



UNIVERSITY OF CONNECTICUT

DOCTOR OF PHYSICAL THERAPY PROGRAM

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 clinical reasoning required for 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 integrated clinical 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 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, and 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 34 weeks of full time (approx. 40hrs/wk), supervised clinical practicum experience in approved clinical education settings. These experiences are provided in 3 courses occurring during the final year of the curriculum. Each course is directed toward development of mastery in one of the following areas of practice: acute care, neuro-rehabilitation or outpatient orthopedics. There is no specific sequence for the courses.

All students are required to participate in management of patients across the life span. Patients of all ages, with the exception of young children, will generally be seen during full time practicum courses. Practice with children is required during PT 5458, Pediatrics, and is an optional experience in the neuro-rehabilitation course.

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, outpatient offices, schools and community wellness centers.

Clinical faculty at the on-campus Nayden Clinic provide mentored, hands-on patient management during 3 part-time integrated clinical experiences: PT 5462, 5463 and 5466,

Students are required to participate in an organized service learning activity that meets identified community needs.

Clinical Education Course Descriptions (see syllabi in appendix):

PT 5460: Introduction to Clinical Education

Time Offered: Fall, first year

Course Description:

This one credit course is intended to provide students with a foundation for clinical PT experiences and to enhance collaboration with other health care professionals. Concepts of critical thinking, expert practice, experiential learning, collaborative learning and inter-professional practice will be explored. Students will develop an understanding of the importance of inter-professional practice, professional behaviors, self-evaluation and patient centered care using a team-based approach. Student will work collaboratively with nursing students in and out of a simulation lab while developing an understanding of inter-professional patient care and the roles of other professions.

PT 5469 Integrated Acute Care Practicum

Time offered: Spring, First year

Course Description:

This course provides students with clinical experience at hospitals and sub acute health care facilities. Students will observe and will assist as appropriate with patient care under the supervision and direction of a licensed physical therapist. The course allows students to integrate and apply the didactic component of the curriculum in an acute or sub acute environment. It is designed to foster the student's appreciation for the multidisciplinary nature of hospital care.

PT 5462: Internal Clinical Practicum I

Time offered: Second summer

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: Fall 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 5466: Internal Neuromuscular Clinical Practicum

Time offered: Spring, 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 5461: Acute Care Practicum

Time offered: Final year, 10, 11 or 12 weeks

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 5464: Musculoskeletal Practicum

Time offered: Final year, 10, 11 or 12 weeks

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 5467: Neuromuscular Practicum

Time Offered: Final year, 10, 11 or 12 weeks

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.

Roles and Responsibilities

Responsibilities of the Director of Clinical Education (DCE)

The DCE is the course instructor of record for all full time practicum courses and awards the course grade. The DCE is responsible for planning, coordinating, facilitating, administering and evaluating the clinical education curriculum and for monitoring each student's performance during full time practicum courses. 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.
- Providing feedback to on-campus faculty about student clinical performance and, if necessary suggesting a need for change in academic courses.
- Determining if the academic regulations, policies and procedures related to clinical education are upheld by core faculty, students, 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 the Academic Coordinator of Clinical Education (ACCE)

The ACCE works with the DCE in establishing clinical education standards, selecting and evaluating clinical education sites, and maintaining communication among all parties.

Responsibilities include:

- 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 clinical education faculty and sites are meeting the needs of the program and for taking corrective action when they do not.
- Establishing new clinical education sites

Responsibilities of Clinical Instructors (CI)

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

Responsibilities include:

- 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 (CCCE)

The Center Coordinator of Clinical Education is employed by the clinical site and manages the site's clinical education program.

Responsibilities include:

- 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 on line 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 have the right to 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 the start of full time clinical practicum courses, each student must pass a cumulative examination. The examination is intended to ensure that all students have mastered the curricular content required for the three full time practicum courses. The exam consists of three content areas: medical/surgical, orthopedic, and neurological. In each content area the students will complete (1) a written response related to the case, (2) a practical examination and (3) appropriate documentation for the case. Students must successfully complete testing in all three content areas in order to enter full time clinical training. If a student fails to demonstrate competency in one or more content areas he or she will be permitted to retake the exam up to 2 times at the discretion of the academic advisory committee.

Each student is periodically 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 progression 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.
- When students express a desire for placement in a clinical site, they are responsible for having reviewed all information available for that site. 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.
- Once placed, students will not be allowed to change their placement site except under extremely unusual circumstances.
- On the "Sites Available" list, provided to students before placements, 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, 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.
- While the lottery system described below is generally used as the means for student placement choice, the DCE may choose to change individual student assignments if:
 1. The DCE does not feel that the student has demonstrated a skill level high enough for a demanding experience
 2. The DCE determines that a student has demonstrated a significant interest in an exceptional clinical site because of future career plans.
 3. A student with a disability requires placement in a specific site.

Clinical Education Placement Procedures

Slot request forms (Commitment Sheets) for each calendar year are mailed to all contracted clinical sites on March 1st of the previous year. Before the forms are mailed, students will be given the opportunity to request that the DCE ask a specific site for a slot. Requests can only be made by students who wish to complete an experience at a site that doesn't generally provide a slot.

Slot Request Forms are due back from clinical sites by April 30th, but many sites return them much later or not at all. The forms are used to create a *List of Sites Available* for each course and the lists are distributed to all students.

Placement for the first 2 practicum courses occurs in the fall semester of the second year. Placement for the final practicum course occurs at the end of the spring semester, second year.

A lottery system is used for student selection of their rotations. For use in placements for the first two rotations, each student is randomly assigned a lottery number. Lottery numbers are distributed to each class and posted in Rm. 102.

Lottery numbers are used in the following way:

- For the first rotation the student assigned number 1 will have first choice of a site from the list of sites available, number 2 will have second choice and so on until all students in the class have chosen.
- For the second rotation, the student assigned the highest number will have first choice, the student assigned number 1 will have last choice.
- For the third rotation, the class will be divided into three groups: one group for those who must complete their final rotation in acute care, one for orthopedics and one for neuro-rehabilitation. Each of these groups will have separate lottery numbers which will be randomly assigned after placements have been completed for the first 2 rotations.

Initial communication with students regarding placements is done by the Director of Clinical Education (DCE) in January of the first year. This meeting is used to describe the process for specific requests for the March 1st mailing. A second meeting is held early in the fall of the second year. At this meeting, where student attendance is mandatory, the DCE relates all information students need in order to determine their choices for clinical placements. All questions are addressed. An overview of the three clinical education courses is provided 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 assignments. Each of the sites available for the first 2 rotations is described.

After the meeting, students meet with the DCE or ACCE to discuss his/her clinical education needs and interests. The DCE/ACCE will discuss the student's academic history, professional interests, barriers to participation in clinical education, ability to travel, and learning needs. The DCE/ACCE will provide information about sites the student should consider and will answer any questions.

