



**DOCTOR OF
PHYSICAL THERAPY**

Carlow University
Doctor of Physical Therapy
Clinical Education Handbook

Adopted on 10/24/2022

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Part 1: Philosophy and Outcomes of Physical Therapy Education

1.1 Overview of Carlow University Physical Therapy Education

The Doctor of Physical Therapy program at Carlow University is designed to encompass the Mercy mission to serve the community by promoting the dignity of every person, advocating for equity and inclusion to address matters of social justice throughout its' entire curriculum. The curriculum is based on three major educational theories: Social Reconstruction, Constructivism, and Cognitive Load Theory.

In a Social Reconstruction philosophy-inspired curriculum, there is a strong emphasis that the role of education is to bring a positive change in society. The curriculum would train the students on assessing societal needs and taking responsibility for social reforms within their scope of practice. We created courses that take a deeper dive into pain, grief, and suffering through art, cinema, and literature. The students will learn techniques to grow in their empathy and compassion. Dedicated courses are designed with experiential learning to teach students about interprofessional collaboration, entrepreneurship, leadership, health informatics for decision making, and understanding of healthcare policies and economics. These courses will place our students in a unique position to advance their career path to address the social determinants of health and the societal need for diversity, equity, inclusion, and justice.

According to the theory of Constructivism, the focus of teaching needs to be on how students learn over how much they learn. The new knowledge shall be built on the learner's prior knowledge and experiences. The classroom environment must emphasize active learning instead of passively receiving information. We developed each learning objective for each course in a semester based on the information students learned in their last semester. The first semester learning objectives are built on the learner's knowledge gained during undergraduate Educational Principles and Philosophy Updated: 6/29/2022 education. The content related to knowledge level will be delivered asynchronously using an online hybrid format. The class time will be used for the application, evaluation, and synthesis of the pre-class material.

According to the Cognitive Load Theory, the learners have limitations on how much information they can process at a given time. Traditionally, in an Entry Level PT education, a student takes 7- 8 courses (the equivalent of 18-22 credits) in a semester. We have divided each of the Fall and Spring semesters into two, eight-week sessions in which the students will take 4-5 courses (the equivalent of 9-10 credits) to reduce their cognitive load and provide them more time to digest and reflect on the information they will receive inside and outside the classroom

1.2 EDUCATIONAL PRINCIPLES

1. Healthcare equity is the cornerstone of a healthy society.
2. Health and wellness promotion for the population/community is essential in conjunction with individual patient care.
3. Every individual is a leader who must be prepared for a dynamic healthcare environment.
4. Clinical decision-making shall be based on the three pillars of evidence-informed practice (using best available research evidence, applying clinical experience/expertise, and incorporating patients'/clients' beliefs and values with empathy and compassion).
5. Physical therapy graduates and clinicians must be proficient in clinical competencies based on the contemporary standards of physical therapy practice.

1.3 Program Mission

Carlow physical therapy program strives to develop evidence informed critically thinking skilled practitioners and leaders who would advocate for the healthcare equity to serve their communities with empathy and compassion contributing to creating a just and merciful world.

1.4 Goals for DPT Program

1. Develop graduates skilled in providing contemporary physical therapy services based on the principles of Evidence-Informed Practice.
2. Develop graduates who provide care to all individuals regardless of race, gender, religion, sexual orientation, and financial status.
3. Provide students educational experiences that include interprofessional team collaboration, integration of the liberal arts and humanities and recognition of the role of social determinants of health in guiding care plans.
4. Faculty will advance their academic careers through service and scholarship.

1.5 DPT Program Learning Outcomes

1. Proficient in using the evidence-informed practice principles, physical therapy foundational, and clinical skills during clinical decision making.
2. Display professionalism, communication, leadership, and interprofessional collaboration characteristics to provide the best quality care to their patient population.
3. Participates in professional development activities to stay current with practice standards.
4. Provide equal care to everyone with empathy and compassion and without any discrimination.

