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University of Michigan-Flint Mission Statement

The Flint campus of the University of Michigan is a community of diverse learners and scholars, where students from this region and beyond prepare for leadership, achievement, and service through interactive instruction in the arts, sciences, humanities, and professions. Our mission rests on three pillars: excellence in teaching, learning, and scholarship; student-centeredness; and engaged citizenship. Our students become leaders in their fields, in their professions, and in their communities.

School of Health Professions and Studies Mission Statement

The mission of the School of Health Professions and Studies is to educate students to the highest standard in the health professions. We are dedicated to excellence and creativity in teaching, scholarship, practice, and service. Our commitment to community and professional service is enabled through campus-community partnerships, outreach initiatives, and interdisciplinary collaboration. We strive to provide the highest quality culturally appropriate health care services, health promotion, and disease prevention services while contributing to the knowledge base of professional practice.

Physical Therapy Department Mission Statement

The faculty and staff in the Physical Therapy Department at the University of Michigan-Flint are student-centered and committed to excellence in undergraduate, professional, post-professional teaching and learning, scholarship, practice, and service. We graduate highly qualified doctors of physical therapy who are engaged citizens and leaders in the physical therapy profession in accordance with standards of the American Physical Therapy Association.
Clinical Education Contact Information

Associate Director for Clinical Education (ADCE)
Annemarie Kammann, PT, M.Ed, PCS
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Assistant Director for Clinical Education (Asst. DCE)
Amy Yorke, PT, MPT, NCS
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amyorke@umflint.edu

Administrative Assistant for Clinical Education
Jaime Bedford, BA
Phone: (810) 424-5216
Fax: (810) 424-5289
jloncare@umflint.edu
Philosophy of the Entry Level Doctor of Physical Therapy Program

The intent of the faculty is to prepare a person to become a physical therapist who is a doctor of physical therapy, recognized by consumers and other healthcare professionals as the practitioner of choice to whom consumers have direct access for the diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement, function and health. The physical therapist is defined as a provider of physical therapy services who is capable of client history, system review, examination, evaluation (diagnosis and prognosis), and implementation of appropriate plan of care including therapeutic interventions to maintain, improve, adapt and/or restore body systems relative to physical function.

Program Goals of the Entry Level Doctor of Physical Therapy Program

Graduates from the University of Michigan-Flint DPT program will be able to perform all aspects related to the scope of physical therapy practice. The graduate will be able capable of establishing and achieving preventive and therapeutic goals for individuals, groups, and communities. Implicit in this role of competencies is application of principles and practices of psycho-social factors related to health, the teaching-learning process, leadership, interpersonal and group dynamics, community awareness, and advocacy within a culturally diverse community. In fulfilling this role in the health care system, the physical therapist will be more effective if he/she is committed to the helping process and to accepting responsibility for his/her actions as they relate to others.

The model of relationship among the faculty and between students and faculty in the didactic portion of the professional DPT is based upon a junior and senior collegial model. The collegial model is predicated on the assumption that physical therapy students are not preparing to enter the profession of physical therapy; they have entered it. Only under extraordinary circumstances is their entrance reversed by the faculty who have assumed this responsibility by virtue of their commitment to the profession. Among the key elements of this model are:

- Responsible and accountable productive personal and professional behavior
- Promotion of equal status among faculty, staff, and students
- Use of communication rather than authority strategies to modify behavior
- Expressed appreciation of each individual’s uniqueness and their individually defined strengths and weaknesses to enable mutual nurturing and to mediate productive interactions
- Time variable, performance constant model based on individual student needs and capacity
- Faculty governance model in which the director serves as an agent of the Physical Therapy faculty and staff.

It is expected that academic and clinical faculty will recognize that, to the degree that a collegial model can be established and fostered in their setting, productive attitudes toward present and future learning and
professional performance will occur and the joint efforts of the academic and clinical faculty will be productive.

Physical therapy educational programs have the responsibility both to lead and follow the profession. In keeping with this perspective, the professional DPT curriculum is designed to prepare students to practice at a level of practice currently associated with legal practice in the State of Michigan and CAPTE Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, Normative Model of Physical Therapist Professional Education, and the Guide to Physical Therapist Practice. The concept of diagnosis, as defined in the Guide to Physical Therapist Practice, is within the scope of physical therapy practice and is included in the curriculum. Education on diagnosis contributes to the capacity of graduates to develop the competency to be primary care providers and to recognize the type of conditions appropriate for evaluation and the circumstances under which to make appropriate keep-refer decisions.
Essential Functions for Physical Therapy Students

Applicants admitted to the Doctor of Physical Therapy (DPT) program must demonstrate that they possess the intelligence, integrity, compassion, humanitarian concern, physical capability, and emotional capacity necessary to succeed in a challenging curriculum as well as perform in the practice of physical therapy.

To fulfill our responsibility both to the profession and to the public to prepare DPT graduates to be competent physical therapists, the Faculty of the University of Michigan-Flint Physical Therapy Department has developed Essential Functions. Essential Functions are the cognitive, emotional, behavioral, and physical abilities required for satisfactory completion of the DPT curriculum and development of professional attributes required of all students at graduation.

While an applicant is not required to disclose the specifics of any disability, it is the applicant’s responsibility to request reasonable accommodation if they cannot demonstrate these Essential Functions without accommodation.

The following are the Essential Functions that students must be able to meet either with or without reasonable accommodation.

**Intellectual/Conceptual, Integrative, and Qualitative Skills:**

Physical therapists must have the skills to: obtain, interpret, and document data; solve problems and make diagnoses; make proper assessments and use sound judgment; appropriately prioritize therapeutic interventions; measure and record patient care outcomes. In addition, students must be able to comprehend three-dimensional relationships and understand the spatial relationships of anatomic structures. These skills are critical and require these intellectual abilities: measuring, calculating, reasoning, analyzing, and synthesizing.

Intellectual/Conceptual, Integrative, and Qualitative Skills include, but are not limited to:

1. Receive, interpret, remember, reproduce, and use information in the cognitive, psychomotor, and affective domains of learning to solve problems, evaluate work, and generate ways of processing or categorizing similar information listed in course objectives.

2. Perform a physical therapy examination of a client’s posture and movement including analysis of physiological, biomechanical, behavioral, and environmental factors. Additionally, this examination will be performed in a timely manner, consistent with the acceptable norms of clinical settings.

3. Use examination data to formulate a physical therapy evaluation and execute a plan of physical therapy management in a timely manner, appropriate to the problems identified, and consistent with acceptable norms of clinical settings.

4. Incorporate information from peer-reviewed literature, from faculty, from peers, and laboratory and radiological data into patient management.

5. Reassess and revise plans as needed for effective and efficient management of physical therapy problems, in a timely manner, and consistent with the acceptable norms of clinical settings.
Communication Skills:

DPT students must be able to communicate in English effectively and sensitively with patients. In addition, students must be able to communicate in English in oral and written form with faculty, other healthcare providers, and peers in the classroom, laboratory, and clinical settings. Such communication skills include hearing, speaking, reading, and writing in English. Students must have the ability to complete reading assignments and search and evaluate the literature. Students must be able to complete written assignments and maintain written records. Students must also have the ability to use therapeutic communication such as attending, clarifying, coaching, facilitating, and palpation. These skills must be performed in clinical settings, as well as the didactic and laboratory environments.

Communication Skills include, but are not limited to:

1. Effectively communicate information and safety concerns with other students, teachers, clients, peers, staff and personnel by asking questions, giving information, explaining conditions and procedures, or teaching home programs. These must be done in a timely manner and within the acceptable norms of academic and clinical settings.

2. Receive and interpret written communication in both academic and clinical settings in a timely manner.

3. Receive and send verbal communication in life threatening situations in a timely manner within the acceptable norms of clinical settings.

4. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Students must be able to communicate quickly, effectively, and efficiently in oral and written English with all members of the health care team.

Behavioral/Social Skills and Professionalism:

Students in the Department of Physical Therapy must demonstrate attributes of empathy, integrity, concern for others, interpersonal skills, interest, and self motivation. Students must demonstrate sound judgment, complete the responsibilities attendant to the evaluation and care of patients, and develop mature, sensitive, and effective relationships with patients. Students must be adaptable to ever-changing environments, display flexibility, respect individual differences, and function in the face of uncertainties and stresses inherent in the educational processes well as in clinical practice.

Students must demonstrate appropriate assertiveness, ability to delegate responsibilities appropriately, ability to function as part of a physical therapy team, demonstrate organizational skills and initiative necessary to meet deadlines and manage time.

Behavioral/ Social Skills and Professionalism examples include, but are not limited to:

1. Maintain general good health, hygiene, and self-care in order to safeguard the health and safety of self and individuals with whom one interacts in the academic and clinical settings.

2. Arrange transportation and living accommodations to foster timely reporting to the classroom and clinical assignments.
3. Demonstrate appropriate affective behaviors and mental attitudes in order to maintain the emotional, physical, mental, and behavioral safety of clients and other individuals with whom one interacts in the academic and clinical settings and to be in compliance with the ethical standards of the American Physical Therapy Association.

4. Sustain the mental and emotional rigors of a demanding educational program in physical therapy which includes academic and clinical components that occur within time constraints, often concurrently.

5. Demonstrate the emotional health required for the full utilization of his or her intellectual abilities to safely engage in providing care to patients and their families within all health-related settings, including those that are rapidly changing and may be highly stressful.

6. Engage in providing safe and quality physical therapy services to patients in rapidly changing and often high stressful health-related setting without any evidence of behaviors of addiction to, abuse of, or dependence on alcohol or other drugs that have the potential to impair behavior or judgment.

**Motor Skills/Sensory/Observational Skills:**

The delivery of physical therapy requires gross and fine motor control. Students in the Department of Physical Therapy and as practicing physical therapists must have the physical strength, stamina, and motor control to lift and transfer patients, assist patients with ambulation, stand for prolonged periods of time, perform cardiopulmonary resuscitation (CPR); have sufficient manual dexterity, strength, and endurance to engage in physical therapy procedures that involve palpating, grasping, pushing, pulling, holding, and ensure the safety of the patient at all times.

DPT students must be able to observe demonstrations and participate in all curriculum educational experiences, must be able to observe patients, and be able to obtain an appropriate medical history directly from the patient or guardian. Such observation and participation necessitates the functional use of vision, hearing, and other sensory modalities.

Motor Skills/Sensory/Observational Skills include, but are not limited to:

1. Physically move to lecture, lab, and clinical locations; move within rooms as needed for changing groups, partners, and workstations.

2. Physically move in required clinical settings, to accomplish assigned tasks.

3. Physically move quickly in an emergency situation to protect the patient (e.g. from falling).

4. Physically move another person’s body parts to effectively perform evaluation techniques.

5. Effectively use common tools used for screening tests of the cranial nerves, sensation, range of motion, blood pressure, strength e.g., cotton balls, safety pins, goniometers, Q-tips, sphygmomanometer, dynamometer.

6. Safely and effectively guide, facilitate, inhibit, and resist movement and motor patterns through physical facilitation and inhibition techniques (including ability to give time urgent verbal feedback).

7. Control another person’s body in transfers, gait, positioning, exercise, and mobilization techniques.
8. Arrange bolsters, pillows, plinths, mats, gait assistive devices, and other supports or chairs to aid in positioning; moving, lifting, pushing/pulling; providing care to a patient effectively including lifting objects that reflect a range of weight between 10 – 100 lbs.

9. Competently perform and supervise CPR using guidelines issued by the American Heart Association or the American Red Cross.

10. Legibly record thoughts in English for written assignments and tests.

11. Legibly record/document evaluations, patient care notes, referrals, etc. into charts in hospital/clinical settings in a timely manner and consistent with the acceptable norms of clinical settings.

12. Detect changes in an individual's muscle tone, skin quality, joint play, kinesthesia, and temperature to gather accurate objective evaluative information in a timely manner; detect an individual's response to environmental changes and treatment.

13. Safely apply and adjust the dials or controls of therapeutic modalities.

14. Safely and effectively position hands and apply mobilization techniques.

15. Use a telephone. Use a computer.

16. Read written and illustrated material in the English language, in the form of lecture handouts, textbooks, literature, and patient charts.

17. Observe active demonstrations in the classroom.

18. Receive visual information from training videos, projected slides/overheads, radiographs, and notes written on a blackboard/whiteboard.

19. Receive visual information from clients, e.g., movement, posture, body mechanics, and gait necessary for comparison to reference standards when evaluating movement dysfunctions.

20. Receive visual information from the treatment environment (e.g., dials on modalities and monitors, assistive devices, furniture, flooring, structures, etc).

21. Receive visual clues including facial grimaces, muscle twitching, withdrawal etc.

22. Receive aural information from lectures and discussion in an academic and clinical setting.

23. Distinguish between normal and abnormal lung and heart sounds using a stethoscope.

Adopted July 2010
MEET THE FACULTY AND STAFF OF
THE PHYSICAL THERAPY DEPARTMENT

Core Faculty

JENNIFER BLACKWOOD, PT, MPT, GCS
Mrs. Blackwood received her Master of Physical Therapy from the University of Michigan-Flint and is an APTA Board Certified Geriatric Clinical Specialist. She joined our faculty as an Instructor and has a rich background in geriatric physical therapy clinical care. She has prior teaching experience with DPT students at Wayne State University and the University of Toledo, and with PTA students at Professional Skills Institute in Toledo, Ohio. She also provided continuing education training for AEGIS Therapies in various areas of geriatric care. Ms. Blackwood is currently enrolled in a PhD program.

JAMES (JAMIE) CREPS, PT, DScPT, OCS, CMPT
Dr. Creps has a BS in PT from the University of Toledo/Medical College of Ohio, an AMPT degree in Orthopedic Physical Therapy from Andrews University, and a DScPT in Orthopedic Physical Therapy from Andrews University. Jamie’s clinical background has focused primarily on orthopedics with an emphasis on manual therapy. He currently owns his own practice in Blissfield, Michigan and is also involved in the academic world by teaching part-time in our post-professional program, primarily in the orthopedic certification program. His prior teaching experience includes instructing PTA students at Owens Community College, serving as a CI for DPT students, and providing in-service training to physical therapy professionals. Jamie is an Assistant Professor and joined our faculty part-time in July 2009.

CAROL TUTHILL DALY, PT, DPT, PCS
Dr. Daly received her Certificate in PT from the University of Iowa and her post-professional DPT with a pediatric concentration from Drexel University. She has been ABPTS certified in pediatrics since 2002. Carol was the supervisor and physical therapist at St. Luke’s Hospital in Cedar Rapids, Iowa where she was involved in patient care in the NICU and oversaw two pediatric outpatient clinics. She has been teaching pediatric neuromuscular therapeutics to DPT students at St. Ambrose University since 2006 and has been a CI for DPT students for many years. Her research experience and interest is with therapeutic horseback riding. Carol joined our faculty as an Instructor in July 2009.

DONNA FRY, PT, PH.D
Dr. Fry is a Professor of Physical Therapy and Interim Dean of the School of Health Professions and Studies. Her educational background includes a BS and Certificate in Physical Therapy and MS and Ph.D in Kinesiology from the University of Michigan. Dr. Fry has been involved in physical therapy education for 25 years. Her teaching interests are in the area of neurologic physical therapy. Her professional affiliations include the American Physical Therapy Association, Sections for Neurology and Education; Michigan Physical Therapy Association, Michigan Physical Therapy Association Institute for Education and Research, and the Consortium of Multiple Sclerosis Centers. Her teaching areas include neuropathology, neuroscience, and research. Donna’s areas of research interest include balance and therapeutic interventions for people with multiple sclerosis and other neurologic disorders.
MIN HUANG, PT, PH.D, NCS
Dr. Huang is an Assistant Professor of the department. Her educational background includes a B.S. in Physical Therapy from National Taiwan University in Taiwan, M.S. and Ed.M. in Motor Learning and Control from Columbia University at New York City, and a Ph.D. in Kinesiology from the University of Michigan at Ann Arbor. Dr. Huang has been involved in clinical research focused on movement disorders and postural control in neurologic diseases and older adults. She received the Kinesiology Ruth Harris Award and Rackham Barbour Fellowship during her studies at the University of Michigan. She has prior teaching experience at the Kinesiology Department at the University of Michigan. Her professional affiliations include the American Physical Therapy Association, Sections for Acute Care, Education, Geriatrics, and Neurology; Michigan Physical Therapy Association, Society for Neuroscience, and Movement Disorder Society. Her clinical, research, and teaching interests are in the area of evidence based physical therapy interventions for the neurologic and geriatric population.

ANNEMARIE KAMMANN, PT, M.ED, PCS
Mrs. Kammann is an Instructor and Associate Director for Clinical Education. She received her BS in Physical Therapy from the University of Michigan and her Masters in Health Education from Wayne State University. Mrs. Kammann is an ABPTS Board Certified Pediatric Clinical Specialist and an APTA Basic and Advanced Credentialed Clinical Instructor. Her prior teaching experience includes pediatrics at Wayne State University and clinical education courses at Oakland University. Annemarie is a trainer for the APTA Basic and Advance Credentialed Clinical Instructor Program. She is also a past recipient of the MPTA Outstanding Clinical Instructor Award. Annemarie is a trustee for the MPTA Research Institute. Teaching responsibilities include clinical education courses. Annemarie’s interests include early intervention practice, mentoring clinical instructors, and clinical education.

LESLIE LACY, PT, MPT
Ms. Lacy recently became full time faculty, after 3 years as adjunct faculty, teaching evaluation and treatment of patients with endocrine, metabolic and integument disorders. She has a Bachelor of Health Science and a Master of Physical Therapy from the University of Michigan-Flint. Leslie is a Certified Lymphedema Therapist, is Wound Care Certified and is an APTA Credentialed Clinical Instructor. Her professional affiliations include the American Physical Therapy Association and Michigan Physical Therapy Association. Leslie’s clinical background has focused primarily in lymphedema management, wound care, acute care and cancer rehabilitation. Leslie will be returning to school for her doctorate.

SHEILA LITTLETON, PT, DSC, PCS
Dr. Littleton is an Assistant Professor in the PT department. Her educational background includes a BS in Physical Therapy from the University of Tennessee Health Science Center, a MEd in Special Education from Kent State University, and DSc in Pediatric Physical Therapy from Rocky Mountain University of Health Professions. Dr. Littleton has been an APTA Board Certified Pediatric Clinical Specialist since 1999 and obtained recertification in 2008. Her professional affiliations include the American Physical Therapy Association, Michigan Physical Therapy Association, and Section for Pediatrics. At present, her areas of research interest include therapeutic interventions for children and adults with developmental disabilities.
Laura LoVasco, PT, MPT, GCS
Mrs. LoVasco is an Instructor and Assistant Director for Clinical Education. She has a Bachelor of Arts in Biology from Oakland University and Master of Physical Therapy from the University of Michigan-Flint. Mrs. LoVasco is an APTA Board Certified Geriatric Clinical Specialist and Basic/Advanced Credentialed Clinical Instructor. She is currently pursuing a Doctor of Science in Physical Therapy with a focus in teaching and learning. Her professional affiliations include the American Physical Therapy Association and Michigan Physical Therapy Association. Laura’s teaching areas include clinical educational, medical-surgical, and cardiopulmonary courses. Her interests include clinical education, cardiopulmonary, geriatrics and organizational development.

Cindy Pfalzer, PT, Ph.D, FACSM, FAPTA
Dr. Pfalzer is a Professor, Associate Director of Research, and Director of Post Professional Education. She has a BS in Physical Therapy from Ithaca College and an MA in Exercise Science and Ph.D. in Exercise Physiology from The Ohio State University. She is also currently serving as the Interim Co-Director of the Physical Therapy Department. Dr. Pfalzer has been involved in physical therapy education for 20 years. Her professional associations include the American Physical Therapy Association (APTA) and Section for Orthopedics, Cardiopulmonary, Education, Research and Past President of the Oncology Section of the APTA; Northeast District Chair and Member of the Board of Directors of the Michigan Physical Therapy Association; A Fellow of the American College of Sports Medicine (ACSM) and past Co-Chair of the Cancer Interest Group of ACSM; Midwest Chapter of ACMS; and Women Sports International. Dr. Pfalzer was recently named a Catherine Worthingham Fellow of the APTA. Dr. Pfalzer is an Associate Investigator on two National Institutes of Health Clinical Research Center, and National Naval Medical Center, Breast Cancer research protocols.

Becky Rodda, PT, DPT, OCS, OMPT
Dr. Rodda currently holds the rank of Clinical Associate Professor in the PT Department. Her educational background includes a BS in Physical Therapy from Texas Woman’s University in 1980. She attained her Master’s in Health Science from Washington University in 1993. She is an APTA Board Certified Orthopedic Clinical Specialist since 1995 and has attained advanced competencies in Orthopedic Manual Therapy completing a residency program in November of 1995. Ms. Rodda received her Post Professional DPT degree from Drexel University in 2006. Her professional affiliations include the American Physical Therapy Association: Sections for Orthopedic and Education, Michigan Physical Therapy Association, and the American Association of Orthopedic Manual Physical Therapists. Dr. Rodda’s teaching areas include musculoskeletal examination, plan of care which includes manual techniques. At present, her research interests include the use of rehabilitative ultrasound, musculoskeletal, manual therapy and balance.

Thomas Ruediger, PT, DSc, ECS, OCS, CSCS
Mr. Ruediger earned a BA in Natural Science from Concordia College-Nebraska, an MPT from Baylor University, and his D.Sc. from Rocky Mountain University. His professional associations include the American Physical Therapy Association (APTA), with APTA section membership in the Orthopedic and Clinical Electrophysiological/Wound Management sections, the Michigan Physical Therapy Association, and the National Strength and Conditioning Association. He is APTA Board Certified as both an Orthopedic and Clinical Electrophysiologic Clinical Specialist. Tom is an Assistant Professor and his teaching areas include physical modalities, orthopedic physical therapy, physical examination and manual techniques. His research interests include reliability measures, performance, reference value determinations.
EDGAR TORRES, PT, DSc, CERT MDT
Dr. Torres joined the PT Department in July 2001 and currently holds the rank of Assistant Clinical Professor and Associate Director for Clinical Practice. He is also currently serving as the Interim Co-Director of the Physical Therapy Department. His educational background includes a BS in Health and Physical Education from Rutgers University, an MS in Health/Fitness Management from the American University, an MTP from the Army/Baylor Program in Physical Therapy, and a D.Sc. in Orthopedic Physical Therapy from Rocky Mountain University. He is certified in Mechanical Diagnosis and Therapy through the McKenzie Institute, USA. Dr. Torres is a member of the American Physical Therapy Association and the Michigan Physical Therapy Association. Teaching responsibilities include Kinesiology and Functional Anatomy, therapeutic exercise, and exercise physiology. In addition to his teaching responsibilities, Dr. Torres is the Director of Physical Therapy Services, Urban Health and Wellness Center at UM-Flint.

AMY YORKE, PT, MPT, NCS
Mrs. Yorke is an Instructor and Assistant Director for Clinical Education. She has a Bachelor of Health Science and a Master of Physical Therapy from the University of Michigan Flint. Mrs. Yorke is an ABPTS Board Certified Neurologic Clinical Specialist and an APTA Advanced Credentialed Clinical Instructor. Mrs. Yorke also holds certificates in Neurodevelopmental Treatment for Adult Hemiplegia and vestibular rehabilitation. She co-developed a continuing education course on vestibular rehabilitation and provides post-professional education on a national basis. Her professional affiliations include the American Physical Therapy Association and Michigan Physical Therapy Association. Amy’s teaching areas include clinical education courses and evaluation and treatment of patients with neurological disabilities. Amy is currently pursuing her PhD at Western Michigan University. Her research interests include topics regarding teaching and learning in graduate education and post-professional education, social networking and the relationship to professionalism, and balance and falls in the older adult.
Staff

J A I M E  B E D F O R D ,  B A
Mrs. Bedford joined the department in April of 2009 as Administrative Assistant Senior. Jaime holds a BA in Communications from the University of Michigan-Flint. She works closely with the Associate and Assistant Directors for Clinical Education, the Center Coordinators for Clinical Education, and Clinical Instructors. Her responsibilities are clinical education planning and logistics, including all related correspondence. She also assists faculty and staff in any capacity as needed.

Mrs. Jorgenson joined the department in December of 2010 as Administrative Assistant Senior. Lorrie comes with twelve years of U of M experience as the former site representative for the UM Nursing office in Traverse City, and with extensive social work experience as an adoption specialist. She holds a BA in Family Life Education from Spring Arbor University and a Michigan LBSW. Lorrie’s primary responsibilities include assessment, alumni relations, catalog, scholarships, website maintenance, and data collection. She also assists faculty, staff, and students in any capacity as needed.

R E V A  K I D D ,  B A ,  M P A
Mrs. Kidd is the Business Administrator in the department. Reva has been with the department since its relocation from the Ann Arbor Campus in 1983. She has a BA in Management of Human Resources from Spring Arbor College and a Masters in Public Administration from the University of Michigan. Mrs. Kidd’s responsibilities include managing the day-to-day office tasks; Financial, Human Resources, and Procurement tasks, and supervising office staff and work study students.

C R Y S T A L  Q U A D E R E R ,  B A
Mrs. Quaderer joined the department in May 2011 as Academic Secretary Senior. Crystal has a BA in Organizational Communications from the University of Michigan – Flint. She works closely with the Business Administrator and is responsible for the day to day office tasks. Responsibilities include answering the telephone, distributing the mail, assisting students, signing out audio-visual equipment and software, maintaining the professional library and assisting guest lecturers with paperwork. Crystal provides staff support as needed to help the office run smoothly and effectively. She assists the Business Administrator, faculty, and staff in any capacity as needed.

C H R I S T I N A  W I X S O N ,  B A
Mrs. Wixson is the Student Services Administrative Assistant and joined the department in November of 2008. Christina holds a BA in Organizational Communications from the University of Michigan-Flint. She works closely with the Director of Post-Professional Education and is responsible for the administrative development of the post-professional physical therapy program, including student support. She also assists the Business Administrator, faculty, and staff in any capacity needed in order to promote department efficiency.
<table>
<thead>
<tr>
<th>Year</th>
<th>Fall</th>
<th>Winter</th>
<th>S/S (10 weeks)</th>
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<tbody>
<tr>
<td>1</td>
<td>510 Human Anatomy (cadaver) (6) 511 Kinesiology and Applied Anatomy (4)</td>
<td>512 Neuroscience in Physical Therapy (2) [1st 7 wks] 567 Neurologic Diseases &amp; Disorders (2) [2nd 7 wks]</td>
<td>650 Electrotherapeutic &amp; Physical Modalities (4) 521 Musculoskeletal Diseases &amp; Disorders (3)</td>
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<td>564 Clinical Observation Skills and Communication (2)</td>
<td>530 Introduction to Clinical Practice (2)</td>
<td>661 Literature Analysis in Evidenced Based Practice (2) 546 Pharmacology in Practice (3)</td>
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<td>580 Professionalism &amp; Ethics (2) 585 Therapeutic Relationships and Cultural Competency I (2)</td>
<td>560 Research Methods [includes stats lab] (3) 565 Fundamental Tests and Measures in Examination (5) 581 Teaching, Learning &amp; Health Education (2) 582 Body Systems through the Life Span (1)</td>
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<td>(16 cr)</td>
<td>(17 cr)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>621 Musculoskeletal Examination in Practice (3) 644 Metabolic, Endocrine &amp; Integument Diseases &amp; Disorders (1) 667 Neuromuscular Examination in Practice (3) 671 Cardiopulmonary Diseases &amp; Disorders (2) 640 Medical/Surgical Conditions in Practice (1) 670 Fundamental Procedural Interventions (4) 682 Pediatric Diseases, Disorders and Examination in Practice (3)</td>
<td>622 Musculoskeletal Plan of Care in Practice (4) 645 Metabolic, Endocrine &amp; Integument Examination in Practice (2) 660 Critical Inquiry Project (3) 668 Neuromuscular Plan of Care in Practice (3) 672 Cardiopulmonary Examination in Practice (3) 782 Pediatric Plan of Care in Practice (2)</td>
<td>632 Clinical Education II (2) [1st 2 wks] 646 Metabolic, Endocrine &amp; Integument Plan of Care in Practice (3) 673 Cardiopulmonary Plan of Care in Practice (2) 783 Geriatrics in Practice (3) 694 Professional Service Learning I (1) 641 Medical/Surgical Conditions, Examination, and Plan of Care (2)</td>
</tr>
<tr>
<td></td>
<td>(17 cr)</td>
<td>(17 cr)</td>
<td>(13 cr)</td>
</tr>
<tr>
<td>3</td>
<td>733 Clinical Education III (3) [1st 4 wks] 761 Evidence Based Practice (1) 770 Assistive Technology in Accessibility (1) 780 Clinical Decision Making in Complex Clinical Problems (2) 785 Therapeutic Relationships &amp; Cultural Competency III (1) 792 Management in Physical Therapy Practice (3) 793 Professional Issues in Practice (1) 794 Professional Service Learning II (1)</td>
<td>734 Clinical Education IV (5) 735 Clinical Education V (5)</td>
<td>736 Clinical Education VI (5)</td>
</tr>
<tr>
<td></td>
<td>(13 cr)</td>
<td>(10 cr)</td>
<td>(5 cr)</td>
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Total Credit Hours = 120
<table>
<thead>
<tr>
<th>Course Descriptions for DPT Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall</strong></td>
</tr>
<tr>
<td>PTP 510. Human Anatomy (cadaver).</td>
</tr>
<tr>
<td>Detailed study of the gross structure of the human body. Laboratory involves cadaver dissection.</td>
</tr>
<tr>
<td>Application of gross anatomy and biomechanics to achieve a clinically based understanding of human movement. Emphasis on familiarization with the living human body. Basic principles of normal human movement, and analysis of underlying determinants of the character of that movement.</td>
</tr>
<tr>
<td>PTP 564. Clinical Observation Skills and Communication.</td>
</tr>
<tr>
<td>Orientation to the clinical education program, including patient confidentiality, communication, and common barriers to effective communication.</td>
</tr>
<tr>
<td>PTP 585. Therapeutic Relationships and Cultural Competency I.</td>
</tr>
<tr>
<td>Principles of the therapeutic relationship in terms of somatopsychology; reaction to physical challenges and cultural issues by therapists, patients, family and society.</td>
</tr>
<tr>
<td><strong>Winter</strong></td>
</tr>
<tr>
<td>Adult-onset neuromuscular medical condition commonly seen in physical therapy practice with pertinent histology, embryology, risk factors, pathology/pathophysiology, etiology, clinical course, prognosis, and surgical/medical/pharmacological management. Emphasis on sensory, motor, autonomic, cognitive and function considerations.</td>
</tr>
<tr>
<td>PTP 530. Introduction to Clinical Practice.</td>
</tr>
<tr>
<td>Introduction to the clinical setting and application of fundamental examination techniques.</td>
</tr>
<tr>
<td>Introduction to principles of clinical research methods. Emphasis is on database and statistical applications with computerized statistical package SPSS, for clinical research and provides the foundation for subsequent clinical inquiry project.</td>
</tr>
<tr>
<td>PTP 565. Fundamental Tests and Measures in Examination.</td>
</tr>
<tr>
<td>Theoretical basis for measurement, sources of error, and clinical interpretation of tests and measures applied to examination techniques common to all areas of physical therapy practice.</td>
</tr>
<tr>
<td>PTP 567. Neurologic Diseases and Disorders.</td>
</tr>
<tr>
<td>Adult-onset neuromuscular medical conditions commonly seen in physical therapy practice with pertinent histology, embryology, risk factors, pathology/pathophysiology, etiology, clinical course, prognosis, and surgical/medical/pharmacological management. Emphasis on sensory, motor, autonomic, cognitive, and functional considerations.</td>
</tr>
<tr>
<td>PTP 581. Teaching, Learning and Health Education.</td>
</tr>
<tr>
<td>Introduction to principles of teaching and learning as applied to professional presentations and individual and group patient health education.</td>
</tr>
<tr>
<td>PTP 582. Body Systems Through the Life Span.</td>
</tr>
<tr>
<td>Developmental theories and factors pertaining to growth, maturation, and aging from birth to death. Developmental changes in basic human neuro-motor development, sensory integration, and body systems physiology are integrated with cognitive and psychosocial development for lifespan age periods emphasizing a holistic approach to the typically developing person.</td>
</tr>
<tr>
<td><strong>Spring/Summer</strong></td>
</tr>
<tr>
<td>PTP 521. Musculoskeletal Disease and Disorders.</td>
</tr>
<tr>
<td>Musculoskeletal medical conditions commonly seen in physical therapy practice with pertinent histology, pathology, etiology, clinical course, prognosis and medical management. Focus on exploration of muscle, bone, nerve, tendon, joint, ligament, and facial tissue as it relates to musculoskeletal disorders.</td>
</tr>
<tr>
<td>PTP 546. Pharmacology in Practice.</td>
</tr>
<tr>
<td>Basic principles of pharmacology, drug interventions that impact the musculoskeletal, cardiopulmonary, neuromuscular, and integumentary systems; pediatric and geriatric concerns. Mechanisms of action, indications for use, side effects, and common examples which have an impact on physical therapy.</td>
</tr>
<tr>
<td>PTP 650. Electrotherapeutic &amp; Physical Modalities.</td>
</tr>
<tr>
<td>Foundations of physical agents, mechanical and electrotherapeutic modalities highlighting the physiological effects of heat, cold, light, sound, force, water, and electricity.</td>
</tr>
<tr>
<td>PTP 661. Literature Analysis in Evidence Based Practice.</td>
</tr>
<tr>
<td>Information literacy, critical examination of professional literature to facilitate evidence-based practice, and application of principles of scientific writing through development of in-depth systematic literature review.</td>
</tr>
<tr>
<td>Course Code</td>
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<tr>
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</tr>
<tr>
<td>PTP 621</td>
</tr>
<tr>
<td>PTP 640</td>
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<tr>
<td>PTP 644</td>
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<tr>
<td>PTP 667</td>
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<tr>
<td>PTP 670</td>
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<tr>
<td>PTP 671</td>
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<td>PTP 682</td>
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<tr>
<td>PTP 662</td>
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<tr>
<td>PTP 645</td>
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<tr>
<td>PTP 660</td>
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<tr>
<td>PTP 672</td>
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<td>PTP 782</td>
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<td>PTP 632</td>
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<td>PTP 641</td>
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<td>PTP 646</td>
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<tr>
<td>PTP 673</td>
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<tr>
<td>PTP 694</td>
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<tr>
<td>PTP 783</td>
</tr>
</tbody>
</table>
## Course Descriptions for DPT Year 3

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring/Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PTP 733. Clinical Education III.</strong></td>
<td><strong>PTP 734. Clinical Education IV.</strong></td>
<td><strong>PTP 736. Clinical Education VI.</strong></td>
</tr>
<tr>
<td>Four weeks of full-time supervised clinical experience in designated clinical education sites. One hour discussion sessions on clinical education topics each week of the rest of the semester.</td>
<td>Ten weeks of full-time supervised clinical experiences in health care agencies in Michigan and other states.</td>
<td>Ten weeks of full time supervised clinical experience in health care agencies in Michigan and other states.</td>
</tr>
<tr>
<td><strong>PTP 761. Evidence Based Practice.</strong></td>
<td><strong>PTP 770. Assistive Technology in Accessibility.</strong></td>
<td></td>
</tr>
<tr>
<td>Development of case reports within the four practice patterns in the “Guide,” based on patient’s clinical and physical circumstances, best research evidence, patient’s preferences, and clinical expertise.</td>
<td>Accessibility standards and the Americans with Disabilities Act (ADA) outlined in conjunction with assistive technology predominantly used to enhance accessibility in multiple environments.</td>
<td></td>
</tr>
<tr>
<td><strong>PTP 780. Clinical Decision Making in Complex Clinical Problems.</strong></td>
<td><strong>PTP 785. Therapeutic Relationships and Cultural Competency III.</strong></td>
<td></td>
</tr>
<tr>
<td>Application of the five elements of the patient-client management model to case-based clinical decision making using evidence-based practice and the Guide to Physical Therapy Practice. Includes re-examination and outcomes measurement. Emphasis on safe practice in primary care, open referral and direct access settings.</td>
<td>Psycho-social dynamics relevant to disability adjustment and professional interactions in the clinic, utilizing students’ prior clinical experiences as a point of departure for classroom discussion. Emphasis on analysis and synthesis of clinical problems, personal development, and professional growth.</td>
<td></td>
</tr>
<tr>
<td><strong>PTP 792. Management in Physical Therapy Practice.</strong></td>
<td><strong>PTP 793. Professional Issues in Practice.</strong></td>
<td></td>
</tr>
<tr>
<td>Application of management theory, principles and practice to physical therapy. Direction and supervision of human resources, financial management of the practice, business plans, marketing and public relations, consultation and legal and regulatory requirements.</td>
<td>Trends, forces and contemporary issues impacting physical therapy including issues of social responsibility and advocacy. Exploration of the role and impact of physical therapy in the health care industry.</td>
<td></td>
</tr>
<tr>
<td><strong>PTP 794. Professional Service Learning II.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuation of PTP 694. Service experience in non-direct patient care health-related activities highly individualized to suit academic faculty, clinical faculty and student needs and interests. Independent study format, with final outcome a scholarly product generated by the student under guidance of a faculty mentor and a community health care professional.</td>
<td></td>
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</tr>
</tbody>
</table>
Academic Standards Policy and Procedures Professional DPT Program

1.0 OPERATIONAL DEFINITIONS. For the purposes of this policy, the following operational definitions are employed.

1.1 Admitted students: Students who have been admitted to the professional DPT program but who have not commenced professional course work.

