Doctor of Physical Therapy Program

University of Connecticut

Clinical Education Policies and Procedures

Student Manual

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The Clinical Education Curriculum

The role of clinical education in the preparation of Physical Therapy professionals cannot be overstated. The program is committed to excellence in this most important area. Clinical sites are selected based on a history of high quality patient care, a clear statement of dedication to the learning process and practice patterns that are consistent with the program’s practice expectations. It is the belief of the faculty that, through clinical application of knowledge gained in the classroom; a student integrates and expands his/her understanding of the processes of patient care.

The program’s faculty encourages close relationships with those who assist in the preparation of its students. There exists a partnership whose goal is the development of competent clinicians with strong ethical standards. Interaction with physical therapist role models whose practice is consistent with the program’s philosophy is imbedded throughout the curriculum.

Clinical education forms a central theme in the curriculum, incorporated not only as full time clinical practicum courses, but also as experiences imbedded in all clinical science courses.

The clinical education program includes clinical experiences that encompass management of patients representative of those commonly seen in practice across the lifespan, across the continuum of care and in settings representative of those in which physical therapy is commonly practiced.

Clinical Education Serves the Student Best When:

1. Expectations are made clear for everyone involved
2. Accountability to expectations involves frequent opportunities to show competence in specific skills, clinical decision making and professional behavior.
3. Planned opportunities exist for student discovery, guided practice, feedback and growth in applying knowledge, skills and attitudes to real patients/clients.
4. Self-assessment is required and results in plans for growth
5. Opportunities for presentation and discussion of the advantages and disadvantages of multiple, plausible alternative patient/client management plans are considered and applied within the constraints of clinical practice.
6. Clinical faculty hold the student in unconditional positive regard and view their role as teaching coaches

Clinical Education - Expected Student Outcomes

At the end of the final practicum course (PT 5468 or 5467) each student will demonstrate entry-level ability to:

1. Practice in a safe manner
2. Demonstrate professional behavior in all situations
3. Practice in a manner consistent with established legal and professional standards and ethical guidelines
4. Communicate in ways that are congruent with situational needs
5. Apply current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management
6. Adapt delivery of physical therapy services with consideration for patient's differences, values preferences, and needs
7. Determine when patients need further examination or consultation by a physical therapist or referral to another health care professional
8. Perform a physical therapy patient examination using evidenced-based tests and measures
9. Evaluate data from the patient examination to make clinical judgments
10. Determine a correct diagnosis
11. Establish a physical therapy plan of care that is safe and effective
12. Perform physical therapy interventions in a competent manner
13. Educate others using relevant and effective teaching methods
14. Complete documentation that is timely, complete, accurate and meets all relevant requirements
15. Analyze data from outcome measures in a manner that supports accurate analysis of individual patient outcomes
16. Perform practice management functions required for entry into the profession.
17. Direct and supervise physical therapist assistants and other support personnel
18. Participate in self-assessment

Clinical Education Courses

Each student must successfully complete a minimum of 32 weeks of full time (approx. 40hrs/wk), supervised clinical practicum experience in approved clinical education settings. These 32 weeks occur in 4 eight-week courses. The full-time practicum courses are arranged in a specific sequence so that the academic coursework can be directed toward development of mastery in specific areas of practice in a sequential order. The sequence for every student is: acute care, then outpatient orthopedics, then adult neurological rehabilitation. For the final practicum, the student is allowed to choose the area of practice.

Patients of all ages, with the exception of young children, will generally be seen during full time practicum courses. Students who wish to complete a full time pediatric experience may do so during PT 5468, the Individualized Practicum. All students are required to participate in management of patients across the life span, including children, during PT 5456, Neuromuscular Examination and/or PT 5457, Neuromuscular Intervention.

The curriculum also includes clinical practice integrated with academic courses. These part-time integrated clinical experiences offer students the ability to synthesize and apply concepts and techniques at the same time they are taught in the classroom. Observation and/or patient care experiences are provided in settings such as hospitals, rehabilitation centers, home-based early intervention, schools and community wellness centers.

Clinical faculty at the on-campus Nayden Clinic provide mentored hands-on patient management experiences during 3 part-time practicum courses.

Students are required to participate in an organized service learning activity that meets identified community needs.
**Clinical Education Sequence and Course Descriptions (see syllabi in appendix):**

**PT 5460: Introduction to Clinical Education**  
Time Offered: Early summer after the first year  
Course Description:  
This one credit seminar course is intended to provide students with a foundation for practicum experiences in the curriculum. Roles and responsibilities are explored and positive characteristics of effective clinical education relationships will be identified. Strategies for problem resolution are discussed. Students begin their preparation to be future clinical instructors through description of an environment that fosters student professionalism and encourages the development of an autonomous and competent clinician. Students learn how evaluation methods will be implemented during full time practicum courses.

**PT 5461: Acute Care Practicum**  
Time offered: First 8 weeks of the second year  
Course Description:  
Under close supervision by an experienced, licensed Physical Therapist, students will perform patient management functions for patients in a hospital. The course is held off campus at individually assigned clinical facilities throughout the country. Each student is assigned one or two clinical instructors who are physically present and immediately available for direction and supervision. Through this experience, students learn to apply their didactic education to the management of patients typically seen in the acute care setting.

**PT 5462: Internal Clinical Practicum I**  
Time offered: Second half of fall semester, second year  
Course Description:  
This course is an exercise instruction laboratory and observational clinical practicum within the Nayden Rehabilitation Clinic, a faculty-run PT provider. The course is designed to teach therapeutic exercise and provide the opportunity to practice learned techniques. Students observe PT visits within the clinic and apply therapeutic modalities and therapeutic exercise under the supervision and direction of a licensed physical therapist.

**PT 5463: Internal Musculoskeletal Clinical Practicum II**  
Time offered: Spring semester, second year  
Course Description:  
This course is an applied musculoskeletal practicum within the Nayden Rehabilitation Clinic. The course is designed to synthesize and apply information obtained from previous and concurrent academic coursework in a real clinic setting.

**PT 5464: Musculoskeletal Practicum**  
Time offered: Summer after the second year  
Course Description:
Under close supervision by an experienced, licensed Physical Therapist, students will perform all patient management functions for patients in an outpatient orthopedic setting. The course is held off campus at individually assigned clinical facilities throughout the country. Each student is assigned one or two clinical instructors who are physically present and immediately available for direction and supervision. Through this experience, students learn to apply their didactic education to the management of patients with musculoskeletal conditions.

**PT 5466: Internal Neuromuscular Clinical Practicum**  
Time offered: Fall, third year  
Course Description:  
This course is an applied neuromuscular practicum within the Nayden Rehabilitation Clinic and off campus facilities. The course is designed to synthesize and apply information obtained from previous and concurrent academic coursework in a real clinic setting.

**PT 5467: Neuromuscular Practicum**  
Time Offered: Final semester, third year  
Course Description  
Under close supervision by an experienced, licensed Physical Therapist, students will perform all patient management functions for patients in a setting where the team approach is used to improve the functional abilities of patients with neuromuscular and other conditions. The course is held off campus at individually assigned clinical facilities throughout the country. Each student is assigned one or two clinical instructors who are physically present and immediately available for direction and supervision. Through this experience, students learn to apply their didactic education to the management of adult patients with neurological conditions, amputations, spinal cord injuries and other diagnoses.

**PT 5468: Individualized Practicum**  
Time Offered: Final semester, third year  
Course Description  
Under supervision by an experienced, licensed Physical Therapist, students will perform all patient management functions for patients in a facility providing Physical Therapy services. Student assignment is based on student interest and on site availability. The course is held off campus at individually assigned clinical facilities throughout the country. Each student is assigned one or two clinical instructors who are physically present to supervise all patient/client management performed by the student. The learning experience is intended to allow the student to gain clinical experience in an area relating to their individual professional interests.
Responsibilities of the Director of Clinical Education (DCE)

The DCE is the course instructor for all full time practicum courses and awards the course grade. The DCE is responsible for planning, coordinating, facilitating, administering, evaluating and monitoring each student’s performance during the course. The DCE serves as a liaison between the physical therapy program and clinical education sites. In cooperation with other academic faculty, the DCE establishes clinical education standards, selects and evaluates clinical education sites, and maintains communication among all parties.

Responsibilities include but are not limited to the following:

- Developing, conducting, coordinating and evaluating the clinical education program.
- Communicating necessary information about the clinical education program to core faculty, clinical education sites, clinical education faculty, and students and facilitating communication about clinical education among these groups as needed.
- Determining if the academic regulations, policies and procedures related to clinical education are upheld by core faculty, student, and clinical education faculty and taking appropriate corrective actions, when necessary.
- Using information provided by the clinical education faculty and other information as needed to assess student learning in clinical education experiences and assign a course grade.
- Determining if the clinical education faculty and sites are meeting the needs of the program and for taking corrective action when they do not.
- Assessing the performance of clinical instructors who supervise students during full time clinical experiences
- Establishing new clinical education sites
- In cooperation with other core faculty, determining each student’s readiness to engage in clinical education, including review of performance deficits and unsafe practices of the student.

Responsibilities of Clinical Instructors

The Clinical Instructor (CI) is the student’s immediate supervisor and mentor during all practicum courses. He/she is employed by the clinical facility and is responsible for formal and informal evaluations done during the experience.

- Holding a valid PT license and having at least 12 months of clinical experience with the patient population to be seen by the student.
- Valuing the use of evidence in practice and encouraging the student to use critical inquiry effectively
- Demonstrating clinical competence and legal and ethical behavior
- Communicating with the student and DCE in an effective manner
- Modeling behaviors that are consistent with the PT program’s values and philosophy.
Collaborating with students to plan learning experiences that fall within the student’s scope of knowledge and skill
Reading all materials provided relating to the PT Program and seeking clarification where necessary
Providing effective direct supervision for assigned students
Providing effective and timely feedback regarding student performance
Correctly completing the CPI at midterm and the end of each full time clinical practicum
Submitting all forms/evaluations requested by the program
Encouraging the student to self-assess
Making time available to discuss patient/client management with student

Responsibilities of the Center Coordinator of Clinical Education
The Center Coordinator of Clinical Education (CCCE) is employed by the clinical site and is in charge of the site’s clinical education program.

- Coordinating the assignments and activities of students in a way that is consistent with the PT Program’s curriculum
- Demonstrating ethical and legal behavior
- Communicating with the CI, student and DCE in an effective manner
- Reading all materials relating to the PT program and seeking clarification where necessary
- Monitoring the performance of clinical instructors and students
- Distributing all forms and information sent by the DCE to the student and clinical instructor

Rights and Privileges of Clinical Faculty
- All clinical instructors and CCCE’s who provide a full time learning experience may request online access to the University library. Access is granted during the 12 months period during and following the practicum experience
- The CCCE has the right to schedule student clinicals so that patient care is not adversely affected.
- Clinical Instructors have the right to value the quality of patient management over student learning.
- Clinical faculty should expect prompt and effective communication with the DCE whenever it is needed.
- Clinical faculty may refuse to allow students who are unsafe or incompetent to participate in clinical education at their site.
- Clinical faculty should expect that students assigned to their site have been adequately academically prepared to meet the expectations set for the experience.
- Clinical faculty have the right to expect that students will demonstrate the qualities of adult learners and contribute in a positive way.
- All clinical sites have the right to expect that private business information regarding the site will be held confidential.
**Academic Requirements For Enrollment In Clinical Practicum Courses**

Prior to each full time clinical practicum course, each student is reviewed by the core faculty to determine readiness for clinical practice. Determination of readiness includes a discussion of whether the student demonstrates an appropriate level of safety, professional and ethical behavior, communication and clinical skill (see appendix for rating form). The DCE often consults with individual faculty for specific information regarding potential performance problems.

Students noted to have potential problems, yet are still considered adequately prepared, are noted by the DCE. These students may meet with the DCE prior to the practicum and discuss strategies to increase the likelihood for success. The DCE will visit the clinical site early in the course and monitor student performance closely. Identified problems will be discussed with clinical faculty as determined by the DCE.

If a student’s academic performance, or professional development and/or behavior is judged by faculty to be unsatisfactory, or his/her GPA falls below a 3.0, the student will be referred to the Program’s academic Advisory Committee. The committee then makes a recommendation to the Dean of the Graduate School as to whether the student may progress to participation in full time clinical practica. A student on academic probation because his/her overall GPA is less than 3.0 may register for practicum courses only upon the recommendation of the Academic Advisory Committee and approval of the Dean of the Graduate School. The Academic Advisory Committee will consult with the Director of Clinical Education (DCE) prior to recommending continuation into any clinical education experience.

**Clinical Education Placement Policies**

- Practicum experiences must be in a setting appropriate to the specific course.
- Students are not allowed to contact clinical sites unless they have been assigned there by the DCE.
- A student may not complete a clinical practicum in a facility in which he/she was previously, or is presently, employed.
- Students may not complete a clinical practicum at a facility in which they have, or have had, a significant relationship with the facility’s staff, such as a relative working at the same facility.
- Students should expect to travel to practicum sites and are responsible for their own travel arrangements and living expenses.
- Students should expect to complete a minimum of one clinical education experience outside the State of Connecticut and/or away from home.
- Students are responsible for reviewing all information for all sites included on their request sheet. Written information can be found in each site’s file in the file cabinets in Koons 102A and on the commitment sheets found in notebooks in the same area.
- On the “Sites Available” list, the DCE may indicate sites as “must use.” This is a site that has offered a slot for a specific course and requires a student assignment. If no student indicates a desire to complete a practicum at a “must use” site, the DCE will assign a student.
Students who wish to be assigned to a site that is not already a contracted facility with the University of Connecticut, may ask the DCE to pursue a contract. Such a request must be given to the DCE as early as possible but always before the class placement process is initiated. The DCE will determine if a contract should be pursued.

Students will not be allowed to change their placement site except under extremely unusual circumstances.

Clinical Education Placement Procedures

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<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Placement Time</th>
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<tbody>
<tr>
<td>PT 5461:</td>
<td>Acute Care Practicum</td>
<td>Fall, yr 1</td>
</tr>
<tr>
<td>PT 5464:</td>
<td>Musculoskeletal Practicum</td>
<td>Fall, yr 2</td>
</tr>
<tr>
<td>PT 5467:</td>
<td>Neuromuscular Practicum</td>
<td>Early Fall, yr. 3</td>
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<tr>
<td>PT 5448:</td>
<td>Individualized Practicum</td>
<td>Early fall, yr 3</td>
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Students are given the “PT Program Clinical Education Policies and Procedures” manual during their first week in the program and are instructed to read it.

Prior to placements for the first practicum course, each student is randomly assigned a non-repeated lottery number. Lottery number assignment is distributed to the class prior to the first placement. Each student’s number will remain the same for all placements.