1.6 Essential Functions of DPT Student: [7-25-22 DPT Essential Functions final copy.pdf](#)

1.7 DPT Curriculum: [physical-therapy-curriculum-guide-final.pdf](#)

Part 2: Clinical Education Overview

2.1 Philosophy of Clinical Education

Physical therapy clinical education courses are designed to bridge classroom didactic work with real-world practice clinical experiences. Aligned with Carlow's mission to "make available transformational educational opportunities for a diverse community of learners, and to empower them to excel in their chosen work as compassionate, responsible leaders in the creation of a just and merciful world" our program cultivates professionals committed to making positive changes in practice and communities. The didactic portion of the curriculum provides students with the essential foundational knowledge and introduction to clinical skills necessary to succeed as a physical therapist. Clinical education provides an opportunity for students to refine their knowledge, skills, and professional behaviors to allow them to mature into a competent entry level physical therapist.

Successful student clinical education requires collaboration and communication from many stakeholders including: academic faculty, students, clinical coordinators, and clinical instructors. The academic faculty hold responsibility for preparing students didactically and coordinating placement in appropriate clinical sites. Students are expected to actively participate in clinical education as set forth by Carlow's DPT Clinical Internship Evaluation Tool (CIET) Expected Performance Criteria and Benchmarks as well as specific clinical site guidelines and the clients being served. Students are also expected to clearly communicate their own abilities and limitations according to current academic level and previous clinical experiences. Clinical coordinators and clinical instructors are expected to provide

appropriate learning experiences and evaluate the student's performance. It is essential that all stakeholders efficiently and effectively communicate to ensure the end goal of entry level clinical competence.

The physical therapy programs' faculty take pride in providing diverse educational and clinical experiences. From clinical affiliations within the greater Pittsburgh, Pennsylvania area to the tri-state area and beyond, we strive to provide students' opportunities to interact with people and populations with unique needs in a wide variety of settings from acute care to outpatient clinics to skilled nursing facilities and rehabilitation centers, as well as schools, home, and daycare settings. These experiences will transform and prepare you to meet the needs of your clients across the lifespan. We are excited to begin this journey with you where we will embrace Carlow's core values of service, discovery, hospitality, and sacredness of creation while you prepare to become an evidence-informed, critically-thinking, skilled physical therapist and leader who advocates for healthcare equity for all, serves the community with empathy and compassion, and actively contributes to creating a just and merciful world.

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2.2 Clinical Education Student Outcomes and Goals

Clinical Education is a very "hands on" active portion of the DPT curriculum where students, under the direct supervision of a licensed physical therapist, are provided the opportunity to apply foundational knowledge and clinical skills to individuals who are seeking the care of a physical therapist. To ensure students maximize their clinical education experiences and achieve all student outcomes/goals the following strategies are encouraged for students:

- Demonstrate consistent professional behavior
- Present to the clinic with an eagerness and readiness to learn daily
- Be open to what each clinical experience has to offer.
- Take time to discuss and fully understand the requirements of your designated clinical affiliation.
- Foster clear, consistent, and open communication with your CI and all those that you work with daily
- Share your strengths and limitations with your CI
- Share how you learn best and wish to receive feedback with your CI

- Inquire how you can best support the important work your clinical site is doing
- Collaborate with your CI on how you can best further your learning/competency during slower times
- Take time to listen and observe your patients. There is a lot to be learned from the “patient perspective
- Seek out all available knowledge to best understand the clinic setting you are in
- Add to your goals for the clinical affiliation after you familiarize yourself with the clinic
- Be willing to initiate client contact, evaluation, and treatment with guidance from your CI
- When help is needed, ask for it
- Be willing to work and lead your learning. Your CI may serve as a consultant/guide; however, you are ultimately responsible for your own learning. Seek out additional resources as needed.
- Actively problem solve any challenges that arise.
- Ask for clarification or respectfully inquire if you do not understand what you are reading, observing, or encountering.
- Ask questions at appropriate times.
- Take time to reflect on what you are learning and how you want to progress in the coming weeks
- Learn from mistakes

2.3 Clinical Education Courses

Clinical Education is progressive in the type and range of clinical responsibilities expected of each student and directly corresponds to completed portions of the didactic curriculum. Clinical Education courses are sequential in nature. For each of the five clinical education courses, there are specific student outcomes/goals. Please reference the syllabus for each course for a listing of specific student outcomes/goals. Participation in any Clinical Education Course is contingent upon successful completion of both the required didactic coursework and previous clinical education courses.

