# SAINT FRANCIS UNIVERSITY
## DEPARTMENT OF PHYSICAL THERAPY
### CLINICAL EDUCATION HANDBOOK

## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Mission and Philosophy</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Education Philosophy</td>
<td>4</td>
</tr>
<tr>
<td>Physical Therapy Professional Curriculum</td>
<td>5</td>
</tr>
<tr>
<td>Paradigm</td>
<td>6</td>
</tr>
<tr>
<td>Course Highlights</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Education Course Syllabi (includes objectives)</td>
<td>12, 16, 20, 24</td>
</tr>
<tr>
<td>PT 660 Clinical Education Experience 1</td>
<td>12</td>
</tr>
<tr>
<td>PT 760 Clinical Education Experience 2</td>
<td>16</td>
</tr>
<tr>
<td>PT 761 Clinical Education Experience 3</td>
<td>20</td>
</tr>
<tr>
<td>PT 762 Clinical Education Experience 4</td>
<td>24</td>
</tr>
<tr>
<td>Pre-Clinical Process</td>
<td>28</td>
</tr>
<tr>
<td>Clinical Site Assignment</td>
<td>30</td>
</tr>
<tr>
<td>Cardiopulmonary Resuscitation</td>
<td>30</td>
</tr>
<tr>
<td>Professional Liability Issues</td>
<td>29</td>
</tr>
<tr>
<td>Background Check</td>
<td>31</td>
</tr>
<tr>
<td>Medical Insurance</td>
<td>31</td>
</tr>
<tr>
<td>Health Requirements</td>
<td>31</td>
</tr>
<tr>
<td>SFU Drug Screening Policy</td>
<td>31</td>
</tr>
<tr>
<td>Student-Related Policies</td>
<td></td>
</tr>
<tr>
<td>Nametag</td>
<td>41</td>
</tr>
<tr>
<td>Expenses</td>
<td>41</td>
</tr>
<tr>
<td>Dress Code</td>
<td>41</td>
</tr>
<tr>
<td>Absences/Illness/Injury</td>
<td>42</td>
</tr>
<tr>
<td>Holidays and Work Hours</td>
<td>42</td>
</tr>
<tr>
<td>Professionalism</td>
<td>42</td>
</tr>
<tr>
<td>Social Media</td>
<td>43</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>43</td>
</tr>
<tr>
<td>Sexual Harassment</td>
<td>43</td>
</tr>
<tr>
<td>Infection Control</td>
<td>43</td>
</tr>
<tr>
<td>SFU Bloodborne Pathogen Policy</td>
<td>44</td>
</tr>
<tr>
<td>In-services and Assignments</td>
<td>45</td>
</tr>
<tr>
<td>Nondiscrimination Policy</td>
<td>45</td>
</tr>
<tr>
<td>Clinic-Related Policies</td>
<td></td>
</tr>
<tr>
<td>Clinical Education Faculty</td>
<td>46</td>
</tr>
<tr>
<td>Clinical Site Visits</td>
<td>46</td>
</tr>
<tr>
<td>Clinical Phone Follow-up</td>
<td>47</td>
</tr>
<tr>
<td>Student Evaluation</td>
<td>47</td>
</tr>
<tr>
<td>Grading</td>
<td>47</td>
</tr>
<tr>
<td>Clinical Education Problem Resolution</td>
<td>48</td>
</tr>
<tr>
<td>Clinical Education Experience Evaluation</td>
<td>48</td>
</tr>
<tr>
<td>Failure or Termination of a Clinical Education Experience/Impaired Performance</td>
<td>48</td>
</tr>
<tr>
<td>Employment by Clinical Site</td>
<td>49</td>
</tr>
</tbody>
</table>
Resources for Clinical Instructors

  CPI Performance Dimensions and Anchor Definitions ........................................51
  APTA Guidelines for Clinical Education ..........................................................52
  Expected Outcomes for APTA Clinical Performance Instrument .....................72
  Physical Therapist Student Evaluation ...........................................................73
  Professional Behaviors ..................................................................................81
  Weekly Planning Form ...................................................................................94
  Student Incident Report ..................................................................................95

Written 1998
DEPARTMENT MISSION AND PHILOSOPHY

A Mind for Excellence: Saint Francis University offers higher education in an environment guided by Catholic values and teachings, and inspired by the example of our patron, Saint Francis of Assisi. The oldest Franciscan institution of higher learning in the United States, Saint Francis University is an inclusive learning community that welcomes all people.

A Spirit for Peace and Justice: University programs and activities foster such Franciscan values as a humble and generous attitude toward learning, respect for diversity and the uniqueness of individual persons, understanding of ethical issues, and reverence for all life. With a spirit of simplicity and joy, we provide opportunities for the University community to think critically and analytically, communicate effectively, and integrate theory and practice.

A Heart for Service: Saint Francis University offers undergraduate programs in the liberal arts tradition, graduate and professional programs of study that emphasize personal and professional ethics, and continuing education opportunities for personal and career enhancement. We seek to inspire in all members of the University community a love of lifelong learning and a commitment to share their gifts and skills generously with others in a rapidly changing world.

Mission of the School of Health Sciences

The School of Health Sciences synchronizes innovative educational opportunities and experiences to skillfully prepare individuals to provide competent, compassionate, and ethical care to regional and global communities including the medically underserved in rural areas. Contemporary curricula and outreach programming influenced by the Franciscan tradition provide the foundation for graduates to demonstrate critical thinking, cultural competence, and an evidence-based approach enhancing professional practice. In the spirit of St. Francis of Assisi, these future leaders dedicate themselves to lifelong learning, critical self-reflection, and service facilitating positive change in health and wellness.

Mission of the Department of Physical Therapy

Saint Francis University Department of Physical Therapy will prepare students to enter professional practice as competent, ethical, caring doctors of physical therapy. The graduates will be prepared to practice in a complex healthcare environment, demonstrate critical thinking, embrace lifelong learning, and use an evidence-based approach to support decisions and serve the needs of consumers and society.

Philosophy of the Department of Physical Therapy

The educational approach at Saint Francis University reflects the philosophy that a solid yet diverse academic base, critical thinking skills, a strong moral foundation and a love for lifelong learning are essential tools for success in the world. The philosophies of the University and the Department are complementary and are realized as students develop a mind for excellence, a spirit for peace and justice, and a heart for service.

Effective: 1999
Revised: 2004
CLINICAL EDUCATION PHILOSOPHY

Physical therapy education is experiential in nature. Didactic learning experiences in the classroom provide the student with the foundation and development of a knowledge base and problem-solving techniques. Didactic education leads into laboratory experiences. Here the student achieves competency in skills, and applies problem-solving strategies. These laboratory experiences lead, in turn, to clinical education. The knowledge, skills, and problem-solving abilities learned in didactic and laboratory experiences are further developed and integrated during clinical education experiences. The goal, then, is a student who performs in the clinical setting with the knowledge, skills and attitudes of an entry-level practitioner. Clinical education, therefore, is an integral part of the total curriculum.

Clinical education requires the collaborative efforts of the student, academic faculty, and clinical faculty. Communication in all directions is necessary to achieve our mission. Preparation, planning, and clinical supervision and teaching are all essential to a successful clinical experience for the student. It is the student’s responsibility to be open to, and to participate in, the learning experiences provided.

In order for students to be educated as a generalist entry-level physical therapist they must be competent in a variety of settings. Therefore, the sequence of clinical education courses includes requirements for assignments in different settings. The student must practice in both inpatient and outpatient settings. Students will have experiences that allow patient/client management of a diverse case mix across the life span and continuum of care. The student will have the opportunity to work in a more specialized setting or with a population such as pediatrics or sports medicine during the second, third or preferably, the fourth assignments.

The sequence of clinical education courses is integrated into the total curriculum and provides for a progression of experiences. The objectives of each clinical assignment include integrating didactic information with the appropriate clinical experience to allow competent performance of the elements of patient/client management.

The first eight-week assignment occurs at the end of the first professional year and focuses on competencies in the cardiopulmonary and less complex musculoskeletal practice patterns, as well as the basic procedures covered. The second and third assignments of eight weeks each comprise the fall semester of the third professional year. The student will now concentrate on competency in the neuromuscular, advanced musculoskeletal and integumentary practice patterns. The final clinical experience of fifteen weeks occurs in the final semester. Patient/client management of complex problems or specialized practice is the focus.
### Year 1 – DPT 1 - Summer
<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 402 Movement Science 1</td>
<td>2</td>
</tr>
<tr>
<td>PT 404 Surface Anatomy/Palpation</td>
<td>1</td>
</tr>
<tr>
<td>PT 406 Human Anatomy 1</td>
<td>3</td>
</tr>
</tbody>
</table>

### Year 1 – DPT 1 - Fall
<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 403 Movement Science 2</td>
<td>2</td>
</tr>
<tr>
<td>PT 405 Exercise Prescription</td>
<td>2</td>
</tr>
<tr>
<td>PT 407 Human Anatomy 2</td>
<td>2</td>
</tr>
<tr>
<td>PT 510 Pathology &amp; Differential Dx-CP</td>
<td>2</td>
</tr>
<tr>
<td>PT 520 Physical Therapy Procedures</td>
<td>3</td>
</tr>
<tr>
<td>PT 521 PM 1-Cardiopulmonary</td>
<td>4</td>
</tr>
<tr>
<td>PT 530 Professional Issues-Documentation</td>
<td>2</td>
</tr>
<tr>
<td>PT 560 Clinical Education Seminar 1</td>
<td>0.5</td>
</tr>
<tr>
<td>PT 570 Professional Development 1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

6 credits total

### Year 1 – DPT 1 - Spring
<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 501 Neuroscience 1</td>
<td>2</td>
</tr>
<tr>
<td>PT 511 Pathology &amp; Diff. Dx-Musculoskeletal 1</td>
<td>3</td>
</tr>
<tr>
<td>PT 522 Therapeutic Agents</td>
<td>3</td>
</tr>
<tr>
<td>PT 523 PM 2-Musculoskeletal 1</td>
<td>4</td>
</tr>
<tr>
<td>PT 540 Pharmacology</td>
<td>2</td>
</tr>
<tr>
<td>PT 550 Research 1-Critical Inquiry</td>
<td>3</td>
</tr>
<tr>
<td>PT 561 Clinical Education Seminar 2</td>
<td>0.5</td>
</tr>
<tr>
<td>PT 571 Professional Development 2</td>
<td>0.5</td>
</tr>
</tbody>
</table>

18 credits total

### Year 2 – DPT2 - Summer
<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 601 Neuroscience 2</td>
<td>2</td>
</tr>
<tr>
<td>PT 610 Pathology &amp; Diff. Dx-Neurology</td>
<td>2</td>
</tr>
<tr>
<td>PT 620 PM 3-Neurology 1</td>
<td>4</td>
</tr>
<tr>
<td>PT 621 PM 4-Pediatrics</td>
<td>2</td>
</tr>
<tr>
<td>PT 630 Professional Issues-Ethics</td>
<td>2</td>
</tr>
<tr>
<td>PT 641 Psychosocial Aspects of Patient Care</td>
<td>3</td>
</tr>
<tr>
<td>PT 650 Research 2-Clinical Research Design</td>
<td>2</td>
</tr>
<tr>
<td>PT 670 Professional Development 3</td>
<td>0.5</td>
</tr>
</tbody>
</table>

4 credits total

### Year 2 – DPT2 - Fall
<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 611 Pathology &amp; Diff. Dx-Multiple System</td>
<td>2</td>
</tr>
<tr>
<td>PT 622 PM 5-Musculoskeletal 2</td>
<td>4</td>
</tr>
<tr>
<td>PT 623 PM 6-Neurology 2</td>
<td>4</td>
</tr>
<tr>
<td>PT 624 Motor Control &amp; Advanced Exercise</td>
<td>2</td>
</tr>
<tr>
<td>PT 631 Professional Issues-Legal</td>
<td>2</td>
</tr>
<tr>
<td>PT 640 Advanced Concepts in PT Practice 1</td>
<td>2</td>
</tr>
<tr>
<td>PT 642 Teaching &amp; Learning</td>
<td>2</td>
</tr>
</tbody>
</table>

18 credits total

### Year 2 – DPT2 - Spring
<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 671 Professional Development 4</td>
<td>0</td>
</tr>
</tbody>
</table>

### Year 3 – DPT3 - Summer
<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 720 PM 7-Geriatrics</td>
<td>2</td>
</tr>
<tr>
<td>PT 721 PM 8-Other Systems</td>
<td>4</td>
</tr>
<tr>
<td>PT 722 PM 9-Complex Patients</td>
<td>2</td>
</tr>
<tr>
<td>PT 730 Administration</td>
<td>3</td>
</tr>
<tr>
<td>PT 740 Advanced Concepts in PT Practice 2</td>
<td>2</td>
</tr>
<tr>
<td>PT 741 Health &amp; Wellness</td>
<td>2</td>
</tr>
<tr>
<td>PT 770 Professional Development 5</td>
<td>0.5</td>
</tr>
</tbody>
</table>

15.5 credits total

### Year 3 – DPT3 - Fall
<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 731 Professional Issues-Health Policy, Admin</td>
<td>2</td>
</tr>
<tr>
<td>PT 760 Clinical Educ Experience 2 (8 wks)</td>
<td>4</td>
</tr>
<tr>
<td>PT 761 Clinical Educ Experience 3 (8 wks)</td>
<td>4</td>
</tr>
</tbody>
</table>

17.5 credits total

### Year 3 – DPT3 - Spring
<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 762 Clinical Education Experience 4</td>
<td>8</td>
</tr>
<tr>
<td>PT 771 Professional Development 6</td>
<td>0</td>
</tr>
</tbody>
</table>

8 credits total
SUMMER 1

PT 402 Movement Science 1 (2 credits)
- analysis of normal and pathological human movement using the physical laws of motion and principles of arthrology
- emphasis on isolated and gross movement patterns of lower extremities
- application to functional anatomy and kinesiological principles with respect to human locomotion, including gait assessment
- investigate mechanical principles of human movement and ergonomic principles

PT 404 Surface Anatomy/Palpation (1)
- palpation of anatomical landmarks, including muscles, bones, and other human anatomical structures
- lab experiences emphasizing clinical application of surface anatomy and palpation techniques
- links to human anatomy course

PT 406 Human Anatomy 1 (3)
- study of gross human anatomy (includes cadaver lab/dissection)
- emphasis on musculoskeletal, neurological, and vascular systems
- focus on extremities

FALL 1

PT 403 Movement Science 2 (2)
- analysis of normal and pathological human movement using the physical laws of motion and principles of arthrology
- emphasis on isolated and gross movement patterns of upper extremities and spine
- introduction to basic principles of orthotics and effect on human movement
- introduction to technologies commonly used for motion analysis

PT 405 Exercise Prescription (2)
- analysis of scientific principles of therapeutic exercise
- focus on exercise prescription addressing muscle performance, strength, endurance, power, flexibility, mobility, and balance impairments
- rationale for exercise prescription using isometric, concentric, and eccentric contractions
- exercise prescription for resistance exercise using exercise equipment including free weights, Theraband, Nautilus
- open and closed kinetic chain exercises, plyometrics
- muscle and cardiovascular adaptations to exercise training programs including aerobic and anaerobic activities
- introduction to special exercise techniques (aquatics, balance protocols, plyometrics, Pilates)
- discussion of tissue adaptation to activity and immobilization

PT 407 Human Anatomy 2 (2)
- study of gross human anatomy (includes cadaver lab/dissection)
- emphasis on musculoskeletal, neurological, and vascular systems
- focus on deep back, neck, cardiovascular, and respiratory systems

PT 510 Pathology & Differential Diagnosis-Cardiopulmonary (2)
- cardiopulmonary pathologies
- response of the cardiopulmonary system to disease, exercise, and medical and surgical management of common cardiopulmonary pathologies
- differential diagnosis and analysis of impact of pathology on movement dysfunction
- asthma, cystic fibrosis, bronchitis, COPD, emphysema, pneumonia, adult respiratory syndrome, pulmonary embolus
- PVD, PAD, HTN, CAD, MI, cardiac pathologies, angina, CHF, arrhythmias

PT 520 Physical Therapy Procedures (3)
- instruction in patient and therapist body mechanics
- positioning/draping
- mobility training, including transfer and ambulation techniques
• basics of wheelchair and ambulatory assistive device prescription
• theory and principles of joint goniometry and manual muscle testing for extremities and spine

PT 521 Patient Management 1 - Cardiopulmonary (4)
• clinical decision-making model integrating Guide to PT Practice and the Cardiopulmonary Practice Patterns
• examination, evaluation, diagnosis and interventions for patients with cardiopulmonary and vascular dysfunction
• theory and implementation of cardiopulmonary tests and interventions
• auscultation, airway clearance, breathing
• EKG, therapeutic exercise for acute and chronic cardiorespiratory conditions
• principles of target endurance, aerobic and conditioning exercises
• primary, secondary, and tertiary prevention for patients in these Practice Patterns
• emphasis on evidenced based practice and the importance of patient-practitioner interaction

PT 530 Professional Issues - Documentation (2)
• introduction to the Guide to PT Practice as a basis for clinical practice
• introduction to the medical record
• clinical documentation, using case examples designed to integrate evidenced based practice, clinical decision making, and critical thinking
• exploration of the expanded role of the physical therapy professional, including that of clinical specialist and physical therapists in niche practices

PT 560 Clinical Education Seminar 1 (.5)
• orientation to clinical education program, including requirements, site selection, roles and responsibilities
• infection control, standard precautions, chemical and patient safety
• medical terminology

PT 570 Professional Development 1 (.5)
• APTA Core Values
• professional behaviors

SPRING 1

PT 501 Neuroscience 1 (2)
• foundational study of structural features and connectivity of human CNS and PNS
• exploration of relationships between anatomical structures in CNS and PNS and physiological functions of neurons
• concepts, terms, and methods of understanding physiology of human nervous system
• neuroimaging
• pain pathways