During the time that placements are made, students are strongly encouraged to inform the DCE or ACCE as soon as possible when one of their choices has been given as a "first come first served" slot. This means that the site has offered the same slot to other schools and will give it to the school who contacts them first. A call to the site will be made to inquire as to whether the slot is available and the site will be removed 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”, aka, “yellow sheet” (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 site agrees to accept the student, the student is placed there, if the site cannot accept the student, the student is informed and must choose a different site. If the DCE/ACCE has not heard back from the site when the student’s lottery number is up, the student will be skipped until an answer is received.

Every student is required to submit his/her “Clinical Education Placement Request” , aka “Pink Sheet” (see appendix) form, which notes his/her choices to the DCE on the date assigned. There are absolutely no exceptions. 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 appropriate 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 prior 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. This is an opportunity for the student to introduce him/herself and to ask questions. Information needed may include, for example, the dress code, working hours, parking, directions and the name of the CI. 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. Clinical sites have the authority to terminate a student's experience if the student is not following procedures or is not learning at an acceptable rate. 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 mail boxes and posted to their e-mail addresses.
- Any and all personal transportation necessary for clinical education experiences.
- Housing during clinical education experiences.
- 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 clothing as specified by the site. Hair must be well groomed, of a normal color and must not interfere with patient care. Piercings must be confined to the ears. No artificial finger nails or open-toed shoes are allowed in clinical practice.
- Maintaining current certification in Heartsaver CPR with AED 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 and by their assigned clinical site, in a timely manner.
- Maintaining internet communication with the DCE throughout all full time practicum courses
- During all full time clinicals, students must provide a one hour in-service 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 their campus/local 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 valid driver's license.

OSHA Training

The Physical Therapy Program, in cooperation with the Department of Environmental Health and Safety, will provide mandatory annual OSHA Blood Borne Pathogen Standards 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 Heartsaver CPR with AED 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 during the first summer semester to the Clinical Compliance Coordinator of the program. Continuing students must submit a copy of re-certifications in advance of their expiration dates. On-line courses will not be accepted.

Any student whose 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; 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 Clinical Compliance Coordinator will assist students in getting these done and will maintain the reports. The reports or letters of attestation may be sent to a student's clinical site on request.

The Clinical Compliance Coordinator maintains the COBI reports 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. 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.

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 rubella, measles, mumps and varicella and have received an up to date inoculation for tetanus. Students are also required to obtain a Hepatitis B series of inoculations unless exempted for medical reasons (see more information below)

Every student's health record is maintained by both Student Health Services and the Clinical Compliance Coordinator. 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 part-time 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 Measles, Mumps, Rubella, Varicella and Hepatitis B.

A PPD test for tuberculosis 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. It is possible to use a Quantiferon blood test instead of a ppd. Some clinical sites require additional PPD reading to be done at specified times. Students are responsible for reviewing the clinic file, working with the Clinical Compliance Coordinator and complying with the clinic's timetable.

The Hepatitis B series (if not done during adolescence) must be completed by the end of the fall 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 or religious 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 Clinical Compliance Coordinator will remind students of required health policies prior to clinical experiences. Students must complete all the necessary health data forms in a timely fashion. Failure to do so will result in delay of the experience. 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, including CORI checks, CPR certification, first aid and required health insurance.

Students should review the Program's Student Manual of Policies and Procedures for further information regarding health policies.

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 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 Clinical Compliance Coordinator:

- 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
- Any and all site-specific paperwork

The Clinical Compliance Coordinator will describe requirements and compliance procedures to students during their initial orientation upon entry into the program. Students are asked to sign and submit the Release and Authorization for Use or Disclosure of Protected Health Information, 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 right person at the right time. Timely means, for example, that CPR and First Aid certification cards must be provided before the previous one expires.

The Clinical Compliance Coordinator will send notifications to students regarding the scheduling of annual OSHA training and PPD tests as well as periodic CPR training classes. Students are required to submit an OSHA attendance form after every training session. After every PPD test, each student must submit their updated health history and immunization record. 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.

Students who do not follow compliance procedures risk delay or cancellation of their practicum experience.

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 Clinical Compliance Coordinator 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, a packet of information about the student and the program will be sent electronically or mailed 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 Clinical Compliance Coordinator and clinical site.

The following will be included in the packet sent 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 Letter of Attestation
- Evidence of drug testing if requested by the placement site
- Signed OSHA training form
- signed HIPPA training form

Release of Student Information to Clinical Sites

All students are required to complete a Release and Authorization for Use or Disclosure of Protected Health Information Form (see appendix) which indicates that the student is authorizing the Clinical Compliance Coordinator to disclose their private health, immunological, criminal background, drug screen and any other information to any and all necessary clinical facilities that the student will be involved with, including Student Health Services. The Form is submitted once prior to the start of the third full week of classes in the first semester of the PT program.

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 (with signed 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 student's personal information.

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 as a physical therapist. It is essential that students demonstrate appropriate professional behaviors throughout their time in the program, both in academic courses and during all clinical courses.

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. Failure in this area is the most common reason for an unsuccessful clinical experience.

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. 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)
- make photocopies of any patient records
- use patient information for any purpose other than patient management
- take pictures of patients without written permission from the patient and from the clinical site.
- review records of patients they are not treating

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

All clinical site regulations governing this must be followed. 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, their understanding of the information, and their agreement to comply. 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 or disclose any business-related 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. It is not uncommon for students to work more than 40 hrs/wk. 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 assigned work must be completed prior to the end of the course.

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. The student is responsible for requesting any required schedule change through contact with their clinical instructor and the DCE. Vacations during practicum courses are not allowed for any reason.

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. 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 may be 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. Students who hope to attend an APTA or other conference, should seek permission from their CCCE and CI prior to registration for the event in case attendance is not allowed by the site.

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. If more than 2 days of inclement weather forces an absence, the student will have to make up the additional missed days.

Closure of the University or University holidays does 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 which occur at practicum sites are extremely rare. If any injury (such as direct contamination by infectious substances) occurs, the student must call the DCE as soon as it is practicable. The DCE will forward the program's Incident Report which must be completed by both the student and the CI and faxed to the DCE. The DCE maintains the form in a file in his office.

Clinical sites all offer either first aid or complete medical care. The costs of these services is the responsibility of the student.

Decisions regarding any necessary time off are made by the DCE, CI, CCCE, student and the student's health care provider. 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 events 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 contact 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 and alcohol abuse and criminal offenses 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 from the clinic and a U grade assigned for the course. If a student is arrested for a felony offence, or any drug or alcohol related offence, during a practicum course they will be suspended from all clinical activities. Reinstatement requires mutual agreement of the clinical site and program administration. An I grade may be assigned pending the outcome of legal proceedings. A grade of U will be assigned if a student is convicted of a felony of drug related charge. A grade of U may be assigned if students are suspended due to an alcohol related arrest at the discretion of the DCE. The program maintains the right to require random drug / alcohol screens where illegal drug use or alcohol use is suspected. The drug screens will be completed at the student's expense.