1.2 Professional DPT program: Three year professional program to enter the profession of physical therapy.

1.3 Year one: From the beginning of Fall term through the end of Summer term in the first year of the professional DPT program.

1.4 Year two: From the beginning of the Fall term through the end of the Summer term in the second year of the professional DPT program.

1.5 Year three: From the beginning of the Fall term through the end of the Fall term in the third year of the professional DPT program, plus the terminal clinical education experiences and practicum.

1.6 Core faculty: Individuals appointed to and employed primarily in the program, including the Director, the Associate Director of Clinical Education (ADCE) and other faculty who report to the Director.

1.7 Associated faculty: Individuals who have classroom and/or laboratory teaching responsibilities in the curriculum and who are not core faculty or clinical education faculty.

1.8 Core courses: Courses in the professional DPT program whose course numbers are solely designated by the prefix "PTP".

1.9 Support courses: Courses in the professional DPT program that are jointly numbered or that are offered solely by another academic unit.

1.10 Grading system for the professional DPT program:
   1.10.1 Definitions: A, excellent; B, good; C, fair; D, poor; E, failure; F, fail; I, incomplete; Y, Course in Progress; W, officially withdrawn; P, pass, as defined by the university registrar.
   1.10.2 Grades of C- and below are considered failing grades. Courses in which a C- or below is earned do not count toward the DPT degree requirements.
   1.10.3 A grade once reported (with the exception of I) may be changed only to correct a demonstrable clerical error and then only with the approval of the Director of the Department.
1.10.4 Only Professional DPT program courses and PT Department Independent Study courses will count in the GPA calculation.

1.10.5 Grade point scale for professional DPT program:

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Percent</th>
<th>Honor Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>≥ 97.0%</td>
<td>9</td>
</tr>
<tr>
<td>A</td>
<td>94.0 - 96.9%</td>
<td>8</td>
</tr>
<tr>
<td>A-</td>
<td>90.0 - 93.9%</td>
<td>7</td>
</tr>
<tr>
<td>B+</td>
<td>87.0 - 89.9%</td>
<td>6</td>
</tr>
<tr>
<td>B</td>
<td>84.0 - 86.9%</td>
<td>5</td>
</tr>
<tr>
<td>B-</td>
<td>80.0 - 83.9%</td>
<td>4</td>
</tr>
<tr>
<td>C+</td>
<td>77.0 - 79.9%</td>
<td>3</td>
</tr>
<tr>
<td>C</td>
<td>74.0 - 76.9%</td>
<td>2</td>
</tr>
<tr>
<td>C-</td>
<td>70.0 - 73.9%</td>
<td>1</td>
</tr>
<tr>
<td>D+</td>
<td>67.0 - 69.9%</td>
<td>0</td>
</tr>
<tr>
<td>D</td>
<td>64.0 - 66.9%</td>
<td>0</td>
</tr>
<tr>
<td>D-</td>
<td>60.0 - 63.9%</td>
<td>0</td>
</tr>
<tr>
<td>E</td>
<td>≤ 59.9%</td>
<td>0</td>
</tr>
<tr>
<td>P*</td>
<td>Pass</td>
<td>0</td>
</tr>
<tr>
<td>F*</td>
<td>Fail</td>
<td>0</td>
</tr>
</tbody>
</table>

*Not considered in computing grade point average.

1.11 Incomplete: All course work and exams are required to be completed by the end of the semester. An incomplete grade may be assigned to a student only if approved by the course instructor. Examples of acceptable reasons for an instructor to grant an incomplete include: extended student illness, family crises, and to allow adequate time for a student to re-take a final cumulative practical or written exam as indicated in section 3.5.

1.12 Good standing: A student with an overall GPA of 5.0 or higher and no current professional conduct violations.

2.0 INSTITUTIONAL AUTHORITY

2.1 The faculty of the Department, acting on behalf of the University, has the responsibility of defining academic standards. The faculty reserves the right to remove from the professional DPT program any student whose academic standing, in the judgment of the faculty, is regarded as unsatisfactory (as defined in 3.0).

2.2 Removal from the professional DPT program does not imply or intend dismissal from the School of Health Professions and Studies (SHPS) or from the University of Michigan-Flint.

2.3 Action taken under the provisions of this policy does not preclude other action required by the faculty under its policies dealing with student health, violation of professional conduct, or safety.
3.0 GENERAL ACADEMIC STANDARDS POLICY

Academic Standards determinations are made by the PT Department faculty and communicated to the student through the Departmental Director. The faculty is guided by the following guidelines for decision making. The faculty is not constrained to use these guidelines if circumstances exist, in the opinion of the faculty, to deviate from the guidelines.

3.1 Admission decisions are determined by action of the faculty during a regularly scheduled faculty meeting. There is no appeal of admission decisions.

3.2 Admitted students must satisfactorily complete all requirements that are stated as a condition of their admission.

3.2.1 If an admitted student fails to comply with conditions of admission to the professional DPT program:

3.2.1.1 The admitted student is in violation of this policy and admission to the program will be rescinded.

3.3 The faculty expects students to be pro-active in communicating any issues with the instructor that may impact their final course grade at the time the issues occur.

3.4 DPT Degree Progression and Graduation Requirements.

In order to graduate students must meet ALL of the following criteria:

3.4.1 achieve an overall GPA of 5.0 or higher both prior to initiation of the final clinical internships (PTP 734, 735, 736) and upon completion of the degree program, and

3.4.1.1 Students who do not achieve a cumulative GPA of 5.0 at the completion of the didactic portion of the curriculum (Fall, Year 3) will be dismissed from the program.

3.4.2 receive a grade of C or C+ in no more than 3 courses in the didactic portion of the curriculum (Year 1, Year 2 and Fall Year 3), and

3.4.3 receive no grade of C- or below except for section 3.4.4 the final clinical internships (PTP 734, 735, 736).

3.4.3.1 Grades of C- and below are failing grades

3.4.3.2 Students who fail a course during the didactic portion of the curriculum will be dismissed from the program.

3.4.4 receive no grade of C+ or below which is considered failure in clinical education of the final clinical internships (PTP 734, 735, 736).

Students who fail any of the final clinical internships (PTP 734, 735, 736) will be offered one opportunity to re-take one final clinical internship (PTP 734, 735, 736). Clinical Education internships are only offered once per year. In exceptional cases where the ADCE determines it would benefit the student to re-take a final clinical internship (PTP 734, 735, 736) AND the ADCE is able to schedule a non-traditional clinical internship time, the student will be offered the opportunity to re-take the internship course at an alternative time prior to its normally scheduled time. In all other instances, the student will be delayed in re-taking the course until it is offered again the following year. In this case, the faculty will determine if the student will be placed on a part-time schedule, placed on a remediation plan, or provided time off of school to address issues that contributed to the failure in clinical education (See Satisfactory Completion of Clinical Education Policy for complete policy).
3.5 Academic Probation

3.5.1 Students are placed on academic probation for any semester in which their cumulative GPA falls below 5.0 or they fail a final clinical internship (PTP 734, 735, 736).

3.5.2 Students must be “in good standing” to be eligible for all scholarships and clinical internships.

3.5.3 Probationary Actions for Full-time Students.

3.5.3.1 The first semester a student is placed on probationary status, he/she will be issued a warning.

3.5.3.2 The second semester a student is placed on probationary status he/she will be issued an up-or-out warning.

3.5.3.3 If the student cannot achieve an overall GPA of 5.0 or higher by the end of the semester they are on up-or-out status the student will be dismissed from the program.

3.5.4 Probationary Actions for Part-time Students.

3.5.4.1 The first semester a student is placed on probationary status, he/she will be issued a warning.

3.5.4.2 The third semester a student is placed on probationary status he/she will be issued an up-or-out warning.

3.5.4.3 If the student cannot achieve an overall GPA of 5.0 or higher by the end the semester they are on up-or-out status the student will be dismissed from the program.

3.5.5 Probationary Actions for Students in Final Clinical Internships.

3.5.5.1 Students will remain on probationary status while they are re-taking the internship.

3.5.5.1.1 Failure in the re-take internship will result in immediate dismissal from the program.

3.5.5.1.2 Successful completion of the re-take internship will remove the student from probationary status.

3.6 Resolution of Incomplete Course Grades

3.6.1 The student and the instructor must discuss the matter of the "incomplete" prior to its assignment.

3.6.2 A grade of "I" (incomplete) will automatically revert to "E" if all work is not satisfactorily completed by the end of the second week of the next semester in which the student is registered for classes.

3.6.2.1 If for sufficient reasons a student cannot resolve the incomplete within the two-week period the course instructor will determine if an extension will be granted.

3.6.2.2 If an extension is recommended, a Grade Extension Request form must be approved by both the Director of the Physical Therapy Department and the course instructor and forwarded to the Office of the Registrar.

3.6.3 In the case where a student is enrolling in a clinical education course in the following semester, the "I" must be positively resolved before the student can participate in the clinical education course. Thus, in these cases the time limit to resolve the incomplete course may be shorter and must be discussed with the Associate Director.
of Clinical Education.

3.6.4 An "incomplete" that has been resolved according to the above procedure will appear on a student's transcript along with the revised grade, e.g., I/B+.

3.7 Course Final Exam Re-take

3.7.1 Availability of a re-take exam is the prerogative of the course instructor.

3.7.2 Only one re-take exam is provided if the faculty member teaching the course has specified a re-take exam in the course syllabus. If a re-take exam is offered and the re-take schedule is not specified in the course syllabus, then the student must complete the re-take by the end of the University designated final exam period.

3.7.3 Preparation for the re-take exam is the responsibility of the student.

3.7.4 The maximal achievable score on the re-take examination is 80%. Thus, if a student performs above 80% on the exam, the exam grade will be entered as an 80% in their course grade calculation.

3.8 Temporary Program Withdrawal

3.8.1 Students may request to temporarily withdraw from the DPT program with intent to return to have time to deal with matters that affect their ability to perform well in the program. Such a request is made through a letter to the Director and must receive faculty approval.

3.8.2 The Director will inform the student of the faculty action in a letter to the student specifying the conditions of temporary withdrawal and return to the DPT program.

3.8.3 To re-enter the program following a temporary program withdrawal the student must:

3.8.3.1 Submit a letter to the Director requesting re-entry into the DPT program no later than 30 days prior to the proposed re-entry date.

3.8.3.2 Pass a comprehensive exam with a score of 74% or greater to resume study if the withdrawal was for three semesters or more. The exam will cover material from courses the student previously passed and is required to ensure that the student has adequate retention of prior coursework in order to be prepared for ongoing study in the DPT program.

3.8.3.3 Satisfy other requirements for return that were specified in the letter from the Director approving the temporary program withdrawal.

4.0 ACADEMIC ADVISING

4.1 Staff will review students’ academic performance at the end of each semester and notify faculty advisors of students who are required to receive academic advising based on the criteria in 4.3. Students will receive a letter directing them to contact their advisor.

4.2 Students who have less than 5.0 cumulative GPA or who received a grade of C or C+ during the previous academic semester will be required to prepare a written plan that addresses: 1) means to improve their academic performance in future courses, 2) resources / methods to review in areas of academic weakness as demonstrated by prior course performance, and 3) a statement on how the student will demonstrate completion of the plan. The student must present this plan to their faculty advisor for discussion, modification, and approval within two weeks of the beginning of the next semester.
4.3 Students who have less than 5.0 semester GPA or who received grades of B- or less during the previous academic semester will be required to contact and set up a meeting with their faculty advisor for discussion within two weeks of the beginning of the next semester to improve their academic performance in future courses, and identify resources / methods to review in areas of academic weakness as demonstrated by prior course performance.

5.0 OPERATIONAL PROCEDURES

5.1 Student Orientation. The Director of the Department shall review the DPT Program Academic Standards Policy and Procedure with students.

5.2 Student Notification of Academic Standards Violations. After determination by the DPT program faculty that an academic standards violation has occurred, the Director will inform the student in writing: 1) that the violation occurred, 2) the academic consequence of the violation, and 3) the appeal process for the academic standards sanction.

6.0 APPEAL PROCESS

6.1 Students to whom the academic discipline policy is applied have a right of appeal to the Director of the Department if they believe any of the following conditions exist:

   6.1.1 the decision is in violation of established departmental, school or university policies or procedures.

   6.1.2 new evidence is presented which bears upon the validity of the faculty’s decision.

   6.1.3 the decision is clearly prejudicial, grossly inequitable or academically indefensible.

6.2 The appeal to the Director must be written on the PT Department Academic Standards Appeal Form. The appeal form must be received by the Director no later than five business days after the student has received written confirmation of the faculty’s decision.

   6.2.1 The student must specify the basis for the appeal on the PT Department Academic Standards Appeal form that is submitted to the Director.

   6.2.2 All evidence relevant to the appeal claim must be presented to the Director prior to or at the time of the appeal hearing. The Department Director is best able to make an informed decision only if all evidence pertinent to the case is presented before or during the departmental appeal hearing.

   6.2.3 During the departmental and school appeal processes the student may not be enrolled in courses for which the student has not successfully completed the prerequisite courses.

6.3 Upon receipt of notification of appeal, the Director shall in a timely manner hear the appeal.

6.4 Following appeal to the PT Department Director, the student may seek further appeal to the Student Appeals Committee of the SHPS.

   6.4.1 If pursuing an appeal at the SHPS level, the student should contact the Dean’s Office for a copy of the policy and procedures relative to student appeals.

   6.4.2 The decision of the Student Appeals Committee of the School of Health Professions and Studies shall be final.
7.0 RECORD KEEPING AND INFORMATION TRANSMITTAL

7.1 The Director shall record essential elements of the process and place them in the PT Department student file.

7.2 In case of an appeal, appropriate student information will be forwarded to the body hearing the appeal.

7.3 Information related to academic discipline of a student are available to that student in their file.

Revised April 1998
Revised July 1998
Revised August 1999 (6.3.2. and 6.3.3.)
Revised August 2001 (sections: 4.0, 5.0, 8.3, 9.0)
Revised August 2002 (section 9.0)
Revised September 2004 (sections: 4.2 and 4.3)
Revised August 2007 (entire document)
Revised June 2009 (entire document)
Revised August 2009 (section 1.10.5)
Revised June 2010 (section 4.3)
University of Michigan-Flint
School of Health Professions and Studies
Physical Therapy Department

Professional Conduct Statement

The University of Michigan-Flint Physical Therapy Department is committed to educating students about professional conduct in order to teach the entry level DPT student appropriate behaviors that are in alignment with the physical therapy profession. The expectation is the entry level DPT student should conduct themselves, in all situations, in a manner that avoids discredit to the University, to the faculty and staff, to the profession, to their classmates and to themselves. High standard performance of behavior applies for DPT students in all educational settings including the classroom, laboratory, clinical settings, and professional conferences.

A Professional Conduct Policy has been developed that describes appropriate behavior in order to guide the student in their professional development. The faculty and staff of the Physical Therapy Department endorse the work and findings of May et al1,2 with regard to the development of professional behaviors in physical therapy education. It is recognized that:

- The professional socialization process is an ongoing process that begins upon admission to the physical therapy educational program
- The adoption of a repertoire of behaviors acceptable to the department and profession is as important as the cognitive, affective, and psychomotor goals of the program
- Assuming acceptable professional behaviors can be learned, the PT Department faculty and staff are committed to working with students to achieve the desired outcomes.

The student is assigned a faculty advisor who meets annually with the student to develop and review a professional plan based on the Generic Abilities. The American Physical Therapy Association (APTA) offers numerous tools to use in order to describe professional behavior. Students are responsible for conducting themselves in strict compliance with:

- Core Values of the American Physical Therapy Association
- Code of Ethics
- Standards for Practice
- Guidelines for Professional Conduct
- Generic Abilities

The above APTA documents can be found on the APTA website:

www.APTA.org
> About APTA
> Policies and Bylaws
> Core Documents

1May WW, Staker G, Foord L. Facilitating the Development of Professional Behaviors in Physical Therapy Education.
University of Michigan-Flint
School of Health Professions and Studies
Physical Therapy Department

Professional Conduct Policy and Procedure for PTD Professional Programs

Physical therapists should be consistently aware that the physical therapy profession is judged in part by the social and business conduct of its members. Students who enroll in the professional education programs within the Physical Therapy Department (PTD) agree to comply with certain obligations and responsibilities. As such, students admitted to the PTD professional programs are expected to observe approved standards of professional conduct, some of which relate to ethical principles and others which relate to expected behavior. The Professional Conduct Policy and Procedure is built on the premise that students uphold and conduct themselves at all times in a manner which demonstrates appropriate professional conduct with regard to the Core Values of the American Physical Therapy Association (APTA) (BOD P05-04-02-03): 1) accountability, 2) altruism, 3) compassion/caring, 4) excellence, 5) integrity, 6) professional duty, and 7) social responsibility emphasizing honesty, ethics, and sound professional behavior as they support others in maintaining these same values. The same personal integrity that prevents students from acting dishonorably or unprofessionally compels them to do something about unethical behavior that they observe in others. In the PTD collegial model, physical therapy faculty and students collectively have responsibility to uphold the standards of academic integrity, professional integrity, and accountability. This policy applies to PTD students in all settings including the classroom, laboratory, clinical settings, and professional activities and meetings. Physical therapy students should conduct themselves, in all situations, in a manner that reflects positively on the University, faculty, staff, profession, classmates, and on themselves.

This document describes the professional conduct policy and procedures, including the expectations for professional conduct and the responses to violations of professional conduct by students enrolled in professional programs in the PTD. The Professional Conduct Policy and Procedure covers all students’ nonacademic and extracurricular activities including use of electronic media\(^1\), whether these activities take place on or off campus and whether or not they are affiliated with, sponsored by, or sanctioned by the PTD, including work and internships. Students may be sanctioned for misconduct that has an adverse impact on the University of Michigan-Flint, the Physical Therapy Department and programs, the student’s fitness for continued enrollment or the student’s fitness for the physical therapy profession.

1.0 PROFESSIONAL CONDUCT IN ACADEMIC AND NON-ACADEMIC SETTINGS

1.1 Definitions and Explanations of Conduct

1.1.1 Academic Integrity

In the collegial model, the physical therapy faculty and students collectively have responsibility to uphold the standards of academic integrity. This is not only a matter of ethical behavior, but also of public safety since students who have violated the standards of academic integrity potentially lack necessary knowledge to safely and effectively treat physical therapy patients. Therefore, violations of academic integrity standards are considered very serious matters. The PTD faculty adopts by reference the University of Michigan-Flint policy on Academic Integrity, UM-F current catalog.

Students may not deceive for the purpose of individual gain for themselves or another person. Such deception indicates that the student is not prepared to undertake the responsibilities of professional practice. Such deception may include, but is not limited to the following:

1.1.1.1 Plagiarism: taking credit for someone else’s work or ideas, submitting a piece of work (for

\(^1\) Electronic media includes, but is not limited to: cell phones, iphones, Blackberries, social networking pages, and web pages.
example an essay, research paper, assignment, laboratory report) which in part or in whole is not entirely the student’s own work without fully and accurately attributing those same portions to their correct source.

1.1.1.2 Cheating: using unauthorized notes; study aids; old exams, quizzes or assignments; or information from another student or student’s paper on an examination or assignment; altering a graded work after it has been returned, then submitting the work for re-grading; allowing another person to do one’s work, then submitting the work under one’s own name.

1.1.1.2.1 The student is to presume that the quiz/examination/assignment is to be done independently without input from other students unless explicitly stated on a test or assignment that collaboration is allowed.

1.1.1.2.1.1 While taking any form of examination, a student is not permitted to ask another student for clarification on exam questions or instructions. Likewise a student who provides another student any information during an examination is assumed to be aiding and abetting the other student.

1.1.1.2.1.2 Conversing with electronic media or using any form of electronic media during any form of examination to anyone other than the course instructor is strictly prohibited.

1.1.1.3 Fabrication: fabricating data; selectively reporting or omitting conflicting data for deceptive purposes; presenting data in a piece of work when the data were not gathered in accordance with guidelines defining the appropriate methods for collecting or generating data; failing to include a substantially accurate account of the method by which the data were gathered or collected.

1.1.1.4 Aiding and Abetting Dishonesty: providing material or information to another person when it should reasonably be expected that such action could result in the other student using these materials or information for an examination or assignment which was to be performed independent of other students.

1.1.1.4.1 Providing another student with information regarding the content or focus of written or practical examinations before the receiving student has completed the examination is considered a violation of this policy.

1.1.1.5 Misrepresentation and Other Acts of Academic Dishonesty: fraudulently obtaining and/or using academic materials that would give oneself an unfair advantage over other students or would deceive the person evaluating one’s academic performance.

1.1.2 Deception for the purpose of individual gain for themselves or another person violates the principles of integrity and accountability. Acts of deception indicate that the student is not prepared to undertake the responsibilities of professional practice. In addition to the Students’ Responsibilities stated in the University of Michigan-Flint catalog under the Student Rights Policy, the following activities are prohibited. Examples for each item listed below are not intended to be all-inclusive.

1.1.2.1 Falsification of Records and Official Documents: altering documents affecting academic records; forging a signature of authorization or falsifying or omitting necessary information on an official academic document, election form, grade report, letter of permission, petition, or any document designed to meet or exempt a student from an established department, school, or university academic regulation; falsification or unauthorized altering of information in any official academic computer file.

1.1.2.2 Identity Theft: assuming another person’s identity or role through deception or without proper authorization. Communicating or acting under the guise, name, identification, email address, signature, or indicia of another person without proper authorization or communicating under the rubric of an organization, entity, or unit that you do not have authority to represent.

1.1.3 Misuse of Community Assets Including:
1.1.3.1 Removing or damaging assets such as library and other academic or nonacademic reference materials, information technology resources, furniture, equipment or supplies.

1.1.3.2 Defacing or other damaging of facilities (including university-owned housing facilities).

1.1.3.3 Tampering with fire or other safety equipment.

1.1.3.4 Employing community assets in any activity that constitutes an attempted violation of any department, school, or university policy, procedure, guideline or rule.

1.1.3.5 Using such assets for personal gain such as generating personal income through consulting activities.

1.1.4 Disruptive Conduct:

1.1.4.1 Includes obstructing or disrupting classes, research projects, talks or other presentations, or other activities or programs of the school or other parts of the University

1.1.4.2 Includes obstructing access to department community assets or to similar resources in other parts of the University

1.1.4.3 Excludes any behavior protected by the university's policy on "Freedom of Speech and Artistic Expression" (University of Michigan Standard Practice Guide 601.1).

1.1.5 Harassment: including not only sexual harassment, but also hazing, stalking, repeatedly sending e-mails, making derogatory statements on social networking pages or other electronic media, making phone calls or transmitting documents that are uninvited and unwanted, making threats, and any other wrongful conduct that seriously interferes with the work or study of any member of the physical therapy department community, guest or any person with whom the offender is interacting in connection with any department program or activity. The university’s definition of sexual harassment can be found in the Student Rights Policy in the UM-Flint catalog.

1.2 Student Expectations for Conduct With Regard To Personal Behavior In Educational, Clinical, And Professional Settings. Students are expected to:

1.2.1 Comply with Federal and State of Michigan laws and regulations related to licensure and professional practice (e.g. HIPAA).

1.2.2 Comply with the University of Michigan-Flint students’ responsibilities specified in the Student Rights Policy found in the University of Michigan-Flint catalog.

1.2.3 Comply with the policies, procedures, and guidelines established by the School of Health Professions and Studies, the Physical Therapy Department, and the Physical Therapy Program in which they are enrolled. In addition, students are responsible for being informed of the policies, procedures, and guidelines that govern their Physical Therapy Program and all updates.

1.2.3.1 As a condition of enrollment to sign the required PT Department Policy, Procedures, and Guidelines Compliance Form.

1.2.4 Conduct themselves in strict compliance with the APTA Code of Ethics, Standards for Practice, Guidelines for Professional Conduct, and Core Values. Should any conflict exist between these documents, due to differences in integration or subsequent modification, the APTA Code of Ethics takes precedence. Students receive the above documents within the first semester of the DPT program.

1.2.5 Maintain a personal appearance and demeanor that reflects their professional function. Personal attire should always be neat and appropriate to the situation.

1.2.6 Comply with the required non-discrimination policies of the University and clinical sites and avoid any conduct that is discriminatory or harassing.

1.2.7 Demonstrate the highest concepts of honor and personal integrity.

1.2.8 Undertake the study of physical therapy with good intent. Students are obligated to develop to their maximum potential knowledge, skill and attitudes, as described in the Professional Socialization and Development Policy and Procedure, to equip them to meet the needs of the clients / patients they will serve.

1.3 In all learning experiences in educational, clinical, and professional settings, students will exhibit courtesy
and respect for instructors, staff, other students, and patients. Students are expected to:

1.3.1 Show respect for others.
1.3.2 Provide deference for patient need in use of elevators and other clinical facility resources.
1.3.3 Refrain from using cell phones and other electronic devices for personal use during lectures, labs, and clinical education.
1.3.4 Refrain from eating in inappropriate places.
   1.3.4.1 Eating in classroom lectures may be done with the permission of the instructor.
   1.3.4.2 Eating in laboratory rooms is not permitted except for covered drink containers.
   1.3.4.3 Eating should not occur during guest lectures.
   1.3.4.4 Students should follow the policy set in the clinic regarding eating and drinking.
   1.3.4.5 All garbage and spills should be addressed after eating/drink in any area of the building or in the clinic.
1.3.5 Refrain from making inappropriately loud or boisterous noise.
1.3.6 Leave areas used for study or clinical practice in a tidy condition.
1.3.7 Follow parking regulations of the facility.
1.3.8 Use clinical facility lounges and office spaces appropriately.
1.3.9 Monitoring their own personal possessions.
1.3.10 Refrain from smoking except in designated areas defined by the university or clinic.

1.4 In all learning experiences in classroom and laboratory settings, students will exhibit courtesy and respect for instructors, staff, and other students. Students are expected to:

1.4.1 Be attentive, showing respect for one’s neighbor, and exhibiting orderly conduct. Students should avoid side conversations during lectures.
1.4.2 Refrain from lying on the plinths during instructional sessions in the lab area unless they are part of the demonstration or experiment. Not only does sitting and lying on plinths increase laundry costs, but poor habit patterns for clinical practice may be established.

1.5 In all clinical settings, students are expected to:

1.5.1 Comply with the rules of the clinical facilities as established by the appropriate administrative authority in the settings.
1.5.2 Refrain from representing themselves as physical therapists.
1.5.3 Refrain from assuming the role of a student physical therapist unless they are in a clinical education course and have been assigned to the site by the PTD.
1.5.4 Refrain from accepting employment as physical therapy aides after being accepted in the professional DPT program without adequate on-site professional supervision by a qualified physical therapist.
1.5.5 Refrain from accepting employment as a credentialed physical therapist assistant unless they are professionally qualified to do so.
1.5.6 Meet the expectations for their function as specified in the agreement for affiliation established by the University with the clinical site in which they are placed,
1.5.7 Conduct their clinical education experiences in strict compliance with the APTA Code of Ethics and Guide for Professional Conduct or as modified by current legal decisions and guidelines.
1.5.8 Promptly report to the Associate Director for Clinical Education any violations of the Code of Ethics and Guide for Professional Conduct which they become aware of.
1.5.9 Conduct their activities in clinical education as described in the following documents: APTA Standards of Clinical Practice, Guidelines for Professional Conduct, Code of Ethics, and all policies and procedures found in the Clinical Education Handbook.

1.6 Violations Related to Implementation of the Professional Conduct Policy and Procedure:

1.6.1 Retaliation: retaliating against administrative staff, faculty, or student colleagues because of their participation in the Professional Conduct process.
1.6.2 False Accusations: making false accusations regarding professional conduct of administrative staff, faculty, or student colleagues.

1.6.3 Failure to Participate in Professional Conduct Process: failing to participate in the professional conduct process in both a timely and professionally accountable manner. Specifically, failure to comply with requests of the professional conduct investigators, Professional Conduct Hearing Committee, PTD Director, SHPS Student Appeals Committee or SHPS Dean.

1.6.4 Violation of Confidentiality in Professional Conduct Process: intentionally violating the confidentiality of the professional conduct process or student record for the purpose of contributing to the deception of anyone in the physical therapy or university community.

1.7 Lack of knowledge and understanding of laws, policies, procedures, or guidelines that govern a student’s academic and professional conduct is not an acceptable defense to a charge that the student has violated this policy or the Academic Standards Policy and Procedure.

2.0 ATTENDANCE

The requirement for prompt attendance in course offerings is based upon professional realities and expectations in clinical practice as well as the educational model employed in the Physical Therapy department. The faculty, therefore, is responsible for ensuring that graduates of the program participate fully in the educational experiences of the program to maximize each graduate’s effectiveness as a physical therapist.

The curriculum often requires student presence, active engagement and student initiated learning experiences as important elements of the instructional process. Students give to as well as take from the richness of the curriculum. Therefore, student lateness or absence markedly diminishes the effectiveness of instructional efforts for both themselves and their classmates. To foster accountability as an essential, professional responsibility and to ensure that a student’s record reflects accurate attendance trends for recommendations sought for employment, education, or other purposes, records of non-attendance will be kept in the student’s file. The following additional specific rules, regulations, guidelines and remedies follow from professional requirements for responsibility, self regulation and accountability.

2.1 The requirements for student attendance are set by individual instructors as necessary and appropriate for courses for which they have been assigned instructional responsibility. Attendance requirements for the course are stated on the first day and will appear in writing as part of the course pack if a course pack is provided. For courses in which attendance is not mandatory, it is still necessary to notify the department of your delay or absence. All class times listed in the course pack are considered scheduled classes.

2.1.1 Attendance in all Clinical Education courses is mandatory.

2.2 For absences of a short duration (parts of a day up to 2 days) or unanticipated significant tardiness whether it be for physical therapy classes, clinical education, or required non-physical therapy classes in other departments, the student is required to inform the Physical Therapy Department by reporting their absence to a PT Department staff member no later than 8:00 a.m. If it is a mid-day tardiness or absence the student must inform a PT Department staff member as soon as possible on that day. The student is to indicate: 1) he/she will not be present, 2) the extent of the absence if known and 3) reasons or explanation. The term “personal reasons” will be considered necessary and sufficient if it is not used on multiple occasions to explain excessive absence or lateness. Staff of the Physical Therapy Department will record the information regarding the absence. At the end of the month, occurrences are recorded on an individual student attendance sheet which is housed in the student file. If a student has more than 3 occurrences in one month, the director will be informed and will request the Generic Abilities Contact to meet with the student and determine if further action is required.

2.2.1 If the student is tardy or absent from a clinical internship, the student must first contact the clinic as
soon as possible. After contacting the clinic, the student must then call the PT Department secretary to report his/her tardiness/absence.

2.3 For planned absences of a prolonged nature during the:

2.3.1 Didactic portion of the program, the student must first consult with the Program Director. Extended absences are authorized at the discretion of the faculty and generally only in the case of commitments made before entering the program, personal illness requiring care, death or illness in the immediate family or judicial matters requiring student presence or other similar circumstances. Should a student be unable to attend scheduled classes, he/she is required to notify each instructor involved as much in advance as possible in order to facilitate the restructuring of class learning experience and/or remediation of any anticipated student deficiencies.

2.3.2 Clinical education portion of the program (PTP530, PTP564, PTP632, PTP733, PTP734, PTP735, and PTP736), the student must also consult with the ADCE who has authority to act on behalf of the faculty to authorize such absences.

2.3.3 Students must fill out the green attendance form at the PT Department secretary’s desk prior to their planned absence.

2.3.4 For extended absences or restrictions due to a medical condition, students must submit a letter to the Director from their physician indicating any restrictions on classroom, laboratory, or clinical education. The physician letter should include: diagnosis, specific restrictions, and estimated duration of restrictions.

2.3.4.1 All changes in physical or mental health must be reported to the ADCE.

2.3.5 In order to clear previously established medical restrictions, a note from the physician must be submitted to the Director. The letter must include the date the restrictions are removed, the physician name, clinic, clinic address, and phone number.

2.4 In the extreme case that a student cannot inform a PT Department staff member regarding lateness or absence, it is acceptable for another student, family member, or a designated proxy to act on the student’s behalf. However, it remains the student’s responsibility to assure that he/she complies with provisions of the policy and procedure.

2.5 In order to avoid absence or lateness, the student may request from an individual instructor temporary reassignment to another section of a class which meets at a different class time. Such requests will be considered if they do not diminish instructional efficiency.

2.6 Absence or tardiness caused by dangerous or unanticipated travel conditions may be an excusable reason for non-compliance with this attendance policy.

2.7 Attendance at classes as scheduled takes highest priority in the educational program. Students may not attend other departmental educational opportunities that conflict with the regular class schedule, e.g. research, or miss class to complete course assignments in another class, e.g. to get all of the clinical education paperwork turned in on time, unless the student gets approval from the course instructor.

2.8 Inability to attend rescheduled classes in non-regular class times must be discussed with the course instructor.

2.9 Students are cautioned that extensive tardiness and multiple unplanned and unexplained absences will be noted by instructors and may influence grades and future employer references, as well as lead to violation of the professional conduct policy. Instructors are especially sensitive to unexplained absences which occur prior to major examinations or prior to or immediately after recesses or holidays.

2.10 For all absences, students are responsible to seek out their course instructors in a timely manner to
determine how to make-up any missed assignments or examinations.

2.11 Students are expected to attend regularly scheduled class meetings and comply with requests of elected class officers.

2.12 Students are expected to attend specially scheduled meetings with the Physical Therapy Department Director or his/her designee. Exceptions may be granted by the Director or his/her designee in special circumstances.

3.0 ATTIRE AND PERSONAL HYGIENE

3.1 Educational Settings. In the labs, clean, non-ornamental clothing is to be worn. Appropriate underclothing and outer clothing allow unrestricted movement and exposure of body parts necessary for laboratory activities. Individual instructors will provide specific guidelines for the courses they teach.

3.2 Clinical Settings. Standards of clinical attire vary from clinic to clinic. Final approval for clinical attire is to be given by the clinical instructor of the facility to which you are assigned. The standards below reflect general agreement of acceptability of all clinical education sites.

3.2.1 Standards for both men and women. Students are to abide by the dress regulations of the facility to which they are assigned and in all cases must be dressed in a professionally acceptable manner: neat, clean and well-coordinated with a conservative fit

3.2.1.1 Extreme colors and styles are not acceptable. Examples of extreme colors and styles include, but are not limited to: bright colors, unmatched patterns, insufficient skirt or pant length.

3.2.1.2 No exposed midriff in the front or back is allowed.

3.2.1.3 Socks or hosiery are required at all times.

3.2.1.4 Shoes must be clean, comfortable, stable, secure, and have safe non-skid soles.

3.2.1.4.1 No sandals, mules, clogs, or tennis shoes

3.2.1.4.2 No open toed or sling back style shoes

3.2.1.4.3 brown, navy, black, or cordovan color preferred

3.2.1.5 A hip length, long-sleeved white lab coat is acceptable.

3.2.1.6 Name pins should be worn and must include the description "student physical therapist". If name tags are supplied by the clinical facility, there must be the description “SPT” added after the student’s name.

3.2.1.7 Hair styles should be neat and off the face and shoulders. Long hair should be fastened with hair fasteners of neutral color and used for the purpose of securing the hair, not for decoration.

3.2.1.7.1 Hair color should be natural / neutral color.

3.2.1.8 Personal cleanliness and hygiene are to be maintained at all times. Perfumes, colognes or aftershave lotions should be used with caution since they can sometimes be nauseating to people who are ill or may trigger allergic reactions.

3.2.1.9 Minimal amounts of conservative jewelry may be worn. Jewelry must be simple in taste and unobtrusive.

3.2.1.9.1 A watch with a second hand must be worn or available on their person.

3.2.1.9.2 Small earrings (no more than two per ear) which are not distracting may be worn. For safety reasons, dangle earrings are not acceptable. Size of the earrings should be no larger than the size of a dime.