PT 511 Pathology & Differential Diagnosis - Musculoskeletal (3)
• differential diagnosis and response of the musculoskeletal system to disease, exercise, and medical and surgical management
• foundations of imaging techniques, including conventional radiographs, MR images, CT images, and bone scans, with emphasis on using imaging to differentiate musculoskeletal diagnoses
• radiographic evaluation of select musculoskeletal disorders, including fractures, dislocations, joint and bone disorders
• survey of common muscular disorders, including connective tissue disease, inflammatory and non-inflammatory joint diseases, bone and metabolic disorders, congenital and pediatric disorders, neoplasms,
• emphasis on non-musculoskeletal system disorders affecting the musculoskeletal system, including lab value interpretation
• differential diagnosis or common musculoskeletal injuries that may be related to systemic conditions
• pain, arthritic disorders, sports injuries across the lifespan (tendonitis, sprains, bursitis, capsular lesions, arthritic disorders, fractures)
• pathophysiology and differential diagnosis of bone disorders (osteoporosis, Paget’s fractures)

PT 522 Therapeutic Agents (3)
• biophysical, physiological, and clinical principles and procedures associated with the application of physical agents
• clinical decision making related to application of thermal, electrical, acoustic, light, mechanical energy, and massage in prevention and treatment of pathological conditions (heat and cold, compression, hydrotherapy, mechanical traction, ultrasound, electromagnetic agents/lasers, electrical stimulation/TENS/Iontophoresis)
- emphasis on evidenced based practice
- development of skill in application of physical agents, massage
- introduction to theories and principles of sensory testing

PT 523 Patient Management 2-Musculoskeletal 1(4)
- clinical decision-making model integrating Guide to PT Practice
- examination, evaluation, diagnosis and interventions for patients with musculoskeletal dysfunction
- posture assessment and interventions
- focus on extremity assessments and interventions, including history taking, data collection, upper and lower quarter screens, flexibility and ligamentous testing, and other selected orthopedic tests
- therapeutic exercise, manual therapy techniques, extremity mobilization
- primary, secondary, and tertiary prevention
- emphasis on evidenced-based practice and the importance of patient-practitioner interaction

PT 540 Pharmacology (2)
- introduction to pharmacokinetics and pharmacodynamics
- basic drug classes and the physiological basis of their action
- emphasis on research drugs and drugs commonly used to treat disorders seen in patients receiving physical therapy, and their impact on evaluation and interventions

PT 550 Research 1-Critical Inquiry (3)
- introduction to the procedures and clinical application of scholarly inquiry
- highlights relationships between evidence and clinical practice
- introduces procedures of experimental and non-experimental design, conceptually based statistical interpretation and operational definitions of reliability and validity
- introduces concept of evidence based practice
- emphasizes accessing research literature databases
- introduces professional literature critique
- examination of clinical activities and incorporation of best available research for examination, evaluation, and interventions

PT 561 Clinical Education Seminar 2 (.5)
- orientation to clinical education evaluation tools
- analysis of professional behaviors

PT 571 Professional Development 2 (.5)
- service and social professionalism
- professional social media use

SUMMER 2

PT 660 Clinical Education Experience 1 (8 weeks) (4)
- initial clinical education experience, emphasizing competencies in basic PT procedures introduced in the curriculum
- emphasis on general musculoskeletal or cardiopulmonary patients

FALL 2

PT 601 Neuroscience 2 (2)
- structure and function of specific regions in greater depth, including brainstem, cerebellum, cerebrum, diencephalon, basal ganglia, reticular formation, and limbic system
- comprehensive application of neuroscience to movement
- neuroplasticity and implications for PT practice
- integration of neuroscience into patient evaluation and therapeutic intervention

PT 610 Pathology & Differential Diagnosis-Neurology (2)
- neurological pathologies
- differential diagnosis for common pediatric and adult neurological disorders
- survey of early neurodevelopmental considerations such as cerebral palsy, spina bifida, neurodevelopmental delay
- pathology of progressive and non-progressive neurological disorders including CVA, CNS tumors, epilepsy, hematoma, CNS infection, headache, and dementia
- genetics as related to neuro pathologies
- neurological emergencies, trauma

PT 620 Patient Management 3-Neurology 1(4)
• clinical decision-making model integrating Guide to PT Practice and International Classification of Functioning, Disability and Health model to patient care
• foundation of examination, evaluation, diagnosis and interventions for patients with neuromuscular dysfunction
• introduction to sensory testing, cranial nerve testing, reflex testing, balance and coordination testing
• neurofacilitation techniques including NDT and PNF
• introduction to motor control and motor learning
• introduction to management of patients with impaired motor function/sensory integrity associated with acquired and non-progressive conditions of the CNS and PNS throughout continuum of care
• primary, secondary, and tertiary prevention for patients with neurological involvement
• evaluation and treatment of balance and gait dysfunction
• management of patient following CVA
• use of evidence based practice and professionalism when working with neurologically involved patient

PT 621 Patient Management-Pediatrics (2)
• normal growth and development
• examination, evaluation, interventions for range of medical conditions for continuum of birth to adolescence
• family centered care

PT 630 Professional Issues-Ethics (2)
• ethics, core values, and professionalism in physical therapy practice
• review of ethical theories, as they apply to health care and PT practice
• emphasis on clinical situations in rehabilitation ethics (patient consent, patient autonomy, truth-telling, confidentiality, reimbursement and managed care issues, institutional and societal concerns)
• case discussion of professional and ethical expectations for situations including communicable diseases, sexual misconduct, child and elder abuse, impaired professionals
• APTA’s Code of Ethics and Judicial Process

PT 641 Psychosocial Aspects of Patient Care (3)
• psychological and social response to illness and injury
• focus on patient/practitioner interaction in rehabilitation
• emphasis on issues facing the patient, family, and care providers including the health care team
• discussion of body image and self concept; mind-body-spirit connection; effective and assertive patient communication; behavioral components of disability; therapeutic helping; sexuality and disability; loss, grief, death and dying
• introduction to cultural competence

PT 650 Research 2-Clinical Research Design (2)
• study of research principles and clinical application of scholarly inquiry as they apply to evidence based PT practice
• introduction to sample selection, fundamentals of measurement, reliability and validity designs, measurement tools, and data analysis
• ongoing critical analysis of published literature
• formulation of clinical research questions
• develop proposal for research question, comprehensive review of literature, and methods to appropriately test question

PT 670 Professional Development 3 (.5)
• personal development plan
• professional networking

SPRING 2

PT 611 Pathology & Differential Diagnosis-Multiple Systems (2)
• specific pathologies of the neurological, neuromuscular, endocrine, lymphatic, renal, urologic, and integumentary systems
• emphasis on differential diagnosis of selected diagnoses/conditions/trauma
• response to disease, exercise, and medical and surgical management
• work related injuries, repetitive trauma, microtrauma
• spine pathologies (scoliosis, degenerative conditions, disk disorders, infections, post-op complications)
• diabetes, metabolic, endocrine system, renal, kidney, liver disorders, urogenital systems
• geriatric conditions, including sensory changes, Alzheimer’s disease, dementia, and delirium
• amputations
• neoplasms/oncology, lymphoproliferative disorders (leukemia, Hodgkin’s, multiple myeloma)
• sports medicine
• differential diagnosis of common musculoskeletal injuries specifically related to the spine and axial musculoskeletal system and its relation to systemic dysfunction
• emphasis on lab values that impact on patient management

PT 622 Patient Management 5-Musculoskeletal 2 (4)
• clinical decision-making model integrating Guide to PT Practice
• examination, evaluation, diagnosis and interventions for patients with selected orthopaedic dysfunction
• treatment-based classification system for acute low back pain and cervical spine
• introduction to McKenzie mechanical diagnosis and therapy
• complex orthopaedic techniques (spine, SI joint), manual therapy including Grade 5 spinal mobilization
• TMJ evaluation and treatment
• introduction to industrial medicine evaluation and interventions
• primary, secondary, and tertiary prevention
• emphasis on evidenced-based practice and the importance of patient-practitioner interaction

PT 623 Patient Management 6–Neurology 2 (4)
• continuation of management of neurologically involved patient integrating Guide to PT Practice and the International Classification of Functioning, Disability and Health
• examination, evaluation, diagnosis and interventions for patients with spinal cord injury, TBI, MS, Parkinson’s disorder, Amyotrophic Lateral Sclerosis, Post-Polio Syndrome, Guillain-Barre, and vestibular disorders throughout the continuum of care
• evaluation and treatment of spasticity, rigidity, hypotonia, ataxia, and other movement disorders
• primary, secondary, and tertiary prevention
• emphasis on evidenced-based practice and the importance of patient-practitioner interaction

PT 624 Motor Control & Advanced Exercise (2)
• theoretical basis and historical overview of motor learning, application to motor skill acquisition
• framework for interventions including relation of task, individual and environment with motor skill acquisition; practice schedules, role of feedback
• application across patient populations and continuum of care

PT 631 Professional Issues-Legal (2)
• legal aspects of physical therapy practice
• introduction to the legislative process, including the role and responsibilities of key federal and state government agencies
• Physical Therapy Practice Acts across states
• malpractice
• trial procedure, expert witness, depositions
• ADA, FMLA, Worker’s Compensation overview
• basic principles of business law, contracts, fraud and abuse
• advocacy for legislation affecting patient access to healthcare and PT practice

PT 640 Advanced Concepts in PT Practice 1 (2)
• topics in physical therapy specialty areas
• topics in defined or innovative areas of practice
• topics in health promotion, wellness

PT 642 Teaching and Learning (2)
• introduction to learning theories
• understanding and recognizing learning styles
• concepts of learning across the lifespan, including cultural and psychological influences on learning
• patient education strategies, emphasizing development of individualized instructional aids that account for patient needs (age, learning style, intelligence level, education level, cognition, memory, culture, disability)
• clinical teaching
• community education project development and implementation

PT 671 Professional Development 4 (0)
• leadership
• generational differences

PT 720 Patient Management 7-Geriatrics (2)

Summer 3
• current research, theories of aging, and physiologic changes associated with aging
• analysis and implementation of health, safety, and movement management for patients through the adult lifespan including end-of-life care
• multidimensional evaluation and assessment with system based approach
• implementation of treatment plans, coordination of interdisciplinary communication, and patient education with paper cases and patients
• contracture management and exercise prescription for aging adult
• falling in aging adult, prevention and management strategies, cost of falls (physical, emotional, monetary)

**PT 721 Patient Management 8-Other Systems (4)**
• clinical decision-making model integrating Guide to PT Practice
• examination, evaluation, diagnosis and interventions for patients with specific needs including metabolic and endocrine disorders, women’s health, amputation and prosthetic management, wounds, burns, and oncology
• home and environmental assessment
• primary, secondary, and tertiary prevention

**PT 722 Patient Management 9-Complex Patients (2)**
• advanced clinical decision-making model integrating Guide to PT Practice
• examination, evaluation, diagnosis and interventions for patients with multi-system dysfunction or medically complex problems
• in-depth study of the integration of musculoskeletal, neurological, and cardiopulmonary and integumentary parameters in selected case management across settings and throughout an episode of care
• emphasis on impact of lab values, pharmacological interventions, living environment, home/work/play requirements, social support network, and reimbursement, on patient management
• primary, secondary, and tertiary prevention
• emphasis on evidenced based practice and the importance of patient-practitioner interaction

**PT 730 Administration (3)**
• information management in PT
• human resource management to include recruitment and retention, supervisory relationships, hiring and firing
• developing mission statements, policies and procedures, developing job descriptions and measuring job performance
• marketing, contracting, networking
• quality assurance and risk management
• productivity
• fiscal management/reimbursement in physical therapy
• regulatory agencies

**PT 740 Advanced Concepts in PT Practice 2 (2)**
• topics in physical therapy specialty areas
• topics in defined or innovative areas of practice
• topics in health promotion, wellness

**PT 741 Health and Wellness (2)**
• analyze trends in morbidity and mortality
• development and implementation of strategies directed at health promotion, wellness, health maintenance and disease prevention to individuals, groups and communities
• emphasis on wellness, quality of life and its relation to physical therapy
• focus on lifestyle factors associated with health and disease
• effects of exercise on various populations, including effects on the immune system, cardiovascular and pulmonary systems, and patients with diabetes, obesity, immunological conditions
• business and marketing skills for health promotion, fitness, and wellness program administration
• discussion of the role or other exercise specialists and the relationship to physical therapy

**PT 770 Professional Development 5 (.5)**
• career preparation and planning

**FALL 3**

**PT 731 Professional Issues-Health Policy & Administration (2)**
• overview of the history and evolution of the health care system in the United States
• discussion of hospitals, long term care, ambulatory care, community health, public health
• analysis of the impact of current health care delivery systems (managed care), and insurance issues
on physical therapy practice
• emphasis on health policy
• discussion and analysis of current topics in the health care delivery system, and the impact on physical therapy practice

PT 760 & 761 Clinical Education Experience 2 & 3 (8 Weeks Each) (8)
• fulltime clinical education experiences, emphasizing competency in PT intervention and clinical decision making, integration of psychosocial aspects of patient care, application of ethical and legal theories of practice, and integration into the health care system

SPRING 3

PT 762 Clinical Education Experience 4 (15 Weeks) (8)
• final clinical education experience, emphasizing competencies in PT procedures instructed in the curriculum

PT 771 Professional Development 6 (0)
• long term career development

***NOTE: This list represents highlights of major content area for each course in the curriculum. It is not intended to be a complete list of content included in each course.

SAINT FRANCIS UNIVERSITY
Department of Physical Therapy

PT 660 Clinical Education Experience 1 Summer, 2nd professional year

Credits: 4
Clock Hours: 8 weeks, ~ 40 hours/week, exact schedule determined by clinical instructor

Prerequisite: Enrollment in the professional physical therapy curriculum. All prerequisites and corequisites as stated in the curriculum plan.

INSTRUCTOR: Peg Calvert, PT, DHSc, MS, clinical instructor at each site
OFFICE LOCATION: Stokes 229
TELEPHONE: 472-3862
EMAIL: pcalvert@francis.edu

COURSE DESCRIPTION: The first clinical education experience that the student will have in the curriculum. This full-time experience under the supervision of a licensed physical therapist occurs at the conclusion of the first year of professional coursework. Students will be assigned to facilities that can provide an experience in general musculoskeletal or cardiopulmonary interventions. This enables the student to emphasize competencies in the problem solving process and the areas covered in the curriculum.

RATIONALE: Hands on experience in the clinical setting is required for students to integrate the didactic knowledge and psychomotor skills that they have developed. The role modeling provided by an experienced clinician reinforces the affective behaviors expected of a student physical therapist.

ALIGNMENT with GOALS of FRANCISCAN HIGHER EDUCATION: The course addresses
“Respect for the Uniqueness of Individual Persons and A Humble and Generous Attitude Toward Learning” through the focus on individualizing care for all patients and teaching them about their conditions and programs.

COURSE OBJECTIVES: At the completion of this course, students will be able to:

1. Demonstrate safe practice by:
   a. maintaining a safe environment for patient and staff
   b. asking for assistance when needed
   c. recognizing and responding to changes in patient’s status
   d. taking appropriate action in an emergency

2. Demonstrate professional behavior by:
   a. maintaining confidentiality of patient and facility information
   b. treating others with dignity, respect, compassion and regard for privacy and modesty
   c. taking responsibility for actively participating in the learning process
   d. demonstrating initiative, punctuality, and responsibility for own actions

3. Demonstrate adherence to ethical and legal practice standards by:
   a. abiding by ethical code, standard of practice guidelines, facility policies and procedures, and pertinent state and federal law
   b. identifying situations in which ethical or legal questions are present
   c. demonstrating honesty at all times

4. Demonstrate effective communication skills by:
   a. adjusting terminology to the level of the listener
   b. listening receptively and respectfully
   c. initiating and establishing relationships with patients and all health care team members
   d. demonstrating an understanding of effects of cultural and individual differences by adapting communication and patient care
   e. documenting all aspects of patient/client management in accordance with guidelines of the facility, regulatory agencies, and third party payers
   f. submitting documentation that is accurate, complete, timely, and legible.

The following objectives are applied to coursework prior to this experience and include anatomy, basic physical therapy procedures, physical agents, pharmacology, movement science, cardiopulmonary and musculoskeletal problems of the extremities.

5. Demonstrate clinical decision making skill by:
   a. providing rationale for clinical decisions
   b. considering information from multiple sources

6. Perform a physical therapy examination by:
   a. identifying appropriateness for examination
   b. conducting screening procedures
   c. obtaining pertinent patient history
   d. performing a relevant systems review
   e. conducting appropriate tests and measures
   f. demonstrating accurate technique

7. Perform physical therapy evaluation to establish a diagnosis and prognosis by:
   a. synthesizing the data gathered in the examination
   b. identifying diagnoses to be ruled out
   c. determining a prognosis based on the evaluation and diagnosis
   d. re-examining patient/client status regularly

8. Design a plan of care that includes goals, intervention, outcomes, and discharge plan by:
a. establishing functional goals and outcomes that are measurable and have specified timeframes
b. incorporating goals of patient, family and payers
c. considering the resources of, and risk to the patient
d. choosing interventions that should achieve the desired outcomes
e. establishing a discharge plan

9. Competently perform physical therapy interventions by:
   a. performing in an effective, coordinated, and safe manner
   b. modifying intervention according to patient/client response
   c. following the plan of care

10. Provide effective education to patients, caregivers and other health care team members by:
    a. identifying educational needs and choosing appropriate teaching methods
    b. evaluating effectiveness of educational activities
    c. planning and conducting educational activities for patients, and health care team members

11. Demonstrate administrative/management skills:
    a. working within time limits expected by the facility
    b. scheduling patients, equipment/space with consideration for efficiency and needs of others

12. Provides care in a fiscally sound manner by:
    a. acting in a fiscally responsible manner

13. Demonstrate a plan for lifelong learning by:
    a. establishing realistic educational goals
    b. modifying behavior based on feedback
    c. demonstrating awareness of strengths and weaknesses

TEXTBOOK/INSTRUCTIONAL MATERIALS: It is expected that the student may need to use any of their textbooks and class notes for reference.

