<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Mission</td>
<td>1</td>
</tr>
<tr>
<td>1.1</td>
<td>Creighton University</td>
<td>1</td>
</tr>
<tr>
<td>1.2</td>
<td>School of Pharmacy</td>
<td>1</td>
</tr>
<tr>
<td>1.3</td>
<td>Department of Physical Therapy</td>
<td>1</td>
</tr>
<tr>
<td>2.0</td>
<td>Physical Therapy Education and Outcomes</td>
<td>4</td>
</tr>
<tr>
<td>2.1</td>
<td>Purposes</td>
<td>4</td>
</tr>
<tr>
<td>2.2</td>
<td>Program Outcomes</td>
<td>4</td>
</tr>
<tr>
<td>2.3</td>
<td>Program of Study</td>
<td>6</td>
</tr>
<tr>
<td>2.4</td>
<td>Course Descriptions</td>
<td>7</td>
</tr>
<tr>
<td>3.0</td>
<td>Physical Therapy Clinical Education Experiences</td>
<td>16</td>
</tr>
<tr>
<td>3.1</td>
<td>Conceptual Orientation</td>
<td>16</td>
</tr>
<tr>
<td>3.2</td>
<td>Learning Experiences</td>
<td>16</td>
</tr>
<tr>
<td>3.2.1</td>
<td>Clinical Education Plan</td>
<td>16</td>
</tr>
<tr>
<td>3.2.2</td>
<td>Integrated Professional Practice Experiences</td>
<td>16</td>
</tr>
<tr>
<td>3.2.3</td>
<td>Final Professional Practice Experiences</td>
<td>17</td>
</tr>
<tr>
<td>3.2.4</td>
<td>Directed Practice Experience</td>
<td>17</td>
</tr>
<tr>
<td>3.2.5</td>
<td>Directed Practice Experience Application</td>
<td>21</td>
</tr>
<tr>
<td>3.2.5</td>
<td>ILAC (International Latin American Concern) Experience</td>
<td>23</td>
</tr>
<tr>
<td>4.0</td>
<td>Experiential Education Participation</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Immunizations</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Health Insurance Coverage</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Criminal Background Checks</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Cardiopulmonary Resuscitation (CPR) Certification</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Universal Precautions</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Health Insurance Portability and Accountability (HIPAA)</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Drug Testing</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Confidentiality of Student Records</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Student Exposure to Infectious Disease</td>
<td>28</td>
</tr>
<tr>
<td>5.0</td>
<td>Clinical Education Policies and Procedures</td>
<td>32</td>
</tr>
<tr>
<td>5.1</td>
<td>Organizational Structure for Clinical Education Policies and Procedures</td>
<td>32</td>
</tr>
<tr>
<td>5.2</td>
<td>Confidentiality and Communication throughout Clinical Education Experience</td>
<td>32</td>
</tr>
<tr>
<td>5.3</td>
<td>Selection of Clinical Sites</td>
<td>32</td>
</tr>
<tr>
<td>5.3.1</td>
<td>Student Selection</td>
<td>32</td>
</tr>
<tr>
<td>5.3.2</td>
<td>Clinical Site Commitments</td>
<td>33</td>
</tr>
<tr>
<td>5.3.3</td>
<td>Clinical Site Requirements</td>
<td>33</td>
</tr>
<tr>
<td>5.4</td>
<td>Travel/Living Expenses</td>
<td>34</td>
</tr>
<tr>
<td>5.5</td>
<td>Absences from Clinical Assignment</td>
<td>34</td>
</tr>
<tr>
<td>5.5.1</td>
<td>Student</td>
<td>34</td>
</tr>
<tr>
<td>5.5.2</td>
<td>CCCE/CI</td>
<td>34</td>
</tr>
<tr>
<td>5.6</td>
<td>Holidays</td>
<td>34</td>
</tr>
<tr>
<td>5.7</td>
<td>Clinical Education Meetings</td>
<td>34</td>
</tr>
<tr>
<td>5.8</td>
<td>Dress</td>
<td>35</td>
</tr>
<tr>
<td>5.9</td>
<td>Name Tags</td>
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</tr>
<tr>
<td>5.10</td>
<td>Professional Liability Insurance</td>
<td>35</td>
</tr>
<tr>
<td>5.11</td>
<td>Evaluation</td>
<td>35</td>
</tr>
<tr>
<td>5.12</td>
<td>Procedure for Risk of Not Meeting Clinical Experience Competency</td>
<td>36</td>
</tr>
<tr>
<td>5.12.1</td>
<td>Clinical Instructor’s Responsibilities</td>
<td>36</td>
</tr>
<tr>
<td>5.12.2</td>
<td>Student Responsibilities</td>
<td>36</td>
</tr>
<tr>
<td>5.12.3</td>
<td>University Responsibilities</td>
<td>37</td>
</tr>
<tr>
<td>5.13</td>
<td>Removal from a Clinical Education Site/Failure of a Clinical Experience</td>
<td>37</td>
</tr>
</tbody>
</table>

Appendices

A. APTA Guidelines and Self-Assessments for Clinical Education
B. Site Agreement
C. Clinical Site Information Form (CSIF)
D. Student Time Log for Clinical Experience
E. Physical Therapist Clinical Performance Instrument
F. Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction
G. Provision of Therapy Services by Students under Medicare Part B
H. Technical Standards
1.0 MISSION

1.1 Creighton University Mission Statement

Creighton is a Catholic and Jesuit comprehensive university committed to excellence in its selected undergraduate, graduate and professional programs.

As Catholic, Creighton is dedicated to the pursuit of truth in all its forms and is guided by the living tradition of the Catholic Church.

As Jesuit, Creighton participates in the tradition of the society of Jesus which provides an integrating vision of the world that arises out of a knowledge and love of Jesus Christ.

As comprehensive, Creighton’s education embraces several colleges and professional schools and is directed to the intellectual, social, spiritual, physical and recreational aspects of students’ lives and to the promotion of justice.

Creighton exists for students and learning. Members of the Creighton community are challenged to reflect on transcendent values, including their relationship with God, in an atmosphere of freedom of inquiry, belief and religious worship. Service to others, the importance of family life, the inalienable worth of each individual and appreciation of ethnic and cultural diversity are core values of Creighton.

Creighton faculty members conduct research to enhance teaching, to contribute to the betterment of society, and to discover knowledge. Faculty and staff stimulate critical and creative thinking and provide ethical perspectives for dealing with an increasingly complex world.

1.2 School of Pharmacy and Health Professions Mission Statement

In the Catholic, Jesuit tradition of Creighton University, the School of Pharmacy and Health Professions will serve the human community by preparing outstanding Occupational Therapists, Pharmacists, and Physical Therapists who provide comprehensive patient centered care. Our commitment is demonstrated by fostering leadership, advancing knowledge, promoting justice and embracing change. All members of the school community will strive to improve societal health through excellence in innovative teaching and learning, research and scholarship, with a focused emphasis on interprofessional collaboration, moral values, and service to others.

1.3 Department of Physical Therapy

Within the tradition of a Jesuit, Catholic University, the Creighton University Department of Physical Therapy engages in value-centered teaching, service and scholarship focused on movement dysfunction and enablement of activity and participation. We model and facilitate professional formation and action to compassionately and competently respond to societal needs by restoring, maintaining and promoting optimal physical function and wellness.

Physical Therapy as a Discipline within Health Care

Physical therapists are integral members of the health care team who competently diagnose, evaluate and offer therapeutic intervention within the scope of physical therapy practice. Individuals have the right to quality health care through direct access to physical therapists. The physical therapist demonstrates service to each individual by addressing each person’s specific needs while ethically integrating therapeutic outcomes with the needs of the greater society. This may include promoting health, maximizing ability and minimizing movement dysfunction, and decreasing the deleterious effects of health impairments, functional limitations and disability.

To achieve the primary professional goal of facilitating the client’s optimal function within
society, the physical therapist must master substantial breadth and depth of knowledge in the basic and applied sciences, incorporate critical thinking skills, exercise humility, demonstrate integrity and bridge theory with practice. Scientific knowledge is complemented by experiences that enhance understanding of the complexity and diversity of the patient and society including psycho-social, cultural and ethical elements of patient care. Comprehensive preparation in the science and art of the profession provides the foundation for fully assuming the role of a professional which encompasses practice as a primary health care provider, pursuit of clinical expertise, commitment to clinical or academic teaching, facilitation of research and guiding health care planning policy.

The physical therapist offers care in a compassionate, artful, legal and ethical manner, while providing guidance as a teacher and advocacy as a moral agent. The practitioner must be prepared to participate in a broad spectrum of activities that span a range from health promotion through comprehensive rehabilitation. As effective members of the health care team, physical therapists address patient needs throughout the life span that are manifested as acute or chronic dysfunction of movement due to disorders of the musculoskeletal, neurological, cardiovascular and pulmonary, and integumentary systems.

The Educational Environment

The ideal learning environment for students enrolled in the Creighton Physical Therapy Department is one of intellectual challenge, presenting opportunities for collaborative and independent learning and offering experiential breadth that encompasses collaboration with peers, clients, families and others within and external to the discipline of physical therapy. In concert with the Jesuit tradition of Creighton University, the Physical Therapy Department provides an environment that values human dignity across various styles of thinking and diverse social backgrounds while fostering moral responsibility and academic excellence. This dynamic framework allows students to identify, define and grow to fulfill the responsibilities of a professional within society.

Faculty

Faculty in Physical Therapy at Creighton University value community and unity of purpose as elements essential to the educational process. As a community of scholars and professionals, the faculty has a commitment to inquiry and accepts the responsibility for contributing to the theoretical underpinnings, evolving knowledge base and practical implementation of physical therapy practice. The faculty is unified as facilitators of student learning and of reflective inquiry while serving as role models for professional behavior, service to society and the pursuit of justice.

Learner

Commitment to patients, society and the profession, in the realms of service, research and education is essential and lifelong. Students should contribute to the program, the University and society by reflecting the program’s philosophy of service and learning. Striving to develop appropriate, effective strategies for advocating and instituting change is a goal to be pursued as students enter a dynamic health care environment. Students are encouraged to develop their potential for lifelong learning, recognizing that the struggle for continual betterment of society, profession and self is an ongoing process throughout their professional careers. Consistent with the mission of the University, graduates are valued for their individual abilities to contribute to both society and the profession.
Conclusion

Creighton University Department of Physical Therapy is committed to leadership in clinical doctoral education through academic excellence, significant scholarly contributions, service to the human community and fostering societal and professional dedication within its graduates.
2.0 PHYSICAL THERAPY EDUCATION AND OUTCOMES

2.1 Purposes

The purposes of the Doctor of Physical Therapy Program are to prepare:

1. Physical therapists to serve as primary health care providers.
2. Graduates for leadership roles at the local, state, and national level in physical therapy and in the health professions.
3. Physical therapists who can identify researchable problems, advocate and participate in research, and incorporate research findings into clinical practice.
4. Graduates who will be able to critically evaluate clinical and policy issues.
5. Graduates who can correlate theory with practice and think creatively about, react to, adapt or shape new practice environments.
6. Physical therapists who will participate in educative roles for patients, peers, students and others.

2.2 Program Outcomes Core Professional Abilities:

1. Professional Formation and Critical Self-Reflection – The student shall utilize a process of deliberative self-reflection to enhance understanding of self and engage in continued professional formation. Formation of professional identity is based on the following core values; Accountability, altruism, compassion, excellence, integrity, professional duty and social responsibility.

2. Communication Skills – The student shall read, write, speak, listen and use media and technology to communicate effectively. The student shall demonstrate respectful, positive and culturally appropriate interpersonal behaviors in the counsel and education of patients, families, and in communication with other healthcare professionals.

3. Critical Thinking and Clinical Judgment – The student shall acquire, comprehend, apply, synthesize and evaluate information. The student shall integrate these abilities to identify, resolve and prevent problems and make appropriate decisions. The student shall demonstrate the behaviors of the scholarly clinician by developing and utilizing the process of critical thinking and systematic inquiry for the purpose of clinical reasoning, decision-making and exercising sound clinical judgment.

4. Learning and Professional Development – The student shall consistently strive to expand his or her knowledge and skills to maintain professional competence and contribute to the body of professional knowledge. The student shall demonstrate the ability to gather, interpret and evaluate data for the purpose of assessing the suitability, accuracy and reliability of information from reference sources.

5. Ethical Foundation and Moral Agency – The student shall practice in an ethical manner, fulfilling an obligation for moral responsibility and social justice. The student shall identify, analyze and resolve ethical problems.

6. Social Awareness, Leadership and Advocacy – the student shall provide service to the community and to the profession. The student will assume responsibility for proactive collaboration with other healthcare professionals in addressing patient needs. The student will be prepared to influence the development of ethical and humane health care regulations and policies that are consistent with the needs of the patient and society.
Physical Therapy Care Abilities:

1. **Patient Examination** – The student shall perform: a) Thorough patient interview with appropriate medical history and review of systems; b) Physical examination utilizing appropriate tests and measures.

2. **Patient Evaluation and Physical Therapy Diagnosis** – The student shall: a) Interpret results of the physical therapy examination and other diagnostic procedures; b) Synthesize pertinent data; c) Formulate an accurate physical therapy diagnosis. The process of evaluation also may identify the need for consultation with or referral to other health care providers.

3. **Patient Prognosis** – The student shall predict the patient’s level of optimal improvement that may be attained through intervention within a given period of time.

4. **Patient Intervention** – The student shall design an appropriate plan of care to produce changes consistent with the physical therapy diagnosis and prognosis. The student shall develop a customized plan of care in collaboration with the patient’s/family’s expectations and goals. The student shall also assume responsibility for delegation and supervision of appropriate human resources engaged in patient care activities.

5. **Patient Re-examination/Re-evaluation** – The student shall perform an accurate re-examination and re-evaluation to determine changes in patient status and to modify or redirect physical therapy intervention. The process of re-examination and re-evaluation also may identify the need for consultation with or referral to other health care providers. Patient re-examination and re-evaluation may also necessitate modification of delegation and supervision of appropriate human resources engaged in patient care activities.

6. **Patient Outcomes** – The student shall track the results of physical therapy management, which may include the following domains: Pathology; Impairments; Functional limitations; Participation; Risk reduction/prevention; Wellness; community and Societal resources; and Patient satisfaction.

7. **Systems Management** – The student shall identify the specific contribution of physical therapy management within the healthcare system and the influence of health care policy on that system. In addition, the student shall demonstrate knowledge and be able to effectively interact within the interdependent framework of the health care team in a complex society. The student shall extend his/her responsibility for physical therapy care beyond individual patients to include care of communities and populations.
# Program of Study – Class of 2019
Doctor of Physical Therapy Degree at Creighton University

## First Professional Year

### Fall
- IPE 400 Introduction to Collaborative Care (.5 sem. hrs.)
- PTD 500 Human Anatomy (7 sem. hrs.)
- PTD 501 Exercise Physiology and Wellness (2 sem. hrs.)
- PTD 502 Patient Management I (1 sem. hr.)
- PTD 503 Behavioral and Social Science (2 sem. hrs.)
- PTD 504 Evidence Based Practice I (2 sem. hrs.)
- PTD 505 Introduction to Imaging for Physical Therapists (1 sem. hr.)
- PTD 506 Integrated Laboratory (1 sem. hr.)
- PTD 507 Emergency Medical Responder (2 sem. hrs.)

**Total Semester Hours = 18.5**

### Spring
- PTD 510 Movement Science (4 sem. hrs.)
- PTD 511 Health Conditions for the Physical Therapist (3 sem. hrs.)
- PTD 512 Patient Management II (3 sem. hrs.)
- PTD 513 Cardiovascular and Pulmonary Physical Therapy I (3 sem. hrs.)
- PTD 514 Evidence Based Practice II (2 sem. hrs.)
- PTD 516 Integrated Laboratory II (2 sem. hrs.)
- PTD 518 Professional Formation I (1 sem. hr.)

**Total Semester Hours = 18**

## Second Professional Year

### Summer (Semester 3)
- PTD 520 Neuroscience (3 sem. hrs.)
- PTD 521 Integumentary Physical Therapy (2 sem. hrs.)
- PTD 522 Musculoskeletal Physical Therapy I (2 sem. hrs.)
- PTD 526 Integrated Laboratory III (2 sem. hrs.)
- PTD 528 Professional formation II (2 sem. hrs.)
- PTD 560 Professional Practice I (6 sem. hrs.)

**Total Semester Hours = 17**

### Fall (Semester 4)
- PTD 530 Physical Therapy Pharmacotherapeutics (2 sem. hrs.)
- PTD 531 Pain (2 sem. hrs.)
- PTD 532 Musculoskeletal Physical Therapy II (3 sem. hrs.)
- PTD 533 Motor Control and Motor Learning (2 sem. hrs.)
- PTD 534 Neuromuscular Physical Therapy I (3 sem. hrs.)
- PTD 536 Integrated Laboratory IV (4 sem. hrs.)

**Total Semester Hours = 16**

## Third Professional Year

### Spring (Semester 5)
- PTD 600 Health Services (2 sem. hrs.)
- PTD 601 Ethics in Physical Therapy Practice (3 sem. hrs.)
- PTD 602 Musculoskeletal Physical Therapy III (2 sem. hrs.)
- PTD 604 Neuromuscular Physical Therapy II (3 sem. hrs.)
- PTD 606 Integrated Laboratory V (2 sem. hrs.)
- PTD 608 Professional Formation III (1 sem. hr.)
- PTD 670 Professional Practice II (6 sem. hrs.)

**Total Semester Hours = 19**

### Summer (Semester 6)
- PTD 610 Physical Therapy Management Systems (2 sem. hrs.)
- PTD 611 Introduction to Differential Diagnosis (2 sem. hrs.)
- PTD 612 Amputations and Prosthetics (1 sem. hr.)
- PTD 613 Cardiovascular and Pulmonary Physical Therapy II (2 sem. hrs.)
- PTD 614 Integrated Patient Care (1 sem. hr.)
- PTD 615 Medical Imaging: Clinical Correlates for the Physical Therapist (1 sem. hr.)
- PTD 616 Integrated Laboratory VI (2 sem. hrs.)
- PTD 617 Clinical Electrophysiology (1 sem. hr.)
- PTD 618 Professional Formation IV (1 sem. hr.)

**Total Semester Hours = 13**

## Fourth Professional Year

### Fall (Semester 7)
- PTD 680 Professional Practice III (16 sem hrs.)

**Semester Hours = 16**

### Spring (Semester 8)
- PTD 688 Expert Practice in Physical Therapy (2 sem hrs)
- PTD 690 Professional Practice IV (Feb/Mar/Apr) (16 sem hrs.)

**Total Semester Hours = 18**
2.4 Course Descriptions

<table>
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<th>Course No.</th>
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<td></td>
</tr>
</tbody>
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**Human Anatomy**

Human Anatomy provides a dissection-based anatomical study of the human body. Gross anatomy, surface anatomy and embryology of the human body is explored. Students are expected to learn gross anatomy through reading, group study and dissection. Lecture and concept maps will be used in the course to introduce and reinforce anatomical concepts. Competence in applying anatomical concepts to clinical problems faced by the physical therapist is the expected outcome of the course.

**Behavioral and Social Sciences for the Physical Therapist**

Effective human interaction is central to the physical therapist's varied roles in providing physical therapy care as an integral member of the health care team in a diverse society. This course provides students with foundational knowledge and experience in the behavioral sciences as applied to clinical practice. Theory and principles of human communication and behavior will be explored to facilitate an awareness of self and others, enhancing interactions with patients/clients, family, caregivers, health practitioners and consumers. In addition, evidence-based strategies for understanding and facilitating adaptations to illness and disability across the lifespan are introduced.

**Exercise Physiology and Wellness**

This course is designed to provide students with knowledge and application of bioenergetics related to both acute and chronic physiological adaptations of aerobic, anaerobic, and strengthening exercise. Assessment of body composition will also be measured utilizing a variety of techniques. In addition students will address specific nutritional needs and ergogenic supplementation for individuals with active lifestyles from youth to geriatric populations.

**Evidence Based Practice I**

This course is the first of a two part series designed to develop students' inquiry skills as consumers of the literature with the ability to critically analyze and evaluate research evidence, as well as to identify researchable problems and questions. Emphasis is placed on critiquing clinical research focused on measurement, diagnosis, prevention, and treatment outcomes. Principles and application of inquiry and investigation are explored in relation to the clinical environment. Research design and statistical methods are discussed and used in the analysis of research literature. An evidence-based decision making process will be modeled, emphasizing applications for use in clinical practice. Emphasis is placed on critiquing clinical
research focused on measurement, diagnosis, prevention, and treatment outcomes.

**Introduction to Medical Imaging for Physical Therapists**

This course provides foundational knowledge about common diagnostic imaging techniques encountered in clinical practice by physical therapists. Plain film radiography, magnetic resonance imaging, computed tomography, ultrasound imaging and nuclear medicine imaging techniques will all be introduced. The course will cover the basic physics and principles for viewing and interpreting these imaging studies. This course will integrate with other basic science coursework, such as human anatomy, and future clinical science courses, such as musculoskeletal, cardiovascular and pulmonary, and neurologic physical therapy.

**Integrated Laboratory I**

This course is designed to synthesize content from anatomy, exercise physiology, patient management, behavioral and social sciences, and medical imaging. Clinical reasoning and psychomotor skill development will be emphasized. Students will integrate and apply elements of the patient/client management model across the lifespan and throughout the continuum of care to promote excellence in physical therapy practice.

**Patient Management I**

This course is an introduction to patient management with a focus on the healthy individual or population. This is the first semester of a two-part series. Topics include physical therapists as wellness experts, an introduction to vital signs and patient assessment, wellness and health promotion, gait and balance assessment, giving and receiving feedback, community needs assessment, and program selection. Components of this course will be incorporated into the integrated labs to expand your practice and understanding.

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Movement Science
Study of selected anatomical, structural, and functional properties of human connective tissues, muscular tissues, nervous tissues, and skeletal structures. Emphasis will be placed on mechanical, neuroregulatory, and muscular influences upon normal and pathological motion.

Health Conditions for the Physical Therapist
This course applies current theory of the physical therapy management of patients with acute and chronic health conditions commonly seen in practice. Primary content area will include diseases or conditions of the immune, endocrine and metabolic, lymphatic, hematologic, gastrointestinal, hepatic, pancreatic and biliary, rental and urologic, and genital and reproductive systems. The pathophysiology, medical diagnosis, clinical course, medical/surgical/health care team management and prevention will be presented as a foundation for developing a physical therapy plan of care.

Cardiovascular and Pulmonary Physical Therapy I
This is the first of a two-course sequence designed to prepare the student in the physical therapy management of patients/clients with diagnoses involving the cardiovascular and pulmonary systems. Physical therapy examination, evaluation, prognosis, diagnosis, intervention, and outcome assessment across the lifespan will be emphasized across the continuum of care. Student learning experiences will include lecture, small group discussions, projects and case study preparation, and clinical participation.

Evidence Based Practice II
This course will help develop students' inquiry skills as consumers of the literature with the ability to critically analyze and evaluate research evidence, as well as to identify researchable problems and questions. Emphasis is placed on critiquing clinical research focused on qualitative methods, treatment outcomes, clinical practice guidelines, systematic reviews, and meta-analysis. An evidence-based decision making process will be modeled, emphasizing applications for use in clinical practice.

Professional Formation I
This course is an introduction to professional aspects of Physical Therapy. This course will introduce students to topics addressing personal/professional reflection, professional organizations and leadership, and the role of physical therapists and other healthcare providers in clinical practice. Students will also initiate preparation for clinical education experiences including development of a clinical education plan.

Integrated Laboratory II
This course is the second in a series of six laboratories designed to synthesize content from Cardiovascular and Pulmonary PT I, Kinesiology, PT Management II, and Evidence-based Practice. Clinical reasoning and psychomotor skill development will be emphasized. Students will integrate and apply elements of the patient/client management model across the lifespan and throughout the continuum of care to promote excellence in physical therapy practice.