Lottery numbers are used in the following way:
PT 5461, Acute Care Practicum: the student assigned number 1 will have first choice of a site on the list of sites available, number 2 will have second choice and so on until all students in the class have chosen.
PT 5464, Musculoskeletal Practicum: the student assigned the highest number will have first choice, the student assigned number 1 will have last choice.
PT 5467, Neuromuscular Practicum: choices will start at the middle number and move toward number 1, then from the highest number to the middle plus 1.
PT 5468, Individualized Practicum: choices will start at the middle plus one and move toward the highest number, then from number 1 to the middle.

EXAMPLE OF USE OF LOTTERY NUMBERS:

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<tr>
<th>Lottery #</th>
<th>Choice for 5461</th>
<th>Choice for 5464</th>
<th>Choice for 5467</th>
<th>Choice for 5468</th>
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<td>5</td>
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Initial communication with students regarding their first placement is done by the Director of Clinical Education (DCE) in the fall of their first full year in the program. At a meeting, where student attendance is mandatory, the DCE relates all information students need in order to select their choices for their first clinical placement and she answers any questions. An overview of all clinical education courses is discussed in order to provide students with the ability to strategically select appropriate sites for each experience. This helps the student with, for example, planning for the cost of travel to one or more of their full time practicum experiences.

Prior to each placement, the DCE meets with the class to go over the “Sites Available” list and answer questions related to specific clinical sites.

Each student is strongly encouraged to meet informally with the DCE to discuss his/her clinical education needs and interests prior to their individual placement meeting. The DCE will discuss the student’s academic history, professional interests, barriers to participation in clinical education, ability to travel, and learning needs. The DCE will provide information about sites the student should consider and will answer any questions.

Students are strongly encouraged to inform the DCE as soon as possible when one of their choices has been given as a “first come first served” slot. The DCE will call the site to inquire as to whether the slot is available and will remove the site from the posted list if it is not. If a student fails to inform the DCE that their choice is a first come first served slot and their turn for placement comes up, they will be placed there even if the DCE has not confirmed the slot.

Students may complete a “Call Request” (see appendix) form requesting placement at a contracted site that is not on the “sites available” list. The DCE determines whether such requests will be pursued. If the sites agrees to accept the student, the student is placed there, if the sites cannot accept the student, the student is informed. If the DCE has not heard back from the site by the time the student’s individual placement meeting occurs, the student must decide whether to wait for an answer or choose for the sites available list.

Placements occur during an individual placement meeting between the student and the DCE. Prior to placement for each practicum, every student is required to submit his/her “Clinical Education Placement Request” (see appendix) form to the DCE on the date assigned. The DCE will meet individually with each student starting with the student with the first choice and will continue through the student with the last choice. The DCE will review the student’s list and make recommendations regarding whether the selected sites are a “good match” given the student’s academic history, professional interest, and personal needs and may refuse to assign a student to the site he/she has requested. After each student has been placed, the chosen site will be deleted from the list for the remaining students. This information will be posted so that students who have not yet been placed will have the opportunity to develop their lists from the sites not taken by previous students.

After all assignments have been completed, the DCE will send a placement letter to the CCCE at each site assigned a student. The letter will include the kind of rotation (e.g. acute care) the assignment is for, the dates of the experience, and the student’s name, address, phone number(s) and email address.

**Student Contact with Their Assigned Site**

Students are not allowed to contact any clinical site regarding a clinical practicum experience until they have been assigned there as a student.
Under no circumstances is it acceptable for students to contact their assigned clinical sites to alter their practicum experience in any way. Any alterations (such as changes in dates) made directly with the clinical site by students, without approval from the DCE, may result in cancellation of that clinical education experience. Reassignment will be made following department policies and as clinic availability allows.

Four to six weeks prior to the start of the practicum, students are responsible for calling or emailing the CCCE or CI at the facility to which they have been assigned. Names, phone numbers and email addresses are available in the clinical education office. Information needed may include, for example, the dress code, working hours, parking, directions and the name of the CI. During this phone or email conversation, students should discuss any questions they have and ask if there is any specific material which should be reviewed prior to the start of the practicum. Students must carefully read the clinic file prior to calling so that they do not ask questions that the site has answered in writing.

**Practicum Cancellations**

Occasionally there are sudden, unforeseen changes at a clinical site, such as staff resignations, which require the site to cancel a scheduled placement. The University is not always given adequate advance notice of such events. Students should, therefore, be prepared for changes in their assignment and understand that they need to be flexible in their needs.

Students should not make unalterable vacation or employment plans near clinical practicum course times because the dates of the clinical may have to change.

**Student Responsibilities Related to Clinical Education**

The student is a representative of the University of Connecticut in the clinic environment. The school has written contractual agreements with all the clinical sites that provide opportunities for clinical practice. The contracts require that students comply with all the agency’s policies, procedures, rules and regulations. It is anticipated that student behaviors will reflect the standards of the profession and of the University of Connecticut. Physical Therapist Students are responsible for:

- Adhering to the policies in the University Graduate Catalog, the Program’s Academic Policies and the Clinical Education Policies and Procedures
- Complying with clinical site policies, rules and regulations while participating in practicum experiences
- Reading all material placed in their personal boxes and posted to their e-mail addresses.
- Any and all personal transportation necessary for clinical education experiences.
- Housing during clinical education experiences. It is highly recommended that students seek off-campus housing immediately upon acceptance into the program.
- Appropriate and professional behavior at all times. When going to a physical therapy clinic or other health facility, students are expected to wear professional clothing or specific clothing as specified by the site. Hair must be well groomed, of a normal color and must not interfere with patient care. Earrings must be confined
to the ears. No artificial finger nails or open-toed shoes are allowed in clinical practice.

- Maintaining current certification in CPR and First Aid for as long as they are in the PT program.
- Purchasing liability insurance. The cost of this insurance will be included in the student's regular fee bill from the University
- Completing all the required health tests and forms required by the program, in a timely manner.
- Maintaining internet communication with the DCE throughout all full time practicum courses
- Registering for practicum courses before they start in the same way as they register for all other University courses
- During all full time clinicals students must provide a one hour inservice on an evidence based topic of value to the audience

**Travel**

Students are generally expected to complete at least one full time practicum outside of the State of Connecticut. The lottery system used for placements usually results in this being the case for everyone. Students must be prepared to leave campus housing for all full time practicum courses.

It is the responsibility of the student to arrange and pay for housing and transportation to his/her assigned site. Some sites provide a list of housing that might be available in the area and a very few provide student housing. Daily travel to practicum sites taking an hour from a residence is not unusual. Students are expected to have a car and driver’s license.

**OSHA Training**

The Department of Physical Therapy, in compliance with the OSHA Blood Borne Pathogen Standard, will provide mandatory annual educational sessions for all students. All students must provide proof of completion of the course every year or they will not be allowed in any clinical environment. This policy must be adhered to for both integrated clinical experiences and for all full time practicum courses.

**Cardiopulmonary Resuscitation and First Aid**

Current Professional Rescuer AED CPR and First Aid training certifications are required throughout the time the student is in the PT program. New students must submit a copy of valid CPR and First Aid cards at the start of the program. Continuing students must submit a copy of re-certifications to the main office in advance of their expiration dates. On-line courses will not be accepted.

Any student who’s CPR or First Aid expires before the end of a clinical practicum course will not be allowed to start that course. Missed days for this reason will not be waived and the student will be required to make that time up.
Criminal Offense Background Investigation (COBI) and Drug Testing

Many clinical sites require a COBI and/or drug testing before a student is allowed to work with patients. The student is responsible to check the facility file to see if his/her assigned site requires the investigation/testing and for making arrangements to have it done.

The Financial Assistant in the Dean’s office will handle arranging the investigation upon student request. Students must submit the request 6-8 weeks prior to the start of the practicum. Students must pay the fee for the investigation.

The Financial Assistant maintains the COBI report and informs the DCE that it was done and was negative. If the report is positive, the DCE is informed and meets with the student to discuss the effect this will have on clinical education courses and site selection. If the site requires that the COBI report be sent to them, the student is responsible for sending it themselves or giving it to the DCE along with the Student Data Form completed prior to each clinical. While many clinical sites have not provided specific information about the timing and results of the investigation, students should assume that a positive result of any kind will mean that he/she will not be allowed to practice in any environment that requires the investigation.

Students may arrange for drug testing at Student Health Services. The cost is generally not covered by insurance and must be paid by the student.

Health Policies

Physical Therapy students must be free of communicable disease and in good health in order to be admitted to any clinical environment. Practice in clinical settings where “real” patients will be seen requires that those patients be protected from communicable disease. Students will not be allowed to participate in any clinical education opportunity unless they can demonstrate that they are immune to tetanus, hepatitis B, rubella, measles, and varicella.

Health services are provided through Student Health Services at reduced rates. Relevant student health information will be provided to clinical sites where the student will provide patient management. The student is required to sign a release form so that this information can be sent to the clinical site.

Prior to any clinical involvement (including integrated clinicals, work at the Nayden Clinic and full time practicum courses), students must have on record with Student Health Services a physical examination which is done during the fall of the first year in the program. The health record must include a urinalysis and blood work for Hemoglobin and Hematocrit; up to date immunization records for Tetanus and Hepatitis B and titers for Rubella, Measles, Varicella and Hep B (where indicated).

A PPD test must be completed during the first-year physical examination and must be done again annually. The health record must include date of planting and reading (with results). If the PPD is read as positive, the record must include documentation of a chest x-ray and/or INH treatment. Some clinical sites require a PPD at specified times, students are responsible for reviewing the clinic file and complying with the clinic’s timetable.

The Hepatitis B series must be completed by the end of the Spring semester of the first year of the PT program. If immunizations have been completed within the previous two years, documentation of a Hep B titer (Quantitative, not Qualitative) must be submitted. If the series was completed more than two years ago, a post-titer is not necessary. Students who are exempted for medical reasons must complete and sign a Declination of Hepatitis B Vaccination form. Some clinical sites require the full series so exempted students would not be allowed to participate in clinical education at those sites. Students are instructed to read the
clinic file carefully to ensure that they meet all health requirements mandated by the clinical site.

The Physical Therapy program’s main office will remind students of required health policies prior to each clinical experience. Students must complete all the necessary health data forms in a timely fashion. The Physical Therapy Program Director or the DCE may request additional documentation at any time from the student’s personal physician if a health problem might be aggravated by clinical experiences or if a health problem might endanger a patient in a clinical setting.

Students are responsible for all of the charges related to the Health Policies, CPR certification, first aid and required health insurance.

**Students with a Disability**

Students with a known or suspected disability should refer to the Technical Standards and Assistance section of the Program’s *Student Manual of Policies and Procedures*. If the need for accommodations is deemed appropriate, the University Program for College Students with Learning Disabilities (UPLD) or *Center for Students with Disabilities* (CSD) will generate an academic accommodation request letter, which the student will present to the DCE prior to clinical placement. The DCE will work with the student during placements to find a site that offers the greatest potential for the student’s success.

It is the responsibility of the student with a disability to inform the DCE and the clinical site regarding a disability if a reasonable accommodation is needed. The clinical site must provide reasonable accommodations unless it constitutes an undue hardship. Accommodations will be determined individually in consultation with the student, the DCE, the CCCE and the clinical instructor.

If the student chooses not to identify him/herself to the DCE or clinical site as having a disability requiring accommodation, no accommodation will be made. The student may not request accommodation after the course has begun.

**Health Insurance**

All students are required to carry at least the minimum coverage of health insurance as stated in the University’s student health policy. It is the student’s responsibility to present a completed *Verification of Health Insurance Form* prior to the start of the third full week of classes each year. Students will not be allowed to attend any clinical experience without this documentation on file.

The student will assume responsibility for any medical expenses incurred while participating in the clinical portion of their program.

**Personal Property Waiver Form**

All students are required to complete a *Personal Property Waiver Form* (see appendix) which indicates that clinical sites are not responsible for loss or damage to student personal property while on their premises.

The *Personal Property Waiver Form* is submitted once prior to the start of the third full week of classes in the first semester of the PT program.
Medicare/Medicaid Exclusion Waiver

All students must attest to the fact that they have never been excluded from participation in any federal health care program, including Medicare and Medicaid. Please see the appendix for the form that must be on file in the Main Office. The form is submitted once prior to the start of the third full week of classes in the first semester of the PT program.

Professional Liability Coverage

All students are required to carry specific professional liability coverage under the blanket University policy. Students will be billed automatically for this on their University fee bill.

Although the State of Connecticut has statutory protection for students in "field placement programs" (Chapter 53 of the Connecticut General Statutes), many agencies will not accept this as adequate protection. Therefore, the PT Program, on advice of counsel, has required that all students purchase the blanket University malpractice coverage. This is a condition of the contractual agreements with all agencies participating in the clinical education of DPT students.

Procedures for Monitoring Student Compliance with Clinical Education Policies

Records of student compliance with program policies related to the following are monitored by the program’s main office:
- OSHA training
- HIPPA training
- Personal Property Waiver
- Medicare Waiver
- Maintenance of health insurance
- Release of Medical Information
- CPR certification
- First aid training
- Current health history and immunizations
- Liability insurance coverage

Main office staff describes requirements and compliance procedures to students during their initial orientation upon entry into the program. Students are asked to sign and submit the Personal Property Waiver and the Medicare Waiver at the orientation meeting. It is made clear to students that they are responsible for maintaining compliance and providing all information to the program’s main office in a timely manner. Timely means, for example, that CPR and First Aid certification cards must be given to the office before the previous one expires.

Main office staff will send notifications to students regarding the scheduling of annual OSHA training and PPD tests. Students are required to submit an OSHA attendance form to the main office after every training session. After every PPD test, each student must submit their updated health history and immunization record to the main office. The office will review compliance of all students during the fall and spring semester of each academic year and will notify all non-compliant students regarding the need to update their records.
One to two weeks before the start date of each practicum course, the DCE will request a compliance report from the program’s main office. This report includes the status of each student with respect to each of the items identified above. If a student has not complied with program policies, the DCE may delay the start of his/her practicum until the record is up to date.

All faculty teaching academic courses that include clinical practice or observation in affiliating sites are responsible for ensuring that all students demonstrate compliance with program policies and procedures. Faculty should request a compliance report from the main office prior to the time the student goes to any clinical site. If a student is found to be out of compliance, he/she should not be allowed to participate in the clinical experience.

**Student Forms and Information required prior to each full time practicum**

Approximately 4 to 6 weeks prior to the start of each full time clinical education experience, the DCE will mail a packet of information about the student and the program to the student’s assigned site. Please see appendix for the cover letter identifying the material included in the packet. Students are responsible for completing all required forms and submitting them on time for inclusion in this mailing. Students must ensure that they are compliant with all department requirements that relate to practicum courses and that they have done everything necessary to make information available to the DCE and clinical site.

