Intermediate	Entry-level
7. Clinical Reasoning: Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.	Intermediate	Advanced Intermediate	Entry-level
8. Screening: Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.	Intermediate	Advanced Intermediate	Entry-level
9. Examination: Performs a physical therapy patient examination using evidenced-based tests and measures.	Intermediate	Advanced Intermediate	Entry-level
10. Evaluation: Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.	Intermediate	Advanced Intermediate	Entry-level
11. Diagnosis and Prognosis: Determines a diagnosis and prognosis that guides future patient management.	Intermediate	Advanced Intermediate	Entry-level
	Intermediate		Entry-level

12. Plan of Care: Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.		Advanced Intermediate	
13. Procedural Interventions: Performs physical therapy interventions in a competent manner.	Intermediate	Advanced Intermediate	Entry-level
14. Educational Interventions: Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.	Intermediate	Advanced Intermediate	Entry-level
15. Documentation: Produces quality documentation in a timely manner to support the delivery of physical therapy services.	Intermediate	Advanced Intermediate	Entry-level
16. Outcome Assessment: Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.	Intermediate	Advanced Intermediate	Entry-level
17. Financial Resources: Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.	Intermediate	Advanced Intermediate	Entry-level
18. Direction and Supervision of Personnel: Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.	Intermediate	Advanced Intermediate	Entry-level

**University of New England
Westbrook College of Health Professions**

**Department of Physical Therapy
PTH 707: Clinical Practicum 3**

**Syllabus
Spring 2020**

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OFFICE HOURS: Available by appointment

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COURSE CREDITS: 8

CLASS TIME / CLASSROOM/CLINIC TIME:

- 480 hours (minimum of 420 with prior approval) with a schedule to follow that of the Clinical Instructor(s)
- Assigned clinical site

Course Description: A 12-week, full time clinical experience provided in a variety of health care settings within the United States. The experience is structured to provide students with the opportunity to develop competence in the managements of patients primarily with musculoskeletal, cardiopulmonary, pediatric, neuromuscular, or integumentary dysfunction.

PREREQUISITES: Students registered for Clinical Practicum 3 must be enrolled in the program of Physical Therapy and have completed all previous courses as outlined in the Physical Therapy Student Handbook or receive instructor permission. (See DPT student handbook).

COURSE OBJECTIVES: SEE BELOW

WCHP CORE VALUES: SEE BELOW

DPT PROGRAM STUDENT LEARNING OUTCOMES: SEE BELOW

INTERPROFESSIONAL COMPETENCIES: SEE BELOW

CAPTE STANDARDS: SEE BELOW

Revised: September 2019

Course Objectives: After completing the course, students should be prepared to:	WCHP Core Value	IPE Competency	DPT Program Outcome	CAPTE Accreditation Required Elements	Assessment Method
1. Independently practices in a safe manner that minimizes the risk to patients, self and others. (Entry Level)	Health & Wellness		2	7D33, 7D37, CC4, CC5.43	CPI
2. Independently demonstrates professional behavior in all situations. (Entry Level)	Compassion		2	7D1, 7D4, 7D5, 7D6, 7D14, CC 5.11	CPI
3. Independently practices in a manner consistent with established legal and professional standards and ethical guidelines. (Entry Level)	Leadership		2	7B2, 7B6, 7D2, 7D3, 7D41	CPI
4. Independently communicates in ways that are congruent with situational needs. (Entry Level)	Compassion	Communication	3, 10	7D7, 7D12, 7D21	CPI
5. Independently adapts delivery of physical therapy services with consideration for patients' differences, values preferences, and needs. (Entry Level)	Health & Wellness; Compassion; Collaboration		3, 4	7D8, CC5.18	CPI
6. Independently participates in self-assessment to improve clinical and professional performance. (Entry Level)	Critical Thinking		8	7D13, 7D15, CC5.12, CC5.19	CPI
7. Independently applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management. (Entry Level)	Health & Wellness; Compassion; Critical Thinking		1, 8	7D9, 7D10, 7D11, 7D34, 7D36, 7D40, CC5.18, CC5.20	CPI