Patient Management II
This course is a continuation to patient management concepts with a focus on the individual who is acutely or chronically ill. This is the second semester of a two-part series. Topics include infection control, management of equipment found within inpatient settings, body mechanics, bed mobility, advanced transfer training, gait training with assistive devices, documentation, and an introduction to manual techniques.
### SEMESTER THREE

<table>
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**Neuroscience**
This course provides an overview of the development, structure, and function of the human nervous system. The emphasis of this course will be on human neurobiology as it relates to the profession of physical therapy and rehabilitation; however the material covered is relevant to any healthcare profession. Research concerning the pathophysiology of nervous system disorders and the repair and regeneration of nervous system tissue will be introduced.

**Musculoskeletal Physical Therapy I**
This course incorporates the study of physical therapy and the medical management of musculoskeletal disorders of the lower limb. All aspects of physical therapy management of musculoskeletal conditions will be covered, including examination, evaluation, intervention, and prognosis. Practical application of course content will occur in Integrated Laboratory III.

**Integumentary Physical Therapy**
This course follows the clinical application of physical therapy skills within the integumentary system using the patient management model. A case–based approach will be utilized to teach clinical skills and application with the International Classification of Functioning, Disability, and Health (ICF) will occur.

**Professional Formation II**
This course is a continuation of student professional development. Students will continue to prepare for clinical experiences and are introduced to interprofessional practice in a variety of clinical settings. In addition students will explore laws, rules and policies that regulate the practice of physical therapy, including discussion ethical and moral considerations for pro bono practice. Students will learn how the profession of physical therapy can engage in the process of influencing policies related to political and patient advocacy.

**Integrated Laboratory III**
This course is the third in a series of six laboratories designed to synthesize content from Neuroscience, Integumentary Physical Therapy and Musculoskeletal Physical Therapy I. Clinical reasoning and
psychomotor skill development will be emphasized. Students will integrate and apply elements of the patient/client management model across the lifespan and throughout the continuum of care to promote excellence in physical therapy practice.

**Professional Practice I**
This course is comprised of a six-week clinical education experience focusing on clinical learning and developing self-responsibility, self-assessment and an understanding of professional competence. Students participate in an assigned clinical site.

**SEMESTER FOUR**

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| 16 |

**Physical Therapy Pharmacotherapeutics**
This course is designed to help students gain a broad understanding of fundamental concepts and principles of drug action, drug interactions, drug compliance and dosage recommendations. Utilization of knowledge of physiology and neuroscience to develop an understanding of medications’ effects on human performance throughout the life span within the context of various physical and mental dysfunctions will be expected.

**Pain**
This course will address theoretical models for understanding the basis for pain across the lifespan. Integration of pain assessment and physical therapy pain management will be addressed. Emphasis will be placed on the utilization of contemporary evidence to better inform a patient-centered treatment approach. Students will also gain insights into interdisciplinary pain management.

**Musculoskeletal Physical Therapy II**
Musculoskeletal Physical Therapy II incorporates the study of physical therapy and the medical management of musculoskeletal disorders of the upper limb and spine. All aspects of physical therapy management of musculoskeletal conditions will be covered, including examination, evaluation, intervention, and prognosis. Practical application of course content will occur in Integrated Laboratory IV.

**Motor Control and Motor Learning**
This course will provide the students with a foundation in the latest theories of motor control and motor learning as well as an introduction to evidence-based tools for effective application of these concepts to physical therapy practice. Emphasis is placed on a task oriented approach to examination and interventions related to posture, balance, sensory integration, mobility and upper extremity function throughout the lifespan to promote an understanding of normal motor development and the effects of aging on the production of movement.

**Neuromuscular Physical Therapy I**
This course is part of the neuromuscular course sequence preparing the student to determine all components of the patient management model (physical therapy examination, evaluation, diagnosis, prognosis, and intervention) for the adult and child with acquired or congenital nervous system dysfunction and their social unit. Emphasis will be placed on the health conditions of the pediatric patient as well as adults with stroke and vestibular dysfunction. Facilitation of clinical reasoning skills incorporating all factors of the ICF framework including the context of individual growth, development, and change across the lifespan will be utilized to advance the student’s thought process. Active learning strategies including case application and discussion, video case analysis, and incorporation of evidence-based practice will be used to enhance learning.

**Integrated Laboratory IV**
This course is the fourth in a series of six laboratories designed to synthesize content from Neuromuscular Physical Therapy I, Musculoskeletal Physical Therapy II, Motor Control and Motor Learning, and Pain courses in a comprehensive, patient-centered approach across the lifespan. Clinical reasoning and psychomotor skill development will be emphasized. Students will integrate and apply elements of the patient/client management model across the lifespan and throughout the continuum of care to promote excellence in physical therapy practice.

**SEMESTER FIVE**

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**Neuromuscular Physical Therapy II**
This course is part of the neuromuscular sequence and builds on the knowledge and skills gained in Neurobiology, Motor Control and Motor Learning and Neuromuscular Physical Therapy I. Specifically, this course continues to prepare the student to determine all components of the patient management model for patients with neurologic dysfunction including traumatic brain injury, spinal cord injury, progressive disorders, non-progressive disorders, and peripheral neuropathy. Intervention strategies focus on applying the International Classification of Functioning, Disability, and Health framework to patient cases and improving functional recovery. Facilitation of clinical reasoning skills incorporating all factors of the ICF framework will be utilized to advance the student's thought process. Active learning strategies of case application and discussion, video case analysis, and incorporation of evidence-based practice will be used to enhance learning.
Musculoskeletal Physical Therapy III
Musculoskeletal Physical Therapy III incorporates the study of physical therapy and the medical management of musculoskeletal disorders. Emphasis will be placed on eclectic models of examination and intervention with discussion of the use of Complementary and Alternative Medicine within physical therapy practice. All aspects of physical therapy management of musculoskeletal conditions will be covered, including examination, evaluation, intervention, and prognosis. Practical application of course content will occur in Integrated Laboratory V.

Health Services
A study of health care policy and delivery as it affects the practice of physical therapy. Principles of access, cost and quality of health services are introduced as they affect patient, payer and provider. The course includes the examination of government and regulatory systems; insurance; economic, political and cultural forces; professional and social values which influence contemporary physical therapist practice. The organization of the health care system where physical therapists work is introduced. The student will be able to apply the information in this course to the completion of a market analysis for a physical therapist practice. The federal efforts to reform the health care system will be explored.

Ethics in Physical Therapy Practice
This course prepares physical therapy students to approach ethical dilemmas objectively with a thorough understanding of professional moral responsibility. Students learn to distinguish ethical from other kinds of issues in health care; identify the morally relevant features of a case; consider options open to a therapist faced with a moral problem; provide justification for the best options; consider counter arguments for one’s positions; and identify deliberate actions consistent with respect for human dignity.

Professional Formation III
A continuation of the professional formation course sequence. Students will development a professional plan related to identity and integration into the profession; this will include a focus on lifelong learning. Additional topics will focus on the role of physical therapy on a global scale related to social justice, service, and addressing issues related to diversity. Students will also explore evidence supporting and refuting the use of alternative and complimentary methods in patient care.

Integrated Laboratory V
This course is the fifth in a series of six laboratories designed to allow the student to apply, integrate, and demonstrate psychomotor skills relevant to content from Neuromuscular Physical Therapy II, Musculoskeletal Physical Therapy III and previous clinical courses in the curriculum. Clinical reasoning and psychomotor skill development will be emphasized. Students will integrate and apply elements of the patient/ client management model across the lifespan and throughout the continuum of care to promote excellence in physical therapy practice.

Professional Practice II
A continuation of the Professional Practice course sequence. This course focuses on clinical learning and assisting students in developing self-responsibility, self-assessment, and an understanding of professional competence. The course is a full time six week professional practice experience.

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Clinical Electrophysiology
This course focuses on clinical electrophysiologic examination and evaluation of patients. The learner will safely and correctly use typical electrophysiology measurement equipment to capture and interpret NCV and EMG data. This includes performance and assessment of the results of motor and sensory nerve conduction velocity (NCV) studies of the extremities and the assessment of extremity muscles through the use of monopolor electromyography (EMG). This requires knowledge of normal and abnormal neurophysiology, neuromuscular degeneration and regeneration and a working knowledge of relevant neuropathic and myopathic disease processes.

Physical Therapy Management
An introduction to management theory and practice in physical therapy including human resources, organizational change, leadership and team building, strategic planning, financial management including reimbursement, quality management, legal and regulatory issues, facility planning and marketing. Management decision making regarding investment, financing and operations is emphasized within the context of a business system.

Introduction to Differential Diagnosis
An introduction into differential diagnosis as it applies to physical therapy will focus on the diagnostic process in evaluation of musculoskeletal, cardiopulmonary, GI/GU/renal and psychological systems. Emphasis will be on differentiating neuromusculoskeletal problems from systemic conditions, recognizing emerging red flags and deciding on course of action. Readings will be applied to case discussions.

Amputations and Prosthetics
This course focuses on the physical therapy examination, evaluation, and interventions for patients with amputations/prostheses. Included are the causes and types of limb amputations, a survey of available prosthetic componentry, the multidisciplinary team approach for care of a person with an amputation and the occupational/recreational aspects of prosthetic use.

Cardiovascular and Pulmonary Physical Therapy II
This is the second of a two-course sequence designed to prepare the student in the physical therapy management of patients/clients with diagnoses involving the cardiovascular and pulmonary systems. Physical therapy examination, evaluation, prognosis, diagnosis, intervention, and outcome assessment across the
lifespan will be emphasized across the continuum of care. Student learning experiences will include lecture, small group discussions, projects and case study preparation, and clinical observations.
3.0 PHYSICAL THERAPY CLINICAL EDUCATION EXPERIENCES

3.1 Conceptual Orientation

The development and implementation of the clinical education component of the DPT curriculum at Creighton University is built on several core faculty beliefs and values described in the program philosophy for the DPT degree. A critical belief among faculty is that the physical therapist must master the substantial depth and breadth of knowledge in basic and applied sciences, understand and actualize critical thinking skills, and bridge theory with practice. The faculty is committed to designing and implementing a program that has critical analysis, inquiry, and deliberate and moral action (i.e. reflective practice) as a key component of the conceptual framework. Toward this end the program will not ascribe to a traditional apprenticeship model but be focused on the development of each student’s professional expertise that includes technical skill, application of theory and general principles, critical analysis, and deliberate and moral action.

Student self-responsibility and assessment directed toward lifelong learning and continued professional development will be another core concept. Each student will develop a Clinical Education Plan in accordance with accreditation standards and the University, School and Department’s mission. In addition, the student will identify individualized goals and objectives with a plan for accomplishing them. Students will be responsible for self-assessing their clinical competence to supplement the traditional Clinical Instructors’ evaluations. Students will be given structure and guidelines for the development of a professional mission statement and goals that will assist them in their analysis and assessment of their growth as professionals.

A third component will be the clinical instructors or mentors themselves. We believe that experts or master clinicians who continually bridge theory and practice, reason with analysis, and take deliberate, moral, and wise action will be best able to guide DPT students. Clinical Instructors should meet the APTA Guidelines for Clinical Education (refer to Appendix A).

3.2 Learning Experiences

3.2.1 Clinical Education Plan

As described above, each student will develop a comprehensive Clinical Education Plan in accordance with the 1) Mission, Purposes and Program Outcomes of the Department of Physical Therapy, 2) Conceptual Orientation of Physical Therapy Clinical Education at Creighton University, 3) Evaluative Criteria for the Accreditation of Education Programs for the Preparation of Physical Therapists, and 4) APTA Guide to Physical Therapist Practice. The Plan will include the student’s goals and mission statement for the clinical education program as well as specific objectives for each clinical experience. Each student will choose clinical education experiences in participating clinical education centers with qualified CIs that meet his/her goals and objectives. Final assignment of students to clinical education sites is the responsibility of the student’s Clinical Education Advisor and the Director of Clinical Education.

3.2.2 Integrated Professional Practice Experiences

The first formal clinical experience will occur at the end of the third semester in PTD 560 Professional Practice I. This is a 6-week, full-time clinical education experience where students will demonstrate competence in basic assessment skills including communication and application of ethics, comprehensive screening examinations, fundamental physical therapy procedures and simple application of a clinical reasoning model.
A second clinical experience, PTD 670 Professional Practice II, occurs at the end of the fifth semester and is a 6-week experience. Students should now be able to know where to begin with complex patient cases and identify an analysis and decision making process. By the end of the second year, we expect students to have the basic tools to begin entry-level practice, but still need experience and development in several areas.

These early clinical experiences will be designed to be intensive rather than extensive, i.e., a central component will be each student’s thoughtful analysis of the experience as well as technical competence in the area of clinical practice.

3.2.3 Final Professional Practice Experiences

In the third year, students will be involved in an 16-week practice experience (PTD 680) in the fall and a 16-week practice experience (PTD 690) the following spring. Students are directly involved in the formulation/design of these experiences which emphasize not only integration of patient care activities, but aspects of supervision, management, patient education teaching and consultation. The clinical practice experiences will not be specifically tied to a “type of facility” but each student will work to develop a clinical practice plan. This plan will be built around criteria needed to begin entry-level practice, student needs and goals, and clinical resources. For several students, one of these experiences may not necessarily be directly related to patient cases, but may take them to other field-based settings nationally or internationally (e.g., a physical therapy or physical therapist assistant education program, a physical therapy administration/management experience, or a physical therapy research experience.) Refer to Directed Practice Experience.

3.2.4 Directed Practice Experience

Students who would like to acquire skills and knowledge in clinical and other practice areas beyond what is required for entry-level competency are encouraged to explore a Directed Practice Experience (DPE). The DPE is an option available for inclusion in PTD 690. Exception: In rare cases, a student’s special interest may only be met during Fall Term and the DPE would need to be included as a part of PTD 680.

The duration of time allotted for a DPE may vary depending on the type, location, or time of year, but in general will exceed six (6)-weeks or 240-clock hours. DPEs approved for greater than six-weeks must not preclude students from completing a minimum of ten (10)-weeks of non-DPE clinical education. In addition, students may participate in only one DPE option as partial fulfillment of their Clinical Education Plan. Prior to participation in any Directed Practice Experience a student must have successful completion of all prior professional practice experiences.

Purpose:

Students may elect to pursue a DPE for a variety of reasons. They may choose a specialized area of clinical practice, teaching, research, administration, or other areas of focused study depending on their professional goals. The total number of hours allotted to the clinical education portion of the DPT curriculum allows the student sufficient time to master entry-level performance competencies as well as to explore areas of special interest through a DPE option. Students who choose to apply for a DPE will generally find greater benefit in doing so after completing all general clinical competencies first; however, certain DPE experiences may be available only at certain times during a calendar year. Therefore, specific dates for scheduling DPE options during the calendar year may vary.

Outcome expectations for DPE options are considered to be beyond the scope of entry-level competencies of physical therapy practice as defined by the Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and the 18-criteria outlined in the Clinical Performance Instrument. Therefore, to receive approval for DPE proposals, students must apply and meet specific criteria established by faculty members in the Creighton University DPT
Clinical Education Program.

Application Criteria:
I. Eligibility to apply for a DPE requires a student to be in good academic standing in the DPT Program with a minimum cumulative GPA of 3.2 or higher by end of the 6th semester. The student must remain in good academic standing from the time of application to completion of the DPE, including the absence of any negative professional citations.
Rationale: A student must demonstrate the ability to succeed academically and accept responsibility for self-directed learning.

II. A student must obtain and complete a copy of the DPE Application, and then schedule an appointment to consult with his/her clinical education advisor.
Rationale: The clinical education faculty advisor has the experience and expertise to provide appropriate feedback on the DPE option and the student’s Clinical Education Plan. The faculty advisor will assist the student in determining his/her readiness, and strength of rationale for desiring the DPE option, and facilitate the process of selecting an appropriate focus of interest to pursue.

III. The student must submit a written rationale of intention for pursuing a DPE option, and relate comments to the professional goals and objectives of the student’s Clinical Education Plan. The written rationale is an important component on the DPE Application, and needs to be addressed during the initial meeting with the clinical education advisor.
Rationale: A student must be able to articulate how the DPE meets his/her professional goals and objectives, and identify a logical rationale for how the experience will benefit the student’s career growth. The student must also be able to articulate the value of the experience and learning potential of the DPE.

IV. In collaboration with his/her clinical education advisor, the student must devise a Clinical Education Plan that articulates a scope of clinical experiences in a variety of practice settings including competencies across the lifespan; e.g. from pediatric to geriatric care. This is accomplished by outlining a plan that includes experiences that provide a diversity of case mix with patients across the lifespan as well as the continuum of care.
Rationale: Graduates are required to be well-rounded in depth and breadth of knowledge related to the practice of physical therapy. This includes experience in a variety of clinical settings, and experience with various patient populations commonly seen by physical therapists. In addition to meeting graduate outcomes, this is required for compliance with accreditation standards applied to all academic programs in physical therapy education.

V. A student must demonstrate effective leadership skills as evidenced by active participation in the various professional and community service opportunities available in the DPT Program. Rationale: The demonstration of strong leadership capabilities is an essential function to both initiating and successfully completing a DPE. The DPE option requires individual responsibility and accountability beyond general entry-level requirements. Therefore, only students who possess these skills will be considered for the DPE option.

VI. A student must create a formal plan of preparatory studies related specifically to the DPE inquiry. Preparatory studies might include: a formal course related to the planned DPE, professional continuing educational seminars, presenting a structured in-service(s) for faculty members, participating in patient advocacy support groups, volunteering services for off-campus agencies,
seeking mentorship by appropriate human resources, or by structuring a directed independent study. All preparatory studies must be approved by the student’s assigned clinical education advisor. 

**Rationale:** Students need special preparation beyond the entry-level curriculum to support and enhance the success of the DPE option. Preparatory studies help students develop the necessary background and competency to participate in the experiences at an appropriate level of expectation. This will also allow the student to demonstrate interest in developing professional goals beyond entry-level in a specified area of clinical practice or professional competency.

VII. Goals and objectives must be measurable and achievable within the specified duration of time for a DPE proposal. 

**Rationale:** Six-weeks are considered adequate to achieve the goals of most DPE options with few exceptions. Given the organizational structure of the current clinical education program, the student must be strategically creative to ensure all competencies and clinical practice requirements are met prior to graduation. In order not compromise patient care objectives currently established for PTD 680 and PTD 690, the DPE option must be limited in duration. The allotted amount time for a DPE permits a student to adequately utilize the remainder of either PTD 680 or PTD 690 for 10-weeks minimum of a traditional professional practice experience.

VIII. A student must formally present his/her DPE proposal to the clinical education faculty members during a pre-scheduled meeting. This requirement will serve as the formal interview component of the application process, and is essential in order to receive adequate feedback on the proposal prior to final decision. The clinical education faculty advisors will make the final decision to approve or deny the DPE proposals. 

**Rationale:** The DPE is recognized by faculty members as being a unique and special consideration for those meeting all stated qualifications. Formally presenting the DPE proposal to the clinical education faculty provides the student a chance to articulate his/her goals and objectives and for faculty to provide valuable feedback. This requirement supports the process of student formation in professional development.

IX. Identifying Practice-Site Locations: 

The clinical education advisor for the student applicant of the DPE option is responsible for selecting and contacting the facility to support the educational experience. The student is NOT permitted to contact any site where a DPE option may occur until their clinical advisor has initiated the process. 

**Rationale:** It is imperative that only faculty members involved in the DPT Program initiate contact with any facility where student learning might occur. Faculty members are responsible for initiating and establishing positive relationships with all external agencies and ensuring that appropriate lines of communication are enforced.

X. Evaluation of the DPE: 

Students choosing a DPE option that includes direct clinical patient care will be evaluated based on personal DPE objectives and may be evaluated using the 18-criteria outlined in the Clinical Performance Instrument. Students choosing a DPE option that is not focused on direct patient care (e.g., research, teaching, etc.) will be evaluated on criteria developed by the student in collaboration with his/her clinical education advisor. 

**Rationale:** A student choosing a clinical area for the DPE can be evaluated effectively using the Clinical Performance Instrument. Students choosing non-patient care related experiences will be assessed based on the specific goals and objectives of the DPE. The purpose of this process is to foster life-long learners capable of developing self-assessment skills as part of professional formation.
XI. Presentation in Capstone
Students completing a DPE (individual or ILAC) will develop and present a platform related to the purpose(s) and outcome(s) of the experience.

**DPE Exemplars:**
Students who are considering the option of applying for a DPE should review examples from past program graduates. By reviewing a variety of samples of past experiences the student should gain a better perspective on how a DPE rationale including goals and objectives should be constructed. The exemplars are to provide the student with only a general idea of how to construct a DPE application since formats may vary depending on the focus of specialty. Questions related to the sample DPEs in the manual should be directed to the student’s assigned clinical education advisor.

**Application Time Frame:**
Students may apply for a DPE any time during the academic year, but all applications must be completed on or before April 1st of the year preceding PTD 690. In addition, ALL inquiries for a DPE option must be communicated with the assigned clinical education advisor before or, at the very latest, during the fall semester of the second academic year in the DPT program. This requirement ensures ample time to complete all necessary steps associated with the application process.  
*Rationale: Adequate time is needed by clinical education faculty members and staff to identify sites, establish contracts, and organize DPE affiliations. Additional time to accomplish these goals is required for the DPE option, and therefore must be taken into consideration. The early DPE application process also maintains student eligibility to participate in the regularly scheduled PTD 690 clinical-site matching process in cases where proposed DPEs remain unconfirmed.*
Department of Physical Therapy
Directed Practice Experience Application

This form is due to your clinical education advisor no later than April 1st of the year preceding PTD 690.

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<tr>
<th>Name:</th>
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<th>Current GPA:</th>
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Describe current leadership experiences:

List previous/future professional practice sites

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<th>List case mix, lifespan and continuum of care:</th>
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<tbody>
<tr>
<td>PTD 560</td>
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<td>PTD 670</td>
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Describe planned practice setting/type of rotation for the non-DPE portion of PTD 690:

Completed/planned preparation **directly related** to proposed DPE (include coursework, seminars attended, inservices provided, mentorship, and community service):

Rationale of how proposed DPE meets professional goals and objectives:
3.2.5 ILAC (International Latin American Concern) Experience

The Physical Therapy/ILAC Program, offered during the final 4-weeks of PTD 690, is an emersion experience in the Dominican Republic. Students interested in applying for the ILAC experience must notify their Clinical Education Advisor first to ensure it is compatible with the comprehensive Clinical Education Plan. Students accepted to participate in the ILAC experience are not eligible to apply for DPE options.

Students are given information regarding application and acceptance to the ILAC program by the Director of the ILAC Program for Physical Therapy.

Students must be at entry-level by the end of 12 weeks during PTD 690 to participate in the ILAC experience.
Introduction

To protect the health of Creighton University School of Pharmacy and Health Professions (SPAHP) students and the patients they serve, and in accordance with contractual arrangements with varied health-related institutions, students in programs which have an experiential education component must meet specified requirements including immunizations, health insurance coverage, and acceptable criminal background checks before being enrolled in any of the School’s practice-based academic programs.

Students in programs which have an experiential education component must remain compliant with the immunization, health insurance coverage, and acceptable criminal background check requirements, as well as achieving and maintaining cardiopulmonary resuscitation (CPR) certification, and completing training in universal precautions and HIPAA requirements before they can participate in experiential education activities. Proof of compliance with all of the items listed above will be required by Experiential Education Directors, and may be required by clinical instructors/preceptors, before students can be placed or accepted at educational practice sites. Students who have failed to remain compliant with these requirements will not be allowed to participate in experiential education activities and may be subject to dismissal from the School. At a minimum, non-compliance with this policy may impact or delay the student’s date of graduation.

Immunization

Specific information on immunization requirements for Creighton University Health Science students is available online at http://www.creighton.edu/StudentHealthServices/immunizations.html. The cost for all immunizations, titers and screenings will be borne by the student.