The following will be included in the packet mailed to the site:
- CPR card (copy)
- First aid card (copy)
- Student Data Form (see appendix)
- All relevant health information and all immunization records
- A Criminal Background Investigation Report if requested by the placement site
- Signed OSHA training form
- Signed HIPPA training form
- Evidence of drug testing if requested by the placement site

**PROCEDURES AND RESPONSIBILITIES DURING CLINICAL EXPERIENCES**

**Policy for Release of Student Information to Clinical Sites**
The following personally identifiable information will be disclosed to clinical sites after the student has been placed there for a practicum experience:
- Health and immunization records (students sign a specific release for disclosure)
- Criminal Offense Background Investigation (when requested by the site)
- Results of drug testing (when requested by the site)
- Student directory information including: name, permanent and local address, telephone number, email address and level in the program (e.g., second year).

The following information may be discussed with the CCCE and/or CI at a student’s clinical placement site at the discretion of the DCE:
• Any information related to the student’s performance during the practicum experience
• Information regarding a student’s academic and clinical education history when the site staff has a legitimate educational interest. This information will be limited to that needed for the purpose of planning and improving the student’s learning experience.

Clinical sites are not allowed to re-disclose any information regarding a student.  

**Professional Behavior**

The Physical Therapy Program faculty has made a commitment to providing opportunities for its students to develop the entry-level skills, knowledge and attitudes needed for exemplary physical therapy practice. An important part of developing into a respected professional is developing a set of behaviors and values that, together with good content knowledge and hands-on skills, position students for success in the clinical environment. It is essential that students demonstrate appropriate professional behaviors during all clinical practica. Failure to do so is the most common reason for an unsuccessful clinical experience.  

Assessment of professional behavior is used by clinical instructors when describing a student’s abilities during clinical education experiences and will be used by the Director of Clinical Education in determining grades for all practicum courses.

**Policies to Protect the Rights of Patients and Clinical Sites**

**Patient Rights and Confidentiality of Information:**

*Any patient has the right to refuse treatment by a student for any reason.*

During all practicum experiences, students must identify themselves as a student physical therapist to patients and other health care professionals. A name tag must be worn at all times and must include: the student’s first and last name, the words “Physical Therapy Intern” and “University of Connecticut”. All documentation performed by the student must be authenticated by a licensed physical therapist and the student’s signature must be followed by the title: SPT.

Students participating in clinical practica will be exposed to/work with confidential patient information. They have a moral, ethical and legal responsibility to maintain the confidential nature of this information. Generally, patient information can be shared with only those persons who have legal access to the patient’s medical record. Students are NOT allowed to discuss patient information in public places (e.g., the cafeteria, elevators, lobby, etc) where patients, relatives or others may hear. Students are not allowed to make photocopies of any patient records.

*Any unauthorized release of confidential information by any student to unauthorized persons may be grounds for immediate course failure and potential dismissal from the program.*

Students may not take pictures of patients without written permission from the patient and from the clinical site. All clinical site regulations governing this must be followed.  

If patients will be used as human subjects for research, all University and clinical site procedures for consent must be followed very carefully.
Federal regulations, issued pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996, require that all PT students receive educational sessions on the importance of complying with all relevant federal confidentiality laws. The PT Program will provide the necessary seminars to its students at the beginning of each academic year. This training is to be attended by the student once during their time in the program and the student must sign a form indicating their attendance. The signed form is kept on file in the program’s main office. Students will not be allowed to register for practicum courses until they have taken the educational session.

Protection of Private Clinical Site Information:

Students must understand that they are not allowed to remove any non-patient information related to a clinical site without permission from that site. This information may relate, for example, to any financial aspect of the business, intervention protocols, or staff information.

Schedule and Workload

The student must participate in the clinical practicum experience to which he/she has been assigned on the dates and during the times for which he/she has been assigned. Generally, students are to be present at the clinical setting approximately 40 hours/week and to work the hours and days that the CI is present. Exceptions will be made through negotiations with the CCCE, DCE, CI and student. A student may be required to be in the clinic on weekends.

The student is expected to fulfill all necessary professional requirements, even when this requires time beyond that regularly scheduled. All work must be completed prior to the end of the course.

Each full-time practicum syllabus provides an estimate of the number of visits a student is expected to manage in an average day by the end of the experience.

Absences

Absences from clinical practica should be extremely rare. Students are expected to request absences in a manner that is consistent with the demands of the profession and of the clinical site.

If a student must be absent from a clinical education experience due to unexpected events such as an illness, the Clinical Instructor at the site must be notified as soon as possible, but no less than 60 minutes prior to the start of the work day. The student is responsible for notifying the DCE of any planned or unplanned absence from a clinical experience. If more than 2 days are missed because of illness, the student may be required to make up the missed days. The need to make up any missed time will be decided by the DCE after consultation with the clinical instructor.

For acceptable reasons, students are allowed up to two days of planned absence with permission from the site and the DCE without having to make up the lost time. Acceptable planned absences would include, for example, attendance at a national or state APTA meeting. If more than two days are missed, students need to arrange to make up the days. Absences for personal or vacation days are not acceptable.
In the case of inclement weather the facility's policy will determine whether the student reports to the site. This should be discussed with the Clinical Instructor during the student orientation early in the experience.

Closure of the University or University holidays do not excuse students from attending practicum experiences.

**Student injuries/incidents during practicum courses**

All students are required to provide the University with documentation of well being and good health prior to any course work that may include direct, or indirect, patient contact.

Injuries to students during practicum courses are extremely rare. If an injury occurs, the student must call the DCE as soon as it is practicable. Decisions regarding any necessary time off are made by the DCE, CI, CCCE, student and the student's health care provider (if student permission is obtained). An incident report must be completed by both the student and the CI and faxed to the DCE. The DCE maintains the form in a file in her office.

If a serious injury prevents the student from completing the experience, the course will be re-scheduled when it is possible to do so.

**Adverse incidents involving patients during practicum courses**

If an adverse event involving a patient occurs while a student is treating the patient, the student must notify his/her CI immediately. The facility's incident reporting form must be completed according to procedures at the site. The incident report should be faxed to the DCE as soon as possible. Facilities may redact the patient’s name if appropriate. The student is required to call the DCE to describe the incident at the first opportunity.

The DCE will thoroughly discuss the student’s role in the incident with all parties involved and make a decision as to whether any further action is required. A student who is found to be uncaring or unsafe may be involuntarily withdrawn from the practicum by either the clinical site or the DCE.

**Drug abuse by students**

If a student is found to have used alcohol or illegal drugs while participating in any clinical experience, he/she will be immediately removed the clinic and fail the course.

The program maintains the right to force a student to participate in random drug screens where illegal drug use is suspected. The drug screens will be done at the student’s expense.

Students shown to have used illegal drugs will be referred to the Department Academic Advisory Committee who will determine whether a recommendation for dismissal will be forwarded to the Graduate School.

The student will be encouraged to participate in counseling services for treatment of the problem.
**Student Employment**

It is recommended that students avoid employment commitments while participating in full time clinical experiences. This is due to the significant time and energy commitment required during clinical practica.

Students are not allowed to work at sites while they participate in any clinical education experience at that site. Students may not be assigned to practicum courses at sites where they have ever worked.

Students who work or volunteer in a physical therapy clinical environment may not represent themselves to others as a student participating in a University of Connecticut practicum course and may not wear their University name tag. Students who work or volunteer in these environments are not covered by the Student Liability Insurance policy.

**Student Presentations**

All students are required to present at least one in-service/lecture during every full time practicum experience. This is the minimal expectation of the program; the clinic may ask a student to perform more than the minimum, such as an additional in-service, peer review, journal article, etc. If for any reason, the student does not complete a presentation that meets the program’s requirements, the student may be required to arrange a presentation to the faculty upon return to campus.

Students are responsible for having the audience complete evaluation forms (see appendix) and for requesting that they be forwarded to the DCE with other materials at the completion of the clinical experience. Specific assignments for the presentation will be given to the student prior to the first practicum and a description of the assignment and the evaluation form will be mailed to practicum sites before the student’s arrival.

**Supervision by the Clinical Instructor**

Students may manage patients only under the direct supervision of a licensed physical therapist with at least one year of clinical experience and demonstrated clinical expertise. Practicum courses are not observation experiences. The student is expected to provide all elements of patient/client management and to follow his / her clinical instructor’s direction at all times.

During clinical experiences, students are expected to meet all ethical and legal requirements of the profession. A student who is found to have worked with a patient without on-site supervision by his/her clinical instructor will receive an “Unsatisfactory” grade for the course.

Direct supervision means (APTA, 2000):

“The physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period. Telecommunications does not meet the requirement of direct supervision.”
Interpersonal Problem Resolution

If interpersonal conflict between the student and the CI occurs, it is the student’s responsibility to make the first attempts at resolution. This usually involves a private conversation between the parties involved. If the problem is not resolved easily, both the student and the CI should contact the CCCE and the DCE as soon as possible. The CCCE and DCE are responsible for clearly defining the problem and developing a plan for resolution. This may include counseling the student regarding appropriate interpersonal behaviors in the clinic and working with the CI to improve the educational process. The DCE will keep notes of every conversation dealing with problems.

Where interpersonal conflict at the clinical site does not resolve, the DCE and CCCE may choose to change the CI or withdraw the student.

Please see the University’s Policy on Harassment in the appendix.

Contact with the DCE

The University is ultimately responsible for the education of PT Students and the DCE is responsible for maintaining communication among the clinical facility, the student and the program while a student is completing a clinical practicum course. This communication typically takes the form of telephone calls, review of Clinical Performance Instruments, email, on-line student assignments and/or on-site visits.

Students are required to maintain contact with the DCE throughout all full-time practicum courses through telephone, email and HuskyCT weekly discussions.

Active participation in posted discussions is required of all students. Generally, the DCE will post questions for discussion on Monday or Tuesday and students will be expected to respond by Friday. Students are encouraged to post their own questions or discussion points at any time.

A site visit by the DCE will always be scheduled if the student is demonstrating performance problems or a visit is requested by the student, the CI or the CCCE. A site visit will be made whenever the DCE has not been to a site before or hasn’t been to the site in a few years. Typically, site visits will also be arranged whenever the DCE will be in the area visiting another site.

Monitoring Performance During Clinical Practica

- Students, CI’s and CCCE’s are encouraged to contact the DCE for any reason by telephone (office, cell and home numbers are provided) or email. This is especially important if there are any problems at the clinical site.
- Clinical instructors monitor student performance on an on-going basis during all clinicals and are expected to communicate their positive and negative impressions with the student on a daily basis.
- All students are required to participate in online discussions with their classmates and the DCE. A set of guiding questions are developed based on the setting the students are in, past “issues” known by the DCE, or comments made by students during the course. Students are encouraged to introduce their own discussion points and share interesting experiences with the group. No confidential information about patients or student performance is allowed.
during the discussions. If a student has a private point to discuss with the DCE, 
he/she should do so via phone or email.

- The DCE will maintain a “compliance checklist” (see appendix) for each full time 
  practicum. The list includes all materials/correspondence expected from 
  students and clinical instructors. Compliance is expected for all items, the DCE 
  will call the student or CI if items are missed.

- Short evaluation forms (see appendix) are emailed to every student and CI at 
  the clinical site within the first week of the course along with a request to return 
  them to the DCE. These forms are used by the DCE in monitoring early 
  performance and determining the need for a visit or phone call.

- Weekly planning forms (see appendix) are provided to each CI prior to the 
  student’s arrival. Directions for the use of the form are provided on the form. If 
  the student or CI note that the student is not meeting the planned objectives, 
  both should notify the DCE. The DCE will follow up as indicated. If the student 
  feels that the weekly plan does not provide for an acceptable learning 
  experience, he/she should discuss this with the CI and should also call the DCE 
  for help.

- During each full time practicum, the DCE contacts every CI by either phone, 
  email or a site visit. A monitoring form (see appendix) is completed by the 
  DCE for each site visit and routine phone call. During site visits, the DCE will 
  meet with the student and CI at the same time to encourage appropriate 
  communication and to ensure that both parties are aware of the other’s 
  opinions and plans. Both the student and the CI are strongly encouraged to 
  share their thoughts on how things are going and how things may need to 
  change in order to enhance the student’s learning experience.

**Unsatisfactory Performance During Practica**

If a student demonstrates unsatisfactory performance during the practicum, the CI, 
student and CCCE where appropriate, must notify the DCE as soon as the problem is 
identified. The DCE will assist the clinical faculty in clarifying the problem behaviors 
and developing a plan intended to enhance the student’s opportunity for success. This plan will be 
written by the DCE and disseminated to the student and others as appropriate. Generally, the 
DCE will contact the student and CI on a weekly basis to monitor compliance with the plan and 
to help resolve problems. This continues until the problem is resolved. Frequent discussions 
among the student, CI, CCCE and the DCE help to keep the student on track. Site visits during 
clinical practicum courses by the DCE may be frequent in situations where the student is 
having difficulty or is in danger of failing.

Where unusual or frequent unsatisfactory performance is seen, the CI will be 
encouraged to complete a “Critical Incident Report” (see appendix). This report includes a 
description of the situation in which the performance occurred, a description of the 
performance and a list of consequences which would result if the behavior continues. The CI 
and or CCCE must go over the report with the student and the student must sign it. The 
student’s signature denotes that he/she has read and understood the report. All critical incident 
reports must be faxed to the DCE as soon as possible. The DCE will respond to both the CI 
and student and attempt to remediate the problem by offering teaching and learning strategies.
Assessment of Student Learning

Students are required to complete a self assessment, using the Clinical Performance Instrument (APTA, 2006), at midterm and again at the end of every clinical. It serves as a reflective process for the student and is expected to encourage self-directed learning and performance improvement. Students take the CPI training course and pass the test in its use during PT 5460 (see appendix for instruction).

The Clinical Instructor (CI) will evaluate the student and provide informal feedback throughout the experience. The CI will provide a formal evaluation using the APTA’s on-line Clinical Performance Instrument (CPI) (see appendix) at midterm and at the completion of the practicum. The CI must take and pass the CPI training course before using it. The DCE will review all completed CPI evaluations. Students and CI’s are required to keep the DCE informed regarding progress toward the course objectives. Whenever necessary, the DCE will confer with students and CI’s regarding the need for change in their performance and will monitor performance on an ongoing basis.

The DCE is responsible for determining whether the CPI was completed correctly by the CI. This is done by comparing the score on the VAS with the comments, comparing the CPI notations with information gathered through discussions between the DCE and the CI, comparing the noted student performance with the student’s academic and clinical history, and through discussions with the student. The DCE may choose to observe the student working with patients if that seems necessary to insure proper grading. Where the DCE feels that the form may not have been completed correctly, she will contact the CI to discuss any discrepancy and will correct the form based on this discussion.

Grading Criteria

Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) by the Director of Clinical Information (DCE). Scores on the CPI, along with all other relevant information will be used by the DCE to provide a course grade. Other relevant information may include, but is not limited to: answers to questions posed by the DCE regarding specific patient interactions involving the student, the DCE’s experience with the CI or site, the student’s caseload, the student’s past academic and clinical performance and the learning emphasis areas for the course.