COURSE OUTLINE: The daily schedule and plan of learning experiences will be established by the clinical site objectives of the program, student and facilities.

COURSE POLICIES AND PROCEDURES: The student is required to comply with the policies contained in the Department of Physical Therapy Clinical Education Manual and the conditions of the affiliation agreement between Saint Francis University and the clinical facility.

Required Work: Attendance at and participation in all planned clinical education learning experiences. Satisfactory completion of assignment related to PT practice. Completion and submission of the Clinical Performance Instrument, and Physical Therapist Student Evaluation to the DCE is required within 3 business days after the course ends.

COURSE GRADING: Grading is pass/fail and is done by the DCE. It is based on the CPI, CPI Expected Performance Criteria, all communication with the CCCE, CI and student, and satisfactory and timely completion of required assignments and all pre-clinical requirements.

ASSISTANCE: Any student who perceives a need to meet with the course instructors regarding their personal performance in this course is encouraged to do so.

Americans with Disabilities Act: Qualified students who feel they need an accommodation to fully participate in the academic curriculum, including laboratory and clinical education experiences, must contact the Center for Academic Success (CAS) prior to or at the start of the semester. CAS will work with the student to identify and approve accommodations that are reasonable and do not pose
an undue hardship to Saint Francis University. All instructors will be notified of all approved accommodations prior to or at the start of the semester. All accommodations must be approved by the director of the CAS and the clinical facility for this course.
PT 760 Clinical Education Experience 2  
Fall, 3rd professional year

Credits:  4  
Clock Hours:  8 weeks, ~ 40 hours/week, exact schedule determined by clinical instructor

Prerequisite:  Enrollment in the professional physical therapy program.  All prerequisites and corequisites as stated in the curriculum plan.

INSTRUCTOR:  Peg Calvert, PT, DHSc, MS, clinical instructor at site  
OFFICE LOCATION:  Stokes 229  
TELEPHONE:  472-3862  
EMAIL:  pcalvert@francis.edu

COURSE DESCRIPTION:  This course is the first clinical internship that the student will have in the curriculum.  This full-time experience under the supervision of a licensed physical therapist occurs in the first half of the fall semester of the third year of the professional curriculum.  Students will be assigned to facilities that can provide an experience in acute care, rehabilitation or long term care, or orthopedics.  Consideration is also given to the type of experience that the student had in PT 660.  Students will also have the opportunity to be assigned to a facility that specializes in a particular type of patient population.  The student will continue to emphasize competency in all areas already covered in the curriculum.

RATIONALE:  Hands on experience in the clinical setting is required for students to integrate the didactic knowledge and psychomotor skills that they have developed.  The role modeling provided by an experienced clinician reinforces the affective behaviors expected of a student physical therapist.

ALIGNMENT with GOALS of FRANCISCAN HIGHER EDUCATION:  The course addresses “Respect for the Uniqueness of Individual Persons and A Humble and Generous Attitude Toward Learning” through the focus on individualizing care for all patients and teaching them about their conditions and programs.

COURSE OBJECTIVES:  At the completion of this course, the student will be able to:
1.  Demonstrate safe practice by:
   a.  maintaining a safe environment for patient and staff
   b.  asking for assistance when needed
   c.  recognizing and responding to changes in patient’s status
   d.  taking appropriate action in an emergency
2.  Demonstrate professional behavior by:
   a.  maintaining confidentiality of patient and facility information
   b.  treating others with dignity, respect, compassion and regard for privacy and modesty
   c.  taking responsibility for actively participating in the learning process
   d.  demonstrating initiative, punctuality, and responsibility for own actions
3.  Demonstrate adherence to ethical and legal practice standards by:
a. abiding by ethical code, standard of practice guidelines, facility policies and procedures, and pertinent state and federal law
b. identifying situations in which ethical or legal questions are present
c. demonstrating honesty at all times

4. Demonstrate effective communication skills by:
   a. adjusting terminology to the level of the listener
   b. listening receptively and respectfully
   c. initiating and establishing relationships with patients and all health care team members
   d. demonstrating an understanding of effects of cultural and individual differences by adapting communication and patient care
   e. documenting all aspects of patient/client management in accordance with guidelines of the facility, regulatory agencies, and third party payers
   f. submitting documentation that is accurate, complete, timely, and legible

The following objectives are applied to coursework prior to this experience and include anatomy, basic physical therapy procedures, physical agents, pharmacology, movement science, cardiopulmonary, integumentary, neuromuscular and musculoskeletal problems.

5. Demonstrate clinical decision making skill by:
   a. providing rationale for clinical decisions
   b. considering information from multiple sources

6. Perform a physical therapy examination by:
   a. identifying appropriateness for examination
   b. conducting screening procedures
   c. obtaining pertinent patient history
   d. performing a relevant systems review
   e. conducting appropriate tests and measures
   f. demonstrating accurate technique
   g. completing all components effectively and efficiently

7. Perform physical therapy evaluation to establish a diagnosis and prognosis by:
   a. synthesizing the data gathered in the examination
   b. identifying diagnoses to be ruled out
   c. determining a prognosis based on the evaluation and diagnosis
   d. re-examining patient/client status regularly

8. Design a plan of care that includes goals, intervention, outcomes, and discharge plan by:
   a. establishing functional goals and outcomes that are measurable and have specified timeframes
   b. incorporating goals of patient, family and payer
   c. considering the resources of, and risk to the patient
   d. choosing interventions that should achieve the desired outcomes
   e. establishing a discharge plan

9. Competently perform physical therapy interventions:
   a. performing in an effective, coordinated, and safe manner
   b. modifying intervention according to patient/client response
   c. following the plan of care

10. Provide effective education to patients, caregivers and other health care team members by:
a. identifying educational needs and choosing appropriate teaching methods
b. evaluating effectiveness of educational activities
c. planning and conducting educational activities for patients, and health care team members

11. Participate in the determination of effectiveness and quality of service delivery by:
   a. following established guidelines for delivery of services
   b. seeking feedback on quality of care provided by self

12. Provide consultation by:
   a. using knowledge to help others solve physical therapy related problems
   b. identifying needs of and resources for patients
   c. making referrals based on needs of patients

13. Demonstrate administrative/management skills:
   a. working within time limits expected by the facility
   b. scheduling patients, equipment/space with consideration for efficiency and needs of others
   c. performing components of patient/client management effectively within time limits
   d. treating patients simultaneously when appropriate

14. Provides care in a fiscally sound manner by:
   a. submitting accurate patient charges in a timely manner
   b. making recommendations for equipment and supplies

15. Utilize support personnel according to legal and ethical guidelines by:
   a. showing respect for contributions of support personnel
   b. delegating tasks to facilitate effective and efficient patient care
   c. determining tasks that can be legally and ethically delegated

16. Demonstrates professional/social responsibilities beyond job expectations by
   a. willingly altering schedule to accommodate patients
   b. participating in special community service events organized by facility
   c. participating in professional organizations

17. Demonstrate a plan for lifelong learning by:
   a. establishing realistic educational goals
   b. modifying behavior based on feedback
   c. demonstrating awareness of strengths and weaknesses
   d. accepts responsibility for professional learning

18. Address prevention, wellness and health promotion needs by:
   a. teaching concept of self-responsibility in wellness
   b. providing education on health promotion, prevention, and wellness by providing information on impairment, disease, disability, and health risks related to age, gender, culture, and lifestyle

**TEXTBOOK/INSTRUCTIONAL MATERIALS:** It is expected that the student may need to use any of their textbooks and class notes for reference.

**COURSE OUTLINE:** The daily schedule and plan of learning experiences will be established by the clinical site based on the objectives of the program, student, and facility.
COURSE POLICIES AND PROCEDURES: The student is required to comply with the policies contained in the Department of Physical Therapy Clinical Education Manual and the conditions of the affiliation agreement between Saint Francis University and the clinical facility.

Required Work: Attendance at and participation in all planned clinical education learning experiences. Satisfactory completion of assignment related to PT practice. Completion and submission of the Clinical Performance Instrument and Physical Therapist Student Evaluation to the DCE is required within 3 business days after the course ends.

COURSE GRADING: Grading is pass/fail and is done by the DCE. It is based on the CPI, CPI Expected Performance Criteria, all communication with the CCCE, CI and student, and satisfactory and timely completion of required assignments and all pre-clinical requirements.

ASSISTANCE: Any student who perceives a need to meet with the course instructors regarding their personal performance in this course is encouraged to do so. Students should follow the policy in the Clinical Education Manual.

Americans with Disabilities Act Qualified students who feel they need an accommodation to fully participate in the academic curriculum, including laboratory and clinical education experiences, must contact the Center for Academic Success (CAS) prior to or at the start of the semester. CAS will work with the student to identify and approve accommodations that are reasonable and do not pose an undue hardship to Saint Francis University. All instructors will be notified of all approved accommodations prior to or at the start of the semester. All accommodations must be approved by the director of the CAS and the clinical facility for this course.
SAINT FRANCIS UNIVERSITY
Department of Physical Therapy

PT 761 Clinical Education Experience 3  Fall, 3rd professional year

Credits: 4
Clock Hours: 8 weeks, ~ 40 hours/week, exact schedule determined by clinical instructor

Prerequisite: Enrollment in the professional physical therapy program. All prerequisites and co requisites as stated in the curriculum plan.

INSTRUCTOR: Peg Calvert, PT, DHSc, MS, clinical instructor at site
OFFICE LOCATION: Stokes 229
TELEPHONE: 472-3862                EMAIL: pcalvert@francis.edu

COURSE DESCRIPTION: This course is the second clinical internship that the student will have in the curriculum. This full-time experience under the supervision of a licensed physical therapist occurs in the second half of the fall semester of the third year of the professional curriculum. The focus is on the integration of complex patient problems. Consideration will be given to the experiences that the student had in PT 660 and 760. Students will present an in-service on their final project for Research 3 to the clinical staff.

RATIONALE: Hands on experience in the clinical setting is required for students to integrate the didactic knowledge, affective behaviors, and psychomotor skills that they have developed. The role modeling provided by an experienced clinician reinforces the affective behaviors expected of a student physical therapist.

ALIGNMENT with GOALS of FRANCISCAN HIGHER EDUCATION: The course addresses “Respect for the Uniqueness of Individual Persons and A Humble and Generous Attitude Toward Learning” through the focus on individualizing care for all patients and teaching them about their conditions and programs.

COURSE OBJECTIVES: At the completion of this course, the student will be able to:
1. Demonstrate safe practice by:
   a. maintaining a safe environment for patient and staff
   b. asking for assistance when needed
   c. recognizing and responding to changes in patient’s status
   d. taking appropriate action in an emergency
2. Demonstrate professional behavior by:
   a. maintaining confidentiality of patient and facility information
   b. treating others with dignity, respect, compassion and regard for privacy and modesty
   c. taking responsibility for actively participating in the learning process
   d. demonstrating initiative, punctuality, and responsibility for own actions
3. Demonstrate adherence to ethical and legal practice standards by:
   a. abiding by ethical code, standard of practice guidelines, facility policies and procedures, and pertinent state and federal law
b. identifying situations in which ethical or legal questions are present  
c. demonstrating honesty at all times  

4. Demonstrate effective communication skills by:  
a. adjusting terminology to the level of the listener  
b. listening receptively and respectfully  
c. initiating and establishing relationships with patients and all health care team members  
d. demonstrating an understanding of effects of cultural and individual differences by adapting communication and patient care  
e. documenting all aspects of patient/client management in accordance with guidelines of the facility, regulatory agencies, and third party payers  
f. submitting documentation that is accurate, complete, timely, and legible  

The following objectives are applied to coursework prior to this experience and includes anatomy, basic physical therapy procedures, physical agents, pharmacology, movement science, cardiopulmonary, integumentary, neuromuscular and musculoskeletal problems.  

5. Demonstrate clinical decision making skill by:  
a. providing rationale for clinical decisions  
b. considering information from multiple sources  

6. Perform a physical therapy examination by:  
a. identifying appropriateness for examination  
b. conducting screening procedures  
c. obtaining pertinent patient history  
d. performing a relevant systems review  
e. conducting appropriate tests and measures  
f. demonstrating accurate technique  
g. completing all components effectively and efficiently  

7. Perform physical therapy evaluation to establish a diagnosis and prognosis by:  
a. synthesizing the data gathered in the examination  
b. identifying diagnoses to be ruled out  
c. determining a prognosis based on the evaluation and diagnosis  
d. re-examining patient/client status regularly  

8. Design a plan of care that includes goals, intervention, outcomes, and discharge plan by:  
a. establishing functional goals and outcomes that are measurable and have specified timeframes  
b. incorporating goals of patient, family and payer  
c. considering the resources of, and risk to the patient  
d. choosing interventions that should achieve the desired outcomes  
e. establishing a discharge plan  

9. Competently perform physical therapy interventions:  
a. performing in an effective, coordinated, and safe manner  
b. modifying intervention according to patient/client response  
c. following the plan of care  

10. Provide effective education to patients, caregivers and other health care team members by:  
a. identifying educational needs and choosing appropriate teaching methods  
b. evaluating effectiveness of educational activities  

21
c. planning and conducting educational activities for patients, and health care team members

11. Participate in the determination of effectiveness and quality of service delivery by:
   a. following established guidelines for delivery of services
   b. seeking feedback on quality of care provided by self

12. Provide consultation by:
   a. using knowledge to help others solve physical therapy related problems
   b. identifies needs of and resources for patients
   c. makes referrals based on needs of patients

13. Demonstrate administrative/management skills:
   a. working within time limits expected by the facility
   b. scheduling patients, equipment/space with consideration for efficiency and needs of others
   c. performing components of patient/client management effectively within time limits
   d. treating patients simultaneously when appropriate

14. Provides care in a fiscally sound manner by:
   a. submitting accurate patient charges in a timely manner
   b. following guidelines of third party payers for reimbursement
   c. making recommendations for equipment and supplies

15. Utilize support personnel according to legal and ethical guidelines by:
   a. showing respect for contributions of support personnel
   b. delegating tasks to facilitate effective and efficient patient care
   c. determining tasks that can be legally and ethically delegated
   d. providing feedback to support personnel

16. Demonstrates professional/social responsibilities beyond job expectations by
   a. willingly altering schedule to accommodate patients
   b. participating in special community service events organized by facility
   c. participating in professional organizations

17. Demonstrate a plan for lifelong learning by:
   a. establishing realistic educational goals
   b. modifying behavior based on feedback
   c. demonstrating awareness of strengths and weaknesses
   d. accepts responsibility for professional learning

18. Address prevention, wellness and health promotion needs by:
   a. teaching concept of self-responsibility in wellness
   b. providing education on health promotion, prevention, and wellness by providing information on impairment, disease, disability, and health risks related to age, gender, culture, and lifestyle

**TEXTBOOK/INSTRUCTIONAL MATERIALS:** It is expected that the student may need to use any of their textbooks and class notes for reference.

**COURSE OUTLINE:** The daily schedule and plan of learning experiences will be established by the clinical site based on the objectives of the program, student, and facility.
COURSE POLICIES AND PROCEDURES: The student is required to comply with the policies contained in the Department of Physical Therapy Clinical Education Manual and the conditions of the affiliation agreement between Saint Francis University and the clinical facility.

Required Work: Attendance at and participation in all planned clinical education learning experiences. Presentation of an in-service based on final project in Research 4. Satisfactory completion of assignment related to PT practice. Completion and submission of the Clinical Performance Instrument, and Physical Therapist Student Evaluation to the DCE is required within 3 business days after the course ends.

COURSE GRADING: Grading is pass/fail and is done by the DCE. It is based on the CPI, CPI Expected Performance Criteria, all communication with the CCCE, CI and student, and satisfactory and timely completion of required assignments and all pre-clinical requirements.

ASSISTANCE: Any student who perceives a need to meet with the course instructors regarding their personal performance in this course is encouraged to do so. Students should follow the policy in the Clinical Education Manual.

Americans with Disabilities Act: Qualified students who feel they need an accommodation to fully participate in the academic curriculum, including laboratory and clinical education experiences, must contact the Center for Academic Success (CAS) prior to or at the start of the semester. CAS will work with the student to identify and approve accommodations that are reasonable and do not pose an undue hardship to Saint Francis University. All instructors will be notified of all approved accommodations prior to or at the start of the semester. All accommodations must be approved by the director of the CAS and the clinical facility for this course.
PT 762 Clinical Education Experience 4        Spring, 3rd professional year

Credits:  8
Clock Hours: 15 weeks, ~ 40 hours/week, exact schedule determined by clinical instructor

Prerequisite: Enrollment in the professional physical therapy program. All prerequisites and co-requisites as stated in the curriculum plan.

INSTRUCTOR: Peg Calvert, PT, DHSc, MS, clinical instructor at site
OFFICE LOCATION: Stokes 229
TELEPHONE: 472-3862          EMAIL: pcalvert@francis.edu

COURSE DESCRIPTION: This course is the third and final clinical internship that the student will have in the curriculum. This full-time terminal experience under the supervision of a licensed physical therapist occurs for the entire spring semester of the third year of the professional curriculum. The focus is on the integration of complex patient problems and practice management skills. Consideration will be given to the experiences that the student had in PT 660, 760, and 761.

RATIONALE: Hands on experience in the clinical setting is required for students to integrate the didactic knowledge, affective behaviors, and psychomotor skills that they have developed into clinical practice at the entry level.

ALIGNMENT with GOALS of FRANCISCAN HIGHER EDUCATION: The course addresses “Respect for the Uniqueness of Individual Persons and A Humble and Generous Attitude Toward Learning” through the focus on individualizing care for all patients and teaching them about their conditions and programs.