8. Independently determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional. (Entry Level)	Health & Wellness; Compassion; Critical Thinking; Collaboration	Roles/Responsibilities; Teams/teamwork	6, 9	7D16, 7D34, 7D35, CC5.27	CPI
9. Independently performs a physical therapy patient examination using evidenced-based tests and measures. (Entry Level)	Health & Wellness		5, 7	7D17, 7D18, 7D19a-w, 7D35, CC5.28, CC5.29, CC5.30, CC5.45, CC5.46	CPI
10. Independently evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. (Entry Level)	Health & Wellness; Critical Thinking		8	7D20, 7D35, 7D40, CC5.31	CPI
11. Independently determines a diagnosis and prognosis that guides future patient management. (Entry Level)	Health & Wellness; Critical Thinking		1, 8	7D22, 7D23, 7D35, 7D40, CC5.32, CC5.33	CPI
12. Independently establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. (Entry Level)	Health & Wellness; Compassion; Critical Thinking		5, 8	7D24, 7D26, 7D28, 7D30, 7D35, 7D36, 7D39, 7D40	CPI
13. Independently performs physical therapy interventions in a competent manner. (Entry Level)	Health & Wellness		8	7D27a-i, 7D34, 7D35	CPI
14. Independently educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching method. (Entry Level)	Health & Wellness; Compassion	Roles/Responsibilities; Communication	3, 9, 10	7D12, 7D34, 7D35	CPI

15. Independently produces quality documentation in a timely manner to support the delivery of physical therapy services. (Entry Level)	Critical Thinking		4, 7	7D32, 7D38	CPI
16. Independently collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. (Entry Level)	Critical Thinking		1	7D31, 7D38, 7D40, CC5.46, CC5.47, CC5.48, CC5.49	CPI
17. Independently participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines. (Entry Level)	Leadership		2, 9	7D35, 7D36, 7D38, 7D40, 7D41, 7D42, CC5.2	CPI
18. Independently directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. (Entry Level)	Collaboration	Teams/teamwork; Roles/Responsibilities	3, 9, 13	7D25, 7D29, CC5.40	CPI

REQUIRED TEXTS: N/A

KEY COURSE WEBSITES: Blackboard

RESPONSIBILITIES (faculty and learner):

Clinical experiences are under the supervision of a licensed physical therapist that serves as the clinical instructor (CI). Specific eligibility criteria for clinical instructors are outlined in the Clinical Education Handbook. Experiences include observation and direct patient care activities. The learner is responsible for being prepared each day and working with patients, colleagues, families, and others in a professional manner, and with clinical accuracy. Students should seek guidance from their CI(s) as appropriate, and utilize all available resources as needed, including UNE faculty.

COURSE REQUIREMENTS:

STUDENT REQUIREMENTS PRIOR TO A CLINICAL EDUCATION EXPERIENCE

Students are responsible for providing the DCE/Assistant DCE with several required documents six weeks prior to a scheduled clinical practicum. The documents include:

- Student Data Form
- Health Information Form
- Evidence of CPR certification (one course)
 American Heart Association: BLS Healthcare Provider Course
- Evidence of HIPAA Training

The documents are an essential component of a larger mailing that is sent to the assigned clinical sites prior to a scheduled clinical practicum. Failure to provide the DCE/ ADCE/ CPC with the necessary documents by the stated deadline may result in a clinical practicum being delayed or cancelled, and students will be issued a Critical Incident Report, and/or a Clinical Education professional behavior warning. Students are responsible for making sure they are in compliance with all of the health requirements for their assigned clinical site. In some cases, the actual requirements at a clinical site may exceed the requirements outlined in the Health Information Form.

Students are required to make personal contact (site visit, phone, mail, e-mail) with the Site Coordinator of Clinical Education (SCCE) at their assigned clinical site at least six weeks prior to a scheduled clinical education experience. Students should use this opportunity to check on the status of any specific site requirements, and to ask questions about their assigned rotation.