The student must receive a grade of “S” in order to successfully complete PT 5461, PT 5464, PT 5467 and PT 5468. A grade of U signifies failure in the course and necessitates a recommendation by the Academic Advisory Committee to the Graduate School as to whether or not the student should be permitted to continue graduate study. Generally, but not always, a student who receives a grade of Unsatisfactory in a clinical practicum will be allowed to repeat it. If a grade of unsatisfactory is received for two practica, the student is at significant risk of dismissal from the program.

Withdrawal from a Clinical Education Practicum

Voluntarily withdrawal from a clinical practicum course for academic reasons is allowed until the midterm CPI is completed. If there are extenuating circumstances such as an illness, withdrawal may occur at any time.

The student must notify the DCE and the CCCE and CI at least 48 hours prior to voluntary withdrawal. If the withdrawal occurs prior to midterm, it will result in a “W” (withdrew) as the course grade. At the discretion of the DCE, some extenuating circumstances may result in a grade of incomplete. When withdrawal is voluntary, the student may be allowed to repeat the course the next time it is offered. If a student makes the decision to withdraw because of truly unusual circumstances, the program’s Academic Advisory Committee may allow the
repeat course to occur before the course is normally offered again. If this is the case, the DCE, in consultation with the student and the Program Director, will develop a plan so that the student can repeat the practicum course at an alternative site, and proceed in the sequence of courses in the PT Program if the curriculum schedule permits and a clinical site is available. The placement of the practicum course in the curriculum may affect the immediate options for continuation in the program. Unless there are extraordinary circumstances, when voluntary withdrawal occurs after the deadline, the student will receive an Unsatisfactory (U) grade for that practicum course.

A student may be involuntarily withdrawn from a clinical education course at any time at the discretion of the DCE and/or the request of the clinical site if he/she consistently demonstrates poor performance or is determined to be unsafe with patients. Such performance must be substantiated by documentation of specific incidences representative of the problem behaviors. This documentation must reflect that the student has not demonstrated improvement in attaining satisfactory competence in the objectives or appropriate positive change in the behaviors cited, within a mutually determined time by the clinical instructor, student, and DCE.

When the student is withdrawn from the course by the DCE or the clinical site, a grade of “U”, Unsatisfactory, will be awarded for the course. The program’s Academic Advisory Committee and the DCE may recommend a plan for remediation or dismissal from the program. The student must agree to a remediation plan acceptable to all parties prior to being permitted to continue in the program. Failure to comply with a remediation plan will result in a recommendation for dismissal.

**Remediation**

Following a withdrawal or a grade of Unsatisfactory, a plan for remediation will be developed. Upon the recommendation of the Program’s Academic Advisory Committee, the plan will include specific activities and competencies which must be met before the student will be allowed to participate in another practicum experience. This commonly includes supervised practice at the Nayden Clinic, review of academic coursework and individual counseling.

**Due Process**

Students may appeal a grade of “U” in a practicum course using the same method used for academic courses.

The University of Connecticut's Graduate School policies regarding students who feel aggrieved or uncertain about whether or not they have been treated fairly by a faculty or staff member have several routes that can be taken to seek resolution or redress. Because many difficulties can result from misunderstandings, clear communication and informal mediation are believed to be the most effective and least anxiety-provoking mechanisms to resolve student grievances. Usually, the first approach is for the student to request a meeting with the PT Program Director in order to state the problem and to attempt a direct solution.

If that proves unsatisfactory or should such a meeting seem undesirable given the particular circumstance, there are several choices. Sometimes appropriate mediation can be provided by other faculty or staff in the program or school. Alternatively, the student may consult with the Director of the Graduate Program, the Department Head, or the Dean, usually in that order. It is the responsibility of the academic administrator, then, to gather the facts in the case and seek a mutually acceptable resolution. All faculty and staff in the School report ultimately to the Dean and formal action can be taken at that level, if appropriate. In the event that the initial collection
of facts suggests a violation of law or of explicit university policy concerning prejudice or harassment, the administrator will immediately consult with appropriate staff in Human Resources or the Chancellor’s Office regarding appropriate action.

**Student Assessment of Clinical Education**

**Student Assessment of the Clinical Experience**

Students are required to complete the “Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction” APTA, 2003 (see appendix), for every full time practicum course. No grade will be awarded until the form has been returned to the DCE. The DCE reviews the form and follows up with any problems identified by the student. The student’s evaluation of the CI is removed from the form, then the form is filed in the clinic’s file. Once there, it is available for review by future students.

**Evaluation of the Clinical Instructor**

The “Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction” APTA, 2003 includes an evaluation of the CI. This evaluation should be completed at midterm and again during the final interview. The student should not discuss his/her assessment of the CI until after the CI and student have reviewed the CPI written by the CI and the self assessment written by the student. The DCE reviews the final evaluation and determines whether any further action is needed with the CI or clinical site.

Students are encouraged to be completely honest in their feedback to the CI, but there may be times when the student feels unable to do so. It is for this reason that the DCE sends each student a new copy of the CI evaluation form after the clinical has ended. The original form is discarded and the new one takes its place.

When the DCE notes significant problems with the performance of a clinical instructor, the problems must be remediated or the CI will not be allowed to work with program students again. Problem performance of the CI is discussed with the CCCE who participates in the development of the remediation plan. A remediation plan must be specific to the problems identified, but may take the form, for example, of instruction in proper clinical instruction and supervision, correct use of the CPI, or request that the CI attend a Clinical Instructor Training Course. Specific problems are written by the DCE and the action plan is described in writing. Sometimes, it may be necessary to eliminate the clinical site as an option for clinical practicum courses.

**Student Evaluation of the DCE**

After completion of the practicum course, students are given an evaluation tool (see appendix) for the DCE in both electronic and paper form. Students complete the form and give it to the department secretary who summarizes them for each course. Summary information is given to the DCE and included in her annual portfolio which is evaluated by the Program Director.

**Student Evaluation of their Academic Preparation**

The “Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction” APTA, 2003 includes a brief section regarding academic preparation for the practicum. From this form, the answers to the following questions are summarized in a report called “Student Evaluations”:
What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?

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.

What do you believe were the strengths of your physical therapist academic preparation and/or coursework for this clinical experience?

What curricular suggestions do you have that would have prepared you better for this clinical experience?

Student Evaluation reports for every clinical course are prepared by the DCE and discussed at a subsequent faculty meeting. A report summarizing the results for each 3 year period is also prepared and discussed at the faculty meeting. Faculty members are encouraged to consider change in their courses if the report indicates this is necessary. Follow up forms are maintained by the chair of the curriculum and courses committee to ensure that any necessary follow-up plan is implemented.
APPENDICES
Course # and Title: PT 5460  Introduction to Clinical Education

Course Description: This one-week course is intended to provide students with a foundation for all future full time practical experience courses. Students will learn how evaluation methods and tools will be implemented during full time practicum experiences. Roles and responsibilities of persons associated with practicum courses will be explored. Students will develop an understanding of the importance of professional behaviors, self-evaluation and personal reflection.

Department offering Course: Kinesiology\Physical Therapy

Year and Term: 2nd year, 1st term

Credit Hours: 1.0

Instructor(s): Denise Ward
           Rm 102 B, Koons Hall
           Phone: 860-486-0020
           Email: denise.ward@uconn.edu

Class Schedule: Monday, May 9, 12:30 to 3:30, Tuesday through Friday, May 10 to May 13, 9-12 am
Koons Hall Rm. 128

Course Prerequisites: Students must be in good academic standing and be granted consent of the Program to enroll.

Teaching Methods: Lecture, assigned readings, class discussion, role playing and an online assignment

Instructional Strategies:
Discussion of video example of student intervention
Small group discussion of paper case examples
Role playing
Discussion of student concerns

Course Objectives:
Following completion of this course the student will:

1. Describe the partnership that exists between the school and clinical sites
2. Identify the responsibilities of the student in helping to create a positive clinical education experience
3. Identify the characteristics of an effective clinical instructor
4. Given a series of case studies, apply all PT Program policies relating to clinical education
5. Identify professional behaviors expected in a clinical setting
6. Discuss the APTA Code of Ethics with respect to professional interactions in the clinical education setting.
7. Identify the role responsibilities and relationships of the DCE, CCCE, CI and student within the clinical environment
8. Describe all clinical education reporting tools and their purposes as they are used by the Program
9. Accurately complete the CPI (APTA, 2006) used during full time clinical practicum courses.
10. Demonstrate the ability to solve interpersonal problems with clinic staff
11. Display professional behaviors consistent with those identified by the Doctor of Physical Therapy Program, the University of Connecticut, and the American Physical Therapy Association.

Grading criteria to be used in the course:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>On line CPI training with score at least 85%</td>
<td>20 %</td>
</tr>
<tr>
<td>Examination</td>
<td>65 %</td>
</tr>
<tr>
<td>Class Participation</td>
<td>15 %</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100 %</strong></td>
</tr>
</tbody>
</table>

Grading criteria to be used in the course:

A+ = 97-100; A = 93-96.9; A- = 90-92.9
B+ = 87-89.9; B = 83-86.9; B- = 80-82.9; C+= 77-79.9; C= 73-76.9; C- = 70-72.9;
F = <70

Class participation is graded using a rubric attached to this syllabus

**Instructional resources or references required for the course:**

Textbook(s) and other readings:

1. Course Notebook (provided)
2. University of Conn. PT Program *Clinical Education Policies and Procedures*
CLASS PARTICIPATION
GRADING RUBRIC

Participation is a matter of active engagement rather than passive observation in class. It is shown through the student’s preparation prior to class, demonstration of analysis of assigned readings, asking questions that demonstrate an interest in the material, effective contribution to class discussions, cooperation with and respect for others and timeliness.

Grading will be based on the instructor’s opinion of the student’s participation. This rubric allows for as much objectivity as possible.

LEVEL ONE = 5 Points
- Little/no advanced preparation
- Observes passively and says little
- Offers opinions only when prompted
- Pays attention to others intermittently
- Talks while others are speaking
- Demonstrates some knowledge of the readings assigned
- Fosters an environment of cooperation and respect
- Arrives on time

LEVEL TWO = 10 Points
- Moderately prepared in advance
- Takes part in discussions, letting others provide the direction
- Occasionally introduces information or asks questions
- Demonstrates good knowledge of the readings assigned
- Fosters an environment of cooperation and respect
- Arrives on time

LEVEL THREE = 15 Points
- All previous criteria met
- Well prepared in advance
- Actively participates in discussion
- Introduces analysis of reading materials
- Listens actively and shows understanding of comments by others by building on their ideas
- Volunteers willingly
Course Title and Number: PT 5461, Acute Care Practicum

Description: Under close supervision by an experienced, licensed Physical Therapist, students will perform patient management functions for patients in a hospital. The course is held off campus at individually assigned clinical facilities throughout the country. Each student is assigned one or two clinical instructors who are physically present and immediately available for direction and supervision. Through this experience, students learn to apply their didactic education to the management of patients typically seen in the acute care setting.

Department offering Course: Kinesiology

Semester and Year: Spring, Second year in the program

Credit Hours: 8

Instructor: Denise Ward, PT

Office: Koons, Rm 102
Phone: 486-0020

Clock Hours: Students work approximately 40 hrs/week in a clinical setting

Course Prerequisites: Students must be in good academic standing and be granted consent by the department to enroll

Course Objectives: In a hospital setting, by the end of the course, the student will:

1. Practice in a safe manner that minimizes risk to patient, self, and others.
2. Demonstrate professional behavior in all situations
3. Practice in a manner consistent with established legal and professional standards and ethical guidelines
4. Communicate in ways that are congruent with situational needs.
5. Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs
6. Participate in self-assessment to improve clinical and professional performance
7. Determine with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional
8. Perform a physical therapy patient examination.
9. Evaluate data from the patient examination to make clinical judgments
10. Establish a plan of care that is safe, effective, and patient-centered
11. Perform physical therapy interventions in a competent manner.
12. Educate others (patients, family, caregivers, staff, students, other health care providers) using relevant and effective teaching methods.
13. Produce quality documentation in a timely manner
14. Manage resources (e.g., time, space, and equipment) to achieve goals of the practice setting.
Learning emphasis areas:
1. Safety of both self and others
2. Competent management of infection control procedures
3. Understanding the culture of the hospital and the roles of the workers found there
4. Development of their own motor skills during patient mobilization
5. Competent decision making for patient discharge

Framing scenario
By the end of the experience, the student will safely and competently manage routine patients (e.g. patients who were admitted for a total knee replacement) throughout the patients' admission and will recommend appropriate discharge plans. The student will demonstrate the ability to do this independently even though facility policies may prohibit the student from being alone with patients. The student will require supervision or assistance managing more complex patients. The student will manage approximately 8-10 patients in a typical 8 hour day with varying levels of CI assistance.

Evaluation of Student Performance
The Clinical Instructor (CI) will evaluate the student and provide informal feedback to the student throughout the experience. The CI will provide a formal written evaluation using the APTA's on-line Clinical Performance Instrument (CPI) at midterm and at the completion of the practicum. Students are required to complete a self assessment, using the CPI, at both midterm and at the end of the experience. The DCE will review all written evaluations. Students and CI's are required to keep the DCE informed regarding progress toward the course objectives. Whenever necessary, the DCE will confer with students and CI's regarding the need for change in their performance and will monitor performance on an ongoing basis.

Grading Criteria: Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) by the Director of Clinical Information (DCE). Scores on the CPI, along with all other relevant information will be used by the DCE to provide a course grade. Other relevant information may include, but is not limited to: answers to questions posed by the DCE regarding specific patient interactions involving the student, the DCE’s experience with the CI or site, the student’s caseload, the student’s past academic and clinical performance and the learning emphasis areas for the course. Along with other relevant information, the following CPI scores will be used to describe passing performance; scores below “passing” may result in course failure. Scores that meet the passing criteria may result in a grade of unsatisfactory if the DCE believes that the CI completed the CPI incorrectly.

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<thead>
<tr>
<th>PERFORMANCE CRITERION</th>
<th>EXPECTED SCORE</th>
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<tbody>
<tr>
<td>1. Safety</td>
<td>Advanced Intermediate</td>
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<td>2. Professional behavior</td>
<td>Advanced Intermediate</td>
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<td>3.</td>
<td>Accountability</td>
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<td>Advanced Intermediate</td>
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<td>4.</td>
<td>Communication</td>
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<td>Intermediate</td>
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<td>5.</td>
<td>Cultural Competence</td>
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<td>Advanced Intermediate</td>
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<td>6.</td>
<td>Professional Development</td>
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<td>Intermediate</td>
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<td>7.</td>
<td>Screening</td>
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<td></td>
<td>Advanced Beginner</td>
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<td>8.</td>
<td>Examination</td>
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<td>9.</td>
<td>Evaluation</td>
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<td>Intermediate</td>
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<td>10.</td>
<td>Plan of Care</td>
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<td>Advanced Intermediate</td>
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<td>11.</td>
<td>Procedural Interventions</td>
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<td>Advanced Intermediate</td>
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<td>12.</td>
<td>Educational Interventions</td>
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<td>Advanced Beginner</td>
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<td>13.</td>
<td>Documentation</td>
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<td>Intermediate</td>
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<td>14.</td>
<td>Financial Resources</td>
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<td></td>
<td>Advanced Beginner</td>
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CPI criteria **not** used in grading for this course = clinical reasoning, diagnosis and prognosis, outcomes assessment and direction and supervision of personnel
Course # and Title: PT 5462: Internal Integrated Musculoskeletal Clinical Practicum I – (1 Credit)

Course Description: This course is an active-observational clinical practicum located at the Nayden Rehabilitation Clinic and the University of Connecticut Health Center--New England Musculoskeletal Institute (NMSI). Students will observe and participate in treatment sessions within the clinics and apply physical agents and therapeutic exercises under the supervision and direction of a licensed physical therapist. This course will allow students to integrate and apply the academic components of PT 5452, Therapeutic Exercise and Physical Agents, in real-world outpatient physical therapy clinics.