Students shown to have used illegal drugs or abused alcohol will be referred to the Doctor of Physical Therapy Program Academic Advisory Committee who will determine whether a recommendation for dismissal will be forwarded to the Graduate School, and the student will be encouraged to participate in counseling services for treatment of the problem.

Student employment

It is recommended that students avoid any employment commitments while participating in full time clinical experiences. This is due to the significant time and energy commitment required during clinical practica. No time away from normal work hours at the clinical site is allowed for employment.

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 in-service presentations

All students are required to present at least one inservice/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.

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 through this conversation, both the student and the CI should contact the Clinical Compliance Coordinator and the DCE as soon as possible. The Clinical Compliance Coordinator 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 cannot be resolved, 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 HuskyCT 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.

Site visits

Nearly all students are visited during each clinical rotation. A site visit by the DCE/ACCE 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 two years. Typically, site visits will also be arranged whenever the DCE/ACCE will be in the area visiting another site.

The purpose of a site visit may be:

- assessment of clinical instruction
- observation of practices within the clinic
- ensuring that the clinical instructor has adequate knowledge of UConn's curriculum
- ensuring that the clinical instructor is aware of the program's expectations for student performance
- determining whether a clinical site is appropriate for future students
- assessment of student performance
- creating a plan to maximize the student's opportunities for success

Monitoring performance during clinical practica

- Students, CI's and CCCE's are encouraged to contact the DCE/ACCE 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/ACCE. 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/ACCE, he/she should do so via phone or email.
- Short evaluation forms (see appendix) are emailed to every 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/ACCE. The DCE/ACCE 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/ACCE for help.
- During site visits, the DCE/ACCE 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/ACCE as soon as the problem is identified. The DCE will discuss the problem with the student in a timely manner and offer strategies for improving performance. The DCE/ACCE 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/ACCE and disseminated to the student and others as appropriate. Generally, the DCE/ACCE 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 observed, 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 review 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 sent 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 must take the CPI training course and pass the test in its use before their first rotation.

The Clinical Instructor (CI) will evaluate the student and provide frequent, 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/ACCE 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/ACCE 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 practicum courses. 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. In this case, graduation will be deferred until the course has been repeated. If a grade of unsatisfactory is awarded for two practica, the student will be dismissed from the program.

Withdrawal from a clinical education practicum

Voluntarily withdrawal by the student from a clinical practicum course 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, 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 (I). After a withdrawal, the student will be allowed to repeat the course.

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 different site. The new site must offer the same area of practice (acute care, outpatient orthopedics or rehab.) as the original site. The curricular sequence of courses mandates that the student will continue in the curriculum during the summer after normal graduation.

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. In the case of involuntary withdrawal, a grade of "U", Unsatisfactory, will be awarded for the course and it will have to be repeated. 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. The curricular sequence of courses mandates that the student will continue in the curriculum during the summer after normal graduation.

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/or 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 their 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 form is filed in the clinic's file and is available for review by future students. The DCE summarizes student assessment of their preparation and reports it to the faculty.

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. This sequence ensures that CPI scores have nothing to do with the student evaluation of the CI. 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 instructor or site as an option for clinical practicum courses.

Student evaluation of the DCE

After completion of each practicum course, students are given an evaluation tool (see appendix) for the DCE in electronic format. Students complete the form and send it to the Clinical Compliance Coordinator who summarizes them for each course. The DCE/ACCE do not see individual student responses. Summary information is given to the DCE/ACCE and included in his/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" and presented to the faculty:

- 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

DOCTOR IN PHYSICAL THERAPY

COURSE SYLLABUS

Course Title and Number: PT 5469 Integrated Acute Care Practicum

Description: This course provides students with clinical experience at hospitals and sub acute health care facilities. Students will observe and will assist as appropriate with patient care under the supervision and direction of a licensed physical therapist. The course allows students to integrate and apply the didactic component of the curriculum in an acute or sub acute environment. It is designed to foster the student's appreciation for the multidisciplinary nature of hospital care.

Department Offering Course: Kinesiology: Program in Physical Therapy

Year and Term: First Year, Third Term

Credit Hours: 1.0

Instructors: Staff

Clock Hours: Tuesday 8:30-10:30 or Thursday 8:30-10:30

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

Course Objectives:

By the end of the course, the physical therapy student will:

1. Display professional behaviors consistent with those identified by the Physical Therapy Program, the University of Connecticut, and the American Physical Therapy Association.
2. Analyze the role of the physical therapist with consideration of other relevant team members in the acute care setting.
3. Demonstrate basic skills needed for management of a non-complex patient (e.g. systems review, examination, intervention, communication and documentation).
4. Perform all items on clinical performance checklist (e.g. positioning, transfers, mobility training, transport, and management of equipment).
5. Evaluate the evidence for examination procedures used to diagnose and evaluate patients in the acute care setting.
6. Practice in a safe manner that minimizes the risk of patients, self and others.
7. Assess patient response to care.

8. Comply with all policies and procedures defined in Clinical Education Policies and Procedure Student Manual including but not limited to health policies, professional behavior and patient and facility rights.

Teaching Methods: **Observation and practice under the direction/supervision of a physical therapist.**

Learning Experiences: **Students will observe and participate when appropriate in the examination and treatment of patients with a variety of acute care disorders at designated health care facilities. Students will be provided with the opportunity to observe and participate as appropriate in various aspects of acute health care, primarily physical therapy examination and intervention, with particular attention to safe patient care and mobility in the acute care setting.**

Method of Content Evaluation and Grading:

Grading criteria: **Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) by the Course Coordinator. A student must complete the following requirements in order to receive a (S) Satisfactory grade in this course:**

1. **Completion of hours and successfully complete all activities on the clinical performance checklist:**
 - **Documentation of required observations/activities verified by supervising clinicians must be submitted to the Course Coordinator at the end of each 4 week rotation.**
2. **Participation in weekly email discussion with classmates and Course Coordinator: Specific required assignments emailed to the Course Coordinator will include evidence of the ability to document a patient care session in a "SOAP" note format with *absolute and total HIPPA compliance* and a discussion of evidence for examination procedures used to diagnose and evaluate patients in the acute care setting.**

The instructor should be notified of impending absence. Extended absences must be approved by the Program Director. The University's policies as outlined in the *Academic Integrity in Graduate Education and Research* (<http://catalog.grad.uconn.edu/academicintegrity.html>) will be enforced.

PHYSICAL THERAPY PROGRAM

COURSE SYLLABUS

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: DCE

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.

Students must achieve a score of "entry level" on all CPI criteria.