COURSE OBJECTIVES: At the completion of this course, the student will be able to:

1. Demonstrate safe practice by:
   a. maintaining a safe environment for patient and staff
   b. asking for assistance when needed
   c. recognizing and responding to changes in patient’s status
   d. taking appropriate action in an emergency

2. Demonstrate professional behavior by:
   a. maintaining confidentiality of patient and facility information
   b. treating others with dignity, respect, compassion and regard for privacy and modesty
   c. taking responsibility for actively participating in the learning process
   d. demonstrating initiative, punctuality, and responsibility for one’s actions

3. Demonstrate adherence to ethical and legal practice standards by:
   a. abiding by ethical code, standard of practice guidelines, facility policies and procedures, and pertinent state and federal law
b. identifying situations in which ethical or legal questions are present
c. demonstrating honesty at all times

4. Demonstrate effective communication skills by:
a. adjusting terminology to the level of the listener
b. listening receptively and respectfully
c. initiating and establishing relationships with patents and all health care team members
d. demonstrating an understanding of effects of cultural and individual differences by adapting communication and patient care
e. documenting all aspects of patient/client management in accordance with guidelines of the facility, regulatory agencies, and third party payers
f. submitting documentation that is accurate, complete, timely, and legible
g. communicating verbally and nonverbally in a professional and timely manner in routine and difficult situations

5. Demonstrate clinical decision making skill by:
a. providing rationale for clinical decisions
b. considering information from multiple sources
c. using appropriate outcome measures in the delivery and assessment of ongoing patient care

6. Perform a physical therapy examination by:
a. identifying appropriateness for examination
b. conducting screening procedures
c. obtaining pertinent patient history
d. performing a relevant systems review
e. conducting appropriate tests and measures
f. demonstrating accurate technique
g. completing all components effectively and efficiently

7. Perform physical therapy evaluation to establish a diagnosis and prognosis by:
a. synthesizing the data gathered in the examination
b. identifying diagnoses to be ruled out
c. determining a prognosis based on the evaluation and diagnosis
d. re-examining patient/client status regularly

8. Design a plan of care that includes goals, intervention, outcomes, and discharge plan by:
a. establishing functional goals and outcomes that are measurable and have specified timeframes
b. incorporating goals of patient, family and payer
c. considering the resources of, and risk to the patient
d. choosing interventions that should achieve the desired outcomes
e. establishing a discharge plan

9. Competently perform physical therapy interventions:
a. performing in an effective, coordinated, and safe manner
b. modifying intervention according to patient/client response
c. following the plan of care

10. Provide effective education to patients, caregivers and other health care team members by:
a. identifying educational needs and choosing appropriate teaching methods
b. evaluating effectiveness of educational activities
c. planning and conducting educational activities for patients, and health care team members

11. Participate in the determination of effectiveness and quality of service delivery by:
   a. following established guidelines for delivery of services
   b. seeking feedback on quality of care provided by self
   c. implement an evaluation of patient outcomes or quality assurance

12. Provide consultation by:
   a. using knowledge to help others solve physical therapy related problems
   b. identifies needs of and resources for patients
   c. makes referrals based on needs of patients
   d. makes referrals based on needs of patients

13. Demonstrate administrative/management skills:
   a. working within time limits expected by the facility
   b. scheduling patients, equipment/space with consideration for efficiency and needs of others
   c. performing components of patient/client management effectively within time limits
   d. treating patients simultaneously when appropriate

14. Provides care in a fiscally sound manner by:
   a. submitting accurate patient charges in a timely manner
   b. following guidelines of third party payers for reimbursement
   c. making recommendations for equipment and supplies
   d. negotiating with reimbursement entities for changes in individual patient services

15. Utilize support personnel according to legal and ethical guidelines by:
   a. showing respect for contributions of support personnel
   b. delegating tasks to facilitate effective and efficient patient care
   c. determining tasks that can be legally and ethically delegated
   d. providing feedback to support personnel

16. Demonstrates professional/social responsibilities beyond job expectations by
   a. willingly altering schedule to accommodate patients
   b. participating in special community service events organized by facility
   c. participating in professional organizations

17. Demonstrate a plan for lifelong learning by:
   a. establishing realistic educational goals
   b. modifying behavior based on feedback
   c. demonstrating awareness of strengths and weaknesses
   d. accepts responsibility for professional learning

18. Address prevention, wellness and health promotion needs by:
   a. teaching concept of self-responsibility in wellness
   b. providing education on health promotion, prevention, and wellness by providing information on impairment, disease, disability, and health risks related to age, gender, culture, and lifestyle

**TEXTBOOK/INSTRUCTIONAL MATERIALS**: It is expected that the student may need to use any of their textbooks and class notes for reference.
COURSE OUTLINE: The daily schedule and plan of learning experiences will be established by the clinical site based on the objectives of the program, student, and facility.

COURSE POLICIES AND PROCEDURES: The student is required to comply with the policies contained in the Department of Physical Therapy Clinical Education Manual and the conditions of the affiliation agreement between Saint Francis University and the clinical facility.

Required Work: Attendance at and participation in all planned clinical education learning experiences. Satisfactory completion of assignment related to PT practice. Completion and submission of the Clinical Performance Instrument, and Physical Therapist Student Evaluation to the DCE is required within 2 business days after the course ends.

COURSE GRADING: Grading is pass/fail and is done by the DCE. It is based on the CPI, CPI Expected Performance Criteria, all communication with the CCCE, CI and student, and satisfactory and timely completion of required assignments and all pre-clinical requirements.

ASSISTANCE: Any student who perceives a need to meet with the course instructors regarding their personal performance in this course is encouraged to do so. Students should follow the policy in the Clinical Education Manual.

Americans with Disabilities Act: Qualified students who feel they need an accommodation to fully participate in the academic curriculum, including laboratory and clinical education experiences, must contact the Center for Academic Success (CAS) prior to or at the start of the semester. CAS will work with the student to identify and approve accommodations that are reasonable and do not pose an undue hardship to Saint Francis University. All instructors will be notified of all approved accommodations prior to or at the start of the semester. All accommodations must be approved by the director of the CAS and the clinical facility for this course.
PRE-CLINICAL PROCESSES

Clinical Site Assignment

The department maintains a file of the facilities with which the University has an affiliation agreement. If a student has an idea for an additional site, the facility name should be given to the Director of Clinical Education (DCE) or Assistant Director of Clinical Education (Asst. DCE) one year in advance. In order to establish a new agreement, students must include an explanation or rationale of what unique factors would be added by developing a new contract. Students must not contact facilities to ask for or about the establishment of an agreement or clinical placement. This is only to be done by the DCE or Asst. DCE. There is no guarantee that facilities suggested by students will be approved by the DCE or Asst. DCE or that the facility will agree to establish an agreement with the University.

The DCE or Asst. DCE sends requests for clinical education time slots to these contracting facilities each January for the following calendar year. After responses are received from the facilities, students will be provided with a list of possible sites for their next clinical education assignment. Students may review the Clinical Site Information Form for all facilities and the Physical Therapist Student Evaluation (PTSE) completed by any student previously assigned to that location. The students will submit their requests for each clinical education placement.

Clinic assignments are made according to the following guidelines:

- The DCE or ADCE will make assignments based on academic need, student choices, student interest, previous assignments(s) and clinic availability.
- There is no guarantee that requests will be met or that students can return to their hometown for any, or all, of their experiences especially if they reside in a state in which SFU does not have authorization to place students. See https://francis.edu/state-authorization/ for a current list.
- New sites will be developed for no more than 2 experiences for any student. If a site is not identified after contacts are made at 5 facilities, then placement will be made at an existing location.
- The use of established facilities will be considered before any new contracts are developed.
- Some sites require students to complete an application and/or interview process. The DCE/ADCE will facilitate this process.
- A one hour commute to a facility for a clinical education experience is considered reasonable.
- Students should expect to have at least one assignment 60 miles away from campus.
- A student may have only 1 international clinical experience and it must be in PT 760 or 761. Students must be in good academic standing and demonstrate strong performance in professional behaviors. Input will be obtained from faculty.
- Students who do not meet the deadlines established in the selection process will have their request considered last.
- The DCE/ADCE has final authority in assignment decisions and a lottery system may be used at their discretion.

Students will not be assigned to a facility where they are employed unless the DCE or Asst. DCE believes the following conditions are met. The organization must be large enough that the student can be placed in an area where they have not been employed. The DCE or Asst. DCE must also determine that both the clinical staff and student understand the differences and are capable of switching from the roles of employer/employee to clinical instructor/student.
Occasionally a clinical site may cancel after a student placement has been confirmed. At other times the DCE or Asst. DCE may determine that a scheduled clinical site is no longer able to provide the necessary experience for a student. In these situations, the DCE or Asst. DCE will consult with the student before reassigning to a new clinical site. In order to keep the student on schedule to graduate with their class, the DCE may need to place the student in a different setting or geographic location.

Prior to the beginning of each clinical education course the DCE or Asst. DCE will review the performance of all students to assure that they are in good academic standing. Students are required to have a QPA of 3.0 each semester, and to have achieved a grade of “C” or better in each course, an “82” on all lab practical exams of all preceding physical therapy courses, and to have performed at the expected level of professional behaviors before being permitted to participate in a clinical education assignment. Any exceptions must be approved by the department Student Progress Committee.

Cardiopulmonary Resuscitation (CPR)

All students are required to maintain current certification in CPR during each clinical education assignment. Students are required to maintain proof of certification in the physical therapy office. Certification must be by the American Heart Association or the American Red Cross.

Revised 2013

Professional Liability Issues

The University and clinical sites require students to carry professional liability insurance with minimum coverage limits of $1,000,000 per occurrence and $3,000,000 annual aggregate throughout the program. Proof of insurance must be provided to the physical therapy office prior to clinical education assignments. Information on obtaining such insurance will be provided to all students at the beginning of the professional curriculum. If the student does not provide proof of insurance he/she will not be permitted to attend clinical education assignments. In this event the student must make arrangements with the DCE or Asst. DCE to make up the clinical education course after insurance has been obtained.

Students will only be permitted to participate in clinical education experiences at facilities which have a current, signed agreement with Saint Francis University.

Students may only work with patients under the supervision of a licensed physical therapist. If there is not a physical therapist present, the student may not treat any type of patient, or assist any other Physical Therapy Department personnel with patient treatment.


Background Check

All students are required to have a comprehensive criminal background check including an FBI fingerprint clearance, PA child Abuse Clearance and PA State Police Clearance. The program contracts with CertiPhy Screening to provide national and federal clearances. The student is responsible for the costs of the screening. A full screening must be completed in spring of the first professional year at an estimated cost $150. An updated screen must be completed in the summer of the third year at an estimated cost of $100.

Clinical education sites may require the screening report as a requirement for placement. A clinical education site may have more specific screening requirements and may refuse placement of a student with a criminal record. Students should consult the DCE or Asst. DCE for additional information on such sites. A copy of the background check will be provided to the clinical site upon request.

Physical therapists are required to be licensed by the state in which they provide physical therapy services. Requirements for licensure vary from state to state. PT licensure laws in individual states may deny or restrict licenses to individuals with felony or certain misdemeanor violations.

A negative criminal background check and/or a Child Abuse History Clearance may be required for employment by some organizations. Any student with a criminal record is advised to check with the PT
Licensure Board and/or an attorney in the state in which they wish to be licensed in order to determine their eligibility for licensure.

Revised 2013, 2015, 2016

**Medical Insurance**

Students are required to have health insurance, according to University policy. Proof of insurance must be provided to the physical therapy office prior to clinical education assignments. Information on a University health insurance plan can be obtained from the University Business Office. If a student needs emergency services during a clinical education course the CI/CCCE should be notified immediately.

Revised 2004

**Health Requirements**

The following requirements must be met in order to participate in clinical education experiences: physical exam within the past year, Hepatitis B series of vaccinations, 2 step PPD, current Tdap and influenza vaccinations, MMR vaccination x 2, rubella, rubeola, mumps and varicella titers, and 11 panel drug screen.

Affiliating organizations may have more stringent requirements or time frames, and may refuse placement of a student with a history of a positive drug screen.


**SAINT FRANCIS UNIVERSITY**

**SCHOOL OF HEALTH SCIENCES (SHS)**

**Drug and Alcohol Policy**

**Rationale**

Those employed in the field of healthcare are entrusted with the safety, health, and welfare of patients and work in settings which require that sound ethical behavior and good judgement be exercised. Some majors within the School of Health Sciences will even have the ability to prescribe and / or have access to controlled substances within their chosen profession therefore requiring an absolute commitment to these principles.

The use of illicit drugs, non-prescribed drugs or impairment due to alcohol consumption can diminish the student’s ability to learn in the classroom as well as their ability to provide adequate and appropriate care in the clinical setting. Therefore the use of illicit drugs, non-prescribed drugs and / or being under the influence of alcohol in the classroom or clinical setting will not be tolerated.

Clinical facilities that serve as educational and training sites for students require that every department verifies that each student has a negative drug and / or alcohol screen prior to scheduling students at their facility. Additionally, many licensing agencies require individuals to pass a drug screen as a condition of licensure and / or employment. Clinical rotations / field experiences / internships are a required element of all programs within the School of Health Sciences. It is thus in the interest of both the students and the School of Health Sciences to identify any barriers to a student completing the clinical education requirements to allow the student to graduate with a degree within the School of Health Sciences.
In keeping with the Safe Harbor policy found in the Alcohol and Other Drugs Policy in the University’s Student Handbook, any currently enrolled School of Health Sciences student who brings their own use, addiction or dependency to University officials or academic department / program personnel at least three days prior to student notification of any drug / alcohol testing or prior to any conduct sanctions and seeks assistance will not be immediately dismissed from the health science major. A written action plan between the academic department / program and student will be created. This plan may include, but not be limited to a mandated leave of absence to complete a certified drug treatment program, conditions of readmission / continuation in the health science major, and additional drug screenings performed at cost to the student. Failure to follow the action plan will nullify the Safe Harbor protection and lead to dismissal of the student from the health science major except for the B.S. in Health Care Studies major, which does not require clinical experiences.

**SHS Drug and Alcohol Policy and Procedures**

1. Any student within the School of Health Sciences who violates the Alcohol and Other Drugs Policy in the University’s Student Handbook for example, by possessing an illicit drug substance in University housing, will be required to submit to appropriate drug or alcohol testing.
   a. Students who are involved with any violation of the University’s Illegal Drug Policy will be required to submit to drug testing as soon as possible, but no later than three days following the incident. The student will be responsible for the cost of testing in this incident.
   b. Students exhibiting signs of excessive alcohol consumption will undergo a field sobriety test performed by the University Police Officers or other appropriate law enforcement personnel. Any student that does not pass the field sobriety test will be required to be transported via Emergency Medical Services (EMS) at the student’s expense for medical attention, including a blood alcohol content level.

2. Depending on their academic major, students may be required to submit to drug screens prior to admission to and / or progression into the professional portion of the academic major and / or prior to or during clinical experiences. Students should be prepared for drug or alcohol testing at any point in their education and must comply when a test is scheduled.

3. Drug screens will be scheduled by the academic department / program as needed and / or required by clinical sites or when use is suspected.
   a. If the student is taking a prescribed substance, they are required to disclose the prescription information to the testing site personnel prior to the testing.
   b. Students subsequently must provide written documentation from their licensed health care provider to the testing site that performed the screen within two business days that there is a medical necessity for the medication.
   c. Failure to submit appropriate documentation to the testing site from a licensed health care provider for medical necessity for the medication will result in the test being considered a “positive” result.
   d. Despite a medical necessity for taking this medication, the student may not be able to attend clinical experiences if this medication impairs the student’s ability to appropriately function and meet the physical and cognitive functioning required for the safety of the student and patients. A decision regarding the student’s ability to participate in clinical experiences will be made at the academic department / program level utilizing each department’s / program’s current student review processes.
   e. Students are able to request a medical leave of absence if they believe that a medical condition and its subsequent treatment would prohibit them from appropriately functioning in their role as a student health care provider.

4. Drug testing may be performed through any of the following methods:
   a. Urine drug testing
   b. Hair follicle testing
   c. Clinical facility policy, if applicable
5. Students will be notified about associated fees for required drug screens from their respective academic department / program. Students will be responsible for the cost of all screens, either individually or through an academic department / program designated budget line that includes student fees for that purpose.

6. If screening for alcohol use is warranted, screens will be performed by obtaining a blood alcohol content level. The student will be responsible for the cost of any testing related to suspected alcohol use or abuse.

7. The program director, program or any School of Health Sciences faculty and clinical preceptors / facility reserve the right to request a drug or alcohol screen when use is suspected.
   a. If a student appears to be impaired, they will be removed from the clinical experience, class, or activity immediately.
   b. Any faculty member or clinical preceptor / facility who suspects alcohol impairment or use of illicit or non-prescribed drugs may require that the student submit to an alcohol or drug screen. This testing could be scheduled on the same day as the suspected incident, especially if alcohol use is suspected. The student will be responsible for the cost of testing in this incident.
   c. If an incident occurs on campus with suspected excessive alcohol consumption, the University Policy will be contacted to perform a field sobriety test. Any student that does not pass the field sobriety test will be required to be transported via EMS at the student’s expense for medical attention, including a blood alcohol content level.
   d. If the clinical preceptor / facility suspects any impairment due to drugs and / or alcohol, the academic department / program is to be notified immediately. The scent of alcohol on the breath while at a clinical site will also not be tolerated. Testing may occur according to the School of Health Sciences Drug and Alcohol policy or the clinical facility’s policy, if appropriate.

8. Failure to complete a drug or alcohol screen which has been scheduled by University personnel and / or the student’s department faculty or clinical preceptor / facility will be considered as a positive result.