Department Offering Course: Department of Kinesiology

Semester and Year: 2nd Year, Fall

Credit Hours: 1.0

Course Director and Instructor(s): Director: Jeremy Vigneault. Instructors: Nayden Clinical Faculty (Barbara Boucher, Maryclaire Capetta, Laurie Devaney, Jon Rizzo, Jeremy Vigneault) UCHC Clinical Staff: (Nancy Craven, Greg Gomlinski, Sean Riley, Brian Swanson, Vin Tufolo)

Course Hours: Last 6 weeks of semester. Scheduled course: Tuesday 12:00-4:00pm; Thursday 12:00-4:00pm; Friday 1:00-4:00pm. *Please refer to Observation Schedule for individual times as scheduled times may differ.

Course Prerequisites: Students must be in good academic standing and be granted consent of the program to enroll.

Course Objectives: Following participation in this course the student should be able to:

1. Display professional behaviors consistent with those identified by the Physical Therapy Program, the University of Connecticut, and the American Physical Therapy Association.

2. Provide rationale for the selection of physical agents and therapeutic exercise in clinical practice.

3. Instruct patients with musculoskeletal/neurological dysfunction in the use of therapeutic exercise in a manner which meets professional standards.
4. Apply physical agents to patients with musculoskeletal/neurological dysfunction in a manner which meets professional standards.

5. Document legibly and accurately the administration of therapeutic exercise and physical agents, including all parameters, in a patient’s medical record.

6. Assess patient tolerance to exercise and physical agents.

7. Identify patient compensations to therapeutic exercise.

8. Incorporate the concept of self efficacy, wellness and health promotion in the management of patients with musculoskeletal and neurological dysfunction.

**Teaching Methods:** Direct patient care observation and/or participation when applicable.

**Learning Experiences:** Students will observe and participate when applicable in the treatment of patients with a variety of musculoskeletal and neurological disorders at the Nayden Rehabilitation Clinic and the University of Connecticut Health Center--New England Musculoskeletal Institute (NMSI). Students will be encouraged to observe and participate in various aspects of treatment, with particular attention to therapeutic exercise and therapeutic modality interventions.

**Method of Content Evaluation and Grading:**

1. Completion of hours:
   a. Rubrics (Therapeutic Exercise, Modalities, Documentation/Communication) graded at end of each 3 week rotation. [60% of Grade]
   b. SOAP documentation emailed to director. [15% of Grade]
   c. Customized HEP program for given musculoskeletal condition. [25% of Grade]

Completion of assigned observation hours is required to pass this course. In addition, six (6) Weekly email logs will be utilized to assess active observation and participation (100%). One email per week will be sent to the course director, Jeremy Vigneault, in a “SOAP” note format documenting a patient’s treatment with absolute and total HIPPA compliance.

Grading criteria to be used in the course:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>A+</td>
<td>97-100</td>
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<tr>
<td>A</td>
<td>93-96.9</td>
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<tr>
<td>A-</td>
<td>90-92.9</td>
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<tr>
<td>B+</td>
<td>87-89.9</td>
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<tr>
<td>B</td>
<td>83-86.9</td>
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<td>B-</td>
<td>80-82.9</td>
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<tr>
<td>C+</td>
<td>77-79.9</td>
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<td>C</td>
<td>73-76.9</td>
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<tr>
<td>C-</td>
<td>70-72.9</td>
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<tr>
<td>D+</td>
<td>67-69.9</td>
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<td>D</td>
<td>63-66.9</td>
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<tr>
<td>D-</td>
<td>60-62.9</td>
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<td>F</td>
<td>&lt;=60</td>
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</table>

Professional behavior is expected and if not demonstrated will affect your grade. The instructor should be notified of impending absence. Extended absences must be approved by the Associate Department Head. The University’s policies as outlined in the Academic
**Integrity in Graduate Education and Research** (Graduate Catalog 2009-2010, p 237-239) will be enforced.

**Instructional References Recommended:**


**Summary Matrix, Hours and Contact Information:**

<table>
<thead>
<tr>
<th>Instructor</th>
<th>Content</th>
<th>Observation Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Observation</td>
<td>Observational</td>
<td>24</td>
</tr>
</tbody>
</table>

Nayden Clinic Phone:  486-8080  
Nayden Clinic Fax:  486-8081  
Email:  jeremy.vigneault@uconn.edu and jeremy.vigneault@gmail.com  
Office Hours are by appointment with Content Instructor

**Academic Policies:** All students are expected to abide by the academic polices of the University, Graduate School and Physical Therapy Program as related to their conduct in this course (i.e. attendance, academic integrity, professional behavior, etc.)
Course Title and Number: PT 5464, Musculoskeletal Practicum

Description: Under close supervision by an experienced, licensed Physical Therapist, students will perform all patient management functions for patients in an outpatient orthopedic setting. The course is held off campus at individually assigned clinical facilities throughout the country. Each student is assigned one or two clinical instructors who are physically present and immediately available for direction and supervision. Through this experience, students learn to apply their didactic education to the management of patients with musculoskeletal conditions.

Department offering Course: Kinesiology
Semester and Year: Summer, Second year in the program
Credit Hours: 8

Instructor: Denise Ward, PT
Office: Koons, Rm 102
Phone: 486-0020

Clock Hours: Students work approximately 40 hrs/week in a clinical setting

Course Prerequisites: Students must be in good academic standing and be granted consent by the department to enroll

Course Objectives:
In an outpatient orthopedic setting, by the end of the course, the student will:
1. Practice in a safe manner that minimizes risk to patient, self, and others.
2. Demonstrate professional behavior in all situations
   1. Practice in a manner consistent with established legal and professional standards and ethical guidelines
   2. Communicate in ways that are congruent with situational needs.
   3. Adapt delivery of physical therapy services with consideration for patients’ differences, values, preferences and needs
   4. Participate in self-assessment to improve clinical and professional performance
   5. Apply current knowledge, theory, clinical judgment and the patient’s values in patient management
   6. Determine with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional
   7. Perform a physical therapy patient examination.
   8. Evaluate data from the patient examination to make clinical judgments
9. Determines a diagnosis and prognosis that guides patient management
10. Establish a plan of care that is safe, effective, and patient-centered
11. Perform physical therapy interventions in a competent manner.
12. Educate others (patients, family, caregivers, staff, students, other health care providers) using relevant and effective teaching methods.
13. Produce quality documentation in a timely manner
14. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient outcomes
15. Manage resources (e.g., time, space, and equipment) to achieve goals of the practice setting.
16. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines

Instructional Strategies: Students will spend 8 weeks, approximately 40 hours/week managing patients under the immediate supervision of a licensed physical therapist in an outpatient orthopedic setting. Students are required to participate in weekly internet discussions with the course instructor and their classmates. Students are required to perform a self assessment at the middle and end of the course. Students will present a lecture/inservice on an evidence-based topic agreed upon by the student and site staff.

Learning Emphasis Areas:
1. Safety of both self and others
2. Competent performance of initial examinations and development of the plan of care
3. Time management
4. Appropriate use of evidence
5. Appropriate progression of patients

Framing Scenario
By the end of the experience, students will safely and competently manage moderately complex patients independently from admission to discharge. Their final caseload will be 8-10 visits/day. This will include managing up to 2 patients at a time and timely completion of all documentation and communication. The student will require mentoring for patients with complex problems or ambiguous clinical presentations.
**Evaluation of Student Performance**

The Clinical Instructor (CI) will evaluate the student and provide informal feedback to the student throughout the experience. The CI will provide a formal written evaluation using the APTA’s on-line Clinical Performance Instrument (CPI) at midterm and at the completion of the practicum. Students are required to complete a self assessment, using the CPI, at both midterm and at the end of the experience. The DCE will review all written evaluations. Students and CI’s are required to keep the DCE informed regarding progress toward the course objectives. Whenever necessary, the DCE will confer with students and CI’s regarding the need for change in their performance and will monitor performance on an ongoing basis.

**Grading Criteria:** Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) by the Director of Clinical Information (DCE). Scores on the CPI, along with all other relevant information will be used by the DCE to provide a course grade. Other relevant information may include, but is not limited to: answers to questions posed by the DCE regarding specific patient interactions involving the student, the DCE’s experience with the CI or site, the student’s caseload, the student’s past academic and clinical performance and the learning emphasis areas for the course.

Along with other relevant information, the following CPI scores will be used to describe passing performance; scores below “passing” may result in course failure. Scores that meet the passing criteria may result in a grade of unsatisfactory if the DCE believes that the CI completed the CPI incorrectly.

<table>
<thead>
<tr>
<th>PERFORMANCE CRITERION</th>
<th>EXPECTED SCORE</th>
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</thead>
<tbody>
<tr>
<td>1. Safety</td>
<td>Entry Level</td>
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<tr>
<td>2. Professional behavior</td>
<td>Entry Level</td>
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<tr>
<td>3. Accountability</td>
<td>Entry Level</td>
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<tr>
<td>4. Communication</td>
<td>Advanced Intermediate</td>
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<tr>
<td>5. Cultural Competence</td>
<td>Entry Level</td>
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<tr>
<td>6. Professional Development</td>
<td>Intermediate</td>
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<tr>
<td>7. Clinical Reasoning</td>
<td>Advanced Intermediate</td>
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<td>8. Screening</td>
<td>Advanced Intermediate</td>
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<td>9. Examination</td>
<td>Advanced Intermediate</td>
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<td>10. Evaluation</td>
<td>Advanced Intermediate</td>
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<td>11. Diagnosis and Prognosis</td>
<td>Advanced Intermediate</td>
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<tr>
<td>12. Plan of Care</td>
<td>Advanced Intermediate</td>
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<td>13. Procedural Interventions</td>
<td>Advanced Intermediate</td>
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<tr>
<td>14. Educational Interventions</td>
<td>Entry Level</td>
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<td>15. Documentation</td>
<td>Entry Level</td>
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<tr>
<td>16. Outcomes Assessment</td>
<td>Entry Level</td>
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<tr>
<td>17. Financial Resources</td>
<td>Advanced Beginner</td>
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<tr>
<td>18. Direction and Supervision</td>
<td>Entry Level</td>
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</tbody>
</table>
Course # and Title: PT 5467, Neuromuscular/Rehabilitation Practicum

Course Description: Under close supervision by an experienced, licensed Physical Therapist, students will perform all patient management functions for patients in a setting where the team approach is used to improve functional abilities and prevent disability. The course is held off campus at individually assigned clinical facilities throughout the country. Each student is assigned one or two clinical instructors who are physically present and immediately available for direction and supervision. Through this experience, students learn to apply their didactic education to the management of adult patients with neurological conditions, amputations, spinal cord injuries and other diagnoses requiring relatively lengthy rehabilitation services.

Credit Hours: 8

Instructor: Denise Ward, PT  
Office: Koons, Rm 102  
Phone: 486-0020

Clock Hours: Students work approximately 40 hrs/week in a clinical setting

Course Prerequisites: Students must be in good academic standing and be granted consent by the department to enroll

Course Objectives (From CPI, APTA, 2006):  
In a setting using a team-based approach to management of patients with neuromuscular and other disabling conditions, the student will:

1. Practice in a safe manner that minimizes risk to patient, self, and others.
2. Demonstrate professional behavior in all situations
3. Practice in a manner consistent with established legal and professional standards and ethical guidelines
4. Communicate in ways that are congruent with situational needs.
5. Adapt delivery of physical therapy services with consideration for patients’ differences, values, preferences, and needs
6. Participate in self-assessment to improve clinical and professional performance
7. Apply current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management
8. Determine 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. Perform a physical therapy patient examination using evidence-based tests and measures
10. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments
11. Determine a diagnosis and prognosis that guides future patient management
12. Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based
13. Perform physical therapy interventions in a competent manner
14. Educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods
15. Produce quality documentation in a timely manner to support the delivery of physical therapy services
16. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes
17. Participate 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. Direct and supervise personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines

**Instructional Strategies:** Students will spend 8 weeks, approximately 40 hours/week managing patients under the immediate supervision of a licensed physical therapist in a comprehensive rehabilitation setting. Students are required to participate in weekly online discussions with the course instructor and their classmates. Students are required to perform an online self assessment at the middle and end of the course. Students will present a lecture/inservice on an evidence-based topic agreed upon by the student and site staff.

**Learning Emphasis Areas:**
1. Safety of both self and others
2. Effective participation in the team approach
3. Management of patients for a relatively long period of time while developing engaging and effective interventions
4. Appropriate use of evidence
**Framing Scenario**

By the end of the experience, students will safely, competently and independently manage patients with both non-complex and complex conditions. The student may consult others to resolve unfamiliar or ambiguous situations. The student will efficiently manage a caseload of 4-6 inpatients or 6-10 outpatients while completing all tasks on time.

**Evaluation of Student Performance**

The Clinical Instructor (CI) will evaluate the student and provide feedback throughout the experience. The CI will provide formal written feedback using the APTA’s on-line Clinical Performance Instrument (CPI) at midterm and at the completion of the practicum. Students and CI’s are required to keep the DCE informed regarding progress toward the course objectives. The DCE will confer with students regarding the need for change in their performance. Students are required to complete a self assessment, using the CPI at both midterm and at the end of the experience.

**Grading Criteria:** Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) by the Director of Clinical Information (DCE). Scores on the CPI, along with all other relevant information will be used by the DCE to provide a course grade. Other relevant information may include, but is not limited to: answers to questions posed by the DCE regarding specific patient interactions involving the student, the DCE’s experience with the CI or site, the student’s caseload, the student’s past academic and clinical performance and the learning emphasis areas for the course. Along with other relevant information, the following CPI scores will be used to describe passing performance; scores below “passing” may result in course failure.