All admitted, entry-level SPAHP students are required to submit a confidential health record to Student Health Services on the form sent to them by the Admissions Office. Students will not be allowed to enroll if documentation of vaccination against measles, mumps, rubella, polio, varicella (chickenpox), tetanus-diphtheria (the last dose or booster within the past ten years), and tuberculosis screening is not received by August 1st prior to their anticipated matriculation date. Tuberculosis documentation must include a two-step PPD skin test at the beginning of the annual testing cycle followed by a yearly PPD skin test (An explanation of the two-step PPD test is available online at http://www.creighton.edu/StudentHealthServices/pdf%20files/twostepPPD.pdf). Any student with a positive PPD skin test (defined as a reaction greater than 10mm) must submit documentation in the form of a written physician’s report and chest x-ray done in the U.S. within the past 12 months. A history of BCG vaccine does not preclude a student from PPD skin testing. By the end of the second semester of enrollment in the SPAHP, students are required to complete a series of hepatitis B vaccinations followed by a titer proving immunity. Students are also required to complete an annual tuberculosis screening each April.

Post-professional students who have an experiential education component are required to comply with the Creighton University Health Science students immunization requirements prior to engaging in experiential education activities. Each non-traditional, transitional and post-professional Program Director will inform post-professional students in advance of when required immunization documentation must be submitted and will monitor student compliance.
Students may request a waiver of immunization or screening only if they can document that they have been previously immunized or screened, or where there is a documented medical contraindication.

Students considering international experiential training should be aware that additional immunizations may be required in order to comply with health requirements outside of the United States.

**Health Insurance Coverage**

All students must be covered by a comprehensive health insurance plan for the entire year. The University sponsors a comprehensive health insurance plan at a group rate which provides year-round coverage. Upon matriculation, the premium for the University-sponsored Student Health Insurance Plan will automatically be added to the student’s tuition and fees statement each year. In order to have this charge removed from an account, students must annually submit a properly completed waiver form and a copy of both sides of a current health insurance card to Student Health Services before the established deadline.

**Criminal Background Checks**

All entry-level and post-professional SPAHP students will be required to submit to and receive an acceptable criminal background check as a condition of enrollment. Acceptable student backgrounds for enrollment will be determined by each program’s Admissions Committee in consultation with the Experiential Education Director. Background investigations will be conducted via a contractual arrangement with an outside vendor at a frequency to be determined by the Experiential Education Director of the student’s program of study. Some clinical facilities may require additional background investigation(s) prior to permitting students to participate in experiential education activities. Program enrollment and clinical facility placement are contingent upon completion and receipt of an acceptable criminal background investigation. Acceptable student backgrounds for experiential education participation will be determined by the Experiential Education Director in consultation with selected faculty. The investigational screenings will include, but may not be limited to, the following for every state and county of residence: criminal record, alias name, warrants, protection orders, residential history, social security number, abuse registry, sex offender registry, Office of the Inspector General (OIG) cumulative sanction report.

**Cardiopulmonary Resuscitation (CPR) Certification**

All entry-level students in the SPAHP are required to obtain and maintain biennial certification in CPR life support for the healthcare provider from the American Heart Association. All entry-level students must attend the mandatory CPR classes scheduled during the first month of the first semester of their program of study or in the summer immediately preceding their first semester, and repeat the certification if their program of study extends beyond two calendar years. The SPAHP will inform students of CPR life support for the healthcare provider courses offered on campus or in a facility located in close proximity to the Creighton University campus, as well as their respective costs. The students will be responsible for the cost of the certification program.

Post-professional students must fulfill the CPR requirement by taking an American Heart Association authorized Basic Life Support for Healthcare Providers training course or its equivalent prior to experiential education activities. Proof of CPR certification will be submitted to each program’s Director one month prior to student participation in the experiential education program, and biennially thereafter for as long as the student remains enrolled.

**Universal Precautions**

The Occupational Safety and Health Administration (OSHA) standard for Occupational Exposure to Blood borne Pathogens (29 CFR 1910.1030) is designed to eliminate or minimize occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other blood borne pathogens. Healthcare
professionals face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials because they may contain blood borne pathogens, including hepatitis B virus, which causes serious liver disease, and human immunodeficiency virus, which causes Acquired Immunodeficiency Syndrome (AIDS). OSHA has concluded that this exposure can be minimized or eliminated by using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs and labels and other provisions. Therefore, all students in the SPAHP are required to attend training sessions on Universal Precautions to decrease exposure to blood borne pathogens prior to engaging in experiential education activities.

Each non-traditional, transitional, and post-professional Program Director will inform post-professional students in advance of when required universal precautions training documentation must be submitted and will monitor student compliance.

Health Insurance Portability and Accountability Act (HIPAA)

To protect patient health information, the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, required the Department of Health and Human Services (HHS) to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers, as well as the adoption of federal privacy protections for individually identifiable health information. In response to the HIPAA mandate, the HHS developed the Privacy Rule, which established national standards to protect and guard against the misuse of individually identifiable health information for certain health care entities (i.e., health plans, health care clearinghouses, and health care providers who conduct certain health care transactions electronically). Since students are routinely exposed to patients’ protected health information and must comply with health care facilities’ policies and procedures, all students in the SPAHP are required to attend HIPAA and Privacy Rule training sessions prior to engaging in experiential education activities. Each non-traditional, transitional, and post-professional Program Director will inform post-professional students in advance of when required HIPAA and Privacy Rule training documentation must be submitted and will monitor student compliance.

Drug Testing

Some health care facilities require students to submit to and pass a drug test prior to participation in experiential activities at the facility. Most, but not all, facilities requesting drug testing have agreed to provide the testing at no expense to the student. Students who do not complete or do not pass a drug test as required by these facilities will not be allowed to participate in experiential education activities at the facility, and may face sanctions, including possible dismissal from the program.

Conclusion

Non-compliance with any portion of this policy may impact or delay the student’s date of graduation or the ability to continue in their program of study. Students who fail to remain compliant with any of these requirements will not be allowed to participate in experiential education activities and may be subject to dismissal from the School.

Approved by School Administration on 10/23/2008
Approved by the Bylaws, Policies, and Procedures Review Committee on 9/8/09
Purpose

The University's policy on confidentiality of student records exists to comply with the Family Educational Rights and Privacy Act of 1974 in maintaining students' rights to confidentiality of University-held records of their academic careers.

Policy

In compliance with the "Family Educational Rights and Privacy Act of 1974 As Amended," Creighton maintains the confidentiality of student records. Specific guidelines for implementing the policy under the Act are published for the information of all students and other members of the University community in a separate booklet entitled "Student Records Policy." Copies are available in the office of each Academic Dean and the University Registrar.

Scope

This policy applies to all University employees who have access to, or knowledge of the contents of student academic and personal records.

Procedures

Supervisors of employees who work with or have access to student records should be sure that those employees are informed of and understand this policy. Communication of this policy to all new employees should take place during departmental orientation or initial training periods. Additionally, supervisors in areas where student records are housed should make sure that procedures are developed to ensure the confidentiality and security of those records, should communicate these procedures to employees, and hold them accountable for following the security/confidentiality procedures.

Administration and Interpretations

Questions regarding this policy may be addressed to Human Resources, to Academic Deans and their staff, or to the University Registrar.

Amendments or Termination of this Policy

Creighton University reserves the right to modify, amend, or terminate this policy at any time, especially to comply with changes in federal law.
Related Issues

The University does not give information about staff members', students', or patients' addresses, telephone numbers, or other confidential information to anyone outside the University; such information is disseminated internally only on a strict "need to know" basis, except for such information published in University directories.
Purpose

To advise Creighton University's students of the steps that should be taken when the student is exposed to potentially infectious blood or body fluid during their course of study at Creighton.

Definitions

Exposure is defined as, but not limited to, percutaneous (i.e., through the skin) injury or contact of mucous membranes, skin, or eyes with blood, tissues, or other body fluids. Skin exposure occurs when exposed skin is chapped, abraded, or afflicted with dermatitis (i.e., inflammation of the skin) or the contact is prolonged or involving an extensive area.

Significant exposure to blood or other body fluid is defined as specific eye, mouth or other mucous membrane, nonintact skin or parenteral (i.e., injection, needle stick) contact with blood or other materials known to transmit infectious diseases.

Policy

1. Education of Students. Each School/Department is responsible for educating students who may be exposed to blood and/or body fluids as part of their course of study, on the universal precautions that should be followed to reduce the risk of exposure to potentially infectious blood and/or body fluids and the contents of this policy.

2. Response to Exposure. In case of suspected exposure to potentially infectious blood or body fluids in the academic or clinical setting, the student should:

   **STOP** current activity and should seek evaluation and treatment within one hour of exposure.
   **CLEANSE** any wound with soap and water. Flush eyes with water after any splash exposure.
   **REPORT** to your supervisor/faculty and the appropriate facility/institutional supervisor.

In the clinical setting, appropriate institutional reporting is necessary so informed consent may be obtained and appropriate diagnostic testing of the source patient and student may be performed. Any diagnostic testing performed on the student and/or source patient should include HIV, Hepatitis B, and Hepatitis C.

3. Report of Incident. In all instances of exposure to potentially infectious blood or body fluid, the student should:
   A. Notify Student Health Services. Contact Student Health Services (280-2735) within 24-48 hours of the incident.
B. Incident Report Form. Incidents that occur at Creighton clinics should be reported using the University Incident Report Form (HR-24). Incidents occurring at other facilities should be reported using the facility's incident report form and the University HR-24 Form. Fax the completed HR-24 incident report form to Student Health Services (402-280-1859).

4. Procedure for Initiating Evaluation and Treatment

A. Exposures at Alegent Creighton Health, Creighton University Medical Center (On-campus Creighton Clinics and their laboratories and the Dental School).
   During regular business hours (7:30 a.m. to 4:00 p.m.) students should go directly to Employee Health Services, located in Human Resources, Room 2231 (449-4467). On weekends and holidays (7:00 a.m. to 3:00 p.m.) students should go directly to the Emergency Department. During all evening and night shifts page the House Nursing Supervisor on in-house pager 22-0422.

B. Exposures at Other Hospitals/Institutions/Non-Creighton Clinics.
   Students should be advised to contact the Nursing/House Supervisor or the Health Sciences School Office of Student Affairs and follow their institutional procedures for exposure.

C. Exposures at Creighton University Medical Center (Off-campus Clinics and Laboratories).
   Students should immediately report the incident to their supervisor/faculty. Alternatively, the student may go to Employee Health Services (Alegent Creighton Health, Creighton University Medical Center), located at Human Resources, Room 2231 (449-4467).

D. Exposures at Other Locations (Non-Hospital; Out of USA).
   The sponsoring School at the University shall be responsible for identifying a program contact person to arrange for appropriate medical care and intervention for all non-hospital programs and programs outside the USA such as ILAC in which a University student is participating.

E. Notification of Student Health or Primary Care Provider. In all cases of exposure in the Omaha area, the student should make an appointment with Student Health (402-280-2735) or their Primary Care Provider within 24-48 hours after the exposure. Students outside the Omaha area should contact Student Health Services (402-280-2735) or their Primary Care Provider within 24-48 hours.

F. Student Refusal of Evaluation and Treatment. The student's supervisor/faculty shall advise the student of the risks/benefits of evaluation and diagnostic testing. If the student refuses to seek evaluation and diagnostic testing, the student's refusal of evaluation and diagnostic testing shall be noted on the institutional incident report form and signed by the student.

5. Student Request for Source Testing

In Nebraska when an individual experiences a significant exposure to the blood or body fluid of a patient, the individual has the right to request that the source patient be asked to consent to diagnostic testing for the presence or absence of infectious disease (i.e., HIV, Hepatitis B, Hepatitis C). Students should be advised that any requests must be made to the appropriate institution. Creighton University shall comply with the consent requirements set forth by Nebraska statute, Neb. Rev. Statute 71-514.03 for its outpatients that are the source of the exposure.
6. Payment for Evaluation and Treatment

Creighton health sciences students are required to have both inpatient and outpatient health insurance which covers accidents and illnesses. All charges for evaluation and treatment shall be submitted to the student's health insurance company for payment. Prescribed initial diagnostic testing and initial prophylactic treatment which is not paid by the student's insurer will be paid for by the School until the source test results are received, but for no longer than five (5) business days. This includes payment for any student co-pays and deductibles incurred during the first five days after initial diagnostic testing and initiation of prophylactic treatment. All other evaluation and treatment services and/or prophylactic treatments ordered are the responsibility of the student or his/her insurer.

Administration

This policy shall be administered by the Deans of each School. Questions regarding this policy should be directed to the Dean of the School or his/her designee.

AMENDMENTS OR TERMINATION OF POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.
5.0 CLINICAL EDUCATION POLICIES AND PROCEDURES

5.1 Organizational Structure for Clinical Education Policies and Procedures

Creighton University physical therapy students are accountable for the following policies and procedures. Some facilities may have additional requirements for students affiliating with them. Students must complete assignments given to them by the clinicians as well as those given by the academic faculty. If conflicts exist between the policies and procedures of Creighton and the clinical site, they will be arbitrated through the Director of Clinical Education and communicated to the Department Chair.

The academic and clinical faculty reserve the right to restrict student learning activities on the basis of any limitations demonstrated by the student to ensure the safety and welfare of the patient. As with all courses in the curriculum, students are required to maintain satisfactory standing in regard to the Policy on Student Compliance with Technical Standards throughout any professional practice experience.

5.2 Confidentiality and Communication throughout Clinical Education Experiences

We believe all individuals have the right to privacy. The maintenance of confidentiality helps to build trusting relationships and keep lines of communication open. We also believe that protecting individuals from unfair biasing may aid in the teaching-learning process.

With this in mind, we ask all participants in the clinical education process to support the right of individuals to open and confidential communication to maximize the learning potential of all involved. Should problems arise during clinical experiences, we recommend the following steps be taken:

1. As soon as a problem is identified, it should be discussed only with the people involved (e.g., between student and clinical instructor).
2. If either person believes other intervention is needed or they are not able to deal directly with one another, either person or both should speak with the Center Coordinator of Clinical Education.
3. If the problem cannot be resolved at this level, the CCCE and/or student should contact the student’s clinical education advisor and/or the Director of Clinical Education.
4. As in any other course in the curriculum, a student may consult with his/her academic advisor and/or contact the Department Chair or other administrative personnel within the School.

We understand that some smaller departments and practices may not have both a CI and CCCE, but the steps should remain essentially the same. In addition, we acknowledge the need for directors and unit supervisors to be notified of any major problems.

If any problem develops while the student is on a clinical education experience that cannot be dealt with appropriately by the clinical supervisor, the student should notify the Director of Clinical Education and ACCE as soon as possible. Collect phone calls will be accepted by the Director of Clinical Education or the Assistant Coordinator of the Physical Therapy Professional Experience Program only if the student states that the call is being made in regard to a “clinical problem.” Calls for any other reason must be made at the student’s expense.

5.3 Selection of Clinical Sites

5.3.1 Student Selection

Each student begins to develop a Clinical Education Plan in Semester 1 in consultation with the
Clinical Education Faculty. The Plan is developed based on the Guide to Physical Therapist Practice and the Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. Site selection for each of the four clinical education experiences is based upon this plan. During the site selection, students choose from sites offering a position that meet their goals and objectives. Final assignment of students to clinical education sites is the responsibility of the student’s clinical education advisor and the Director of Clinical Education.

Some sites require an interview prior to accepting student. These sites are considered prematches and are presented to students on a site by site basis.

A student may not affiliate in an institution/corporation/practice where they are currently employed or are under contract for employment at a future date. It is also recommended that a student does not affiliate with a site where student has been previously employed. Inadequate performance during a clinical experience could jeopardize employment and this is viewed as a potential conflict of interest.

Also, a student may not affiliate in an institution/corporation/practice in which an immediate family member is in a supervisory role over the student or the student’s clinical instructor or if immediate family member has direct role in physical therapy department. This is viewed as a potential conflict of interest.

The program maintains a reference file of available clinical facilities that includes the Clinical Site Information Form (CSIF) submitted by the site. CSIF files are housed in Sharepoint (link in BlueLine) and Boyne 103. This form provides helpful information about the clinical center, the physical therapy services provided, and available learning experiences. These files may not be removed from the immediate office area of the Assistant Coordinator of the Physical Therapy Professional Experience Program. Site files may also be located in CPI Web.

Students and faculty may recommend potential clinical education sites by completing the Clinical Education Site Recommendation Form available from the Assistant Coordinator of the Physical Therapy Professional Experience Program. The deadline for recommending sites for specific rotations is by January in the year that the site selection will occur. Decisions to develop a recommended site are made by the clinical education faculty based upon the APTA Guidelines for Clinical Education and the needs of the clinical education program.

5.3.2 Clinical Site Commitments

Clinical site commitments are requested by mail by the Director of Clinical Education prior to the student selection process. Within a reasonable time of the student selection process, the name of assigned student(s) and necessary information regarding the clinical experience is sent to the CCCE. Sites that have not been selected are also notified at this time. Once a student has chosen a site and the site has been notified, the program and student are bound to honor that commitment. In the case of extenuating circumstances, requests for modification of the clinical education plan may be submitted to the clinical education faculty for consideration. We encourage sites to honor their commitments as well, but acknowledge that changes in the clinical environment may necessitate site cancellations.

5.3.3 Clinical Site Requirements

Clinical sites may have requirements of students doing clinical experiences at their sites which are over and above the requirements of Creighton University. It is the responsibility of the student to be aware of these requirements at the time of site selection and to be prepared to comply with the requirements if assigned to a clinical rotation. These requirements may include, but are not limited to, drug screens, criminal background checks, personal interviews, physical examinations and other medical requirements above and beyond those required by Creighton University. Students are required to sign a release of information form to allow Creighton to release protected information to
5.4 Travel/Living Expenses

Each student may be expected to travel outside the Omaha area for a clinical experience that will meet the goals and objectives of his/her clinical education plan. Students are responsible for providing their own transportation to all clinical experiences as well as for providing their own living expenses during clinical experiences. In some cases the Center Coordinator for Clinical Education (CCCE) may be able to assist the student with housing arrangements. Occasionally a clinical site will provide a small stipend for meals and/or housing. This information can be found on the Clinical Site Information Form on file in the office of the Assistant Coordinator of the Physical Therapy Professional Experience Program.

5.5 Absences from Clinical Assignment

5.5.1 Student

The Program requires clinical attendance. During PTD 560 Professional Practice I and PTD 670 Professional Practice II, there are no excused absences. During each of the final experiences, PTD 680 Professional Practice III and PTD 690 Professional Practice IV, a student is allowed two days absence with prior approval from his/her clinical instructor and prior approval from the clinical education advisor by e-mail or phone. We understand that prior permission may not be feasible in case of illness or emergency. In all cases, the clinical instructor must be notified prior to the start of the work day if at all possible. More than two days absence must be made up at the discretion of the clinical instructor. Students are required to make up all missed assignments due to any absence from the clinic. Note: Students will follow the holiday schedule established by the clinical site, NOT the academic schedule of Creighton University. Students must meet technical standards throughout all clinical experiences. Should an event occur prior to or during a clinical experience that may affect the student’s ability to meet technical standards they must notify their Clinical Education Advisor immediately.

5.5.2 CCCE/CI

Students must work under the onsite supervision of a licensed physical therapist. Requirements as set forth by the State Practice Acts must be met.

5.6 Holidays

The student will follow the holiday schedule established by the clinical facility, not the academic schedule of Creighton University. Any additional absences are at the discretion of the clinical instructor.

5.7 Clinical Education Meetings

Clinical education meetings may be scheduled outside of class periods for the purpose of selecting clinical sites, reviewing clinical course objectives or exchanging information. These meetings will be listed as such in the course outline. Attendance by all students is mandatory. Students who fail to attend clinical meetings (except in case of emergency) will forfeit their right to participate in the selection process and will be assigned to their clinical experiences by the Director of Clinical Education.
5.8 Dress

As a health care professional in training, students should demonstrate a professional appearance and behavior during all clinical education activities. Being neatly dressed, well-groomed, and avoiding “stylish” modes of dress exemplify professional appearance. Street clothes and a name tag should be worn unless the facility requires alternate attire. NO jeans, cloth shoes, open-toed shoes or clogs should be worn. Hair is to be clean and worn in a neat arrangement in accordance with the policy of each clinical facility. Fingernails should be kept trimmed and free of bright-colored nail polish. Artificial nails are not permitted. No large or costume jewelry will be permitted when in the clinical setting, although simple earrings, plain neck chains, and wedding bands are acceptable. No gum chewing or smoking will be allowed in the clinical setting except in designated lounges/rest rooms. Lab coats and/or scrubs will be required by some facilities. If the clinical facility’s dress code differs from that of the program, the student may choose to adhere to either one if that decision is mutually agreeable with the clinical supervisor.

5.9 Name Tags

Identification must be worn during all clinical education experiences. One name tag is provided at the beginning of the program of study for each student. It is the student’s responsibility to maintain the name tag. If a student’s name changes or there is need of a replacement because the name tag has broken or been lost, the student may purchase one through the SPAHP Office of Academic and Student Affairs for a fee.

5.10 Professional Liability Insurance

Clinical facilities require each student to carry professional liability insurance. Creighton University’s Clinical Site Agreement requires each student to carry liability insurance coverage in the amount of $1,000,000 per medical incident/$3,000,000 aggregate to cover this liability. Creighton University provides this coverage and assumes the cost of the policy insuring students in the Department of Physical Therapy. Note: This insurance covers students only during University-sanctioned educational experiences, not volunteer or work-related activities.

5.11 Evaluation

Evaluation is a necessary and useful tool in education. To be worthwhile it must be done in an honest, continuous, shared process and the results acted upon. To be effective, the atmosphere must be open, allow for discussion and opportunity to learn or practice areas of deficiency should follow. Evaluation is a part of the didactic learning on a regular-frequent basis and must also occur in the clinical experience.

Evaluation refers not only to evaluating the student’s skills, but also refers to evaluation of the curriculum, the faculty, and the clinical facility. All aspects of the evaluative process should include student input.

Students will be evaluated at least twice during each experience. The Clinical Instructor (CI) will assess and review the student’s progress once in the middle and at the end of the experience. The student will provide feedback, along with the CI, during a scheduled site visit or telephone conversation with the Director of Clinical Education or another faculty member during each affiliation. The student may, at any time during an experience, request additional feedback from either the clinical or academic faculty should problems or special concerns arise. It is recommended that informal evaluations be done on a daily and weekly basis in relation to specific patient care areas or
in other areas as needed.

A copy of the Physical Therapist Clinical Performance Instrument (web based) and the Student Evaluation of Clinical Education Experience are included in the Appendices. The student must be competent at entry-level in each category by the end of the PTD 680 and PTD 690 Physical Therapy Practice experiences. If any problems/questions/comments arise regarding the evaluation process, please do not hesitate to call the Director of Clinical Education or to address the matter during the site visit. Final grades are assigned by the Director of Clinical Education or course coordinator based upon completion of assigned work and the Physical Therapist Clinical Performance Instrument. Performance designated below an acceptable level of performance, as indicated in each course syllabus, during Professional Practice experiences will be discussed by the Director of Clinical Education with the Clinical Instructor to re-evaluate performance.

The student is responsible for submitting the Physical Therapist Clinical Performance Instrument (online), the Student’s Evaluation of a Clinical Education Experience, time logs and any written assignments as indicated by the course syllabi at the conclusion of each clinical experience. Final grades for all clinical experiences are on a satisfactory/unsatisfactory basis and assigned by the Instructor of Record/Clinical Education Advisor as per the course syllabi. (Incomplete, “I” grades are issued per the policy of the School as described in the Creighton University Bulletin.)

5.12 Procedure for Risk of Not Meeting Clinical Experience Competency

All persons involved with problem identification and solution development for the student at risk of not meeting clinical competency should review Section 5.2. It is important to note that notification of difficulties during a clinical experience can be initiated by either the clinical instructor (CI) and/or the student.

5.12.1 Clinical Instructor’s Responsibilities
If the student is at risk of failing a clinical experience, the Clinical Instructor (CI) needs to take the following steps:

1) Discuss the concerns with the student at the earliest opportunity. Immediate feedback of unsatisfactory performance is crucial. More detailed discussion should follow in a formal session.
2) Contact the Director of Clinical Education or Clinical Education Advisor at Creighton University. It is important that the CI’s perceptions of the student’s performance are discussed and confirmed as soon as possible.
3) Behaviors by the student which have led to the CI’s concern should be documented in writing. A summary should be submitted with the Clinical Performance Instrument at the end of the clinical experience.