3.2.1.9.3 No oversized rings or dangling necklaces are permitted. A ring with a flat band is acceptable if it does not interfere with treatment.
3.2.1.9.4 No bracelets are allowed.
3.2.1.10 Current cultural trends of body piercing are not acceptable in the health care environment, other than those specified above for the ear. Any piercing, other than the ears, for cultural beliefs must be approved by the ADCE.
3.2.1.11 Tattoos must be covered by clothing.
3.2.1.12 Nails should be appropriate length (no longer than ¼ inch), clean, and manicured. Artificial nails and tips are not acceptable for infection control purposes.

3.2.2 Standards only for men:
3.2.2.1 Solid color full-length dress slacks (preferably khaki, black, navy or gray). No denim or corduroy.
3.2.2.2 Solid color dress shirt. Shirt tails must be tucked in.
3.2.2.3 Appropriate undergarments should be worn to include undershirt and appropriately fitting underwear.
3.2.2.4 Facial hair is to be clean shaven or kept neatly trimmed and clean. Beards and moustaches must be coverable by a mask and special masks must fit tight.

3.2.3 Standards only for women:
3.2.3.1 Solid color full-length dress slacks (preferably khaki, black, navy or gray). No denim or corduroy.
3.2.3.1.1 No Capri or crop pants.
3.2.3.1.2 Pant length must be 1 inch from bottom of shoes.
3.2.3.2 Solid color dress shirt or blouse
3.2.3.2.1 Shirt should be modest – low necklines and excessively loose or tight shirts are not acceptable.
3.2.3.2.2 No sleeveless or cap-sleeve shirts
3.2.3.2.3 No see-through fabrics
3.2.3.2.4 Appropriate undergarments should be worn to include bra, camisole if needed, and appropriate fitting underwear.

3.3 Personal Grooming/Hygiene. Students are expected to give consideration to those studying with them. It is expected that students will be clean and neat and aware of socially acceptable standards and methods of personal self-care and abide by them. Lack of such standards may lead to educational inefficiency as well as endanger the health of others.

4.0 PROPER USE OF EDUCATION RESOURCES

Students are to use the educational resources of the Physical Therapy Department in a professionally accountable fashion according to the following procedures.

4.1 Education Resources. Books and AV resources are provided for ready reference use by both students and faculty. Under limited circumstances, laboratory equipment may be loaned out to students for educational purposes only.
4.1.1 Bound volumes of the Journals, all books and reference materials maintained by the Physical Therapy Department may not be removed from the building.
4.1.2 Student designated software may only be used within the Wm. S. White Building. The software and books are only available between the hours of 8-5 p.m.
4.1.3 Removal and use of such educational resources requires the student to complete a Request for Removal and Use of University Equipment form. The forms are available from the office staff. The students’ request is subject to availability.
4.1.4 Removal and use of audiovisuals may be authorized by office staff.
4.2 **Equipment.** Removal and use of PT Department equipment must be authorized by a PT Department faculty member. Students must complete the form entitled Request for Removal and Use of University Equipment and have it signed by a PT Department faculty member prior to removal of equipment from the building.

4.2.1 When equipment is returned, the student is responsible to show the equipment to the PT Department secretary who will document receipt of the returned materials on the Request for Removal and Use of University Equipment form.

4.2.2 The student is responsible to return the equipment to its proper storage location.

4.3 If a student fails to comply with the timely return of books, audiovisual materials, or equipment the following action will occur:

4.3.1 First offense in a given semester or term within an academic year - Student will be given a written warning.

4.3.2 Second offense in a given semester or term within an academic year – student will not be allowed to remove any item from the building for the remainder of the semester or term in which the violation occurs. Student will be given a written warning.

4.3.3 Third offense in a given semester or term within an academic year – student will not be allowed to remove any item from the building for the remainder of the academic year in which the violation occurs. Student will be given a written warning.

4.3.4 First offense in a given semester or term within a new academic year – if a student has had a 2nd or 3rd offense within a previous academic year the student will not be allowed to remove any item from the building for the remainder of the academic year. Student will be given a written warning.

5.0 **PROPER USE OF GENERAL PHYSICAL FACILITIES**

Students are to use the physical resources of the Physical Therapy Department in a professionally accountable fashion according to the following procedures.

5.1 Teaching laboratories may be used during unscheduled times during regular building hours until the beginning of the exam period each semester when laboratories will be secured for examination purposes. Scheduling of the teaching laboratories is done by the Department secretary and other staff members.

5.1.1 No access to the William S. White building or the PTD laboratories is permitted when the building is closed, e.g. on Sundays and holiday periods.

5.1.2 For weeknight and Saturday use, the student must be accompanied by another physical therapy student.

5.1.3 The laboratory must be left in order with all equipment returned to its proper storage place.

5.1.4 Laboratory supplies with single use applications such as sterile gloves and some of the electrodes may only be used with permission of the PT Department faculty member who teaches the course in which the supplies are utilized.

5.1.5 Students who use teaching laboratories for research purposes, must still abide by the supervision requirements stated in the Scholarly Activity Policy and Procedure.

5.2 Students may not use office telephones except in emergency and with permission.

5.3 Students must obey parking rules of the University.

5.4 Smoking is not permitted in any university building. Smoking is permitted only in designated areas.

5.5 Mail Boxes. Each student should monitor a mail box assigned to her/him. Mail boxes in the reception area may be used only for messages, return of papers, and other appropriate purposes. Each faculty and staff member will also have a box.
5.6 Bulletin Board. Students in the Physical Therapy Department may display items on the student bulletin boards in the appropriate designated section. Class officers are responsible for the appearance of the individual class sections on the bulletin boards throughout each semester. The following procedures for placement of items on student bulletin boards will be followed:

5.6.1 All items to be displayed must be stamped, dated, and approved by University of Michigan-Flint Physical Therapy Department staff and signed by submitter.

5.6.2 Items not stamped will be removed and disposed of appropriately.

5.6.3 Approval for items to be displayed on student bulletin boards will be in effect for only one term and therefore will be removed by staff at the end each semester. Remaining items will be kept in the Physical Therapy Department for one week into next semester and can be claimed. Any unclaimed items will be disposed of appropriately.

5.6.4 Items may be re-approved for display if space is available.

5.6.5 Size of items may be limited to 8”x11” unless special permission is received. No item is to be placed outside the boundaries of the student bulletin boards.

5.6.6 A faculty and/or staff member may remove any item that is not date stamped or they deem inappropriate.

6.0 REPORTING PROCEDURE

Inability to abide by the policies and procedures in this document indicates that a student lacks sufficient maturity, stability, dedication or control of his/her conduct to practice physical therapy in an accountable manner.

6.1 Any reasonable suspicion of a student’s violation of this policy and procedure observed by a fellow student is required to be reported promptly to the course instructor or to the observing student’s faculty advisor. The report should be in writing on the Professional Conduct Incident Report form unless the urgency of the matter warrants an immediate oral report. In this case, the observer should follow up with a written report of the event within 24 hours.

6.2 Anyone reporting a suspected violation may request anonymity to the extent feasible given the necessary investigation procedures.

6.3 Failure by any student to report legitimate suspicions of violations will be viewed as nonconformance with the APTA Core Values of accountability, integrity, professional duty, and social responsibility.

7.0 PROFESSIONAL CONDUCT POLICY ACCOUNTABILITY PROCEDURES

7.1 Student Orientation. Students are informed of the Professional Conduct Policy and Procedure as part of their orientation to the professional DPT program and in the orientation to clinical education. This orientation will include information regarding treatment of violations of the policy.

7.2 The PTD Professional Conduct Committee:

7.2.1 Operates to make determinations in reported violations of professional conduct by students.

7.2.2 Is constituted with the following membership:

7.2.2.1 A quorum of Physical Therapy Department faculty with the exception of the Director.

7.2.2.2 Two students, one in their first year of study and one in their second year of study in the DPT Program will be appointed to the committee.

7.2.2.2.1 Students are appointed by the Director for one year terms from January 1 – December 31.

7.2.2.2.2 Only the student who is not a classmate of the student for whom the hearing was
called will participate in the hearing.

7.2.2.2.3 The student serving on a case is not permitted to divulge any information about the case to other students, family, or community members.

7.2.2.3 One of the Associate Directors of Physical Therapy will serve as the chair of the committee.

7.3 Attempts. An attempt to commit an act prohibited by this code may be punished to the same extent as a completed violation.

7.4 Notice of Violations (see Appendix 1 for flow chart of process). Any faculty, staff, or student who becomes aware of a violation of the Policy and Procedure to Enhance Professional Conduct will promptly inform the student of the violation and provide guidance to the student with regard to approaches to remediate the difficulty.

7.4.1 All violations of this policy and procedure will be logged by the involved faculty, staff, or student into the student file within 48 hours of the event using the Professional Conduct Incident Report and Plan (see Appendix 2), even if the violations are minor. The form documents a brief description of the incident, a statement from the student that he/she accepts responsibility for the violation, and a description of how the student plans to correct the violation.

7.4.2 The faculty, staff, or student filing the report will then notify the chair of the PTD Professional Conduct Committee within 24 hours of submission of the Incident Report.

7.5 The Chair of the Professional Conduct Committee will determine if a preliminary investigation is necessary. If the incident has been adequately resolved, the Chair of the Committee will submit a note to the student indicating that no further investigation of the incident will occur unless additional evidence is subsequently presented. Copies of the letter will go to the student file with notification to the faculty advisor and Director. The Chair will also notify the originator of the report that the professional conduct investigation process has been initiated.

7.6 Preliminary Investigation. A preliminary investigation will be conducted within 4 working days of determination by the Chair of the Physical Therapy Department Professional Conduct Committee that an investigation is necessary.

7.6.1 The preliminary investigation will be conducted by a PTD faculty member who is not involved in the case and the student committee representative who is in the same program, but not a classmate of the involved student.

7.6.1.1 The PTD Professional Conduct Committee Chair is responsible to appoint the preliminary investigators within 24 hours after being notified in writing of the purported violation of professional conduct.

7.6.1.2 The preliminary investigators have 4 working days after being appointed to investigate a case to investigate and make a preliminary recommendation to the chair of the PTD Professional Conduct Committee.

7.6.2 Examples of preliminary investigation include, but are not limited to interviews of the accused student and the person who accused the student.

7.6.3 The investigators will submit their findings in writing to the chair of the DPT Professional Conduct Committee. The committee chair in consultation with two other committee members will determine among the following courses of action:

7.6.3.1 the accusation is unwarranted.

7.6.3.1.1 A letter documenting the result of the preliminary investigation will be placed in the student file.

7.6.3.2 The violation is minor and can be readily resolved without a full investigation or hearing.

7.6.3.2.1 This letter must include documentation of how the violation will be resolved and
must be signed by both the Chair of the PTD Professional Conduct Committee and the involved student.

7.6.3.3 a full investigation and hearing are warranted.

7.6.4 Within 24 hours following review of the information from the preliminary investigation, a letter documenting the result of the preliminary investigation will be provided to the student with copies made for the student file, faculty advisor, and program director.

7.7 Full Investigation. If a full investigation is deemed necessary, the student will be notified promptly in writing by the PTD Professional Conduct Committee Chair via certified mail, email, student mailbox, and/or phone call, that a hearing will be scheduled by the Chair within one week of the determination of the outcome of the preliminary investigation. If the chair determines that a longer period of time is needed to thoroughly investigate the case the hearing will be delayed, but must occur no more than three weeks after the determination of the preliminary investigation.

7.7.1 The PTD Professional Conduct Committee Chair and the two investigating members of the committee who reviewed the findings of the preliminary investigation will do further investigation if necessary before the scheduled hearing and submit a written report and any supporting evidence at least 24 hours in advance of the scheduled hearing.

7.7.2 The PTD Professional Conduct Committee Chair will ask the student under investigation to submit to the committee a written statement regarding the accusation and any supporting evidence at least 24 hours in advance of the scheduled hearing. All evidence to support the case must be presented in writing at this time. Evidence submitted after this time will not be considered.

7.7.3 If the student wishes to have witnesses present at the hearing, he/she must submit a list of potential witnesses to the chair of the PTD Professional Conduct Committee at least 48 hours in advance of the scheduled hearing.

7.7.4 If the student wishes to have an advisor at the hearing, he/she must submit the name of the advisor and whether or not the advisor is an attorney to the chair of the PTD Professional Conduct Committee at least 48 hours in advance of the scheduled hearing.

7.7.4.1 The role of a student advisor during the hearing is limited to providing advice directly to the student. The advisor will not be permitted to speak directly to the PTD Professional Conduct Committee or other witnesses.

7.8 Professional Conduct Hearing.

7.8.1 The student will be asked to make a presentation of his/her case to the committee.

7.8.1.1 Only evidence and written statements submitted to the Professional Conduct Committee Chair 24 hours prior to the hearing will be considered. The committee is best able to make an informed decision only if all evidence pertinent to the case is presented before or during the departmental hearing.

7.8.1.2 The student may have an advisor present during the hearing. The role of an advisor during the hearing is limited to providing advice directly to the student. The advisor will not be permitted to speak directly to the Committee or other witnesses.

7.8.2 The committee will then be allowed to question the student.

7.8.3 Witnesses may testify.

7.8.3.1 Witnesses the accused student invites will testify first.
7.8.3.2 Witnesses the chair invites based on the preliminary investigation will testify second.
7.8.3.3 Committee members may question all witnesses.
7.8.3.4 The accused student may question witnesses invited by the chair of the committee.
7.8.3.5 The chair of the PTD Professional Conduct Committee has the right to limit the number of witnesses if their testimony is expected to be redundant or limit the amount of time provided to witnesses if the information is redundant or irrelevant to the case.
7.8.4 The hearing will be closed to the public and will be audio recorded. A party to the hearing may request a copy of the recording.

7.8.4.1 All recordings of the proceedings will be controlled by the Physical Therapy Department. No court reporters, stenographers, videographers, or similar professionals are permitted without the prior consent of the Physical Therapy Department.

7.8.5 Upon completion of questioning, the accused student will be excused from the hearing and the committee will deliberate in private to determine an outcome.

7.8.5.1 A finding that the accused student is responsible for the alleged violation must be based on the totality of the evidence with the preponderance of the presented evidence supporting the committee's conclusion.

7.8.6 The chair of the committee will prepare a formal letter for the student outlining the charges, evidence supporting the committee's determination, sanction if any, and a reference to the appeal process. The student must be notified of the outcome of the hearing through this letter within one week of the hearing. A copy of this letter will be placed in the student's file.

8.0 POSSIBLE PROFESSIONAL CONDUCT SANCTIONS.

The following list of sanctions is not necessarily intended to be all inclusive. In some cases, a combination of sanctions may be imposed. Sanctions are effective immediately following student notification of the hearing outcome unless otherwise specified in the letter from the PTD Professional Conduct Committee chair. Possible sanctions include:

8.1 Formal Reprimand. Informing the student in writing that he/she has violated the code and that future violations will be dealt with more severely.

8.2 Professionalism and Ethics Counseling with the Student's Advisor. A regular schedule of counseling meetings will be arranged with the student's faculty advisor or his/her designee.

8.3 Educational Project. Completion of a class, workshop or project to help the student understand why his/her behavior was inappropriate and/or how to avoid a future violation.

8.4 Service. Performance of one or more tasks designed to benefit the school or the nearby community and to help the student understand why his/her behavior was inappropriate.

8.5 Disciplinary Probation. Designation of a period of time during which the student will not be in good standing with the DPT Program. Students not in good standing are restricted from applying for special affiliations and some scholarships.

8.6 Transcript Notation. A notation on the student's transcript that a failing grade in a course was related to an academic integrity violation.

8.7 Suspension. Temporary removal of a student from the DPT Program for a specified or unspecified period, which will be permanently noted on the transcript. There can be stipulated conditions for re-admission to the student's program as well as a time limit for meeting those stipulations.

8.8 Withholding a Degree. Withholding of the student's degree until stated sanction requirements have been met. There may be a deadline set for meeting the requirements which, if not met, will result in the student's loss of eligibility to receive the degree at any time in the future.

8.9 Expulsion. Permanent dismissal from the program, which will be permanently noted on the student's
9.0 APPEAL PROCESS

9.1 The sanctioned student has a right of appeal to the Department Director. The appeal to the Director should be written on the PT Department Professional Conduct Appeal Form. The appeal form must be received by the Director no later than five business days after the student has received written confirmation of the decision of the Professional Conduct Committee. During the departmental and school appeal processes the student may continue to take classes as long as the student does not present a potential threat to others in the university. However, students will be prohibited from proceeding into any clinical internships (PTP530, PTP564, PTP632, PTP733, PTP734, PTP735, and PTP736) until their appeals are resolved since only students in good standing are permitted to proceed into these courses.

9.1.1 The student must specify the basis for the appeal on the PT Department Professional Conduct Appeal form that is submitted to the Director.

9.1.2 No new evidence is permitted in the appeal process.

9.2 Upon receipt of notification of appeal, the Director will in a timely manner hear the appeal.

9.2.1 During the appeal, the Director will hear comments from:

9.2.1.1 The student if the student requests to be present during the appeal

9.2.1.1.1 The student may have an advisor present during the appeal. The role of a student advisor during the appeal is limited to providing advice directly to the student. The advisor will not be permitted to speak directly to the Director.

9.2.1.2 A PTD faculty member representative from the Professional Conduct Committee

9.2.1.3 No witnesses will be permitted in the appeal.

9.3 The Director may grant the appeal if any of the following conditions exist:

9.3.1 the decision is in violation of established departmental, school or university policies or procedures.

9.3.2 the decision is clearly prejudicial, grossly inequitable or academically indefensible.

9.4 Following appeal to the PT Department Director, the student may seek further appeal to the Student Appeals Committee of the School of Health Professions and Studies.

9.4.1 If pursuing an appeal at the school level, the student should contact the Dean's Office for a copy of the policy and procedures relative to student appeals.

9.4.2 The decision of the Student Appeals Committee of the School of Health Professions and Studies is final. (Pending approval of the revised SHPS Student Appeals Policy and Procedure)

10.0 RECORD KEEPING AND INFORMATION TRANSMITTAL

10.1 The Chair of the Professional Conduct Committee and the Department Director shall record essential elements of the process and place them in the student's file in the PT Department.

10.2 In case of an appeal, appropriate records and documentation will be forwarded to the body hearing the appeal.

10.3 Records related to academic discipline of a student are available to that student in their file.
Purpose:
The faculty and staff of the Physical Therapy Department (PTD) at the University of Michigan-Flint play an active role in the advisement of students in academic, professional and clinical education realms. The purpose of academic advising is to provide an opportunity for students and faculty to discuss academic matters. The purpose of professional development advising is to provide assistance to the student in developing professional attributes and core values. Included in this endeavor are development of a professional portfolio and monitoring of students service activity. The purpose of clinical education advising is to provide direction to the student in pursuit of their professional goals. This document ensures a more comprehensive approach to advising and serves to demonstrate the multiplicity of the faculty advising role.

General Advising Principles:
- All students enrolled in the professional Doctorate of Physical Therapy curriculum are assigned to faculty member holding an appointment in the Physical Therapy Department (PTD) for both academic and professional development advising and a faculty member holding an administrative appointment in Clinical Education within the PTD.

- Assignments are made by the department staff

- Student assignments to a faculty member may be changed upon mutual consent of the faculty member and student advisee and must be approved at a faculty meeting. Such changes encompass all aspects of the advising role.

- The student’s assigned advisor will be available to serve as an advisor, teacher, and mentor for not only students who are meeting and exceeding academic and professional development outcomes but also for those demonstrating problems in either academic or professional behaviors.

- Students may also seek informal advising from other physical therapy faculty members. When this occurs, the faculty member may refer the student to their primary advisor if follow-up is necessary.

- Student issues that involve personal or emotional counseling beyond the scope of traditional advising will be referred to the Student Development Center or a counselor of the students’ choice.

- At the end of each advising session, the student will review the Core Faculty Academic and Professional Development Advising Summary Form (Attachment 1a-e) from the advising session and sign it for placement in the student file.
Academic Advising Responsibilities of PT Students:

1. Coordinate and meet with their academic advisor at least twice a year (fall and spring/summer semesters). The meeting will be conducted to review the following information:
   1.1. Discuss current academic performance and develop a plan of action to improve academic performance when indicated. Please refer to the Academic Standards Policy and Procedure – Professional PT Program as a reference.
   1.1.1. Upon completion of this meeting, the student will review and sign the Core Faculty Academic and Professional Development Advising Summary Form before it is placed in the student file (Attachment 1a-e).

2. Professional Development Advising Responsibilities of PT Students

2.1. Students will coordinate and meet with their advisor at least twice a year to discuss their professional development and review the Integrated Core Values and Generic Abilities (ICVGA) document (Attachment 2a-c).

   2.1.1. Faculty will review the ICVGA and assist student in setting achievable goals in professional socialization. Goals to be set should be limited to 2-3 and be focused on general themes of professional development as defined during the meeting.

   2.1.2. Students will be required to submit a reflective paper on progress toward their professional development goals at the end of each academic year. Guidelines for the paper will be reviewed and discussed with the students during the first meeting with their generic abilities advising advisors. Faculty will review and comment on the paper at the next advisement appointment. Students who fail to complete this assignment will be considered in violation of the Professional Conduct Policy.

   2.1.3. Students will be required to submit a paper reflecting on the service activity of that year to their advisor. The faculty advisor is responsible for reading the paper and returning it to the student for placement in their portfolio. Guidelines for the paper will be reviewed and discussed with the students during the first meeting with their generic abilities advisors. Students who fail to complete this assignment will be considered in violation of the Professional Conduct Policy.

   2.1.4. Students who fail to schedule and meet with their advisor in the assigned time frame will be considered in violation of the Professional Conduct Policy and will follow the process as set out in Section 7.4.


   3.1. Students should review criteria for scholarships and awards to determine their eligibility for the award.
3.2. Students should approach their faculty advisor for letters of recommendation at least two weeks prior to scholarship/award/other deadline. A request falling within that two week grace period may be granted at faculty determination of special circumstances.

3.3. Students should provide the following information for each letter of recommendation:

3.3.1. Resume

3.3.2. Scholarship or award criteria

3.3.3. Other information as appropriate for faculty to write a positive letter of recommendation.

3.4. If a second letter is required for scholarships, the student may approach any other faculty for a recommendation. The time frame of two weeks will still be in effect.

4. Reasons for denial of a student request for a scholarship recommendation letter:

4.1. Release of information form has not been signed by the student.

4.2. The student is not in good standing as defined by the Academic Standards Policy and Procedures, Professional PT Program and Professional Conduct Policy and Procedure for PTD Professional Programs.

4.3. The student does not meet the criteria stated in the scholarship guidelines.

4.4. The advisor has a conflict of interest with the scholarship application (e.g. serves on the selection committee).

4.5. The student does not present enough time for letter to be written given faculty commitments (2 weeks minimum)

4.6. The faculty member feels it would be in the students’ best interest to seek another faculty member due to personal issues (i.e. faculty does not know the student well, faculty and student have personal conflicts, faculty could not write a positive letter of recommendation).

**Portfolio Advising Responsibilities of PT Faculty and Students**

1. As part of their professional development, students will develop a portfolio documenting their professional development, scholarship and service throughout their educational program. Portfolio development and discussion of artifacts for the portfolio will be discussed in the first meeting with their generic abilities advisors. Portfolios will be reviewed during the second advisory session held during the spring/summer semester. (Attachment 3)

2. Faculty role includes mentorship into this process and reviewer of assembled materials.
Student Exit Interview Responsibilities of PTD Faculty

1. Students are responsible for setting up meetings with their advisor.

2. Students must meet with their advisor in final semester of didactic portion of the curriculum to complete an exit interview to provide feedback on clinical education. Students must complete the exit interview to meet a course requirement in PTP 733, Clinical Education III.

Clinical Education Advising Responsibilities of PT Students

1. Coordinate and meet with their clinical education advisor at least once a year
   1.1 Year 1 - winter semester
   1.2 Year 2 - winter semester
   1.3 Year 3 - fall semester

2. The meeting will be conducted to review the following information:
   2.1 Review Health Documents with the clinical education advisor of any physical or psychological needs the student may currently have.
   2.2 Discuss interests within the physical therapy field to assist in coordination of potential clinical education placements.
   2.3 Discuss current physical therapy experience
   2.4 Discuss goals of clinical education experiences for future growth and development as a professional.

3. The meeting will also discuss Academic and Professional Conduct as seen by faculty which may be underdeveloped and a cause of concern for clinical performance.

4. Students who fail to comply will be considered in violation of the Professional Conduct Policy and will follow the process as set out in Section 7.4.

Adopted July 2008
Revised July 2009
Revised June 2010
## Advising Responsibilities of DPT Student

<table>
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<tr>
<th>YR</th>
<th>Fall Semester</th>
<th>Winter Semester</th>
<th>Sp/Summer Semester</th>
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</table>
| 1  | GENERIC ABILITIES ADVISOR  
   1. Set up meeting with your GAA in September or October  
   2. Bring completed Year 1 ICVGA form | CLINICAL EDUCATION ADVISOR  
   1. Set up meeting with CEA in January/February | GENERIC ABILITIES ADVISOR  
   1. Set up meeting with GAA in May/June  
   2. Bring completed Year 1 ICVGA form  
   3. Completed Professional Development reflective paper  
   4. Completed Service hour reflected paper  
   5. Bring portfolio for review |
| 2  | GENERIC ABILITIES ADVISOR  
   1. Set up meeting with your GAA in September or October  
   2. Bring completed Year 2 ICVGA form  
   3. Bring portfolio for review | CLINICAL EDUCATION ADVISOR  
   1. Set up meeting with CEA in January/February | GENERIC ABILITIES ADVISOR  
   1. Set up meeting with GAA in May/June  
   2. Bring completed Year 2 ICVGA form  
   3. Completed Professional Development reflective paper  
   4. Completed Service hour reflected paper  
   5. Bring portfolio for review |
| 3  | GENERIC ABILITIES ADVISOR  
   1. Set up meeting with your GAA in October or November  
   2. Bring completed Year 3 ICVGA form  
   3. Bring portfolio for review  
   4. Complete exit interview paperwork  
   CLINICAL EDUCATION ADVISOR  
   1. Set up meeting with CEA in November or December | | |
1. **PURPOSE.** The purpose of this policy is:

1.1 To provide an understanding of the prerequisite courses required to complete clinical education courses.

1.2. To provide a document which will clarify for students, clinical supervisors and physical therapy faculty the policies and procedures to be followed in determining the appropriate action following evaluation of student clinical performance.

1.3. To provide an outline of responsibilities of the Director of the Physical Therapy Department, Physical Therapy faculty, Associate Director for Clinical Education (ADCE), Assistant Director for Clinical Education (Asst. DCE), clinical instructors, and students relative to these policies and procedures.

1.4 To facilitate counseling of students by faculty in matters related to these policies and procedures.

2. **OPERATIONAL DEFINITIONS.** For the purposes of this policy, the following operational definitions are employed:

2.1 **Associate Director for Clinical Education (ADCE)/Assistant Director for Clinical Education (Asst. DCE):** Physical therapy faculty member appointed to this position or the individual who has been designated by the Director of the Department to act in the absence of the Associate Director for Clinical Education.

2.2 **Clinical Faculty:** Physical therapists responsible for the supervision of physical therapy students during clinical education. Clinical faculty includes the Center Coordinator for Clinical Education (CCCE) and/or the Clinical Instructor (CI).

2.3 **Didactic Course Work:** Year 1 through Fall Semester Year 3 of the DPT program.

2.4 **Good standing:** A student with an overall GPA of 5.0 or higher and no current professional conduct violations.

3. **OPERATIONAL PROCEDURES**

3.1 **Student Orientation.** The ADCE or Asst. DCE shall review the Clinical Education Handbook, which includes all policies related to Clinical Education, with the students in new student orientation and in PTP 564 - Clinical Observation Skills and Communication.
4. **PREREQUISITES**

4.1 The prerequisite to PTP 564 – Clinical Observation Skills and Communication is entry into the professional DPT program.

4.2 All courses and requirements in the DPT curriculum that occur in a prior semester to a clinical education course are considered prerequisites to the clinical education course.

4.3 In the case of a part time track, all Track A courses must be passed prior to attending the clinical education course in Track B of the same year.

4.4 Students must complete all incomplete courses before being allowed to participate in clinical education.

4.5 In extenuating circumstances, a student may be assessed by the ADCE in consultation with the faculty and/or Director if they are not in good standing (academic or professional conduct) to determine if the student may participate in clinical education courses.

4.6 A student undergoing an academic or professional conduct appeal may not attend any clinical education course, except in rare cases where specifically allowed by the ADCE in consultation with the faculty and/or Director. (See appeal process under the Academic Standards and Professional Conduct Policies).

5.0 **ACADEMIC STANDARDS FOR CLINICAL EDUCATION**

5.1 The Academic Standards Policy and Procedure of the DPT Program are adhered to as part of the Academic Standards for Clinical Education.

5.2 PTP 564, PTP 530, PTP 632, PTP 733 shall follow the 9.0 grading system set forth by the Academic Standards Policy.

5.3 A+, A, A-, B+, B, B- will be considered passing grades for PTP 734, PTP 735, and PTP 736 with the following system set below:

5.3.1 Any courses in which a C+, C, C-, D+, D or D- is earned do not count toward the DPT requirement. The student may be allowed only one re-take in total for the full-time internship series (PTP 734, PTP 735, PTP 736).

5.3.1.1 Students will be on probationary status while they are re-taking a clinical internship.

5.3.1.2 Successful completion of the re-take internship will remove the student from probationary status.

5.3.2 Only in exceptional cases will a student be assigned an E grade on a first attempt to take a full-time clinical internship course. This will result in automatic dismissal from the DPT program.

5.3.3 If the student fails the re-take internship, a grade of E will be assigned and the student will be automatically dismissed from the DPT program.
5.4 Grading stipulations will be outlined in the syllabus of each course and will include assessment of the student from clinical faculty as well as the instructor of the course. The ADCE determines the grade and necessary action plans for PTP 733, PTP 734, PTP 735, PTP 736 and makes consultative recommendations for PTP 564, PTP 530, PTP 632 if the ADCE is not the course instructor for these courses. If the ADCE is the instructor for PTP 564, PTP 530, or PTP 632, then the ADCE will determine the grade for these courses.

5.4.1 The ADCE will keep the student informed and notify the student in writing of the decision and course of action when his/her performance is evaluated as anything other than satisfactory. The ADCE will follow the same guidelines as outlined in the Academic Standards Policy, Section on Advising.

5.5 If there is any indication of an academic or professional issue during a clinical education course, the clinical faculty and/or instructor of the course will notify the ADCE. The ADCE will determine the course of action for the student and assess if the student may continue in the course.

5.5.1 For courses PTP 733, PTP 734, PTP 735, PTP 736, the ADCE will decide if the student's performance in the Clinical Education course is satisfactory after careful review of the evaluation from the clinical faculty and review of all assignments and paperwork completion.

5.5.2 Removal from a clinical internship will result in a failing grade for the course. Examples of situations in which a student may be removed from a clinical internship include, but are not limited to:

5.5.2.1 Replication of unacceptable behavior that was previously identified and addressed through the Academic Standards or Professional Conduct Policy and procedures during the didactic portion of the DPT program or during a prior clinical internship.

5.5.2.2 Demonstration of inadequate cognitive, psychomotor, or affective performance.

5.5.2.3 Documented evidence of persistent actions or omissions which endanger the health and/or safety of patients.

5.5.2.4 Demonstrated inability to gain from the clinical education opportunities available in that setting.

5.5.2.5 Persistent failure to adhere to the policies and procedures and standards of practice in the clinical education facility.

5.5.2.6 Assessment of student on Clinical Performance Instrument that is not adequate to meet course objective.

5.5.3 Removal of the student from a clinical internship is the sole prerogative of the ADCE. The ADCE may consult with the DPT core faculty as needed. The decision to remove the student from the clinical facility may not be appealed. The student has no right of return to that clinical facility to continue a clinical internship unless the ADCE determines this is in the best interest of the student's education.

5.5.4 In extreme cases the ADCE may take any of the following actions after seeking consultation from the core faculty.

5.5.4.1 Return the student to clinical education after providing academic counseling.
5.5.4.2 Require the student to undergo a series of remedial activities which may include cognitive, psychomotor or affective components.

5.5.4.3 Require the student to demonstrate basic competencies in order to gain from clinical education and establish criteria for minimal competency to return to clinical education. Assessment may be made by written, practical and/or oral examination utilizing a passing score of 80% in each required assessment.

5.5.4.4 The actions cited above shall be carried out based on individual case situations and may be completed with the guidance of non-physical therapy experts (for example, physicians, psychologists, counselors). In cases that result in a decision not to return the student to clinical education, the student will be assigned an “E” grade.

6. RECORD KEEPING AND INFORMATION TRANSMITTAL

6.1 All student performance documentation related to full time internships will be kept in the student file.
Safety, Rights, Privacy, and Dignity of Individuals and Clinical Education Sites
Policy and Procedure

Purpose: Many individuals and clinical sites are involved in the education of the DPT students. These individuals and sites have inalienable rights to safety, dignity and privacy.

Operational Definitions:
- Individual: a patient treated in a clinical education setting or, an individual brought in to the PTD for educational purposes or demonstration or an individual seen in a non-clinical, off-campus setting for educational purposes or demonstration.
- Clinical Education Site: any clinical education facility under contract with PTD for student educational purposes.

Procedures to Protect the Rights, Dignity and Safety:
- Students enrolled in the professional physical therapy program require education on patient privacy following HIPAA guidelines and Joint Commission standards on privacy, dignity and safety.
- Students are required to pass a computerized online exam regarding patient rights and pass with an 80% competency rate prior to participation in any clinical education course. This exam is part of the assessment of students in PTP 564.
- Clinical Education Facilities have individual orientation sessions that may review privacy, dignity and safety information as it pertains to patient rights.
- All practice pattern courses for Examination and Plan of Care discuss emergency response situations.
- Patient dignity is discussed in the Therapeutic Relations sequence

Patient Rights to Refuse Treatment:
- Students are educated to ask patient’s permission prior to treatment. Students are aware of state laws on the MI Patient Bill of Rights http://legislature.mi.gov/doc.aspx?mcl-333-20201
  In addition, most clinical facilities have similar individual patient bill of rights.

Guidelines for individuals who participate in demonstrations and practice for educational purposes:
- All individuals who participate in classroom and laboratory sessions, on or off campus, for educational purposes sign an informed consent form allowing such demonstration or practice. These consents will be kept for a period of 7 years within the Physical Therapy Department.
- Any information obtained from the individuals for educational purposes will be destroyed after the course is over.
- These individuals will be accorded the same rights, privacy, safety and dignity as the patients who would be seen in a clinical education facility.
Guidelines for use of information obtained from Clinical Education Sites (i.e., patient exercise or protocols or educational materials, equipment, promotional materials, etc. documentation templates and gifts from patients or clinical instructors or facilities, acceptance of freebies.)

- Students are expected to follow the rules and regulations of the Clinical Education Site. Any materials obtained from those clinics must be freely given to the student by the facility. Verbal consent is appropriate as most information is not copyrighted. Examples of these materials are patient education information sheets, surgical protocols for rehabilitation or exercise, evaluation forms, documentation templates etc.
- Students are not allowed to take gifts from Clinical Instructors or from patients except for what is allowed under MI law (worth less than $25 or can be equally shared by the facility).

Guidelines for patient information obtained from Clinical Education Sites for purposes of educational instruction (Case Report, Poster Presentation, SOAP Notes or other Documentation assignments)

- Students are sometimes asked to bring back from clinical internships real patient scenario’s for case reports or teaching purposes. Students must follow HIPAA guidelines and remove all patient identifiers. Students who want to utilize patient data from an outside health care provider for a university assignment, should obtain a HIPAA compliant written authorization from the patient or his/her authorized representative, prior to using or removing the information.

Incidents where students fail to demonstrate professional attributes of safeguarding patient rights, dignity and safety in any aspect will be addressed through the Professional Conduct Policy.

Adopted: June 25, 2010
RELEASE OF MEDICAL INFORMATION

This Authorization is voluntary. I understand that University of Michigan-Flint will not condition treatment, payment, enrollment or eligibility for benefits on my signing this document.