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<thead>
<tr>
<th>PERFORMANCE CRITERION</th>
<th>CPI PASSING SCORE</th>
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<tbody>
<tr>
<td>1. Safety</td>
<td>Entry level</td>
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<tr>
<td>2. Professional Behavior</td>
<td>Entry level</td>
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<td>Outcomes Assessment</td>
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<td>17.</td>
<td>Direction and Supervision</td>
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Course # and Title: PT 5468, Individualized Practicum

Course Description: Under supervision by an experienced, licensed Physical Therapist, students will perform all patient management functions for patients in a facility chosen by the student because of his/her special interest and site availability. The course is held off campus at individually assigned clinical facilities throughout the country. Each student is assigned one or two clinical instructors who are physically present and available to supervise all patient/client management performed by the student. Since the learning experience is intended to allow the student to gain clinical experience in an area related to their individual professional interests, any type of caseload is allowed for the course.

Department offering Course: Kinesiology
Semester and Year: Spring, third year in the program
Credit Hours: 8

Instructor: Denise Ward, PT
Office: Koons, Rm 102
Phone: 486-0020

Clock Hours: Students work approximately 40 hrs/week in a clinical setting

Course Prerequisites: Students must be in good academic standing and be granted consent by the department to enroll

Course Objectives (From CPI, APTA, 2006):
In any physical therapy setting, upon completion of the course, the student will:

1. Practice in a safe manner that minimizes risk to patient, self, and others.
2. Demonstrate professional behavior in all situations
3. Practice in a manner consistent with established legal and professional standards and ethical guidelines
4. Communicate in ways that are congruent with situational needs.
5. Adapt delivery of physical therapy services with consideration for patients’ differences, values, preferences, and needs
6. Participate in self-assessment to improve clinical and professional performance
7. Apply current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management
8. Determine 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. Perform a physical therapy patient examination using evidence-based tests and measures
10. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments
11. Determine a diagnosis and prognosis that guides future patient management
12. Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based
13. Perform physical therapy interventions in a competent manner
14. Educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods
15. Produce quality documentation in a timely manner to support the delivery of physical therapy services
16. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes
17. Participate 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. Direct and supervise personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines
19. Achieve all self-set objectives (provided by each student)

Instructional Strategies: Students will spend 8 weeks, approximately 40 hours/week managing patients under the supervision of a licensed physical therapist and performing other activities related to their individual interests. Students are required to develop a set of learning objectives for the experience. Students are required to participate in weekly online discussions with the course instructor and their classmates. Students are required to perform a self assessment at the middle and end of the course. Students will present a lecture/inservice on an evidence-based topic agreed upon by the student and site staff.

Learning Emphasis Areas:
1. Appropriate use of evidence
2. Achievement of self-set learning objectives
3. Independence in managing a typical new graduate caseload

Framing Scenario
The learning environment will be designed to meet the student’s self-set learning objectives. By the end of the experience, students will require no clinical supervision or guidance in managing patients with simple or complex conditions.
The student will be capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner

**Evaluation of Student Performance**

The Clinical Instructor (CI) will evaluate the student and provide informal feedback to the student throughout the experience. The CI will provide a formal written evaluation using the APTA’s on-line Clinical Performance Instrument (CPI) at midterm and at the completion of the practicum. Students are required to complete a self assessment, using the CPI, at both midterm and at the end of the experience. The DCE will review all written evaluations. Students and CI’s are required to keep the DCE informed regarding progress toward the course objectives. Whenever necessary, the DCE will confer with students and CI’s regarding the need for change in their performance and will monitor performance on an ongoing basis.

**Grading Criteria:** Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) by the Director of Clinical Information (DCE). Scores on the CPI, along with all other relevant information will be used by the DCE to provide a course grade. Other relevant information may include, but is not limited to: answers to questions posed by the DCE regarding specific patient interactions involving the student, the DCE’s experience with the CI or site, the student’s caseload, the student’s past academic and clinical performance and the learning emphasis areas for the course. Along with other relevant information, the following CPI scores will be used to describe passing performance; scores below “passing” may result in course failure. Scores that meet the passing criteria may result in a grade of unsatisfactory if the DCE believes that the CI completed the CPI incorrectly.

<table>
<thead>
<tr>
<th>PERFORMANCE CRITERION</th>
<th>EXPECTED SCORE</th>
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<tbody>
<tr>
<td>1. Safety</td>
<td>Entry level</td>
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<td>2. Professional Behavior</td>
<td>Entry level</td>
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<td>3. Accountability</td>
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<tr>
<td>18. Direction and Supervision</td>
<td>Entry Level</td>
</tr>
<tr>
<td>19. Self-set Objectives</td>
<td>All achieved</td>
</tr>
</tbody>
</table>
Please describe your impressions regarding the student’s performance by indicating whether you agree or disagree with the statements below. Please consider all representative behaviors before answering.

1. The student demonstrates professional and ethical behavior _____
   Representative behaviors:
   - accepts responsibility for own actions
   - completes scheduled assignments in a timely manner
   - demonstrates initiative
   - demonstrates integrity in all interactions
   - values dignity of patients as individuals

2. The student demonstrates safe practice _____
   Representative behaviors:
   - establishes a safe working environment (e.g., removes obstacles in patients’ way)
   - demonstrates awareness of contraindications and precautions for each patient
   - recognizes physiological and psychological changes in patients
   - uses acceptable techniques for safe handling of patients (e.g., body mechanics, guarding)

3. The student communicates effectively _____
   Representative behaviors:
   - verbal and nonverbal communication is appropriate for the situation
   - initiates communication in difficult situations
   - interprets and responds to nonverbal communication of others
     - communicates in ways patients can understand
     - accepts feedback without defensiveness

4. The student’s clinical skills are at an expected level _____
   Representative behaviors:
   - presents a cogent and concise argument for clinical decisions
   - demonstrates an ability to make clinical decisions in ambiguous situations
   - obtains a complete patient history
   - performs appropriate systems review
   - selects and conducts tests and measures consistent with patient’s history and chief complaint
- makes correct clinical judgments
- synthesizes examination data and establishes correct diagnosis
- establishes a safe and effective plan of care
- performs interventions effectively, efficiently, fluidly and in a technically competent manner

4. The student is expected to have no significant problems
   - consider any behaviors not included above

Comments:
AFFILIATION CALL REQUEST
(aka: Yellow Sheet)

NAME_______________________________________  Date______________

Instructions for this form:
A. CAREFULLY REVIEW THE SITE'S FILE BEFORE YOU USE THIS FORM
B. it can be used for first choices only, if the site says yes, you will be placed there
C. complete all sections
D. put the form in the "call requests" envelope outside rm. 106, when an answer is
   known, the form will be returned to you
E. be sure that your representative knows what to do if we have no answer before
   the placement mtg.

Facility name as it appears on the contract list:

___________________________________________________
(one name only)

Kind of rotation (circle):     Ortho     Neuro/Rehab    Acute

Characteristics which would make you more attractive to this facility (i.e., am a
PTA or ATC, have been an aide, etc.):

Questions (do not include any questions that are answered in the site's file!):

________________________________________________________________

Do not write in this space
Every student must complete this form by the due date, there are no exceptions

Name __________________________________ Lottery number________

Local Address (eff. Sept. to April)   Home/Permanent Address
________________________________________   __________________________________
________________________________________   __________________________________
________________________________________   __________________________________
________________________________________   __________________________________

Phone: ________________________          Phone: _______________________

Email: ________________________

For PT 5464, 5467 and 5468:
Site of acute practicum:_______________________
Site of M/S practicum: ________________________

List, in priority order, ALL viable choices for your practicum site. Be sure that the site has offered us a slot. It is not necessary to provide 8 choices, especially if you have an advantageous lottery number.

1.____________________________ 5.____________________________
2.____________________________ 6.____________________________
3.____________________________ 7.____________________________
4.____________________________ 8.____________________________
UNIVERSITY OF CONNECTICUT
NEAG SCHOOL OF EDUCATION
PHYSICAL THERAPY DEPARTMENT

PERSONAL PROPERTY WAIVER

I understand that during clinical experiences the assigned clinical education agency is not responsible for loss or damage to my personal property.

____________________
Date

___________________________
Student's Signature       Social Security #

___________________________
Print Name       Peoplesoft ID#

Please return this form by the end of the third week of classes in the first semester of the professional courses to:

Mail: University of Connecticut
      Neag School of Education
      Physical Therapy Department
      358 Mansfield Road, Unit 2101
      Storrs, CT 06269-2101

on-site delivery: Koons Hall 101
MEDICARE EXCLUSION WAIVER

I have never been convicted of a criminal offense related to health care and/or related to the provisions of services paid for by Medicare, Medicaid or another federal health care program. I further attest that I have not been excluded from participation in any federal health care program, including Medicare and Medicaid. In addition I am not the subject of a disciplinary action resulting in revocation or suspension of any license, certification, permit or other approval necessary to perform my clinical duties.

Date: ________________  Peoplesoft ID#: ____________________________

Student Signature: ___________________________________________________________________

Print Name: _______________________________________________________________________

Permanent Address: __________________________________________________________________
_________________________________________________________________________________

Social Security #: __________________________________________________________________

Please return this form to:
Katrease Gerace
University of Connecticut
Neag School of Education
Physical Therapy Department
358 Mansfield Rd. Unit 2101
Storrs, CT 06269-2101
To: CCCE  
From: Denise Ward, DCE
Physical Therapy Dept.
University of Connecticut
358 Mansfield Rd. Box U-101
Storrs, Connecticut 06269-2101
Phone: (860) 486-0020
E-mail: denise.ward@uconn.edu
Fax: (860) 486-1588

Enclosed are the materials you and our student's clinical instructor will need for the clinical practicum beginning (DATES) for (Student's name)

You should find the following documents:
1. Our mission statement and philosophy
2. A description of our curriculum
3. Rights and Responsibilities of Clinical Faculty
4. Information regarding the online Clinical Performance Instrument
5. Information about the student's required inservice presentation.
6. Weekly planning forms
7. Information for the CI about this course
9. Certificate of Liability
10. The student's:
   - Student Data Form
   - Physical exam report
   - Proof of instruction in "Occupational Exposure to Bloodborn Pathogens"
   - HIPAA form
11. A compact disc with program policies and procedures related to clinical education

If anything is missing or you have questions, please call me.

As always, we appreciate your support of UConn's PT Program
All students are required to complete and present an oral inservice presentation during each of their affiliations. Prior to the fourth week of the affiliation, the CI and the student should choose a topic of interest to both the facility staff and the student. The topic is expected to be one where recent evidence can be used to assist staff in clinical decision-making. The student is expected to present new, evidence-based information to the audience. It is generally expected that the presentation will take about an hour including all questions and discussions. The student is responsible for providing handouts, including a bibliography and outline, to all participants. The Director of Clinical Education (DCE) may ask to be present for the presentation.

This presentation is an important part of the University of Connecticut curriculum. If questions arise regarding this assignment it is imperative that the student and/or CI call the DCE as soon as possible.

A separate evaluation form for the student’s presentation is enclosed, please be sure to review it while planning the session with the student. Multiple copies have been provided so that everyone in the audience can evaluate the presentation.
STUDENT____________________________       DATE________________

TOPIC_______________________________________________________

1. The student chose a topic that was of interest to the audience.           Agree Disagree
   ____     ____

2. Use of Evidence:
   a) The student presented recent evidence which may be useful in clinical decision making       _____ _____
   b) The student provided a well-researched rationale for patient management choices       _____ _____
   c) The bibliography was complete       _____ _____

3. Presentation Skills:
   a) A clear and complete outline was provided       _____ _____
   b) Educational objectives were appropriate and clear       _____ _____
   c) The student articulated his/her ideas in a clear and logical way       _____ _____
   d) The student demonstrated a thorough knowledge of the content       _____ _____
   e) Tone and inflection were effective       _____ _____
   f) Questions were answered appropriately       _____ _____

COMMENTS:
PROTECTION OF STUDENTS AND STAFF FROM DISCRIMINATION AND HARASSMENT DURING OFF-CAMPUS EXPERIENCES

It is necessary for students in many programs to complete practica or internships within outside organizations. Employees also may be assigned to work at external sites as a part of their job duties. The University's legal and ethical obligations to protect the civil rights of students and staff extends to those settings.

Below are policy guidelines developed in cooperation with several Deans whose students customarily complete practica with other agencies as part of their academic programs. Your cooperation in administering the guidelines is appreciated. Should you need advice or assistance, please consult with the Office of Diversity and Equity (860-486-2943).

I. Inclusion of University Policies in Contracts or Agreements with External Agencies.

A. All contracts with suppliers of services must include reference to the Governor's Executive Orders 3 and 17, and specific language is required. These Executive Orders cover nondiscrimination, as does C.G.S. Section 4a-60.

B. Other sections of the statute govern the conduct of state agencies in their normal functions.

1. C.G.S. Section 46a-71 prohibits discrimination in the delivery of service; forbids state agencies to become parties to agreements with entities that discriminate (or fail to bar discrimination); requires state each State agency to analyze all of its operations to ascertain possible instances of noncompliance with the policy sections 46a-70 to 46a-78, inclusive, and to initiate comprehensive programs to remedy any defect found to exist; and requires every State contract or subcontract for construction on public buildings or for other public work or for goods and services to conform to the intent of Section 4a-60.

2. C.G.S. Section 46a-75 prohibits discrimination in the provision of educational and vocational programs; require state agencies to encourage the fullest development of students' or trainees' potential, and encourage expansion of training opportunities under these programs so as to involve larger numbers of participants from those segments of the labor force where the need for upgrading levels of skills is greatest. The statutes do not require that contracts, agreements, memoranda of understanding, et cetera, include reference to B (1) & (2). We prefer to include a brief reference to these obligations to assure that the agencies with whom we deal are well informed of the University's commitment to its statutory obligations.

C. The President's policies on nondiscrimination, affirmative action, and discriminatory harassment should be made a part of such contracts. It suffices to attach the most current versions to the agreements.

II. Internal Procedures for University Unit Entering Agreements.

A. The school/unit should receive and review assurance that the external agency has strong nondiscrimination policies and complaint procedures.
B. Each out-placed student should be advised of his or her civil rights, including the right to be free of racial, religious, and sexual harassment; and should be informed of the existing mechanisms for handling complaints in these areas.

C. The Dean or Director should appoint a staff member to serve as chief contact person or advisor for, (a) reviewing civil rights policies and procedures noted in II (A) and (B) above, and (b) pursuing complaints filed as per II (D) & (E). The identity of the individual fulfilling a similar role in the external agency should be known to school officials and students.

D. Procedures regarding handling complaints of discrimination and harassment registered by our students should be articulated and, preferably, made a part of the agreement.

E. Complaint procedures should be formal (i.e., consistent, fair, and amenable to review) and should include the following elements:
1. Publication of the appointed staff person's identity (noted in II (C) above).
2. Means by which an aggrieved person may file a complaint, formal or informal, and may inform the unit of his or her desired resolution.
3. Means by which the school/unit may be assured that the complaint is treated properly by the external agency. "Properly" is defined as the standard for remedies imposed in similar complaint situations filed against an internal party.
4. Protection of the complainant from retaliation must be assured.