9. Students within the School of Health Sciences will sign a Department / Academic Program Drug and Alcohol Policy Contract and Consent form with a waiver of liability releasing the results of any drug or alcohol testing information to the academic department / program and any clinical site that may require the reported results.
   a. Failure to sign this form will result in automatic dismissal of the student from the School of Health Sciences major except for the B.S. in Health Care Studies major, which does not require clinical experiences.
   b. Students who are licensed professional nurses will also be directed to the Volunteer Recovery Program (Commonwealth of Pennsylvania Bureau of Professional and Occupational Affairs Professional Health Monitoring Programs) which offers the eligible professional an alternative to board disciplinary action from becoming a permanent part of their professional licensing record.

10. If the result of the drug or alcohol screen is positive as determined by the appropriate Medical Review Officer at the testing site, the Department Chair / Program Director or an appointed designee will be notified in writing of the results of the drug screen, typically within two business days. The results of any testing completed off campus will be sent to the University Student Health Center and then forwarded to the Department Chair / Program Director or an appointed designee as outlined.

11. Students who do not pass a drug or alcohol screen and / or fail to get a drug or alcohol screen when scheduled by University personnel and / or the student’s department faculty or clinical preceptor / facility will be dismissed from their major within the School of Health Sciences and are prohibited from changing majors to any other School of Health Science major except for the
B.S. in Health Care Studies major, which does not require clinical experiences. Students who are licensed professional nurses will also be directed to the Volunteer Recovery Program which offers the eligible professional an alternative to board disciplinary action from becoming a permanent part of their professional licensing record.

12. Any student that has a positive drug or alcohol screen will be referred for evaluation and treatment to an appropriate chemical dependency program. The University Student Health Center will provide a referral list of programs in the regional area, if needed. The student is responsible for any costs associated with the counseling and treatment in the chemical dependency program.

13. In addition to University or School of Health Sciences sanctions, students are subject to all legal sanctions under federal, state and local law for any offenses involving under-age drinking, driving while under the influence/driving while intoxicated or with the sale, manufacture, distribution, possession or use of illicit/non-prescribed drugs.

**SHS Drug and Alcohol Testing Process**

1. Testing times for academic department / program screens will not be announced in advance.

2. The School of Health Sciences utilizes a strict chain-of-custody system to ensure minimal possibility of tampering with the specimen from the time of announcement of the testing through its collection to the time of testing in the laboratory. To that end, if the testing takes place at a site on the Saint Francis University campus, the student will be escorted to the testing area by department / program personnel and will remain at the testing area until the appropriate specimen is obtained.

3. **Student Health Center Process**

   The following drug and alcohol testing process will be utilized for any testing completed through the DiSepio Institute for Rural Health and Wellness and the Student Health Center. The Student Health Center recognizes that the School of Health Sciences students are required to have drug screens performed as outlined by the academic department / program. There may also be times as outlined in the School of Health Sciences Drug and Alcohol Policy that testing be completed for suspected drug and / or alcohol use. To that end, the following procedures and policies for testing completed by the Student Health Center will be in effect:

   **Student Health Center Scheduling of Testing**
   
   a. The School of Health Sciences academic department / program will contact the Student Health Center at least two (2) weeks prior to schedule the timing of drug testing that includes testing the entire class cohort.

   b. The School of Health Sciences academic department / program will schedule drug screenings as a class, whenever possible. Individual testing for drugs and / or alcohol will be completed based on extenuating circumstances and / or when requested due to suspected use.

   c. The School of Health Sciences academic department / program will inform their students of the need and timing of any drug and / or alcohol testing.

   d. The School of Health Sciences academic department / program will provide a copy of this drug and alcohol testing process to student donors to include notification of the following:

      1) Student donors must present photo identification at the time of testing
      2) Student donors should be instructed by the academic department / program not to over-hydrate once the testing time is announced to avoid a “dilute” testing result. Student donors should be instructed not to drink more than 8 ounces of water every 30 minutes up to 5 times (40 oz.)
      3) Student donors will be required to provide a list of prescribed medications the student is taking as part of the intake process prior to drug testing
      4) Student donors will need to review and sign the Student Health Center Drug / Alcohol Screen Consent form the day of testing (See Appendix A)
5) If an observed urine drug screen is scheduled, the process includes the need to monitor the urine specimen collection. This process will include the presence of a Student Health Center designee that will serve as a monitor based on the gender of choice as chosen by the student donor on the day of testing to be present in the bathroom during specimen collection.

**Student Health Center Procedures**

a. Urine sample collection

1) Preparation for urine sample collection
   a) Ensure supplies are present (test collection kit with cup, color chart, and specimen transport bag)
   b) Place bluing agent in toilet
   c) Affix tamper evident tape to soap dispenser and faucet
   d) Remove garbage can and any other supplies from restroom
   e) Shut off water valve to restroom

2) Urine sample collection
   a) Upon the student donor’s arrival to the health center, they will be escorted to a waiting area inside the health center to complete pre-testing paperwork
      • The student donor will provide a list of current medications to the medical staff as part of the consent form
      • The student donor will then sign the consent to be tested form
   b) The student donor will remain in this area until their turn and when they feel they are able to give at least a 30 mL urine sample
   c) The student donor will be escorted to the lab and asked to remove any outer clothing which would include hats, jackets, hoodies etc.
   d) The student donor will be asked to empty all pockets and place articles on lab counter
   e) The student donor will be required to present a photo identification card that may be either the student’s University identification card and/or another photo identification card, such as a driver’s license
   f) The certified Student Health Center collector will put on gloves
   g) The student donor will be asked to wash and dry their hands
   h) The student donor will be asked to pick a test collection kit and examine it to see if it is securely sealed
   i) Once the student donor agrees the test collection kit is sealed, it is given to the certified Student Health Center collector to be examined for proper seal and expiration date
   j) The test collection kit will be opened and the bag and test container will be emptied onto the counter by the certified Student Health Center collector and the collection cup will be given to the student donor
   k) The student donor will be escorted to the bathroom where a Student Health Center designee that will serve as a monitor based on the gender of choice as chosen by the student donor on the day of testing will enter the bathroom with the student donor. The monitor must have completed the Student Health Center’s training process.
   l) Once the sample is obtained, the student donor will hand it directly to the certified Student Health Center collector
   m) The sample is kept in view of the student donor at all times
   n) Should the student donor be unable to give at least a 30 mL urine sample, they will be considered to have a “shy bladder”
      • The student donor will then be escorted to a designated waiting area within the health center
      • The student donor will be offered 8 ounces of water every 30 minutes up to 5 times (40 oz.)
      • The student donor may be required to wait up to three hours with periodic attempts to provide an adequate 30 mL urine sample

35
The certified Student Health Center collector will document in the remarks section of the custody form the time each attempt was made and whether any specimen was provided.

If the student donor leaves before the end of the three hour period, it is considered a refusal to test and is subject to disciplinary action as outlined in the School of Health Sciences Drug and Alcohol Policy.

When the student donor states they are able to potentially supply a urine sample, another specimen using a new collection kit will be attempted.

- If the volume is adequate (30 mL), the sample will be utilized to complete the testing process.
- If the volume remains insufficient (less than 30 mL), a note of “shy bladder” will be made in the “remarks” section of the custody and control form by the certified Student Health Center collector.

If any student, including a student with a noted “shy bladder,” is not able to provide a urine sample on the scheduled day of testing, a hair follicle sample will automatically be obtained to complete the testing process.

The student donor is then escorted back to the lab to wash and dry their hands.

The 30 ml sample is transferred to the test container and security seal is placed over the lid.

- The student donor initials and dates the seal.
- The remainder of the urine sample is discarded down the sink by the certified Student Health Center collector.

The chain of custody form is completed by the Student Health Center designated monitor, the student donor, and the certified Student Health Center collector.

- The Student Health Center designated monitor completes and signs the appropriate portion of the custody form.
- The student donor completes and signs their appropriate portion of the custody form.
- The certified Student Health Center collector ensures that all areas of the chain of custody form is completed appropriately and signs the designated portion of the custody form.
- A copy of the chain of custody form is given to the student donor.

The sample will be sent to an offsite certified testing facility.

The results will be kept in the student donor’s confidential medical record at the Student Health Center and also released to the designated academic department / program personnel as outlined on the School of Health Sciences Drug and Alcohol Policy Contract and Consent form.

b. Hair follicle sample collection

1) Preparation for hair follicle sample collection: ensure supplies are present (scissors, alcohol pads, hair clip, security seals, hair specimen collection envelope and specimen transportation bags).

2) Hair follicle sample collection

a) Upon the student donor’s arrival to the health center, they will be escorted to a waiting area inside the health center to complete pre-testing paper work unless it is a student with a noted “shy bladder” who is already in the waiting area.

- The student donor will provide a list of current medications to the medical staff as part of the consent form.
- The student donor will then sign the consent to be tested form.

b) The student donor will be required to present a photo identification card that may be either the student’s University identification card and/or another photo identification card, such as a driver’s license.
c) The certified Student Health Center collector will put on gloves and clean the scissors and hair clip with an alcohol pad in front of the student donor

d) The certified Student Health Center collector will prepare the foil for the specimen

- Remove foil from specimen collection envelope
- Fold the foil lengthwise

e) If the student donor has hair in a ponytail or braid have the student donor undo it

f) The certified Student Health Center collector will obtain the hair follicle sample by

- Using a hair clip to separate and cleanly part the student donor’s hair
- Moving the top layer of hair out of the way
- Sliding the scissors under a single row of hair one strand deep and ½ inch wide
- Pulling the row over the certified Student Health Center collector’s index finger and holding it with their thumb
- Sliding the scissors down the student donor’s hair to the scalp and cut the hair
- Pinching the root ends together and keeping them aligned
- Making an appropriate cut of hair to collect a specimen with the following characteristics:
  - The specimen is small – about 120 strands of hair
  - The correct amount of hair will measure about one centimeter wide when it is wrapped in foil
  - The hair specimen should resemble the thickness of a pencil
  - The specimen is collected from the crown of the head, where the hair is thickest
  - If the student donor has sparse hair, a few strands are taken from different spots, so it is cosmetically undetectable
  - If the student donor has short, curly hair: cut from different spots on the head, repeat until specimen is the size of a small cotton ball, or about two centimeters in diameter
  - If the student donor has hair that is shorter than 1 inch: body hair may be used with possible sites in order of preference:
    - Head
    - Nape
    - Beard/mustache
    - Underarms
    - Chest
    - Arms
    - Legs
    - Back
  - The hair sample will NOT combine body hair with head hair


g) The certified Student Health Center collector will finalize the hair follicle specimen to be sent to an offsite certified testing facility

- Place the hair specimen in the prepared foil
- Press the sides of foil together while keeping the root ends of the hair sample aligned
  - Root ends should extend ¼ inch beyond the edge of the foil
  - Wrap ends around the foil, do not cut
- Remove the security seal from the specimen collection envelope
- Place the seal on the front of the envelope with the bar code facing up
- Flip the envelope over and wrap the seal around the bottom with the area of initials and date visible
- Seal the specimen collection envelope
- Date and initial the security seal making sure the initials run over onto the envelope
o Sign and date the area marked “Sample Collector”
o The student donor initials the security seal and the specimen collection envelope to certify the hair specimen in the envelope is theirs, that it was cut close to the scalp, and that they witnessed the certified Student Health Center collector seal their hair in the envelope

h) The chain of custody form is completed by the student donor and the certified Student Health Center collector
   • The student donor will read, sign and date the Donor Certification on Copy-1
   • The student donor must provide date of birth, as well as day and evening contact information
   • The certified Student Health Center collector will make sure the student donor’s signature matches the photo identification card and return it to the student donor
   • The certified Student Health Center collector will complete the Collector’s Certification on Copy-1 with name and signature (printed and signed), time of collection, and name of delivery service and then will:
     o Fold Copy 1 of the form in half and place it in the large pouch of the specimen transportation bag collection and name of delivery service
     o Place the specimen collection envelope in the small pouch and remove the release liner folding over both openings and seal it
     o Give the student donor the Copy-5
     o Put the sealed specimen transportation bag in the mail for transport to the offsite certified testing facility

Student Health Center Post-Testing Process and Procedures
a. The Department Chair / Program Director or an appointed designee will receive a written copy of each student’s test results by the Student Health Center, typically within two days
b. Any student with a positive test result will be subject to the School of Health Sciences disciplinary actions as outlined in The School of Health Sciences Drug and Alcohol Policy and will also be required to complete the following process through the Student Health Center:
   1) All positive drug screen results will be reviewed by the Student Health Center’s certified Medical Review Officer
   2) The student will then be brought into the Student Health Center to have a consultation with the Student Health Center’s certified Medical Review Officer
   3) The Medical Review Officer will determine if the student will be required to meet with the on campus Drug and Alcohol Educator or be evaluated by an off campus chemical dependency agency. If the student is referred to an off campus chemical dependency agency, the following will be in effect:
     • The student will be provided a list of certified chemical dependency agencies in the region by the Student Health Center
     • All students referred to an off campus chemical dependency agency will follow the treatment plan provided by that facility
     • The Student Health Center must be informed in writing of the expected completion date of the program by the chemical dependency agency
     • The Student Health Center must be informed in writing when the student successfully completes the program, or if the student does not complete the program by the chemical dependency agency
     • The student is responsible for any costs associated with the counseling and treatment in the off campus chemical dependency program and any additional subsequent drug testing performed
     • Students who successfully complete the substance abuse program are required to submit to a minimum of two (2) follow-up random drug testing over a twelve (12) months period
A refusal to participate in a substance abuse treatment program and / or follow up drug testing will result in Student Health Center informing the Office of Student Development.

4. The results of the drug or alcohol screen for each student will be sent to the Department Chair / Program Director or an appointed designee following each testing. A written copy of the results of the drug screen for each student will be sent to this individual by the Student Health Center, typically within two business days.

**SHS Drug and Alcohol Testing Results**

1. A negative or “clean” drug screen result is needed to participate in clinical experiences and remain within the School of Health Science majors except for the B.S. in Health Care Studies major, which does not require clinical experiences.

2. A “negative dilute” result on a urine drug screen means that the urine was not concentrated enough to determine accurate test results. This result and any result that is reported as “invalid” as determined by the testing site will need to be repeated. Since accurate test results were not initially able to be determined, repeat drug testing will automatically occur as outlined:
   a. Once the academic department / program is made aware of the test results, an observed repeat urine drug screen will be performed within 24-72 hours. The student may be responsible for the cost of testing in this incident.
   b. If the repeated urine drug screen is again reported as “negative dilute,” the student will be scheduled to have a drug screen performed through hair follicle analysis. The student may be responsible for the cost of testing in this incident.

3. A positive drug test, including a “positive dilute” result, which is not related to a legally prescribed drug therapy, will result in immediate dismissal from any health science major except for the B.S. in Health Care Studies major, which does not require clinical experiences.

4. A blood alcohol content that is 0.08% or greater that occurs during any scheduled class, lab or clinical rotation / field experience / internship is considered a positive alcohol testing result. If a clinical site has a more restrictive requirement of acceptable blood alcohol content level (less than 0.08%), students will be notified and the site’s policy will be followed. A positive blood alcohol content in either of these situations will also result in immediate dismissal from any health science major except for the B.S. in Health Care Studies major, which does not require clinical experiences.

**SHS Appeals Process**

All students have the right to appeal any dismissal due to a positive drug test to the School of Health Sciences Appeal Board. An appeal must be submitted in writing to the Dean of the School of Health Sciences’ office within five business days of student notification of dismissal from the School of Health Sciences major. All decisions rendered by the School of Health Science Appeal Board are final.
By signing below, I acknowledge the following:

1. I have received a copy of the Saint Francis University School of Health Sciences Drug and Alcohol Policy that explains the rationale for testing, testing policies, testing procedures and testing results, as well as an appeal process regarding dismissal based on a positive test result.

2. I agree to abide by all policies and procedures outlined in the School of Health Sciences Drug and Alcohol Policy, including being tested for drugs and / or alcohol as outlined.

3. Depending on my academic major, I may be required to submit to drug screens prior to admission to and / or progression into the professional portion of the academic major and / or prior to or during clinical experiences. Test results must be negative to remain in any School of Health Sciences major except for the B.S. in Health Care Studies major, which does not require clinical experiences.

4. I agree to provide the testing site with a list of current medications, including prescribed and over-the-counter (herbals, vitamins, etc.) drugs as part of the intake information on the day of testing.

5. I hereby give my consent for any authorized testing site to release the results of any drug and / or alcohol testing to the Saint Francis University Student Health Center. The Student Health Center will release the results to my Department Chair / Program Director or an appointed designee and any clinical site that may require the reported results.

6. I am aware that any positive test for drugs and / or alcohol will dismiss me from the School of Health Sciences and all of its majors except for the B.S. in Health Care Studies major, which does not require clinical experiences.

STUDENT:

Print Name: ____________________________

Signature: ____________________________  Date: _________________

WITNESS:

Print Name: ____________________________

Signature: ____________________________  Date: _________________
STUDENT-RELATED POLICIES

Name Tag

A nametag, whether provided by school or clinical facility, must be worn during clinical education assignments. The use of a nametag facilitates patient understanding of what personnel are providing care and protects the student from being accused of misrepresenting him/herself as a physical therapist. The school will provide one nametag prior to the first clinical education course. Students will be responsible for the cost of any replacements.

Revised 2006, 2014

Expenses

Students earn credits for each clinical education assignment, all of which occur during the graduate phase of their education. Students should expect to be out of town for one or more of their clinical education assignments. It is unlikely that a student could remain in either their hometown, or local housing during all of their clinical education courses. Students are responsible for travel arrangements and costs, as well as costs for housing during each clinical education assignment. Faculty and classmates may be a resource in finding housing.