Patient Name:__________________________________________________________
Address:________________________________________________________________ City:_________________ State:_____ Zip:__________
Phone:__________________________________________________________________

I hereby authorize the release of information from:

Name of Organization:____________________________________________________________________________________________________
Address:________________________________________________________________ City:_________________ State:_____ Zip:__________
Phone:__________________________________________________________________

To be used by: University of Michigan-Flint Physical Therapy Program
Course:____________________________________   Instructor:_________________________________________
Semester/Year:______________________________
My medical information if released from (date)_______________________ to (date)______________________

I understand my information to be released, which may include alcohol and drug abuse/treatment; psychological and social work counseling; HIV or AIDS or ARC; communicable disease or infections, including sexually transmitted disease, venereal disease, tuberculosis and hepatitis, and demographic information, for the purposes and conditions designated on this form. Documentation may include, but is not limited to:

Inpatient Record  Consults   Emergency Room Record  Pathology
Outpatient Record  Treatment Summary  Entire Medical Record  Diagnostic Films/Reports
Operative Report  Discharge Summary  Lab Tests/Records  PT Documentation

Purpose of Release/Disclosure:
At the request of the patient (or patient’s legally authorized representative); for use in instructional learning.

This authorization expires on:______________________________________________
If left blank, the authorization will expire six (6) months after the date signed below.

Revoking authorization: I may revoke this authorization at any time. Revocations may be made verbally or in writing.

I wish to revoke the use of my medical records: (Signature & Date):___________________________________________
(or see attached written statement)

Effect of Release: Once information has been disclosed, it may no longer be protected from further disclosure by federal or state privacy laws.

SIGNATURE:_________________________________________________________________ DATE:________________________
NAME (printed):____________________________________________________________________________________________________
Guardian Signature:_________________________________________________________________ Date:________________________
Relation to patient:__________________________________________________________________________________________________
Health Care Policy and Procedure
Student Health with Regard to Participation in Clinical Education

A. PURPOSE: The purpose of this health care statement is to provide an understanding of the responsibility of student health care to students, clinical faculty, and academic faculty with regard to the student's health specifically as it relates to clinical education.

B. OBJECTIVES: The objectives of this health care statement are:
1. To safeguard and maintain the health of students enrolled in the Doctorate of Physical Therapy (DPT) Program.
2. To provide academic faculty with information necessary to maximize the educational experience made available to individual physical therapy students.
3. To provide clinical faculty with information related to the health of our students in order to:
   a. protect the health and welfare of such students
   b. protect the health and welfare of recipients of service
   c. design appropriate clinical educational experiences for the students
   d. meet contractual obligations between the University of Michigan-Flint and our clinical education sites
   e. ensure both access to information and confidentiality related to student health information in keeping with relevant policy and procedures of the Physical Therapy Department as well as the University of Michigan-Flint.

C. STUDENT HEALTH ASSESSMENT:
1. Annually: Each student is provided with a health packet that includes all necessary paperwork. A mandatory meeting with the PT class and Associate Director for Clinical Education (herein referred to as “ADCE”) gives the student information necessary for completion of all paperwork and a deadline date.

2. Medical Exam: All students enrolled in the DPT Program will submit the Physical Therapy Program Health Requirement Form completed by a licensed physician, physician assistant, or nurse practitioner. The form is supplied by the Physical Therapy Department. This form is to be submitted to the ADCE by the due date.

3. Special Tests: All documentation and proof of immunizations and records included in this section will be submitted at one time, together in one packet, to the ADCE.
   a. Student must provide proof of a negative T.B. test or negative chest x-ray taken within one year prior to the date of the beginning of the student's participation in clinical learning experiences. This will require proof of negative TB test and/or chest x-ray in Year 1, Year 2, and Year 3.
   b. Students must provide proof of having received an effective rubella immunization or submit the results of a rubella titer annually.
   c. Students are required to submit proof of at least the first vaccination for Hepatitis B Year 1. Students are responsible to obtain the second and third vaccinations and submit proof of the vaccination dates annually.
   d. Students must obtain continued current CPR certification that includes infant,
child, and adult training for CPR and a choking victim. It is the students’ responsibility to recertify CPR prior to the expiration of their last CPR training. A copy of the CPR card is submitted to the ADCE.

e. Students must obtain health insurance that is valid in the United States and Interstate. It is recommended the health insurance cover emergency visits and physician’s office visits.

f. An additional copy of the Health Requirement Form that includes TB and Hepatitis B vaccines, CPR card, and health insurance card are required to be submitted with all health forms. The copies will be returned to the student for verification of records to clinical facilities.

g. In keeping with the Physical Therapy Department's policy that students will comply with all policy and procedures of an affiliation site while participating in clinical education experiences, there may be special tests required by some clinical education sites. These may include but not be limited to: more frequent T.B. tests, immunizations, back x-rays, etc.

D. STUDENT HEALTH RECORDS:
1. All student health records will be maintained by the University of Michigan-Flint for one year following the student’s graduation.

2. Student health records will be reviewed by the ADCE, Assistant DCE, and Administrative Assistant for Clinical Education. In the event of the identification of a student health problem which has potential impact on the students' or health care recipients' safety and welfare, a decision will be made by the ADCE regarding information transmittal.

3. The only individuals who will have access to the student health record will be the ADCE (who may consult a health practitioner), Assistant DCE, Administrative Assistant for Clinical Education, and the student.

E. INFORMATION TRANSMITTAL:
Following a review of the student’s health record by the ADCE, a decision will be made regarding potential impact of the student’s health status on their educational experiences. If a health problem is identified that may influence the didactic portion of the DPT program, the faculty will be informed by the ADCE with the permission of the student. If a health problem is identified that may have impact on the clinical education component of the DPT program, the clinical faculty will be informed by the ADCE with the written permission of the student. If the student chooses not to grant written permission, the student will not be placed in clinical education.

F. CHANGES IN STUDENT HEALTH STATUS:
For extended absences or restrictions due to a medical condition, students must submit a letter to the Director and ADCE from their physician indicating any restrictions on classroom, laboratory, or clinical education. The physician note should include: diagnosis, specific restrictions, and estimated duration of restrictions. Any changes in physical or mental health must be reported to the ADCE. In order to clear previously established medical restrictions, a note from the physician must be submitted to the Director and ADCE. The note must include the date, the restrictions are removed, the physician name, clinic, clinic address, and phone number.

G. RESPONSIBILITIES:
1. Student. The student will:
a. sign that he/she has read and understands the Essential Functions for Physical Therapy Students document
   i. if accommodations are needed, the student will discuss this request with the Accessibility Services Office and, as needed, the course instructor for didactic courses. For clinical education courses, the student will need to discuss the request with the ADCE and possibly the clinical instructor. Note that on occasion, the need for accommodations may delay matriculation through the curriculum and the ability to be placed in clinical internships in the regular time cycle.

b. submit the Physical Therapy Program Health Requirement Form, including all immunizations, to the ADCE in Year 1, Year 2, and Year 3.

c. submit proof of a negative T.B. test or chest x-ray taken within the past year, to the ADCE prior to entering any clinical observation or clinical education experiences.

d. submit proof of at least the first vaccination for Hepatitis B by the deadline date in Year 1. Notification of completion of the Hepatitis B vaccination series must be submitted by the end of Winter semester Year 1.

e. notify the ADCE of any significant change in their health status as they progress through the Physical Therapy Program.

f. submit proof of basic cardiopulmonary resuscitation certification (CPR) to the ADCE in Year 1, 2, and 3. Recertification proof must be submitted appropriate to the CPR expiration. Students may get their CPR certification through the American Heart Association, American Red Cross or the National Safety Council and must include infant, child, and adult CPR, and choking victim.

g. submit proof of health insurance coverage in Years 1, 2, and 3.

h. notify the ADCE of any changes in medications that may have an impact on their performance in the classroom, laboratory, or clinic.

i. submit documentation from physician when requested by the ADCE.

j. accept responsibility for any medical expenses incurred while a student in the Professional DPT Program, including during clinical assignments.

2. Physical Therapy Department. The faculty of the Physical Therapy Department is responsible for:

   a. adapting the learning environment in the didactic portion of the program, with reasonable accommodations to the needs of the student related to the students health status.

   b. ensuring the safety of the student as well as the safety of recipients of care throughout the DPT Program.

   c. maintaining compliance with the affiliation agreements between the University of Michigan-Flint and all clinical education sites.

   d. notifying relevant clinical faculty of student’s health status if any adaptations must be made during clinical education.

H. MANAGEMENT OF CLINICAL EDUCATION FOR STUDENTS WITH SPECIAL PHYSICAL, MENTAL OR SOCIAL NEEDS:
The student is responsible for notifying the ADCE of any changes in his/her health status including, but not limited to: 1) physical conditions, ie. diabetes, pregnancy, seizure disorders, chronic back problems, 2) mental conditions, ie. anxiety or depression, or 3) social conditions which may temporarily impact one's mental health.
The faculty will recommend the following actions which may include repeated, reasonable, good faith efforts to control for any reported physical, mental or social condition of the student in the educational setting which has not been successful:

1. The student should consult with an appropriate professional, ie. University Student Services.
2. The student will present a remedial plan that addresses maximal student learning in the educational setting.

Clinical education experiences may be interrupted or terminated by the ADCE if any one or more of the following criteria are met:

1. the student's remediation plan fails.
2. the student is deemed unsafe or dangerous to him/herself or others.
3. the student cannot benefit from the clinical education experience.
4. the clinical faculty cannot make reasonable accommodations for student learning.
5. the student does not have the capacity to perform the duties inherent in the role of the physical therapist.

Revised June 2007
Revised June 2009
Reviewed June 2010
Revised June 2011
## TABLE 1

<table>
<thead>
<tr>
<th>Clinical Education Course</th>
<th>1ST YEAR Clinical Observation Skills and Introduction to Clinical Practice</th>
<th>2ND YEAR Clinical Education II</th>
<th>3RD YEAR Clinical Education III-VI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of Clinical</td>
<td>Fall, Winter Terms</td>
<td>Spring Term</td>
<td>Fall thru Spr/Sum Terms</td>
</tr>
<tr>
<td>Paperwork</td>
<td>Meet at Orientation in July. Have separate information in a two pocket folder regarding health information, clinical education form and sign a receipt form.</td>
<td>Meet prior to break at end of spring/summer term with a mandatory meeting. Sign a receipt form.</td>
<td>Meet prior to break at end of spring/summer term with a mandatory meeting. Sign a receipt form.</td>
</tr>
<tr>
<td>Information</td>
<td>All information (original and copy) submitted to ADCE for review. All information turned in together, will not accept pieces of info. If not complete then all pieces of received information will be returned to student. ADCE to review. If the ADCE requires any information, the student will have one week to resubmit information back to the ADCE.</td>
<td>All information (original and copy) submitted to ADCE for review. All information turned in together, will not accept pieces of information. If not complete then all pieces of received information will be returned to student. ADCE to review. If the ADCE requires any information, the student will have one week to resubmit information back to the ADCE.</td>
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</tr>
<tr>
<td>Reinforcement of Importance of Health Information</td>
<td>Syllabus for Clinical Observation Skills and Introduction to Clinical Practice states: After deadline, for each day late, is 2% per day, up to 10 % off the final grade. After 10 % off the final grade, a mandatory meeting with CEA will be required with a potential professional conduct hearing called. May require a special assignment.</td>
<td>Syllabus for Clinical Education II states: After deadline, for each day late, is 2% per day, up to 10 % off the final grade. After 10 % off the final grade, a mandatory meeting with CEA will be required with a potential professional conduct hearing called. May require a special assignment.</td>
<td>Syllabus for Clinical Education III-VI states: After deadline, for each day late, is 2 % per day, up to 10 % off the final grade. After 10 % off the final grade, a mandatory meeting with CEA will be required with a potential professional conduct hearing called. May require a special assignment.</td>
</tr>
</tbody>
</table>
Statement of Medical Professional Liability Insurance
For University of Michigan-Flint Students Enrolled in the Physical Therapy Program

The University of Michigan self-insures its Medical Professional Liability Insurance exposures. This program includes coverage for all enrolled students while acting within the scope of University sponsored activities, including course-required activity to complete their degrees.

The University’s self-insurance program is permanently funded, non-cancelable and provides limits in excess of $1,000,000 each occurrence and $3,000,000 annual aggregate.

If you have any questions, please contact the following:

Chip Hartke, Underwriter
The University of Michigan
Risk Management Department
Argus II Building
400 S. Fourth Street
Ann Arbor, MI 48103-4816
Office: (734) 764-2200
Fax: (734) 763-2043
E-mail: ehartke@umich.edu
1. PURPOSE. The purpose of this policy is:
   1.1 To provide an understanding of requirements of clinical education sites
   1.2 To provide an understanding of requirements of clinical faculty

2. OPERATIONAL DEFINITIONS. For the purposes of this policy, the following operational definitions are employed.
   2.1 Associate Director for Clinical Education (ADCE)/Assistant Director for Clinical Education (Asst. DCE): Physical therapy faculty member appointed to this position or the individual who has been designated by the Director of the Department to act in the absence of the Associate Director for Clinical Education
   2.2 Clinical Faculty: Physical therapists responsible for the supervision of physical therapy students during clinical education. Clinical faculty includes the Center Coordinator for Clinical Education (CCCE) and/or the Clinical Instructor (CI).
   2.3 Clinical Education Site: Clinical facility where students are placed for a clinical education experience.
   2.4 American Physical Therapy Association (APTA): a national professional organization of physical therapy professionals.

3. REQUIREMENTS OF CLINICAL EDUCATION SITES
   3.1 Mutual contract agreement between the University of Michigan-Flint and the clinical education site.
   3.2 Clinical education site must demonstrate both the ethical and legal practice of physical therapy.
      3.2.1 All physical therapists and physical therapist assistants on staff practice ethically and legally as outlined by the state standards of practice, the state practice act, clinical education site policy, the APTA Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant, and policy and positions of the APTA.
      3.2.2 The clinical site adheres to affirmative action policies and does not discriminate on the basis of sex, race, creed, color, age, religion, sexual orientation, national or ethnic origin, or disability or health status.
   3.3 The clinical education site must not be a physician owned practice (POPTS) or be in a referral for profit setting.
   3.4 Completed current Clinical Site Information Form (CSIF) on file with the University of Michigan-Flint.
   3.5 Sufficient staff to provide adequate student supervision
      3.5.1 At least one physical therapist present on site during affiliation
      3.5.2 Student-CI ratio can vary according to the nature of the physical therapy service, the nature of the staff, level of the students, the type of students, and the length of the clinical education assignments.
      3.5.3 CI responsibilities for patient care, teaching, research, and community service permit adequate time for supervision of students.
3.6 Clinical education site must be willing to consistently (at least one placement per year) offer student placements

3.7 Clinical education site must provide opportunities in planned learning experiences for each student.
   3.7.1 The facility must have an active and stimulating environment for learning needs of the student.
   3.7.2 Other learning experiences should be available and may include opportunities in areas of specialty practice, management, supervision, teaching, and scholarship.

3.8 Clinical education site should provide evidence of active staff development program.
   3.8.1 There is evidence of support for a staff development program.
   3.8.2 Student participation in staff development activities is expected and encouraged.

3.9 Clinical site should provide evidence of clinical staff involvement in clinical education, state and local professional organizations, and/or the APTA.
   3.9.1 Involvement may include but is not limited to the following: self-improvement activities, professional enhancement activities, membership in professional associations, professional activities relating to offices of committees, papers, or verbal presentations, other special activities.
   3.9.2 The physical therapy staff should be encouraged to be professionally active at local, state, and/or national levels.
   3.9.3 The physical therapy staff should provide students with information about professional activities and encourage their participation.
   3.9.4 The physical therapy staff should be knowledgeable about professional issues.

4. REQUIREMENTS OF CLINICAL FACULTY

4.1 Clinical Competence
   4.1.1 PT license in the state of practice
   4.1.2 At least one year of clinical experience

4.2 Professional Skills
   4.2.1 Involvement in one or more professional development activities such as journal clubs, case conferences, case studies, literature reviews, post-professional education
   4.2.2 Utilizes evidence based practice

4.3 Ethical Behavior
   4.3.1 Abides by the APTA Code of Ethics and Guide for Professional Conduct
   4.3.2 Demonstrates APTA Core Values

4.4 Communication Skills
   4.4.1 Clearly defines student performance expectations
   4.4.2 Develops goals and objectives for the clinical experience with the student
   4.4.3 Utilizes active listening skills
   4.4.4 Provides timely, positive, and constructive feedback
   4.4.5 Consults with ADCE or asst. DCE as needed

4.5 Interpersonal Skills
   4.5.1 Functions as role model/mentor for the student
   4.5.2 Demonstrates exemplary employee record with patients/clients, co-workers, and managers

4.6 Instructional Skills
4.6.1 Demonstrate understanding of U of M-Flint didactic preparation and objectives of the clinical education experience
4.6.2 Integrates knowledge of various learning styles
4.6.3 Sequences learning experiences to progress toward objectives
4.6.4 Monitors and modifies learning experience as needed
4.6.5 Requires students to use evidence based practice

4.7 Supervisory Skills
4.7.1 Effectively communicates expectations to peers, personnel, students and others
4.7.2 Effectively provides formal and informal feedback to supervised personnel/students
4.7.3 Effectively supervises support personnel/others

4.8 Performance Evaluation Skills
4.8.1 Understands how to properly use the Clinical Performance Instrument
4.8.2 Provides accurate and objective assessment
4.8.3 Confronts and identifies plan for correction of undesirable behaviors

4.9 Other preferred expectations
4.9.1 CI is an APTA member
4.9.2 CI is an APTA Credentialed CI (Basic and Advanced)
4.9.3 CI is a certified clinical specialist

Adopted September 2009
Reviewed March 2011

References:
University of Michigan-Flint offers a wide variety of clinical affiliations with facilities throughout Upper and Lower Michigan, Indiana, and Ohio. These facilities offer experiences in acute, inpatient rehabilitation, home care, outpatient, sport, neurologic, aquatic care, geriatrics, and pediatrics.

Some students are interested in unique learning experiences that the current clinical affiliation sites do not offer. In this case the student may seek an alternative affiliation site under the following conditions:

1. **Conditions:**
   1.1. Eight students will be allowed to participate in an internship that is outside of the 350 mile radius around Flint in any given year.
   1.2. Students will submit required information and be placed into an applicant pool. A maximum of eight students will receive faculty approval to participate in eight special full time internships.
   1.3. This opportunity is for the second ten week internship, PTP 735 -Clinical Education V and the third internship, PTP 736 - Clinical Education VI.
   1.4. One student may submit for two full time internship opportunities, however, a maximum of eight contracts will be initiated and the student who applies for two internships may have to choose one internship to attend. If two internships are sought, one must be an acute care experience.
   1.5. The special affiliation will be the student’s first pick in the full time clinical internship lottery.
   1.6. There will be no on-site visit by a faculty member during the internship, however, there will be electronic and phone communication between the CI, student, and ADCE for a midterm check.

2. **Student Qualifications:**
   2.1. The student must be in good standing within the University of Michigan-Flint Physical Therapy Department which is defined by the Academic Standards Policy as an overall GPA of 3.0 or higher and no current professional conduct violations.
   2.2. Professional conduct issues will be taken into consideration.
   2.3. Student is not in the process of an appeal at the department or school level.

3. **Facility Qualifications:**
   3.1. Potential to provide an excellent learning experience for the student that is unique and different from University of Michigan–Flint PT Program offerings.
   3.2. Already affiliate with another accredited entry level physical therapy program.
   3.3. Visited by the student within the past year.
   3.4. Complete Clinical Site Information Form (CSIF).
   3.5. Letter affirming acceptance of the student for the internship.

4. **Procedures and General Timeline:**
   4.1. The ADCE will meet with Year 1 students interested in special internships in June/July.
   4.2. Students will contact the ADCE prior to contacting any clinical facility.
   4.3. Students are to contact only one clinical facility at a time.
4.4. Students may contact and visit sites from July Year 1 through December Year 2 to collect information that will assist the student in making an informed decision about the clinical facility.

4.5. Students will submit required information to the ADCE and be placed into an applicant pool. The applicant pool will be brought forth to the get faculty approval to participate in the special full time internship.

4.6. Curriculum coursework, clinical courses, class, and/or lab times cannot be skipped in order to pursue a site visit.

4.7. Student submits information to ADCE no later than January of Year 2, including:
   4.7.1. Name of clinical site, address, telephone, and fax
   4.7.2. Name of Center Coordinator for Clinical Education with telephone and email address
   4.7.3. Letter of acceptance stating the clinical facility agrees to provide the clinical internship. The letter must include the dates of the internship.
   4.7.4. Copy of the Clinical Site Information Form (CSIF)
   4.7.5. Student writes a letter of interest to include statements of why the learning experience was chosen.

4.8. ADCE reviews all of the information to determine if clinical internship is acceptable.

4.9. ADCE submits the applicant pool to the faculty for approval. Approval results may take one to two weeks and ADCE will notify student of approval results.

4.10. Following faculty approval, the student is not able to cancel or change the Internship.

4.11. ADCE seeks a contract agreement between the University and clinical facility. The contract agreement must be reached by August of the end of Year 2.

4.12. Once a contract agreement has been reached between the University and a clinical facility, the student is then assigned to that internship.
   4.12.1. The student must commit to being bound by the contract agreement arranged.

4.13. If the contract agreement is not reached, the student will be offered the opportunity to choose from available clinical internship sites offered to the University that year.

5. **Considerations:**

5.1. The student is aware that expenses may be costly and should consider travel to visit site, travel to clinical internship, and housing.

5.2. It is the student’s responsibility to cover all costs of the special affiliation.

5.3. Students are encouraged to seek a special internship primarily for learning experiences; however, students may consider geographic location or job prospects as reasons for setting up the special internship.

5.4. If the ADCE feels the clinical site is a good experience based on one student attending the special internship, the clinical site will be offered a continuation of contract and be placed into a special internship pool. The special internship pool will be made available to students at the YR 2 June/July meeting.
The purpose of clinical education is to afford students the opportunity to integrate and apply all previously learned didactic knowledge and skills under the supervision of a physical therapist. During clinical education, students are assessed by the Clinical Instructor and the Associate Director for Clinical Education to ensure competence in clinical practice.

**Work Site Relationships Policy:**

1. A student will not be assigned to a facility at which they are presently employed or at which they were employed in the past, no matter how much time has lapsed since that employment.
2. A student will not be assigned to any facility setting within a health care system at which they are presently employed or at which they were employed in the past, no matter how much time has lapsed since that employment.
3. A student will not be assigned to a facility or health system at which they have negotiated and committed to an employment contract upon graduation.
4. A student will not be assigned to a facility or health system at which a family member or close friend is employed who may have personal influence or authority.

It is the expectation of the Department of Physical Therapy that evaluation of student performance during clinical rotations will be based strictly on objective and verifiable criteria. The purpose of this statement is to clarify departmental policy regarding job acceptance during clinical education. While the Department of Physical Therapy is supportive of students’ efforts to seek employment during their clinical education rotation, the Department is mindful of the potential (perceived or real) bias in the evaluation process that might occur when a student is being recruited by the site he/she is assigned to complete clinical education.

**Job Acceptance Policy:**

1. A Physical Therapy student enrolled in Clinical Education courses is allowed and encouraged to interview at clinical education sites for the purposes of gaining valuable job interview experience or to explore the site as a potential employment opportunity upon successful completion of the physical therapy program.
2. However, the student must not be recruited or accept an employment position with a facility until the end of the clinical rotation. The end of the clinical rotation is defined as the end of the day on the last day of the clinical rotation and after the final CPI has been reviewed with the student.

Approved 2/06
Reviewed June 2010
Policy for Student Attendance in Regard To Strike Situations in Clinical Affiliations

In recent years, increasing numbers of labor strikes have occurred in health care facilities and agencies. Clinical faculty sought guidance from academic programs regarding students attending clinical education affiliations where a labor strike is in progress. The Physical Therapy faculty at the University of Michigan-Flint has adopted the following position after considerable discussion:

“If a strike occurs at your facility while a UM-Flint Physical Therapy student is there, please excuse the student from the clinic and contact the Associate Director for Clinical Education or administrative staff in the department at (810) 762-3373.”

Although these situations arise only rarely, the faculty wish to have our policy clearly stated to make it easier for clinical faculty to determine the appropriate course of action should a strike occur. It is our hope that this policy will be helpful to you. If you have any questions, please do not hesitate to contact us.

Adopted 1999
Reviewed June 2010
Student Scholarly Dissemination and Professional Development Request for Excused Absence
Policy and Procedure

Purpose

The faculty and staff of the Physical Therapy Department are committed to providing students with experiences to enhance their professional growth by fostering student participation in the dissemination of scholarly activity and engagement in the APTA and its components. The following policy was developed to allow students the time to present a platform or poster presentation of their scholarly activity at state or national conferences or become involved as an officer at the national or state level. The faculty and staff support student professional activities by rearranging class time for the APTA National Student Conclave and the MPTA State Student Conclave.

Students seeking to participate in APTA or component national or state offices or activities that may interfere with DPT curriculum will be referred to the Director of the Physical Therapy Department. In the event that the time of the professional activity interferes with clinical education, the ADCE will be consulted by the Director, research advisor or faculty to determine whether student participation best meets the student’s educational needs.

The amount of didactic or clinical education time that will be missed and the type of activity will be considered for all requests. Requests will be considered on an individual basis.

Procedure

1. Student submits request in writing to the Director, ADCE, or faculty to include the following information:
   - Name of event or activity and location
   - Dates of event or activity
   - Reason student wishes to participate
   - Solutions to make up time in course work

2. Information submitted must be made in a timely manner. This will be determined by when the information of the event was publically known and if reasonable time constraints for notification and changes can be made with faculty and/or clinical faculty.

3. Faculty action
   a. The information will be brought forth for faculty approval.
   b. If the time off interferes with UM-Flint class or lab times
      1. If the course instructor is core faculty then this faculty member will be included directly in the discussion and decision for the student request.
2. If the course instructor is an associated faculty member and not included in the department meeting discussion, the Director or ADCE will contact the course instructor prior to the meeting to bring forth the course instructors concerns.

c. If the requested time off occurs during Clinical Education

1. The ADCE will contact the Center Coordinator for Clinical Education (CCCE) to make the request for time off on the student’s behalf. The CCCE will decide if he/she notifies the CI or the ADCE may notify the CI directly.

2. It is expected the student will miss the least amount of clinical days. It is estimated the time off will average 2-3 days to take into consideration travel and the activity.

3. Disapproval of a request is the right of the CCCE and CI taking into account clinical performance and past attendance.

4. Students should assume they will be required to make up missed clinical education internship time or may be required to perform a special assignment as determined by the CCCE, CI, or ADCE.

d. Disapproval of a request is the right of the faculty taking into account academic and clinical performance and professional conduct.

e. If the request is approved, any terms or conditions for attendance at the event will be included in the written response to the student.

f. The student will be notified of the faculty decision by the Director or the ADCE.

1. The student will sign the statement listed at the bottom of the decision letter indicating that he/she accepts the decision and conditions of missed time.
University of Michigan-Flint  
School of Health Professions and Studies  
Physical Therapy Department  

Policy Regarding Release of Oral or Written Information for  
Recommendations for Scholarships or Employment  

The purpose of this policy is to clarify the type of oral or written information that may be released regarding a students' record pertaining to academic and clinical performance in the professional DPT program. Students indicate in writing on page two their choice of two options.  

OPTION 1:  
Permits the Physical Therapy Department to release information related to academic and/or clinical performance to a prospective employer who inquires either orally or in writing.  

Under Option 1, at the discretion of the faculty the type of information released may include:  

a. general and specific academic strengths and weaknesses  
b. general and specific strengths and weaknesses as demonstrated in clinical education  
c. academic records  
d. attendance pattern  
e. scholarships and awards  
f. certifications  
g. summary of personal and professional characteristics, including behaviors in educational, professional, and University-related activities  

Election of Option 1 may be rescinded at any time by submitting a letter stating such to the department staff. This letter will be kept as a part of the student's record. No more than one request for each facility/agency will be honored. The student will be required to submit a separate letter for each facility/agency which requests information.  

Requests for references should be directed to the student's advisor. If the reference is provided in written format, a copy will be included in the student's permanent file and will be available to the student according to standard university guidelines regulating student access to files.  

OPTION 2:  
Does not permit the Physical Therapy Department to release any information to a prospective employer who inquires either orally or in writing.  

Under Option 2, any oral or written request from prospective employers will be denied until such time that the Department receives a letter from the student authorizing the Department to release information to a specific facility/agency.
Disclaimer for communication to clinical instructors:

Physical therapists that provide clinical instruction for physical therapy students are considered members of the teaching faculty of the University of Michigan. No release is required for transmittal of information from the department to this group as part of the clinical education program.

Please choose ONLY one option below.

OPTION 1:

I have read the Policy Regarding Release of Oral or Written Recommendations for Scholarships and Employment. I authorize the Physical Therapy Department to release information described in Option 1 of the policy.

______________________________  __________________________
Print Name      Signature
_____________________________
Date

OPTION 2:

I have read the Policy Regarding Release of Oral or Written Recommendations for Scholarships and Employment. I do not authorize the Physical Therapy Department to release any information about my academic or clinical performance to any prospective employer, scholarship, or award provider. I understand that this means that if I wish to have such information released, I will have to request this in a letter to the Department as described in Option 2 of the policy.

______________________________  __________________________
Print Name      Signature
_____________________________
Date
Information Release Form for Clinical Sites

Statement:

I, ______________________________, (Do / Do Not) give my consent for the evaluation material from my clinical internship with the institution listed below be shared with those people seeking references for job placement. Any other use of this information must have my written approval.

Signature: ____________________________ Date: ________________

Clinical Site: _________________________

Dates of Clinical Experience: ________________________________

CI/CCCE please note:

- Please retain the original copy of this form at the facility and give one copy to the student.
- A copy of this signed form may be required by the ADCE/University of Michigan-Flint when an information release is requested in the future.
- Due to the protected nature of a student’s academic records the CPI is “closed” once the clinical experience is completed. Once the course is closed, only the ADCE and student have access to the student’s CPI. Access to the CPI by the CI/CCCE/Clinical Site will require completion of this written consent form.
Sharing of Information

Student Information to Clinical Faculty
Clinical Faculty/Site Information from Student

Students enrolled at the University of Michigan-Flint have confidentiality rights related to personal information disclosed to sources outside of the university. This includes the Family Education Rights and Privacy Act (FERPA). (Affiliation Agreement, Section 2.A.10)

Please see the following URLs for more information:

- UM-Flint FERPA
  http://www.umflint.edu/registrar/privacy.htm

- U.S. Department of Education FERPA

Clinical Education sites that have an affiliation agreement with University of Michigan-Flint are considered extensions of the university. This means student information pertinent to the student performance in the clinical education setting is allowed to be shared with the clinical faculty. The University of Michigan-Flint faculty and staff try to advise students to disclose information on their own accord. It is the belief of the faculty and staff to assist students in development in professional behavior specific to interpersonal skills.

Students sign the Department Use of Student Contact Information And Permission Form as an incoming student during orientation for YR1 and at the beginning of the fall semester for YR2 and YR3. Basic release of student contact information is provided by the Physical Therapy Department to the clinical education faculty which includes:
- Name
- Address
- Telephone Number
- Email Address

The student is advised to seek medical attention for physical and psychological conditions that will impact performance in the clinical setting. Academic and clinical faculty may request the student seek medical attention and obtain a written statement from a medical practitioner that describes restrictions and length of time of the restrictions. It is left to the academic and clinical faculty if they are able to offer reasonable accommodations and ensure appropriate assessment of course objectives that allow the student the ability to participate in the clinical experience.

At present, the University of Michigan-Flint Physical Therapy Department does not require criminal background checks, drug testing, or fingerprinting of entry level DPT students. If a clinical site requires this information they may pay for the service or request the student pay for the cost of the service. The information obtained from these resources will be sent directly to the requesting clinical site. The clinical
site then makes a determination of whether to accept the student into their facility. (Please see the Affiliation Agreement 2.B.10).

Students must follow the Academic Standards Policy and Professional Conduct Policy of the Physical Therapy Department (See Clinical Education Handbook – Policies and Procedures section). Students must pass all courses in the DPT curriculum each semester in order to be able to register for courses in the consecutive semester. Students who are allowed to register for clinical education courses and placed into clinical education sites must have criteria met for both academic and professional conduct. Those students who have been placed into a clinical facility for a clinical education course will be notified by the university if the student lacks academic performance.

Clinical education faculty are required to keep all student confidential. Student performance, medical, or personal contact information should only be shared in a secured manner with the persons whom have direct supervision with the student.

Students have the responsible to keep information about patients, clinical faculty, and clinical sites confidential. All concerns brought forth by students should be brought to the attention of 1) Clinical Instructor, 2) Center Coordinator for Clinical Education, and 3) Associate Director for Clinical Education. The student may seek advice from other parties but should consider the importance of keeping the conversation appropriate and professional. Students may be asked to bring forward examples of clinical education experiences in DPT courses. The student should consider keeping the information informative and professional while maintaining the confidentiality of the patient, clinical faculty, and clinical site.
Department Use of Student Contact Information and Permission Form

The Physical Therapy Department collects contact information from students at the beginning of the program that includes their name, address, telephone number(s), email and information for an emergency contact person for each student. Each year students are asked to update the information list with any changes. Each class is also asked to create a telephone tree to be used as a chain of contact to communicate emergency information and important updates that are not able to be communicated adequately by other mechanisms. Both of these lists are copied and distributed to each student within the cohort class group as well as faculty and staff.

The contact information is used solely for educational and emergency purposes. The Physical Therapy Department does not share any personal information with anyone outside of the department.

_____ I understand and AGREE to allow the Physical Therapy Department to use my contact information as specified above.

_____ I DO NOT AGREE to allow my contact information to be used because I have a confidentiality code on my student account.

________________________________________________ ________________________
Print student name      Student ID number

________________________________________________ ________________________
Student signature      Date
TO: New DPT Students
FROM: Physical Therapy Department
University of Michigan-Flint

The purpose of this document is to clarify with applicants to our department some of the requirements and commitments which students undertake as part of the clinical and didactic components of our educational program.

Clinical education is a crucial part of the preparation of any physical therapist. It involves field trips to outside facilities within 350 miles of Flint as part of assigned course work, as well as the longer and more concentrated assignments in Clinical Education III, IV, V, and VI. Clinical Education III (four week) assignment currently occurs during the Fall semester, Year 3. Clinical Education IV, V, and VI (10 week) courses currently occur over the Winter, Spring, and Summer semesters of Year 3.

Due to the nature and location of these classes and assignments, a student who chooses to pursue this program must assume additional responsibilities and obligation. These responsibilities include provision of transportation as well as some expenses in addition to textbooks and the usual supplies. Students are responsible for providing their own transportation for field trips and clinical education assignments. Owning a reliable car may be necessary. Each individual is ultimately responsible for making provisions for his/her own transportation. Clinical Education III, IV, V, VI require many of the students go outside the Flint area, some to distant cities in other states. The student will be required to make his/her own arrangements for housing, as most of the facilities are not able to provide housing arrangements. Daily transportation would have to be provided if the location of the housing required it and public transportation was not available. Parking costs are the responsibility of the student.

Additional expenses which will be incurred include, but are not limited to: the cost of clinical attire and clinic shoes, a wristwatch with second hand, TB test or chest x-ray, Hepatitis B vaccinations, CPR certification, health insurance premium, ID badge, criminal background check, finger-printing, parking, possibly room and meals, depending upon location.

All students entering the DPT program are expected to attend two, two day orientation programs presented by the faculty of the Physical Therapy Department, the first in July and the second prior to the start of classes in August. You will be notified of the dates following notification of admission into the program. The purpose of this meeting between faculty and students is to enhance the
communication and mutual support system for these groups and to facilitate the students’ awareness of professional policy, procedures, and values.

It is important that those accepted into the DPT program will recognize their responsibilities to be aware of and conform to the policies and procedures that govern their rights and responsibilities as physical therapy students. Each student admitted to the program will receive a student handbook including these policies and procedures and will be required to agree through signature to abide and uphold them.

In signing your name below and returning this form, you acknowledge your understanding of conditions and costs inherent in admission to the entry-level DPT Program and your commitment if accepted. Questions regarding these statements may be directed to the faculty at (810) 762-3373.