DPT 831 Clinical Experience Readiness- 1 credit hour

This course is held during Term 3, Session 1 and helps students prepare for their first clinical experience. Professional behaviors (i.e., safety, ethics, initiative, and communication skills) will be further developed. Principles of patient centered care, documentation, patient confidentiality (HIPPA), and laws governing the supervision of support personnel will be investigated. Strategies for self-reflection and conflict management will be explored. Topics of risk management, reimbursement, and advocacy will also be introduced. Utilization of the Clinical Internship Evaluation Tool (CIET) with expected performance criteria and benchmarks will be introduced. *This course follows the credit hour policy as outlined in the DPT Academic Handbook. Please reference the DPT Academic Handbook for more information.*

DPT 830 Integrated Clinical Experience (ICE)- 3 credit hours

ICE is a six-week full time clinical affiliation in which students begin to apply didactic knowledge, practice professional behaviors, and patient management skills in the clinical setting under the direct supervision of a licensed physical therapist. This course is held during Term 3, Session 2. *This course follows the Clinical Education Credit Hour Calculation as outlined below.*

DPT 860 Terminal Clinical Experience (TCE I)-3 credit hours

Terminal Clinical Experience I is a six-week full time clinical affiliation in which the student continues to apply didactic knowledge, practices professional behaviors, and patient management skills in the clinical setting under the direct supervision of a licensed physical therapist to progress towards entry-level professional practice. This course is held during Term 6, Session 2. Students have now completed all didactic work. *This course follows the Clinical Education Credit Hour Calculation as outlined below.*

DPT 870 Terminal Clinical Experience (TCE II)- 6 credit hours

Terminal Clinical Experience II is a twelve-week full time clinical affiliation in which the student applies didactic knowledge, practices professional behaviors, and patient management skills in the clinical setting under the direct supervision of a licensed physical therapist to progress towards entry-level professional practice. This course is held during Term 7, Session 1. Students have now completed all didactic work. *This course follows the Clinical Education Credit Hour Calculation as outlined below.*

DPT 880 Terminal Clinical Experience (TCEIII)- 6 credit hours

Terminal Clinical Experience III is a twelve-week full time clinical affiliation in which the student applies didactic knowledge, practices professional behaviors, and patient management skills in the clinical setting under the direct supervision of a licensed physical therapist to progress towards entry-level professional practice. This course is held during Terms 8, Session 1. Students have now completed all didactic work. *This course follows the Clinical Education Credit Hour Calculation as outlined below.*

2.4 Clinical Education Credit Hour Calculation

DPT 830, DPT 860, DPT 870, and DPT 880 clinical education courses will be delivered in an asynchronous and hybrid format. The DPT clinical education courses have the following credit hour calculation: 1 DPT Clinical Education Credit= 80 hours which is in line with both other clinical education courses offered at Carlow University as well as other CAPTE accredited DPT programs. The credit hour is the unit measure of instruction for awarding credit. Activities included within this calculation include: in person attendance at designated clinical site (following clinical instructor's schedule), completion and discussion of CIET with clinical instructor, completion of course assessments (i.e., clinical site, clinical instructor, DCE), weekly online discussion boards, weekly self-reflection assignments, student project, and literature reviews to support clinical activities.

2.5 Clinical Education Variety

Carlow University's DPT curriculum is designed to prepare students to graduate as evidence-informed, critically-thinking, skilled practitioners and leaders who advocate for healthcare equity for all, serve their communities with empathy and compassion, and actively contribute to creating a just and merciful world. We also aim to ensure all students are successful on the National Physical Therapist Examination (NPTE). Clinical experiences are planned to ensure each student works with clients throughout the entire lifespan, in a wide variety of settings (Inpatient, outpatient, ambulatory/primary care, hospital, private practice) within the continuum of care, and with diagnoses related to musculoskeletal, neuromuscular, cardiovascular, and pulmonary, and other movement system dysfunctions. Each student is expected to plan well-rounded clinical exposure to prepare to be a generalist.