Revised: 2015

Dress Code

Students are expected to follow the dress code of the facility which may include a lab coat or scrubs, and demonstrate a professional appearance. In the absence of a facility dress code, the following is expected:

- Name tag
- Clothing should be clean, pressed, and in good repair.
- Shirts must provide full coverage of the trunk during bending and reaching. This means that there should be no visible cleavage and the midriff should be covered at all times. T-shirts are not acceptable.
- Pants may be casual “khaki” style or dress style. Cargo pants are not acceptable. Jeans may only be worn when specifically permitted by the clinic on a designated day. Shorts are not permitted.
- Shoes must have closed toes. No sandals or clogs may be worn. Socks or hose are required. Shoes should not have a heel greater than 1 inch. Rubber soles are preferred. Clean athletic shoes are permitted if acceptable to the clinic.
- Jewelry should not pose a risk to either a patient or the student. Jewelry, especially rings with sharp edges or protrusions, can injure a patient. Dangling earrings and necklaces can pose a risk of injury to the student.
- The only visible body piercing permitted is in the ear.
- No perfume or cologne should be worn.
- Hair should be clean and arranged so as not to interfere with the student’s vision or activities.
- Fingernails should be trimmed and short enough to avoid causing injury to patients.
- Tattoos not covered by clothing must be covered at all times.

Revised 2006, 2011, 2014
Absences/Ilness/Injury

Attendance is required during clinical education assignments. Excused absences may be granted if the student has notified their clinical instructor of their absence prior to their scheduled arrival time. Excused absences are permitted in cases of illness, personal or family (parents, spouse, siblings, children) emergencies, and death of a family member. Failure to notify the CI of an absence is considered unexcused.

The student must notify the DCE or Asst. DCE of any absence prior to or the day of the absence. Any injury, or condition that results in limited or altered ability to perform regular clinic activities must be reported to the DCE or Asst. DCE. A release form from the treating physician may be required before the student is permitted to return to the clinic. This is to assure that the student, patients, or clinic staff are not put at risk.

If a student is injured during the course of a clinical experience they should report this to the CI immediately. Within 24 hours the student should report the injury by completing and submitting the Student Incident Report to the DCE or Asst. DCE. (see Resources for CI)

Excused absences for more than 2 days, and all unexcused absences must be made up. Excused absences of less than 2 days will be made up at the discretion of the clinical instructor. Any assignment due during an absence must be made up.


Holidays and Work Hours

The student will follow the work schedule of their CI, or as directed by the CCCE. All clinical experiences include various ranges of full-time hours that may involve evening, weekend, or varying hours. The student will follow the holiday schedule established by the clinical facility rather than the school’s academic calendar. Students should not schedule outside employment until after conferring with the CI to ascertain their clinic schedule.


Professionalism

Students are expected to conduct themselves in a professional manner at all times during clinical education courses. Clinical faculty, patients, and other facility employees should be treated with dignity and respect for each individual. Students are expected to demonstrate behavior that is in accordance with the Professional Behaviors criteria (see Resources for CI).

Students are expected to maintain confidentiality of all patient-related information including protected health information and facility information such as patient care protocols and administrative information in accordance with HIPAA guidelines, facility policy, and legal guidelines. Failure to maintain confidentiality may result in dismissal from the clinic and failure of the clinical education course. If a student wishes to use such information in a subsequent course they must provide the course instructor with a written and signed consent from the facility that specifies what information may be utilized.

Social Media

The student must comply with all clinical facility HIPAA policies and is responsible for all things posted on social media sites such as, but not limited to, Facebook, Twitter, MySpace, YouTube, Snapfish, Flickr, Tumblr, and Instagram. Reference to any patient(s), clinical site(s), clinical instructor(s), school faculty or staff, even in generic terms, is strictly prohibited. Violations to this policy should be addressed and the CI is encouraged to contact the school DCE/ACCE at his/her discretion.

Reviewed: 2015, 2016, 2019
Revised 2014

Cell Phone

Students are not permitted to use or carry cell phones or other means of electronic communication during clinic hours. The cell phone may be utilized at official breaks or lunchtime, if permitted by the clinic. All cell phones, beepers or electronic devices should be stored in the PT office and not carried on the student during clinic hours. Violations to this policy should be addressed and the CI is encouraged to contact the school DCE/ACCE at his/her discretion.

Reviewed: 2015, 2016, 2019
Revised 2014

Sexual Harassment

It is expected that clinical facilities will foster an environment free of sexual harassment. If a student believes he/she is being sexually harassed the DCE or Asst. DCE should be notified. In addition, if the student feels comfortable doing so, he/she should notify the appropriate individual in the facility. The appropriate individual can vary depending on the circumstances. Students can refer to the Saint Francis University Student Handbook for additional information.

Revised 2006, 2013

Infection Control

During clinical work there is always a risk of the transmission of infection. To minimize this risk the students are expected to follow standard precautions during clinical education assignments. Any additional procedures that the clinical facility utilizes should be adhered to as well. In the event of student exposure to a bloodborne pathogen the SFU policy will be followed. In addition to notifying their CI/CCCE, the student must notify the Student Health Center and DCE or Asst. DCE.

Revised 2004, 2013
Policy Title: HEALTH SCIENCE STUDENT BLOOD BORNE PATHOGEN EXPOSURE POLICY
Effective Date: 03/23/2010
Last Revision: 11/13/14

SCOPE:

The DiSepio Institute for Rural Health and Wellness and the Student Health Center Health Science Student Blood Borne Pathogen Exposure Policy ensures proper follow up of Health Science students if an exposure occurs during a clinical experience.

I. Definition:

An exposure is defined as a needle stick, body fluid splash, or sharp injury from a source with known or suspected infection.

J. Procedure

5. If an exposure occurs at a clinical site, the student must notify their supervisor or occupational health staff immediately.
6. The student will follow the clinical site’s protocol for blood borne pathogen exposure.
7. The student will notify the Student Health Center within 24 hours of the exposure.
8. The Student Health Center staff will complete the Blood Borne Pathogen Exposure Form to be placed in the student’s medical record.
9. If the student is able to receive the appropriate monitoring at their clinical site, the Student Health Center will not make any further recommendations.
10. If the clinical site is not providing follow up, the Student Health Center will ensure that appropriate follow up testing is ordered for the student.
11. The Student Health Center staff will ensure that the student has notified the clinical site.
12. The Student Health Center staff will ensure the student’s academic department is notified of the exposure.
13. If not covered by the clinical site, the student is financially responsible for the cost of follow up and/or treatment.

K. Laboratory Follow Up

5. If the Source patient laboratory testing is negative for Hepatitis B, HIV, and Hepatitis C, no further testing is needed.
6. If the Source patient laboratory testing is positive for any of the mentioned diseases, Centers for Disease Control and Prevention guidelines for the specific disease recommendations will be followed.
7. If the Source patient information is unavailable or unknown, the following laboratory studies will be ordered at baseline, 6 weeks, 3 months, 6 months, and 12 months:
   a. HIV
   b. Anti-HCV
   c. Hepatitis B Surface Antigen (if Hepatitis B series not complete or if Hepatitis B surface Antibody negative)

Revised 2016
In-services and Assignments

The student is required to present a minimum of two in-services during their clinical education courses, one of which will be the student’s research. The second inservice must be on a different topic. The student may have to present an in-service at each experience depending on the requirements of the facility. The student must obtain approval of their topic from their clinical instructor. The student will be evaluated on their teaching skills as part of their overall evaluation.

During each clinical education course students are required to complete an assignment focusing on an aspect of physical therapy practice. In order to earn a grade of Pass for the course, the assignment must be satisfactorily completed. Written instructions will be provided by the DCE.

Nondiscrimination Policy

Saint Francis University does not discriminate on the basis of gender, gender identity, age, race, color, ethnicity, religion, sexual orientation, marital status, disability, pregnancy status, veteran status, predisposing genetic characteristic or any protected classification. This policy applies to all programs and activities of the University, including, but not limited to, admission and employment practices, educational policies, scholarship and loan programs and athletic or other University sponsored programs. The following person has been designated to handle inquiries regarding the University’s non-discrimination policy: Jeffrey L. Savino, CMA, Vice President for Finance and Administration Division, Title IX Coordinator, 814.472.3260, jsavino@francis.edu.

Read our full Equal Opportunity, Nondiscrimination, Harassment, Sexual Misconduct, Stalking and Relationship Violence Policy

University’s Revision: 2015, 2019
CLINIC RELATED POLICIES

Clinical Education Faculty

Clinical Education Faculty are the physical therapists, also known as Clinical Instructors (CI) or Center Coordinator of Clinical Education (CCCE), who provide clinical supervision and teaching to students enrolled in clinical education courses. The CCCE assigns the CI for each student and assures the program that the CI’s are clinically competent. The program requires clinical instructors to have a minimum of two years of clinical experience. If the CCCE strongly recommends a PT with between one and two years clinical experience, an exception may be made.

Clinical faculty members have the right to program and curriculum information. They have the right to receive assistance/consultation from the DCE or Asst. DCE or any academic faculty, and to participate in clinical development activities. In return, the clinical faculty members have the opportunity to provide feedback on the program and curriculum, as well as the responsibility to evaluate the performance of the student under his/her supervision. Clinical faculty members are obligated to follow the conditions of the agreement between their employer and Saint Francis University. Saint Francis University does not offer faculty appointment or rank to clinical faculty of any of its programs in allied health.

The affiliation agreement and program policy specify that only students meeting the qualifications for participation in the academic program will be placed at the clinical facility. Specific information on a student’s academic record is provided with student permission. If a student is required to repeat a clinical education course, student permission is necessary to provide the clinical education faculty with the information needed to modify the course objectives. A letter specifying the student’s academic standing will be provided upon request.

Prior to the arrival of a student for a clinical education experience the DCE or Asst. DCE will provide the CCCE with information for the CI assigned to supervise the student. This includes a Student Data Form with contact information, preliminary goals for the experience and a list of prior clinical experiences. A copy of the students background check done within the past year will be provided upon request. Information on the training module for the online PT CPI and log in information are also provided. Each clinical facility has separately been provided with curriculum information, program polices and reference material via this Clinical Education Handbook.

If the DCE or Asst. DCE believes that a student requires supervision, feedback and/or learning experiences that are different from the typical student at that level, there will be personal communication and discussion with the CCCE/CI. This will occur prior to the student’s arrival.

The program supports the right of patients to refuse treatment provided by a student. In such a situation, the clinical faculty, who always retain responsibility for the care of each patient, should ensure that the patient receives appropriate care by a qualified employee of the clinical site.


Clinical Site Visits

The DCE or Asst. DCE or other academic faculty member will visit the facility, student, and clinical instructor during selected clinical education experiences. The purpose of such visits is for the DCE or Asst. DCE to obtain first hand information on the student’s learning and performance, the competence of
the CI, and to observe clinic operations. If any changes in supervision, feedback and/or learning experiences were recommended to the CCCE/CI, the DCE or Asst. DCE will monitor the outcome during a clinic visit or telephone follow up. The final purpose of a clinical site visit is to facilitate personal meetings to exchange information about the program and the facility.

On-site visits will be made to each student during the first clinical education assignment and one later assignment. Additional visits may be made at the discretion of the DCE or Asst.DCE, or at the request of the CI, CCCE, or the student. All visits will be scheduled with the CCCE/CI.

Clinical Site Phone Follow-up

Follow-up will be made by phone or video conference by the DCE or Asst. DCE during clinical education courses when a site visit is not made. The purpose is to acquire information on the student’s performance in the facility. Phone follow-up may be done in addition to an actual visit if any party feels it is indicated.

Student Evaluation

Evaluation of a student’s performance in the clinical setting is a necessary part of the program. In addition to providing ongoing verbal feedback, the clinical instructor will complete and review the written Clinical Performance Instrument (CPI) with the student. This will be done at the midpoint and the end of the clinical education assignment. The student should request additional informal or formal feedback whenever a concern arises. The CPI should be submitted to the DCE by “signing off” on the electronic form within three working days of the end of the clinical education experience.

The student will complete a self-evaluation at the midpoint and the end of each clinical education experience. The student and clinical instructor will review this in their discussion of the student’s performance. The student submits this CPI by their electronic sign off. It should be submitted to the DCE by the student by the last day of the course. Failure to comply with this timeframe results in the student’s choices being considered last in the next clinical education selection process.

Grading

All clinical education courses are graded on a pass/fail scale. The CPI is completed by the CI, who does not make the determination whether the student has passed the clinical experience. The DCE reviews the CPI or the level of performance, the congruency between the comments and the rating and considers any other communication.

The expected level of achievement on the CPI Performance Criteria is specified in the appendix. Students are also required to meet the Professional Behaviors expectations for their level in the program and complete all assignments at a satisfactory level.

The DCE makes the judgment as to whether the student has achieved the outcomes and submits a pass/fail grade. The DCE may submit a grade of “I” or “CN” in accordance with university policy, if it is determined that additional work is necessary to complete the course requirements. An “I” will be
submitted if the student does not return all required documentation, if the student’s self assessment on the CPI and PTSE do not have all sections completed, or if the CI has not signed any of these forms. The university policy for conversion of “I” grades will apply.

Clinical Education Problem Resolution

If a problem is identified, it should be addressed by the people involved. This should be done in a professional and confidential manner, with the goal of open communication. Frequently the people involved will be the student and CI. If either party does not feel able to discuss the issue with the other person, the CCCE should be consulted. If the issue cannot be resolved with the CCCE’s assistance, the CCCE should consult with the DCE or Asst. DCE. Students who bring problems directly to the DCE or Asst. DCE will be advised to follow this procedure.

If the CI feels that the student may not meet the objectives of the clinical education assignment the DCE or Asst. DCE should be notified as soon as the problem has been identified. The problem, action plan and outcome of the plan should be documented via the critical incident function of the CPI.

Clinical Education Experience Evaluation

The student must complete the Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction (PTSE, see Resources for CI) at the end of their assignment to each facility. This is reviewed with the CI and/or CCCE. The PTSE is returned to the DCE by the student after completion and review. This form will be available to students considering this site in the future. The student may not participate in the selection process for their next clinical education course or earn a grade of pass until this form is turned in to the DCE.

Failure or Termination of a Clinical Education Course/Impaired Performance

The student must pass all clinical education courses to meet the requirements for graduation. If a student has failed a clinical education course it may be repeated at the discretion of the Student Progress Committee. Successful completion of remedial work may be required prior to a repeat clinical assignment being granted. A repeat clinical assignment must be passed in order to continue in the program. For any repeated assignment, the type of site, exact dates and objectives may be modified according to the problems experienced during the failed experience.

The DCE or Asst. DCE reserves the right to withdraw a student from a clinical experience if the clinical site is not able to provide an appropriate learning situation. If this occurs the student will be reassigned to a different clinical site. There may be modification of the type of site, length of experience and objectives depending on the individual circumstances.

A student can be dismissed from a clinical education experience for reasons of unprofessional, unethical, unsafe behavior, or reporting to clinic while impaired. Impaired performance is being under the influence of alcohol, illegal drugs, or prescribed medications that adversely impact the performance of professional
responsibilities. In this event the student will receive a grade of fail for the course and may be dismissed from the major.

Failure of a second clinical experience will result in dismissal from the major.

Employment by Clinical Site

When a student is placed in a clinical facility for the purposes of a clinical education course, PT 660, 760, 761, or 762, it is for a defined period of time and for educational purposes as specified in the curriculum. There is an agreement between the facility and Saint Francis University that governs these academic assignments. While a student is participating in a clinical education course they are permitted to perform, under the supervision of a licensed physical therapist, all activities that are permitted under the appropriate state practice act.

At times students may obtain employment prior to graduation by a physical therapy facility. Employment prior to graduation falls outside the scope of clinical education. Employment is not governed by any agreement between SFU and the facility, but is governed by state law. Until students have obtained a temporary or permanent license as a physical therapist, or they have an active license as a physical therapist assistant, they can only be employed as support personnel (aide, technician). Specifically, Pennsylvania law does not recognize any other status such as a “student intern”. There are activities that a physical therapy student may perform while on an academic assignment that are illegal for support personnel to perform even if they are enrolled in a physical therapy program. These activities include performing examinations and evaluations of patients, performing interventions/treatments that require the skill of a physical therapist, and documentation of treatment provided to a patient. In addition to violating state law a student and the facility would also be in violation of the APTA Code of Ethics, and may also be in violation of federal Medicare law and other insurance guidelines.
RESOURCES FOR CLINICAL INSTRUCTORS
**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 of assistance required by the student to achieve entry-level performance.</td>
</tr>
<tr>
<td>Quality</td>
<td>Degree of knowledge and skill proficiency demonstrated.</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>Consistency</td>
<td>Frequency of occurrences of desired behaviors related to the performance criterion.</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Ability to perform in a cost-effective and timely manner.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating Scale Anchors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning performance</strong></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><strong>Advanced beginner performance</strong></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><strong>Intermediate performance</strong></td>
<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></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><strong>Advanced intermediate performance</strong></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 in 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><strong>Entry-level performance</strong></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><strong>Beyond entry-level performance</strong></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>
</tbody>
</table>
Guidelines and Self-Assessments for Clinical Education

2004 Revision

Endorsed by APTA's House of Delegates, June 13, 1993

Adopted by APTA's Board of Directors, 1992, 1999, 2004

Order No. E-48
ISBN 1-887759-68-9
©2004 American Physical Therapy Association

TABLE OF CONTENTS

PREAMBLE ......................................................... 1
DIRECTIONS FOR USE .................................................. 3
CLINICAL EDUCATION SITES
   Guidelines for Clinical Education Sites .......................... 5
   Self-Assessments for Clinical Education Sites .................. 15
CLINICAL INSTRUCTORS
   Guidelines for Clinical Instructors ................................... 39
   Self-Assessments for Clinical Instructors ......................... 44
CENTER COORDINATORS OF CLINICAL EDUCATION
   Guidelines for Site Coordinators of Clinical Education .......... 54
   Self-Assessments for Site Coordinators of Clinical Education 59
GLOSSARY .................................................................. 67
Clinical education represents a significant component of physical therapy* curricula that has been continuously examined and discussed since the APTA publications of Moore and Perry (1976) entitled *Clinical Education in Physical Therapy: Present Status/Future Needs* and Barr and Gwyer (1981) entitled *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. As a result, the Association and the Section for Education have launched a number of initiatives to explore and enhance clinical education and to clarify and revise the roles and expectations for individuals responsible for providing student clinical learning experiences. Some of these notable undertakings included conferences held in Kansas City, Missouri (1983), Rock Eagle, Georgia (1985), and Split Rock, Pennsylvania (1987). All of these efforts spurred the growth and development of clinical education research, student evaluation* and outcome performance assessment, training and development programs for clinical educators, regional consortia, several National Task Forces on Clinical Education, and universal guidelines for clinical education.