Applicant’s Name (Printed)________________________________________

Applicant’s Signature____________________________________________

Date_________________________ ________________________________
Certification of OSHA, HIPAA, Bloodborne Pathogens, and Annual Student Health Screening

This statement certifies that all students enrolled in Clinical Education at the University of Michigan-Flint Physical Therapy Program have completed:

- OSHA Bloodborne Pathogen Standard Training in accordance with OSHA Guidelines
- Handwashing hygiene
- Health Information Portability and Accountability Act (HIPAA) Training
- CPR Certification

The students have had an annual health evaluation that includes proof of current:

- Negative TB test
- Hepatitis B vaccine or waiver form
- MMR, Tetanus, Varicella (chicken pox) vaccine
- Health Insurance
- Malpractice Insurance

We understand that you reserve the right to refuse to accept a student who does not have all the vaccinations required by your facility even though they have all vaccinations required by our Physical Therapy program. If you have any questions or require further information, please contact Annemarie Kammann, Associate Director for Clinical Education, (810) 762-3373, or email kannemar@umflint.edu.
Now Serving Students

Full Service Clinic

1153 William S. White Building
509 N Harrison
Flint, MI 48502

Phone: (810) 424–5269
Fax: (810) 424-5288

SERVICES OFFERED:
- Health Evaluations $25
- TB Immunizations $12

CLASSES OFFERED:
- Health Care Provider CPR $60
- American Heart Association CPR Recertification $30

HOURS OF OPERATION
Monday through Friday
9:30 am - 4:30 pm

WEB SITE: http://www.umflint.edu/uhwc
The student named below has been assigned to your facility during the following dates: __________________________________________________________________________

**STUDENT CONTACT INFORMATION**

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<th>Name:</th>
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**EMERGENCY CONTACT INFORMATION**

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**OTHER INFORMATION**

Student housing needs, if any:

Personal information I would like to share:

My learning style is:

My strengths are:

My areas to improve are:

Three areas I would like to focus on during my experience at your facility are:

1. 
2. 
3. 

**ATTACHED: STUDENT RESUME**
Expected Clinical Education Outcomes

Final outcomes of the educational process shall be the demonstration of competencies necessary for effective practice of physical therapy. The graduate of the program shall be capable of practice as a general primary practitioner.

Upon completion of the clinical courses, the expected student outcomes will be:

1. Exposure to other health care disciplines in order to work in as an interdisciplinary team.
2. Practice in a variety of settings to include the acute care, general outpatient and a setting of interest for the final three ten week internships.
3. Provide “primary care” to patients/clients within the scope of physical therapy practice.
4. Demonstrate entry-level competence in the entire scope of physical therapy practice as demonstrated by assessment on the APTA Clinical Performance Instrument for each of the three ten week internships.
Relationships Among the Students, the Center Coordinator of Clinical Education (and/or Clinical Faculty), and the Associate Director for Clinical Education

The relationship between the student and Center Coordinator for Clinical Education (CCCE) and clinical faculty are expected to be the primary instructional, evaluative and supervisory interaction. The Associate Director for Clinical Education (ADCE) functions mainly to facilitate that interaction should additional integration be necessary to maximize student performance.

Students should be expected to utilize the primary relationship for problem solving with regard to professionally oriented education activities with the specific institution to which they have been assigned. The function of the ADCE is primarily to enhance the student-CCCE relationship, to assist in integrating and synthesizing clinical experience across the student’s entire individualized clinical educational program encompassing multiple training centers, and provision of professional and personal-social counseling efforts as necessary and appropriate.
Guidelines for the Establishment of an Effective Clinical Instructor-Student Relationship

An effective clinical instructor-student relationship is the key element of a successful learning experience for the student. The model or relationship in the didactic portion of the program is moving rapidly away from a student-faculty model to a junior-senior collegial model. The collegial model is predicated on the assumption that physical therapy students are not preparing to enter the profession of physical therapy; they have entered it. Only under extraordinary circumstances is their entrance reversed by the faculty who have assumed this responsibility by virtue of their commitment to the field. Crucial elements of this model include that the clinical instructor:

- has a minimum of one year clinical experience as a practicing physical therapist
- maintains his/her clinical expertise
- models productive personal and professional behavior
- reduces status considerations in the teaching process
- uses communication rather than authority variables to modify behavior
- expresses appreciation of each individual’s uniqueness and their individually defined strengths and weaknesses
- nurtures productive human interactions

It is anticipated that clinical instructors will recognize that to the degree that a collegial model can be established and fostered in their setting, productive attitudes toward present and future learning and professional performance will occur and the joint efforts of the Department and the clinical facility will enhance student success. It is also recognized that the clinical instructor will have a minimum of one year experience in the setting they are supervising a student. This will ensure the clinical instructor is comfortable in the practice setting which will allow for focus on the affective nature of interpersonal skills with the student.

It has been our experience that collegial relationships are best fostered when specific guidelines are in effect to facilitate productive interaction and to define both the prerogatives and responsibilities of students and clinical faculty. Students are currently prepared to undertake clinical practice with a working knowledge of the APTA Code of Ethics and the Policy on Satisfactory Completion of Clinical Education.

Within the general limitations of these policies, the guidelines described below may be modified according to the individuals involved, the policies and procedures of the sponsoring agency, and special circumstances. To the degree that students and clinical instructors can jointly utilize the following guidelines to promote effective interaction and a feeling of mutual commitment, they serve their purpose well.

Guidelines

1. The clinical education program is an integral part of the total education of the physical therapy student. It is composed of a series of learning experiences which are supervised and directed by physical therapists. The relationship between the student and supervising physical therapist should encourage the student to seek help and ask questions as he deems necessary. The
student should also have the security of knowing that his clinical instructor is aware of his performance and will assist or correct him when appropriate.

2. A student cannot constantly work under direct observation. However, there should be frequent opportunities for observation by the physical therapy clinical instructor and someone capable of handling unforeseen situations should always be within calling distance. Supervisory conferences with the student should be scheduled at appropriate intervals to permit discussion and feedback of the student’s performance and a free exchange of information.

3. The student’s degree of participation in patient care depends upon the level of educational competence the student has gained at the time of the clinical exposure. The clinical instructor should not require the student to learn and carry out activities before they are covered in the classroom. The students are encouraged to request help when they are unsure of any patient related activity.

4. Working hours are determined by the policies of the affiliating institution. Any deviations from established working hours are decided upon by mutual agreement between the student, clinical instructor, and ADCE.

5. Because of the nature of the treatment relationship in physical therapy and the inherent dangers which are always present, the inexperienced student needs help, guidance, direction, and assistance to assure patient safety. In the case of injury to the patient in which negligence is alleged, the clinical instructor and the institution might share legal responsibility with the student. Students, in so far as they are acting within the scope of a University approved or sponsored program of training, are covered by their own professional malpractice insurance.

6. If a student is to be involved in an activity which takes him and the patient away from the usual treatment setting, he should be accompanied by a member of the institution’s professional staff. The activity should be identified as part of the patient’s treatment program and approved in writing by the student’s clinical instructor. If the student is expected to be more than an observer, the professional staff member should ordinarily be a physical therapist.

These guidelines are not intended to serve as a means of determining satisfactory completion of clinical education for which a separate policy statement has been prepared and is in effect. They also should be considered supplemental to the guideline statements for absenteeism and standards for clinical attire.
Between 1989 and 1994, two Task Forces on Clinical Education (1989–1991 and 1992–1994), in concert with clinical educators throughout the nation, dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2,500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education, or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was the development of three documents: Guidelines for Clinical Education Sites, Guidelines for Clinical Instructors (CIs), and Guidelines for Center Coordinators of Clinical Education (CCCEs). These guidelines were first adopted by the APTA Board of Directors in November 1992 and endorsed by the APTA House of Delegates on June 13, 1993. Revisions to these Clinical Education Guidelines have been subsequently approved by the APTA Board of Directors in 1999 and 2004.

The intent of these voluntary guidelines is to provide academic and clinical educators with direction and guidance in the development and enhancement of clinical education sites and physical therapist and physical therapist assistant CIs and CCCEs. These documents reflect the nature of current practice and also represent the future ideals of physical therapy clinical education. The guidelines were designed to encourage and direct clinical education in diverse settings ranging from single or multiple clinicians, public or private clinical education sites, and clinical education sites housed within a building or a patient’s home.

The self-assessment instruments for CCCEs, CIs, and clinical education sites, should be used in conjunction with the guidelines for clinical education. The assessment tools can be found after each of their respective clinical education guidelines. They are most effective when used as a comprehensive document for evaluating the effectiveness of the clinical education site’s program and its clinical teachers.

The purposes of these assessment tools are threefold:

1) To empower clinical education sites, CCCEs, and CIs to assess themselves in order to enhance the development and growth of student clinical education experiences;

2) To provide developing and existing clinical education sites with objective measures to evaluate their clinical education program’s assets and areas for growth; and

3) To provide clinical education sites with objective measures for the selection and development of CCCEs and CIs.

(Copied from the Preamble of Guidelines and Self Assessments for Clinical Education, APTA)

Center Coordinators and Clinical Instructors will find the Guidelines and Self Assessments for Clinical Education on the APTA webpage URL: http://www.apta.org/Educators/Clinical/SiteDevelopment/.
Feedback is a highly valued process of the University of Michigan-Flint Physical Therapy Program. It is important that the university and clinical sites maintain a collegial relationship that is open and honest. In order to monitor the academic and clinical teaching of DPT students, the mechanism of surveys will be used to assess the student, the clinical instructor, and the clinical facility.

After each of the clinical education courses in which the student performs in a clinical facility, the student and the clinical instructor will complete a survey. The surveys will focus on questions related, but not limited to, orientation, course objectives, communication, interpersonal skills, teaching effectiveness, student preparedness, and patient demographics.

The student will also complete an APTA Physical Therapy Clinical Evaluation Form (see Appendix C). This form is very important as it encompasses important information about the clinical faculty and the clinical experience the students encounter. Students will ask the clinical instructor about their credentials to complete demographics such as experience as a clinician, experience as a clinical instructor, degree earned, specialty certifications, and national organizational memberships. These questions are used to obtain demographics about the clinical instructor to ensure appropriate credentials for teaching and clinical practice. This is also a mechanism in which the student gains an understanding of the wealth of experience of the clinical instructor.

Data from the feedback collected is analyzed by the Associate Director for Clinical Education. Any comment that is deemed a weakness and repeated by 10% of the participants of the survey will be discussed with the core faculty in an attempt to improve the clinical education program. Individual responses under 10% will be considered, but may not be acted on. It is believed the responses under 10% may occur as isolated incidents and the expectation of a survey is there will always be a percentage of respondents who may not answer correctly or have other motives for providing feedback in a negative manner.

The Associate Director for Clinical Education prepares an annual report of the clinical education portion of the DPT program. This report is communicated to core faculty at an annual retreat for department development and at the community advisory meeting.

The Associate Director for Clinical Education is available via telephone or email if there is specific information in which students or clinical faculty need to discuss. The Associate Director for Clinical Education will investigate allegations and act as she deems appropriate for follow-up with the respective party. Sharing of information related to clinical education incidents remains as confidential as possible. The university uses the clinical education team – Associate Director for Clinical Education, Assistant Directors for Clinical Education, and the Administrative Assistant – and the Director of the Physical Therapy Department whereas the clinical site uses the Center Coordinator for Clinical Education and Supervisors/Directors of the Physical Therapy Department for discussion, input, and guidance.
At the University of Michigan-Flint students have a Student Service Center which provides various free services to the student which include learning disability testing, test taking tips, counseling, and American Disability Act information.

If a student has a special need that requires specific equipment, accommodations, learning styles, or physical limitations then the student is required to obtain all special needs in writing. It is the student’s responsibility to submit the written statement to the Associate Director for Clinical Education. Students are also informed through a Health Information Policy if they have any medical needs - both physical or psychological - they must obtain a written statement from a qualified medical practitioner. The written statements from the Student Services Center or a qualified medical practitioner must include specific needs or limitations of the student and an ending date when the needs will be lifted.

The Associate Director for Clinical Education first determines if the University can make reasonable accommodations for the restriction. The Associate Director for Clinical Education will contact the Center Coordinator for Clinical Education to notify him/her of the requested accommodations. The Center Coordinator for Clinical Education must determine if the clinical site can make reasonable accommodations for the restrictions. The Center Coordinator for Clinical Education will need to put in writing the results of whether the accommodations can be met or not.

Statements from the Student Service Center or the qualified medical practitioner may address that there are no restrictions or accommodations necessary for the student in order to attend clinical internships.
Cancellation or Changes in Clinical Education Assignments

The UM-Flint Physical Therapy Program requests annual clinical education experiences every March. After the clinical sites return the available clinical experiences, the Associate Director for Clinical Education will place students into the clinical education facilities.

Every attempt is made to notify the Center Coordinator for Clinical Education at least four weeks prior to the clinical experience so the clinical site is able to prepare for the student.

The university will make every attempt to cancel a student from a clinical placement as soon as the Associate Director for Clinical Education is aware the student will not be able to attend the clinical experience. Reasons for a student being cancelled may include, but are not limited to, academic performance, professional performance, personal illness, or family commitments. The Center Coordinator for Clinical Education will be notified either by telephone or email.

The clinical site will make every attempt to cancel a clinical experience as soon as the Center Coordinator for Clinical Education is aware the site is not able to supervise a student. Reasons for a student being cancelled may include, but are not limited to, staffing, personal illness, family commitments, or union work related strike occurring on the campus the student will be placed at (Please see the Policy for Student Attendance in Regard To Strike Situations in Clinical Affiliations – Clinical Education Handbook). The Associate Director for Clinical Education will be notified either by telephone or email.
Rights and Privileges of Clinical Faculty

Clinical faculty volunteer to supervise DPT students without any form of increased compensation from their employer or the university. The Physical Therapy Department (PTD) core faculty understand the need to support clinical faculty. In a gesture of thanks, the University of Michigan-Flint deems the clinical faculty (CCCE/CI) the following rights and privileges:

- Access to the PTD book and video libraries
- Two hour inservices provided annually on a topic of their choice
- Assistance with clinical practice questions
- Assistance with clinical education questions
- Collaboration in research projects
- Financial support for registration to the APTA Basic and Advanced CI Credential Training (first come, first serve with limited seating)
- Audit privileges of DPT courses
- Free admission to teleconferencing inservices (first come, first serve with limited seating)
- All clinical faculty within a reasonable distance (40 miles radius of our program) are invited to attend the formal student case study poster presentations each year
- The right of clinical faculty to temporarily or permanently withdraw a student from the facility

Clinical Faculty are encouraged to take advantage of the above rights and privileges by contacting the Physical Therapy Department at (810) 762-3373.
This Affiliation Agreement ("Agreement") is made and entered between the Board of Regents of The University of Michigan on behalf of The University of Michigan Flint School of Health Professions and Studies, Department of Physical Therapy ("University"), located in Flint, Michigan, and ("Clinical Site"), located in .

In order to fulfill the objectives of its entry level doctor of physical therapy program, the University desires to obtain for its students enrolled in the program on-site supervised clinical educational experiences. Clinical Site recognizes the need for and desires to aid in the educational development of student physical therapists and is willing to make its employees and premises available for such purposes. This Agreement is designed to provide University students with on-site supervised clinical educational experiences through the Clinical Site for academic credit at the University. If the Clinical Site has more than one location, this Agreement shall encompass on-site supervised clinical educational experiences conducted at all Clinical Site locations, facilities, subsidiaries, and affiliates.

I. EDUCATIONAL PREPARATION OF STUDENTS

Graduate students are pursuing a course of study for the doctorate degree in physical therapy. Student physical therapists are not licensed physical therapists and must be supervised by a licensed physical therapist at all times while in the clinical setting, including the clinical education experience under this Agreement.

II. RELATIONSHIP OF UNIVERSITY AND CLINICAL SITE

A. The Clinical Site and its representatives:

1. understand that the primary purpose of the students' placement at the Clinical Site is for the students' learning. It is further understood that students shall not at any time replace or substitute any Clinical Site employee, nor shall students perform any of the duties normally performed by an employee of the Clinical Site except such duties as are a part of their training and are performed by the students under the direct supervision of a Clinical Site employee who is a licensed physical therapist.

2. shall plan and administer all aspects of client/patient care and clinical services at its facilities. The Clinical Site shall have responsibility for the rendering of high quality client/patient care and clinical services and shall have final responsibility, authority, and supervision over all aspects of client/patient care and clinical services. The University’s students shall at all times abide by such supervision.
3. will participate with the University and the students, where applicable, in the selection of learning opportunities in keeping with the objectives developed for this experience.

4. will be guided by objectives of the students' learning in the provision of experiences while the students are in the setting of the Clinical Site.

5. will designate a suitable liaison person(s) to work with the University and the students, or, in the absence of such person, will designate a suitable alternate person to be available for such purposes.

6. will orient the students to rules, policies, regulations, and procedures of the Clinical Site which students will be expected to adhere to. The Clinical Site must give students appropriate notification of such rules, policies, regulations, and procedures prior to the start of the students' clinical educational experience at the Clinical Site.

7. will engage in the regular exchange of information between the University and the Clinical Site through either on-site visits arranged at a mutually convenient time, written, electronic or telephone communications.

8. will participate in required assessment tools and program evaluation data-collection, in accordance with University procedures.

9. will accept qualified students regardless of race, sex, color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, disability, Vietnam-era veteran status, height, or weight in accordance with the laws of the State of Michigan and of the United States.

10. acknowledge that many student records are protected by the Family Educational Rights and Privacy Act (FERPA) and agree to maintain all educational records and reports relating to the clinical educational experience completed by individual students at the Clinical Site. The Clinical Site shall not release information contained in these educational records and reports, but shall instead refer all requests for information respecting such records to the University. The University shall comply with all applicable statutes, rules, and regulations respecting the maintenance and release of information from such records and reports.

11. acknowledge and follow American Physical Therapy Association guidelines and positions on appropriate physical therapist practice along with the Department of Physical Therapy's mission statement and core values.

12. will provide emergency health care to student(s) for illnesses or injuries incurred while students are on Clinical Site premises, if available. Financial responsibility for such emergency care shall rest with student(s).

B. The University and its representatives:
1. are aware of the Clinical Site's need to maintain its standard of service and its relationship within the community.

2. shall be responsible for curriculum planning, admission, administration, matriculation requirements, faculty appointments and promotions as required by the accrediting agency for its physical therapy program.

3. will be responsible for final evaluation of student academic performance.

4. will coordinate student placements in the Clinical Site with the designated Clinical Site liaison and will provide to the Clinical Site prior to the beginning of the clinical educational experience:
   a. the names of students to be placed with the Clinical Site four (4) to six (6) weeks prior to the beginning of each clinical educational experience at the Clinical Site;
   b. the beginning and ending dates of the students’ clinical educational experience at the Clinical Site;
   c. learning objectives for the clinical educational experience; and,
   d. the level of students (e.g., year one, year two, year three).

5. will designate a qualified person to whom all communication from the Clinical Site may be sent and will provide for a regular exchange of information between the University and the Clinical Site through either on-site visits arranged at a mutually convenient time, written, electronic or telephone communications.

6. will assign qualified students to the Clinical Site regardless of race, sex, color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, disability, Vietnam-era veteran status, height, or weight in accordance with the laws of the State of Michigan and of the United States. In addition, the University accepts students without regard for sexual orientation (including gender identity and gender expression) in accordance with the policies of The University of Michigan.

7. shall inform its students of and advise that they must act pursuant to all applicable federal and state laws and regulations regarding confidentiality of client/patient information and records, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

8. will advise its students that they will be subject to the Clinical Site’s policies, procedures, clinical protocols, rules and regulations while participating in the clinical educational experience at the Clinical Site’s facility(ies).
9. will, if requested by the Clinical Site, inform its students that each student will be required to provide directly to the Clinical Site proof that the student has updated immunizations and has passed a physical examination of a scope and within the time periods satisfactory to the Clinical Site.

10. will, if requested by the Clinical Site, inform its students that they must work directly with the Clinical Site to complete, at each student’s own expense and to the Clinical Site’s satisfaction, a criminal background check, fingerprinting and/or drug screen prior to assignment to the Clinical Site and periodically thereafter, as the Clinical Site may require. The University will further inform its students that the results of any criminal background check and/or drug screen are to be reported directly to the Clinical Site and not to the University.

11. understand that nothing in this Agreement prevents the Clinical Site from honoring the request of any patient/client to not be a teaching patient, or prevents any member of the Clinical Site medical staff from designating any patient a non-teaching patient.

12. will instruct the students to provide for their own health care coverage.

13. will advise the students of their responsibility to provide transportation and be responsible for vehicle maintenance costs while at the Clinical Site.

14. will instruct students that they are responsible for the costs of parking, housing and uniforms, if applicable, while at the Clinical Site.

III. FACILITIES WITHIN THE CLINICAL SITE

Students will be assigned space and essential office equipment and supplies by the Clinical Site within the Clinical Site setting. The Clinical Site will be kept informed of the hours of clinical practice.

IV. EVALUATION

The University will be responsible for the final academic evaluation of the students' progress in the clinical setting. The University will provide the Clinical Site with student learning objectives to enable the Clinical Site to provide the University with information useful and/or necessary for such evaluation. The University, along with Clinical Site personnel will evaluate the clinical experiences available within the Clinical Site.

V. STUDENT WITHDRAWAL/REMOVAL

The University and Clinical Site will have right of removal of a student from the Clinical Site for reasonable cause. The Clinical Site may submit a written request to the University for the withdrawal of any student from the Clinical Site for a reasonable cause related to the need for maintaining an acceptable standard of conduct and patient care, and the University will
immediately comply with such request. The written request from the Clinical Site shall set forth the basis for removal.

VI. LIBRARY

Students shall have access to the Clinical Site's library and other printed materials, and will assume responsibility for their care as required by the Clinical Site. Arrangements may be made for the University to place reference books temporarily in the Clinical Site for students' use if this is warranted.

VII. UNIFORMS

Students will follow the Clinical Site's policy on uniforms and dress code.

VIII. OSHA REGULATIONS

A. The University agrees, and assures the Clinical Site, that all students will have received the Hepatitis B vaccination series prior to arrival at the Clinical Site and will sign a validation form stating such; or a waiver form, if they have declined the vaccine.

B. The University agrees that all students will be instructed in the OSHA Bloodborne Pathogens Standard either through the University or by attending one of the prescheduled sessions at the Clinical Site.

C. The University agrees, and assures the Clinical Site, that all students will have current CPR certification prior to arrival at the Clinical Site and will sign a validation form stating such.

D. The University agrees to indemnify and hold harmless the Clinical Site from any and all liability that arises from the University's failure to comply with paragraphs A and B of Section VII.

IX. DISCLOSURE

Notwithstanding anything else herein, nothing in this Agreement shall prevent either party from producing documents or disclosing information that is required by law (such as the Michigan Freedom of Information Act [FOIA]) or a valid production document (such as a warrant or subpoena).

X. INSURANCE

The University is self-insured and will provide professional liability insurance with adequate limits for the University and the students participating in the clinical educational experience.

All claims or notice of intent to file a claim are to be promptly reported to The University of Michigan's Risk Management Office (734-764-2200).
The Clinical Site will cooperate with The University of Michigan in the handling of any claim and shall not, except at the Clinical Site’s own cost, voluntarily make any payment, assume any obligation, or incur any expense.

XI. INDEMNIFICATION

The Clinical Site agrees to defend, indemnify, and hold harmless the University and its officers, directors, agents, faculty members, employees, or students from any and all loss and liability, including claims, demands, costs, damages, attorneys’ fees, and expenses of any nature whatsoever, for personal injury, death, or damage to property arising out of or claimed to arise out of or in any way be connected with any activities of the Clinical Site or any of its officers, directors, agents, and employees, including the negligent supervision of students, pursuant to this Agreement, and such indemnification will survive any termination of this Agreement. The University agrees to defend, indemnify, and hold harmless the Clinical Site and its officers, directors, agents, and employees from any and all loss and liability, including claims, demands, costs, damages, attorneys’ fees, and expenses of any nature whatsoever, for personal injury, death, or damage to property arising out of or claimed to arise out of or in any way be connected with any activities of the University or any of its officers, directors, faculty members, employees, or students pursuant to this Agreement, and such indemnification will survive any termination of this Agreement.

XII. TERM AND TERMINATION

The term of this Agreement shall commence on the date of the last signature, and shall continue for an indeterminate period of time, subject to annual review or modification by consent of both parties. The Agreement may be terminated by either of the involved parties, provided written notice of this effect is given to the other party at least six (6) months prior to the proposed date of termination. In the event of termination, the parties shall cooperate and use their reasonable best efforts to let any students complete their clinical experiences already in progress.

XIII. AMENDMENT

No amendment or modification to this Agreement, including any amendment or modification of this paragraph, shall be effective unless in writing and signed by both parties.

XIV. NOTICES

Any and all notices required to be given under this Agreement shall be directed to:

Clinical Site:

The Clinical Site’s Name Here:

Name
Site Name
Site Title
Physical Therapy Department
The University of Michigan-Flint Physical Therapy Department:

Annemarie F. Kammann, PT, MEd, PCS  Drea Whalen, Paralegal
The University of Michigan-Flint  Contracts
Instructor and Assistant Director for Clinical  University of Michigan-Flint
Education  303 E. Kearsley St., Suite 808
Physical Therapy Department  Flint, Michigan  48502
2157 William S. White Building  PH: 810-424-5297
303 East Kearsley Street  Email: adwhalen@umflint.edu
Flint, MI 48502-1950
Telephone: 810.762.3373
Fax: 810.766.6668
kannemar@umflint.edu

XV. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the parties, and all prior discussions, agreements, and understandings between the parties, whether oral or in writing, are hereby merged into this Agreement.

XVI. CHOICE OF LAW

This Agreement shall be deemed to be made under the laws of the State of Michigan and for all purposes shall be construed in accordance with the laws of the State of Michigan.

XVII. MISCELLANEOUS

A. There will be no monetary consideration paid by either party to the other under this Agreement, it being acknowledged that the program provided hereunder is mutually beneficial. The parties will cooperate in administering this program in a manner which will tend to maximize the mutual benefits provided to the University and the Clinical Site.

B. This Agreement is intended solely for the mutual benefit of the parties thereto, and there is no intention, express or otherwise, to create any rights or interests for any party or person other than the Clinical Site and the University; without limiting the generality of the foregoing, no rights are intended to be created for any patient, Student, parent or guardian of any Student, employer or prospective employer of any Student.

C. In the performance of their respective duties and obligations under this Agreement, each party is an independent contractor and neither is the agent, employee or servant of the other, and
each is responsible for its own conduct.
About the Online Training and Assessment Program
This free online course provides a standardized training program and assessment designed to educate physical therapist students, clinical instructors (CIs), center coordinators of clinical education (CCCEs), academic coordinators of clinical education/directors of clinical education (ACCEs/DCEs) and faculty about the appropriate, valid, and reliable use of the APTA Physical Therapist Clinical Performance Instrument (PT CPI): Version 2006. Successful completion of this training and assessment program (passing 70%) is required for all users to access the PT CPI Web 2.0 (requires a username and password). Access the PT CPI Quick Click Guide (.pdf).

Taking the Online Training and Assessment Program
Access to and instructions for the PT CPI online training and assessment program are available through the APTA Learning Center course catalog. To access the course please follow the directions provided through the "Purchase Now" feature. If you are not an APTA member or former member you will first need to login to the APTA Web site to obtain a username and password prior to being able to purchase the course in the APTA Learning Center. Follow the directions carefully to ensure completion of the 5 training modules and to complete and "submit" the assessment (you must submit your assessment before you can print your CEU certificate). Since implementing the PT CPI: Version 2006, more than 40,000 users have successfully completed the online PT CPI training and assessment program to earn .2 CEUs (2 contact hours).

Accessing PT CPI Web 2.0
Once you have successfully completed the APTA PT CPI online training and assessment and printed your CEU certificate, you are then able to login to PT CPI Web 2.0 to complete your student(s), or self-evaluation if you are a clinical educator or student affiliated with a physical therapist academic program that is registered to use the PT CPI Web 2.0. If you are looking to login to PT CPI Web 2.0 to evaluate your student(s), and have successfully completed the APTA CPI Training, please go to https://cpi2.amsapps.com to login. The academic program you are working with should have notified you of your username to login to the PT CPI Web 2.0 site.

If you have not completed the APTA CPI Training and Assessment, or do not have a username for PT CPI Web 2.0, please contact the academic program you are working with for more information. Please note, not all PT academic programs have registered with Academic Management Systems to use PT CPI Web 2.0

Reference: http://www.apta.org/PTCPI/TrainingAssessment/
APTA Members/Current or Former APTA Customers

1. **Login to www.apta.org**
   - Enter your username and password and select "click here to continue:" (http://www.apta.org/APTALogin.aspx)
   - Under http://www.apta.org/myAPTA make note of the email address associated with your apta.org account you will need to use the same address to verify your training completion in PT CPI Web.

2. **Important!** It is essential that you do not purchase or register for courses in the APTA Learning Center using more than one account number. If you’ve forgotten your password or were at one time an APTA member, click here to have it emailed to you OR contact 800/999-2782, ext 3395 for assistance.

3. **Set up your computer**

4. **"Purchase" the free PT CPI online course**
   - To access the PT CPI online course, go to: http://learningcenter.apta.org/free_membercourses.aspx (this is the "Free Member" course catalog, accessible from the public course catalog) in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

5. **Take the PT CPI online course**
   - After purchasing the course, go to My Courses http://learningcenter.apta.org/My_Courses.aspx within the APTA Learning Center.

6. **Print CEU certificate**
   - Claim credit and print your 0.2 CEU certificate through My Courses http://learningcenter.apta.org/My_Courses.aspx at the APTA Learning Center.

7. **Access the PT CPI Web site**
   - To access PT CPI Web 2.0, please click: https://cpi2.amsapps.com.
   - The academic program with whom you affiliate can provide you with your username (the email address provided to them). If you do not have a password, you will need to use the ’I forgot or do not have a password’ link to establish a password. **The password to login to PT CPI Web 2.0 is NOT the same as the password used to login to the APTA Web site.**

New Customers/Never Been an APTA Member

1. **Create an account at www.apta.org**
   - Register at apta.org: http://www.apta.org/APTALogin.aspx. Complete the required information and write down your username and password.
   - Please make a note of the e-mail address that you use when completing this registration information as you will need to use the same email address to verify your training completion in PT CPI Web.

2. **Set up your computer**
   - **Important!** You are now ready to purchase the free online course.

3. **"Purchase" the free PT CPI online course**
   - To access the PT CPI online course, go to: http://learningcenter.apta.org/free_membercourses.aspx (this is the "Free member" course catalog, accessible from the public course catalog) in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

4. **Take the PT CPI online course**
   - After purchasing the course, go to My Courses http://learningcenter.apta.org/My_Courses.aspx within the APTA Learning Center.

5. **Print CEU certificate**
   - Claim credit and print your 0.2 CEU certificate through My Courses http://learningcenter.apta.org/My_Courses.aspx at the APTA Learning Center.

6. **Access the PT CPI Web site**
   - To access PT CPI Web 2.0, please click: https://cpi2.amsapps.com.
   - The academic program with whom you affiliate can provide you with your username (the email address provided to them). If you do not have a password, you will need to use the ’I forgot or do not have a password’ link to establish a password. **The password to login to PT CPI Web 2.0 is NOT the same as the password used to login to the APTA Web site.**
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<td><strong>Performance Dimensions</strong></td>
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<tr>
<td>Supervision/Guidance</td>
<td>Level and extent of assistance required by the student to achieve entry-level performance.</td>
</tr>
<tr>
<td></td>
<td>▪ As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.</td>
</tr>
<tr>
<td>Quality</td>
<td>Degree of knowledge and skill proficiency demonstrated.</td>
</tr>
<tr>
<td></td>
<td>▪ As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.</td>
</tr>
<tr>
<td>Complexity</td>
<td>Number of elements that must be considered relative to the task, patient, and/or environment.</td>
</tr>
<tr>
<td></td>
<td>▪ As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.</td>
</tr>
<tr>
<td>Consistency</td>
<td>Frequency of occurrences of desired behaviors related to the performance criterion.</td>
</tr>
<tr>
<td></td>
<td>▪ As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Ability to perform in a cost-effective and timely manner.</td>
</tr>
<tr>
<td></td>
<td>▪ As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.</td>
</tr>
<tr>
<td><strong>Rating Scale Anchors</strong></td>
<td></td>
</tr>
<tr>
<td>Beginning performance</td>
<td>• A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.</td>
</tr>
<tr>
<td></td>
<td>• At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.</td>
</tr>
<tr>
<td></td>
<td>• Performance reflects little or no experience.</td>
</tr>
<tr>
<td></td>
<td>• The student does not carry a caseload.</td>
</tr>
<tr>
<td>Advanced beginner performance</td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• The student may begin to share a caseload with the clinical instructor.</td>
</tr>
<tr>
<td>Intermediate performance</td>
<td>• A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.</td>
</tr>
<tr>
<td></td>
<td>• At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.</td>
</tr>
<tr>
<td></td>
<td>• The student is capable of maintaining 50% of a full-time physical therapist’s caseload.</td>
</tr>
<tr>
<td>Advanced intermediate performance</td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.</td>
</tr>
<tr>
<td></td>
<td>• The student is capable of maintaining 75% of a full-time physical therapist’s caseload.</td>
</tr>
<tr>
<td>Entry-level performance</td>
<td>• A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.</td>
</tr>
<tr>
<td></td>
<td>• At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.</td>
</tr>
<tr>
<td></td>
<td>• Consults with others and resolves unfamiliar or ambiguous situations.</td>
</tr>
<tr>
<td></td>
<td>• The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.</td>
</tr>
<tr>
<td>Beyond entry-level performance</td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others.</td>
</tr>
<tr>
<td></td>
<td>• The student is capable of maintaining 100% of a full-time physical therapist’s caseload and seeks to assist others where needed.</td>
</tr>
<tr>
<td></td>
<td>• The student is capable of supervising others.</td>
</tr>
<tr>
<td></td>
<td>• The student willingly assumes a leadership role for managing patients with more difficult or complex conditions.</td>
</tr>
<tr>
<td></td>
<td>• Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.</td>
</tr>
</tbody>
</table>
PT CPI Web 2.0 Instructions for a CI

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

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

Update Information (If you’ve previously have done this, please go to Editing the CPI)

1. Click on the ‘My Info’ tab to update your information. You must update the APTA Data Release Statements found in the Data Authorization section.
2. When you are done editing, hit ‘Update’.

Verify APTA Training/Start the CPI (If you’ve previously have done this, please go to Editing the CPI)

1. Click on your student’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.
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 student will be able to see your CPI only if they have also signed off on their CPI.

Viewing your CPI With your Student and Signing-Off on your student’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 student’s CPI indicating you’ve discussed the performance with your student.

Additional Features:

Creating a Critical Incident Report (only to be used as needed)

1. To create a Critical Incident Report, click the link that says ‘Critical Incident’
2. Fill out the report appropriately
3. Once you hit ‘Save’, the report will be sent to the CCCE, ACCE and student.
4. Any completed Critical Incident Reports can be found in the ‘Critical Incidents’ tab.

Adding Post-Assessment Comments to the CPI:

1. In the ‘Evaluations’ tab you will see a link to sign-off on your student’s CPI indicating you’ve discussed the performance with your student. Once you and your student have signed-off on each other’s CPI, you can add overall comments by clicking on ‘View’ and adding comments.
PT CPI Web 2.0 Instructions for a Student

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

1. Your **username** is your **email address** provided to the school you are working with.

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

**Update Information (If you’ve previously have done this, please go to Editing the CPI)**

1. Click on the ‘My Info’ tab to update your information. You **must update the APTA Data Release Statements** found in the Data Authorization section.

2. When you are done editing, hit ‘Update’.

**Verify APTA Training/Start the CPI (If you’ve previously have done this, please go to Editing the CPI)**

1. **Click on your site’s name in the ‘My Evaluations’ section on your home page or click on the Evaluations tab and then hit ‘Edit’**.

2. You are prompted to verify if you have completed the APTA PT CPI Training. **If you have completed the training, please click the ‘I have completed the APTA PT CPI online training and assessment.’ button.**
   a. If you have not completed the training, please follow the directions on the page to take the APTA PT CPI Training.
   b. If the email address you took the training with is different than your username, you will be prompted to enter the email address registered with APTA.
   c. If you are having issues verifying you’ve completed the training, please contact PT CPI Web Support at 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.
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.
Weekly Planning Form

Dates: ________________  Experience Week Number: __________

STUDENTS REVIEW OF THE WEEK
When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

CI’S REVIEW OF THE WEEK
When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

GOALS FOR THE UPCOMING WEEK OF

_____________________________

Student’s Signature ________________  CI Signature ____________________

**Critical Incident Report**

*Directions: Record each entry clearly and concisely without reflecting any biases.*

**Student’s Name:**

**Evaluator/Observer:**

<table>
<thead>
<tr>
<th>Date (Time)</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
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<tbody>
<tr>
<td></td>
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</tbody>
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*Student Initials:*

*Evaluator Initials:*

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<tbody>
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</tr>
</tbody>
</table>

*Student’s Signature:*

*Evaluator’s Signature:*

---

PLEASE NOTE:
This document is included only as a reference tool and not intended for use as the performance evaluation. The PT CPI evaluation must be completed online and can be accessed through the following website: https://cpi2.amsapps.com. Please contact the academic institution for additional information.
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1 Terms used in this instrument are denoted by an asterisk (*) and can be found in the Glossary.
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CLINICAL PERFORMANCE INSTRUMENT

INTRODUCTION

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

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

**Rating Scale**

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

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

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

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

**Rating Scale**

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

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

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

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

Rating Scale

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

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

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

Determining a Grade

- Each academic institution determines what constitutes satisfactory performance. The guide below is provided to assist the program in identifying what is expected for the student’s performance depending upon their level of education* and clinical experience within the program.
First clinical experience: Depending upon your academic curriculum, ratings of student performance may be expected in the first two intervals between beginning clinical performance,* advanced beginner performance, and intermediate clinical performance.