Significant effort will be made to match students to their preferences, however, to ensure student's receive a comprehensive clinical education that prepares them to practice as a competent, compassionate, and responsible clinician committed to making positive changes towards the creation of a more just and merciful world, as well as to ensure readiness to sit for the NPTE exam, students will likely be required to move outside of a local 60-mile radius for one or all of their clinical education placements.

2.6 Clinical Education Meetings

Preparation for clinical education begins early. Once a student is accepted in to the DPT program, they will receive correspondence from the DCE to set up their student EXXAT account with step-by-step directions. If students encounter any difficulty setting up their student EXXAT account, they are encouraged to reach out to the DCE for additional support. Additional support will be provided via email, TEAMS, phone call, and/or in person consultation during the week of orientation.

Students are expected to meet with the DCE during semesters 1,2, and 5, at a minimum, to discuss the student's overall clinical education plan, review clinical affiliation sites, discuss clinical course objectives, problem solve clinical education challenges, and review clinical evaluations. Additional meetings may be requested by either the student or DCE as needed. Meeting with the DCE will help to ensure the student is meeting their individual clinical education goals as well as Carlow University's DPT program goals. *Attendance by all students at clinical meetings is mandatory.*

Students are also required to regularly check their email and phones for correspondence from the DCE. Clinical affiliation preparations frequently required timely communication with students over a period of time.

2.7 EXXAT Clinical Education Software

Carlow University's DPT program uses EXXAT Education Management Software for clinical education. EXXAT will be used to keep student information, clinical site information, manage clinical education affiliation agreements, track required clinical education documents, track student site preferences, assign clinical placements, communicate with students, school, and clinical sites, and manage clinical education evaluation forms. Prior to the start of the program, students will receive correspondence from the DCE to set up their student EXXAT account. This will be followed by a more formal EXXAT training session during the first semester.

The Director of Clinical Education (DCE) will verify student and clinical site data, manage clinical affiliation agreements, assign clinical placements, communicate with students and clinical sites, and compile reports of outcomes regarding the Clinical Education components of the curriculum.

All DPT students are required to have an active account on the EXXAT portal and manage the following:

- Personal dashboard to include:
 - demographic information
 - contact information
 - history of clinical experiences
- All required personal documents up to date
 - see "Clinical Education Required Documentation" for more details
- Clinical Education Site Preference (Wishlist) Form
- "To Do" list for each clinical placement to include:
 - site specific requirements
 - contact information and demographics on clinical instructor
 - clinical site orientation
- Updated information on assigned clinical site during time of placement
- Assigned assignments, projects, midterm, and final evaluations
- Performance Improvement plan, if warranted

2.8 Clinical Education Placements

Clinical education placements require much planning, scheduling, collaboration, and coordination.

2.9 Clinical Education Slot Request and Clinical Site Update

Each year, in March, the DCE will send a Clinical Education Slot Request Form (*Appendix A*) for the following year to all clinical sites that we have a current clinical affiliation agreement. The Clinical/Site Coordinator (CCCE/SCCE) at the site will fill the form out and return it to the DCE who will then enter the information into EXXAT. The DCE will release the available sites for each clinical affiliation for students to consider during the selection process.

Along with the Clinical Education Slot Request Form, the DCE will send a Clinical Site Update Information Form (*Appendix B*). This will allow clinical partners to update the DPT program on site contact information, staff/CI changes and credentials, change in clinical ownership, and any other significant changes. The Clinical/Site Coordinator (CCCE/SCCE) at the site will fill the form out and return it to the DCE who will then enter the information into EXXAT. All information on the Clinical Site Update Information Form will be available to all Carlow DPT students and faculty for review on EXXAT.