5.12.2 Student Responsibilities
If a student has difficulties during his/her clinical experience, he/she may initiate the following steps:

1) Make arrangements with the CI for a specific time to discuss the concerns. If a regular time has been established during this clinical experience for discussion, use this opportunity to talk about the issues. If a mediator is needed, the student may wish to include the Center Coordinator of Clinical Education (CCCE).
2) Contact the Director of Clinical Education at Creighton University. It is important that the student contact the university regarding any factor influencing his/her performance.
3) The specific information concerning difficulties should be documented and submitted to the school for inclusion in the student record. 4) Information can be dealt with confidentially.
However, with a student’s agreement, a telephone conversation or site visit can be arranged by the Director of Clinical Education, Clinical Advisor or other faculty member to the clinical facility, in order to explore any matters. Concerns can also be expressed during routine visits by the Director of Clinical Education, Clinical Advisor or other faculty members.

5.12.3 University Responsibilities

Arrangements will be made for the Director of Clinical Education or another faculty member to be in telephone contact or to visit the site in order to review the circumstances of all parties involved with concerns. This will involve a discussion of expectations and a plan of action for all parties in the continuation of the experience. As in any other course in the curriculum, a student may consult with his/her academic advisor and/or contact the Department Chair or other administrative personnel within the School.

5.13 Removal from a Clinical Education Site/Failure of a Clinical Experience

Any student whose clinical competence and/or attitudes and behaviors are sufficiently deficient or inappropriate so as to warrant removal from the clinical site prior to the completion of the clinical education experience will receive a failing (F) or unsatisfactory (UN) grade for that experience. Both the Clinical Education Coordinator and the clinicians/administrators of the practice site have the authority to remove students from the practice site if their clinical performance or their behaviors compromise patient safety or are disruptive to staff and/or clinical operation. Required courses in which grades of F or UN are earned must be repeated at the student’s expense in order to graduate. Students are urged to contact their clinical education advisor at the first sign of difficulty so that problems can be addressed and resolved in a timely and professional manner.

A student failing to meet the performance standard by the end of Professional Practice I or II or minimum entry-level competence by the end of Professional Practice III or IV will earn an UN grade and will be expected to complete an additional experience prior to advancing in the curriculum and/or graduation. Prior to repeating the experience, the student will develop a plan to remediate areas of difficulty identified on the Clinical Performance Instrument in conjunction with his/her academic advisor. This plan for remediation must be approved by the student’s clinical education advisor and the Director of Clinical Education prior to implementation. If clinical experiences are included in the remediation plan, they will be arranged by the student’s clinical education advisor. The goals established in the remediation plan must be accomplished before the student will be allowed to repeat the clinical education experience. A student failing twice is subject to dismissal from the program as per the Creighton University School of Pharmacy and Health Professions Scholastic Standing Policy.
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

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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

American Physical Therapy Association
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.
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 (eg, 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.

12.2.3  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 RECEPTIVE TO PROCEDURES OF REVIEW AND AUDIT APPROVED BY APPROPRIATE EXTERNAL AGENCIES AND CONSUMERS.

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

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

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

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

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

17.4 The provider of physical therapy involves students in the review processes 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:


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

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<tr>
<td>1. Does the provider of physical therapy policy and procedure manual contain a statement of philosophy for clinical education?</td>
<td>Yes</td>
<td>No</td>
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<td>2. Does the clinical education site have a written statement of philosophy regarding clinical education?</td>
<td>Yes</td>
<td>No</td>
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<td>3. Does the clinical education site statement of philosophy include comments related to the site’s responsibilities for patient/client care plans, community service and resources, and educational and scholarly activities?</td>
<td>Yes</td>
<td>No</td>
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<td>4. After reviewing the academic program’s philosophy, do you believe the philosophy of the provider of physical therapy is compatible with that of the academic program?</td>
<td>Yes</td>
<td>No</td>
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COMMENTS/PLAN:
1. Does your provider of physical therapy:
   a) Have written objectives for clinical education? □ Yes □ No □ Developing
   b) Develop objectives with the input of physical therapy personnel? □ Yes □ No □ Developing
   c) Include students in planning learning experiences according to mutually agreed-on objectives? □ Yes □ No □ Developing
   d) Prepare CIs to modify particular learning experiences to meet individual student needs, objectives, and interests? □ Yes □ No □ Developing
   e) Have continuous communication with the academic program(s) about clinical education objectives? □ Yes □ No □ Developing

2. Are all members of the physical therapy staff who will be involved with clinical education familiar with the academic program and provider of physical therapy objectives for clinical education? □ Yes □ No □ Developing
   a) Is there a mechanism for staff to regularly review the academic program’s curriculum and objectives? □ Yes □ No □ Developing

3. Are the clinical education objectives sufficiently flexible to accommodate:
   a) The student’s objectives? □ Yes □ No □ Developing
   b) The clinical instructor’s objectives? □ Yes □ No □ Developing
   c) Student learning at different levels? □ Yes □ No □ Developing
   d) The academic program’s objectives for specific experiences? □ Yes □ No □ Developing

4. Are there organized procedures for the orientation of students? □ Yes □ No □ Developing
   a) Does a student orientation manual exist? □ Yes □ No □ Developing
b) Does student orientation include a facility tour and information related to housing, transportation, parking, dress code, documentation and scheduling procedures, and other important policies and procedures?  

☐ Yes  ☐ No  ☐ Developing

5. Do your CIs participate in providing student feedback?  

☐ Yes  ☐ No  ☐ Developing

a) How do you or your CIs provide feedback to student(s)? [check all that apply]

- Daily  ☐
- Weekly  ☐
- Periodically  ☐
- Orally  ☐
- Written  ☐

6. Do your CIs participate in both constructive (interim) and cumulative (final) formative evaluations?  

☐ Yes  ☐ No  ☐ Developing

a) How do you or your CIs provide evaluations to the student(s)? [check all that apply]

- Orally  ☐
- Written  ☐
- Predetermined schedule  ☐

COMMENTS/PLAN:
1. Does your clinical education site have a written policy for ethical standards of practice? □ Yes □ No □ Developing

2. Does your physical therapy service policy and procedure manual contain:
   a) A current copy of the APTA Code of Ethics, Standards for Ethical Conduct of the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Affiliate Member, and a clinical education site code of ethics? □ Yes □ No □ Developing
   b) A current copy of the state practice act and interpretive rules and regulations? □ Yes □ No □ Developing

3. Does your clinical education site have written policies, which include statements on patients’ rights, including HIPAA, release of confidential information, photographic permission, and clinical research? □ Yes □ No □ Developing

4. Does your clinical education site have a mechanism, formal or informal, for reporting:
   a) Unethical practice? □ Yes □ No □ Developing
   b) Illegal practice? □ Yes □ No □ Developing
   c) Unprofessional practice? □ Yes □ No □ Developing
   d) Incompetent practice? □ Yes □ No □ Developing

5. Does your clinical education site have evidence of valid licensure, registration, or certification for all physical therapists and physical therapist assistants, where appropriate? □ Yes □ No □ Developing

6. Is your physical therapy service consistent with policies and positions of the APTA? □ Yes □ No □ Developing

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

1. Does your clinical education site have written policies prohibiting discrimination on the basis of race, creed, color, gender, age, religion, national or ethnic origin, sexual orientation, or disability or health status?

- Yes
- No
- Developing

These policies apply to [check all that apply]:

- Recruiting
- Hiring
- Promoting
- Retaining
- Training
- Recommending benefits

2. Does your clinical education site ensure each student is provided equal opportunities by:

a) Accepting students regardless of race, creed, color, gender, age, religion, national or ethnic origin, sexual orientation, or disability or health status?

- Yes
- No
- Developing

b) Providing equal opportunities, learning experiences, and benefits?

- Yes
- No
- Developing

c) Evaluating student’s performance without regard race, creed, color, gender, age, religion, national or ethnic origin, sexual orientation, or disability or health status?

- Yes
- No
- Developing

d) Demonstrating sensitivity to issues of cultural diversity in clinical education?

- Yes
- No
- Developing

3. Does the clinical education site make reasonable accommodations for personnel and students according to ADA guidelines?

- Yes
- No
- Developing
4. Does your clinical education site demonstrate evidence of the above through a clinical education agreement, policies and procedures, or organized activities addressing issues of cultural competence (eg, sharing different foods, discussing cultural values)?

☐ Yes  ☐ No  ☐ Developing

COMMENTS/PLAN:
5.0 THE CLINICAL EDUCATION SITE DEMONSTRATES ADMINISTRATIVE SUPPORT OF PHYSICAL THERAPY CLINICAL EDUCATION.

1. Does your clinical education site have a mechanism for completion of clinical education agreements with academic programs? □ Yes □ No □ Developing

2. Does your administration demonstrate support for clinical education by:
   a) Including a statement of educational commitment within the clinical education site’s philosophy? □ Yes □ No □ Developing
   b) Showing a willingness to enter into a written agreement with an academic program? □ Yes □ No □ Developing

3. Does your clinical education site demonstrate continued support for clinical education by:
   a) Maintaining current clinical education agreements? □ Yes □ No □ Developing
   b) Providing educational opportunities related to clinical education? □ Yes □ No □ Developing
   c) Providing support to attend continuing education programs pertinent to clinical education? □ Yes □ No □ Developing
   d) Providing job flexibility to accommodate additional responsibilities in clinical education? □ Yes □ No □ Developing
   e) Allocating resources such as space, equipment, and supportive personnel? □ Yes □ No □ Developing

4. Does a clinical education program policy and procedure manual exist that includes, but is not limited to:
   a) Structure of the program? □ Yes □ No □ Developing
   b) Roles and responsibilities of personnel? □ Yes □ No □ Developing
   c) Quality assurance and improvement mechanisms? □ Yes □ No □ Developing
   d) Listing current academic program relationships? □ Yes □ No □ Developing
e) Policies and procedures? □ Yes □ No □ Developing

f) Sample forms? □ Yes □ No □ Developing

COMMENTS/PLAN:
6.0 THE CLINICAL EDUCATION SITE HAS A VARIETY OF LEARNING EXPERIENCES AVAILABLE TO STUDENTS.

1. Do you believe you can provide quality learning experiences for:
   
   a) Observational experiences? □ Yes □ No □ Developing
   
   b) Part-time experiences (less than 35 hours/week)? □ Yes □ No □ Developing
   
   c) Full-time experiences (greater than 35 hours/week)? □ Yes □ No □ Developing
   
   d) Extended experiences (greater than 16 weeks)? □ Yes □ No □ Developing

2. Do you provide patient/client care learning experiences for students, such as: (See Guide to Physical Therapist Practice)
   
   a) Observation? □ Yes □ No □ Developing
   
   b) Screening? □ Yes □ No □ Developing
   
   c) Examination*? □ Yes □ No □ Developing
   
   d) Evaluation? □ Yes □ No □ Developing
   
   e) Diagnosis? □ Yes □ No □ Developing
   
   f) Prognosis?
      ▪ Plan of care* □ Yes □ No □ Developing
      ▪ Consultation □ Yes □ No □ Developing
      ▪ Goals □ Yes □ No □ Developing
   
   g) Intervention*?
      ▪ Coordination, communication, and documentation □ Yes □ No □ Developing
      ▪ Patient/client-related instruction □ Yes □ No □ Developing
      ▪ Patient interventions □ Yes □ No □ Developing
   
   h) Outcome*?
      ▪ Data collection □ Yes □ No □ Developing
      ▪ Analysis □ Yes □ No □ Developing
      ▪ Development of statistical reports □ Yes □ No □ Developing
i) Discharge planning?
   - Follow-up/reexamination
     □ Yes □ No □ Developing

j) Complexity of patient/client learning experiences (level of acuity, comorbidities, etc)?
   □ Yes □ No □ Developing

3. Do your clinical education experiences provide for a continuum of patient/client care?
   □ Yes □ No □ Developing

4. Do you provide other learning experiences such as:
   a) Service consultation (other health professionals, schools, businesses, organizations, community, etc)?
      □ Yes □ No □ Developing

b) Education?
   - In-service programs
     □ Yes □ No □ Developing
   - Patient care rounds
     □ Yes □ No □ Developing
   - Case conferences
     □ Yes □ No □ Developing
   - Observation of other health professionals and/or medical procedures
     □ Yes □ No □ Developing

c) Clinical reasoning and evidenced-based practice?
   - Observation or participation in systematic data collection, clinical research, and clinical decision making
     □ Yes □ No □ Developing

d) Administration/management?
   - Quality improvement
     □ Yes □ No □ Developing
   - Utilization of resources
     □ Yes □ No □ Developing
   - Reimbursement and billing procedures
     □ Yes □ No □ Developing
   - Cost containment
     □ Yes □ No □ Developing
   - Fiscal management
   - Scheduling
     □ Yes □ No □ Developing
   - Productivity analysis
     □ Yes □ No □ Developing
- Direction, supervision, and appropriate utilization of the physical therapist assistant
  - Yes
  - No
  - Developing

- Utilization of support personnel
  - Yes
  - No
  - Developing

- Ability to supervise other students
  - Yes
  - No
  - Developing

  e) Social responsibility and advocacy?

  - Consumer education, prevention, wellness, and health promotion
    - Yes
    - No
    - Developing

  - Exposure to pro bono work
    - Yes
    - No
    - Developing

  - Exposure to community service activities
    - Yes
    - No
    - Developing

  - Opportunities for patient/client advocacy and advocacy for the profession
    - Yes
    - No
    - Developing

  f) Other scholarly activities?

  - Journal club
    - Yes
    - No
    - Developing

  - Literature review
    - Yes
    - No
    - Developing

  - Case studies
    - Yes
    - No
    - Developing

5 Does your provider of physical therapy have equipment and space that is:

a) Appropriate to the types of patients/clients* managed?
   - Yes
   - No
   - Developing

b) Appropriate to the physical therapy interventions provided?
   - Yes
   - No
   - Developing

c) Contemporary?
   - Yes
   - No
   - Developing

6 Does your clinical education experience have accessibility to library, Internet, or audiovisual resources?
   - Yes
   - No
   - Developing

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25
7.0 THE CLINICAL EDUCATION SITE PROVIDES AN ACTIVE, STIMULATING ENVIRONMENT APPROPRIATE TO THE LEARNING NEEDS OF STUDENTS.

1. Do your physical therapy personnel demonstrate characteristics, such as:
   a) Variety of expertise? ☐ Yes ☐ No ☐ Developing
   b) Flexibility? ☐ Yes ☐ No ☐ Developing
   c) Interest in contemporary theory and evidence-based practice? ☐ Yes ☐ No ☐ Developing
   d) Receptiveness to diversity? ☐ Yes ☐ No ☐ Developing
   e) Positive working relationships with other professions? ☐ Yes ☐ No ☐ Developing

2. Does your provider of physical therapy demonstrate:
   a) Positive collegial relationships? ☐ Yes ☐ No ☐ Developing
   b) Effective management? ☐ Yes ☐ No ☐ Developing
   c) Positive staff morale? ☐ Yes ☐ No ☐ Developing

3. Are there regular formal mechanisms for communication within the clinical education site, such as:
   a) Personnel meetings? ☐ Yes ☐ No ☐ Developing
   b) Advisory committee meetings? ☐ Yes ☐ No ☐ Developing
   c) Interdisciplinary conferences and meetings? ☐ Yes ☐ No ☐ Developing
   d) Interaction with referral agencies? ☐ Yes ☐ No ☐ Developing
   e) Interaction with consumers? ☐ Yes ☐ No ☐ Developing
   f) Written communications, which may include monthly or yearly reports, memorandums, or evaluations? ☐ Yes ☐ No ☐ Developing
   g) Use of information technology that may include, but is not limited to, e-mail, voicemail, computer documentation, and electronic pagers? ☐ Yes ☐ No ☐ Developing
4. Does the physical environment include appropriate space for:

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<tbody>
<tr>
<td>a) Patient/client care services?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>b) Administration activities?</td>
<td>Yes</td>
<td>No</td>
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<td>c) Educational activities?</td>
<td>Yes</td>
<td>No</td>
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<td>d) Consultative functions?</td>
<td>Yes</td>
<td>No</td>
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<td>e) Documentation services?</td>
<td>Yes</td>
<td>No</td>
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<td>f) Personal belongings?</td>
<td>Yes</td>
<td>No</td>
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**COMMENTS/PLAN:**
1. Is the student given advance written information concerning the availability, access, limitations, and cost of support services, such as:
   a) Health care? [Yes No Developing]
   b) Emergency medical care and pharmaceutical supplies? [Yes No Developing]
   c) Library facilities? [Yes No Developing]
   d) Educational media and equipment? [Yes No Developing]
   e) Duplicating services? [Yes No Developing]
   f) Computer services? [Yes No Developing]
   g) Research and independent study support? [Yes No Developing]
   h) Room and board? [Yes No Developing]
   i) Laundry? [Yes No Developing]
   j) Parking? [Yes No Developing]
   k) Public or special transportation? [Yes No Developing]
   l) Recreational facilities? [Yes No Developing]

2. Does your clinical education site provide for special learning needs of students, within reasonable accommodations and in accordance with ADA guidelines? [Yes No Developing]

COMMENTS/PLAN:
9.0 ROLES AND RESPONSIBILITIES OF PHYSICAL THERAPY PERSONNEL ARE CLEARLY DEFINED.

1. Do you have a job description for all personnel as the providers of physical therapy? □ Yes  □ No  □ Developing

2. Do the job descriptions include the clinical education responsibilities of the:
   a) CCCE? □ Yes  □ No  □ Developing
   b) CI? □ Yes  □ No  □ Developing

3. Are the roles of the various physical therapy personnel explained to the student(s)? □ Yes  □ No  □ Developing

4. Does your policy and procedure manual include a written organizational chart for the provider of physical therapy in relation to the other components of the clinical education site? □ Yes  □ No  □ Developing

5. Does the organizational chart for the physical therapy service clearly show:
   a) The relationship of personnel? □ Yes  □ No  □ Developing
   b) The person to whom the students are responsible while at the clinical education site? □ Yes  □ No  □ Developing

COMMENTS/PLAN:
1. Have you referred to your state practice act as a guideline in developing your clinical education program? □ Yes □ No □ Developing

2. Do your personnel have adequate time, aside from patient/client care responsibilities, to assume responsibility for the education of students? □ Yes □ No □ Developing

3. Have accommodations been made to provide student supervision in the absence of the clinical instructor? □ Yes □ No □ Developing

4. Are you currently using or willing to consider alternative approaches to student–staff ratios for the CI? □ Yes □ No □ Developing

Examples of such ratios are [check all that are used]:

a) 1 CI : 1 student □
b) 1 CI : 2 students □
c) 1 CI : > 2 students □
d) 2 CIs : 2 students □
e) 2 CIs (split rotations) : 1 student □
f) 1 PT/1 PTA (CI team) : 1 PT/1 PTA (student team) □
g) Other (list them) □

COMMENTS/PLAN:
A CENTER COORDINATOR OF CLINICAL EDUCATION IS SELECTED BASED ON SPECIFIC CRITERIA.

1. Does your clinical education site have written criteria for the position of CCCE? 
   - Yes
   - No
   - Developing

2. Are the criteria based on the Guidelines for Center Coordinators of Clinical Education? 
   - Yes
   - No
   - Developing

3. Is the responsibility for coordination of clinical education assigned to one or more individuals? 
   - Yes
   - No
   - Developing

   a) Is/are the designated person(s) physical therapist(s)? 
      - Yes
      - No
      - Developing

   b) Is/are the designated person(s) physical therapist assistant(s)? 
      - Yes
      - No
      - Developing

   c) Is/are the designated person(s) non–physical therapist professional(s) who possess the skills to organize and maintain an appropriate clinical education program? 
      - Yes
      - No
      - Developing

4. If the CCCE is a non–physical therapist professional: 

   a) Is the direct supervision of PT students provided by physical therapists? 
      - Yes
      - No
      - Developing

   b) Is the direct supervision of PTA students provided by PTs or the PTA working with the PT? 
      - Yes
      - No
      - Developing

5. Is the clinical education site’s CCCE the key contact person with academic programs? 
   - Yes
   - No
   - Developing

COMMENTS/PLAN:
12.0  PHYSICAL THERAPY CLINICAL INSTRUCTORS ARE SELECTED BASED ON SPECIFIC CRITERIA.

1. Does your clinical education site have written criteria for the position of CI?
   - [ ] Yes  [ ] No  [ ] Developing

2. Are the criteria based on the Guidelines for Clinical Instructors?
   - [ ] Yes  [ ] No  [ ] Developing

3. Do your CIs have at least 1 year of clinical experience and meet the recommended criteria as outlined by the Guidelines for Clinical Instructors?
   - [ ] Yes  [ ] No  [ ] Developing

4. Do your CIs demonstrate:
   a) A desire to participate in the clinical education program?
      - [ ] Yes  [ ] No  [ ] Developing
   b) The ability to plan, conduct, and evaluate a clinical education experience based on sound educational principles?
      - [ ] Yes  [ ] No  [ ] Developing

5. Have your CIs attended formal CI training such as:
   a) APTA’s voluntary Clinical Instructor Education and Credentialing Program (www.apta.org, “Education”)?
      - [ ] Yes  [ ] No  [ ] Developing
   b) Consortia/component-sponsored CI training?
      - [ ] Yes  [ ] No  [ ] Developing
   c) Academic program–sponsored CI training?
      - [ ] Yes  [ ] No  [ ] Developing

6. Does the clinical education site have a mechanism to determine CI competence in providing quality clinical education experiences?
   - [ ] Yes  [ ] No  [ ] Developing

7. Is the direct supervision of a physical therapist student provided by a physical therapist?
   - [ ] Yes  [ ] No  [ ] Developing

8. Is the direct supervision of a physical therapist assistant student provided by a physical therapist or a physical therapist assistant working with a physical therapist?
   - [ ] Yes  [ ] No  [ ] Developing

COMMENTS/PLAN:


32
### SPECIAL EXPERTISE OF THE CLINICAL EDUCATION SITE PERSONNEL IS AVAILABLE TO STUDENTS.

1. Are there any areas of special expertise within your clinical education site?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Developing  
   
   a) Are these experiences available to students?  
      - [ ] Yes  
      - [ ] No  
      - [ ] Developing  

2. Does the CI’s responsibility include determining individual student readiness for these experiences?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Developing  

3. If your clinical education site is multidisciplinary, are learning experiences from other disciplines available to the student?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Developing  

### COMMENTS/PLAN:
THE CLINICAL EDUCATION SITE ENCOURAGES CLINICAL EDUCATOR (CI AND CCCE) TRAINING AND DEVELOPMENT.

1. Does the clinical education site foster formal and informal clinical educator training by:

   a) Providing clinical teaching in-service education? □ Yes □ No □ Developing

   b) Providing support for attendance at clinical teaching seminars? □ Yes □ No □ Developing

   c) Encouraging attendance at clinical education conferences on the consortia, regional, component, and national levels? □ Yes □ No □ Developing

   d) Recommending the APTA Clinical Instructor Education and Credentialing Program? □ Yes □ No □ Developing

   e) Supporting collaborative efforts of the CCCE and ACCE/DCE for CI training? □ Yes □ No □ Developing

   f) Providing CI training materials, such as manuals and videotapes? □ Yes □ No □ Developing

COMMENTS/PLAN:
15.0   THE CLINICAL EDUCATION SITE SUPPORTS ACTIVE CAREER DEVELOPMENT FOR PERSONNEL.

1. Does the clinical education site’s policy and procedure manuals outline policies concerning:
   a) On-the-job training? □ Yes □ No □ Developing
   b) In-service education? □ Yes □ No □ Developing
   c) Continuing education? □ Yes □ No □ Developing
   d) Post-entry-level study? □ Yes □ No □ Developing

2. Does the clinical education site support personnel participation in various development programs through mechanisms, such as:
   a) Release time for in-services? □ Yes □ No □ Developing
   b) On-site or online continuing education programming? □ Yes □ No □ Developing
   c) Financial support or educational release time for external seminars and workshops? □ Yes □ No □ Developing

3. Are personnel in-service programs scheduled on a regular basis? □ Yes □ No □ Developing

4. Are in-service programs planned by clinical education site personnel? □ Yes □ No □ Developing

5. Is student participation in career development activities expected and encouraged? □ Yes □ No □ Developing

COMMENTS/PLAN:
16.0 PHYSICAL THERAPY PERSONNEL ARE ACTIVE IN PROFESSIONAL ACTIVITIES.