Clinical Instructor and Student Requirements during and after a Clinical Education Experience

Clinical instructors and students are required to complete a variety of forms during a clinical practicum. **STUDENTS:** In order to pass your clinical experience, the following completed forms must be submitted, on time, as instructed (ex: blackboard) to the DCE/ ADCE/CPC:

Form to be completed by Student during the first week of CP, or prior

- **First Day/Week CP Data Gathering Form**
 - Submitted via google doc. Link on blackboard
 - Submit no later than 11:55pm on the Friday of your first week of CP.
 - Make sure you enter your CI's email address they use for CPI Web

Forms to be completed by Student for weeks 1-3 (additional weeks required per instructor)

- **Weekly Planning Forms for week 1-3**
 - Completed by the end of week 1, 2, and 3
 - Submitted via blackboard by 11:55pm on Saturday of week due

Web-Based Form to be completed by CI & Student

- **CPI: Physical Therapist Clinical Performance Instrument**
 - Student self-assessment
 - Clinical Instructor assessment of student
 - Completed at mid-term (end of week 6) and final (last day of CP) & 'signed off' by both

Forms to be completed by Student at end of CP (Due 1 week after the end of CP)

Due at 11:55pm 1 week following the end of your CP.

Example: CP ends 11/22/19; forms are due no later than 11/29/19 @ 11:55pm.

- **Physical Therapist Student Evaluation: Clinical Site/Experience**
 - Completed at final (not required at mid-term) and results shared with CI and/or SCCE) at final. **No signature or narrative needed from CI**
 - Submitted via student database portal:
<http://pt.junconsulting.com/public/logIn.aspx?ReturnUrl=%2f>
- **Physical Therapist Student Evaluation: Clinical Instruction**
 - Completed at final (not required at mid-term) and results shared with CI and/or SCCE) at final. **No signature or narrative needed from CI**
 - Submitted via student database portal:
<http://pt.junconsulting.com/public/logIn.aspx?ReturnUrl=%2f>
- **In-service Outline/Copy**
 - Completed at any point during the CP by the student
 - Submitted via blackboard
- **Clinical Statistics Form**
 - Completed at any point during the CP by the student
 - Submitted via blackboard
- **Clinical Education Portfolio**
 - Completed in the end of CP by the student
 - Submitted via blackboard
- **Reflection Paper**
 - Completed in the end of CP by the student
 - Submitted via blackboard

EVALUATION:

Their clinical instructor(s) will assess the student at the midterm and final using the Physical Therapist Clinical Performance Instrument. The midterm evaluation should be used to identify areas of the student's strengths and weaknesses, while the final evaluation should summarize the student's overall performance.

Grading decisions are based on information gathered from the Clinical Performance Instrument, final clinical paperwork, student's professional behaviors, and any additional pertinent feedback gathered from the clinical faculty and the student. The DCE/ADCE are responsible for determining the final course grade. The grade is assigned using a Pass/Fail system.

Any action by the student that demonstrates unsafe or unethical clinical practice may result in failure and removal from a clinical practicum based upon the decisions of the academic and/or clinical faculty.

GRADING – The following grading scale will be utilized:

<u>Letter</u>	<u>Number</u>	<u>QP</u>
A	94-100	4.00
A-	90-93	3.75
B+	87-89	3.50
B	84-86	3.00
B-	80-83	2.75
C+	77-79	2.50
C	74-76	2.00
C-	70-73	1.75
D	64-69	1.50
F	< 64	0.00
I	Incomplete	
P	Pass	

POLICIES**ATTENDANCE / DRESS CODE / PROFESSIONAL BEHAVIORS**

Attendance, appropriate dress, and professional conduct are required for all course activities, as described in the DPT student and clinical education handbook.

ATTENDANCE:

Students are expected to follow their clinical instructor's schedule and caseload. Typically, students are required to work 40 hours per week while on a clinical education experience. In rare occasions, a student can be approved to work 35-39 hours per week; however, the DCE/ADCE MUST approve this. At times, this may necessitate students working early mornings, evenings, holidays or weekends. Students should make sure that other responsibilities do not interfere with their ability to comply with their clinical instructor's schedule. Students routinely are required to complete formal or informal assignments during evening hours.