CPI criteria **not** used in grading for this course = clinical reasoning, diagnosis and prognosis, outcomes assessment and direction and supervision of personnel

DOCTOR OF PHYSICAL THERAPY PROGRAM

Course # and Title: PT 5462: Internal Integrated Musculoskeletal Clinical Practicum I
– (1 Credits)

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:

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

3. Provide rationale for the selection of physical agents and therapeutic exercise in clinical practice.
4. Instruct patients with musculoskeletal/neurological dysfunction in the use of therapeutic exercise in a manner which meets professional standards.
5. Apply physical agents to patients with musculoskeletal/neurological dysfunction in a manner which meets professional standards.
6. Document legibly and accurately the administration of therapeutic exercise and physical agents, including all parameters, in a patient's medical record.
7. Assess patient tolerance to exercise and physical agents.
8. Identify patient compensations to therapeutic exercise.
9. 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:

3. Completion of hours:
 - a. Rubrics (Therapeutic Exercise, Modalities, Documentation/Communication) graded at end of each 3 week rotation. [60% of Grade]
4. SOAP documentation emailed to director. [15% of Grade]
5. 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:

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	D+=67-69.9	D=63-66.9	D-=60-62.9

F=<60

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:

Therapeutic Modalities For Musculoskeletal Injuries. Denegar CR, Saliba E, Saliba S.. Champaign, IL. Human Kinetics. 2006.

Resistance training Instruction. Aaberg E, Champaign, IL. Human Kinetics. 2007.

Summary Matrix, Hours and Contact Information:

<u>Instructor</u>	<u>Content</u>	<u>Observation Hours</u>
Clinical Observation	Observational	24

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.)

**PHYSICAL THERAPY PROGRAM
COURSE SYLLABUS**

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: DCE

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 10-12 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/in-service 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.

Students are expected to achieve a score of "entry level" for every CPI criteria.

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.

PHYSICAL THERAPY PROGRAM

COURSE SYLLABUS

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: *DCE*

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 10-12 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/in-service 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.

Students are expected to achieve a score of "entry level" for every CPI criteria.

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.

**STUDENT READINES FOR CLINICAL EDUCATION
FACULTY EVALUATION**

STUDENT _____ **DATE** _____

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.

Agree /Disagree

1. The student demonstrates professional and ethical behavior _____

Representative behaviors:

- Takes 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 (eg 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 (eg 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 arguments 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:

DOCTOR IN PHYSICAL THERAPY PROGRAM
AFFILIATION CALL REQUEST
(a.k.a.: the Yellow Sheet)

NAME _____ DATE _____

Instructions for this form:

- **CAREFULLY REVIEW THE INFO IN THE SITE'S FILE FIRST!!!**
- *Can be used for first choices ONLY*
- *If the site agrees to place you, you WILL be going there—NO TAKE BACKS*

Facility name (*As it appears on the contract list*):

Address, Phone, Website:

Contact Name (if available), Phone & Email:

Rotation # -- Check One:

- #1 (July-Sept 10 weeks) #2 (Oct-Dec 11 weeks) #3 (Jan-April 12 weeks)

Characteristics which would make you more attractive to this facility (i.e., you are an ATC, have been an aide, are from that city or wish to move there, etc.):

Do not write in the space below

DOCTOR IN PHYSICAL THERAPY PROGRAM
CLINICAL PLACEMENT REQUEST FORM
(a.k.a.: the Pink Sheet)

NAME _____ Lottery # _____

Local Address:

Home Address (if different):

Cell Phone:

Best Email:

For 2nd & 3rd Rotations

Site of 1st Clinical (July-Sept): _____

Site of 2nd Clinical (Oct-Dec): _____

List ALL viable choices for your clinical practicum site, in descending order. Be sure that the site has offered us a slot. The later your number, the more choices you should provide (*up to 8*).

1) _____ 5) _____

2) _____ 6) _____

3) _____ 7) _____

4) _____ 8) _____

Do not write in the space below



PHYSICAL THERAPY PROGRAM
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.

Student's Name:

(print clearly)

Signature:

PeopleSoft ID#:

Date:

PLEASE return this form to the attention of

Rachel Chasse-Terebo
Koons Room 111A
Physical Therapy Program
358 Mansfield Road, Unit 2101
Storrs, CT 06269-2101

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HEALTH AND NATURAL
RESOURCES

PHYSICAL THERAPY PROGRAM
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.

Student's Name:

(print clearly)

Signature:

PeopleSoft ID#

_____ Date: _____

Permanent Address:

PLEASE return this form to the attention of
Rachel Chasse-Terebo
Koons Room 111A
Physical Therapy Program
358 Mansfield Road, Unit 2101
Storrs, CT 06269-2101

Release and Authorization for Use or Disclosure of Protected Health Information

Student Name _____

Date of Birth _____

PeopleSoft ID # _____

I hereby authorize the **University of Connecticut Doctor of Physical Therapy Program** to use or release my medical information and to disclose a copy of the specific health information identified below to any agency requiring said information for students to have learning experiences in their facilities.

As per my request, the purpose of this disclosure is for documentation of my health in order for me to participate in educational experiences conducted by the University of Connecticut. By signing below, I specifically authorize the use or disclosure of the following health information:

- ✓ Immunization reports, titers or documentation of disease incidence for measles, mumps, rubella, varicella, tetanus-diphtheria(within 10 years) and hepatitis B;
- ✓ Meningococcal vaccine and flu vaccine;
- ✓ Physical examination including urinalysis and blood work for Hemoglobin and Hematocrit
- ✓ Tuberculosis blood tests or TB skin tests;
- ✓ Influenza, if applicable.

The following items must be initialed to be included in this request for use or disclosure:

- | | |
|--|--|
| <input type="checkbox"/> HIV/AIDS related information | <input type="checkbox"/> Drug & Alcohol treatment information |
| <input type="checkbox"/> Mental health information | <input checked="" type="checkbox"/> Background Check information |
| <input checked="" type="checkbox"/> Drug screening information | <input checked="" type="checkbox"/> Fingerprinting information |

I understand that disclosure of this information carries with it the potential for unauthorized re-disclosure, and once information is disclosed it may no longer be protected by federal or state privacy regulations. I hereby expressly release, discharge and hold harmless the University of Connecticut and the State of Connecticut, and any employees, officials and successors of these entities, from any and all claims or liabilities which I may have or assert have arisen from the release or disclosure of my medical information. I expressly intend that this release binds me, if I am alive, and my estate, family, heirs, administrators, personal representatives or assigns, if I am deceased. I expressly acknowledge that this release is a covenant not to sue the University of Connecticut or the State of Connecticut, or their officials or employees or their successors.

I understand that I may revoke this authorization at any time, provided that I do so in writing, except to the extent that action has already been taken upon this authorization. This release and authorization remains valid unless revoked in writing.

This release is valid for the entire time that I am pursuing a DPT degree at the University of Connecticut.