1. Do physical therapy personnel participate in:
   a) Self-improvement, self-assessment, and peer assessment activities?
      □ Yes  □ No  □ Developing
   b) Professional career enhancement activities?
      □ Yes  □ No  □ Developing
   c) Membership in professional associations?
      □ Yes  □ No  □ Developing
   d) Professional activities relating to offices or committees?
      □ Yes  □ No  □ Developing
   e) Presentations?
      □ Yes  □ No  □ Developing
   f) Community and human service organization activities?
      □ Yes  □ No  □ Developing
   g) Other special activities?
      □ Yes  □ No  □ Developing

2. Are the physical therapy personnel knowledgeable about professional issues?
   □ Yes  □ No  □ Developing

3. Are the physical therapy personnel encouraged to be active in the profession?
   □ Yes  □ No  □ Developing

4. Are students aware of your personnel’s involvement in professional or career activities?
   □ Yes  □ No  □ Developing

5. Do your physical therapy personnel provide students with information about professional (eg, APTA) or career activities and encourage them to participate?
   □ Yes  □ No  □ Developing

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

1. Are physical therapy personnel performance evaluations:
   a) Completed at regularly scheduled intervals? ☐ Yes ☐ No ☐ Developing
   b) Providing appropriate feedback to the individual being evaluated? ☐ Yes ☐ No ☐ Developing
   c) Covering all aspects of the job, including teaching and scholarly activities? ☐ Yes ☐ No ☐ Developing

2. Is the physical therapy service, including patient/client care and teaching and scholarly activities, evaluated at regularly scheduled intervals? ☐ Yes ☐ No ☐ Developing

3. Is the provider of physical therapy evaluated by: [check all that apply]
   a) Continuous quality improvement? ☐
   b) Peer review? ☐
   c) Utilization review? ☐
   d) Medical audit? ☐
   e) Consumer satisfaction monitors? ☐
   f) Program evaluation? ☐
   g) Other? ☐

4. Are the physical therapy personnel actively involved in these monitoring activities? ☐ Yes ☐ No ☐ Developing

5. Does the provider of physical therapy involve students in review processes? ☐ Yes ☐ No ☐ Developing

6. Has the clinical education site successfully met the requirements of external agencies, if applicable (ie, JCAHO, CARF, OSHA)? ☐ Yes ☐ No ☐ Developing
7. Is the physical therapy clinical education program reviewed and revised:
   a) On a regular basis? □ Yes □ No □ Developing
   b) As changes in objectives, programs, and staff occur? □ Yes □ No □ Developing

8. Are changes in the clinical education program communicated to the academic program(s)? □ Yes □ No □ Developing

COMMENTS/PLAN:
GUIDELINES FOR CLINICAL INSTRUCTORS

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

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

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

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

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

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

1.2.3 Rationale and evidence is provided by:

1.2.3.1 The physical therapist for examination, evaluation, diagnosis, prognosis, interventions, outcomes, and reexaminations.

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

1.2.4 The CI demonstrates effective time-management skills.

1.2.5 The CI demonstrates the core values (accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility) associated with professionalism in physical therapy.

1.3 The CI adheres to legal practice standards.

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

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

1.3.3 The CI provides physical therapy services that are consistent with state and federal legislation, including, but not limited to, equal opportunity and affirmative action policies, HIPAA, Medicare regulations regarding reimbursement for patient/client care where students are involved, and the ADA.

1.3.3.1 The physical therapist is solely responsible for ensuring the patient/client is aware of the student status of any student involved in providing physical therapy services.
1.4 The CI demonstrates ethical behavior.

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

2.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

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

2.1.1 The CI defines performance expectations for students.

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

2.1.3 The CI provides feedback to students.

2.1.4 The CI demonstrates skill in active listening.

2.1.5 The CI provides clear and concise communication.

2.2 The CI is responsible for facilitating communication.

2.2.1 The CI encourages dialogue with students.

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

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

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

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

3.1 The CI forms a collegial relationship with students.

3.1.1 The CI models behaviors and conduct, and instructional and supervisory skills that are expected of the physical therapist/physical therapist assistant and demonstrates an awareness of the impact of this role modeling on students.

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

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

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

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

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

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

3.4.1 Activities for development may include, but are not limited to, continuing education courses, journal clubs, case conferences, case studies, literature review, facility sponsored courses, post-professional/entry-level education, area consortia programs, and active involvement in professional associations, including APTA.

4.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

4.1 The CI collaborates with students to plan learning experiences.

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

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

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

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

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

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

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

5.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

5.1 The CI supervises the student in the clinical environment by clarifying goals, objectives, and expectations.
5.1.1 The CI presents clear performance expectations to students at the beginning and throughout the learning experience.

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

5.2 Feedback is provided both formally and informally.

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

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

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

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

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

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

6.0 THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS.

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

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

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

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

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

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

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

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

The foundation for this document is:


Revisions of this document are based on:


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

1. Do you, as the clinical instructor (CI), have at least 1 year of clinical experience? □ Yes □ No □ Developing

2. Do you demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching? □ Yes □ No □ Developing

3. Do you, as the CI, demonstrate competence as a physical therapist or a physical therapist assistant by:
   a) Utilizing the patient/client management model in the Guide to Physical Therapist Practice to demonstrate a systematic approach to patient care? □ Yes □ No □ Developing
   b) Using clinical reasoning and evidence-based practice in the delivery of health services? □ Yes □ No □ Developing
   c) Providing rationale for the patient/client?
      • Examination, evaluation, diagnosis, prognosis, interventions, outcomes, and reexaminations (PT) □ Yes □ No □ Developing
      • Interventions (including data collection and outcomes associated with those interventions) as directed and supervised by the PT and within the plan of care (PTA) □ Yes □ No □ Developing
   d) Demonstrating effective time-management skills? □ Yes □ No □ Developing

4. Do you, as the CI, adhere to legal practice standards?
   a) By holding a current license/registration/certification as required by the physical therapy practice act in the state in which you practice? □ Yes □ No □ Developing
   b) By providing physical therapy services that are consistent with your state practice act and interpretive rules and regulations? □ Yes □ No □ Developing
c) By providing physical therapy services that are consistent with state and federal legislation, including, but not limited to:

- Equal opportunity and affirmative action policies  
  □ Yes  □ No  □ Developing

- Americans With Disabilities Act (ADA)  
  □ Yes  □ No  □ Developing

d) By ensuring that the patients/clients have been informed of and consent to have a student involved in providing physical therapy services?  
  □ Yes  □ No  □ Developing

5. Do you, as the CI, demonstrate ethical behavior, as outlined by the clinical education site policy and the APTA Code of Ethics and Guide for Professional Conduct?  
  □ Yes  □ No  □ Developing

6. Do you, as the CI, consistently demonstrate the APTA Core Values (http://www.apta.org/documents/public/education/professionalism.pdf) of accountability,* altruism,* compassion/caring,* excellence,* integrity,* professional duty,* and social responsibility*?  
  □ Yes  □ No  □ Developing

COMMENTS/PLAN:
2.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

1. Do you, as the CI, use verbal, nonverbal, and written communication skills and information technology to clearly express yourself to students to:

   a) Define performance expectations for students?  ☐ Yes  ☐ No  ☐ Developing

   b) Collaborate to develop mutually agreed-on goals and objectives for the clinical education experience?  ☐ Yes  ☐ No  ☐ Developing

   c) Provide feedback?  ☐ Yes  ☐ No  ☐ Developing

   d) Demonstrate skill in active listening?  ☐ Yes  ☐ No  ☐ Developing

2. Do you, as the CI, facilitate communication by:

   a) Encouraging dialogue with students?  ☐ Yes  ☐ No  ☐ Developing

   b) Providing time and a place for ongoing dialogue to occur?  ☐ Yes  ☐ No  ☐ Developing

   c) Initiating communication that may be difficult or confrontational around an issue of concern?  ☐ Yes  ☐ No  ☐ Developing

   d) Remaining open to and encouraging feedback from students, clinical educators, and other colleagues?  ☐ Yes  ☐ No  ☐ Developing

COMMENTS/PLAN:
3.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS.

1. Do you, as the CI, form a collegial relationship with students?  
   - Yes  - No  - Developing

2. Do you model behaviors and conduct and instructional and supervisory skills that are expected of the PT or PTA?  
   - Yes  - No  - Developing

3. Do you demonstrate an understanding of the impact of your behavior and conduct as a role model for students?  
   - Yes  - No  - Developing

4. Do you promote the student as a colleague to others?  
   - Yes  - No  - Developing

5. Do you demonstrate respect for and sensitivity to individual differences?  
   - Yes  - No  - Developing

6. Are you willing to share your strengths and weaknesses with students?  
   - Yes  - No  - Developing

7. Do you, as the CI, remain approachable by assessing and responding to student concerns with empathy, support, or interpretation, as appropriate?  
   - Yes  - No  - Developing

8. Do you, as the CI, interact appropriately with patients, colleagues, and other health professionals to achieve identified goals?  
   - Yes  - No  - Developing

9. Do you represent the physical therapy profession positively by assuming responsibility for career and self-development and demonstrate this responsibility to the student by participation in activities, such as:
   a) Continuing education courses?  
      - Yes  - No  - Developing
   b) Journal club?  
      - Yes  - No  - Developing
   c) Case conferences?  
      - Yes  - No  - Developing
   d) Case studies?  
      - Yes  - No  - Developing
   e) Literature review?  
      - Yes  - No  - Developing
   f) Facility sponsored courses?  
      - Yes  - No  - Developing
   g) Post-entry-level education?  
      - Yes  - No  - Developing
h) Area consortia programs?  

- Yes  
- No  
- Developing

i) Membership and active involvement in the profession (eg, America Physical Therapy Association)  

- Yes  
- No  
- Developing

COMMENTS/PLAN:
4.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

1. Do you, as the CI, implement, facilitate, and evaluate learning experiences for students based on a plan created in collaboration with students?  
   □ Yes □ No □ Developing

2. Do you, as the CI, review the student’s academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience?  
   □ Yes □ No □ Developing

3. Do you include learning experiences in the patient/client management model (eg, examination, evaluation, diagnosis, prognosis, plan of care, intervention, and outcomes for the PT student; directed interventions with the plan of care for the PTA student) and practice management activities (eg, billing, staff meetings, marketing)?  
   □ Yes □ No □ Developing

4. Do you, as the CI, maximize learning opportunities by using planned and unplanned experiences within the entire clinical environment?  
   □ Yes □ No □ Developing

5. Do you, as the CI, integrate knowledge of various learning styles to implement strategies that accommodate students’ needs?  
   □ Yes □ No □ Developing

6. Do you, as the CI, sequence learning experiences to allow progression towards the student's personal and educational goals?  
   □ Yes □ No □ Developing

7. Do you, as the CI, monitor and modify learning experiences in a timely manner, based on the quality of the student’s performance?  
   □ Yes □ No □ Developing

COMMENTS/PLAN:


5.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

1. Do you, as the CI, present clear performance expectations to students at the beginning of and throughout the learning experience? [Yes] [No] [Developing]

2. Are goals and objectives mutually agreed on by you and students? [Yes] [No] [Developing]

3. Do you, as the CI, provide both formal and informal feedback? [Yes] [No] [Developing]

4. To provide student feedback, do you collect information through:
   a) Direct observation and discussions with students? [Yes] [No] [Developing]
   b) Review of the students’ patient/client documentation? [Yes] [No] [Developing]
   c) Available observations made by others? [Yes] [No] [Developing]
   d) Students’ self-assessments? [Yes] [No] [Developing]

5. Do you, as the CI, provide feedback to students that is:
   a) Frequent? [Yes] [No] [Developing]
   b) Positive? [Yes] [No] [Developing]
   c) Constructive? [Yes] [No] [Developing]
   d) Timely? [Yes] [No] [Developing]

6. Do you, as the CI, review and analyze feedback regularly and adjust learning experiences accordingly? [Yes] [No] [Developing]

7. Do you, as the CI, perform constructive (interim) and cumulative (final) evaluations of the students’ performance by:
   a) Participating with the student in ongoing constructive evaluations? [Yes] [No] [Developing]
   b) Providing cumulative evaluations at least at midterm and at the completion of the clinical education experience? [Yes] [No] [Developing]
   c) Including student self-assessments? [Yes] [No] [Developing]
6.0 THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS.

1. Do you, as the CI, familiarize yourself with the students’ evaluation instrument(s) prior to the clinical education experience?  
   □ Yes □ No □ Developing

2. Do you, as the CI, use and articulate available information and observations when evaluating students’ knowledge, skills, and behavior as related to specific performance criteria?  
   □ Yes □ No □ Developing

3. Do you, as the CI, recognize and document students’ progress by identifying areas of:
   a) Entry-level competence?  
      □ Yes □ No □ Developing
   b) Exceptional performance?  
      □ Yes □ No □ Developing
   c) Unsafe or ineffective performance?  
      □ Yes □ No □ Developing
   d) Appropriate progression?  
      □ Yes □ No □ Developing

4. In collaboration with the CCCE and ACCE/DCE, do you plan activities that continue to challenge student performance based on areas of:
   a) Exceptional performance?  
      □ Yes □ No □ Developing
   b) Appropriate progression?  
      □ Yes □ No □ Developing
   c) Specific deficits?  
      □ Yes □ No □ Developing

5. Do you, as the CI, demonstrate awareness of the relationship between the academic program and clinical education site as it relates to:
   a) Student performance evaluations?  
      □ Yes □ No □ Developing
   b) Grading?  
      □ Yes □ No □ Developing
   c) Remedial activities?  
      □ Yes □ No □ Developing
   d) Due process in the case of student failure?  
      □ Yes □ No □ Developing

6. Do you, as the CI, demonstrate a constructive approach to student performance evaluation that is:
   a) Educational?  
      □ Yes □ No □ Developing
   b) Objective?  
      □ Yes □ No □ Developing
   c) Reflective?  
      □ Yes □ No □ Developing
d) Directed at engaging students in self-assessment? 

7. Do you foster student evaluation of the clinical education experience, including:

   a) Learning opportunities? 
   b) CI performance?
   c) CCCE performance?
   d) The evaluation process?

   □ Yes □ No □ Developing
1.0  THE CENTER COORDINATOR OF CLINICAL EDUCATION (CCCE) HAS SPECIFIC QUALIFICATIONS AND IS RESPONSIBLE FOR COORDINATING THE ASSIGNMENTS AND ACTIVITIES OF STUDENTS AT THE CLINICAL EDUCATION SITE.

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

1.1.1  If the CCCE is a physical therapist or physical therapist assistant, he or she should be experienced as a clinician, 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.

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

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

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

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

1.3  The CCCE demonstrates ethical and legal behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy.
2.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE COMMUNICATION AND INTERPERSONAL SKILLS.

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

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

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

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

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

2.1.5 The CCCE communicates with the academic coordinator of clinical education* (ACCE) regarding clinical education planning, evaluation, and CI development.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.1.2 The CCCE implements a plan for program review and revision that reflects the changing health care environment.
6.2 The CCCE advocates for clinical education with the clinical education site’s administration, the provider of physical therapy’s administration, and physical therapy personnel.

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

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

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

   6.4.1 The CCCE maintains current information, including clinical site information forms (CSIF), clinical education agreements, and policy and procedure manuals.

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

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

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

The foundation for this document is:


Revisions of this document are based on:


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

1. Are you, as the Center Coordinator of Clinical Education (CCCE):
   a) Experienced in clinical education? [Yes] [No] [Developing]
   b) Interested in students? [Yes] [No] [Developing]
   c) Skilled in interpersonal relationships, communication, and organization? [Yes] [No] [Developing]
   d) Knowledgeable about the clinical education site and its resources? [Yes] [No] [Developing]
   e) Able to serve as a consultant in the evaluation process? [Yes] [No] [Developing]

2. Are you a physical therapist or physical therapist assistant? If so: [Yes] [No] [Developing]
   a) Are you an experienced clinician? [Yes] [No] [Developing]
   b) Do you meet the APTA Guidelines for Clinical Instructors? [Yes] [No] [Developing]

3. If you are a non–physical therapy professional:
   a) Do you have an experienced physical therapist clinician available for consultation in planning clinical educational experiences? [Yes] [No] [Developing]
   b) Do you have a physical therapist for direct clinical supervision of physical therapist students and a physical therapist or physical therapist assistant working with a physical therapist for the direct clinical supervision of the physical therapist assistant student? [Yes] [No] [Developing]
   c) Do you meet Guidelines 2.0 through 5.0 for CIs, as outlined in the APTA Guidelines for Clinical Instructors? [Yes] [No] [Developing]

59
4. Do you, as the CCCE, demonstrate knowledge of:

   a) Contemporary issues of clinical practice?  □ Yes  □ No  □ Developing

   b) Management of the clinical education program?  □ Yes  □ No  □ Developing

   c) Education theory?  □ Yes  □ No  □ Developing

   d) Issues in health care delivery?  □ Yes  □ No  □ Developing

5. Do you, as the CCCE, demonstrate legal and ethical behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy?  □ Yes  □ No  □ Developing

COMMENTS/PLAN:
2.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE COMMUNICATION AND INTERPERSONAL SKILLS.

1. Do you, as the CCCE, interact effectively and foster collegial relationships, both internal and external to the clinical education site, by:

   a) Performing administrative functions between academic programs and the clinical education site? Such as completing:
      - The clinical site information form (CSIF) □ Yes □ No □ Developing
      - Clinical education agreements □ Yes □ No □ Developing
      - Student placement forms □ Yes □ No □ Developing
      - Policy and procedure manual □ Yes □ No □ Developing

   b) Providing consultation to the CI in the evaluation process? □ Yes □ No □ Developing

   c) Serving as a representative of the clinical education site to academic programs? □ Yes □ No □ Developing

   d) Demonstrating knowledge of the affiliated academic programs and their respective curricula and disseminating the information to clinical education site personnel? □ Yes □ No □ Developing

   e) Communicating with the ACCE/DCE regarding clinical education planning, evaluation, and CI development? □ Yes □ No □ Developing

   f) Remaining open to and encouraging feedback from students, CIs, ACCEs/DCEs, and other colleagues? □ Yes □ No □ Developing

   g) Demonstrating respect for and sensitivity to individual and cultural differences? □ Yes □ No □ Developing

COMMENTS/PLAN:
3.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

1. Do you, as the CCCE, plan and implement activities that contribute to the development of CIs by fostering:
   a) Understanding of the concepts of adult and lifelong learning and life span development?  
      □ Yes  □ No  □ Developing
   
   b) Recognition of the uniqueness of teaching in the clinical context?
      □ Yes  □ No  □ Developing

2. Do you, as the CCCE, identify needs and resources of CIs in the clinical education site?
   □ Yes  □ No  □ Developing

3. In conjunction with CIs, do you, as the CCCE, plan and implement:
   a) Alternative or remedial learning experiences for students experiencing difficulty?
      □ Yes  □ No  □ Developing
   
   b) Challenging learning experiences for students demonstrating exceptional clinical performance?
      □ Yes  □ No  □ Developing
   
   c) Learning experiences that accommodate students with special needs?
      □ Yes  □ No  □ Developing

COMMENTS/PLAN:
4.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

1. Do you, as the CCCE, supervise the CI(s)/student(s) team during the experience to ensure quality of:
   a) Educational planning? □ Yes □ No □ Developing
   b) Clinical learning experiences? □ Yes □ No □ Developing
   c) Performance evaluation? □ Yes □ No □ Developing

2. Do you, as the CCCE, provide consistent monitoring of and feedback to CIs regarding clinical education activities? □ Yes □ No □ Developing

3. Are you, as the CCCE, serving as a useful resource to:
   a) CIs? □ Yes □ No □ Developing
   b) Students? □ Yes □ No □ Developing
   c) ACCEs/DCEs? □ Yes □ No □ Developing

4. Do you, as the CCCE, enhance the clinical learning experience by assisting in planning and problem solving with the CI(s)/student(s) team? □ Yes □ No □ Developing

COMMENTS/PLAN:
### 5.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE PERFORMANCE EVALUATION SKILLS.

1. Are you, as the CCCE, knowledgeable about educational evaluation methodologies?  
   - Yes  
   - No  
   - Developing

   a) Do you apply these methodologies to the physical therapy clinical education program?  
   - Yes  
   - No  
   - Developing

2. Do you, as the CCCE, contribute to the clinical education sites process of personnel evaluation development?  
   - Yes  
   - No  
   - Developing

3. Do you, as the CCCE, provide feedback to CIs on their performance as clinical teachers in relation to the APTA Guidelines for Clinical Instructors?  
   - Yes  
   - No  
   - Developing

4. Do you, as the CCCE, assist CIs in:
   a) Goal setting?  
   - Yes  
   - No  
   - Developing

   b) Documenting progress toward achievement of goals?  
   - Yes  
   - No  
   - Developing

5. Do you, as the CCCE, consult with CIs in the assessment of student performance as it relates to specific evaluative criteria established by each academic program?  
   - Yes  
   - No  
   - Developing

6. When a student requires remedial activities, do you, as the CCCE, participate in the development of a plan to specifically document student progress?  
   - Yes  
   - No  
   - Developing

**COMMENTS/PLAN:**


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

1. Do you, as the CCCE, manage the comprehensive clinical education program?  
   □ Yes  □ No  □ Developing

2. Does your program include:
   a) Goals and objectives?  
      □ Yes  □ No  □ Developing
   b) Available learning experiences?  
      □ Yes  □ No  □ Developing
   c) Logistical details for student placements?  
      □ Yes  □ No  □ Developing
   d) A plan for CI training, development, and evaluation?  
      □ Yes  □ No  □ Developing

3. Do you, as the CCCE, routinely review and revise your clinical education program?  
   □ Yes  □ No  □ Developing

4. Do you, as the CCCE, advocate for clinical education with:
   a) Clinical education site administration?  
      □ Yes  □ No  □ Developing
   b) Provider of physical therapy administration?  
      □ Yes  □ No  □ Developing
   c) Provider of physical therapy personnel?  
      □ Yes  □ No  □ Developing

5. Do you, as the CCCE, serve as the clinical education site’s formal representative and liaison with academic programs for activities such as:
   a) Scheduling of students?  
      □ Yes  □ No  □ Developing
   b) Orienting incoming students?  
      □ Yes  □ No  □ Developing
   c) Maintaining records of student performance?  
      □ Yes  □ No  □ Developing
   d) Maintaining records of CI qualifications?  
      □ Yes  □ No  □ Developing
   e) Maintaining records of clinical education site resources?  
      □ Yes  □ No  □ Developing

6. Are you, as the CCCE, responsible for facilitating and maintaining the necessary documentation to affiliate with academic programs such as:
   a) Clinical site information form (CSIF)?  
      □ Yes  □ No  □ Developing
b) Clinical education agreement?  □ Yes  □ No  □ Developing

c) Policy and procedure manual?  □ Yes  □ No  □ Developing

7. Do you, as the CCCE, enhance the clinical education program by developing effective relationships with:

   a) Clinical education site administrators?  □ Yes  □ No  □ Developing

   b) Representatives of other disciplines?  □ Yes  □ No  □ Developing

   c) Other site departments?  □ Yes  □ No  □ Developing

8. Do you, as the CCCE, demonstrate knowledge of the clinical education site’s philosophy and commitment to clinical education?  □ Yes  □ No  □ Developing

9. Do you, as the CCCE, demonstrate an understanding of the clinical education site’s quality improvement and assessment activities?  □ Yes  □ No  □ Developing

COMMENTS/PLAN:
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 (ie, 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.
AGREEMENT BETWEEN
CREIGHTON UNIVERSITY
AND

This agreement is entered into by ___________ ("Site") and Creighton University, a Nebraska nonprofit corporation located at 2500 California Plaza, Omaha, NE 68178 ("Creighton").