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.

These guidelines are most effective when used collectively; however, they have been written in a format that allows them to be used separately. Each guideline is accompanied by measurement statements to help the clinical education site, CIs, and CCCEs understand how to demonstrate the attainment of the specific guidelines and to delineate areas for further growth. In addition, each document provides minimal guidelines essential for quality clinical education as well as ideal guidelines to foster growth in the clinical education site, CI, and CCCE. Minimal guidelines are expressed through the active voice while ideals are designated by the use of “should” and “may.”

In addition to the development of guidelines for clinical education, the Task Force on Clinical Education (1992–1994) generated three assessment tools to be used by developing and existing clinical education sites providing physical therapy education. 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.

The self-assessment process is vital not only to the clinical education site, but also to the academic program. Information generated from this process can assist the academic coordinator/director of clinical education (ACCE/DCE) in developing insight into the clinical education site’s strengths and resources available to students for learning experiences. In addition, the ACCE/DCE can be provided with information about areas requiring further development of the clinical education site and clinical faculty.

In October 1998, the Guidelines and Self-Assessment for Clinical Education were reviewed and revised by an Ad Hoc Documentation Review Group to ensure that these documents reflected contemporary and forward-looking clinical education, practice, and care delivery. As part of the review process, current APTA documents were used to assist in editing the Guidelines and Self-Assessments for Clinical Education to ensure congruence in language, education and clinical education expectations, and practice philosophy and framework. Documents used to carry out this process included the Guide to Physical Therapist Practice and in particular the patient management model, A Normative Model of Physical Therapist Professional Education:: Version 1997, A Normative Model of Physical Therapist Assistant Education: First Revision (January 1998), Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. The revised Guidelines and Self-Assessments for Clinical Education were approved by the APTA Board of Directors in March 1999.

In March 2004, these Guidelines and Self-Assessments for Clinical Education were revised and approved by the Board of Directors. Revisions were made to reflect the most contemporary versions of the Guide to Physical Therapist Practice (2003), A Normative Model of Physical Therapist Professional Education: Version 2004, Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants, and APTA policies and positions.

We wish to extend our appreciation and gratitude to all of the clinical educators and educators who since 1993 have provided feedback and comments on these documents during their initial development through the process of widespread consensus building. Likewise, the contributions of Barr, Gwyer, and Talmor’s Standards for Clinical Education in Physical Therapy and the Northern California Clinical Education Consortium’s Self-Assessment of a Physical Therapy Clinical Education Site were instrumental to the initial development of the guidelines and self-assessment tools. We are also indebted to the Ad Hoc Documentation Review Group that participated in the process of revising the Guidelines and Self-Assessments for Clinical Education in 1999. The APTA is committed to ensuring that these guidelines and self-assessment tools continue to reflect contemporary and forward-looking standards for clinical education that are congruent with expectations for physical therapy education and practice.
DIRECTIONS FOR USE

This resource document should be used to guide the development and enhancement of clinical education sites and to clarify the roles, responsibilities, and expectations of CIs and CCCEs. There are 17 guidelines for clinical education sites and 6 guidelines for CIs and for CCCEs. Below each guideline are statements that clarify the intent, scope, and meaning of the guideline. These guidelines should be used by practice facilities to help determine their readiness to become a clinical education site, and by clinicians to help determine their readiness to become a CI or CCCE.

Following each set of guidelines is a companion self-assessment tool. Response options on the self-assessment forms include yes, no, or developing boxes. The user should check only one box for each item. A yes response indicates that the assessor demonstrates the item, a no response indicates that the assessor has not demonstrated the item, and a developing response indicates that this is an item that is in progress and that the assessor is working toward a yes response. When either a no or developing box is checked, the Comments/Plan section should be completed by briefly describing the actions to be taken to demonstrate the item(s). It is plausible that in some situations a no response could be checked because a particular item may not be relevant for the specific practice setting. Self-assessments for clinical education sites, CCCEs, and CIs may be separated and used in conjunction with their respective set of guidelines. They are most effective, however, when used as a comprehensive document for evaluating the effectiveness of the clinical education site’s program and its clinical teachers.

To provide clarity, the terms academic program, clinical education site, and provider of physical therapy are used consistently throughout the documents. Academic program is used to describe that part of the curriculum that occurs at the academic institution of higher education. Clinical education site indicates the entire clinical facility. Provider of physical therapy indicates that part of the clinical education experience that is managed and delivered exclusively under the direction and supervision of the physical therapist with the ability to direct and supervise the physical therapist assistant in providing physical therapy interventions. An asterisk indicates that the word can be found in the glossary. Users of this document are strongly encouraged to refer to the glossary because some commonly used terms may now have different meanings or intent. In addition, the plural form of “students” is used throughout the document to encourage clinical education sites to provide clinical learning experiences to more than one student simultaneously, using alternative collaborative and cooperative approaches to student supervision where feasible.

Opportunities should be provided for CIs and CCCEs to discuss the guidelines and self-assessments to determine how they should be applied to their specific clinical setting and how they may be used to determine an individual’s readiness to become a CI or CCCE. In addition, academic programs should consider using information from the clinical educators’ completed self-assessments to help in the development of the clinical site and the clinical educators. Based on this information, academic programs can ensure high-quality clinical learning experiences for their students by providing in-service and continuing education programs that will enhance the overall clinical education site* and will help CIs and CCCEs keep up-to-date on current practice.
GUIDELINES FOR CLINICAL EDUCATION SITES

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

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

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

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

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

2.1 Planning for students should take place through communication* among the center coordinator of clinical education (CCCE), the clinical instructors (CIs), and the academic coordinator/director of clinical education (ACCE/DCE).

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

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

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

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

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

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

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

2.3.1 Opportunities for discussion of strengths and weaknesses should be scheduled on a continual basis.
2.3.2 The provider of physical therapy gives both constructive and cumulative evaluations of students. These will be provided in both written and verbal forms, and the evaluation frequency will be scheduled as mutually agreed on by the academic program and the provider of physical therapy.

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

3.1 All physical therapists and physical therapist assistants provide services in an ethical and legal manner as outlined by the standards of practice, the state/jurisdictional practice act, clinical education site policy, and APTA positions, policies, standards, codes, and guidelines.

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

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

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

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

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

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

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

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

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

4.2.1 The clinical education site does not discriminate in the selection or assignment of students or their learning experiences. Evidence of this nondiscrimination may be demonstrated through the clinical education agreement.*
4.2.2 The clinical education site is sensitive to issues of individual and cultural diversity in clinical education.

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

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

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

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

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

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

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

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

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

5.4 A clinical education program manual exists, which might include, but should not be limited to, structure of the program, roles and responsibilities of personnel, quality improvement mechanisms, policies and procedures, sample forms, and a listing of current academic program relationships.

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

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

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

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

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

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

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

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

6.2 Other learning experiences should include opportunities in practice management (eg, indirect patient/client care). For physical therapist students, these opportunities may include consultation, education, critical inquiry, administration, resource (financial and human) management, public relations and marketing, and social responsibility and advocacy. For physical therapist assistant students, these opportunities may include education, administration, and social responsibility and advocacy.

6.2.1 The clinical education site will expose students to various practice management opportunities, if available and appropriate, such as resource utilization, quality improvement, reimbursement, cost containment, scheduling, and productivity.

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

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

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

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

7.1 The desirable learning environment in the clinical education site demonstrates characteristics of effective management, positive morale, collaborative working relationships, professionalism, and interdisciplinary patient/client management procedures.
7.1.1 Less tangible characteristics of the site’s personnel include receptiveness, a variety of expertise, interest in and use of evidence-based interventions, and involvement with care providers outside of physical therapy.

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

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

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

7.2.3 Possible use of information technology includes e-mail, voice mail, computer documentation, electronic pagers, literature searches on the Internet, and use of APTA’s Hooked-on-Evidence database (http://www.apta.org/hookedonevidence/index.cfm).

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

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

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

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

8.0 SELECTED SUPPORT SERVICES ARE AVAILABLE TO STUDENTS.

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

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

8.1.2 Support services will be provided for special learning needs of students within reasonable accommodations and in accordance with ADA guidelines.
9.0 ROLES AND RESPONSIBILITIES OF PHYSICAL THERAPY PERSONNEL ARE CLEARLY DEFINED.

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

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

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

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

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

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

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

10.1 Comprehensive clinical education can be planned for students in a clinical education site with at least one physical therapist in accordance with APTA positions, policies, standards, codes, and guidelines.

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

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

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

10.3 Physical therapist responsibilities for patient/client care, teaching, critical inquiry, and community service permit adequate time for supervision of physical therapy students.
11.0 A CENTER COORDINATOR OF CLINICAL EDUCATION IS SELECTED BASED ON SPECIFIC CRITERIA.

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

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

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

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

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

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

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

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

12.1.3 CIs should preferably complete a clinical instructor credentialing program such as the APTA Clinical Instructor Education and Credentialing Program.

12.2 CIs should be able to plan, conduct, and evaluate a clinical education experience based on sound educational principles.
12.2.1 Necessary educational skills include the ability to develop written objectives for a variety of learning experiences, organize activities to accomplish these objectives, effectively supervise students to facilitate learning and clinical reasoning, and participate in a multifaceted process for evaluation of the clinical education experience.

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

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

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

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

12.4.2 Where the physical therapist assistant is the CI working with the PT, the preferred roles of the physical therapist are to observe and consult on an ongoing basis, to model the essentials of the PT/PTA relationship, and to maintain an active role in feedback and evaluation of the physical therapist assistant students.

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

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

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

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

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

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

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

14.1 Clinical education sites foster participation in formal and informal clinical educator training, conducted either internally or externally.
14.1.1 The ACCE and the CCCE may collaborate on arrangements for presenting materials on clinical teaching to the CIs.

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

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

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

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

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

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

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

16.0 PHYSICAL THERAPY PERSONNEL ARE ACTIVE IN PROFESSIONAL ACTIVITIES.

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

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

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

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

16.5 Physical therapy personnel should model APTA's core values for professionalism.
17.0 THE PROVIDER OF PHYSICAL THERAPY HAS AN ACTIVE AND VIABLE PROCESS OF INTERNAL EVALUATION OF ITS AFFAIRS AND IS RECEP TIVE TO PROCEDURES OF REVIEW AND AUDIT APPROVED BY APPROPRIATE EXTERNAL AGENCIES AND CONSUMERS.

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

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

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

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

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

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

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

The foundation for this document is:


Revisions of this document are based on:


GLOSSARY

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

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

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.)

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

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

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

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.)

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

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

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

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

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

Clinical education experience: That aspect of the curriculum where students' learning occurs
directly as a function of being immersed within physical therapy practice. These dynamic and progressive experiences comprise all of the direct and indirect formal and practical “real life” learning experiences provided for students to apply classroom knowledge, skills, and behaviors in the clinical environment. These experiences can be of short or long duration (eg. part-time and full-time experiences, internships that are most often full-time postgraduation experiences for a period of 1 year) and can vary by the manner in which the learning experiences are provided (eg. rotations on different units that vary within the same setting, rotations between different practice settings within the same health care system). These experiences include comprehensive care of patients across the life span and related activities. *(Synonym: Clinical learning experiences)*

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

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

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

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

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

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

**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.)*

**Competent:** Demonstrates skill and proficiency in a fluid and coordinated manner in rendering physical therapy care (physical therapist), or those aspects of physical therapy care (eg. interventions) as directed and supervised by the physical therapist (physical therapist assistant).

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

**Cultural 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*

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

Data collection: For the physical therapist assistant, this term is used in the context of providing interventions that are directed by the physical therapist and within the plan of care and consist of processes or procedures used to collect information relative to the intervention, which may include observation, measurement, and subjective, objective, and functional findings.

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.)

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

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.)

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.)

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.)

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.)

Intervention: The purposeful and skilled interaction of the physical therapist with the patient/client and, when appropriate, with other individuals involved in care (i.e., physical therapist assistant), using various methods and techniques to produce changes in the condition. (Guide to Physical Therapist Practice. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

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.

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

**Patient/client management model:** Elements of physical therapist patient care that lead to optimal outcomes through examination, evaluation, diagnosis, prognosis, intervention, and outcomes. (Adapted from the Guide to Physical Therapist Practice. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

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

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

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

**Physical therapist professional education:** First level of education that prepares student to enter the practice of physical therapy.

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

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

**Plan of care:** Statements that specify the anticipated 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.)

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

**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.)

**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.)

**Provider of physical therapy:** This indicates the part of the clinical education experience that is managed and delivered exclusively under the direction and supervision of the physical therapist.
including within the plan of care physical therapy interventions provided by the physical therapist assistant.

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

**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.)

**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.*)

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

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

**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.*)

**Validity:** The degree to which accumulated evidence and theory support specific interpretation of test scores entailed by proposed use of a test. The degree to which a test measures what it is intended to measure; a test is valid for a particular purpose for a particular group.

**Variety of clinical education experiences:** Considers multiple variables when providing students with clinical learning experiences relative to patient care including, but not limited to, patient acuity, continuum of care, use of a PT/PTA care-delivery team, complexity of patient diagnoses and environment, and health care delivery system.
<table>
<thead>
<tr>
<th>Performance Criteria</th>
<th>CE</th>
<th>CI 1</th>
<th>CI 2</th>
<th>CI 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Practices in a safe manner that minimizes the risk to patient, self, and others.</td>
<td>I</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>2. Demonstrates professional behavior in all situations.</td>
<td>I</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.</td>
<td>I</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>4. Communicates in ways that are congruent with situational needs.</td>
<td>I</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.</td>
<td>AB</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>6. Participates in self-assessment to improve clinical and professional performance.</td>
<td>AB</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.</td>
<td>AB – I</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>8. Determines with each patient encounter the patient's need for further examination or consultation by a PT or referral to another health care professional.</td>
<td>AB – I</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>9. Performs a physical therapy patient examination using evidence-based tests and measurers.</td>
<td>AB – I</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>10. Evaluates data from the patient examination to make clinical judgments.</td>
<td>AB – I</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>11. Determines a diagnosis and prognosis that guides future patient management.</td>
<td>AB – I</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.</td>
<td>AB – I</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>13. Performs physical therapy interventions in a competent manner.</td>
<td>I</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>14. Educates others using relevant and effective teaching methods.</td>
<td>AB – I</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.</td>
<td>I</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.</td>
<td>AB</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>17. Participates in the financial management of the PT service consistent with regulatory, legal, and facility guidelines.</td>
<td>AB</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
<tr>
<td>18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.</td>
<td>AB</td>
<td>I</td>
<td>AI</td>
<td>E</td>
</tr>
</tbody>
</table>
PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003

American Physical Therapy Association

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

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

Key Assumptions

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

Acknowledgement

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

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

©2003 American Physical Therapy Association. All rights reserved. Duplication of this form in its entirety is permitted; however, any revision, addition, or deletion is prohibited.
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></td>
<td>Diagnosis</td>
<td></td>
</tr>
<tr>
<td>• Screening</td>
<td></td>
<td>Prognosis</td>
<td></td>
</tr>
<tr>
<td>• History taking</td>
<td></td>
<td>Plan of Care</td>
<td></td>
</tr>
<tr>
<td>• Systems review</td>
<td></td>
<td>Interventions</td>
<td></td>
</tr>
<tr>
<td>• Tests and measures</td>
<td></td>
<td>Outcomes Assessment</td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

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

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

**Clinical Experience**

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

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

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

☐ 1 student to 1 CI
☐ 1 student to greater than 1 CI
☐ 1 CI to greater than1 student; Describe

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

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

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

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

16. Overall, how would you assess this clinical experience? (Check only one)
   □ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
   □ Time well spent; would recommend this clinical education site to another student.
   □ Some good learning experiences; student program needs further development.
   □ Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?

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

21. What curricular suggestions do you have that would have prepared you better for this clinical experience?
SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

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

Assessment of Clinical Instruction

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

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

<table>
<thead>
<tr>
<th>Provision of Clinical Instruction</th>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site had written objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site's objectives for this learning experience were clearly communicated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was an opportunity for student input into the objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided constructive feedback on student performance.</td>
<td></td>
<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.
Saint Francis University
Department of Physical Therapy
Professional Behaviors Assessment

Student Name __________________________________________ Semster ________________________________

Advisor ______________________________________________

Directions:

1. Read the description of each Professional Behavior.
2. Become familiar with the behavioral criteria described in each of the levels.
3. Self assess your performance continually, relative to the Professional Behaviors, using the behavioral criteria.
4. To complete this form:
   a. Using a highlighter pen, highlight all criteria that describes behaviors you demonstrate in Beginning (column 1), Intermediate (column 2), Entry Level (column 3) or Post-Entry Level Professional Behaviors.
   b. Identify the level within which you predominately function.
   c. Document specific examples of when you demonstrated behaviors from the highest level highlighted.
   d. For each Professional Behavior, (Pages 2-12) list the areas in which you wish to improve.
   e. Submit to the PT Department office
5. Schedule a meeting with your advisor to review your professional behaviors and complete your professional development plan on page 13.