Intermediate clinical experiences: Depending upon your academic curriculum, student performance ratings are expected to progress along the continuum ranging from a minimum of advanced beginner clinical performance (interval 2) to advanced intermediate clinical performance* (interval 4). The ratings on the performance criteria will be dependent upon the clinical setting, level of didactic and clinical experience within the curriculum, and expectations of the clinical site and the academic program.

Final clinical experience: Students should achieve ratings of entry-level or beyond (interval 5) for all 18 performance criteria.

At the conclusion of a clinical experience, grading decisions made by the ACCE/DCE, may also consider:

- clinical setting,
- experience with patients or clients* in that setting,
- relative weighting or importance of each performance criterion,
- expectations for the clinical experience,
- progression of performance from midterm to final evaluations,
- level of experience within the didactic and clinical components,
- whether or not “significant concerns” box was checked, and
- the congruence between the CI’s narrative midterm and final comments related to the five performance dimensions and the ratings provided.
COMPONENTS OF THE FORM

Performance Criteria*

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

Red Flag Item

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

Sample Behaviors

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

Midterm and Final Comments

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

Performance Dimensions

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

- **Quality** refers to the degree of knowledge and skill proficiency demonstrated.
  - As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance.
• **Complexity** refers to the number of elements that must be considered relative to the patient*, task, and/or environment.
  ➢ As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.

• **Consistency** refers to the frequency of occurrences of desired behaviors related to the performance criterion.
  ➢ As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

• **Efficiency** refers to the ability to perform in a cost-effective and timely manner.
  ➢ As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.