Creighton desires to provide a professional clinical educational experience program for its students, and has asked Site to participate in that program in order to provide Creighton’s students an opportunity for clinical education.

In consideration of the mutual benefits, the parties agree to the following:

I. GENERAL INFORMATION:

   A. The course of instruction (the “Clinical Program”) will cover a period of time mutually agreed upon between Site and Creighton. The Clinical Program objectives will be communicated in writing to the Site’s preceptor by the appropriate Creighton Clinical/Experiential Education Office when scheduling students.

   B. Except under compelling circumstances agreed to by both parties, the beginning dates and length of experience will be agreed upon no less than one month before the beginning of the Clinical Program.

   C. The number of students eligible to participate in the Clinical Program will be mutually determined by agreement of the parties and may be altered by mutual agreement.

   D. Students are not employees of Site or Creighton and are not eligible for compensation or benefits from either institution.

   E. Neither Site nor Creighton will discriminate against any employee or student on the basis of race, national origin, religion, creed, sex, sexual orientation, age, or marital, veteran or disability status. Both parties agree to comply with the Family Educational Rights and Privacy Act of 1974, as amended, and regulations promulgated thereunder, governing the privacy of student records.

II. RESPONSIBILITIES OF CREIGHTON:

   A. Creighton shall provide and maintain the records and reports required by Site for conducting clinical learning experiences of its students under this Agreement. Creighton assumes responsibility for assigning grades for the clinical education experience.

   B. Creighton shall obtain or require its students to maintain professional liability insurance coverage in the amount of $1,000,000 per medical incident/$3,000,000 aggregate to cover the liability of the student.

   C. Creighton shall require its students to comply with Site policies and procedures while participating in the Clinical Program at Site, including Site’s policies and procedures governing patient confidentiality. As a part of this agreement, Creighton shall require students to submit to the appropriate Clinical/Experiential Education Office a signed Student Clinical Participation and Confidentiality Agreement. An example of this agreement is attached as Exhibit A.

   D. Creighton acknowledges that it shall submit a signed attestation form for each student
participating in the Clinical Program at Site. An example of this attestation form is attached as Exhibit B.

E. Creighton will conduct a background check on each student prior to participating at Site. Creighton will only send students on rotation whose background checks have no positive findings or whose results have been pre-approved by Site. Creighton’s background check will include the following items:
   1. Social Security number verification
   2. Criminal search (5 years)
   3. Violent Sexual Offender & Predator registry
   4. HHS/OIG/GSA
   5. Any other items requested in writing by Site upon signing of this Agreement.

F. Creighton shall defend, indemnify and hold Site harmless from and against any and all liability, loss, expense (including reasonable attorneys’ fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys’ fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of School, its officers, agents, students, or employees.

G. Creighton will assign to Site only those students who have satisfactorily completed the prerequisite didactic portion of the curriculum unless remediation-related clinical education services have been specifically negotiated with Site.

H. Creighton will enforce rules and regulations governing students that are mutually agreed upon between Site and Creighton.

III. RESPONSIBILITIES OF SITE:

A. Site will participate in directing and implementing the Clinical Program.

B. Site reserves the right to limit the number of students it receives. Site, in conjunction with Creighton, will determine the dates for student participation in the program.

C. If Site accepts a student, Site shall provide instruction and professional experience in accordance with Clinical Program objectives (Section I. A) and any specific Clinical Program goals developed and agreed upon by the parties.

D. Site shall provide and maintain records and reports required by Creighton for conducting the educational program and provide an evaluation to Creighton on forms provided by Creighton.

E. Site shall be under no obligation to maintain any facilities for the Clinical Program other than those which Site ordinarily maintains in the course of its business.

F. Site shall provide available time, when possible, to clinical instructors for attending clinical supervisory meetings and conferences called by Creighton as part of the educational program.

G. Site will inform participating students on pertinent policies and procedures at Site.

H. Site will encourage students in Creighton’s Clinical Program to attend the Site’s professional meetings, and shall allow such students access to journals, books, and periodicals contained in Site’s library, if any, provided, that no student shall be permitted to take outside of the premises any such journals, books, or periodicals from the library unless approved by Site.

I. No student shall be entitled to any stipend from Site by reason of this Agreement or by reason of such student's participation in the Clinical Program. Students may not accept stipends from Site if prohibited by accreditation standards.

J. Site shall defend, indemnify and hold Creighton harmless from and against any and all liability, loss, expense (including reasonable attorneys; fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys’ fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of Site, its officers, agents, or
employees. This indemnification provision is not intended to and shall not change the obligations of any insurance company under any insurance policy maintained by a party.

K. Site retains the right to terminate any student's participation in the Clinical Program where it reasonably believes doing so is necessary to protect the health, safety and welfare of Site, its patients, employees or visitors. Site shall immediately notify the Director of the Clinical/Experiential Education Office (identified in the mailing address provided at on the signature page of this Agreement) of any such termination of a student. The Director of the Clinical/Experiential Education Office will notify any Creighton faculty serving as Instructor of Record for the terminated student's clinical education rotation.

L. Students who become ill while at Site will be provided initial medical or emergency treatment at Student's cost.

IV. Either party may terminate this Agreement upon sixty (60) days advance written notice to the other party.

V. Any revision or modification of the Agreement shall be in writing, and shall be signed by both parties.

VI. This agreement shall be effective as of the 1st day of __________ 2013.

---

CREIGHTON UNIVERSITY

By ____________________________
Print Name: ____________________________
Print Title: ____________________________
Mailing Address: ____________________________

Victoria F. Roche, Ph.D.
Interim Dean
School of Pharmacy and Health Professions

By ____________________________
Lisa Black, PT, DPT
Director of PT Clinical Education
Creighton Mailing Address:

Creighton University
School of Pharmacy and Health Professions
Department of Physical Therapy
Clinical Education Office
2500 California Plaza
Omaha, NE 68178
EXHIBIT A
STUDENT CLINICAL PARTICIPATION AND CONFIDENTIALITY AGREEMENT

SITE is committed to quality health care and confidentiality for its patients. As a student of another institution assigned to a clinical experience at SITE, the undersigned is required to agree to the terms of this Agreement. Please review and ask questions if you have any.

"Confidential Information" is any patient, physician, employee, and SITE business information obtained during the course of work or association with SITE.

I agree to treat all Confidential Information as strictly confidential and will not reveal or discuss Confidential Information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am permitted to access Confidential Information only to the extent necessary for patient care and to perform my duties while assigned to SITE. I will not disclose identifiable Confidential Information (e.g., name, date of birth) if the identity of the individual can be removed. I understand that I am a member of SITE’s workforce for purposes of complying with the Health Insurance Portability and Accountability Act of 1996, and its applicable privacy and security regulations, and agree to follow SITE’s policies regarding HIPAA while participating in this Clinical Program at SITE.

I will abide by all SITE policies and procedures regarding Confidential Information.

If I am given any access security codes or passwords, I agree to use them solely to perform my duties and will not breach the security of the information systems or premises. I will not use or disclose or misuse security codes or passwords. I will not misuse or attempt to alter SITE information systems in any way. I understand that SITE reserves the right to audit, investigate, monitor, access, review and disclose information obtained through the information systems at any time, with or without advance notice to me and with or without my knowledge. I understand I will be held accountable for my work and any changes made under my password and security codes. I understand that I am responsible for the accuracy of information submitted under my passwords and security codes.

I am expected to be covered by my own health insurance at all times, including hospitalization insurance. Should I seek routine or emergency medical care, I understand that I will be responsible for the cost of such care.

I am not and will not be an employee of SITE by virtue of my participation in this Clinical Program at Site and shall not be entitled to compensation or employee benefits of any kind, including but not limited to health insurance, workers’ compensation insurance or unemployment benefits.

I understand that violations of SITE policy may subject me to immediate termination of my assignment at SITE, as well as civil sanctions and/or criminal penalties.

My signature acknowledges that I have read and understand this Agreement.

_________________________________________       ______________
Student Name (print)                                  Date

_________________________________________       ______________
Student Signature                                    SITE

This Exhibit is made a part of the Agreement to which it is attached.
EXHIBIT B - HEALTH STATUS/CLINICAL PROGRAM TRAINING
ATTESTATION FORM

1. I verify the following information for the required health screenings, immunizations or documented health status and will provide documentation upon request.
   
a. Tuberculosis screening within the past 12 months (negative PPD skin test or a chest x-ray and health care provider review if a previous positive PPD reaction): DATE
b. Measles, mumps, and rubella (MMR) immunity (positive antibody titers or 2 doses of MMR): DATES
c. Diphtheria, pertussis, and tetanus immunity (Tdap, Adacel, or Boostrix): DATE
d. Polio immunity (3-dose series or positive antibody titer): DATE
e. Varicella immunity (positive history of chickenpox and positive antibody titer or Varicella immunization): DATES
f. Hepatitis B immunity (3-dose series and positive antibody titer): DATES

I verify that I have CPR for Healthcare Providers certification with an expiration date of _____:

2. Creighton provides the following required program instruction to all students. I verify that I have received instruction in all areas
   
   = CPR for Healthcare Providers
   = Confidentiality (Patient Rights)
   = Dress Code
   = Universal Precautions, including needle safety
   = HIPAA training

I agree to abide by all policies and procedures of the sites hosting my rotations/clinical experiences.

My signature acknowledges that the information I have provided is complete and accurate and that I authorize the above information to be disclosed to preceptors/sites prior to rotations/clinical experiences.

______________________________
Student Name (print)

______________________________
Student Signature                     Date

This Exhibit is made a part of the Agreement to which it is attached.
INTRODUCTION:

The primary purpose of the Clinical Site Information Form (CSIF) is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites to:
- Facilitate clinical site selection,
- Assist in student placements,
- Assess the learning experiences and clinical practice opportunities available to students; and
- Provide assistance with completion of documentation required for accreditation.

The CSIF is divided into two sections:
- Part I: Information for Academic Programs (pages 4-16)
  - Information About the Clinical Site (pages 4-6)
  - Information About the Clinical Teaching Faculty (pages 7-10)
  - Information About the Physical Therapy Service (pages 10-12)
  - Information About the Clinical Education Experience (pages 13-16)
- Part II: Information for Students (pages 17-20)

Duplication of requested information is kept to a minimum except when separation of Part I and Part II of the CSIF would omit critical information needed by both students and the academic program. The CSIF is also designed using a check-off format wherever possible to reduce the amount of time required for completion.
DIRECTIONS FOR COMPLETION:

To complete the CSIF go to APTA’s website at under “Education Programs,” click on “Clinical” and choose “Clinical Site Information Form.” This document is available as a Word document.

1. Save the CSIF on your computer before entering your facility’s information. The title should be the clinical site’s zip code, clinical site’s name, and the date (e.g., 90210BevHillsRehab10-26-2005). Using this format for titling the document allows the users to quickly identify the facility and most recent version of the CSIF from a folder. Saving the document will preserve the original copy on the disk or hard drive, allowing for ease in updating the document as changes in the clinical site information occurs.

2. Complete the CSIF thoroughly and accurately. Use the tab key or arrow keys to move to the desired blank space. The form is comprised of a series of tables to enable use of the tab key for quicker data entry. Use the Comment section to provide addition information as needed.

3. Save the completed CSIF.

4. E-mail the completed CSIF to each academic program with whom the clinic affiliates (accepts students).

5. In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, e-mail a copy of the completed CSIF Word document to the Department of Physical Therapy Education at kristinestoneley@apta.org.

6. Update the CSIF on an annual basis to assist in maintaining accurate and relevant information about your physical therapy service for academic programs, students, and the national database.

What should I do if my physical therapy service is associated with multiple satellite sites that also provide clinical learning experiences?

If your physical therapy service is associated with multiple satellite sites that offer a variety of clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, provide information regarding the primary clinical site for the clinical experience on page 4. Complete page 4, to provide essential information on all additional clinical sites or satellites associated with the primary clinical site. Please note that if the satellite site(s) offering a clinical experience differs from the primary clinical site, a separate CSIF must be completed for each satellite site. Additionally, if any of the satellite sites have a different CCCE, an abbreviated resume must be completed for each individual serving as CCCE.

What should I do if specific items are not applicable to my clinical site or I need to further clarify a response?

If specific items on the CSIF do not apply to your clinical education site at the time you are completing the form, please leave the item(s) blank. Provide additional information and/or comments in the Comment box associated with the item.
# Table of Contents

Introduction and Instructions .................................................................................. 1-2

Clinical Site Information
  Primary Site ........................................................................................................ 4
  Multi-Center Facilities ...................................................................................... 5
  Accreditation/Ownership .................................................................................. 6
  Primary Classification ....................................................................................... 6
  Location ........................................................................................................... 6

Clinical Teaching Faculty
  Center Coordinators of Clinical Education (CCCEs) – Abbreviated Resume ........... 6
    Education....................................................................................................... 7
    Employment ................................................................................................ 7
    Teaching Preparation .................................................................................... 8

Clinical Instructor
  Information ..................................................................................................... 9
  Selection Criteria .......................................................................................... 10
  Training ......................................................................................................... 10

Physical Therapy Service
  Number of Inpatient Beds ............................................................................... 10
  Number of Patients/ Clients .......................................................................... 10
  Patient/Client Lifespan and Continuum of Care ............................................ 11
  Patient/Client Diagnoses .............................................................................. 11
  Hours of Operation ........................................................................................ 12
  Staffing ......................................................................................................... 12

Clinical Education Experience
  Special Programs/Activities/Learning Opportunities ....................................... 13
  Specialty Clinics ............................................................................................. 13
  Health and Educational Providers at the Clinical Site .................................... 14
  Affiliated PT and PTA Education Programs ................................................... 14
  Availability of the Clinical Education Experience ......................................... 15
  Learning Objectives and Assessments ........................................................... 16

Student Information
  Arranging the Experience .................................................................................. 17
  Housing .......................................................................................................... 17-18
  Transportation ............................................................................................... 19
  Meals .............................................................................................................. 19
  Stipend/Scholarship ....................................................................................... 20
  Special Information ......................................................................................... 20
  Other ............................................................................................................. 20
**CLINICAL SITE INFORMATION FORM**

*Part I: Information For the Academic Program*

*Information About the Clinical Site – Primary*

<table>
<thead>
<tr>
<th><strong>Person Completing CSIF</strong></th>
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<tbody>
<tr>
<td><strong>E-mail address of person completing CSIF</strong></td>
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<tr>
<td><strong>Name of Clinical Center</strong></td>
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<td><strong>Street Address</strong></td>
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<td><strong>City</strong></td>
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<td><strong>Facility Phone</strong></td>
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<td><strong>PT Department E-mail</strong></td>
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<td><strong>Clinical Center Web Address</strong></td>
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<td><strong>Director of Physical Therapy</strong></td>
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<td><strong>Director of Physical Therapy E-mail</strong></td>
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<tr>
<td><strong>Center Coordinator of Clinical Education (CCCE) / Contact Person</strong></td>
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<td><strong>CCCE / Contact Person Phone</strong></td>
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<td><strong>CCCE / Contact Person E-mail</strong></td>
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<tr>
<td><strong>APTA Credentialled Clinical Instructors (CI) (List name and credentials)</strong></td>
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<tr>
<td><strong>Other Credentialled CIs (List name and credentials)</strong></td>
<td></td>
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</tbody>
</table>

Indicate which of the following are required by your facility prior to the clinical education experience:  
- [ ] Proof of student health clearance  
- [ ] Criminal background check  
- [ ] Child clearance  
- [ ] Drug screening  
- [ ] First Aid and CPR  
- [ ] HIPAA education  
- [ ] OSHA education  
- [ ] Other: Please list
**Information About Multi-Center Facilities**

If your health care system or practice has multiple sites or clinical centers, complete the following table(s) for each of the sites. Where information is the same as the primary clinical site, indicate “SAME.” If more than three sites, copy, and paste additional sections of this table before entering the requested information. Note that you must complete an abbreviated resume for each CCCE.

<table>
<thead>
<tr>
<th>Name of Clinical Site</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>Facility Phone</td>
<td>Ext.</td>
</tr>
<tr>
<td>PT Department Phone</td>
<td>Ext.</td>
</tr>
<tr>
<td>Fax Number</td>
<td>Facility E-mail</td>
</tr>
<tr>
<td>Director of Physical Therapy</td>
<td>E-mail</td>
</tr>
<tr>
<td>CCCE</td>
<td>E-mail</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Clinical Site</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>Facility Phone</td>
<td>Ext.</td>
</tr>
<tr>
<td>PT Department Phone</td>
<td>Ext.</td>
</tr>
<tr>
<td>Fax Number</td>
<td>Facility E-mail</td>
</tr>
<tr>
<td>Director of Physical Therapy</td>
<td>E-mail</td>
</tr>
<tr>
<td>CCCE</td>
<td>E-mail</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Clinical Site</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>Facility Phone</td>
<td>Ext.</td>
</tr>
<tr>
<td>PT Department Phone</td>
<td>Ext.</td>
</tr>
<tr>
<td>Fax Number</td>
<td>Facility E-mail</td>
</tr>
<tr>
<td>Director of Physical Therapy</td>
<td>E-mail</td>
</tr>
<tr>
<td>CCCE</td>
<td>E-mail</td>
</tr>
</tbody>
</table>
### Clinical Site Accreditation/Ownership

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Date of Last Accreditation/Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Options" /></td>
<td><img src="image2.png" alt="Options" /></td>
<td>Is your clinical site certified/accredited? If no, go to #3.</td>
</tr>
<tr>
<td><img src="image3.png" alt="Options" /></td>
<td><img src="image4.png" alt="Options" /></td>
<td>If yes, has your clinical site been certified/accredited by:</td>
</tr>
<tr>
<td><img src="image5.png" alt="Options" /></td>
<td><img src="image6.png" alt="Options" /></td>
<td>JCAHO</td>
</tr>
<tr>
<td><img src="image7.png" alt="Options" /></td>
<td><img src="image8.png" alt="Options" /></td>
<td>CARF</td>
</tr>
<tr>
<td><img src="image9.png" alt="Options" /></td>
<td><img src="image10.png" alt="Options" /></td>
<td>Government Agency (e.g., CORF, PTIP, rehab agency, state, etc.)</td>
</tr>
<tr>
<td><img src="image11.png" alt="Options" /></td>
<td><img src="image12.png" alt="Options" /></td>
<td>Other</td>
</tr>
<tr>
<td><img src="image13.png" alt="Options" /></td>
<td><img src="image14.png" alt="Options" /></td>
<td>Which of the following best describes the ownership category for your clinical site? (check all that apply)</td>
</tr>
<tr>
<td><img src="image15.png" alt="Options" /></td>
<td><img src="image16.png" alt="Options" /></td>
<td>Corporate/Private Owned</td>
</tr>
<tr>
<td><img src="image17.png" alt="Options" /></td>
<td><img src="image18.png" alt="Options" /></td>
<td>Government Agency</td>
</tr>
<tr>
<td><img src="image19.png" alt="Options" /></td>
<td><img src="image20.png" alt="Options" /></td>
<td>Hospital/Medical Center Owned</td>
</tr>
<tr>
<td><img src="image21.png" alt="Options" /></td>
<td><img src="image22.png" alt="Options" /></td>
<td>Nonprofit Agency</td>
</tr>
<tr>
<td><img src="image23.png" alt="Options" /></td>
<td><img src="image24.png" alt="Options" /></td>
<td>Physician/Physician Group Owned</td>
</tr>
<tr>
<td><img src="image25.png" alt="Options" /></td>
<td><img src="image26.png" alt="Options" /></td>
<td>PT Owned</td>
</tr>
<tr>
<td><img src="image27.png" alt="Options" /></td>
<td><img src="image28.png" alt="Options" /></td>
<td>PT/PTA Owned</td>
</tr>
<tr>
<td><img src="image29.png" alt="Options" /></td>
<td><img src="image30.png" alt="Options" /></td>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

### Clinical Site Primary Classification

To complete this section, please:

A. Place the number 1 (1) beside the category that best describes how your facility functions the majority (≥ 50%) of the time. Click on the drop down box to the left to select the number 1.

B. Next, if appropriate, check (v) up to four additional categories that describe the other clinical centers associated with your facility.

<table>
<thead>
<tr>
<th><img src="image31.png" alt="Options" /></th>
<th><img src="image32.png" alt="Options" /></th>
<th><img src="image33.png" alt="Options" /></th>
<th><img src="image34.png" alt="Options" /></th>
<th><img src="image35.png" alt="Options" /></th>
<th><img src="image36.png" alt="Options" /></th>
<th><img src="image37.png" alt="Options" /></th>
<th><img src="image38.png" alt="Options" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care/Inpatient Hospital Facility</td>
<td>Industrial/Occupational Health Facility</td>
<td>School/Preschool Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory Care/Outpatient</td>
<td>Multiple Level Medical Center</td>
<td>Wellness/Prevention/fitness Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECF/Nursing Home/SNF</td>
<td>Private Practice</td>
<td>Other: Specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal/State/County Health</td>
<td>Rehabilitation/Sub-acute Rehabilitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Clinical Site Location

Which of the following best describes your clinical site's location?

- ![Options](image39.png) Rural
- ![Options](image40.png) Suburban
- ![Options](image41.png) Urban
### Information About the Clinical Teaching Faculty

#### Abbreviated Resume for Center Coordinators of Clinical Education

*Please update as each new CCCE assumes this position.*

<table>
<thead>
<tr>
<th>Name:</th>
<th>Length of time as the CCCE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: (mm/dd/yy)</td>
<td>Length of time as a CI:</td>
</tr>
<tr>
<td>Present Position: (Title, Name of Facility)</td>
<td>Mark (X) all that apply: □ PT □ PTA □ Other, specify</td>
</tr>
<tr>
<td>Licensure: (State/Numbers)</td>
<td>Other CI Credentialing</td>
</tr>
<tr>
<td>Eligible for Licensure: Yes □ No □</td>
<td>Certified Clinical Specialist: Yes □ No □</td>
</tr>
<tr>
<td>Area of Clinical Specialization:</td>
<td></td>
</tr>
<tr>
<td>Other credentials:</td>
<td></td>
</tr>
</tbody>
</table>

#### Summary of College and University Education (Start with most current): Tab to add additional rows.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Period of Study</th>
<th>Major</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>To</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Summary of Primary Employment (For current and previous four positions since graduation from college; start with most current): Tab to add additional rows.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position</th>
<th>Period of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>From</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CONTINUING PROFESSIONAL PREPARATION RELATED DIRECTLY TO CLINICAL TEACHING RESPONSIBILITIES (for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the last three (3) years): Tab to add additional rows.

<table>
<thead>
<tr>
<th>Course</th>
<th>Provider/Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# CLINICAL INSTRUCTOR INFORMATION

Provide the following information on all PTs or PTAs employed at your clinical site who are CIs. For clinical sites with multiple locations, use one form for each location and identify the location here. Tab to add additional rows.