Signature of Student

Print Name

Date Signed

Letter sent to clinical site before student arrival
DOCTOR IN PHYSICAL THERAPY PROGRAM

To: CCCE name
Address
City, state

From: DCE
Physical Therapy Program
358 Mansfield Road, Unit 1101
Storrs, Connecticut 06269-1101
Phone: (860) 486-0020
E-mail: denise.ward@uconn.edu
Fax: (860) 486-1588

Dear CCCE:

Enclosed are the materials your clinical instructor **CI NAME** will need for the upcoming outpatient orthopedic clinical practicum from **DATES** for **STUDENT NAME** in your **LOCATION** clinic.

In this packet you will find the following:

1. Instructions for the online Clinical Performance Instrument for CIs
2. Student requirements for in-service/case presentation (*blue*)*
3. Weekly planning forms (*yellow*)*
4. Course description for the Musculoskeletal Practicum

**Please mail the blue and yellow forms back at the end of the student's affiliation in the envelope provided.*

On **DATE** I emailed you **STUDENT's**:

- Student Data Form
- Health records, including immunizations
- Criminal Background Letter of Attestation from YEAR
- Evidence of current CPR training and health insurance coverage
- Proof of instruction in OSHA (Blood-borne Pathogens) and HIPAA
- Medicare Exclusion and Personal Property Waivers

As well as our:

- 2014 UConn Certificate of Liability Insurance
- DPT Program Guiding Principles, Policies and Procedures

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

Rachel C. Chassé-Terebo
860.486.1854 or rachel.chasse@uconn.edu

**As always, we
support of UConn's**



**appreciate your
DPT Program**

PHYSICAL THERAPY PROGRAM INSERVICE/CASE PRESENTATION

All students are required to complete and present an oral in-service 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.

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RESOURCES

PHYSICAL THERAPY PROGRAM

INSERVICE EVALUATION FORM

STUDENT _____ DATE _____

TOPIC _____

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



**PHYSICAL THERAPY PROGRAM
WEEKLY PLANNING FORM**

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 DCE 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:** _____



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:

**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 Clinical Compliance Coordinator at (860)486-1588. Please describe what you observed (e.g. patient fell), what the student did wrong (e.g. did not use a gait belt) and the consequences if the behavior continues (e.g. if it happens again, ACLINICAL COMPLIANCE COORDINATOR 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 Students

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 A Clinical Compliance Coordinator using 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

ptcpiwebsupport@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 ptcpiwebsupport@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!!

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

DPT PROGRAM Student Evaluation of the DCE/ACCE

Directions: The purpose of this evaluation is to assist the DCE/ACCE in the assessment of his/her performance and to improve the clinical education program. Please rate performance 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 Rachel Chasse-Terebo who will summarize the information for review by the DCE/ACCE and the Director. The DCE/ACCE will *NOT SEE* individual evaluation forms.

N **1** **2** **3** **4** **5**
does Not **Strongly** **Disagree** **Neutral** **Agree** **Strongly**
Apply **disagree**

Part I: Planning for your practicum

Please check to whom your comments relate: Sue Glenney DCE

Information about available clinical sites was disseminated in an effective and timely manner.	N	1	2	3	4	5
Adequate information (file and verbal) about clinical sites allowed me to make informed selections.	N	1	2	3	4	5
I was provided with an opportunity for individual counseling prior to making my selection.	N	1	2	3	4	5
The DCE/ACCE was approachable and supportive throughout the clinical placement process	N	1	2	3	4	5

Part II: Preparation for your practicum

Please check to whom your comments relate: Sue Glenney Denise Ward

I was given adequate orientation to the policies and procedures related to clinical education	N	1	2	3	4	5
Expectations for my clinical performance were made clear.	N	1	2	3	4	5
The DCE/ACCE provided me with adequate means to contact her during my clinical experience.	N	1	2	3	4	5

Part III: Interactions during your practicum

Please check to whom your comments relate: Sue Glenney DCE

I was contacted as often as was needed .	N	1	2	3	4	5
I was encouraged to share any issues or concerns I had during this clinical experience.	N	1	2	3	4	5
Help was provided to address any concerns I had during this clinical experience.	N	1	2	3	4	5
Appropriate attempts were made to facilitate the resolution of any conflicts which were encountered during this clinical experience.	N	1	2	3	4	5
Help was provided in a timely manner.						
Problems with my site/CI were managed effectively						

During my clinical Sue Glenney DCE

Made a: site visit phone call neither

YOUR COMMENTS ARE APPRECIATED!!!

(please feel free to use the back of this page)

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 _____
Please print

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)

	Facility	Full time/Part time?	Length of Experience	Type of Experience (eg. OP ortho, acute)

Housing Information

I would: like to take advantage of the housing you offer
 like to review any housing information you may have available

I have housing available at
 I have a car I will rely on public transportation

II. LEARNING STYLE PROFILE

A. Please comment on how you prefer to learn.

B. Please comment on the amount and type of feedback you prefer while learning in a clinical setting.

III. STUDENT SELF-ASSESSMENT

Overview: The 18 items of the *Clinical Performance Instrument (CPI)* are grouped into two main categories of **Professional Practice** and **Patient Management**. The left hand column lists the subcategories in each and provides sample behaviors to consider when assessing your performance.

Directions:

1. In the second column, using the following key, indicate your level of exposure in each of the subcategories:

For first full-time experiences use the following choices:

- 4 = integrated clinic, classroom and lab
- 3 = integrated (or part-time) clinic only
- 2 = classroom and lab
- 1 = classroom only
- 0 = no exposure

For subsequent experiences add the following options:

- 6 = full time clinic, classroom and lab
- 5 = full time clinic only

2. Complete the third column **ONLY** if you have completed at least one full-time clinical experience. For your second clinical experience through your final clinical experience, *using the anchor definitions described below and considering the performance dimensions provided*, indicate your level of performance for each of the items listed by placing a vertical mark (|) on the rating scale. Note: You must meet **ALL** of the conditions of the anchor to place a mark directly on the anchor.
3. In the last column, using the anchor definitions and performance dimensions as a framework, provide a general statement of your performance for the entire category of items listed.

NOTE: Steps 1 and 2 provide a visual representation of your perceived level of performance. Step 3 provides a general overview of your exposure and competence in narrative form, and complements the information previously given to insure a well-rounded picture of your capabilities.