**Rating Student Performance**

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

```
<table>
<thead>
<tr>
<th>Interval 1</th>
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<th>Interval 3</th>
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<td><em>Beginning</em> Performance</td>
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<td>Intermediate Performance</td>
<td>Advanced Intermediate Performance</td>
<td>Entry-level Performance</td>
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```
Anchor Definitions

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

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

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

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

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

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

**Significant Concerns Box**

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

**Summative Comments**

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

STUDENT INFORMATION (Student to Complete)

Student’s Name: ____________________________________________________________

Date of Clinical Experience: ___________________________ Course Number: __________

E-mail: _________________________________________________________________

Total Number of Days Absent: _____________________________________________

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

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

ACADEMIC PROGRAM INFORMATION (Program to Complete)

Name of Academic Institution: ______________________________________________

Address:______________________________________________________________

(Department)     (Street)

(City)     (State/Province)  (Zip)

Phone: ___________________________ ext. _______ Fax: _________________________

E-mail: ___________________________ Website: ______________________________

CLINICAL EDUCATION SITE INFORMATION (Clinical Site to Complete)

Name of Clinical Site: ____________________________________________________

Address:______________________________________________________________

(Department)     (Street)

(City)     (State/Province)   (Zip)

Phone: ___________________________ ext. _______ Fax: _________________________

E-mail: ___________________________ Website: ______________________________

Clinical Instructor’s* Name: ______________________________________________

Clinical Instructor’s Name: ______________________________________________

Clinical Instructor’s Name: ______________________________________________

Center Coordinator of Clinical Education’s Name: ____________________________
PROFESSIONAL PRACTICE
SAFETY

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

SAMPLE BEHAVIORS

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

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

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

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

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

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

☒ Midterm  ☐ Final
PROFESSIONAL PRACTICE

PROFESSIONAL BEHAVIOR

2. Demonstrates professional behavior in all situations.

SAMPLE BEHAVIORS

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

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

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

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

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

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

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

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

- Midterm [ ]
- Final [ ]
4. Communicates in ways that are congruent with situational needs.

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

[ ] Midterm
[ ] Final
PROFESSIONAL PRACTICE
CULTURAL COMPETENCE*

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

SAMPLE BEHAVIORS

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

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

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

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

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

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

Midterm □  Final □
PROFESSIONAL PRACTICE

PROFESSIONAL DEVELOPMENT


**SAMPLE BEHAVIORS**

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

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

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

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

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

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

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

### SAMPLE BEHAVIORS

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

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

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

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

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

- ✗ Midterm
- ✗ Final
PATIENT MANAGEMENT
SCREENING*

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

SAMPLE BEHAVIORS

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

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

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

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

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

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

* Midterm | Final
PATIENT MANAGEMENT

EXAMINATION*

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

SAMPLE BEHAVIORS

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

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

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

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

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

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

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

髅 Midterm ☐ Final
PATIENT MANAGEMENT

EVALUATION*

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

SAMPLE BEHAVIORS

a. Synthesizes examination data and identifies pertinent impairments, functional limitations* and quality of life. [WHO – ICF Model for Canada]

b. Makes clinical judgments based on data from examination (history, system review, tests and measurements).

c. Reaches clinical decisions efficiently.

d. Cites the evidence to support a clinical decision.

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

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

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

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

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

ocide [ ] Midterm  [ ] Final
11. Determines a diagnosis* and prognosis* that guides future patient management.

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

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

SAMPLE BEHAVIORS

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

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

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

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

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

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

Midterm  Final
PATIENT MANAGEMENT
PROCEDURAL INTERVENTIONS*

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

SAMPLE BEHAVIORS

a. Performs interventions* safely, effectively, efficiently, fluidly, and in a coordinated and technically competent* manner.
   Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques*: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).

b. Performs interventions consistent with the plan of care.

c. Utilizes alternative strategies to accomplish functional goals.

d. Follows established guidelines when implementing an existing plan of care.

e. Provides rationale for interventions selected for patients presenting with various diagnoses.

f. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.

g. Assesses patient response to interventions and adjusts accordingly.

h. Discusses strategies for caregivers to minimize risk of injury and to enhance function.

i. Considers prevention*, health, wellness* and fitness* in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.

j. Incorporates the concept of self-efficacy in wellness and health promotion.*

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

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

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

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

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

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

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

- [ ] Midterm
- [ ] Final
PATIENT MANAGEMENT

DOCUMENTATION*

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

SAMPLE BEHAVIORS

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

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

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

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

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

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

Midterm  Final
PATIENT MANAGEMENT
OUTCOMES ASSESSMENT*

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

SAMPLE BEHAVIORS

a. Applies, interprets, and reports results of standardized assessments throughout a patient’s episode of care.

b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.

c. Seeks information regarding quality of care rendered by self and others under clinical supervision.

d. Evaluates and uses published studies related to outcomes effectiveness.

e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.

f. Assesses the patient’s response to intervention in practical terms.

g. Evaluates whether functional goals from the plan of care have been met.

h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).

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

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

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

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

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

Midterm ☐  Final ☐
PATIENT MANAGEMENT

FINANCIAL RESOURCES

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

SAMPLE BEHAVIORS

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

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

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

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

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Midterm  [ ]  Final  [ ]
PATIENT MANAGEMENT
DIRECTION AND SUPERVISION OF PERSONNEL

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

SAMPLE BEHAVIORS

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

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

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

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

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

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

&emsp; Midterm &emsp; Final
SUMMATIVE COMMENTS

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

AREAS OF STRENGTH

Midterm:

Final:

AREAS FOR FURTHER DEVELOPMENT

Midterm:

Final:
OTHER COMMENTS

Midterm:

Final:

RECOMMENDATIONS

Midterm:

Final:
EVALUATION SIGNATURES

MIDTERM EVALUATION

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

__________________________________________ Date
Signature of Student

__________________________________________
Name of Academic Institution

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

__________________________________________ Position/title
Evaluator Name (1) (Print)

__________________________________________ Date
Signature of Evaluator (1)

__________________________________________
Evaluator Name (2) (Print)

__________________________________________ Position/Title
Signature of Evaluator (2)

__________________________________________ Date
CCCE Signature
FINAL EVALUATION

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

Signature of Student

Date

Name of Academic Institution

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

Evaluator Name (1) (Print)

Position/title

Signature of Evaluator (1)

Date

Evaluator Name (2) (Print)

Position/Title

Signature of Evaluator (2)

Date

CCCE Signature

Date
GLOSSARY

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

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

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

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

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

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

**Assessment:** The measurement or quantification of a variable or the placement of a value on something. Assessment should not be confused with examination or evaluation.

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

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

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

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

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

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

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

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

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

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

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

Cognitive: Characterized by awareness, reasoning, and judgment.

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

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

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

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

Complexity: Multiple requirements of the tasks or environment (e.g., simple, complex), or patient (see Complex patient). The complexity of the tasks or environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.
Complex patient: Refers to patients presenting with multiple co-morbidities, multi-system involvement, needs for extensive equipment, multiple lines, cognitive impairments, and multifaceted psychosocial needs. As a student progresses through clinical education experiences, the student should be able to manage patients with increasingly more complex conditions with fewer elements or interventions controlled by the CI.

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

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

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

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

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

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

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

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


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

Diagnostic process: The evaluation of information obtained from the patient examination organized into clusters, syndromes, or categories.
**Differential diagnosis**: The determination of which one of two or more different disorders or conditions is applicable to a patient or client.

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

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

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

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

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


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

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

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

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

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

**Evaluation**: A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. No defined number or range of number of visits is established for this type of episode. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)
**Evidenced-based practice:** Integration of the best possible research evidence with clinical expertise and patient values, to optimize patient/client outcomes and quality of life to achieve the highest level of excellence in clinical practice. (Sackett DL, Haynes RB, Guyatt GH, Tugwell P. *Clinical Epidemiology: A Basic Science for Clinical Medicine.* 2nd ed. Boston: Little, Brown and Company; 1991:1.) Evidence includes randomized or nonrandomized controlled trials, testimony or theory, meta-analysis, case reports and anecdotes, observational studies, narrative review articles, case series in decision making for clinical practice and policy, effectiveness research for guidelines development, patient outcomes research, and coverage decisions by health care plans.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Outcomes assessment of the individual:** Performed by the physical therapist and is a measure (or measures) of the intended results of patient/client management, including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are
expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

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

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

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

**Patient/client management model:**

![Diagram of patient/client management model]


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

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

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

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

**Plan of care:** (Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. (*Guide to Physical Therapist Practice*. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.))
Practice management: The coordination, promotion, and resource (financial and human) management of practice that follows regulatory and legal guidelines.

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

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

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

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

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

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

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

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

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

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

Screening: Determining the need for further examination or consultation by a physical therapist or for referral to another health professional. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.) (See also: Cognitive screening.)
Social responsibility: The promotion of a mutual trust between the physical therapist as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. (Professionalism in Physical Therapy: Core Values, August 2003.)

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

Technically competent: Correct performance of a skill.

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

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

Wellness: An active process of becoming aware of and making choices toward a more successful existence. (National Wellness Organization. A Definition of Wellness. Stevens Point, Wis: National Wellness Institute Inc; 2003.)
APPENDIX A
EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Competent)

EXAMINATION*

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

SAMPLE BEHAVIORS

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

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

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

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

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

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

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

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

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

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

EXAMINATION*

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

SAMPLE BEHAVIORS

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

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

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

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

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

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<td>Entry-level Performance</td>
<td>Beyond Entry-level Performance</td>
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Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

𫚉 Midterm  ✗  Final  ✗
9. Performs a physical therapy patient examination* using evidenced-based* test and measures.

SAMPLE BEHAVIORS

i) Obtains a history from patients and other sources as part of the examination.

j) Utilizes information from history and other data (eg, laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.

k) Performs systems review.

l) Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening.

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

o) Conducts tests and measures accurately and proficiently.

p) Sequences tests and measures in a logical manner to optimize efficiency*.

q) Adjusts tests and measures according to patient’s response.

r) Performs regular re-examinations of patient status.

s) Performs an examination using evidence based test and measures.

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

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

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

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

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

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

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

Midterm [ ] Final [ ]
APPENDIX B
PT CPI Performance Criteria Matched with Evaluative Criteria for PT Programs

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

<table>
<thead>
<tr>
<th>Evaluative Criteria for Accreditation of Physical Therapist Programs</th>
<th>Physical Therapist Clinical Performance Instrument Performance Criteria (PC)</th>
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<tbody>
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<td>Accountability (5.1-5.5)</td>
<td>Accountability (PC #3; 5.1-5.3)</td>
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<td></td>
<td>Professional Development (PC #6; 5.4, 5.5)</td>
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<td>Altruism (5.6, 5.7)</td>
<td>Accountability (PC #3; 5.6 and 5.7)</td>
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<tr>
<td>Prognosis (5.33)</td>
<td>Diagnosis and Prognosis (PC #11; 5.33)</td>
</tr>
<tr>
<td>Plan of Care (5.34-5.38)</td>
<td>Plan of Care (PC #12; 5.34, 5.35, 5.36, 5.37, 5.38)</td>
</tr>
<tr>
<td></td>
<td>Safety (PC #1; 5.35)</td>
</tr>
<tr>
<td>Intervention (5.39-5.44)</td>
<td>Procedural Interventions (PC #13; 5.39)</td>
</tr>
<tr>
<td></td>
<td>Direction and Supervision of Personnel (PC #18; 5.40)</td>
</tr>
<tr>
<td></td>
<td>Educational Interventions (PC #14; 5.41)</td>
</tr>
<tr>
<td></td>
<td>Documentation (PC #15; 5.42)</td>
</tr>
<tr>
<td></td>
<td>Financial Resources (PC #17; 5.43)</td>
</tr>
<tr>
<td></td>
<td>Safety (PC #1; 5.44)</td>
</tr>
<tr>
<td>Outcomes Assessment (5.45-5.49)</td>
<td>Outcomes Assessment (PC #16; 5.45, 5.46, 5.47, 5.48, 5.49)</td>
</tr>
<tr>
<td>Prevention, Health Promotion, Fitness, and Wellness (5.50-5.52)</td>
<td>Procedural Interventions (PC #13; 5.50, 5.52)</td>
</tr>
<tr>
<td></td>
<td>Educational Interventions (PC #14; 5.51, 5.52)</td>
</tr>
<tr>
<td>Management in Care Delivery (5.53-5.56)</td>
<td>Screening (PC #8; 5.53, 5.54, 5.55)</td>
</tr>
<tr>
<td></td>
<td>Plan of Care (PC #12; 5.55, 5.56 [however not specifically stated as case management])</td>
</tr>
<tr>
<td></td>
<td>Financial Resources (PC #17; 5.55)</td>
</tr>
<tr>
<td>Practice Management (5.57-5.61)</td>
<td>Financial Resources (PC #17; 5.58, 5.60, 5.61)</td>
</tr>
<tr>
<td></td>
<td>Direction and Supervision of Personnel (PC #18; 5.57)</td>
</tr>
<tr>
<td></td>
<td>Not included: 5.59</td>
</tr>
<tr>
<td>Consultation (5.62)</td>
<td>Screening (PC #8; 5.62)</td>
</tr>
<tr>
<td></td>
<td>Educational Interventions (PC #14; 5.62)</td>
</tr>
<tr>
<td>Social Responsibility and Advocacy (5.63-5.66)</td>
<td>Accountability (PC #2; 5.63-5.66)</td>
</tr>
</tbody>
</table>

## APPENDIX C
### DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DEFINITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance Dimensions</strong></td>
<td></td>
</tr>
<tr>
<td>Supervision/Guidance</td>
<td>Level and extent of assistance required by the student to achieve entry-level performance.</td>
</tr>
<tr>
<td></td>
<td>- As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.</td>
</tr>
<tr>
<td>Quality</td>
<td>Degree of knowledge and skill proficiency demonstrated.</td>
</tr>
<tr>
<td></td>
<td>- As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.</td>
</tr>
<tr>
<td>Complexity</td>
<td>Number of elements that must be considered relative to the task, patient, and/or environment.</td>
</tr>
<tr>
<td></td>
<td>- As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.</td>
</tr>
<tr>
<td>Consistency</td>
<td>Frequency of occurrences of desired behaviors related to the performance criterion.</td>
</tr>
<tr>
<td></td>
<td>- As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Ability to perform in a cost-effective and timely manner.</td>
</tr>
<tr>
<td></td>
<td>- As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating Scale Anchors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning performance</strong></td>
</tr>
<tr>
<td>- A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.</td>
</tr>
<tr>
<td>- At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.</td>
</tr>
<tr>
<td>- Performance reflects little or no experience.</td>
</tr>
<tr>
<td>- The student does not carry a caseload.</td>
</tr>
<tr>
<td><strong>Advanced beginner performance</strong></td>
</tr>
<tr>
<td>- 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.</td>
</tr>
<tr>
<td>- 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.</td>
</tr>
<tr>
<td>- The student may begin to share a caseload with the clinical instructor.</td>
</tr>
<tr>
<td><strong>Intermediate performance</strong></td>
</tr>
<tr>
<td>- 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.</td>
</tr>
<tr>
<td>- At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.</td>
</tr>
<tr>
<td>- The student is capable of maintaining 50% of a full-time physical therapist's caseload.</td>
</tr>
<tr>
<td><strong>Advanced intermediate performance</strong></td>
</tr>
<tr>
<td>- 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.</td>
</tr>
<tr>
<td>- At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.</td>
</tr>
<tr>
<td>- The student is capable of maintaining 75% of a full-time physical therapist's caseload.</td>
</tr>
<tr>
<td><strong>Entry-level performance</strong></td>
</tr>
<tr>
<td>- A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.</td>
</tr>
<tr>
<td>- At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.</td>
</tr>
<tr>
<td>- Consults with others and resolves unfamiliar or ambiguous situations.</td>
</tr>
<tr>
<td>- The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.</td>
</tr>
<tr>
<td><strong>Beyond entry-level performance</strong></td>
</tr>
<tr>
<td>- 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.</td>
</tr>
<tr>
<td>- At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others.</td>
</tr>
<tr>
<td>- The student is capable of maintaining 100% of a full-time physical therapist’s caseload and seeks to assist others where needed.</td>
</tr>
<tr>
<td>- The student is capable of supervising others.</td>
</tr>
<tr>
<td>- The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.</td>
</tr>
<tr>
<td>Year</td>
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</table>

* Each 10-week, full-time clinical affiliation is designed to stand alone. Students must complete one affiliation in the acute care setting, one affiliation in the general outpatient setting, and one affiliation in a special interest area of their choice. Expected performance level at the end of each 10 week affiliation is Entry Level. Clinical Instructors should be comfortable accurately accessing student performance using the PT CPI Web. Grading will be determined by the course instructor and/or ADCE and takes into consideration the PT CPI Web assessment in addition to other factors.

Complete descriptions of all DPT curriculum courses are available under the General section of this handbook as well the following web site location: [http://www.umflint.edu/pt/Entry-LevelDPT/curriculum.htm](http://www.umflint.edu/pt/Entry-LevelDPT/curriculum.htm)
University of Michigan-Flint  
School of Health Professions and Studies  
Physical Therapy Department

**Procedures for Assignment of Students to Clinical Sites**

**YEAR 1**

PTP 564 - Clinical Observation and Communication Skills (three 1 hour experiences)  
Students are assigned to a local site (Flint area) by the Associate Director for Clinical Education (ADCE).

PTP 530 - Introduction to Clinical Practice (five, eight hour experiences)  
Students are assigned to a local site 30-60 minutes from the Flint area by the ADCE.

**YEAR 2**

PTP 632 - Clinical Education II (one, 2 week rotation)  
Students identify where they can provide housing within 350 miles of Flint. ADCE assigns locations.

**YEAR 3**

PTP 733 - Clinical Education III (one, 4 week rotation)  
ADCE will inform students of what affiliations (places and types of experiences) are available. Students will submit a list of their choices. It is expected that the students will select a variety of patient population and settings (i.e. ortho, neuro, peds, rehab, etc). ADCE will assign locations. If there are extra affiliations, students will have a specified period in which to negotiate a change in assignments with the ADCE.

PTP 734, 735, 736 - Clinical Education IV, V, VI (three, 10 week rotations)  
ADCE will inform the students of what affiliations are available. The Class Officers will devise a system by which students receive numbers by lottery. A list of all clinical affiliations that are offering placements will be distributed to the students so that they may prepare their preferences for sites ahead of time. When their number is called, each student chooses an affiliation site. The ADCE will conduct the session.

Students must choose one general outpatient affiliation, one acute care (50% or greater acute experience) and a specialty affiliation (rehab, neuro, peds, sports, etc.) Students may not have more than one affiliation in the same specialty. No more than two affiliations can be general OP orthopedics. The ADCE and faculty require that all students experience clinical education with a wide variety of patient populations.

The ADCE must approve the final selection of clinical affiliations for each student. Students will have a defined period of time in which to make changes in their choices by negotiating only with the ADCE. After the deadline has passed, there will be no further changes except under extraordinary circumstances as determined by the ADCE. The ADCE has the responsibility for decision making in clinical assignments.
A. **TITLE AND NUMBER:** Clinical Observation and Communication Skills, PTP 564

B. **DESCRIPTION:** Orientation to the clinical education program including patient confidentiality, communication and common barriers to effective communication. Format: L with some FLD

C. **DEPARTMENT OFFERING THE COURSE:** Physical Therapy Department

D. **CREDIT HOURS:** 2

E. **INSTRUCTOR:**

F. **CLOCK HOURS:** Fall Year 1

G. **COURSE OBJECTIVES:** Upon completion of the course the student will be aware of the principles of patient confidentiality, scientific observation and communication skills and be able to apply them to patient care. Upon completion of the course the student will be able to:
   1. identify issues in patient information confidentiality including HIPAA.
   2. identify principles and methods of clinical observation and be able to utilize these principles and methods in a supervised clinical setting.
   3. determine the appropriate method of observation in a clinical setting.
   4. accurately record observation results.
   5. explain the place of observation in the therapeutic process.
   6. apply the principles and methods of clinical observation in a clinical setting.
   7. identify the components of effective communication.
   8. employ the use of appropriate terminology in verbal and written communication with patients, families and other health care professionals.
   9. assess the need for referral or consultation based upon somatic and/or psychosocial information.

H. **OUTLINE OF CONTENT:**
   Module 1: Orientation to the Clinical Education Program
   An overview of the clinical education program structure throughout the curriculum including requirements and policies and procedures.

   Module 2: Patient Information Confidentiality
   Discussion of the responsibilities of students and clinicians to protect patient information. Includes an introduction to HIPAA regulations.

   Module 3: Principles of Clinical Observation
   Discussion of the principles inherent in any form of observation including purposes and tools of observation.
Module 4: Methods of Clinical Observation
Overview of observation methods currently used in clinical practice.

Module 5: Differential Application of Methods
Discussion of selection of observation methods based upon patient and environmental characteristics.

Module 6: Components of Effective Communication
Levels and purposes of practitioner-client communication are discussed including person first language.

Module 7: Types of communication
Discussion of verbal, non verbal and written communication including barriers to effective communication.

Module 8: Introduction to Professional Documentation
Overview of elements of the SOAP format documentation.

Module 9: Introduction of Simple Analysis of Data
Overview of analysis of results of observation.

Module 10: Place of Observation in the Therapeutic Process
Application of observation principles to all aspects of the therapeutic process including evaluation, plan of care, interventions, home programs and collegial communications.

Module 11: Health Care Profession Disciplines
Overview of roles of various healthcare professions and possible interactions with physical therapy.

Module 12: Indication for Referral and/or Consultation
Physical therapists are prime observers of patient behavior. Indications for referral and/or consultation with other health care disciplines.

Module 13: Clinical Observation
Application of observations methods in a structured setting using media, role playing and/or simulated conditions. Group visits to selected clinical settings using direct observation of selected patients with small group work and discussion.
<table>
<thead>
<tr>
<th>A. <strong>TITLE AND NUMBER:</strong></th>
<th>Introduction to Clinical Practice, PTP 530</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. <strong>DESCRIPTION:</strong></td>
<td>Introduction to the clinical setting and application of fundamental examination techniques.</td>
</tr>
<tr>
<td>C. <strong>DEPARTMENT OFFERING THE COURSE:</strong></td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>D. <strong>CREDIT HOURS:</strong></td>
<td>2 credit hours</td>
</tr>
<tr>
<td>E. <strong>INSTRUCTOR:</strong></td>
<td></td>
</tr>
<tr>
<td>F. <strong>CLOCK HOURS:</strong></td>
<td>Scheduled Year 1, Winter Semester 3 classroom X 2 hours and 5 clinical experiences X 8 hours to be completed within 8 weeks.</td>
</tr>
</tbody>
</table>
| G. **COURSE OBJECTIVES:** | The student will be able to:  
1. Experience and describe the operations of the physical therapy clinical setting.  
2. Apply and demonstrate basic examination techniques.  
3. Describe and write beginning documentation related to basic examination techniques.  
4. Recognize and comply with professional behaviors in the clinical setting. |
| H. **COURSE PREREQUISITES:** | PTP 510, PTP 511, PTP 564, PTP 580, PTP 585  
**PTP 565 should be taken concurrently with this course** |
| I. **TEACHING METHODS AND LEARNING EXPERIENCES:** | Orientation and wrap up lectures, clinical setting experience, written lab reports |
| J. **OUTLINE OF CONTENT:** |  
Module 1: Clinical Settings  
Introduction to the expectations for performance and paperwork for clinical education and in the clinical setting.  

Module 2: Basic Examination  
Practice basic examination techniques in the clinical setting and document findings.  

Module 3: Physical Therapy Professionalism  
Introduction of professional behaviors related to physical therapy clinical practice. |
A. **TITLE AND NUMBER:** Clinical Education II, PTP 632

B. **DESCRIPTION:** Two weeks of full-time supervised clinical experience in designated clinical education sites. One hour discussion sessions each week of the rest of the semester covering clinical education topics. Format: L/D.

C. **DEPARTMENT OFFERING THE COURSE:** Physical Therapy Department

D. **CREDIT HOURS:** 2

E. **INSTRUCTOR:** AY

F. **CLOCK HOURS:** Scheduled Year 2, Spring/Summer Semester for two weeks to include 9 hours lecture and 80 hours clinical experience at the beginning of the semester.

G. **COURSE OBJECTIVES:**

   Upon completion of this course, the student will be able to:

   1. Employ the patient management model and International Classification of Functioning, Disability, and Health model as related to clinical experiences.
   2. Demonstrate professional behaviors and cultural competence in all interactions while in a clinical education situation.
   3. Differentiate examination and intervention techniques for various patient populations in a clinical setting with assistance from clinical faculty.
   4. Interpret examination data from various patient populations to enable a keep/consult/refer decision and determine a physical therapy diagnosis, prognosis, and plan of care with assistance from clinical faculty.
   5. Safely demonstrate skills while performing examination and intervention techniques in the clinical education setting under the supervision of clinical faculty.
   6. Practice professional documentation within acceptable professional standards included, not limited to, APTA Guidelines for Physical Therapy Documentation, 1995 as a critical element of coordination and communication in clinical practice.
   7. Demonstrate effective verbal and non-verbal communication skills when given a patient with an impairment or functional limitation in a clinical situation.
   8. Identify and participate in the interdisciplinary care of patient in a clinical setting with assistance from clinical faculty.

H. **COURSE PREREQUISITES:** Successful completion of Year 2 Fall and Winter courses.

I. **TEACHING METHODS AND LEARNING EXPERIENCES:** Teaching methods will include primarily clinical experiences in local health care facilities with supplemental lecture, discussion, student group presentations, and small group work.
J. **OUTLINE OF CONTENT:**

Module 1: Professional Practice expectations
Presentation and discussion of integrity of professional behaviors related to APTA core values and generic abilities.

Module 2: Clinical Applications of the Patient/Client Management Model
Implement examination and intervention techniques related to various patient populations with the assistance from clinical faculty.

Module 3: Evaluation of Examination Data
Interpretation of examination data to enable a keep/consult/refer decision and determine a physical therapy diagnosis with assistance from clinical faculty.

Module 4: Documentation
Implementation of APTA Guidelines for Physical Therapy Documentation, 1995 applied to the patient management model for clinical application of physical therapy documentation to include initial examination and progress notes.
University of Michigan-Flint  
School of Health Professions and Studies  
Physical Therapy Department

| F Yr 3 | 733 | Clinical Education III (4 wk) | 3 |

A. **TITLE AND NUMBER:** Clinical Education III, PTP 733

B. **DESCRIPTION:** Four weeks of full-time supervised clinical experience in designated clinical education sites. One hour discussion sessions each week of the rest of the semester covering clinical education topics. FLD

C. **DEPARTMENT OFFERING THE COURSE:** Physical Therapy Department

D. **CREDIT HOURS:** 3

E. **INSTRUCTOR:**

F. **CLOCK HOURS:** Year 3, Fall Semester, 4 x 40 hour (160) FLD and 10 hours of lecture

G. **COURSE OBJECTIVES:**

   Upon completion of this course, the student will demonstrate beginning skill in:
   1. developing familiarity with a variety of clinical conditions and their presenting symptoms as seen by physical therapists.
   2. describing etiology and clinical course of common medical conditions
   3. recognizing and comparing similar condition and symptoms in different patients.
   4. locating and interpreting pertinent information from the patients’ records.
   5. making a gross assessment of the patient’s functional ability.
   6. choosing appropriate assistive equipment considering the patient’s physical ability and safety.
   7. using appropriate techniques in transfer activities.
   8. using correct body mechanics.
   9. instructing a patient.
   10. establishing rapport with patients, families, caregivers and other health care professionals.
   11. selecting and accurately performing examination procedures.
   12. interpreting results of examinations.
   13. developing an initial plan of care for a patient.
   14. implementing a plan of care.
   15. communicating with patients, families and healthcare workers.
   16. administrative functions including planning schedules, delegation of tasks and accurate completion of paperwork.
   17. demonstrating effective personal and professional characteristics.

H. **COURSE PREREQUISITES:** Admission to the PT Department with PTP 632, Clinical Education II and all Year 2 listed courses.
I. Teaching Methods and Learning Experiences: Teaching methods will include primarily clinical experiences in local health care facilities with supplemental lecture, discussion, student group presentations, and small group work emphasizing construction of therapeutic goals.

J. Outline of Content:

Module 1: Clinical Placements Available
Presentation of available clinical education sites and learning experiences including a brief description of each site and recommendations for selection.

Module 2: Course Overview and Orientation to Full Time Clinical Education
Review of course requirements and schedule including pertinent paperwork Emphasis on course objectives and evaluation of student performance.

Module 3: Preparation for Different Practice Setting
Discussion of recommended preparation strategies for various physical therapy settings including acute care, inpatient rehabilitation, pediatrics and general outpatient settings.

Module 4: Full Time Supervised Clinical Experience
One, four week full time supervised clinical experience.

Module 5: Factors Affecting Student Performance
Small group work with a summary discussion of a student generated list of factors which affect their clinical performance in either a positive or negative way.

Module 6: Student-Clinical Instructor Relationship
Review of mechanisms to promote a productive and collegial student-clinical instructor relationship.

Module 7: Time Management
Presentation and discussion of time management methods that might be helpful for students in full time supervised clinical practice

Module 8: Clinical Internship Availability of Sites and Settings
Brief description of each available clinical education site and setting including geographical location and student support services. Review of curriculum requirements regarding specified settings.

Module 9: Clinical Internship Site Selection
Site selection for Clinical Education IV, V and VI utilizing a student generated method of selection order. On-site consultation provided by the ADCE.

Module 10: Orientation to Clinical Education IV, V and VI
Presentation of course requirements and expectations of student performance in the final clinical educations courses including detailed review of each course objective.
A. **TITLE AND DESCRIPTION:** Clinical Education IV, PTP 734

B. **DESCRIPTION:** Ten weeks of full time, supervised clinical experience in healthcare agencies in Michigan and other states. FLD

C. **DEPARTMENT OFFERING COURSE:** Physical Therapy Department

D. **CREDIT HOURS:** 5

E. **INSTRUCTOR**

F. **CLOCK HOURS:** Year 3, Winter Semester, 10 weeks, full-time (40 hours per week) FLD

G. **COURSE OBJECTIVES:**
   Upon completion of this course the student will demonstrate entry level skill in:
   1. Practicing in a safe manner that minimizes risk to patient, self and others.
   2. Presenting self in a professional manner.
   3. Demonstrating professional behavior during interactions with others.
   4. Adhering to ethical practice standards.
   5. Adhering to legal practice standards.
   6. Communicating in ways that are congruent with situational needs.
   7. Producing documentation to support the delivery of physical therapy services.
   8. Adapting delivery of physical therapy care to reflect respect for and sensitivity to individual differences.
   9. Applying the principles of logic and the scientific method to the practice of physical therapy.
   10. Performing a physical therapy examination.
   11. Evaluating clinical findings to determine physical therapy diagnoses and outcomes of care.
   12. Designing a physical therapy plan of care that integrates goals, treatment and outcomes of care.
   13. Performing physical therapy interventions in a competent manner.
   14. Educating others using relevant and effective teaching methods.
   15. Participating in activities addressing quality of service delivery.
   16. Managing resources (e.g. time, space, equipment) to achieve goals of the practice setting.
   17. Using support personnel according to legal standards and ethical guidelines.
   18. Demonstrating that a physical therapist has professional/social responsibilities beyond those defined by work expectations and job description.

H. **COURSE PREREQUISITES:** Admission to the PT Department with PTP 733, Clinical Education III and all Year 3 listed courses.

I. **TEACHING METHODS AND LEARNING EXPERIENCES:** Teaching methods are full-time clinical experiences in local health care facilities.
Clinical Education V (10 wk)  5

A. **TITLE AND DESCRIPTION:** Clinical Education V, PTP 735

B. **DESCRIPTION:** Ten weeks of full time, supervised clinical experience in healthcare agencies in Michigan and other states. FLD

C. **DEPARTMENT OFFERING COURSE:** Physical Therapy Department

D. **CREDIT HOURS:** 5

E. **INSTRUCTOR:**

F. **CLOCK HOURS:** Year 3, SPR, 10 weeks, full-time (40 hours per week) FLD

G. **COURSE OBJECTIVES:**

   Upon completion of this course the student will demonstrate entry level skill in:
   1. Practicing in a safe manner that minimizes risk to patient, self and others.
   2. Presenting self in a professional manner.
   3. Demonstrating professional behavior during interactions with others.
   4. Adhering to ethical practice standards.
   5. Adhering to legal practice standards.
   6. Communicating in ways that are congruent with situational needs.
   7. Producing documentation to support the delivery of physical therapy services.
   8. Adapting delivery of physical therapy care to reflect respect for and sensitivity to individual differences.
   9. Applying the principles of logic and the scientific method to the practice of physical therapy.
   10. Performing a physical therapy examination.
   11. Evaluating clinical findings to determine physical therapy diagnoses and outcomes of care.
   12. Designing a physical therapy plan of care that integrates goals, treatment and outcomes of care.
   13. Performing physical therapy interventions in a competent manner.
   14. Educating others using relevant and effective teaching methods.
   15. Participating in activities addressing quality of service delivery.
   16. Managing resources (e.g. time, space, equipment) to achieve goals of the practice setting.
   17. Using support personnel according to legal standards and ethical guidelines.
   18. Demonstrating that a physical therapist has professional/social responsibilities beyond those defined by work expectations and job description.

H. **COURSE PREREQUISITES:** Admission to the PT Department with PTP 734, Clinical Education IV and all Year 3 listed courses.

I. **TEACHING METHODS AND LEARNING EXPERIENCES:** Teaching methods are full-time clinical experiences in local health care facilities.
A. **TITLE AND DESCRIPTION:** Clinical Education VI, PTP 736

B. **DESCRIPTION:** Ten weeks of full time, supervised clinical experience in healthcare agencies in Michigan and other states. FLD

C. **DEPARTMENT OFFERING COURSE:** Physical Therapy Department

D. **CREDIT HOURS:** 5

E. **INSTRUCTOR:**

F. **CLOCK HOURS:** Summer Semester, Yr 3, full-time (40 hours per week) FLD

G. **COURSE OBJECTIVES:**

Upon completion of this course the student will demonstrate entry level skill in:

1. Practicing in a safe manner that minimizes risk to patient, self and others.
2. Presenting self in a professional manner.
3. Demonstrating professional behavior during interactions with others.
4. Adhering to ethical practice standards.
5. Adhering to legal practice standards.
6. Communicating in ways that are congruent with situational needs.
7. Producing documentation to support the delivery of physical therapy services.
8. Adapting delivery of physical therapy care to reflect respect for and sensitivity to individual differences.
9. Applying the principles of logic and the scientific method to the practice of physical therapy.
10. Performing a physical therapy examination.
11. Evaluating clinical findings to determine physical therapy diagnoses and outcomes of care.
12. Designing a physical therapy plan of care that integrates goals, treatment and outcomes of care.
13. Performing physical therapy interventions in a competent manner.
14. Educating others using relevant and effective teaching methods.
15. Participating in activities addressing quality of service delivery.
16. Managing resources (e.g. time, space, equipment) to achieve goals of the practice setting.
17. Using support personnel according to legal standards and ethical guidelines.
18. Demonstrating that a physical therapist has professional/social responsibilities beyond those defined by work expectations and job description.

H. **COURSE PREREQUISITES:** Admission to the PT Department with PTP 735, Clinical Education V and all Year 3 listed courses.

I. **TEACHING METHODS AND LEARNING EXPERIENCES:** Teaching methods are full-time clinical experiences in local health care facilities.
INTRODUCTION:

The primary purpose of the Clinical Site Information Form (CSIF) is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites to:

- Facilitate clinical site selection,
- Assist in student placements,
- Assess the learning experiences and clinical practice opportunities available to students; and
- Provide assistance with completion of documentation required for accreditation.

The CSIF is divided into two sections:

- Part I: Information for Academic Programs (pages 4-16)
  - Information About the Clinical Site (pages 4-6)
  - Information About the Clinical Teaching Faculty (pages 7-10)
  - Information About the Physical Therapy Service (pages 10-12)
  - Information About the Clinical Education Experience (pages 13-16)
- Part II: Information for Students (pages 17-20)

Duplication of requested information is kept to a minimum except when separation of Part I and Part II of the CSIF would omit critical information needed by both students and the academic program. The CSIF is also designed using a check-off format wherever possible to reduce the amount of time required for completion.
DIRECTIONS FOR COMPLETION:

To complete the CSIF go to APTA’s website at under “Education Programs,” click on “Clinical” and choose “Clinical Site Information Form.” This document is available as a Word document.

1. **Save the CSIF on your computer** before entering your facility’s information. The title should be the clinical site’s zip code, clinical site’s name, and the date (e.g., 90210BevHillsRehab10-26-2005). Using this format for titling the document allows the users to quickly identify the facility and most recent version of the CSIF from a folder. Saving the document will preserve the original copy on the disk or hard drive, allowing for ease in updating the document as changes in the clinical site information occurs.

2. **Complete the CSIF thoroughly and accurately.** Use the tab key or arrow keys to move to the desired blank space. The form is comprised of a series of tables to enable use of the tab key for quicker data entry. Use the Comment section to provide addition information as needed.

3. **Save the completed CSIF.**

4. **E-mail** the completed CSIF to each academic program with whom the clinic affiliates (accepts students).

5. In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, **e-mail** a copy of the completed CSIF Word document to the Department of Physical Therapy Education at kristinestoneley@apta.org.

6. **Update the CSIF on an annual basis** to assist in maintaining accurate and relevant information about your physical therapy service for academic programs, students, and the national database.

What should I do if my physical therapy service is associated with multiple satellite sites that also provide clinical learning experiences?

If your physical therapy service is associated with multiple satellite sites that offer a variety of clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, provide information regarding the primary clinical site for the clinical experience on page 4. Complete page 4, to provide essential information on all additional clinical sites or satellites associated with the primary clinical site. Please note that if the satellite site(s) offering a clinical experience differs from the primary clinical site, a separate CSIF must be completed for each satellite site. Additionally, if any of the satellite sites have a different CCCE, an abbreviated resume must be completed for each individual serving as CCCE. If you have more satellite clinical sites than available on the form, please copy and paste additional site information in a new document and save with the clinic name and doc 2.

What should I do if specific items are not applicable to my clinical site or I need to further clarify a response?

If specific items on the CSIF do not apply to your clinical education site at the time you are completing the form, please leave the item(s) blank. Provide additional information and/or comments in the Comment box associated with the item.
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### Part I: Information For the Academic Program

**Information About the Clinical Site – Primary**

<table>
<thead>
<tr>
<th>Person Completing CSIF</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail address of person completing CSIF</td>
<td></td>
</tr>
<tr>
<td>Name of Clinical Center</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Facility Phone</td>
<td>Ext.</td>
</tr>
<tr>
<td>PT Department Phone</td>
<td>Ext.</td>
</tr>
<tr>
<td>PT Department Fax</td>
<td></td>
</tr>
<tr>
<td>PT Department E-mail</td>
<td></td>
</tr>
<tr>
<td>Clinical Center Web Address</td>
<td></td>
</tr>
<tr>
<td>Director of Physical Therapy</td>
<td></td>
</tr>
<tr>
<td>Director of Physical Therapy E-mail</td>
<td></td>
</tr>
<tr>
<td>Center Coordinator of Clinical Education (CCCE) / Contact Person</td>
<td></td>
</tr>
<tr>
<td>CCCE / Contact Person Phone</td>
<td></td>
</tr>
<tr>
<td>CCCE / Contact Person E-mail</td>
<td></td>
</tr>
<tr>
<td>APTA Credentialed Clinical Instructors (CI) (List name and credentials)</td>
<td></td>
</tr>
<tr>
<td>Other Credentialed CIs (List name and credentials)</td>
<td></td>
</tr>
</tbody>
</table>

**Indicate which of the following are required by your facility prior to the clinical education experience:**

- [ ] Proof of student health clearance
- [ ] Criminal background check
- [ ] Child clearance
- [ ] Drug screening
- [ ] First Aid and CPR
- [ ] HIPAA education
- [ ] OSHA education
- [ ] Other: Please list

---

Initial Date

Revision Date
**Information About Multi-Center Facilities**

If your health care system or practice has multiple sites or clinical centers, complete the following table(s) for each of the sites. Where information is the same as the primary clinical site indicate “SAME.” If more than three sites, copy, and paste additional sections of this table before entering the requested information. Note that you must complete an abbreviated resume for each CCCE.

<table>
<thead>
<tr>
<th>Name of Clinical Site</th>
<th>Street Address</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Facility Phone</td>
<td>Ext.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PT Department Phone</td>
<td>Ext.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td>Facility E-mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Physical Therapy</td>
<td>E-mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCCE</td>
<td>E-mail</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Clinical Site</th>
<th>Street Address</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Facility Phone</td>
<td>Ext.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PT Department Phone</td>
<td>Ext.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td>Facility E-mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Physical Therapy</td>
<td>E-mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCCE</td>
<td>E-mail</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Clinical Site</th>
<th>Street Address</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Facility Phone</td>
<td>Ext.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PT Department Phone</td>
<td>Ext.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td>Facility E-mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Physical Therapy</td>
<td>E-mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCCE</td>
<td>E-mail</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Clinical Site Accreditation/Ownership

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Date of Last Accreditation/Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Is your clinical site certified/ accredited? If no, go to #3.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If yes, has your clinical site been certified/accredited by:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>JCAHO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CARF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

Which of the following best describes the ownership category for your clinical site? (check all that apply)

- Corporate/Privately Owned
- Government Agency
- Hospital/Medical Center Owned
- Nonprofit Agency
- Physician/Physician Group Owned
- PT Owned
- PT/PTA Owned
- Other (please specify)

### Clinical Site Primary Classification

To complete this section, please:

A. Place the number 1 (1) beside the category that best describes how your facility functions the majority (≥ 50%) of the time. Click on the drop down box to the left to select the number 1.

B. Next, if appropriate, check (√) up to four additional categories that describe the other clinical centers associated with your facility.

### Clinical Site Location

Which of the following best describes your clinical site’s location?

- Rural
- Suburban
- Urban
Information About the Clinical Teaching Faculty

### ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION

Please update as each new CCCE assumes this position.

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Length of time as the CCCE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE: (mm/dd/yy)</td>
<td>Length of time as a CI:</td>
</tr>
<tr>
<td>PRESENT POSITION: (Title, Name of Facility)</td>
<td>Mark (X) all that apply:</td>
</tr>
<tr>
<td></td>
<td>□ PT</td>
</tr>
<tr>
<td></td>
<td>□ PTA</td>
</tr>
<tr>
<td></td>
<td>□ Other, specify</td>
</tr>
<tr>
<td>Length of time in clinical practice:</td>
<td></td>
</tr>
<tr>
<td>LICENSURE: (State/Numbers)</td>
<td>APTA Credentialed CI</td>
</tr>
<tr>
<td>Eligible for Licensure: Yes □ No □</td>
<td>Other CI Credentialing</td>
</tr>
<tr>
<td>Certified Clinical Specialist: Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>Area of Clinical Specialization:</td>
<td></td>
</tr>
<tr>
<td>Other credentials:</td>
<td></td>
</tr>
</tbody>
</table>

### SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION
(Start with most current): Tab to add additional rows.

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>PERIOD OF STUDY</th>
<th>MAJOR</th>
<th>DEGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FROM</td>
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</tbody>
</table>

### SUMMARY OF PRIMARY EMPLOYMENT
(For current and previous four positions since graduation from college; start with most current): Tab to add additional rows.

<table>
<thead>
<tr>
<th>EMPLOYER</th>
<th>POSITION</th>
<th>PERIOD OF EMPLOYMENT</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FROM</td>
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</table>
CONTINUING PROFESSIONAL PREPARATION RELATED DIRECTLY TO CLINICAL TEACHING
RESPONSIBILITIES (for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the **last three (3) years**): Tab to add additional rows.

<table>
<thead>
<tr>
<th>Course</th>
<th>Provider/Location</th>
<th>Date</th>
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</tbody>
</table>
**CLINICAL INSTRUCTOR INFORMATION**

Provide the following information on all PTs or PTAs employed at your clinical site who are CIs. **For clinical sites with multiple locations, use one form for each location and identify the location here.**

Tab to add additional rows.

| Name followed by credentials (e.g., Joe Therapist, DPT, OCS Jane Assistant, PTA, BS) | PT/PTA Program from Which CI Graduated | Year of Graduation | Highest Earned Physical Therapy Degree | No. of Years of Clinical Practice | No. of Years of Clinical Teaching | List Certifications | APTA Member Yes/No | L= Licensed, Number E= Eligible T= Temporary | L/E/T Number | State of Licensure |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
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| | | | | | | | | | | |
**Clinical Instructors**

What criteria do you use to select clinical instructors? *(Mark (X) all that apply)*:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Other (not APTA) clinical instructor credentialing</th>
</tr>
</thead>
<tbody>
<tr>
<td>APTA Clinical Instructor Credentialing</td>
<td>No criteria</td>
</tr>
<tr>
<td>Career ladder opportunity</td>
<td>Other (not APTA) clinical instructor credentialing</td>
</tr>
<tr>
<td>Certification/training course</td>
<td>Therapist initiative/volunteer</td>
</tr>
<tr>
<td>Clinical competence</td>
<td>Years of experience: Number:</td>
</tr>
<tr>
<td>Delegated in job description</td>
<td>Other (please specify):</td>
</tr>
<tr>
<td>Demonstrated strength in clinical teaching</td>
<td></td>
</tr>
</tbody>
</table>

How are clinical instructors trained? *(Mark (X) all that apply)*

<table>
<thead>
<tr>
<th>Training Method</th>
<th>Other (please specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:1 individual training (CCCE:CI)</td>
<td>Continuing education by consortia</td>
</tr>
<tr>
<td>Academic for-credit coursework</td>
<td>No training</td>
</tr>
<tr>
<td>APTA Clinical Instructor Education and Credentialing Programs</td>
<td>Other (not APTA) clinical instructor credentialing program</td>
</tr>
<tr>
<td>Clinical center inservices</td>
<td>Professional continuing education (e.g., chapter, CEU course)</td>
</tr>
<tr>
<td>Continuing education by academic program</td>
<td>Other (please specify):</td>
</tr>
</tbody>
</table>

**Information About the Physical Therapy Service**

**Number of Inpatient Beds**

For clinical sites with inpatient care, please provide the number of beds available in each of the subcategories listed below: (If this does not apply to your facility, please skip and move to the next table.)

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute care</td>
<td></td>
</tr>
<tr>
<td>Intensive care</td>
<td></td>
</tr>
<tr>
<td>Step down</td>
<td></td>
</tr>
<tr>
<td>Subacute/transitional care unit</td>
<td></td>
</tr>
<tr>
<td>Extended care</td>
<td></td>
</tr>
<tr>
<td><strong>Total Number of Beds</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Number of Patients/Clients**

Estimate the average number of patient/client visits *per day*:

<table>
<thead>
<tr>
<th>Patient/Client Type</th>
<th>INPATIENT</th>
<th>OUTPATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual PT</td>
<td></td>
<td>Individual PT</td>
</tr>
<tr>
<td>Student PT</td>
<td></td>
<td>Student PT</td>
</tr>
<tr>
<td>Individual PTA</td>
<td></td>
<td>Individual PTA</td>
</tr>
<tr>
<td>Student PTA</td>
<td></td>
<td>Student PTA</td>
</tr>
<tr>
<td>PT/PTA Team</td>
<td></td>
<td>PT/PTA Team</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>
## Patient/Client Lifespan and Continuum of Care

Indicate the frequency of time typically spent with patients/clients in each of the categories using the key below:

- 1 = (0%)  
- 2 = (1-25%)  
- 3 = (26-50%)  
- 4 = (51-75%)  
- 5 = (76-100%)

Click on the gray bar under rating to select from the drop down box.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Patient Lifespan</th>
<th>Rating</th>
<th>Continuum of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12 years</td>
<td>Critical care, ICU, acute</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-21 years</td>
<td>SNF/ECF/sub-acute</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22-65 years</td>
<td>Rehabilitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over 65 years</td>
<td>Ambulatory/outpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home health/hospice</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wellness/fitness/industry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Patient/Client Diagnoses

1. Indicate the frequency of time typically spent with patients/clients in the primary diagnostic groups (bolded) using the key below:

- 1 = (0%)  
- 2 = (1-25%)  
- 3 = (26-50%)  
- 4 = (51-75%)  
- 5 = (76-100%)

2. Check (√) those patient/client diagnostic sub-categories available to the student.

Click on the gray bar under rating to select from the drop down box.

### (1-5) Musculoskeletal

- □ Acute injury           □ Muscle disease/dysfunction
- □ Amputation            □ Musculoskeletal degenerative disease
- □ Arthritis             □ Orthopedic surgery
- □ Bone disease/dysfunction □ Other: (Specify)
- □ Connective tissue disease/dysfunction

### (1-5) Neuro-muscular

- □ Brain injury          □ Peripheral nerve injury
- □ Cerebral vascular accident □ Spinal cord injury
- □ Chronic pain          □ Vestibular disorder
- □ Congenital/developmental □ Other: (Specify)
- □ Neuromuscular degenerative disease

### (1-5) Cardiovascular-pulmonary

- □ Cardiac dysfunction/disease □ Peripheral vascular dysfunction/disease
- □ Fitness                □ Other: (Specify)
- □ Lymphedema             □ Pulmonary dysfunction/disease

### (1-5) Integumentary

- □ Burns                  □ Other: (Specify)
- □ Open wounds            □ Other: (Specify)
- □ Scar formation

### (1-5) Other (May cross a number of diagnostic groups)

- □ Cognitive impairment □ Organ transplant
- □ General medical conditions □ Wellness/Prevention
- □ General surgery       □ Other: (Specify)
- □ Oncologic conditions
**Hours of Operation**
Facilities with multiple sites with different hours must complete this section for each clinical center.

<table>
<thead>
<tr>
<th>Days of the Week</th>
<th>From: (a.m.)</th>
<th>To: (p.m.)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Friday</td>
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<td></td>
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<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student Schedule**
Indicate which of the following best describes the typical student work schedule:

- [ ] Standard 8 hour day
- [ ] Varied schedules

Describe the schedule(s) the student is expected to follow during the clinical experience:

---

**Staffing**
Indicate the number of full-time and part-time budgeted and filled positions:

<table>
<thead>
<tr>
<th></th>
<th>Full-time budgeted</th>
<th>Part-time budgeted</th>
<th>Current Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTAs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aides/Techs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others: Specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Information About the Clinical Education Experience

#### Special Programs/Activities/Learning Opportunities

Please mark (X) all special programs/activities/learning opportunities available to students.

| ☐ Administration | ☐ Industrial/ergonomic PT | ☐ Quality Assurance/CQI/TQM |
| ☐ Aquatic therapy | ☐ Inservice training/lectures | ☐ Radiology |
| ☐ Athletic venue coverage | ☐ Neonatal care | ☐ Research experience |
| ☐ Back school | ☐ Nursing home/ECF/SNF | ☐ Screening/prevention |
| ☐ Biomechanics lab | ☐ Orthotic/Prosthetic fabrication | ☐ Sports physical therapy |
| ☐ Cardiac rehabilitation | ☐ Pain management program | ☐ Surgery (observation) |
| ☐ Community/re-entry activities | ☐ Pediatric-general (emphasis on): | ☐ Team meetings/rounds |
| ☐ Critical care/intensive care | ☐ Classroom consultation | ☐ Vestibular rehab |
| ☐ Departmental administration | ☐ Developmental program | ☐ Women’s Health/OB-GYN |
| ☐ Early intervention | ☐ Cognitive impairment | ☐ Work Hardening/conditioning |
| ☐ Employee intervention | ☐ Musculoskeletal | ☐ Wound care |
| ☐ Employee wellness program | ☐ Neurological | ☐ Other (specify below) |
| ☐ Group programs/classes | ☐ Prevention/wellness | |
| ☐ Home health program | ☐ Pulmonary rehabilitation | |
### Health and Educational Providers at the Clinical Site

Please mark (X) all health care and educational providers at your clinical site that students typically observe and/or with whom they interact.

<table>
<thead>
<tr>
<th></th>
<th>Administrators</th>
<th>Massage therapists</th>
<th>Speech/language pathologists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative therapies: List:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Athletic trainers</td>
<td></td>
<td>Nurses</td>
<td>Social workers</td>
</tr>
<tr>
<td>Audiologists</td>
<td></td>
<td>Occupational therapists</td>
<td>Special education teachers</td>
</tr>
<tr>
<td>Dietitians</td>
<td></td>
<td>Physicians (list specialties)</td>
<td>Students from other disciplines</td>
</tr>
<tr>
<td>Enterostomal/wound specialists</td>
<td></td>
<td>Podiatrists</td>
<td>Therapeutic recreation therapists</td>
</tr>
<tr>
<td>Exercise physiologists</td>
<td></td>
<td>Prosthetists/orthotists</td>
<td>Vocational rehabilitation counselors</td>
</tr>
<tr>
<td>Fitness professionals</td>
<td></td>
<td>Psychologists</td>
<td>Others (specify below)</td>
</tr>
<tr>
<td>Health information technologists</td>
<td></td>
<td>Respiratory therapists</td>
<td></td>
</tr>
</tbody>
</table>
**Affiliated PT and PTA Educational Programs**
List all PT and PTA education programs with which you currently affiliate. Tab to add additional rows.

<table>
<thead>
<tr>
<th>Program Name</th>
<th>City and State</th>
<th>PT</th>
<th>PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Availability of the Clinical Education Experience

Indicate educational levels at which you accept PT and PTA students for clinical experiences (Mark (X) all that apply).

<table>
<thead>
<tr>
<th>Physical Therapist</th>
<th>Physical Therapist Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>First experience: Check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Half days</td>
<td></td>
</tr>
<tr>
<td>Full days</td>
<td></td>
</tr>
<tr>
<td>Other: (Specify)</td>
<td></td>
</tr>
<tr>
<td>Intermediate experiences: Check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Half days</td>
<td></td>
</tr>
<tr>
<td>Full days</td>
<td></td>
</tr>
<tr>
<td>Other: (Specify)</td>
<td></td>
</tr>
<tr>
<td>Final experience</td>
<td></td>
</tr>
<tr>