2.10 Clinical Education Site Preference

Planning for each student's individual clinical education placements begins semester 1. Students will complete the Clinical Education Site Preference (Wishlist) Form (*Appendix C*) in EXXAT for DPT 830 Integrated Clinical Experience course at that time. Students will complete the same form for Terminal Clinical Experience I and Terminal Clinical Experience II in semester 2. Finally, students will complete the form for Terminal Clinical Experience III in semester 5. The "Clinical Education Site Preference Form" provides students an opportunity to communicate their clinical site preferences. Specific due dates for submitting each "Clinical Education Site Preference Form" in EXXAT will be provided to the students during their first semester of the DPT program. **If a student misses the deadline they will be placed after all other students.**

Students will have access to clinical site information, including the Clinical Site Update Information Form, with which the DPT program has a current clinical affiliation agreement on EXXAT. Please note that while all clinical partners' information will be available for review, it does not guarantee that the clinical partners have a current available spot for student placement.

For students to be eligible to choose highly specialized clinics for TCE I/II/III, students will be required to have a 3.3 grade point average, as well as faculty approval. DCE will explicitly share which clinical affiliations are highly specialized with students. After the first cohort of students, clinical site evaluations will also be located within EXXAT for review. It is anticipated that these files will help you to decide among the various settings and sites available for your clinical affiliations.

Students are encouraged to list preferences by interest and not by geographical area. Students are encouraged to not list all preferences in the local area as this increases their chance of not receiving any of their top choices.

2.11 International Clinical Education Placement

Students qualify to apply for an international clinical affiliation for DPT 860 TCE I, DPT 870 TCEII, or DPT 880 TCE III provided that they have:

- have not been on a remediation plan
- have not been on academic probation

Students that are eligible and interested in completing an international clinical affiliation will need to meet with the DCE. The DCE will complete an interview and may also request the following: letters of recommendations, a cover letter, essay, and faculty approval.

The following will be considered during international clinical education placement:

- State Department travel advisories
- Additional student cost
- International Health Insurance
- Student access to emergency services
- Student awareness of local laws/customs
- Student cultural competence
- Additional competency-based training may be required
- Additional liability insurance for institution

2.12 Process for New Clinical Education Site Request

The DCE will attempt to open a maximum of one new site per student throughout all clinical affiliations. If a student wishes to complete a clinical rotation at a site that the PT department does not currently have a contract with, the student may initiate the process of recruiting a new site by determining why the potential site is: a good facility at which to do clinical experience, beneficial for other students, and different than other sites the department currently works with. Students must complete the New Clinical Education Site Form (*Appendix D*) and submit via email to the DCE by the end of Semester 1.

DO NOT contact the clinical site on your own. Once the “New Clinical Education Site” Form has been submitted to the DCE, a review process will occur. The DCE reserves the right not to pursue the request if Carlow’s DPT program has a current clinical affiliation site agreement with a clinical site in a similar setting and in the same geographic area that the student is requesting. If the DCE deems the new clinical education site appropriate, the DCE will reach out to the clinical site to begin discussion on establishing a new clinical partnership. There is NO guarantee that the requested clinical site will execute a clinical affiliation agreement and/or agree to the requested clinical education experience.

If a new clinical partnership is successfully established and the clinical site has availability for the requested clinical education experience, the student will automatically be placed there. The placement is final. Further changes to the clinical education experience will not be made. If a student has requested a new clinical site and a slot is being reserved for that particular student, the student will place that site as number one on the “Student Clinical Education Site Preference” Form. No other sites of interest will be needed on the form.

2.13 Procedure for Matching Students to Clinical Sites

Carlow University is a student-centered university. The DCE works hard to meet every student’s needs. Clinical site assignment is a collaborative process between the DCE, the students, and available clinical partners. The first priority will always be the academic needs of the student.

Students will submit five choices for each clinical affiliation using the “Clinical Education Site Preference” form in EXXAT. Students are not permitted to change site preferences once they have submitted their choices. Students will be advised by the DCE. Placement for all clinical affiliations is completed by the DCE. Students **should not** confirm their own clinical placement. The DCE cannot ensure a specific geographic or setting area.