Anchor Definitions: (As read from left to right on the rating scale)



Beginning performance (bp):

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

Advanced beginner performance (abp):

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

Intermediate performance (ip):

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

Advance intermediate performance (aip):

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

Entry-level performance (ep):

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

Beyond entry-level performance (bep):

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

Performance Dimensions:

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

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

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

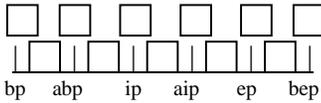
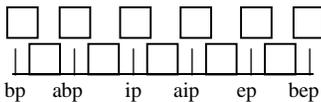
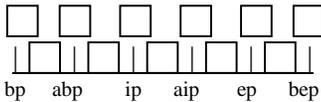
Complexity of tasks/environment = Multiple requirements of the patient or environment (eg, simple, complex). The complexity of the environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses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

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

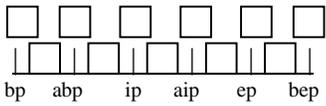
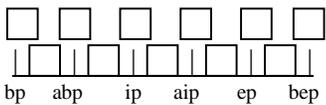
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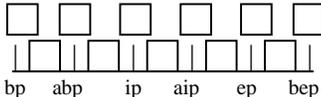
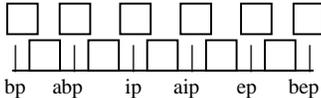
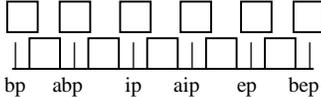
Professional Practice

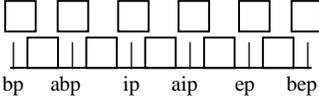
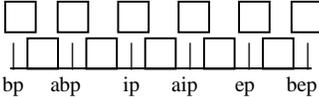
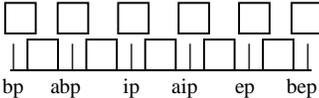
Performance Item	Exposure	Competence	Narrative Comments
<p>1. SAFETY: Practices in a safe manner that minimizes risk to patient’s self, and others (Establishes and maintains safe working environment; recognizes physiological and psychological changes in patients and adjusts patient intervention accordingly; demonstrates awareness of contraindications and precautions of patient intervention; ensures the safety of self, patient and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations, etc.); requests assistance when necessary; uses acceptable techniques for safe handling of patients (eg, body mechanics, guarding, level of assistance etc.); demonstrates knowledge of facility safety policies and procedures.</p>	5 6 4 3 2 1 0 _____		
<p>2. PROFESSIONAL BEHAVIOR: Demonstrates professional behavior in all situations (Demonstrates initiative (eg, arrives well prepared, offers assistance, seeks learning opportunities; is punctual and dependable; wears attire consistent with expectations of the practice setting; demonstrates integrity in all interactions; exhibits caring compassion, and empathy in providing services to patients; maintains productive working relationships with patients, families, CI and others; demonstrates behaviors that contribute to a positive work environment; accepts feedback without defensiveness; manages conflict in constructive ways; maintains patient privacy and modesty (eg, draping, confidentiality); values the dignity of patients as individuals; seeks feedback from clinical instructor related to clinical performance; provides effective feedback to CI related to clinical/teaching mentoring.</p>	5 6 4 3 2 1 0 _____		
<p>3. ACCOUNTABILITY: Practices in a manner consistent with established legal and professional standards and ethical guidelines. (Places patient’s needs above self interests; identifies, acknowledges, and accepts responsibility for actions and reports efforts; takes steps to remedy errors in a timely manner; abides by policies and procedures o the practice setting (eg, OSHA, HIPAA, PIPEDA [Canada] etc.); maintains patient confidentiality; adheres to legal practice standards including all federal, state/province, and institutional regulations related to patient care and fiscal management; identifies ethical or legal concerns and initiates action to address the concerns; displays generosity as evidenced in the use of time and effort to meet patient needs; recognize the need for physical therapy services to underserved and underrepresented populations; strive to provide patient/client services that go beyond expected standards of practice.</p>	5 6 4 3 2 1 0 _____		

<p>4. COMMUNICATION: Communicates in ways that are congruent with situational needs. (Communicates, verbally and nonverbally, in a professional and timely manner; initiates communication in difficult situations; selects the most appropriate person(s) with whom to communicate; communicates respect for the roles and contributions of all participants in patient care; listens actively and attentively to understand what is being communicated by others; demonstrates professionally and technically correct written and verbal communication without jargon; communicates using nonverbal messages that are consistent with intended message; engages in ongoing dialogue with professional peers or team members; interprets and responds to the nonverbal communication of others; evaluates effectiveness of his/her own communication and modifies communication accordingly; seeks and responds to feedback from multiple sources in providing patient care; adjusts style of communication based on target audience; communicates with the patient using language the patient can understand (eg, translator, sign language, level of education, cognitive impairment, etc.).</p>	<p style="text-align: center;">5 6 4 3 2 1 0 _____</p>		
<p>5. CULTURAL COMPETENCE: Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. (Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services; communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status; provides care in a nonjudgmental manner when the patients' beliefs and values conflict with the individual's belief system; discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures; values the socio-cultural, psychological, and economic influences on patients and clients and responds accordingly; is aware of and suspends own social and cultural biases).</p>	<p style="text-align: center;">5 6 4 3 2 1 0 _____</p>		
<p>6. PROFESSIONAL DEVELOPMENT: Participates in self-assessment to improve clinical and professional performance: (Identifies strengths and limitations in clinical performance; seeks guidance as necessary to address limitations; uses self-evaluation ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice and professional development; acknowledges and accepts responsibility for and consequences of his or her actions; establishes realistic short and long-term goals in a plan for professional development; seeks out additional learning experiences to enhance clinical and professional performance; discusses progress of clinical and professional growth; accepts responsibility for continuous professional learning; discusses professional issues related to physical therapy practice; participated in professional activities beyond the practice environment; provides to and receives feedback from peers regarding performance, behaviors, and goals; provides current knowledge and theory (In-service, case presentation, journal club, projects, systematic data collection, etc.) to achieve optimal patient care.</p>	<p style="text-align: center;">5 6 4 3 2 1 0 _____</p>		

Patient Management

<i>Performance Item</i>	<i>Exposure</i>	<i>Competence</i>	<i>Narrative Comments</i>
<p>7. CLINICAL REASONING: Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management. (Presents a logical rationale (cogent and concise arguments) for clinical decisions; makes clinical decisions within the context of ethical practice; utilizes information from multiple data sources to make clinical decisions (eg, patient and caregivers, health care professionals, hooked on evidence, databases, medical records); seeks disconfirming evidence in the process of making clinical decisions; recognizes when plan of care and interventions are ineffective, identifies areas needing modification, and implements changes accordingly; critically evaluates published articles relevant to physical therapy and applies them to clinical practice; demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict; selects interventions based on the best available evidence, clinical expertise, and patient preferences; assesses patient response to interventions using credible measures; integrates patient needs and values in making decisions in developing the plan of care; clinical decisions focus on the whole person rather than the disease; recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.</p>	5 6 4 3 2 1 0 _____		
<p>8. SCREENING: Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional. (Utilizes tests and measures sensitive to indications for physical therapy intervention; advises practitioner about indications for intervention; reviews medical history from patients and other sources (eg, medical records, family, others health care staff; performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies; selects the appropriate screening tests and measurements; conducts tests and measurements appropriately; interprets tests and measurements accurately; analyzes and interprets the results and determines whether there is a need for further examination or referral to other services; chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary; conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.)</p>	5 6 4 3 2 1 0 _____		