<td>Internship (6 months or longer)</td>
<td></td>
</tr>
<tr>
<td>Specialty experience</td>
<td></td>
</tr>
<tr>
<td>First experience: Check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Half days</td>
<td></td>
</tr>
<tr>
<td>Full days</td>
<td></td>
</tr>
<tr>
<td>Other: (Specify)</td>
<td></td>
</tr>
<tr>
<td>Intermediate experiences: Check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Half days</td>
<td></td>
</tr>
<tr>
<td>Full days</td>
<td></td>
</tr>
<tr>
<td>Other: (Specify)</td>
<td></td>
</tr>
<tr>
<td>Final experience</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PT</th>
<th>PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>From</td>
<td>To</td>
</tr>
</tbody>
</table>

Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.

Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.

<table>
<thead>
<tr>
<th>PT</th>
<th>PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of PT and PTA students affiliating per year. Clarify if multiple sites.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Is your clinical site willing to offer reasonable accommodations for students under ADA?</td>
</tr>
</tbody>
</table>

What is the procedure for managing students whose performance is below expectations or unsafe?

Box will expand to accommodate response.

Answer if the clinical center employs only one PT or PTA.

Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.

Box will expand to accommodate response.
### Clinical Site’s Learning Objectives and Assessment

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

1. Does your clinical site provide written clinical education objectives to students?  
   If no, go to # 3.

<table>
<thead>
<tr>
<th>☐</th>
<th>☐</th>
</tr>
</thead>
</table>

2. Do these objectives accommodate:

- ☐ The student’s objectives?
- ☐ Students prepared at different levels within the academic curriculum?
- ☐ The academic program's objectives for specific learning experiences?
- ☐ Students with disabilities?

<table>
<thead>
<tr>
<th>☐</th>
<th>☐</th>
</tr>
</thead>
</table>

3. Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? (Mark (X) all that apply)

<table>
<thead>
<tr>
<th>☐</th>
<th>☐</th>
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</thead>
</table>

- Beginning of the clinical experience
- Daily
- Weekly

At mid-clinical experience
At end of clinical experience
Other

Indicate which of the following methods are typically utilized to inform students about their clinical performance? (Mark (X) all that apply)

<table>
<thead>
<tr>
<th>☐</th>
<th>☐</th>
</tr>
</thead>
</table>

- Written and oral mid-evaluation
- Written and oral summative final evaluation
- Student self-assessment throughout the clinical

Ongoing feedback throughout the clinical
As per student request in addition to formal and ongoing written & oral feedback

OPTIONAL: Please feel free to use the space provided below to share additional information about your clinical site (eg, strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students [early, final]).

Box will expand to accommodate response.
**Part II. Information for Students**

Use the check (√) boxes provided for Yes/No responses. **For all other responses or to provide additional detail, please use the Comment box.**

**Arranging the Experience**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1. Do students need to contact the clinical site for specific work hours related to the clinical experience?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Do students receive the same official holidays as staff?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Does your clinical site require a student interview?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Indicate the time the student should report to the clinical site on the first day of the experience.</td>
</tr>
</tbody>
</table>
|     |    | 5. Is a Mantoux TB test (PPD) required?  
|     |    | a) one step________ (√ check)  
|     |    | b) two step________ (√ check)  
|     |    | If yes, within what time frame? |
|     |    | 6. Is a Rubella Titer Test or immunization required? |
|     |    | 7. Are any other health tests/immunizations required prior to the clinical experience?  
|     |    | If yes, please specify: |
|     |    | 8. How is this information communicated to the clinic? Provide fax number if required. |
|     |    | 9. How current are student physical exam records required to be? |
|     |    | 10. Are any other health tests or immunizations required on-site?  
|     |    | If yes, please specify: |
|     |    | 11. Is the student required to provide proof of OSHA training? |
|     |    | 12. Is the student required to provide proof of HIPAA training? |
|     |    | 13. Is the student required to provide proof of any other training prior to orientation at your facility?  
|     |    | If yes, please list. |
|     |    | 14. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization? |
|     |    | 15. Is the student required to have proof of health insurance? |
|     |    | 16. Is emergency health care available for students?  
|     |    | a) Is the student responsible for emergency health care costs? |
|     |    | 17. Is other non-emergency medical care available to students? |
|     |    | 18. Is the student required to be CPR certified?  
<p>|     |    | (Please note if a specific course is required). |</p>
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>a) Can the student receive CPR certification while on-site?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>19. Is the student required to be certified in First Aid?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Can the student receive First Aid certification on-site?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20. Is a criminal background check required (e.g., Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21. Is a child abuse clearance required?</td>
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<tr>
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<td></td>
<td>22. Is the student responsible for the cost or required clearances?</td>
</tr>
<tr>
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<td></td>
<td>23. Is the student required to submit to a drug test? If yes, please describe parameters.</td>
</tr>
<tr>
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<td></td>
<td>24. Is medical testing available on-site for students?</td>
</tr>
<tr>
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<td></td>
<td>25. Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.)</td>
</tr>
</tbody>
</table>

### Housing

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>26. Is housing provided for male students? (If no, go to #32)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>27. Is housing provided for female students? (If no, go to #32)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>28. What is the average cost of housing?</td>
</tr>
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<td></td>
<td>29. Description of the type of housing provided:</td>
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<tr>
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<td></td>
<td>30. How far is the housing from the facility?</td>
</tr>
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<td></td>
<td>31. Person to contact to obtain/confirm housing:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Address:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City: State: Zip:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone: E-mail:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32. If housing is not provided for either gender:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Is there a contact person for information on housing in the area of the clinic? Please list contact person and phone #:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.</td>
</tr>
</tbody>
</table>
### Transportation

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>33. Will a student need a car to complete the clinical experience?</td>
</tr>
<tr>
<td></td>
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<td>34. Is parking available at the clinical center?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) What is the cost for parking?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>35. Is public transportation available?</td>
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<tr>
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<td></td>
<td>36. How close is the nearest transportation (in miles) to your site?</td>
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<tr>
<td></td>
<td></td>
<td>a) Train station? miles</td>
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<tr>
<td></td>
<td></td>
<td>b) Subway station? miles</td>
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<tr>
<td></td>
<td></td>
<td>c) Bus station? miles</td>
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<tr>
<td></td>
<td></td>
<td>d) Airport? miles</td>
</tr>
</tbody>
</table>

37. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.

38. Please enclose a map of your facility, specifically the location of the department and parking. Travel directions can be obtained from several travel directories on the internet. (e.g., Google Maps, Yahoo, MapQuest, Expedia).

### Meals

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>39. Are meals available for students on-site? (If no, go to #40)</td>
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<tr>
<td></td>
<td></td>
<td>breakfast (if yes, indicate approximate cost)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>lunch (if yes, indicate approximate cost)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>dinner (if yes, indicate approximate cost)</td>
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<tr>
<td></td>
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<td>40. Are facilities available for the storage and preparation of food?</td>
</tr>
</tbody>
</table>

### Stipend/Scholarship

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>41. Is a stipend/salary provided for students? If no, go to #43.</td>
</tr>
<tr>
<td></td>
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<td>a) How much is the stipend/salary? ($ / week)</td>
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<tr>
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<td>42. Is this stipend/salary in lieu of meals or housing?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>43. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?</td>
</tr>
</tbody>
</table>

### Special Information

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>44. Is there a facility/student dress code? If no, go to # 45.</td>
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<tr>
<td></td>
<td></td>
<td>If yes, please describe or attach.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Specify dress code for men:</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
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<tr>
<td>-----</td>
<td>----</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Specify dress code for women:</td>
</tr>
</tbody>
</table>

|     |    | 45. Do you require a case study or inservice from all students (part-time and full-time)? |
|     |    | 46. Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, and patient/client education handout/brochure)? |
|     |    | 47. Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize. |
|     |    | 48. Will the student have access to the Internet at the clinical site? |

**Other Student Information**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>49. Do you provide the student with an on-site orientation to your clinical site?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>(mark X below)</strong> a) Please indicate the typical orientation content by marking an X by all items that are included.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Yes</strong></td>
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<tr>
<td></td>
<td></td>
<td>Documentation/billing</td>
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<tr>
<td></td>
<td></td>
<td>Facility-wide or volunteer orientation</td>
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<tr>
<td></td>
<td></td>
<td>Learning style inventory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient information/assignments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policies and procedures (specifically outlined plan for emergency responses)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quality assurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reimbursement issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Required assignments (e.g., case study, diary/log, inservice)</td>
</tr>
</tbody>
</table>

**In appreciation**

Thank you for taking the time to complete the CSIF and continuing to serve the physical therapy profession as clinical mentors and role models.
MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST GRADUATES AT ENTRY-LEVEL
BOD G11-05-20-49 [Guideline]

Background
In August 2004, 28 member consultants convened in Alexandria, VA for a consensus conference on “Clinical Education in a Doctoring Profession.” One of the specific purposes of this conference was to achieve consensus on minimum skills for every graduate from a physical therapist professional program that include, but are not limited to, the skill set required by the physical therapist licensure examination. Assumptions that framed the boundaries for the discussion during this conference included:

1. A minimum set of required skills will be identified that every graduate from a professional physical therapist program can competently perform in clinical practice.
2. Physical therapist programs can prepare graduates to be competent in the performance of skills that exceed the minimum skills based on institutional and program prerogatives.
3. Development of the minimum required skills will include, but not be limited to, the content blueprint for the physical therapist licensure examination; put differently, no skills on the physical therapist licensure blueprint will be excluded from the minimum skill set.
4. To achieve consensus on minimum skills, 90% or more of the member consultants must be in agreement.

Minimum skills were defined as foundational skills that are indispensable for a new graduate physical therapist to perform on patients/clients in a competent and coordinated manner. Skills considered essential for any physical therapist graduate include those addressing all systems (ie, musculoskeletal, neurological, cardiovascular pulmonary, integumentary, GI, and GU) and the continuum of patient/client care throughout the lifespan. Definitions for terms used in this document are based on the Guide to Physical Therapist Practice. An asterisk (*) denotes a skill identified on the Physical Therapist Licensure Examination Content Outline. Given that consensus on this document was achieved by a small group of member consultants, it was agreed that the conference outcome document would be disseminated to a wider audience comprised of stakeholder groups that would be invested in and affected by this document.

The consensus-based draft document of Essential Skills of the Physical Therapist (previous title) was placed on APTA’s website and stakeholder groups, including APTA Board of Directors, all physical therapist academic program directors, Academic Coordinators/Directors of Clinical Education, and their faculties, physical therapists on CAPTE, component leaders, and a selected list of clinical educators, were invited to vote on whether or not to include/exclude specific essential skills that every physical therapist graduate should be competent in performing on patients. A total of 624 invitations to vote e-mails were sent out and 212 responses (34%) were received. Given the length of this document and the time required to complete the process, a 34% return rate was deemed acceptable for the purpose of this investigation. The “yes” and “no” votes were tabulated and analyzed.

The final “vote” was provided in a report to the Board of Directors in November 2005 for their review, deliberation, and action. The Board of Directors adopted the document Minimum Required Skills of Physical Therapist Graduates at Entry-level (revised title) as a core document to be made available to stakeholders including the Commission on Accreditation in Physical Therapy Education, physical therapist academic programs and their faculties, clinical education sites, students, and employers. The final document that follows defines Minimum Required Skills of Physical Therapist Graduates At Entry-level.
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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<tbody>
<tr>
<td>Screening</td>
<td>1. Perform review of systems to determine the need for referral or for physical therapy services.</td>
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<tr>
<td></td>
<td>2. Systems review screening includes the following:</td>
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<tr>
<td></td>
<td>A. General Health Condition (GHC)</td>
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<tr>
<td></td>
<td>(1) Fatigue</td>
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<td>(2) Malaise</td>
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<td>(3) Fever/chills/sweats</td>
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<td>(4) Nausea/vomiting</td>
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<td>(5) Dizziness/lightheadedness</td>
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<td></td>
<td>(6) Unexplained weight change</td>
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<td></td>
<td>(7) Numbness/Paresthesia</td>
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<td></td>
<td>(8) Weakness</td>
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<td>(9) Mentation/cognition</td>
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<tr>
<td></td>
<td>B. Cardiovascular System (CVS)*</td>
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<tr>
<td></td>
<td>(1) Dyspnea</td>
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<td></td>
<td>(2) Orthopnea</td>
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<td>(3) Palpitations</td>
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<td>(4) Pain/sweats</td>
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<td>(5) Syncope</td>
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<td></td>
<td>(6) Peripheral edema</td>
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<td></td>
<td>(7) Cough</td>
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<td></td>
<td>C. Pulmonary System (PS)*</td>
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<tr>
<td></td>
<td>(1) Dyspnea</td>
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<td></td>
<td>(2) Onset of cough</td>
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<td>(3) Change in cough</td>
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<td>(4) Sputum</td>
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<td>(5) Hemoptysis</td>
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<td>(6) Clubbing of nails</td>
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<td>(7) Stridor</td>
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<td>(8) Wheezing</td>
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<td></td>
<td>D. Gastrointestinal System (GIS)</td>
</tr>
<tr>
<td></td>
<td>(1) Difficulty with swallowing</td>
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<tr>
<td></td>
<td>(2) Heartburn, indigestion</td>
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<td></td>
<td>(3) Change in appetite</td>
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<td>(4) Change in bowel function</td>
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<td>E. Urinary System (US)</td>
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<tr>
<td></td>
<td>(1) Frequency</td>
</tr>
<tr>
<td></td>
<td>(2) Urgency</td>
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<tr>
<td></td>
<td>(3) Incontinence</td>
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<td></td>
<td>F. Genital Reproductive System (GRS)</td>
</tr>
<tr>
<td></td>
<td>Male</td>
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<td></td>
<td>(1) Describe any sexual dysfunction, difficulties, or concerns</td>
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<tr>
<td></td>
<td>Female</td>
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<tr>
<td></td>
<td>(1) Describe any sexual or menstrual dysfunction, difficulties, or problems</td>
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<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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</table>
| Screening (cont.) | 3. Initiate referral when positive signs and symptoms identified in the review of systems are beyond the specific skills or expertise of the physical therapist or beyond the scope of physical therapist practice.  
4. Consult additional resources, as needed, including other physical therapists, evidence-based literature, other health care professionals, and community resources.  
5. Screen for physical, sexual, and psychological abuse. |
| Cardiovascular and Pulmonary Systems* | 1. Conduct a systems review for screening of the cardiovascular and pulmonary system (heart rate and rhythm, respiratory rate, blood pressure, edema).  
2. Read a single lead EKG. |
| Integumentary System* | 1. Conduct a systems review for screening of the integumentary system, the assessment of pliability (texture), presence of scar formation, skin color, and skin integrity. |
| Musculoskeletal System* | 1. Conduct a systems review for screening of musculoskeletal system, the assessment of gross symmetry, gross range of motion, gross strength, height and weight. |
| Neurological System* | 1. Conduct a systems review for screening of the neuromuscular system, a general assessment of gross coordinated movement (eg, balance, gait, locomotion, transfers, and transitions) and motor function (motor control and motor learning). |
| Examination/Reexamination | 1. Review pertinent medical records and conduct an interview which collects the following data:  
A. Past and current patient/client history  
B. Demographics  
C. General health status  
D. Chief complaint  
E. Medications  
F. Medical/surgical history  
G. Social history  
H. Present and premorbid functional status/activity  
I. Social/health habits  
J. Living environment  
K. Employment  
L. Growth and development  
M. Lab values  
N. Imaging  
O. Consultations  
2. Based on best available evidence select examination tests and measures that are appropriate for the patient/client.  
3. Perform posture tests and measures of postural alignment and positioning.* |
<table>
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<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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</thead>
</table>
| **Examination/Reexamination**<br>(cont.) | 4. Perform gait, locomotion and balance tests including quantitative and qualitative measures such as*:  
A. Balance during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment  
B. Balance (dynamic and static) with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment  
C. Gait and locomotion during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment to include:  
   (1) Bed mobility  
   (2) Transfers (level surfaces and floor)*  
   (3) Wheelchair management  
   (4) Uneven surfaces  
   (5) Safety during gait, locomotion, and balance  
D. Perform gait assessment including step length, speed, characteristics of gait, and abnormal gait patterns.  
5. Characterize or quantify body mechanics during self-care, home management, work, community, tasks, or leisure activities.  
6. Characterize or quantify ergonomic performance during work (job/school/play)*:  
   A. Dexterity and coordination during work  
   B. Safety in work environment  
   C. Specific work conditions or activities  
   D. Tools, devices, equipment, and workstations related to work actions, tasks, or activities  
7. Characterize or quantify environmental home and work (job/school/play) barriers:  
   A. Current and potential barriers  
   B. Physical space and environment  
   C. Community access  
8. Observe self-care and home management (including ADL and IADL)*  
9. Measure and characterize pain* to include:  
   A. Pain, soreness, and nocioception  
   B. Specific body parts  
10. Recognize and characterize signs and symptoms of inflammation.  
**Cardiovascular and Pulmonary Systems**  
1. Perform cardiovascular/pulmonary tests and measures including:  
   A. Heart rate  
   B. Respiratory rate, pattern and quality*  
   C. Blood pressure  
   D. Aerobic capacity test* (functional or standardized) such as the 6-minute walk test  
   E. Pulse Oximetry  
   F. Breath sounds – normal/abnormal  
   G. Response to exercise (RPE)
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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</thead>
</table>
| Examination/ Reexamination (cont.) | H. Signs and symptoms of hypoxia  
I. Peripheral circulation (deep vein thrombosis, pulse, venous stasis, lymphedema)* |

**Integumentary System**

1. Perform integumentary integrity tests and measures including*:
   A. Activities, positioning, and postures that produce or relieve trauma to the skin.  
   B. Assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment that may produce or relieve trauma to the skin.  
   C. Skin characteristics, including blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture and turgor.  
   D. Activities, positioning, and postures that aggravate the wound or scar or that produce or relieve trauma.  
   E. Signs of infection.  
   F. Wound characteristics: bleeding, depth, drainage, location, odor, size, and color.  
   G. Wound scar tissue characteristics including banding, pliability, sensation, and texture.  

**Musculoskeletal System**

1. Perform musculoskeletal system tests and measures including:
   A. Accessory movement tests  
   B. Anthropometrics  
      (1) Limb length  
      (2) Limb girth  
      (3) Body composition  
   C. Functional strength testing  
   D. Joint integrity*  
   E. Joint mobility*  
   F. Ligament laxity tests  
   G. Muscle length*  
   H. Muscle strength* including manual muscle testing, dynamometry, one repetition max  
   I. Palpation  
   J. Range of motion* including goniometric measurements  

2. Perform orthotic tests and measures including*:
   A. Components, alignment, fit, and ability to care for orthotic, protective, and supportive devices and equipment.  
   B. Evaluate the need for orthotic, protective, and supportive devices used during functional activities.  
   C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions with use of orthotic, protective, and supportive device.  
   D. Residual limb or adjacent segment, including edema, range of motion, skin integrity and strength.  
   E. Safety during use of orthotic, protective, and supportive device.  

3. Perform prosthetic tests and measures including*:
   A. Alignment, fit, and ability to care for prosthetic device.  
   B. Prosthetic device use during functional activities.
### Examination/Reexamination

**Skill Category**

<table>
<thead>
<tr>
<th>Description of Minimum Skills</th>
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</thead>
<tbody>
<tr>
<td>C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions, with use of prosthetic device.</td>
</tr>
<tr>
<td>D. Evaluation of residual limb or adjacent segment, including edema, range of motion, skin integrity, and strength.</td>
</tr>
<tr>
<td>E. Safety during use of the prosthetic device.</td>
</tr>
<tr>
<td>4. Perform tests and measures for assistive and adaptive devices including*:</td>
</tr>
<tr>
<td>A. Assistive or adaptive devices and equipment use during functional activities.</td>
</tr>
<tr>
<td>B. Components, alignment, fit, and ability to care for the assistive or adaptive devices and equipment.</td>
</tr>
<tr>
<td>C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions with use of assistive or adaptive devices and equipment.</td>
</tr>
<tr>
<td>D. Safety during use of assistive or adaptive equipment.</td>
</tr>
</tbody>
</table>

### Neurological System

**1.** Perform arousal, attention and cognition tests and measures to characterize or quantify (including standardized tests and measures)*:

| A. Arousal |
| B. Attention |
| C. Orientation |
| D. Processing and registration of information |
| E. Retention and recall |
| F. Communication/language |

**2.** Perform cranial and peripheral nerve integrity tests and measures*:

| A. Motor distribution of the cranial nerves (eg, muscle tests, observations) |
| B. Motor distribution of the peripheral nerves (eg, dynamometry, muscle tests, observations, thoracic outlet tests) |
| C. Response to neural provocation (e.g. tension test, vertebral artery compression tests) |
| D. Response to stimuli, including auditory, gustatory, olfactory, pharyngeal, vestibular, and visual (eg, observations, provocation tests) |

**3.** Perform motor function tests and measures to include*:

| A. Dexterity, coordination, and agility |
| B. Initiation, execution, modulation and termination of movement patterns and voluntary postures |

**4.** Perform neuromotor development and sensory integration tests and measures to characterize or quantify*:

| A. Acquisition and evolution of motor skills, including age-appropriate development |
| B. Sensorimotor integration, including postural responses, equilibrium, and righting reactions |

**5.** Perform tests and measures for reflex integrity including*:

<p>| A. Deep reflexes (eg, myotatic reflex scale, observations, reflex tests) |
| B. Postural reflexes and reactions, including righting, equilibrium and protective reactions |
| C. Primitive reflexes and reactions, including developmental |
| D. Resistance to passive stretch |
| E. Superficial reflexes and reactions |</p>
<table>
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<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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<tbody>
<tr>
<td><strong>Examination/Reexamination (cont.)</strong></td>
<td>F. Resistance to velocity dependent movement</td>
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<td></td>
<td>6. Perform sensory integrity tests and measures that characterize or quantify including*:</td>
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<tr>
<td></td>
<td>A. Light touch</td>
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<tr>
<td></td>
<td>B. Sharp/dull</td>
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<tr>
<td></td>
<td>C. Temperature</td>
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<td></td>
<td>D. Deep pressure</td>
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<td></td>
<td>E. Localization</td>
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<td></td>
<td>F. Vibration</td>
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<td>G. Deep sensation</td>
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<td></td>
<td>H. Stereognosis</td>
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<td>I. Graphesthesia</td>
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**Evaluation**
- Clinical reasoning
- Clinical decision making

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Synthesize available data on a patient/client expressed in</td>
<td>• Clinical reasoning</td>
</tr>
<tr>
<td>terms of the International Classification of Function,</td>
<td>• Clinical decision making</td>
</tr>
<tr>
<td>Disability and Health (ICF) model to include body functions</td>
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<tr>
<td>and structures, activities, and participation.</td>
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<tr>
<td>2. Use available evidence in interpreting the examination</td>
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<td>findings.</td>
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<tr>
<td>3. Verbalize possible alternatives when interpreting the</td>
<td></td>
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<td>examination findings.</td>
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<tr>
<td>4. Cite the evidence (patient/client history, lab diagnostics,</td>
<td></td>
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<tr>
<td>tests and measures and scientific literature) to support a</td>
<td></td>
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<tr>
<td>clinical decision.</td>
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**Diagnosis**

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<tbody>
<tr>
<td>1. Integrate the examination findings to classify the patient/</td>
<td>1. Synthesize available data on a patient/client expressed in terms of the International Classification of Function, Disability</td>
</tr>
<tr>
<td>client problem in terms of body functions and structures, and</td>
<td>and Health (ICF) model to include body functions and structures, activities, and participation.</td>
</tr>
<tr>
<td>activities and participation (ie, practice patterns in the</td>
<td>2. Use available evidence in interpreting the examination findings.</td>
</tr>
<tr>
<td>Guide)</td>
<td>3. Verbalize possible alternatives when interpreting the examination findings.</td>
</tr>
<tr>
<td>2. Identify and prioritize impairments in body functions and</td>
<td>4. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support a</td>
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<tr>
<td>structures, and activity limitations and participation</td>
<td>clinical decision.</td>
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<tr>
<td>restrictions to determine specific body function and structure,</td>
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<tr>
<td>and activities and participation towards which the intervention</td>
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<td>will be directed.*</td>
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**Prognosis**

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<tbody>
<tr>
<td>1. Determine the predicted level of optimal functioning and</td>
<td>1. Synthesize available data on a patient/client expressed in terms of the International Classification of Function, Disability</td>
</tr>
<tr>
<td>the amount of time required to achieve that level.*</td>
<td>and Health (ICF) model to include body functions and structures, activities, and participation.</td>
</tr>
<tr>
<td>2. Recognize barriers that may impact the achievement of</td>
<td>2. Use available evidence in interpreting the examination findings.</td>
</tr>
<tr>
<td>optimal functioning within a predicted time frame including*:</td>
<td>3. Verbalize possible alternatives when interpreting the examination findings.</td>
</tr>
<tr>
<td>A. Age</td>
<td>4. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support a</td>
</tr>
<tr>
<td>B. Medication(s)</td>
<td>clinical decision.</td>
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<tr>
<td>C. Socioeconomic status</td>
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<td>D. Co-morbidities</td>
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<td>E. Cognitive status</td>
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<td>F. Nutrition</td>
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<td>G. Social Support</td>
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<tr>
<td>H. Environment</td>
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**Plan of Care**
- Goal setting
- Coordination of Care
- Progression of care
- Discharge

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<tbody>
<tr>
<td>Design a Plan of Care</td>
<td>1. Synthesize available data on a patient/client expressed in terms of the International Classification of Function, Disability</td>
</tr>
<tr>
<td></td>
<td>and Health (ICF) model to include body functions and structures, activities, and participation.</td>
</tr>
<tr>
<td>2. Consult patient/client and/or caregivers to develop a</td>
<td>2. Use available evidence in interpreting the examination findings.</td>
</tr>
<tr>
<td>mutually agreed to plan of care.*</td>
<td>3. Verbalize possible alternatives when interpreting the examination findings.</td>
</tr>
<tr>
<td>3. Identify patient/client goals and expectations.*</td>
<td>4. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support a</td>
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<tr>
<td>4. Identify indications for consultation with other</td>
<td>clinical decision.</td>
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<td>professionals.*</td>
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<tr>
<td>5. Make referral to resources needed by the patient/client</td>
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<td>(assumes knowledge of referral sources).*</td>
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<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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<td>-----------------------------</td>
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<tr>
<td>Plan of care (cont.)</td>
<td>6. Select and prioritize the essential interventions that are safe and meet the specified functional goals and outcomes in the plan of care* (ie, (a) identify precautions and contraindications, (b) provide evidence for patient-centered interventions that are identified and selected, (c) define the specificity of the intervention (time, intensity, duration, and frequency), and (d) set realistic priorities that consider relative time duration in conjunction with family, caregivers, and other health care professionals). 7. Establish criteria for discharge based on patient goals and current functioning and disability.*</td>
</tr>
<tr>
<td></td>
<td><strong>Coordination of Care</strong></td>
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<tr>
<td></td>
<td>1. Identify who needs to collaborate in the plan of care.</td>
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<tr>
<td></td>
<td>2. Identify additional patient/client needs that are beyond the scope of physical therapist practice, level of experience and expertise, and warrant referral.*</td>
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<tr>
<td></td>
<td>3. Refer and discuss coordination of care with other health care professionals.*</td>
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<tr>
<td></td>
<td>4. Articulate a specific rational for a referral.</td>
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<td></td>
<td>5. Advocate for patient/client access to services.</td>
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<tr>
<td></td>
<td><strong>Progression of Care</strong></td>
</tr>
<tr>
<td></td>
<td>1. Identify outcome measures of progress relative to when to progress the patient further.*</td>
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<td></td>
<td>2. Measure patient/client response to intervention.*</td>
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<td></td>
<td>4. Modify elements of the plan of care and goals in response to changing patient/client status, as needed.*</td>
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<td></td>
<td>5. Make on-going adjustments to interventions according to outcomes including environmental factors and personal factors and, medical therapeutic interventions.</td>
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<td></td>
<td>6. Make accurate decisions regarding intensity and frequency when adjusting interventions in the plan of care.</td>
</tr>
<tr>
<td></td>
<td><strong>Discharge Plan</strong></td>
</tr>
<tr>
<td></td>
<td>1. Re-examine patient/client if not meeting established criteria for discharge based on the plan of care.</td>
</tr>
<tr>
<td></td>
<td>2. Differentiate between discharge of the patient/client, discontinuation of service, and transfer of care with re-evaluation.*</td>
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<tr>
<td></td>
<td>3. Prepare needed resources for patient/client to ensure timely discharge, including follow-up care.</td>
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<td></td>
<td>4. Include patient/client and family/caregiver as a partner in discharge.*</td>
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<td></td>
<td>5. Discontinue care when services are no longer indicated.</td>
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<td>6. When services are still needed, seek resources and/or consult with others to identify alternative resources that may be available.</td>
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<td>7. Determine the need for equipment and initiate requests to obtain.</td>
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<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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</tr>
<tr>
<td>Interventions</td>
<td>Safety, Cardiopulmonary Resuscitation Emergency Care, First Aid</td>
</tr>
<tr>
<td></td>
<td>1. Ensure patient safety and safe application of patient/client care.*</td>
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<tr>
<td></td>
<td>2. Perform first aid.*</td>
</tr>
<tr>
<td></td>
<td>3. Perform emergency procedures.*</td>
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<tr>
<td></td>
<td>4. Perform Cardiopulmonary Resuscitation (CPR).*</td>
</tr>
<tr>
<td>Precautions</td>
<td>1. Demonstrate appropriate sequencing of events related to universal precautions.*</td>
</tr>
<tr>
<td></td>
<td>2. Use Universal Precautions.</td>
</tr>
<tr>
<td></td>
<td>3. Determine equipment to be used and assemble all sterile and non-sterile materials.*</td>
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<td></td>
<td>4. Use transmission-based precautions.</td>
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<tr>
<td></td>
<td>5. Demonstrate aseptic techniques.*</td>
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<td></td>
<td>6. Apply sterile procedures.*</td>
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<tr>
<td></td>
<td>7. Properly discard soiled items.*</td>
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<tr>
<td>Body Mechanics and Positioning</td>
<td>1. Apply proper body mechanics (utilize, teach, reinforce, and observe).*</td>
</tr>
<tr>
<td></td>
<td>2. Properly position, drape, and stabilize a patient/client when providing physical therapy.*</td>
</tr>
<tr>
<td>Interventions</td>
<td>Coordination, communication, and documentation may include:</td>
</tr>
<tr>
<td></td>
<td>A. Addressing required functions:</td>
</tr>
<tr>
<td></td>
<td>(1) Establish and maintain an ongoing collaborative process of decision-making with patients/clients, families, or caregivers prior to initiating care and throughout the provision of services.*</td>
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<tr>
<td></td>
<td>(2) Discern the need to perform mandatory communication and reporting (eg, incident reports, patient advocacy and abuse reporting).</td>
</tr>
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<td></td>
<td>(3) Follow advance directives.</td>
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<tr>
<td></td>
<td>B. Admission and discharge planning.</td>
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<tr>
<td></td>
<td>C. Case management.</td>
</tr>
<tr>
<td></td>
<td>D. Collaboration and coordination with agencies, including:</td>
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<tr>
<td></td>
<td>(1) Home care agencies</td>
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<td></td>
<td>(2) Equipment suppliers</td>
</tr>
<tr>
<td></td>
<td>(3) Schools</td>
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<td></td>
<td>(4) Transportation agencies</td>
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<td></td>
<td>(5) Payer groups</td>
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<td>E. Communication across settings, including:</td>
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<tr>
<td></td>
<td>(1) Case conferences</td>
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<td></td>
<td>(2) Documentation</td>
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<tr>
<td></td>
<td>(3) Education plans</td>
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<tr>
<td></td>
<td>F. Cost-effective resource utilization.</td>
</tr>
<tr>
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<td>G. Data collection, analysis, and reporting of:</td>
</tr>
<tr>
<td></td>
<td>(1) Outcome data</td>
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<td></td>
<td>(2) Peer review findings</td>
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<td></td>
<td>(3) Record reviews</td>
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<td></td>
<td>H. Documentation across settings, following APTA’s Guidelines for Physical Therapy Documentation, including:</td>
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<tr>
<td></td>
<td>(1) Elements of examination, evaluation, diagnosis, prognosis, and intervention</td>
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<tr>
<td>Skill Category (cont.)</td>
<td>Description of Minimum Skills</td>
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<td>------------------------</td>
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<tr>
<td>Interventions</td>
<td>(2) Changes in body structure and function, activities and participation.</td>
</tr>
<tr>
<td></td>
<td>(3) Changes in interventions</td>
</tr>
<tr>
<td></td>
<td>(4) Outcomes of intervention</td>
</tr>
<tr>
<td>I. Interdisciplinary teamwork:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Patient/client family meetings</td>
</tr>
<tr>
<td></td>
<td>(2) Patient care rounds</td>
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<tr>
<td></td>
<td>(3) Case conferences</td>
</tr>
<tr>
<td>J. Referrals to other professionals or resources.*</td>
<td></td>
</tr>
<tr>
<td>2. Patient/client-related instruction may include:</td>
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</tr>
<tr>
<td>A. Instruction, education, and training of patients/clients and caregivers regarding:</td>
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<tr>
<td></td>
<td>(1) Current condition, health condition, impairments in body structure and function, and activity limitations, and participation restrictions)*</td>
</tr>
<tr>
<td></td>
<td>(2) Enhancement of performance</td>
</tr>
<tr>
<td></td>
<td>(3) Plan of care:</td>
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<tr>
<td></td>
<td>a. Risk factors for health condition, impairments in body structure and function, and activity limitations, and participation restrictions</td>
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<tr>
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<td>b. Preferred interventions, alternative interventions, and alternative modes of delivery</td>
</tr>
<tr>
<td></td>
<td>c. Expected outcomes</td>
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<tr>
<td></td>
<td>(4) Health, wellness, and fitness programs (management of risk factors)</td>
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<td></td>
<td>(5) Transitions across settings</td>
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<tr>
<td>3. Therapeutic exercise may include performing:</td>
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<tr>
<td>A. Aerobic capacity/endurance conditioning or reconditioning*:</td>
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<tr>
<td></td>
<td>(1) Gait and locomotor training*</td>
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<tr>
<td></td>
<td>(2) Increased workload over time (modify workload progression)</td>
</tr>
<tr>
<td></td>
<td>(3) Movement efficiency and energy conservation training</td>
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<td></td>
<td>(4) Walking and wheelchair propulsion programs</td>
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<td></td>
<td>(5) Cardiovascular conditioning programs</td>
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<td>B. Balance*, coordination*, and agility training:</td>
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<tr>
<td></td>
<td>(1) Developmental activities training*</td>
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<tr>
<td></td>
<td>(2) Motor function (motor control and motor learning) training or retraining</td>
</tr>
<tr>
<td></td>
<td>(3) Neuromuscular education or reeducation*</td>
</tr>
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<td></td>
<td>(4) Perceptual training</td>
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<td></td>
<td>(5) Posture awareness training*</td>
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<td>(6) Sensory training or retraining</td>
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<td>(7) Standardized, programmatic approaches</td>
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<td>(8) Task-specific performance training</td>
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<td>C. Body mechanics and postural stabilization:</td>
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<tr>
<td></td>
<td>(1) Body mechanics training*</td>
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<tr>
<td></td>
<td>(2) Postural control training*</td>
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<tr>
<td></td>
<td>(3) Postural stabilization activities*</td>
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<td></td>
<td>(4) Posture awareness training*</td>
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<td>Skill Category</td>
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<tr>
<td><strong>Interventions (continued)</strong></td>
<td>D. Flexibility exercises:&lt;br&gt; 1. Muscle lengthening*&lt;br&gt; 2. Range of motion*&lt;br&gt; 3. Stretching*</td>
</tr>
<tr>
<td></td>
<td>E. Gait and locomotion training*:&lt;br&gt; 1. Developmental activities training*&lt;br&gt; 2. Gait training*&lt;br&gt; 3. Device training*&lt;br&gt; 4. Perceptual training*&lt;br&gt; 5. Basic wheelchair training*</td>
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<td></td>
<td>H. Strength, power, and endurance training for head, neck, limb, and trunk*:&lt;br&gt; 1. Active assistive, active, and resistive exercises (including concentric, dynamic/isotonic, eccentric, isokinetic, isometric, and plyometric exercises)&lt;br&gt; 2. Aquatic programs*&lt;br&gt; 3. Task-specific performance training</td>
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<tr>
<td></td>
<td>I. Strength, power, and endurance training for pelvic floor:&lt;br&gt; 1. Active (Kegel)</td>
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<td>J. Strength, power, and endurance training for ventilatory muscles:&lt;br&gt; 1. Active and resistive</td>
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<td><strong>4. Functional training in self-care and home management may include</strong>*:</td>
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<tr>
<td></td>
<td>A. Activities of daily living (ADL) training:&lt;br&gt; 1. Bed mobility and transfer training*&lt;br&gt; 2. Age appropriate functional skills</td>
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<tr>
<td></td>
<td>B. Barrier accommodations or modifications*</td>
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<td>C. Device and equipment use and training:&lt;br&gt; 1. Assistive and adaptive device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)<em>&lt;br&gt; 2. Orthotic, protective, or supportive device or equipment training during self-care and home management</em>&lt;br&gt; 3. Prosthetic device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)*</td>
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<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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</tbody>
</table>
| Interventions (cont.) | D. Functional training programs*:  
(1) Simulated environments and tasks*  
(2) Task adaptation  
E. Injury prevention or reduction:  
(1) Safety awareness training during self-care and home management*  
(2) Injury prevention education during self-care and home management  
(3) Injury prevention or reduction with use of devices and equipment  
5. Functional training in work (job/school/play), community, and leisure integration or reintegration may include*:  
A. Barrier accommodations or modifications*  
B. Device and equipment use and training*:  
(1) Assistive and adaptive device or equipment training during instrumental activities of daily living (IADL)*  
(2) Orthotic, protective, or supportive device or equipment training during IADL for work*  
(3) Prosthetic device or equipment training during IADL*  
C. Functional training programs:  
(1) Simulated environments and tasks  
(2) Task adaptation  
(3) Task training  
D. Injury prevention or reduction:  
(1) Injury prevention education during work (job/school/play), community, and leisure integration or reintegration  
(2) Injury prevention education with use of devices and equipment  
(3) Safety awareness training during work (job/school/play), community, and leisure integration or reintegration  
(4) Training for leisure and play activities  
6. Manual therapy techniques may include:  
A. Passive range of motion  
B. Massage:  
(1) Connective tissue massage  
(2) Therapeutic massage  
C. Manual traction*  
D. Mobilization/manipulation:  
(1) Soft tissue* (thrust and nonthrust*)  
(2) Spinal and peripheral joints* (thrust and nonthrust*)  
7. Prescription, application, and, as appropriate, fabrication of devices and equipment may include*:  
A. Adaptive devices*:
<table>
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<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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<tbody>
<tr>
<td>Interventions (cont.)</td>
<td>(1) Hospital beds</td>
</tr>
<tr>
<td></td>
<td>(2) Raised toilet seats</td>
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<tr>
<td></td>
<td>(3) Seating systems – prefabricated</td>
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<tr>
<td>B. Assistive devices*</td>
<td>(1) Canes</td>
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<tr>
<td></td>
<td>(2) Crutches</td>
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<td></td>
<td>(3) Long-handed reachers</td>
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<td>(4) Static and dynamic splints – prefabricated</td>
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<td></td>
<td>(5) Walkers</td>
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<td></td>
<td>(6) Wheelchairs</td>
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<tr>
<td>C. Orthotic devices*:</td>
<td>(1) Prefabricated braces</td>
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<tr>
<td></td>
<td>(2) Prefabricated shoe inserts</td>
</tr>
<tr>
<td></td>
<td>(3) Prefabricated splints</td>
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<tr>
<td>D. Prosthetic devices (lower-extremity)*</td>
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<tr>
<td>E. Protective devices*:</td>
<td>(1) Braces</td>
</tr>
<tr>
<td></td>
<td>(2) Cushions</td>
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<td></td>
<td>(3) Helmets</td>
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<tr>
<td></td>
<td>(4) Protective taping</td>
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<tr>
<td>F. Supportive devices*:</td>
<td>(1) Prefabricated compression garments</td>
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<tr>
<td></td>
<td>(2) Corsets</td>
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<tr>
<td></td>
<td>(3) Elastic wraps</td>
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<td></td>
<td>(4) Neck collars</td>
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<td></td>
<td>(5) Slings</td>
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<td>(6) Supplemental oxygen - apply and adjust</td>
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<td></td>
<td>(7) Supportive taping</td>
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<td>8. Airway clearance techniques may include*:</td>
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<tr>
<td>A. Breathing strategies*:</td>
<td>(1) Active cycle of breathing or forced expiratory techniques*</td>
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<td>(2) Assisted cough/huff techniques*</td>
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<td></td>
<td>(3) Paced breathing*</td>
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<td>(4) Pursed lip breathing</td>
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<td>(5) Techniques to maximize ventilation (eg, maximum inspiratory hold, breath stacking, manual hyperinflation)</td>
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<tr>
<td>B. Manual/mechanical techniques*:</td>
<td>(1) Assistive devices</td>
</tr>
<tr>
<td>C. Positioning*:</td>
<td>(1) Positioning to alter work of breathing</td>
</tr>
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<td></td>
<td>(2) Positioning to maximize ventilation and perfusion</td>
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<tr>
<td>9. Integumentary repair and protection techniques may include*:</td>
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<tr>
<td>A. Debridement*—nonselective:</td>
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<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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</table>
| Interventions (continued) | (1) Enzymatic debridement  
(2) Wet dressings  
(3) Wet-to-dry dressings  
(4) Wet-to-moist dressings |
|                  | **B. Dressings***:  
(1) Hydrogels  
(2) Wound coverings |
|                  | **C. Topical agents***:  
(1) Cleansers  
(2) Creams  
(3) Moisturizers  
(4) Ointments  
(5) Sealants |
| 10. Electrotherapeutic modalities may include: | |
|                  | **A. Biofeedback*** |
|                  | **B. Electrotherapeutic delivery of medications (eg, iontophoresis)** |
|                  | **C. Electrical stimulation***:  
(1) Electrical muscle stimulation (EMS)*  
(2) Functional electrical stimulation (FES)  
(3) High voltage pulsed current (HVPC)  
(4) Neuromuscular electrical stimulation (NMES)  
(5) Transcutaneous electrical nerve stimulation (TENS) |
| 11. Physical agents and mechanical modalities may include: | |
|                  | **Physical agents**:  
**A. Cryotherapy***:  
(1) Cold packs  
(2) Ice massage  
(3) Vapocoolant spray |
|                  | **B. Hydrotherapy***:  
(1) Contrast bath  
(2) Pools  
(3) Whirlpool tanks* |
|                  | **C. Sound agents***:  
(1) Phonophoresis*  
(2) Ultrasound* |
|                  | **D. Thermotherapy***:  
(1) Dry heat  
(2) Hot packs*  
(3) Paraffin baths* |
|                  | **Mechanical modalities**:  
**A. Compression therapies (prefabricated)**:  
(1) Compression garments |
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<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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</table>
| Interventions (continued) | (2) Vasopneumatic compression devices*  
(3) Taping  
(4) Compression bandaging (excluding lymphedema) |
| | B. Gravity-assisted compression devices:  
(1) Standing frame*  
(2) Tilt table* |
| | C. Mechanical motion devices*:  
(1) Continuous passive motion (CPM)* |
| | D. Traction devices*:  
(1) Intermittent  
(2) Positional  
(3) Sustained |
| Outcomes Assessment | 1. Perform chart review/audit with respect to documenting components of patient/client management and facility procedures and regulatory requirements.  
2. Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of functioning.*  
3. Select outcome measures for levels of impairments in body function and structure, activity limitations, and participation restrictions with respect for psychometric properties of the outcomes.  
4. Aggregate data across patients/clients and analyze results as it relates to the effectiveness of clinical performance (intervention).* |
| Education | **Patient/Client**  
1. Determine patient/client variables that affect learning.*  
2. Educate the patient/client and caregiver about the patient’s/client’s current health condition/examination findings, plan of care and expected outcomes, utilizing their feedback to modify the plan of care and expected outcomes as needed.*  
3. Assess prior levels of learning for patient/client and family/caregiver to ensure clarity of education.  
4. Educate patients/clients and caregivers to recognize normal and abnormal response to interventions that warrant follow-up.*  
5. Provide patient/client and caregiver clear and concise home/independent program instruction at their levels of learning and ensure the patient’s /client’s understanding of home/independent program.*  
6. Educate patient/client and caregiver to enable them to articulate and demonstrate the nature of the impairments in body function and structure, activity limitations, and participation restrictions and how to safely and effectively manage the impairments in body function and structure, activity limitations, and participation restrictions (eg, identify symptoms, alter the program, and contact the therapist).* |
| | **Colleagues**  
1. Identify patient/client related questions and systematically locate and critically appraise evidence that addresses the question.  
2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation of the physical therapist and scope
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<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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</table>
| Practice Management | • Billing/Reimbursement  
• Documentation  
• Quality Improvement  
• Direction and Supervision  
• Marketing and Public Relations  
• Patient Rights, Patient Consent, Confidentiality, and HIPPA |

| Billing/Reimbursement | 1. Describe the legal/ethical ramifications of billing and act accordingly.  
2. Correlate/distinguish between billing and reimbursement.  
3. Include consideration of billing/reimbursement in the plan of care.  
4. Choose correct and accurate ICD-9 and CPT codes.  
5. Contact insurance company to follow-up on a denial or ask for additional services including Durable Medical Equipment (DME).  

| Documentation of Care | 1. Document patient/client care in writing that is accurate and complete using institutional processes.*  
2. Use appropriate grammar, syntax, spelling, and punctuation in written communication.  
3. Use appropriate terminology and institutionally approved abbreviations.  
4. Use an organized and logical framework to document care (eg, refer to the Guide to Physical Therapist Practice, Appendix 5).*  
5. Conform to documentation requirements of the practice setting and the reimbursement system.  
6. Accurately interpret documentation from other health care professionals. |

| Quality Improvement | 1. Participate in quality improvement program of self, peers, and setting/institution.  
2. Describe the relevance and impact of institutional accreditation (eg, Joint Commission or CARF) on the delivery of physical therapy services. |

| Direction and Supervision of Physical Therapist Assistants (PTAs) and Other Support Personnel | 1. Follow legal and ethical requirements for direction and supervision.  
2. Supervise the physical therapist assistant and/or other support personnel.  
3. Select appropriate patients/clients for whom care can be directed to physical therapist assistants based on patient complexity and acuity, reimbursement, PTA knowledge/skill, jurisdictional law, etc.  
4. In any practice setting, maintain responsibility for patient/client care by regularly monitoring care and patient progression throughout care provided by PTAs and services provided by other support personnel. |

| Marketing and Public Relations | 1. Present self in a professional manner.  
2. Promote the profession by discussing the benefits of physical therapy in all interactions, including presentations to the community about physical therapy. |

<p>| Patient Rights, Patient Consent, Confidentiality, and Health Insurance Portability and Accountability Act (HIPAA)* |  |</p>
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<td><strong>Skill Category</strong></td>
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<td></td>
<td>1. Obtain consent from patients/clients and/or caregiver for the provision of all components of physical therapy including*:</td>
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<td>A. treatment-related*</td>
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<td>B. research*</td>
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<td>C. fiscal</td>
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<td>2. Comply with HIPAA/FERPA regulations.*</td>
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<td>3. Act in concert with institutional &quot;Patient Rights&quot; statements and advanced directives (eg, Living wills, Do Not Resuscitate (DNR) requests, etc.).</td>
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<tr>
<td>Informatics</td>
<td>1. Use current information technology, including word-processing, spreadsheets, and basic statistical packages.</td>
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<tr>
<td>Risk Management</td>
<td>1. Follow institutional/setting procedures regarding risk management.</td>
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<td>2. Identify the need to improve risk management practices.</td>
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<tr>
<td>Productivity</td>
<td>1. Analyze personal productivity using the clinical facility's system and implement strategies to improve when necessary.</td>
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<td><strong>Professionalism: Core Values</strong></td>
<td><strong>Core Values</strong></td>
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<td>1. Demonstrate all APTA core values associated with professionalism.</td>
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<td>2. Identify resources to develop core values.</td>
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<td>3. Seek mentors and learning opportunities to develop and enhance the degree to which core values are demonstrated.</td>
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<td>4. Promote core values within a practice setting.</td>
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<td>Consultation</td>
<td>1. Provide consultation within the context of patient/client care with physicians, family and caregivers, insurers, and other health care providers, etc.</td>
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<td>2. Accurately self-assess the boundaries within which consultation outside of the patient/client care context can be provided.</td>
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<td></td>
<td>3. Render advice within the identified boundaries or refer to others.</td>
</tr>
<tr>
<td>Evidence-Based Practice</td>
<td>1. Discriminate among the levels of evidence (eg, Sackett).</td>
</tr>
<tr>
<td></td>
<td>2. Access current literature using databases and other resources to answer clinical/practice questions.</td>
</tr>
<tr>
<td></td>
<td>3. Read and critically analyze current literature.</td>
</tr>
<tr>
<td></td>
<td>4. Use current evidence, patient values, and personal experiences in making clinical decisions.*</td>
</tr>
<tr>
<td></td>
<td>5. Prepare a written or verbal case report.</td>
</tr>
<tr>
<td></td>
<td>6. Share expertise related to accessing evidence with colleagues.</td>
</tr>
<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td><strong>Interpersonal (including verbal, non-verbal, electronic)</strong></td>
</tr>
<tr>
<td>• Interpersonal</td>
<td>1. Develop rapport with patients/clients and others.</td>
</tr>
<tr>
<td>• Verbal</td>
<td>2. Display sensitivity to the needs of others.</td>
</tr>
<tr>
<td>• Written</td>
<td>3. Actively listen to others.</td>
</tr>
<tr>
<td></td>
<td>4. Engender confidence of others.</td>
</tr>
<tr>
<td></td>
<td>5. Ask questions in a manner that elicits needed responses.</td>
</tr>
<tr>
<td></td>
<td>6. Modify communication to meet the needs of the audience.</td>
</tr>
<tr>
<td></td>
<td>7. Demonstrate congruence between verbal and non-verbal messages.</td>
</tr>
<tr>
<td></td>
<td>8. Use appropriate grammar, syntax, spelling, and punctuation in written communication.</td>
</tr>
<tr>
<td></td>
<td>9. Use appropriate, and where available, standard terminology and abbreviations.</td>
</tr>
<tr>
<td></td>
<td>10. Maintain professional relationships with all persons.</td>
</tr>
<tr>
<td></td>
<td>11. Adapt communication in ways that recognize and respect the knowledge and experiences</td>
</tr>
<tr>
<td></td>
<td>of colleagues and others.</td>
</tr>
<tr>
<td><strong>Conflict Management/Negotiation</strong></td>
<td>1. Recognize potential for conflict.</td>
</tr>
<tr>
<td></td>
<td>2. Implement strategies to prevent and/or resolve conflict.</td>
</tr>
<tr>
<td></td>
<td>3. Seek resources to resolve conflict when necessary.</td>
</tr>
<tr>
<td><strong>Cultural Competence</strong></td>
<td>1. Elicit the “patient’s story” to avoid stereotypical assumptions.</td>
</tr>
<tr>
<td></td>
<td>2. Utilize information about health disparities during patient/client care.</td>
</tr>
<tr>
<td></td>
<td>3. Provide care in a non-judgmental manner.</td>
</tr>
<tr>
<td></td>
<td>4. Acknowledge personal biases, via self-assessment or critical assessment of feedback from</td>
</tr>
<tr>
<td></td>
<td>others.</td>
</tr>
<tr>
<td></td>
<td>5. Recognize individual and cultural differences and adapt behavior accordingly in all aspects</td>
</tr>
<tr>
<td></td>
<td>of physical therapy care.*</td>
</tr>
<tr>
<td><strong>Promotion of Health, Wellness,</strong></td>
<td>1. Identify patient/client health risks during the history and physical via the systems</td>
</tr>
<tr>
<td><strong>Wellness, and Prevention</strong></td>
<td>review.</td>
</tr>
<tr>
<td></td>
<td>2. Take vital signs of every patient/client during each visit.</td>
</tr>
<tr>
<td></td>
<td>3. Collaborate with the patient/client to develop and implement a plan to address health</td>
</tr>
<tr>
<td></td>
<td>risks.*</td>
</tr>
<tr>
<td></td>
<td>4. Determine readiness for behavioral change.</td>
</tr>
<tr>
<td></td>
<td>5. Identify available resources in the community to assist in the achievement of the plan.</td>
</tr>
<tr>
<td></td>
<td>6. Identify secondary and tertiary effects of disability.</td>
</tr>
<tr>
<td></td>
<td>7. Demonstrate healthy behaviors.</td>
</tr>
<tr>
<td></td>
<td>8. Promote health/wellness in the community.</td>
</tr>
</tbody>
</table>

Relationship to Vision 2020: Doctor of Physical Therapy
(Academic/Clinical Education Affairs Department, ext 3203)

[Document updated: 12/14/2009]

**Explanation of Reference Numbers:**
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.
PHYSICAL THERAPIST STUDENT
EVALUATION:

CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION

June 10, 2003
(updated 12/27/10)

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

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

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

<table>
<thead>
<tr>
<th>Components Of Care</th>
<th>Rating</th>
<th>Components Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Screening</td>
<td>Prognosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• History taking</td>
<td>Plan of Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Systems review</td>
<td>Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tests and measures</td>
<td>Outcomes Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

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

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

Clinical Experience

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

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

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

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater 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).

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

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

Midterm Evaluation   □ Yes   □ No   Final Evaluation   □ Yes   □ No
24. If there were inconsistencies, how were they discussed and managed?
   
   Midterm Evaluation
   Final Evaluation

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

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

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