If more than one student requests a site, names will be drawn. If the student’s 5 original preferences are unavailable, the student has 2 options:

1. Choose from a list provided by the DCE
2. Delay Graduation until a clinical education slot opens at one of the initial 5 sites

Please note that time to graduation may not exceed 12 semesters as per DPT graduation requirements stated in DPT Academic Handbook.*

Once the DCE matches all students to clinical sites and confirms with the site, the DCE will send a confirmation to the student via EXXAT. **At this point, all placements are considered final, and no further changes will be made.**

It is the student's responsibility to contact their assigned clinical site 4 weeks prior to their first day there. This will provide an opportunity for the student to obtain information regarding the clinic site including specific site requirements, clinical instructor's name, daily start and end time, specific dress code requirements, parking, etc. It is anticipated that every facility will have different requirements.

2.14 Conflicts of Interest

To protect all parties involved, student placement may not occur at a clinical site if:

- the student is or has worked at the site as an employee
- the student is or has volunteered at the site
- the student has a pre-employment contract or scholarship agreement
- a relative, significant other, or other close acquaintance is employed or has completed a clinical education experience in the Physical Therapy department and can have influence over evaluation of the student
- the student has completed clinical experience hours in the same department for another major

Please discuss any potential conflicts with DCE prior to placement

Should a student fail to mention any of the above potential conflicts of interest during the selection process, it could result in a cancellation of the clinical experience.

Exceptions to this policy may be made at the discretion of the Director of Clinical Education (DCE), in collaboration with the Program Director, based on the number of years elapsed since the student's activity at the site and/or change in clinical staff.

2.15 Contact with Clinical Education Partners

Clinical education partners prefer that requests for clinical affiliation agreements and clinical experiences come from the DCE. Students and their families **SHOULD NOT** contact a clinical site regarding clinical placements or clinical education agreement contracts.

2.16 Clinical Site Cancellation

At times, a student may need to be reassigned to a new clinical site due to site cancellation. If this happens, the DCE will meet with the student to secure an alternate placement for the student in a site as close as possible to the original type, setting, and location.

2.17 Student Hardship

Students may submit for a hardship for clinical placement one time throughout the entire program. Requests will be considered on an individual basis and must be based on extraordinary circumstances beyond expected difficulties inherent in a clinical education assignment. It is essential for students to familiarize themselves with the requirements of the program including travel and financial costs associated with clinical education and plan accordingly.

The student must write a letter to the **Program Director and DCE outlining the student hardship and request for exception.** *The letter must be submitted at the same time as the Clinical Education Slot Request Form.* Examples of hardships may include:

- sole caregiver for a dependent family member
- military spouse on overseas deployment
- child under 1 year at time of clinical rotation

*Official supporting documentation is required at the time of submission and may include a note from your physician or spouse's commanding officer. Student hardship submissions are reviewed, and final decisions are determined by a cross discipline Hardship Committee. **Approval of request is not guaranteed.***

If student hardship request is granted, the DCE will attempt to find a clinical site that accommodates the requested location based on current affiliation agreements and/or current placement offers. The request by the student to be placed in a specific location may delay the student's progression through the program as well as graduation date.

If a student hardship is not granted, the student may meet with the Program Director for further discussion. If the student is not satisfied with the outcome of the meeting with the Program Director, the student may meet with the Dean of College of Health and Wellness (CHW). The Dean of CHW decision will be final.

If a student chooses to consider a Leave of Absence (LOA) instead, the student should consult both the *DPT Academic Handbook* as well as the *Carlow University Graduate Course Catalog* for further details on the LOA policy.

Academic requirements relating to clinical education will always take precedence with placements.

Part 3: Clinical Education Student Requirements

3.1 Student Readiness for Full Time Clinical Education

The student is responsible for scheduling all required courses. Failure to complete all necessary requirements or to pass coursework will affect eligibility for clinical education placement, ability to sit for the NPTE, and graduate from the Carlow University DPT program.