<p>9. EXAMINATION: Performs a physical therapy patient examination using evidence-based tests and measures. (Obtains a history from patients and other sources as part of the examination; utilizes information from history and other data (eg, laboratory, diagnostic and pharmacological information) to formulate initial hypothesis and prioritize selection of tests and measures; performs systems review; selects evidence-based tests and measures that are relevant to the history, chief complaint and screening; conducts tests and measures accurately and proficiently; sequences tests and measures in a logical manner to optimize efficiency; adjusts tests and measures according to patient's response; performs regular reexaminations of patient status; performs an examination using evidence-based tests and measures.).</p> <p>NOTE: See appendix for list of tests and measures and items to consider during history taking (from the CPI and the Guide to Clinical Practice).</p>	<p>5 6 4 3 2 1 0 _____</p>		
<p>10. EVALUATION: Evaluates data from the patient examination (history, systems review, and tests and measurements) to make clinical judgments. (Synthesizes examination data and identifies pertinent impairments, functional limitations and quality of life [WHO – ICF Model for Canada]; makes clinical judgments based on data from examination (history, system review, tests and measurements; reaches clinical decisions efficiently; cites the evidence to support a clinical decision).</p>	<p>5 6 4 3 2 1 0 _____</p>		
<p>11. DIAGNOSIS AND PROGNOSIS: Determines a diagnosis and prognosis that guides future patient management. (Establishes a diagnosis for physical therapy intervention and list for differential diagnosis; determines a diagnosis that is congruent with pathology, impairment, functional limitation and disability; integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status; estimates the contribution of factors (eg, preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions; utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc) that help predict patient outcomes).</p>	<p>5 6 4 3 2 1 0 _____</p>		

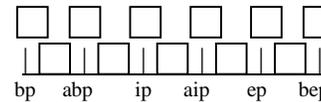
<p>12. PLAN OF CARE: Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. (Establishes goals and desired functional outcomes that specify expected time durations; establishes a physical therapy plan of care in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services; establishes a plan of care consistent with the examination and evaluation; selects interventions based on the best available evidence and patient preferences; follows established guidelines (eg, best practice, clinical pathways, and protocol) when designing the plan of care; progresses and modifies plan of care and discharge planning based on patient responses; identifies the resources needed to achieve the goals included in the patient care; implements, monitors, adjusts, and periodically re-evaluates a plan of care and discharge planning; discusses the risks and benefits of the use of alternative interventions with the patient; identifies patients who would benefit from further follow-up; advocates for the patients' access to services).</p>	<p>5 6 4 3 2 1 0 _____</p>		
<p>13. PROCEDURAL INTERVENTIONS: Performs physical therapy interventions in a competent manner. (**Performs interventions safely, effectively, efficiently, fluidly and in a coordinated and technically competent manner; performs interventions consistent with the plan of care; utilizes alternative strategies to accomplish functional goals; follows established guidelines when implementing an existing plan of care; provides rationale for intervention selected for patients presenting with various diagnoses; adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions etc.; assesses patient response to interventions and adjusts accordingly; discusses strategies for caregivers to minimize risk of injury and to enhance function; considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems; incorporates the concept of self-efficacy in wellness and health promotion). **Note: See Appendix for list of interventions(from the CPI and Guide to Clinical Practice).</p>	<p>5 6 4 3 2 1 0 _____</p>		
<p>14. EDUCATIONAL INTERVENTIONS: Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods. (Identifies and establishes priorities for educational needs in collaboration with the learner; identifies patient learning style (eg, demonstration, verbal, written); identifies barriers to learning (eg, literacy, language, cognition); modifies interaction based on patient learning style; instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community; ensures understanding and effectiveness of</p>	<p>5 6 4 3 2 1 0 _____</p>		

recommended ongoing program; tailors interventions with consideration for patient family situation and resources; provides patients with the necessary 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).

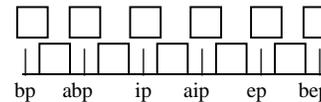
5 6
4 3 2 1 0

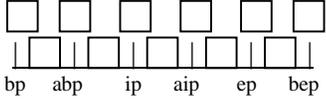
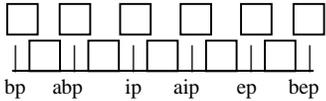


16. OUTCOMES ASSESSMENT: Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual and group outcomes.

(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



<p>17. FINANCIAL RESOURCES: Participates in the financial management *budgeting, billing, and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines. (Schedules patients, equipment and space;. coordinates physical therapy with other services to facilitate efficient and effective patient care; sets priorities for the use of resources to maximize patient and facility outcomes; uses time effectively; adheres to or accommodawt4s unexpected changes in the patient's schedule and facility's requirements; provides recommendations for equipment and supply needs; submits billing charges on time; adheres to reimbursement guidelines established by regulatory agencies, payers, and the family; requests and obtains authorization for clinically necessary reimbursable visits; utilizes accurate documentation, coding, and billing to support request for reimbursement; negotiates with reimbursement entities for changes in individual patient services; utilizes the facility's information technology effectively; functions within the organizational structure of the practice setting; implements risk-management strategies (ie, prevention of injury, infection control, etc.); markets services to customers (eg, physicians, corporate clients, general public; promotes the profession of physical therapy; participates in special events organized in the practice setting related to patients and care delivery; develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).</p>	<p>5 6 4 3 2 1 0 —</p>		
<p>18. DIRECTION AND SUPERVISION OF PERSONNEL: Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. (Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies; applies time-management principles to supervision and direct patient care; informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (eg, secretary, volunteers, PT Aides, PTAs); determines the amount of instruction necessary for personnel to perform directed tasks; provides instruction to personnel in the performance of directed tasks; supervises those physical therapy services directed to PTAs and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies; monitors the outcomes of patients receiving physical therapy services delivered by other support personnel; demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel; demonstrates respect for the contributions of other support personnel; directs documentation to PTAs that is based on the plan of care that is within the PTAs ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics and facility policies; reviews, in conjunction with the clinical instructor, the PTA documentation for clarity and accuracy.</p>	<p>5 6 4 3 2 1 0 —</p>		

Student Name: _____

College or University_____

Clinical Experience: I, II, III, IV, V _____

Clinical Education Site _____

Length of Experience: _____

Type of Experience(eg, acute, ortho, rehab)_____

Goals for the Experience:

1.

2.

3.

4.

5.