F. Formal and informal complaints should be recorded in a manner that allows the unit to review agencies' conduct in this area prior to renegotiating agreements.

G. ODE is to be consulted on a case-by-case basis. If an employee of the University is accused of discriminatory conduct, ODE must be apprised of the complaint. ODE may handle these complaints itself or may advise the designated representative of the school or unit.

Reviewed: 11-03
STUDENT: _______________________________

Please describe your early impressions regarding the student’s performance by indicating with a check mark whether you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student demonstrates professional and ethical behavior</td>
<td>_____</td>
</tr>
<tr>
<td>2. The student demonstrates safe practice</td>
<td>_____</td>
</tr>
<tr>
<td>3. The student gets along well with staff and patients</td>
<td>_____</td>
</tr>
<tr>
<td>4. The student’s clinical skills are at an expected level</td>
<td>_____</td>
</tr>
<tr>
<td>5. The student is having no significant problems</td>
<td>_____</td>
</tr>
</tbody>
</table>

Comments:

Clinical Instructor  
(print)_______________________________ Date________________

Clinical Instructor phone number _________________________________

* If you disagree with any of the statements, please call the DCE, Denise Ward at (860) 486-0020 or email at Denise.Ward@uconn.edu

THANK YOU
Hello,
I hope everything is going well, but if it isn’t, or you have any questions, here’s how to reach me:

Office: (860) 486-0020
Home: (860) 822-6175
Cell: (860) 334-8267

Email: denise.ward@uconn.edu

Please do not hesitate to call for any reason!
Please complete the lower portion of this form and return it to me as soon as you get it. Please don’t leave anything blank.

Good Luck,
Denise

*******************************************************************

Today’s Date: ________________
Your Name: _______________________
Your CI’s Name ___________________
Phone # at your affil site: ___________________

Phone # where you’re staying ___________________
Your Email: _______________________

The highlights so far:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I am having difficulties with:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

64
Instructions for the clinical instructor:
This form should be used weekly for planning the student’s learning experience. Please complete all sections, give it to the student, and arrange a time to discuss it toward the end of each week. The student should be encouraged to have input into the objectives for the upcoming week. At the end of the affiliation, please return all forms to the ACCE with the other materials.

Affiliation week number:_______
Accomplishments this week:

Last week’s objectives were: _____met _____partially met _____not met
Comments:

Objectives for next week:

CI's
signature:________________________________Date:________________

Student’s
signature________________________________Date:________________
UCONN – PT

SITE VISIT FORM

STUDENT: _______________________________ DATE __________ Clinical wk # ______

SITE: _______________________________ CI ___________________________

Phone call ____ Site Visit____

Reason: Routine____ Site Request____ Student Request____ Problem____ (describe on pg.2)

Has the CI read his/her rights and responsibilities?  Y     N (discuss)

Has CI worked with a UConn student before? Y     N

Has CI used CPI before? Y     N (instruction required)

How many patients does CI usually see in an average day?______

Is this same caseload now being shared with the student?     Y     N

Student’s case load/level of supervision:

  Level of supervision:

  Diagnoses of patients seen:

  Number of patients student is primarily responsible for in a day:

How is the student doing with:

  Initial examination

  Evaluation

  Interventions

  Discharge plans

  Communication

  Documentation

What are the student’s strengths and challenges?
What learning opportunities are planned for the remainder of the experience?

Information provided (yes or not needed because it has been provided before):

  Description of the curriculum  Y  NN

  Framing scenario described  Y  NN

    Does the CI or student have concerns about whether the student will perform as described in the scenario? (If yes, describe in “problems discussed”)  Y  N

  Passing criteria for the course  Y  NN

  Does CI have concerns about whether the student will meet the criteria?  Y  N

  “Entry Level” definition discussed  Y  NN

Is there anything the site/CI needs in order to improve their clinical education program?

Discussed (see reverse):

Plan:
UNIVERSITY OF CONNECTICUT
PHYSICAL THERAPY PROGRAM
CRITICAL INCIDENT REPORT

STUDENT____________________________
TODAY’S DATE__________________ DATE OF INCIDENT____________

INSTRUCTIONS: CI’s should use this form whenever a student demonstrates significantly problematic behavior or problem behaviors that have continued after attempts at correction. A new form should be used for each occurrence and faxed to the ACCE at (860)486-1588. Please describe what you observed (eg patient fell), what the student did wrong (eg did not use a gait belt) and the consequences if the behavior continues (eg if it happens again, ACCE will be asked to visit). The student should be allowed to respond, if he/she wishes, on a separate sheet that will be attached to this one.

PERFORMANCE OBSERVED:

PROBLEM PERFORMANCE:

CONSEQUENCES/PLAN:

STUDENT SIGNATURE ___________________________________
(Signature Denotes that you have read and understood)
CLINICAL INSTRUCTOR____________________________________
PT CPI Web 2.0 Instructions for a Student

Login to PT CPI Web 2.0 at https://cpi2.amsapps.com

1. Your username is your email address provided to the school you are working with.
2. If you had a password in PT CPI Web 1.0, it should still work in 2.0. If you did not have a password, or forgot your password, please click on the ‘I forgot or do not have a password’ link and follow the instructions to set/reset your password. PLEASE NOTE: Make sure to close out of any internet browsers containing PT CPI Web 2.0 prior to accessing the link in your email as this may result in an error when trying to set/reset your password.

Update Information (If you've previously have done this, please go to Editing the CPI)
1. Click on the ‘My Info’ tab to update your information. You must update the APTA Data Release Statements found in the Data Authorization section.
2. When you are done editing, hit ‘Update’.

Verify APTA Training/Start the CPI (If you’ve previously have done this, please go to Editing the CPI)
1. Click on your site’s name in the ‘My Evaluations’ section on your home page or click on the Evaluations tab and then hit ‘Edit’.
2. You are prompted to verify if you have completed the APTA PT CPI Training. If you have completed the training, please click the ‘I have completed the APTA PT CPI online training and assessment.’ button.
   a. If you have not completed the training, please follow the directions on the page to take the APTA PT CPI Training.
   b. If the email address you took the training with is different than your username, you will be prompted to enter the email address registered with APTA.
   c. If you are having issues verifying you’ve completed the training, please contact PT CPI Web Support at ptpciwebsupport@academicmanagement.com. Please provide your name, email address used to take the training, and the date you passed the training.

Editing the CPI
1. Once you have verified you have completed the APTA PT CPI Training, you will see all 18 sections of the CPI.
   a. You can edit one section at a time by clicking on ‘Edit Now’ to the right of the CPI.
   b. You can edit all sections at the same time by clicking on ‘Edit All’ at the top of the Edit column.
2. Click on ‘View Sample Behaviors’, ‘View Introduction’, and ‘View Instructions ‘to view the details of how to fill out the CPI.
3. Mouse over any underlined word to view an APTA glossary definition. This is available for the Performance Dimensions and the Anchor Points on the APTA Rating scale.

If you have any questions, comments or run into any issues using PT CPI Web, please contact Support at ptpciwebsupport@academicmanagement.com.

Last Updated 2/25/10

4. Add comments to the comment box and select the rating for the student on the slider scale.
5. When you are done editing a section, click on the ‘Section Sign Off’ box and hit ‘Save’. Be sure to save your work!! If you leave the page without saving, your comments could be lost!!

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Signing off on the CPI
1. Once all sections are marked as ‘Completed’, please sign-off on your CPI. You can sign off on the CPI by clicking on the ‘Evaluations’ tab and clicking on the ‘Sign Off’ link.
2. Once you sign off on your CPI, you are unable to edit it further. Your CI will be able to see your CPI only if they have also signed off on their CPI.

Viewing your CPI with your CI and Signing-Off on your CI’s CPI
1. Click on the ‘Evaluations’ tab.
2. Click on ‘View’ in the Actions column.
3. Use the filters to see the comments from both student and CI at once.
4. In the ‘Evaluations’ tab you will see a link to sign-off on your CI’s CPI indicating you’ve discussed the performance with your CI.

Additional Features:
Adding Post-Assessment Comments to the CPI:
1. In the ‘Evaluations’ tab you will see a link to sign-off on your CI’s CPI indicating you’ve discussed the performance with your CI. Once you and your CI have signed-off on each other’s CPI, you can add overall comments by clicking on ‘View’ and adding comments
UCONN PT PROGRAM
Student Evaluation
of the Director of Clinical Education

Directions: The purpose of this evaluation is to assist the DCE in the assessment of her performance and to improve the clinical education program. Please rate the performance of the DCE on a scale of 1 to 5 as described below by circling your response; additional comments can be added in the space provided. The form should be returned to the PT office where the information will be summarized. The DCE will not see individual evaluation forms.

Thanks

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<thead>
<tr>
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<tr>
<td>Does Not Apply</td>
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<th>5</th>
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<tbody>
<tr>
<td>strongly disagree</td>
<td>disagree</td>
<td>neutral</td>
<td>agree</td>
<td>strongly agree</td>
</tr>
</tbody>
</table>

Part I: Planning for your practicum

1. The DCE disseminated information about available clinical sites in an effective and timely manner.
   N 1 2 3 4 5

2. Adequate information (file and verbal) about clinical sites allowed me to make informed selections.
   N 1 2 3 4 5

3. The DCE provided me with an opportunity for individual counseling prior to making my selection.
   N 1 2 3 4 5

4. The DCE was approachable and supportive throughout the clinical placement process.
   N 1 2 3 4 5

Part II: Preparation for your practicum

1. The DCE provided adequate orientation to the policies and procedures related to clinical education
   N 1 2 3 4 5

2. The DCE provided me with information regarding the expectations for my clinical performance.
   N 1 2 3 4 5

3. The DCE provided me with adequate means to contact her during my clinical experience.
   N 1 2 3 4 5
Part III: Interactions during your practicum

17. The DCE contacted me as often as was needed.
18. The DCE encouraged me to share any issues or concerns I had during this clinical experience.
19. The DCE helped me to address any concerns I had during this clinical experience.
20. The DCE attempted to facilitate the resolution of any conflicts which were encountered during this clinical experience.
21. The DCE’s interventions were provided in a timely manner.
22. The DCE handled problems with my site/CI effectively.

23. The on-line discussions were
   Helpful ........................................ 1 2 3 4 5

The DCE made a: Site visit____ Phone call to my CI____
The site visit was helpful: NA____ Yes____ No____

Comments:____________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Student Data Form

I. Student’s Personal Data:

Name ____________________________ College or University University of Connecticut

Clinical Exp: I ☐ II ☐ III ☐ IV ☐ V ☐

Preferred Mailing Address ________ City ________ State ________ Zip ________

Cell Phone ________ Home Phone ________ E-Mail ________

Liability Insurance Carrier RC Knox
Policy #127280025

Medical Insurance ________ Policy # ________

In Case of Emergency Contact

Relationship ________

Address ________ City ________ State ________ Zip ________

Cell Phone ________ Home Phone ________

Previous Clinical Experiences (list most recent first):

<table>
<thead>
<tr>
<th>Facility</th>
<th>Full time/Part time?</th>
<th>Length of Experience</th>
<th>Type of Experience (eg. OP ortho, acute)</th>
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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.
- 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.
- 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

<table>
<thead>
<tr>
<th>Performance Item</th>
<th>Exposure</th>
<th>Competence</th>
<th>Narrative Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. SAFETY:</strong> 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.)</td>
<td>5 6 4 3 2 1 0</td>
<td>![Competence Scale](bp abp ip aip ep bep)</td>
<td></td>
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<tr>
<td><strong>2. PROFESSIONAL BEHAVIOR:</strong> 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.)</td>
<td>5 6 4 3 2 1 0</td>
<td>![Competence Scale](bp abp ip aip ep bep)</td>
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<tr>
<td><strong>3. ACCOUNTABILITY:</strong> 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 of 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.)</td>
<td>5 6 4 3 2 1 0</td>
<td>![Competence Scale](bp abp ip aip ep bep)</td>
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</table>
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.).

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).

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.)
### Patient Management

**Performance Item**

| 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.) |
|---|---|---|
| 5 | 6 |
| 4 | 3 | 2 | 1 | 0 |
| bp | abp | ip | aip | cp | bep |

**Narrative Comments**

| 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.) |
|---|---|---|
| 5 | 6 |
| 4 | 3 | 2 | 1 | 0 |
| bp | abp | ip | aip | cp | bep |
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.).

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).

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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).

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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).

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</table>
### 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).

### 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).**

### 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...

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<table>
<thead>
<tr>
<th>12. PLAN OF CARE</th>
<th>13. PROCEDURAL INTERVENTIONS</th>
<th>14. EDUCATIONAL INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.</strong></td>
<td><strong>Performs physical therapy interventions in a competent manner.</strong></td>
<td><strong>Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.</strong></td>
</tr>
<tr>
<td>(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).</td>
<td>(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).</td>
<td>(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...</td>
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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).

| 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). |
| | 5 | 6 | 4 | 3 | 2 | 1 | 0 |
| | bp | abp | ip | aip | ep | bep |

| 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). |
| | 5 | 6 | 4 | 3 | 2 | 1 | 0 |
| | bp | abp | ip | aip | ep | bep |

| 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).

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.
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. ______

<table>
<thead>
<tr>
<th>Areas of Strength</th>
<th>Areas to Strengthen</th>
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</table>

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)

Tests and Measures

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: Neuroumbular

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

CLINICAL PERFORMANCE INSTRUMENT

FOR STUDENTS

June 2006

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

APTA
American Physical Therapy Association
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1 Terms used in this instrument are denoted by an asterisk (*) and can be found in the Glossary.
COPYRIGHT, DISCLAIMER, AND VALIDITY AND RELIABILITY IN USING THE INSTRUMENT

COPYRIGHT

The copyright in this Physical Therapist Clinical Performance Instrument (Instrument) is owned by the American Physical Therapy Association (APTA or Association).

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The psychometric properties of the Instrument (i.e., 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.

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

- 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.

```
Beginning
Performance
```

```
Advanced
Beginner
Performance
```

```
Intermediate
Performance
```

```
Advanced
Intermediate
Performance
```

```
Enter-level
Performance
```

```
Beyond
Entry-level
Performance
```

- 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 competences 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.

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

- 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 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).

<table>
<thead>
<tr>
<th></th>
<th>Interval 1</th>
<th>Interval 2</th>
<th>Interval 3</th>
<th>Interval 4</th>
<th>Interval 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning</td>
<td>Advanced Performance</td>
<td>Beginner Performance</td>
<td>Intermediate Performance</td>
<td>Advanced Performance</td>
<td>Entry-level Performance</td>
</tr>
<tr>
<td>Advanced</td>
<td>Intermediate</td>
<td>Advanced</td>
<td>Entry-level</td>
<td>Beyond</td>
<td>Performance</td>
</tr>
</tbody>
</table>
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 a 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
____ Ambulatory Care/Outpatient
____ ECF/Nursing Home/SNF
____ Federal/State/County Health
____ Industrial/Occupational Health
____ Private Practice
____ Rehab/Sub-Acute Rehab
____ School/Pre-school
____ Wellness/Prevention/Fitness
____ 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 interventions.
d. Ensures the safety of self, patient, and others throughout the clinical interaction (e.g., universal precautions, responding and reporting emergency situations, etc.).
e. Requests assistance when necessary.
f. Uses acceptable techniques for safe handling of patients (e.g., 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*.)