Clinical attendance is **MANDATORY**. **Only illnesses, personal emergencies, and approved attendance to professional conferences/educational experiences are excused clinical absences.** In the event of illness or personal emergency, the student is required to notify the clinical instructor **AND** the DCE/ADCE prior to the start of the workday. All absences require make-up time at the discretion of the CI/SCCE/DCE/ADCE. Students are required to make-up all missed assignments due to any absence. The scheduling of make-up time is up to the CI/SCCE. Again, the DCE/ADCE must be notified, by the student, of any absence. Failure to report absences to the DCE/ADCE, and/or any inappropriate absences will result in a Critical Incident Report and/or a Professional Behavior Citation and may impact a student's ability to pass their Clinical Experience.

CANCELLATION / DELAY:

Students are expected to attend each day scheduled by the clinical facility, including days that University of New England may be closed due to a holiday or inclement weather. UNE does not require students to make up holidays or days missed due to your clinical facility closing due to inclement weather, unless the CI/SCCE prefers it is made up and/or it is determined that the additional missed days could affect their ability to successfully meet grading expectations for the course.

You are expected to go to your assigned clinical placement unless your CI advises you otherwise. However, please take personal safety into consideration. If you arrive late due to weather, there is no makeup expected. If you do not feel you can safely make it in, then these missed hours must be made up. As with all missed clinical time, this must be reported to the DCE/ADCE.

DRESS CODE:

Students must be neatly groomed and dressed in a professional manner at all times when in the clinic. Business casual clothes with a nametag should be worn unless the clinical facility requires alternate attire. When in doubt, students are expected to inquire in advance about specific dress code requirements at a particular facility. The Site Coordinator of Clinical Education and/or the Clinical Instructor determine the "appropriateness" of the student's grooming and attire. Students should refrain from wearing excessive jewelry that may interfere with patient treatment.

PROFESSIONAL BEHAVIORS:

Students must act professionally at all times during their clinical practicum. This means when they are with a patient, family, co-worker, another health care provider, etc. They must follow the professional behavior guidelines to ensure that they are acting professionally. They will evaluate their behavior with these guidelines formally at mid-term and final; However, this should be an aspect of ongoing, informal self-assessment throughout the entirety of the Clinical Student's self-assessments of these behaviors should be discussed with their CI, and feedback from the CI should be sought. Professional behavior is highly important to this program, and the Physical Therapy Profession. **A student can fail a clinical practicum based solely on unprofessional behavior.**

ACADEMIC INTEGRITY:

The University of New England (UNE) values academic integrity in all aspects of the educational experience. Charges of academic dishonesty are very serious. These include but are not limited to cheating, falsification, destruction or alteration of the work of others, multiple submission of the same work without permission, and plagiarism – the appropriation of the work of others. For a fuller understanding of this issue, please visit the University’s web page on Academic Integrity at:

<http://www.une.edu/studentlife/plagiarism/index.cfm>

Student Access Center:

UNE seeks to promote respect for individual differences and to ensure that no person who meets the academic and technical standards requisite for admission to, and continued enrollment at, the University is denied benefits or subjected to discrimination at UNE solely by reason of his or her disability. Any student eligible for academic accommodations due to a documented disability is encouraged to speak with the professor in a timely manner. Registration with UNE Student Access is required before accommodation requests can be granted. Student Access on the Portland campus is located in the lower level of Ginn Hall and may be reached by calling 221-4418. Student Access on the Biddeford campus is located in the lower level of Stella Maris Room 131 and may be reached by calling 602-2815.

<http://www.une.edu/studentlife/student-access-center>

Student Academic Success Center

The Student Academic Success Center offers a range of free services to support your academic achievement, including tutoring, writing support, test-prep and studying strategies, learning style consultations, and many online resources. **To make an appointment** for tutoring, writing support, or a learning specialist consultation, **go to une.tutortrac.com** or visit the SASC. **To access our online resources**, including links, guides, and video tutorials, **visit <https://une1.sharepoint.com/sites/SASC>**.

WCHP COURSE AND INSTRUCTOR EVALUATION POLICY:

Course and instructor evaluations are important tools for evaluating the quality of your education, and for providing meaningful feedback to course instructors on their teaching. In order to assure that the feedback is both comprehensive and precise, course evaluations are a required element of every course. Students who complete all their evaluations on time will have access to their grades as soon as they are available. For those students who do not complete their evaluations, grades will be masked for approximately two weeks.