<table>
<thead>
<tr>
<th>Name followed by credentials (e.g., Joe Therapist, DPT, OCS Jane Assistant, PTA, BS)</th>
<th>PT/PTA Program from Which CI Graduated</th>
<th>Year of Graduation</th>
<th>Highest Earned Physical Therapy Degree</th>
<th>No. of Years of Clinical Practice</th>
<th>No. of Years of Clinical Teaching</th>
<th>List Certifications KEY: A = APTA credentialed, CI B = Other CI credentialing C = Cert. clinical specialist List others</th>
<th>APTA Member Yes/No</th>
<th>L = Licensed, Number E = Eligible T = Temporary</th>
<th>L/E/T Number</th>
<th>State of Licensure</th>
</tr>
</thead>
</table>

6
Clinical Instructors

What criteria do you use to select clinical instructors? (Mark (X) all that apply):

- [ ] APTA Clinical Instructor Credentialing
- [ ] Career ladder opportunity
- [ ] Certification/training course
- [ ] Clinical competence
- [ ] Delegated in job description
- [ ] Demonstrated strength in clinical teaching

No criteria
Other (not APTA) clinical instructor credentialing
Therapist initiative/volunteer
Years of experience: Number:
Other (please specify):

How are clinical instructors trained? (Mark (X) all that apply)

- [ ] 1:1 individual training (CCCE: Ct)
- [ ] Academic for-credit coursework
- [ ] APTA Clinical Instructor Education and Credentialing Program
- [ ] Clinical center inservices
- [ ] Continuing education by academic program

Continuing education by consortia
No training
Other (not APTA) clinical instructor credentialing program
Professional continuing education (e.g., chapter, CEU course)
Other (please specify):

Information About the Physical Therapy Service

Number of Inpatient Beds

For clinical sites with inpatient care, please provide the number of beds available in each of the subcategories listed below. (If this does not apply to your facility, please skip and move to the next table.)

| Acute care | Psychiatric center |
| Intensive care | Rehabilitation center |
| Step down | Other specialty centers: Specify |
| Subacute/transitional care unit | |
| Extended care | Total Number of Beds |

Number of Patients/ Clients

Estimate the average number of patient/client visits per day:

<table>
<thead>
<tr>
<th>INPATIENT</th>
<th>OUTPATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual PT</td>
<td>Individual PT</td>
</tr>
<tr>
<td>Student PT</td>
<td>Student PT</td>
</tr>
<tr>
<td>Individual PTA</td>
<td>Individual PTA</td>
</tr>
<tr>
<td>Student PTA</td>
<td>Student PTA</td>
</tr>
<tr>
<td>PT/PTA Team</td>
<td>PT/PTA Team</td>
</tr>
<tr>
<td>Total patient/client visits per day</td>
<td>Total patient/client visits per day</td>
</tr>
</tbody>
</table>
Patient/Client Lifespan and Continuum of Care

Indicate the frequency of time typically spent with patients/clients in each of the categories using the key below:
1 = (0%) 2 = (1-25%) 3 = (26-50%) 4 = (51-75%) 5 = (76-100%)

Click on the gray bar under rating to select from the drop down box.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Patient Lifespan</th>
<th>Rating</th>
<th>Continuum of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12 years</td>
<td>Critical care, ICU, acute</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-21 years</td>
<td>SNF/ECF/sub-acute</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22-65 years</td>
<td>Rehabilitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over 65 years</td>
<td>Ambulatory/outpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home health/hospice</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wellness/fitness/industry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patient/Client Diagnoses

1. Indicate the frequency of time typically spent with patients/clients in the primary diagnostic groups (bolded) using the key below:
1 = (0%) 2 = (1-25%) 3 = (26-50%) 4 = (51-75%) 5 = (76-100%)

2. Check (✓) those patient/client diagnostic sub-categories available to the student.

Click on the gray bar under rating to select from the drop down box.

<table>
<thead>
<tr>
<th>(1-5)</th>
<th>Musculoskeletal</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acute injury</td>
<td>Muscle disease/dysfunction</td>
</tr>
<tr>
<td></td>
<td>Amputation</td>
<td>Musculoskeletal degenerative disease</td>
</tr>
<tr>
<td></td>
<td>Arthritis</td>
<td>Orthopedic surgery</td>
</tr>
<tr>
<td></td>
<td>Bone disease/dysfunction</td>
<td>Other: (Specify)</td>
</tr>
<tr>
<td></td>
<td>Connective tissue disease/dysfunction</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(1-5)</th>
<th>Neuro-muscular</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Brain injury</td>
<td>Peripheral nerve injury</td>
</tr>
<tr>
<td></td>
<td>Cerebral vascular accident</td>
<td>Spinal cord injury</td>
</tr>
<tr>
<td></td>
<td>Chronic pain</td>
<td>Vestibular disorder</td>
</tr>
<tr>
<td></td>
<td>Congenital/developmental</td>
<td>Other: (Specify)</td>
</tr>
<tr>
<td></td>
<td>Neuromuscular degenerative disease</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(1-5)</th>
<th>Cardiovascular-pulmonary</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cardiac dysfunction/disease</td>
<td>Peripheral vascular dysfunction/disease</td>
</tr>
<tr>
<td></td>
<td>Fitness</td>
<td>Other: (Specify)</td>
</tr>
<tr>
<td></td>
<td>Lymphedema</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pulmonary dysfunction/disease</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(1-5)</th>
<th>Integumentary</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Burns</td>
<td>Other: (Specify)</td>
</tr>
<tr>
<td></td>
<td>Open wounds</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scar formation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(1-5)</th>
<th>Other (May cross a number of diagnostic groups)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cognitive impairment</td>
<td>Organ transplant</td>
</tr>
<tr>
<td></td>
<td>General medical conditions</td>
<td>Wellness/Prevention</td>
</tr>
<tr>
<td></td>
<td>General surgery</td>
<td>Other: (Specify)</td>
</tr>
<tr>
<td></td>
<td>Oncologic conditions</td>
<td></td>
</tr>
</tbody>
</table>
**Hours of Operation**
Facilities with multiple sites with different hours must complete this section for each clinical center.

<table>
<thead>
<tr>
<th>Days of the Week</th>
<th>From: (a.m.)</th>
<th>To: (p.m.)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Wednesday</td>
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<td></td>
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<tr>
<td>Thursday</td>
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<td>Friday</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student Schedule**
Indicate which of the following best describes the typical student work schedule:
- [ ] Standard 8 hour day
- [ ] Varied schedules

Describe the schedule(s) the student is expected to follow during the clinical experience:

**Staffing**
Indicate the number of full-time and part-time budgeted and filled positions:

<table>
<thead>
<tr>
<th></th>
<th>Full-time budgeted</th>
<th>Part-time budgeted</th>
<th>Current Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTAs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aides/Techs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others: Specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Information About the Clinical Education Experience

Special Programs/Activities/Learning Opportunities

Please mark (X) all special programs/activities/learning opportunities available to students.

<table>
<thead>
<tr>
<th></th>
<th>Administrative</th>
<th>Specialized</th>
<th>General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aquatic therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Athletic venue coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biomechanics lab</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac rehabilitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community/re-entry activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical care/intensive care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Departmental administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early intervention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee intervention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee wellness program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group programs/classes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home health program</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Specialty Clinics

Please mark (X) all specialty clinics available as student learning experiences.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeding clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand clinic</td>
<td></td>
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<tr>
<td>Hemophilia clinic</td>
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<tr>
<td>Industry</td>
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<tr>
<td>Neurology clinic</td>
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<tr>
<td>Orthopedic clinic</td>
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<tr>
<td>Pain clinic</td>
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<tr>
<td>Prosthetic/orthotic clinic</td>
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<tr>
<td>Seating/mobility clinic</td>
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<tr>
<td>Sports medicine clinic</td>
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<tr>
<td>Women's health</td>
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<tr>
<td>Screening clinics</td>
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<td></td>
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<tr>
<td>Developmental</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Scoliosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparticipation sports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellness</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other (specify below)</td>
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</tr>
</tbody>
</table>
**Health and Educational Providers at the Clinical Site**

Please mark (X) all health care and educational providers at your clinical site students typically observe and/or with whom they interact.

<table>
<thead>
<tr>
<th></th>
<th>Massage therapists</th>
<th>Speech/language pathologists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrators</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternative therapies: List:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Athletic trainers</td>
<td></td>
<td></td>
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<tr>
<td>Audiologists</td>
<td></td>
<td></td>
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<tr>
<td>Dietitians</td>
<td></td>
<td></td>
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<tr>
<td>Enterostomal /wound specialists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise physiologists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fitness professionals</td>
<td></td>
<td></td>
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<tr>
<td>Health information technologists</td>
<td></td>
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</tr>
<tr>
<td>Nurses</td>
<td></td>
<td>Social workers</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td></td>
<td>Special education teachers</td>
</tr>
<tr>
<td>Physicians (list specialties)</td>
<td></td>
<td>Students from other disciplines</td>
</tr>
<tr>
<td>Physician assistants</td>
<td></td>
<td>Students from other physical therapy education programs</td>
</tr>
<tr>
<td>Podiatrists</td>
<td></td>
<td>Therapeutic recreation therapists</td>
</tr>
<tr>
<td>Prosthetists /orthotists</td>
<td></td>
<td>Vocational rehabilitation counselors</td>
</tr>
<tr>
<td>Psychologists</td>
<td></td>
<td>Others (specify below)</td>
</tr>
</tbody>
</table>
Affiliated PT and PTA Educational Programs
List all PT and PTA education programs with which you currently affiliate. Tab to add additional rows.

<table>
<thead>
<tr>
<th>Program Name</th>
<th>City and State</th>
<th>PT</th>
<th>PTA</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
**Availability of the Clinical Education Experience**

Indicate educational levels at which you accept PT and PTA students for clinical experiences (Mark (X) all that apply).

<table>
<thead>
<tr>
<th>Physical Therapist</th>
<th>Physical Therapist Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>First experience: Check all that apply.</td>
<td></td>
</tr>
<tr>
<td>□ Half days</td>
<td></td>
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<tr>
<td>□ Full days</td>
<td></td>
</tr>
<tr>
<td>□ Other: (Specify)</td>
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</tr>
<tr>
<td>□ Final experience</td>
<td></td>
</tr>
<tr>
<td>□ Internship (6 months or longer)</td>
<td></td>
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<tr>
<td>□ Specialty experience</td>
<td></td>
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<tr>
<td>Intermediate experiences: Check all that apply.</td>
<td></td>
</tr>
<tr>
<td>□ Half days</td>
<td></td>
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<tr>
<td>□ Full days</td>
<td></td>
</tr>
<tr>
<td>□ Other: (Specify)</td>
<td></td>
</tr>
<tr>
<td>□ Final experience</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PT</th>
<th>PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>From</td>
<td>To</td>
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</tbody>
</table>

Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.

Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.

Average number of PT and PTA students affiliating per year. Clarify if multiple sites.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Is your clinical site willing to offer reasonable accommodations for students under ADA?</td>
</tr>
</tbody>
</table>

What is the procedure for managing students whose performance is below expectations or unsafe?

Box will expand to accommodate response.

Answer if the clinical center employs only one PT or PTA.

Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.

Box will expand to accommodate response.
### Clinical Site's Learning Objectives and Assessment

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td>1. Does your clinical site provide written clinical education objectives to students? If no, go to # 3.</td>
<td></td>
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<td></td>
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<tr>
<td>2. Do these objectives accommodate:</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>- The student’s objectives?</td>
<td></td>
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<td></td>
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<tr>
<td>- Students prepared at different levels within the academic curriculum?</td>
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<td></td>
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<tr>
<td>- The academic program's objectives for specific learning experiences?</td>
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<td></td>
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<tr>
<td>- Students with disabilities?</td>
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<tr>
<td>3. Are all professional staff members who provide physical therapy services acquainted with the clinical site’s learning objectives?</td>
<td></td>
</tr>
</tbody>
</table>

When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? (Mark (X) all that apply)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>□ Beginning of the clinical experience</td>
<td>□ At mid-clinical experience</td>
</tr>
<tr>
<td>□ Daily</td>
<td>□ At end of clinical experience</td>
</tr>
<tr>
<td>□ Weekly</td>
<td>□ Other</td>
</tr>
</tbody>
</table>

Indicate which of the following methods are typically utilized to inform students about their clinical performance? (Mark (X) all that apply)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>□ Written and oral mid-evaluation</td>
<td>□ Ongoing feedback throughout the clinical</td>
</tr>
<tr>
<td>□ Written and oral summative final evaluation</td>
<td>□ As per student request in addition to formal and ongoing written &amp; oral feedback</td>
</tr>
<tr>
<td>□ Student self-assessment throughout the clinical</td>
<td>□</td>
</tr>
</tbody>
</table>

**OPTIONAL:** Please feel free to use the space provided below to share additional information about your clinical site (e.g., strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students [early, final]).

Box will expand to accommodate response.
**Part II. Information for Students**

Use the check (✓) boxes provided for Yes/No responses. **For all other responses or to provide additional detail, please use the Comment box.**

**Arranging the Experience**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☑</td>
<td>1. Do students need to contact the clinical site for specific work hours related to the clinical experience?</td>
</tr>
<tr>
<td>☑</td>
<td>☐</td>
<td>2. Do students receive the same official holidays as staff?</td>
</tr>
<tr>
<td>☑</td>
<td>☐</td>
<td>3. Does your clinical site require a student interview?</td>
</tr>
<tr>
<td>☑</td>
<td>☐</td>
<td>4. Indicate the time the student should report to the clinical site on the first day of the experience.</td>
</tr>
</tbody>
</table>
| ☑   | ☐  | 5. Is a Mantoux TB test (PPD) required?  
   a) one step ✓ (✓ check)  
   b) two step ✓ (✓ check)  
   If yes, within what time frame? |
| ☑   | ☐  | 6. Is a Rubella Titer Test or immunization required? |
| ☑   | ☐  | 7. Are any other health tests/immunizations required prior to the clinical experience?  
   If yes, please specify: |
| ☑   | ☐  | 8. How is this information communicated to the clinic? Provide fax number if required. |
| ☑   | ☐  | 9. How current are student physical exam records required to be? |
| ☑   | ☐  | 10. Are any other health tests or immunizations required on-site?  
   If yes, please specify: |
| ☑   | ☐  | 11. Is the student required to provide proof of OSHA training? |
| ☑   | ☐  | 12. Is the student required to provide proof of HIPAA training? |
| ☑   | ☐  | 13. Is the student required to provide proof of any other training prior to orientation at your facility?  
   If yes, please list. |
| ☑   | ☐  | 14. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization? |
| ☑   | ☐  | 15. Is the student required to have proof of health insurance? |
| ☑   | ☐  | 16. Is emergency health care available for students?  
   a) Is the student responsible for emergency health care costs? |
| ☑   | ☐  | 17. Is other non-emergency medical care available to students? |
| ☑   | ☐  | 18. Is the student required to be CPR certified?  
   (Please note if a specific course is required). |
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>a) Can the student receive CPR certification while on-site?</strong></td>
</tr>
<tr>
<td></td>
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<td><strong>19. Is the student required to be certified in First Aid?</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>a) Can the student receive First Aid certification on-site?</strong></td>
</tr>
</tbody>
</table>
|     |    | **20. Is a criminal background check required (e.g., Criminal Offender Record Information)?**  
If yes, please indicate which background check is required and time frame. |
|     |    | **21. Is a child abuse clearance required?** |
|     |    | **22. Is the student responsible for the cost or required clearances?** |
|     |    | **23. Is the student required to submit to a drug test?**  
If yes, please describe parameters. |
|     |    | **24. Is medical testing available on-site for students?** |
|     |    | **25. Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.)** |

**Housing**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>26. Is housing provided for male students? (If no, go to #32)</strong></td>
</tr>
<tr>
<td></td>
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<td><strong>27. Is housing provided for female students? (If no, go to #32)</strong></td>
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<td><strong>28. What is the average cost of housing?</strong></td>
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<td><strong>29. Description of the type of housing provided:</strong></td>
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<td><strong>30. How far is the housing from the facility?</strong></td>
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<td><strong>31. Person to contact to obtain/confirm housing:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Address:</td>
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<tr>
<td></td>
<td></td>
<td>City:  State:  Zip:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone:  E-mail:</td>
</tr>
</tbody>
</table>
## 32. If housing is not provided for either gender:

- a) Is there a contact person for information on housing in the area of the clinic? Please list contact person and phone #.

- b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.

### Transportation

<table>
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<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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<tbody>
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</table>

- 33. Will a student need a car to complete the clinical experience?

- 34. Is parking available at the clinical center?
  - a) What is the cost for parking?

- 35. Is public transportation available?

- 36. How close is the nearest transportation (in miles) to your site?
  - a) Train station?
  - b) Subway station?
  - c) Bus station?
  - d) Airport?

- 37. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.

- 38. Please enclose a map of your facility, specifically the location of the department and parking. Travel directions can be obtained from several travel directories on the internet. (e.g., Google Maps, Yahoo, MapQuest, Expedia).

### Meals

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<tr>
<th>Yes</th>
<th>No</th>
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</table>

- 39. Are meals available for students on-site? (If no, go to #40)
  - Breakfast (if yes, indicate approximate cost)
  - Lunch (if yes, indicate approximate cost)
  - Dinner (if yes, indicate approximate cost)

- 40. Are facilities available for the storage and preparation of food?
### Stipend/Scholarship

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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</thead>
</table>
| ☐   | ☐  | 41. Is a stipend/salary provided for students? If no, go to #43.  
    |     | a) How much is the stipend/salary? ($ / week)  
    |     | ☐ | 42. Is this stipend/salary in lieu of meals or housing?  
    |     | ☐ | 43. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary? |

### Special Information

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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</thead>
</table>
| ☐   | ☐  | 44. Is there a facility/student dress code? If no, go to # 45.  
    |     | If yes, please describe or attach.  
    |     | a) Specify dress code for men:  
    |     | b) Specify dress code for women:  
    |     | ☐ | 45. Do you require a case study or inservice from all students (part-time and full-time)?  
    |     | ☐ | 46. Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?  
    |     | ☐ | 47. Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.  
    |     | ☐ | 48. Will the student have access to the Internet at the clinical site? |

### Other Student Information

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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</thead>
</table>
| ☐   | ☐  | 49. Do you provide the student with an on-site orientation to your clinical site?  
    |     | a) Please indicate the typical orientation content by marking an X by all items that are included.  
    |     | ☐ | Documentation/billing  
    |     | ☐ | Facility-wide or volunteer orientation  
    |     | ☐ | Learning style inventory  
    |     | ☐ | Patient information/assignments  
    |     | ☐ | Policies and procedures (specifically outlined plan for emergency responses)  
    |     | ☐ | Quality assurance  
    |     | ☐ | Reimbursement issues  
    |     | ☐ | Required assignments (e.g., case study, diary/log, inservice)  
    |     | ☐ | Review of goals/objectives of clinical experience  
    |     | ☐ | Student expectations  
    |     | ☐ | Supplemental readings  
    |     | ☐ | Tour of facility/department  
    |     | ☐ | Other (specify below – e.g., bloodborne pathogens, hazardous materials, etc.) |
In appreciation...

Many thanks for your time and cooperation in completing the CSIF and continuing to serve the physical therapy profession as clinical mentors and role models. Your contributions to learners’ professional growth and development ensure that patients/clients today and tomorrow receive high-quality patient/client care services.
Appendix D
Creighton University  
Department of Physical Therapy  
Student Time Log for Clinical Experience

<table>
<thead>
<tr>
<th>Name:</th>
<th>Clinical Experience Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility:</td>
<td>Month:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAY</th>
<th>TIME IN</th>
<th>TIME OUT</th>
<th>TIME IN</th>
<th>TIME OUT</th>
<th>TOTAL</th>
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</thead>
<tbody>
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<td>1</td>
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MONTHLY TOTAL HOURS

__________________________  __________________________
Student Signature                CI Signature
Appendix E
TABLE OF CONTENTS

Table of Contents ................................................................. 3
Copyright, Disclaimer, and Validity and Reliability in Using the Instrument ......................................................... 4
Instructions for the Use of the PT Clinical Performance Instrument .......................................................... 5
  Introduction .............................................................................. 5
  Instructions for the Clinical Instructor ........................................ 6
  Instructions for the Student .......................................................... 7
  Instructions for the ACCE/DCE .................................................. 8
Components of the Form .......................................................... 10
Clinical Performance Instrument Information .................................. 14
Clinical Performance Criteria for the Physical Therapist Student .......................................................... 15

Professional Practice
  1. Safety ............................................................................. 15
  2. Professional Behavior .......................................................... 16
  3. Accountability* .................................................................... 17
  4. Communication* ................................................................. 18
  5. Cultural Competence* .......................................................... 20
  6. Professional Development ....................................................... 32

Patient Management
  7. Clinical Reasoning* ............................................................... 19
  8. Screening* ........................................................................ 21
  9. Examination* ...................................................................... 22
  10. Evaluation* ....................................................................... 23
  11. Diagnosis* and Prognosis* ...................................................... 24
  12. Plan of Care* .................................................................... 25
  13. Procedural Interventions ......................................................... 26
  14. Educational Interventions* ...................................................... 27
  15. Documentation* ................................................................... 28
  16. Outcomes Assessment* .......................................................... 29
  17. Financial Resources .............................................................. 30
  18. Direction and Supervision of Personnel ....................................... 31

Summative Comments ............................................................................ 33
Evaluation Signatures (Midterm) ................................................................. 35
Evaluation Signatures (Final) ................................................................. 36
Glossary ......................................................................................... 37
Appendix A: Example: Completed Item for Final Experience (Competent) ...................................................... 46
  Example: Completed Item for Final Experience (Not Competent) ............................................................. 47
  Example: Completed Item for Intermediate Experience (Competent) ....................................................... 48
Appendix B: PT CPI Performance Criteria Matched with Evaluative Criteria for the Accreditation of Physical Therapist Programs ......................................................... 49
Appendix C: Definitions of Performance Dimensions and Rating Scale Anchors ......................................... 50

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

COPYRIGHT

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

Making a copy of the Instrument without the APTA’s permission constitutes an infringement of copyright.

Preparing a work based on the Instrument by transforming, adapting, abridging, condensing, or otherwise adapting it without the APTA’s permission constitutes an infringement of copyright.

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DISCLAIMER

Parties use this Instrument at their own risk. The American Physical Therapy Association assumes no responsibility for any third party’s use of this Instrument. The Association makes no representations concerning the suitability of this Instrument for any particular purpose, and it hereby explicitly disclaims any and all warranties concerning this Instrument when used by third parties.

VALIDITY AND RELIABILITY

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

- This instrument should only be used after completing the APTA web-based training for the Physical Therapist Clinical Performance Instrument (PT CPI) at www.apta/education (TBD).

- The PT CPI is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical learning experiences.

- Every performance criterion* in this instrument is important to the overall assessment of clinical competence, and all criteria are observable in every clinical experience.

- All performance criteria should be rated based on observation of student performance relative to entry-level.

- The PT CPI from any previous student experience should not be shared with any subsequent experiences.

- The PT CPI consists of 18 performance criteria.

- Each performance criterion includes a list of sample behaviors, a section for midterm and final comments for each performance dimension, a rating scale consisting of a line with 6 defined anchors, and a significant concerns box for midterm and final evaluations.

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

- Summative midterm and final comments and recommendations are provided at the end of the CPI.

- Altering this instrument is a violation of copyright law.
Instructions for the Clinical Instructor

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

Rating Scale

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

```
M
```

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

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

Rating Scale

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

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

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

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

Rating Scale

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

![Rating Scale Diagram]

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

Determining a Grade

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

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

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

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

Performance Criteria*

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

Red Flag Item

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

Sample Behaviors

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

Midterm and Final Comments

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

Performance Dimensions

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

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

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

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

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<tr>
<th>Interval 1</th>
<th>Interval 2</th>
<th>Interval 3</th>
<th>Interval 4</th>
<th>Interval 5</th>
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<tr>
<td>Beginning Performance</td>
<td>Advanced Beginner Performance</td>
<td>Intermediate Performance</td>
<td>Advanced Intermediate Performance</td>
<td>Entry-level Performance</td>
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*M* and *F* represent the midpoint of the interval.
Anchor Definitions

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

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

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

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

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

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

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

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

STUDENT INFORMATION (Student to Complete)

Student’s Name:_________________________________________________________

Date of Clinical Experience:______________ Course Number:____________________

E-mail:______________________________________________________________

Total Number of Days Absent: __________________________________________

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

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

ACADEMIC PROGRAM INFORMATION (Program to Complete)

Name of Academic Institution:______________________________________________

Address:_____________________________________________________________

(Department)    (Street)

_____________________________________________________________

(City)    (State/Province)    (Zip)

Phone:_________________________ ext.____ Fax:___________________________

E-mail:_________________________ Website:____________________________

CLINICAL EDUCATION SITE INFORMATION (Clinical Site to Complete)

Name of Clinical Site:____________________________________________________

Address:_____________________________________________________________

(Department)    (Street)

_____________________________________________________________

(City)    (State/Province)    (Zip)

Phone:_________________________ ext.____ Fax:___________________________

E-mail:_________________________ Website:____________________________

Clinical Instructor’s* Name:_____________________________________________

Clinical Instructor’s Name:_____________________________________________

Clinical Instructor’s Name:_____________________________________________

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

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

SAMPLE BEHAVIORS

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

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

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

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

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

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

_midterm___final___
2. Demonstrates professional behavior in all situations.