[Blank space]

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

[Blank space]

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

[Scale]

Beginning Performance* | Advanced Performance* | Intermediate Performance* | Advanced Performance* | Entry-level Performance* | Beyond Performance*

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 (e.g., arrives well prepared, offers assistance, seeks learning opportunities).

b. Is punctual and dependable.

c. Adheres to time and workload expectations set for 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, C-I, 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:

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

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

☒ Midterm ☐ Final ☐
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. Adheres 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:

<table>
<thead>
<tr>
<th>Beginning Performance</th>
<th>Advanced Performance</th>
<th>Intermediate Performance</th>
<th>Advanced Performance</th>
<th>Entry-level Performance</th>
<th>Beyond Performance</th>
</tr>
</thead>
</table>

**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.

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

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:

<table>
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<tr>
<th>Beginning Performance</th>
<th>Advanced Beginner Performance</th>
<th>Intermediate Performance</th>
<th>Advanced Performance</th>
<th>Entry-level Performance</th>
<th>Beyond Performance</th>
</tr>
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Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- [ ] Midterm
- [ ] Final

18
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 patient's 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:

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

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

重整 | Final
PROFESSIONAL PRACTICE
PROFESSIONAL DEVELOPMENT


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:


Beginning Performance: Advanced Begin/Performance Intermediate Advanced Entry-level Performance
Intermediate Performance Entry-level Performance

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

☐ Midterm ☐ Final
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 (e.g., 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.

C. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.

ii. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.

iii. Assesses patient response to interventions using credible measures.

iv. Integrates patient needs and values in making decisions in developing the plan of care.

v. Clinical decisions focus on the whole person rather than the disease.

vi. 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:

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

**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:

- Utilizes test and measures sensitive to indications for physical therapy intervention.
- Adapts practice to indications for intervention.
- Reviews medical history from patients and other sources (e.g., medical records, family, other healthcare 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 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.

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 Performance | Intermediate Performance | Advanced Performance | Entry-level Performance | Beyond Performance

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

- ☒ Midterm
- ☐ Final

22
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) ac/oeb capacity, b) anthropometric characteristics, c) arousal, attention, 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) ergonomic and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor/functional, m) muscle performance (including strength, power, and endurance), n) neurologic 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 v) home management (including activities of daily living and instrumental activities of daily living). |
|   | W) Sensory integration (including proprioception and kinesthesia) and Y) 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. | Analyzes test 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 Performance | Intermediate Performance | Advanced Performance | Entry-level Performance | Beyond Performance |

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

23
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.

**SAMPLE BEHAVIORS**


b. Makes clinical judgments based on data from examination (history, systems 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:

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

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.

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

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

فكر في: $[]$ Midterm $[]$ Final

26
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 protocols) 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 patient’s 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*.)

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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; g) spinal peripheral joints (thrust/non-thrust); h) patient-related instruction; i) physical agents and mechanical modalities; j) prescription, application, and appropriate implementation of adaptive, assistive, orthotic, protective, and supportive devices and equipment; and k) 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, cardiovascular, neurological, and integumentary system problems.

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 Advanced Intermediate Advanced Entry-level Beyond Performance Performance Performance Performance Performance

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

 notas:  

 względem performance on this criterion is unacceptable, check the box and call the ACCE/DCE.
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 (e.g., demonstration, verbal, written).
c. Identifies barriers to learning (e.g., 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.
   Determines need for consultative services.
i. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (e.g., ergonomic evaluations, school system assessments*, corporate environmental assessments*).
j. 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:

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

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

- [ ] Midterm
- [ ] Final

29
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 (e.g., 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.
   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*.)

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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

- 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 outcome measures for patient groups.
- Assesses the patient’s response to intervention in practical 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).

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 Performance | Entry-level Performance | Beyond Performance

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

- 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 facility
- Requests and obtains authorization for clinically necessary reimbursable visits
- Utilizes accurate documentation, coding, and billing to support requests 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 (e.g., prevention of injury, infection control, etc.)
- Markets services to customers (e.g., 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)

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 Advanced Intermediate Performance Entry-level Performance Beyond Performance

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

Midterm [ ]  Final [ ]
PATEENT 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 (e.g., 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:

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

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

[ ] Midterm
[ ] Final

33
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:
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

36
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

37
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 (e.g., 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 and 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.)


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.


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 (e.g., 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.)
Evidence-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.


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 interacting and discussing with 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 (e.g., 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:

![Diagram of patient/client management model]


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 (i.e., 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 (e.g., limited skill, high skill), the relative effectiveness of the performance (e.g., 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 (e.g., 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* test and measures.

<table>
<thead>
<tr>
<th>SAMPLE BEHAVIORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Obtains a history from patients and other sources as part of the examination.</td>
</tr>
<tr>
<td>b) Utilizes information from history and other data (e.g., laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.</td>
</tr>
<tr>
<td>c) Performs systems review.</td>
</tr>
<tr>
<td>d) Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening.</td>
</tr>
<tr>
<td>(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) falls; j) locomotion and balance; k) integumentary integrity; l) joint integrity and mobility; m) motor function; n) muscle performance (including strength, power, and endurance); o) neurologic; p) development and sensory integration; q) orthotic/protective and supportive devices; r) pain; s) posture; t) prosthetic requirements; u) range of motion; v) reflex integrity; x) self-care and home management (including activities of daily living and instrumental activities of daily living); w) sensory integration (including proprioception and kinesthesia); and w) ventilation, respiration, and circulation.</td>
</tr>
<tr>
<td>e) Conducts tests and measures accurately and proficiently.</td>
</tr>
<tr>
<td>f) Sequences tests and measures in a logical manner to optimize efficiency.</td>
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<tr>
<td>g) Adjusts tests and measures according to patient's response.</td>
</tr>
<tr>
<td>h) Performs regular re-examinations of patient status.</td>
</tr>
<tr>
<td>i) Performs an examination using evidence-based test and measures.</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Performance</td>
<td>Advanced Performance</td>
</tr>
<tr>
<td>Intermediate Performance</td>
<td>Advanced Performance</td>
</tr>
<tr>
<td>Entry-level Performance</td>
<td>Entry-level Performance</td>
</tr>
<tr>
<td>Beyond Performance</td>
<td>Beyond Performance</td>
</tr>
</tbody>
</table>

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* test and measures.

SAMPLE BEHAVIORS

- Obtains a history from patients and other sources as part of the examination.
- Utilizes information from history and other data (e.g., laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of tests and measures.
- Performs system review.
- 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.
- Conductions 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 or re-examinations of patient status.
- 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 (e.g., 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:

<table>
<thead>
<tr>
<th>Beginning</th>
<th>Advanced</th>
<th>Intermediate</th>
<th>Advanced</th>
<th>Entry-level</th>
<th>Beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance</td>
<td>BeginnerPerformance</td>
<td>Intermediate Performance</td>
<td>Performance</td>
<td>Entry-level Performance</td>
<td>Performance</td>
</tr>
</tbody>
</table>

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

Midterm ✗ Final ✗
APPENDIX A
COMPLETED FOR INTERMEDIATE EXPERIENCE (COMPETENT)

EXAMINATION*

9. Performs a physical therapy patient examination* using evidenced-based* test 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 (e.g., laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
(k) Performs systems review.
(f) 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) acrobic capacity, b) anthropometric/characteristics, c) arousal, attention, and cognition, d) assistive and adaptive devices, e) community and work (i.e., school), f) cerebellar function, g) cranial nerves, h) dexterity, i) environmental, home, and work barriers, j) ergonomics and body mechanics, k) gait assisted locomotion and balance, l) interoceptive integrity, m) joint integrity and mobility, n) motor function, o) muscle performance (including strength, power, and endurance), p) neuromotor development and sensory integration, q) orthotic protective and supportive devices, r) pain, s) posture, t) prosthesis requirements, u) range of motion, v) reflex integrity, w) self care and home management (including activities of daily living and instrumental activities of daily living), x) sensory integration (including proprioception and kinesthesia), y) ventilation, respiration, and circulation.
(c) Conducts tests and measures accurately and proficiently.
(g) Sequences tests and measures in a logical manner to optimize efficiency.
(h) Adjusts tests and measures according to patient responses.
(p) Performed regular examinations of patient's status.
(x) 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

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APPENDIX C
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

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

¹Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists (Draft 3).
### APPENDIX C
DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

<table>
<thead>
<tr>
<th>Category</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance Dimensions</strong></td>
<td></td>
</tr>
<tr>
<td>Supervision/Guidance</td>
<td>Level and extent of assistance required by the student to achieve entry-level performance.</td>
</tr>
<tr>
<td><strong>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.</strong></td>
<td></td>
</tr>
<tr>
<td>Quality</td>
<td>Degree of knowledge and skill proficiency demonstrated.</td>
</tr>
<tr>
<td><strong>As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.</strong></td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>Number of elements that must be considered relative to the task, patient, and/or environment.</td>
</tr>
<tr>
<td><strong>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.</strong></td>
<td></td>
</tr>
<tr>
<td>Consistency</td>
<td>Frequency of occurrences of desired behaviors related to the performance criterion.</td>
</tr>
<tr>
<td><strong>As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.</strong></td>
<td></td>
</tr>
<tr>
<td>Efficiency</td>
<td>Ability to perform in a cost-effective and timely manner.</td>
</tr>
<tr>
<td><strong>As a student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.</strong></td>
<td></td>
</tr>
</tbody>
</table>

| **Rating Scale Anchors** | |
| --- | |
| **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.** |
PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION

June 10, 2003
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.

<table>
<thead>
<tr>
<th>Student Name (Provide signature)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Clinical Instructor Name (Print name)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Clinical Instructor Name (Provide signature)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry-level PT degree earned</td>
</tr>
<tr>
<td>Highest degree earned</td>
</tr>
<tr>
<td>Degree area</td>
</tr>
<tr>
<td>Years experience as a CI</td>
</tr>
<tr>
<td>Years experience as a clinician</td>
</tr>
<tr>
<td>Areas of expertise</td>
</tr>
<tr>
<td>Clinical Certification, specify area</td>
</tr>
<tr>
<td>APTA Credentialed CI [ ] Yes [ ] No</td>
</tr>
<tr>
<td>Other CI Credential State [ ] Yes [ ] No</td>
</tr>
<tr>
<td>Professional organization memberships [ ] APTA [ ] Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Clinical Instructor Name (Print name)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Clinical Instructor Name (Provide signature)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry-level PT degree earned</td>
</tr>
<tr>
<td>Highest degree earned</td>
</tr>
<tr>
<td>Degree area</td>
</tr>
<tr>
<td>Years experience as a CI</td>
</tr>
<tr>
<td>Years experience as a clinician</td>
</tr>
<tr>
<td>Areas of expertise</td>
</tr>
<tr>
<td>Clinical Certification, specify area</td>
</tr>
<tr>
<td>APTA Credentialed CI [ ] Yes [ ] No</td>
</tr>
<tr>
<td>Other CI Credential State [ ] Yes [ ] No</td>
</tr>
<tr>
<td>Professional organization memberships [ ] APTA [ ] Other</td>
</tr>
</tbody>
</table>


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
   - Ambulatory Care/Outpatient
   - ECF/Nursing Home/SNF
   - Federal/State/County Health
   - Industrial/Occupational Health Facility
   - Private Practice
   - Rehabilitation/Sub-acute Rehabilitation
   - School/Preschool Program
   - Wellness/Prevention/Fitness Program
   - 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.

<table>
<thead>
<tr>
<th>Diversity Of Case Mix</th>
<th>Rating</th>
<th>Patient Lifespan</th>
<th>Rating</th>
<th>Continuum Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td>0-12 years</td>
<td>Critical care, ICU, Acute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuromuscular</td>
<td>13-21 years</td>
<td>SNF/ECF/Sub-acute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiopulmonary</td>
<td>22-65 years</td>
<td>Rehabilitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integumentary</td>
<td>over 65 years</td>
<td>Ambulatory/Outpatient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (GI, GU, Renal, Metabolic, Endocrine)</td>
<td>Home Health/Hospice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wellness/Fitness/Industry</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Components Of Care</th>
<th>Rating</th>
<th>Components Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Screening</td>
<td>Prognosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• History taking</td>
<td>Plan of Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Systems review</td>
<td>Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tests and measures</td>
<td>Outcomes Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Environment</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing a helpful and supportive attitude for your role as a PT student.</td>
<td></td>
</tr>
<tr>
<td>Providing effective role models for problem solving, communication, and teamwork.</td>
<td></td>
</tr>
<tr>
<td>Demonstrating high morale and harmonious working relationships.</td>
<td></td>
</tr>
<tr>
<td>Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).</td>
<td></td>
</tr>
<tr>
<td>Being sensitive to individual differences (ie, race, age, ethnicity, etc).</td>
<td></td>
</tr>
<tr>
<td>Using evidence to support clinical practice.</td>
<td></td>
</tr>
<tr>
<td>Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).</td>
<td></td>
</tr>
<tr>
<td>Being involved in district, state, regional, and/or national professional activities.</td>
<td></td>
</tr>
</tbody>
</table>

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 than1 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

<table>
<thead>
<tr>
<th>Provision of Clinical Instruction</th>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical instructor (CI) was familiar with the academic program’s objectives and expectations for this experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site had written objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site’s objectives for this learning experience were clearly communicated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was an opportunity for student input into the objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided constructive feedback on student performance.</td>
<td></td>
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<tr>
<td>The CI provided timely feedback on student performance.</td>
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<tr>
<td>The CI demonstrated skill in active listening.</td>
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<tr>
<td>The CI provided clear and concise communication.</td>
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<td>The CI taught in an interactive manner that encouraged problem solving.</td>
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<td>There was a clear understanding to whom you were directly responsible and accountable.</td>
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<tr>
<td>The supervising CI was accessible when needed.</td>
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<tr>
<td>The CI clearly explained your student responsibilities.</td>
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<tr>
<td>The CI provided responsibilities that were within your scope of knowledge and skills.</td>
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<tr>
<td>The CI facilitated patient-therapist and therapist-student relationships.</td>
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<tr>
<td>Time was available with the CI to discuss patient/client management.</td>
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<tr>
<td>The CI served as a positive role model in physical therapy practice.</td>
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<tr>
<td>The CI skillfully used the clinical environment for planned and unplanned learning experiences.</td>
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<td>The CI integrated knowledge of various learning styles into student clinical teaching.</td>
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<td>The CI made the formal evaluation process constructive.</td>
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<td>The CI encouraged the student to self-assess.</td>
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</tbody>
</table>

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.*