SUBJECT TO CHANGE STATEMENT/COURSE COMMUNICATIONS:

This syllabus and schedule are subject to change. Announcements regarding the course will be made either via email or on the Blackboard Course website. It is expected that students check blackboard at least once a week, and check their UNE email daily while on Clinical Practicums. It is the student's responsibility to be aware of changes announced by the DCE/ADCE.

OTHER:

- Students are required to provide their own transportation and living expenses (if necessary). These are not factored into clinical placement.
- The student will provide feedback, along with the clinical instructor, during a scheduled site visit or telephone conversation with a member of the academic faculty.
- The student is expected to report any concerns or problems to the DCE/ADCE (and to the CI/SCCE as appropriate) as soon as possible. Students are expected to utilize their appropriate resources for guidance, and to help manage challenging situations.
- The student is required to follow and abide by all policies created by their given facility

Physical Therapist Clinical Performance Instrument - Minimal Expectation Guidelines

The clinical education rubric that is presented below was developed to assist all parties with determining realistic expectations for each of the three clinical education experiences. Failure to meet one or more of the criteria as specified on the rubric **may** constitute grounds for failure.

Performance Criteria	CP I	CP II	CP III
1. Safety: Practices in a safe manner that minimizes the risk to patients, self and others.	Intermediate	Advanced Intermediate	Entry-level
2. Professional Behavior: Demonstrates professional behavior in all situations.	Intermediate	Advanced Intermediate	Entry-level
3. Accountability: Practices in a manner consistent with established legal and professional standards and ethical guidelines.	Intermediate	Advanced Intermediate	Entry-level
4. Communication: Communicates in ways that are congruent with situational needs.	Intermediate	Advanced Intermediate	Entry-level
5. Cultural Competence: Adapts delivery of physical therapy services with consideration for patients' differences, values preferences, and needs.	Intermediate	Advanced Intermediate	Entry-level
6. Professional Development: Participates in self-assessment to improve clinical and professional performance.	Intermediate	Advanced Intermediate	Entry-level
7. Clinical Reasoning: Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.	Intermediate	Advanced Intermediate	Entry-level
8. Screening: Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.	Intermediate	Advanced Intermediate	Entry-level
9. Examination: Performs a physical therapy patient examination using evidenced-based tests and measures.	Intermediate	Advanced Intermediate	Entry-level
10. Evaluation: Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.	Intermediate	Advanced Intermediate	Entry-level
11. Diagnosis and Prognosis: Determines a diagnosis and prognosis that guides future patient management.	Intermediate	Advanced Intermediate	Entry-level
	Intermediate		Entry-level

12. Plan of Care: Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.		Advanced Intermediate	
13. Procedural Interventions: Performs physical therapy interventions in a competent manner.	Intermediate	Advanced Intermediate	Entry-level
14. Educational Interventions: Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.	Intermediate	Advanced Intermediate	Entry-level
15. Documentation: Produces quality documentation in a timely manner to support the delivery of physical therapy services.	Intermediate	Advanced Intermediate	Entry-level
16. Outcome Assessment: Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.	Intermediate	Advanced Intermediate	Entry-level
17. Financial Resources: Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.	Intermediate	Advanced Intermediate	Entry-level
18. Direction and Supervision of Personnel: Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.	Intermediate	Advanced Intermediate	Entry-level

Action Plan

Student Name:

Clinical Site:

Clinical Instructor:

CCCE:

Dates of Clinical Experience:

This action plan will be initiated for any student who appears to be at risk for not meeting the learning objectives. If the student does not meet the objectives stated, they are at risk of failing the clinical experience.

Identified Problems:

OBJECTIVES:	Due Date
1)	
2)	
3)	
4)	

Plan to meet objectives (list plans here):

____ I agree to the plan and terms as outlined. I understand that I am at risk for not passing this clinical course.

____ I do not agree to the terms as outlined. I understand that by not following this action plan I am placing myself at further risk for not passing this clinical course. My rebuttal to this action plan is (please attach your written plan)

Student/Date

Clinical Instructor/Date

UNE Faculty/Date