SAMPLE BEHAVIORS

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

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

FILL IN THE BLANK

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

FILL IN THE BLANK

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

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

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

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

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

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

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

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

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

[ ] Midterm  [ ] Final

**SAMPLE BEHAVIORS**

a. Identifies strengths and limitations in clinical performance.

b. Seeks guidance as necessary to address limitations.

c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice and professional development.

d. Acknowledges and accepts responsibility for and consequences of his or her actions.

e. Establishes realistic short and long-term goals in a plan for professional development.

f. Seeks out additional learning experiences to enhance clinical and professional performance.

g. Discusses progress of clinical and professional growth.

h. Accepts responsibility for continuous professional learning.

i. Discusses professional issues related to physical therapy practice.

j. Participates in professional activities beyond the practice environment.

k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.

l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc) to achieve optimal patient care.

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

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

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

BEGINNING PERFORMANCE

ADVANCED PERFORMANCE

INTERMEDIATE PERFORMANCE

ADVANCED PERFORMANCE

ENTRY-LEVEL PERFORMANCE

BEYOND ENTRY-LEVEL PERFORMANCE

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

- [ ] Midterm
- [ ] Final
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

Midterm ☐  Final ☐
PATIENT MANAGEMENT
SCREENING*

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

SAMPLE BEHAVIORS

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

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

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

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

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

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

Midterm [ ] Final [ ]
PATIENT MANAGEMENT
EXAMINATION*

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

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

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

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

- ☐ Midterm
- ☐ Final
11. Determines a diagnosis* and prognosis* that guides future patient management.

**SAMPLE BEHAVIORS**

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

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

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

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

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</tr>
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</table>

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

さまざま Midterm □  Final □
PATIENT MANAGEMENT

PLAN OF CARE*

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

SAMPLE BEHAVIORS

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

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

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

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

________________________________________________________________________

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

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

Midterm □ Final □
13. Performs physical therapy interventions* in a competent manner.

**SAMPLE BEHAVIORS**

a. Performs interventions* safely, effectively, efficiently, fluidly, and in a coordinated and technically competent* manner.

   Interventions (listed alphabetically) include, but not limited to, the following:  
   a) airway clearance techniques,  
   b) debridement and wound care,  
   c) electrotherapeutic modalities,  
   d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning),  
   e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living),  
   f) manual therapy techniques*: spinal/peripheral joints (thrust/non-thrust),  
   g) patient-related instruction,  
   h) physical agents and mechanical modalities,  
   i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and  
   j) therapeutic exercise (including aerobic conditioning).

b. Performs interventions consistent with the plan of care.

c. Utilizes alternative strategies to accomplish functional goals.

d. Follows established guidelines when implementing an existing plan of care.

e. Provides rationale for interventions selected for patients presenting with various diagnoses.

f. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.

g. Assesses patient response to interventions and adjusts accordingly.

h. Discusses strategies for caregivers to minimize risk of injury and to enhance function.

i. Considers prevention*, health, wellness* and fitness* in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.

j. Incorporates the concept of self-efficacy in wellness and health promotion.*

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

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

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

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

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

- Midterm
- Final
PATIENT MANAGEMENT
EDUCATIONAL INTERVENTIONS*

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

SAMPLE BEHAVIORS

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

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

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

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

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

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

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

**SAMPLE BEHAVIORS**

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

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

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

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

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</thead>
</table>

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

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

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

[ ❌ ] Midterm  [ ❌ ] Final
PATIENT MANAGEMENT
FINANCIAL RESOURCES

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

SAMPLE BEHAVIORS

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

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

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

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


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

Midterm □ Final □
PATIENT MANAGEMENT
DIRECTION AND SUPERVISION OF PERSONNEL

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

SAMPLE BEHAVIORS

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

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

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

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

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

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

Midterm         Final
SUMMATIVE COMMENTS

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

AREAS OF STRENGTH

Midterm:

Final:

AREAS FOR FURTHER DEVELOPMENT

Midterm:

Final:
EVALUATION SIGNATURES

MIDTERM EVALUATION

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

_________________________________________  ____________________________
Signature of Student                        Date

_________________________________________
Name of Academic Institution

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

_________________________________________  Position/title
Evaluator Name (1) (Print)

_________________________________________
Signature of Evaluator (1)                      Date

_________________________________________  Position/Title
Evaluator Name (2) (Print)

_________________________________________
Signature of Evaluator (2)                      Date

_________________________________________
CCCE Signature                               Date
FINAL EVALUATION

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

_________________________________________                Date
Signature of Student

_________________________________________
Name of Academic Institution

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

_________________________________________                Position/title
Evaluator Name (1) (Print)

_________________________________________                Date
Signature of Evaluator (1)

_________________________________________                Position/Title
Evaluator Name (2) (Print)

_________________________________________                Date
Signature of Evaluator (2)

_________________________________________                Date
CCCE Signature
GLOSSARY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Cognitive: Characterized by awareness, reasoning, and judgment.

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

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

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

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

Complexity: Multiple requirements of the tasks or environment (eg, simple, complex), or patient (see Complex patient). The complexity of the tasks or environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.
**Complex patient:** Refers to patients presenting with multiple co-morbidities, multi-system involvement, needs for extensive equipment, multiple lines, cognitive impairments, and multifaceted psychosocial needs. As a student progresses through clinical education experiences, the student should be able to manage patients with increasingly more complex conditions with fewer elements or interventions controlled by the CI.

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

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

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

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

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

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

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

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

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

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

**Diagnostic process:** The evaluation of information obtained from the patient examination organized into clusters, syndromes, or categories.
Differential diagnosis: The determination of which one of two or more different disorders or conditions is applicable to a patient or client.

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

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

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

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

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


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

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

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

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

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

Evaluation: A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. No defined number or range of number of visits is established for this type of episode. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)
Evidenced-based practice: Integration of the best possible research evidence with clinical expertise and patient values, to optimize patient/client outcomes and quality of life to achieve the highest level of excellence in clinical practice. (Sackett DL, Haynes RB, Guyatt GH, Tugwell P. Clinical Epidemiology: A Basic Science for Clinical Medicine. 2nd ed. Boston: Little, Brown and Company; 1991:1.) Evidence includes randomized or nonrandomized controlled trials, testimony or theory, meta-analysis, case reports and anecdotes, observational studies, narrative review articles, case series in decision making for clinical practice and policy, effectiveness research for guidelines development, patient outcomes research, and coverage decisions by health care plans.

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

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

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

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

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

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

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

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

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

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

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

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

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


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

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

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

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

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

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

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

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

Outcomes assessment of the individual: Performed by the physical therapist and is a measure (or measures) of the intended results of patient/client management, including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are
expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

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

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

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

**Patient/client management model**:

![Patient/client management model diagram](image)


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

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

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

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

**Plan of care**: (Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. *(Guide to Physical Therapist Practice*, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)
**Practice management:** The coordination, promotion, and resource (financial and human) management of practice that follows regulatory and legal guidelines.

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

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

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

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

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

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

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

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

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

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

**Screening:** Determining the need for further examination or consultation by a physical therapist or for referral to another health professional. (Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.) (See also: Cognitive screening.)
Social responsibility: The promotion of a mutual trust between the physical therapist as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. (Professionalism in Physical Therapy: Core Values, August 2003.)

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

Technically competent: Correct performance of a skill.

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

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

Wellness: An active process of becoming aware of and making choices toward a more successful existence. (National Wellness Organization. A Definition of Wellness. Stevens Point, Wis: National Wellness Institute Inc; 2003.)
APPENDIX A
EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Competent)

EXAMINATION*

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

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

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

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

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

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

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

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

ґ Midterm  ¯ Final
APPENDIX A
EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Not Competent)

EXAMINATION*

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

SAMPLE BEHAVIORS

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

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

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

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

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

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

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

- 👤 Midterm
- 🔍 Final
APPENDIX A
COMPLETED FOR INTERMEDIATE EXPERIENCE (COMPETENT)

EXAMINATION*

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

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

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

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

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

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

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

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

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

- [ ] Midterm
- [ ] Final
APPENDIX B
PT CPI Performance Criteria Matched with Evaluative Criteria for PT Programs

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

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

## APPENDIX C
### DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DEFINITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance Dimensions</strong></td>
<td></td>
</tr>
<tr>
<td>Supervision/Guidance</td>
<td>Level and extent of assistance required by the student to achieve entry-level performance.</td>
</tr>
<tr>
<td></td>
<td>• As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.</td>
</tr>
<tr>
<td>Quality</td>
<td>Degree of knowledge and skill proficiency demonstrated.</td>
</tr>
<tr>
<td></td>
<td>• As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.</td>
</tr>
<tr>
<td>Complexity</td>
<td>Number of elements that must be considered relative to the task, patient, and/or environment.</td>
</tr>
<tr>
<td></td>
<td>• As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.</td>
</tr>
<tr>
<td>Consistency</td>
<td>Frequency of occurrences of desired behaviors related to the performance criterion.</td>
</tr>
<tr>
<td></td>
<td>• As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Ability to perform in a cost-effective and timely manner.</td>
</tr>
<tr>
<td></td>
<td>• As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.</td>
</tr>
<tr>
<td><strong>Rating Scale Anchors</strong></td>
<td></td>
</tr>
<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 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>
Appendix
Student Assessment of the Clinical Experience (SACE)

Adapted from Physical Therapist Student Evaluation: Clinical Experience and Instruction, APTA, June 10, 2003

Student Name:

Name of Clinical Education Site:

City: State:

Clinical Experience Number:

Primary Clinical Instructor Name (Print name)

Additional Clinical instructor Name (Print name)
Information found in this section 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 Course Number: __________________________ Date __________

3. Type of experience – **check all that apply**
   - [ ] Acute care/Inpatient hospital facility
   - [ ] Inpatient pediatrics
   - [ ] Outpatient
   - [ ] Inpatient rehabilitation
   - [ ] Skilled nursing facility/Skilled nursing unit
   - [ ] School/Preschool program
   - [ ] Wellness/Prevention/Fitness program
   - [ ] Industrial/Occupational health facility
   - [ ] Rural

   **For the following items (4, 5, 6) please use the 4 point scale:**

   1 = never; 2 = rarely; 3 = occasionally; 4 = often

4. Rate the frequency of time spent in each of the following areas:

<table>
<thead>
<tr>
<th>Diversity of Case Mix</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Neuromuscular</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Cardiopulmonary</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Integumentary</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Other (GI, GU, Renal, Metabolic, Endocrine)</td>
<td>Choose an item.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Lifespan</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12 years</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>13-21 years</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>22-65 years</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Over 65 years</td>
<td>Choose an item.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continuum of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical care, ICU, Acute</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>SNF/ECF/Sub-acute</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Ambulatory/Outpatient</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Home Health/ Hospice</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Wellness/Fitness/Industry</td>
<td>Choose an item.</td>
</tr>
</tbody>
</table>
5. Describe the frequency of time spent in each of the following components of the patient management model:

<table>
<thead>
<tr>
<th>Components of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination (screening, history taking systems review, tests and measures)</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Prognosis</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Plan of Care</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Interventions</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Outcomes Assessment</td>
<td>Choose an item.</td>
</tr>
</tbody>
</table>

6. Describe the frequency that the site maintained an environment conducive to professional practice and growth for the following items:

<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>Choose an item.</td>
</tr>
<tr>
<td>Providing effective role models for problem solving, communication, and teamwork.</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Demonstrating high morale and harmonious working relationships.</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Adhering to ethical codes and legal statutes and standards (e.g., Medicare, HIPAA, informed consent, APTA Code of Ethics, etc.)</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Being sensitive to individual differences (i.e., race, age, ethnicity, etc.)</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Using evidence to support clinical practice.</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Being involved in professional development (e.g., degree and non-degree continuing education, in-services, journal clubs, etc.)</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Being involved in district, state, regional, and/or national professional activities.</td>
<td>Choose an item.</td>
</tr>
</tbody>
</table>

7. What other learning experiences did you participate in during this experience? (Check all that apply):

- [ ] Attended inservices/educational programs
- [ ] Presented an inservice
- [ ] Attended/participated in specialized clinics
- [ ] Attended team meetings/conferences/grand rounds
- [ ] Observed surgery
- [ ] Participated in administrative and business practice management
- [ ] Participated in interprofessional collaboration
- [ ] Participated in opportunities to provide consultation
- [ ] Participated in service opportunities
- [ ] Participated in wellness/health promotion
- [ ] Participated in research/evidence based practice study
- [ ] Other; please specify:
8. Please provide logistical suggestions regarding housing, food, and parking that may help students in the future:

9. Overall, how would you assess this clinical experience?
   □ 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.

10. What do you believe were the strengths of your curricular preparation and/or coursework for this clinical experience?

11. If you were exposed to content in this clinical experience that was not OR WILL NOT be covered in the curriculum please describe:

12. What curricular suggestions do you have that would have prepared you better for this clinical experience?
Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Information contained in this section is confidential and will not be shared by the academic program with other students.

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

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

14. What were the 3 contributions during this clinical experience that enhanced your learning?

15. What three suggestions do you have for change that could have enhanced your learning?
We have reviewed this assessment of the clinical experience.

Student Signature ___________________________ Date ____________

Primary Clinical Instructor Signature ___________________________ Date ____________

Primary CI’s Credentials:
Entry-level PT degree earned ___________________________
Years experience as a CI ___________________________
Years experience as a Clinician ___________________________
Areas of expertise ___________________________
Clinical Certification, specify area ___________________________

APTA Credentialed CI:
Basic Course □ Yes □ No
Advanced Course □ Yes □ No

Professional organization memberships:
APTA □ Yes □ No

Other: ___________________________
Appendix G
<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>PT Student</th>
<th>PTA Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Part A</td>
<td>Part B</td>
</tr>
<tr>
<td>Physical Therapist in</td>
<td>N/A</td>
<td>X¹</td>
</tr>
<tr>
<td>Private Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certified Rehabilitation Agency</td>
<td>N/A</td>
<td>X¹</td>
</tr>
<tr>
<td>Agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive Outpatient</td>
<td>N/A</td>
<td>X¹</td>
</tr>
<tr>
<td>Rehabilitation Facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>Y¹</td>
<td>X¹</td>
</tr>
<tr>
<td>Hospital</td>
<td>Y³</td>
<td>X¹</td>
</tr>
<tr>
<td>Home Health Agency</td>
<td>NAR</td>
<td>X¹</td>
</tr>
<tr>
<td>Inpatient Rehabilitation Facility</td>
<td>Y⁴</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Key**

- **Y**: Reimbursable
- **X**: Not Reimbursable
- **N/A**: Not Applicable
- **NAR**: Not Addressed in Regulation. Please defer to state law.

**Y¹**: Reimbursable: Therapy students are not required to be in line-of-sight of the professional supervising therapist/assistant (Federal Register, August 8, 2011). Within individual facilities, supervising therapists/assistants must make the determination as to whether or not a student is ready to treat patients without line-of-sight supervision. Additionally all state and professional practice guidelines for student supervision must be followed. Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the provision of therapy. All time that the student spends with patients should be documented.

Medicare Part B—The following criteria must be met in order for services provided by a student to be billed by the long-term care facility:

- The qualified professional is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- The practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified professional is the person responsible for the services and, as such, signs all documentation. (A student may, of course, also sign but it is not necessary because the Part B payment is for the clinician’s service, not for the student’s services.)

Individual Therapy:

When a therapy student is involved with the treatment of a resident, the minutes may be coded as individual therapy when only one resident is being treated by the therapy student and supervising therapist/assistant (Medicare A and Medicare B). The supervising therapist/assistant shall not be engaged in any other activity or treatment when the resident is receiving therapy under Medicare B. However, for those residents whose stay is covered under Medicare A, the supervising therapist/assistant shall not be treating or supervising other individuals and he/she is able to immediately intervene/assist the student as needed.

Example: A speech therapy graduate student treats Mr. A for 30 minutes. Mr. A.’s therapy is covered under the Medicare Part A benefit. The supervising speech-language pathologist is not treating any patients at this time but is not in the room with the student or Mr. A. Mr. A.’s therapy may be coded as 30 minutes of individual therapy on the MDS.

Concurrent Therapy:

When a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:

- The therapy student is treating one resident and the supervising therapist/assistant is treating another resident, and both residents are in line of sight of the therapist/assistant or student providing their therapy; or
- The therapy student is treating 2 residents, regardless of payer source, both of whom are in line-of-sight of the therapy student, and the therapist is not treating any residents and not supervising other individuals; or
- The therapy student is not treating any residents and the supervising therapist/assistant is treating 2 residents at the same time, regardless of payer source, both of whom are in line-of-sight.

Medicare Part B: The treatment of two or more residents who may or may not be performing the same or similar activity, regardless of payer source, at the same time is documented as group treatment.

Example: An Occupational Therapist provides therapy to Mr. K. for 60 minutes. An occupational therapy graduate student, who is supervised by the occupational therapist, is treating Mr. R. at the same time for the same 60 minutes but Mr. K. and Mr. R. are not doing the same or similar activities. Both Mr. K. and Mr. R.’s stays are covered under the Medicare Part A benefit. Based on the information above, the therapist would code each individual’s MDS for this day of treatment as follows:

Mr. K. received concurrent therapy for 60 minutes.
Mr. R. received concurrent therapy for 60 minutes.

Group Therapy:

When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing the group treatment and the supervising therapist/assistant is not treating any residents and is not supervising other individuals (students or residents); or
- The supervising therapist/assistant is providing the group treatment and the therapy student
is not providing treatment to any resident. In this case, the student is simply assisting the supervising therapist.

Medicare Part B: The treatment of 2 or more individuals simultaneously, regardless of payer source, who may or may not be performing the same activity.

When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:
- The therapy student is providing group treatment and the supervising therapist/assistant is not engaged in any other activity or treatment; or
- The supervising therapist/assistant is providing group treatment and the therapy student is not providing treatment to any resident.

Documentation: APTA recommends that the physical therapist co-sign the note of the physical therapist student and state the level of supervision that the PT determined was appropriate for the student and how/if the therapist was involved in the patient’s care.

Y²: Reimbursable: The minutes of student services count on the Minimum Data Set. Medicare no longer requires that the PT/PTA provide line-of-sight supervision of physical therapist assistant (PTA) student services. Rather, the supervising PT/PTA now has the authority to determine the appropriate level of supervision for the student, as appropriate within their state scope of practice. See Y¹.

Documentation: APTA recommends that the physical therapist and assistant should co-sign the note of physical therapist assistant student and state the level of appropriate supervision used. Also, the documentation should reflect the requirements as indicated for individual therapy, concurrent therapy, and group therapy in Y².

Y³: This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the Part A hospital diagnosis related group (DRG) payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

Documentation: Please refer to documentation guidance provided under Y¹

Y⁴: This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the inpatient rehabilitation facility payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

X¹: B. Therapy Students

1. General

Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under "line of sight" supervision of the therapist; however, the presence of the student "in the room" does not make the service unbillable.
EXAMPLES:

Therapists may bill and be paid for the provision of services in the following scenarios:

- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.

  - The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.

  - The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician’s service, not for the student’s services).

2. Therapy Assistants as Clinical Instructors

Physical therapist assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy students, while providing services within their scope of work and performed under the direction and supervision of a licensed physical or occupational therapist to a Medicare beneficiary.

Documentation: APTA recommends that the physical therapist or physical therapist assistant complete documentation.
Appendix H
Technical Standards: Physical Therapy

Policy on Student Compliance with Technical Standards

The Doctor of Physical Therapy education program in the School of Pharmacy and Health Professions at Creighton University prepares physical therapists to serve as primary providers of physical therapy care. In order to function as a clinical physical therapist, an individual must be able to meet certain physical, emotional, intellectual and communication expectations for performance. Physical therapy education requires the accumulation of scientific knowledge as well as the simultaneous acquisition and demonstration of psychomotor skills and professional attitudes and behaviors. The faculty is committed to an educational environment where students may “identify, define and grow to fulfill the responsibilities of a professional within society” (Program Philosophy).

The purpose of technical standards is to delineate the psychomotor, cognitive and effective skills and abilities deemed essential for matriculation into, continuation in and completion of the educational program. Technical standards are necessary to create specific expectations for student performance in the classroom, laboratory and clinical education environments. Technical standards must be met with or without reasonable accommodations consistent with the Americans with Disabilities Act.

Psychomotor Skills/ Observation

The student must possess sufficient sensory and motor function to independently perform a physical therapy examination and intervention utilizing procedures including observation, palpation, auscultation, percussion, manual assistance and manual resistance. In general, this requires functional use of vision, hearing and somatic sensation including the ability to perceive position, pressure, movement, weight and vibration. Examples of specific observation skills include examination of non-verbal patient communication, skin integrity, radiographic findings, graphic representations of data, changes in body position/movement and gauges on equipment. A student must be able to respond to occurrences such as a patient calling, warning calls from anyone and machine alarms. In the classroom, a student must be able to independently observe and participate in laboratory dissection of cadavers, the microscopic analysis of tissues, and lecture and laboratory demonstrations in all courses.

A student must be able to perform motor movements required to provide general and emergency care to all patients. These skills necessitate coordination of gross and fine movement of the trunk and limbs, equilibrium, strength and the integrated use of touch and vision/hearing. Examples of specific motor abilities include writing or use of a keyboard, performance of gait training using therapeutic aids and orthoses, manual mobilization techniques, non-surgical wound debridement, cardiopulmonary resuscitation and lifting/moving a patient on a bed/mat or during an assisted transfer between surfaces. A student must be able to possess a level of physical endurance to function under physically challenging workloads or in stressful environments.

Communication

A student must be able to understand and effectively communicate in English with patients, their families and other healthcare professionals. A student must be able to understand and communicate in both written and spoken forms and demonstrate the ability to use therapeutic communication to attend, clarify, coach, facilitate and touch during the patient-provider encounter.

Conceptual/ Integrative Abilities

To effectively solve problems, a student must be able to measure, calculate, reason, analyze, integrate and synthesize information in a timely manner. For example, a student must be able to synthesize knowledge and integrate relevant aspects of the patient history and examination findings in order to develop an accurate physical therapy diagnosis and determine the appropriate intervention within reasonable time constraints imposed by the needs of the patient, the facility and the standards of care.
Behavior, Social Skills and Professionalism

Empathy, integrity, honesty, concern for others, good interpersonal skills, interest and motivation are all required personal qualities. A student must possess the emotional health necessary for the full use of their intellectual abilities, the exercise of good judgment (including the maintenance of patient confidentiality), prompt completion of all responsibilities attendant to course assignments and the development of mature, sensitive and effective patient relationships. This requires the ability of the student to be aware of and appropriately react to one's own immediate emotional responses. A student is expected to be able to accept and reflect upon appropriate suggestions and criticisms and, if necessary, respond by modifying personal behaviors. Students should also conduct themselves at all times in a manner consistent with the American Physical Therapy Association Code of Ethics and Guide for Professional Conduct.

Approved by Physical Therapy Faculty on 12/7/10
Creighton
UNIVERSITY

School of Pharmacy and
Health Professions
Department of Physical Therapy
Clinical Education Program

TO: Health Care Providers

FROM: Lisa Black, PT, DPT, Director of Clinical Education

RE: Attestation of Physical Exam

The physical therapy student named below has requested to participate in a Clinical Education experience which the site requires a physical examination prior to the start of the experience. The students must meet the School of Pharmacy and Health Profession’s Technical Standards to participate in clinical experiences. Attached you will find a copy of those standards.

On the basis of your examination of this student, is this student free from evidence of contagious disease and would not otherwise present a health hazard to persons that this student may come in contact with while participating in the clinical experience?

_____ Yes  _____ No

On the basis of your examination of this student, does the student meet the Technical Standard of the School of Pharmacy and Health Professions?

_____ Yes  _____ No (Please provide rationale): ________________________________

Your signature on this form attests that the above information is true.

Provider’s Signature: ________________________________

Provider’s Name and Credentials (Printed): ________________________________

Provider’s Address: ____________________________________________

__________________________________________

Today’s Date: ________________________________