**Professional Behaviors were developed by Warren May, Laurie Komney and Annette Iglarsh (2010) as an update to the Generic Abilities.
1. **Critical Thinking** - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

<table>
<thead>
<tr>
<th><strong>Beginning Level:</strong></th>
<th><strong>Intermediate Level:</strong></th>
<th><strong>Entry Level:</strong></th>
<th><strong>Post-Entry Level:</strong></th>
</tr>
</thead>
</table>
| - Raises relevant questions  
- Considers all available information  
- Articulates ideas  
- Understands the scientific method  
- States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)  
- Recognizes holes in knowledge base  
- Demonstrates acceptance of limited knowledge and experience in knowledge base | - Feels challenged to examine ideas  
- Critically analyzes the literature and applies it to patient management  
- Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas  
- Seeks alternative ideas  
- Formulates alternative hypotheses  
- Critiques hypotheses and ideas at a level consistent with knowledge base  
- Acknowledges presence of contradictions | - Distinguishes relevant from irrelevant patient data  
- Readily formulates and critiques alternative hypotheses and ideas  
- Infers applicability of information across populations  
- Exhibits openness to contradictory ideas  
- Identifies appropriate measures and determines effectiveness of applied solutions efficiently  
- Justifies solutions selected | - Develops new knowledge through research, professional writing and/or professional presentations  
- Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process  
- Weighs information value based on source and level of evidence  
- Identifies complex patterns of associations  
- Distinguishes when to think intuitively vs. analytically  
- Recognizes own biases and suspends judgmental thinking  
- Challenges others to think critically |

I function predominantly in the **beginning/intermediate/entry/post entry** level

**Examples of behaviors to support my self assessment:**

**Regarding this Professional Behavior, I would like to improve in the following ways:**
### 2. Communication - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

<table>
<thead>
<tr>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
<th>Post Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting</td>
<td>- Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences</td>
<td>- Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups</td>
<td>- Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning</td>
</tr>
<tr>
<td>- Recognizes impact of non-verbal communication in self and others</td>
<td>- Restates, reflects and clarifies message(s)</td>
<td>- Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing</td>
<td>- Effectively delivers messages capable of influencing patients, the community and society</td>
</tr>
<tr>
<td>- Recognizes the verbal and non-verbal characteristics that portray confidence</td>
<td>- Communicates collaboratively with both individuals and groups</td>
<td>- Maintains open and constructive communication</td>
<td>- Provides education locally, regionally and/or nationally</td>
</tr>
<tr>
<td>- Utilizes electronic communication appropriately</td>
<td>- Collects necessary information from all pertinent individuals in the patient/client management process</td>
<td>- Utilizes communication technology effectively and efficiently</td>
<td>- Mediates conflict</td>
</tr>
</tbody>
</table>

I function predominantly in the **beginning/intermediate/entry/post entry level**

Examples of behaviors to support my self-assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:
### 3. Problem Solving – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

<table>
<thead>
<tr>
<th><strong>Beginning Level:</strong></th>
<th><strong>Intermediate Level:</strong></th>
<th><strong>Entry Level:</strong></th>
<th><strong>Post Entry Level:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>✦ Recognizes problems</td>
<td>✦ Prioritizes problems</td>
<td>✦ Independently locates, prioritizes and uses resources to solve problems</td>
<td>✦ Weighs advantages and disadvantages of a solution to a problem</td>
</tr>
<tr>
<td>✦ States problems clearly</td>
<td>✦ Identifies contributors to problems</td>
<td>✦ Accepts responsibility for implementing solutions</td>
<td>✦ Participates in outcome studies</td>
</tr>
<tr>
<td>✦ Describes known solutions to problems</td>
<td>✦ Consults with others to clarify problems</td>
<td>✦ Implements solutions</td>
<td>✦ Participates in formal quality assessment in work environment</td>
</tr>
<tr>
<td>✦ Identifies resources needed to develop solutions</td>
<td>✦ Appropriately seeks input or guidance</td>
<td>✦ Reassesses solutions</td>
<td>✦ Seeks solutions to community health-related problems</td>
</tr>
<tr>
<td>✦ Uses technology to search for and locate resources</td>
<td>✦ Prioritizes resources (analysis and critique of resources)</td>
<td>✦ Evaluates outcomes</td>
<td>✦ Considers second and third order effects of solutions chosen</td>
</tr>
<tr>
<td>✦ Identifies possible solutions and probable outcomes</td>
<td>✦ Considers consequences of possible solutions</td>
<td>✦ Modifies solutions based on the outcome and current evidence</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✦ Evaluates generalizability of current evidence to a particular problem</td>
<td></td>
</tr>
</tbody>
</table>

I function predominantly in the **beginning/intermediate/entry/post entry level**

Examples of behaviors to support my self-assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:
4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

<table>
<thead>
<tr>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
<th>Post Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✤ Maintains professional demeanor in all interactions&lt;br&gt;✤ Demonstrates interest in patients as individuals&lt;br&gt;✤ Communicates with others in a respectful and confident manner&lt;br&gt;✤ Respects differences in personality, lifestyle and learning styles during interactions with all persons&lt;br&gt;✤ Maintains confidentiality in all interactions&lt;br&gt;✤ Recognizes the emotions and bias that one brings to all professional interactions</td>
<td>✤ Recognizes the non-verbal communication and emotions that others bring to professional interactions&lt;br&gt;✤ Establishes trust&lt;br&gt;✤ Seeks to gain input from others&lt;br&gt;✤ Respects role of others&lt;br&gt;✤ Accommodates differences in learning styles as appropriate</td>
<td>✤ Demonstrates active listening skills and reflects back to original concern to determine course of action&lt;br&gt;✤ Responds effectively to unexpected situations&lt;br&gt;✤ Demonstrates ability to build partnerships&lt;br&gt;✤ Applies conflict management strategies when dealing with challenging interactions&lt;br&gt;✤ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</td>
<td>✤ Establishes mentor relationships&lt;br&gt;✤ Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction</td>
</tr>
</tbody>
</table>

I function predominantly in the **beginning/intermediate/entry/post entry level**.

Examples of behaviors to support my self-assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:
5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

<table>
<thead>
<tr>
<th><strong>Beginning Level:</strong></th>
<th><strong>Intermediate Level:</strong></th>
<th><strong>Entry Level:</strong></th>
<th><strong>Post Entry Level:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Demonstrates punctuality</td>
<td>❖ Displays awareness of and sensitivity to diverse populations</td>
<td>❖ Educates patients as consumers of health care services</td>
<td>❖ Recognizes role as a leader</td>
</tr>
<tr>
<td>❖ Provides a safe and secure environment for patients</td>
<td>❖ Completes projects without prompting</td>
<td>❖ Encourages patient accountability</td>
<td>❖ Encourages and displays leadership</td>
</tr>
<tr>
<td>❖ Assumes responsibility for actions</td>
<td>❖ Delegates tasks as needed</td>
<td>❖ Directs patients to other health care professionals as needed</td>
<td>❖ Facilitates program development and modification</td>
</tr>
<tr>
<td>❖ Follows through on commitments</td>
<td>❖ Collaborates with team members, patients and families</td>
<td>❖ Acts as a patient advocate</td>
<td>❖ Promotes clinical training for students and coworkers</td>
</tr>
<tr>
<td>❖ Articulates limitations and readiness to learn</td>
<td>❖ Provides evidence-based patient care</td>
<td>❖ Promotes evidence-based practice in health care settings</td>
<td>❖ Monitors and adapts to changes in the health care system</td>
</tr>
<tr>
<td>❖ Abides by all policies of academic program and clinical facility</td>
<td></td>
<td>❖ Accepts responsibility for implementing solutions</td>
<td>❖ Promotes service to the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❖ Demonstrates accountability for all decisions and behaviors in academic and clinical settings</td>
<td></td>
</tr>
</tbody>
</table>

I function predominantly in the **beginning/intermediate/entry/post entry level**

Examples of behaviors to support my self-assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:
6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

<table>
<thead>
<tr>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
<th>Post Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✧ Abides by all aspects of the academic program honor code and the APTA Code of Ethics</td>
<td>✧ Identifies positive professional role models within the academic and clinical settings</td>
<td>✧ Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary</td>
<td>✧ Actively promotes and advocates for the profession</td>
</tr>
<tr>
<td>✧ Demonstrates awareness of state licensure regulations</td>
<td>✧ Acts on moral commitment during all academic and clinical activities</td>
<td>✧ Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity</td>
<td>✧ Pursues leadership roles</td>
</tr>
<tr>
<td>✧ Projects professional image</td>
<td>✧ Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making</td>
<td>✧ Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development</td>
<td>✧ Supports research</td>
</tr>
<tr>
<td>✧ Attends professional meetings</td>
<td>✧ Discusses societal expectations of the profession</td>
<td>✧ Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices</td>
<td>✧ Participates in program development</td>
</tr>
<tr>
<td>✧ Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</td>
<td></td>
<td>✧ Discusses role of physical therapy within the healthcare system and in population health</td>
<td>✧ Participates in education of the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✧ Demonstrates leadership in collaboration with both individuals and groups</td>
<td>✧ Demonstrates the ability to practice effectively in multiple settings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>✧ Acts as a clinical instructor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>✧ Advocates for the patient, the community and society</td>
</tr>
</tbody>
</table>
I function predominantly in the beginning/intermediate/entry/post entry level.

Examples of behaviors that support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:
### 7. Use of Constructive Feedback

The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

<table>
<thead>
<tr>
<th><strong>Beginning Level:</strong></th>
<th><strong>Intermediate Level:</strong></th>
<th><strong>Entry Level:</strong></th>
<th><strong>Post Entry Level:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Demonstrates active listening skills</td>
<td>• Critiques own performance accurately</td>
<td>• Independently engages in a continual process of self evaluation of skills, knowledge and abilities</td>
<td>• Engages in non-judgmental, constructive problem-solving discussions</td>
</tr>
<tr>
<td>• Assesses own performance</td>
<td>• Responds effectively to constructive feedback</td>
<td>• Seeks feedback from patients/clients and peers/mentors</td>
<td>• Acts as conduit for feedback between multiple sources</td>
</tr>
<tr>
<td>• Actively seeks feedback from appropriate sources</td>
<td>• Utilizes feedback when establishing professional and patient related goals</td>
<td>• Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients</td>
<td>• Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients</td>
</tr>
<tr>
<td>• Demonstrates receptive behavior and positive attitude toward feedback</td>
<td>• Develops and implements a plan of action in response to feedback</td>
<td>• Ready integrates feedback provided from a variety of sources to improve skills, knowledge and abilities</td>
<td>• Utilizes feedback when analyzing and updating professional goals</td>
</tr>
<tr>
<td>• Incorporates specific feedback into behaviors</td>
<td>• Provides constructive and timely feedback</td>
<td>• Uses multiple approaches when responding to feedback</td>
<td></td>
</tr>
<tr>
<td>• Maintains two-way communication without defensiveness</td>
<td></td>
<td>• Reconciles differences with sensitivity</td>
<td></td>
</tr>
</tbody>
</table>

I function predominantly in the **beginning/intermediate/entry/post entry level**

Examples of behaviors to support my self-assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:
### 8. Effective Use of Time and Resources

The ability to manage time and resources effectively to obtain the maximum possible benefit.

<table>
<thead>
<tr>
<th><strong>Beginning Level:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>✷ Comes prepared for the day's activities/responsibilities</td>
</tr>
<tr>
<td>✷ Identifies resource limitations (i.e. information, time, experience)</td>
</tr>
<tr>
<td>✷ Determines when and how much help/assistance is needed</td>
</tr>
<tr>
<td>✷ Accesses current evidence in a timely manner</td>
</tr>
<tr>
<td>✷ Verbalizes productivity standards and identifies barriers to meeting productivity standards</td>
</tr>
<tr>
<td>✷ Self-identifies and initiates learning opportunities during unscheduled time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Intermediate Level:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>✷ Utilizes effective methods of searching for evidence for practice decisions</td>
</tr>
<tr>
<td>✷ Recognizes own resource contributions</td>
</tr>
<tr>
<td>✷ Shares knowledge and collaborates with staff to utilize best current evidence</td>
</tr>
<tr>
<td>✷ Discusses and implements strategies for meeting productivity standards</td>
</tr>
<tr>
<td>✷ Identifies need for and seeks referrals to other disciplines</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Entry Level:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>✷ Uses current best evidence</td>
</tr>
<tr>
<td>✷ Collaborates with members of the team to maximize the impact of treatment available</td>
</tr>
<tr>
<td>✷ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations</td>
</tr>
<tr>
<td>✷ Gathers data and effectively interprets and assimilates the data to determine plan of care</td>
</tr>
<tr>
<td>✷ Utilizes community resources in discharge planning</td>
</tr>
<tr>
<td>✷ Adjusts plans, schedule etc. as patient needs and circumstances dictate</td>
</tr>
<tr>
<td>✷ Meets productivity standards of facility while providing quality care and completing non-productive work activities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Post Entry Level:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>✷ Advances profession by contributing to the body of knowledge (outcomes, case studies, etc)</td>
</tr>
<tr>
<td>✷ Applies best evidence considering available resources and constraints</td>
</tr>
<tr>
<td>✷ Organizes and prioritizes effectively</td>
</tr>
<tr>
<td>✷ Prioritizes multiple demands and situations that arise on a given day</td>
</tr>
<tr>
<td>✷ Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care</td>
</tr>
</tbody>
</table>

---

I function predominantly in the **beginning/intermediate/entry/post entry level**

**Examples of behaviors to support my self-assessment:**

**Regarding this Professional Behavior, I would like to improve in the following ways:**
9. **Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

<table>
<thead>
<tr>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
<th>Post Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✩ Recognizes own stressors</td>
<td>✩ Actively employs stress management techniques</td>
<td>✩ Demonstrates appropriate affective responses in all situations</td>
<td>✩ Recognizes when problems are unsolvable</td>
</tr>
<tr>
<td>✩ Recognizes distress or problems in others</td>
<td>✩ Reconciles inconsistencies in the educational process</td>
<td>✩ Responds calmly to urgent situations with reflection and debriefing as needed</td>
<td>✩ Assists others in recognizing and managing stressors</td>
</tr>
<tr>
<td>✩ Seeks assistance as needed</td>
<td>✩ Maintains balance between professional and personal life</td>
<td>✩ Prioritizes multiple commitments</td>
<td>✩ Demonstrates preventative approach to stress management</td>
</tr>
<tr>
<td>✩ Maintains professional demeanor in all situations</td>
<td>✩ Accepts constructive feedback and clarifies expectations</td>
<td>✩ Reconciles inconsistencies within professional, personal and work/life environments</td>
<td>✩ Establishes support networks for self and others</td>
</tr>
<tr>
<td></td>
<td>✩ Establishes outlets to cope with stressors</td>
<td>✩ Demonstrates ability to defuse potential stressors with self and others</td>
<td>✩ Offers solutions to the reduction of stress</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>✩ Models work/life balance through health/wellness behaviors in professional and personal life</td>
</tr>
</tbody>
</table>

I function predominantly in the **beginning/intermediate/entry/post entry** level.

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:
10. **Commitment to Learning** – The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

<table>
<thead>
<tr>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
<th>Post Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✤ Prioritizes information needs</td>
<td>✤ Researches and studies areas where own knowledge base is lacking in order to augment learning and practice</td>
<td>✤ Respectfully questions conventional wisdom</td>
<td>✤ Acts as a mentor not only to other PT’s, but to other health professionals</td>
</tr>
<tr>
<td>✤ Analyzes and subdivides large questions into</td>
<td>✤ Applies new information and re-evaluates performance</td>
<td>✤ Formulates and re-evaluates position based on available evidence</td>
<td>✤ Utilizes mentors who have knowledge available to them</td>
</tr>
<tr>
<td>components</td>
<td>✤ Accepts that there may be more than one answer to a problem</td>
<td>✤ Demonstrates confidence in sharing new knowledge with all staff levels</td>
<td>✤ Continues to seek and review relevant literature</td>
</tr>
<tr>
<td>✤ Identifies own learning needs based on previous</td>
<td>✤ Recognizes the need to and is able to verify solutions to problems</td>
<td>✤ Modifies programs and treatments based on newly-learned skills and</td>
<td>✤ Works towards clinical specialty certifications</td>
</tr>
<tr>
<td>experiences</td>
<td>✤ Reads articles critically and understands limits of application to professional practice</td>
<td>considerations</td>
<td>✤ Seeks specialty training</td>
</tr>
<tr>
<td>✤ Welcomes and/or seeks new learning opportunities</td>
<td></td>
<td>✤ Consults with other health professionals and physical therapists for treatment ideas</td>
<td>✤ Is committed to understanding the PT’s role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)</td>
</tr>
<tr>
<td>✤ Seeks out professional literature</td>
<td></td>
<td></td>
<td>✤ Pursues participation in clinical education as an educational opportunity</td>
</tr>
<tr>
<td>✤ Plans and presents an in-service, research or cases studies</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I function predominantly in the **beginning/intermediate/entry/post entry level**

Examples of behaviors to support my self-assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:
Professional Development Plan:

Based on my self assessment of my Professional Behaviors and the areas I have identified for improvement, I am setting the following goals:

To accomplish these goals, I will take the following specific actions:

By my signature below, I indicate that I have completed this self assessment and sought feedback from my Advisor regarding my self assessment.

Student Signature: ___________________________ Date: _______________________

Advisor feedback/suggestions.

Advisor signature: ___________________________ Date: _______________________
Weekly Planning Form

Week _____ Dates __________________________

Summary of Previous Week
Student:

Clinical Instructor:

Goals for Upcoming Week: Date Met:

_________________________________________  __________________________________
Student Signature            Clinical Instructor Signature
Saint Francis University
Department of Physical Therapy
Student Incident Report

Date __________  Time __________  Location ____________________________

Person(s) Involved ____________________________________________________

Description of Incident _______________________________________________

____________________________________________________________________

Injury Received ______________________________________________________

____________________________________________________________________

Equipment Involved __________________________________________________

Witness

____________________________________________________________________

Medical Attention Recommended _________________________________________

____________________________________________________________________

Person Preparing Report ______________________________________________

____________________________________________________________________

Department Chair Comments ____________________________________________

____________________________________________________________________

____________________________________________________________________

Chair Signature ___________________________  Date ______________