Areas of Strength	Areas to Strengthen

Student Signature: _____ **Date completed** _____

Tests and Measures

- a. aerobic capacity
- b. anthropomorphic characteristics
- c. arousal, mentation, and cognition
- d. assistive and adaptive devices
- e. community and work reintegration
- f. cranial nerve integrity
- g. environmental, home and work barriers
- h. ergonomics and body mechanics
- i. gait, assisted locomotion and balance
- j. integumentary integrity
- k. joint integrity and mobility
- l. motor function
- m. muscle performance (strength, power, endurance)
- n. neuromotor development and sensory integration
- o. orthotic, protective and supportive devices
- p. pain
- q. posture
- r. prosthetic requirements
- s. range of motion
- t. reflex integrity
- u. self-care and home management (includes ADL's, IADL's)
- v. sensory integration (including kinesthesia and proprioception)
- w. ventilation, respiration and circulation

Interventions

- a. airway clearance techniques
- b. debridement and wound care
- c. electrotherapeutic modalities
- d. functional training in community and work reintegration (including IADL's, work hardening and work conditioning)
- e. functional training in self-care and home management (including ADL's and IADL's)
- f. manual therapy techniques
- g. patient-related instruction
- h. physical agents and mechanical modalities
- i. prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment
- j. therapeutic exercise (including aerobic conditioning)

Preferred Practice Patterns: Cardiopulmonary

- a. Primary Prevention/risk factor reduction for Cardiopulmonary disorders
- b. Impaired aerobic capacity and endurance secondary to Deconditioning associated with Systemic disorders
- c. Impaired ventilation, respiration (gas exchange), and aerobic capacity associated with airway clearance dysfunction
- d. Impaired aerobic capacity and endurance associated with cardiovascular pump dysfunction
- e. Impaired aerobic capacity and endurance associated with cardiovascular pump failure
- f. Impaired ventilation, respiration (gas exchange), aerobic capacity, and endurance associated with ventilatory pump dysfunction
- g. Impaired ventilation with mechanical ventilation secondary to ventilatory pump dysfunction
- h. Impaired ventilation and respiration (gas exchange) with potential for respiratory failure
- i. Impaired ventilation and respiration (gas exchange) with mechanical ventilation secondary to respiratory failure
- j. Impaired ventilation, respiration (gas exchange), aerobic capacity, and endurance secondary to respiratory failure in the neonate

Preferred Practice Patterns: Neuromuscular

- a. Impaired Motor Function and Sensory Integrity Associated with Congenital or Acquired disorders of the Central Nervous System in Infancy, Childhood and Adolescence
- b. Impaired motor function and sensory integrity associated with Acquired Nonprogressive disorders of the Central Nervous System in Adulthood
- c. Impaired motor function and sensory integrity associated with Progressive disorders of the CNS in adulthood
- d. Impaired motor function and sensory integrity associated with Peripheral Nerve Injury
- e. Impaired motor function and sensory integrity associated with Acute and chronic polyneuropathies
- f. Impaired motor function and sensory integrity associated with nonprogressive disorders of the spinal cord
- g. Impaired arousal, ROM, Sensory Integrity and motor control associated with coma or vegetative state.

Preferred Practice Patterns: Musculoskeletal

- a. Primary prevention/risk factor reduction for Skeletal Demineralization
- b. Impaired Posture
- c. Impaired Muscle Performance
- d. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Capsular Restriction
- e. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Ligament or other Connective Tissue Disorders
- f. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Localized Inflammation
- g. Impaired Joint Mobility, Motor Function, Muscle Performance, ROM or Reflex Integrity Secondary to Spinal Disorders
- h. Impaired Joint Mobility, Muscle Performance, and ROM associated with Fracture
- i. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Joint Arthroplasty
- j. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Bony or Soft Tissue Surgical Procedures
- k. Impaired gait, locomotion, and Balance and Impaired motor function secondary to Lower Extremity Amputation

Preferred Practice Patterns: Integumentary

- a. Primary prevention/risk factor reduction for integumentary disorders
- b. Impaired Integumentary Integrity secondary to superficial skin involvement
- c. Impaired integumentary integrity secondary to partial-thickness skin involvement and scar formation
- d. Impaired integumentary integrity secondary to full-thickness skin involvement and scar formation
- e. Impaired integumentary integrity secondary to skin involvement extending into fascia, muscle or bone
- f. Impaired anthropomorphic dimensions secondary to lymphatic system disorders

**PHYSICAL THERAPIST STUDENT
EVALUATION:

CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION**

June 10, 2003



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

PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name _____

Academic Institution _____

Name of Clinical Education Site _____

Address City State

Clinical Experience Number Clinical Experience Dates

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned _____
Highest degree earned Degree area _____
Years experience as a CI _____
Years experience as a clinician _____
Areas of expertise _____
Clinical Certification, specify area _____
APTA Credentialed CI Yes No
Other CI Credential State Yes No
Professional organization memberships APTA Other

Additional Clinical Instructor Name (Print name)

Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned _____
Highest degree earned Degree area _____
Years experience as a CI _____
Years experience as a clinician _____
Areas of expertise _____
Clinical Certification, specify area _____
APTA Credentialed CI Yes No
Other CI Credential State Yes No
Professional organization memberships APTA Other

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site

Address City State

2. Clinical Experience Number

3. Specify the number of weeks for each applicable clinical experience/rotation.

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

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No

6. What else could have been provided during the orientation?

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1= Never 2 = Rarely 3 = Occasionally 4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

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

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale.

Components Of Care	Rating	Components Of Care	Rating
Examination		Diagnosis	
• Screening		Prognosis	
• History taking		Plan of Care	
• Systems review		Interventions	
• Tests and measures		Outcomes Assessment	
Evaluation			

9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

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

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth?

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- Physical therapist students
- Physical therapist assistant students
- Students from other disciplines or service departments (Please specify _____)

12. Identify the ratio of students to CIs for your clinical experience:

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe _____

13. How did the clinical supervision ratio in Question #12 influence your learning experience?

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

- Attended in-services/educational programs
- Presented an in-service
- Attended special clinics
- Attended team meetings/conferences/grand rounds
- Directed and supervised physical therapist assistants and other support personnel
- Observed surgery
- Participated in administrative and business practice management
- Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines)
- Participated in opportunities to provide consultation
- Participated in service learning
- Participated in wellness/health promotion/screening programs
- Performed systematic data collection as part of an investigative study
- Other; Please specify _____

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
 - Time well spent; would recommend this clinical education site to another student.
 - Some good learning experiences; student program needs further development.
 - Student clinical education program is not adequately developed at this time.
17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.
19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?
20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*?
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*?

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=*Strongly Disagree* 2=*Disagree* 3=*Neutral* 4=*Agree* 5=*Strongly Agree*

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

23. Was your CI'(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation Yes No Final Evaluation Yes No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation

Final Evaluation

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments

Final Comments

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments

Final Comments

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.