The DCE will facilitate a discussion at each DPT faculty meeting, held monthly, regarding students' readiness for the clinical education portion of the curriculum. If any concerns are brought to the DCE's attention, additional discussion will occur with both the faculty advisor and student to ensure the student masters the required Student Skills and Competencies required Prior to the Start of Clinical Education (*Appendix E*). Any student exhibiting ongoing academic difficulty or difficulties with professional behavior could result in a referral to DPT Academic Progression and Retention Committee to determine what steps must be taken to ensure student's forward progression in the program. This may result in the delay in the start of clinical education as well as completion of the DPT program.

3.2 Health Requirements

To meet CAPTE (our accreditation body) standards and fulfill our clinical affiliation agreements with our clinical partners all students are required to provide evidence of a set of medical clearances and training PRIOR to a student's first semester. Required clearances and training provide for the safety and protection of the individuals with whom contact would be established in both experiential learning experiences woven throughout the didactic curriculum as well as while on each clinical affiliation.

The DPT Program does not guarantee a student's clinical education requirements can be met if the status of their medical clearances and training preclude them from participating in required clinical settings. Toward this end, all DPT students, without exception, must meet the following medical clearance and training compliance policy and procedure requirements:

- After uploading your initial set of clearances to EXXAT, email the PT DCE to let them know new documents have

been uploaded.

- When uploading recertification or second/third year clearances to EXXAT, email the PT DCE to let them know new documents have been uploaded.
- It is the students' responsibility to ensure all documents are uploaded to EXXAT without a break in compliance to remain in the DPT program. If a document becomes expired or out-of-date, the student is not permitted to complete additional clinical time until the document is brought into compliance.
- Failure to comply with these expectations will result in cancellation of the student's registration in the clinical education course.
- Medical forms and clearances uploaded to EXXAT are reviewed by the PT DCE or other assigned program faculty or staff who review documents to assure requirements are met.
- Clinical partners will be notified that all students attending that clinical site for student clinical experiences during the identified semester have met the clinical health requirements as per each Affiliation Agreement.
- It is the student's responsibility to ensure that the clinic site has all prerequisites on file prior to the start of clinical affiliation.
- **Clinical sites may request hard copies of your clearances. Please be prepared to share them if asked.**
- Some clinical sites may have additional required clearances and/or trainings that must be completed prior to beginning the clinical affiliation. Student will be informed of any additional requirements prior to their placement via their "To Do" list in EXXAT that is specific to the assigned clinical placement.
- Students must abide by the clinical sites' training and clearance requirements to participate in the clinical education placement.
- If students anticipate any physical restrictions in the clinic, students must meet with both the DCE and DSO **prior to the start** of the clinical affiliation to discuss the implications for clinical education participation and licensing upon graduation.
- If any changes occur in the student's status related to either health and/or other clinical requirements, the student is required to notify the PT DCE and/or Program Director as soon as this occurs. Failure to do so is unprofessional behavior and may result in, up to and including, dismissal from the program.

Students should reference the following clearance and training items for descriptions and due dates:

PT CLINICAL CLEARANCE & TRAINING COMPLIANCE REQUIREMENTS			
Clearance or Training Requirement		Initial Due Date	Renewal
Health Clearances			
1	Health Insurance (must be carried for duration of entire program, including while on clinical education placement). At a minimum, should provide for both general and emergent needs. Electronic copy should be uploaded to EXXAT annually.	August 1 st , summer of program start	June 1 st Year 2 and Year 3
2	Annual Physical Examination by physician, physician, or nurse practitioner uploaded to EXXAT. See <i>Appendix F</i> for Annual Physical Examination Form	August 1 st , summer of program start	June 1 st Year 2 and Year 3

3	<p>Negative two-step (second test within 1-3 weeks of first) Tuberculin skin test (TST) within the past year OR 3 consecutive years of annual Tuberculin Skin Tests that are negative (Must submit results for past three years) OR Negative Qualiferon TB result</p> <p>If TST is positive or if student has a history of positive TST:</p> <ul style="list-style-type: none"> - Student must provide documentation of a chest x-ray that indicates no active disease, must provide documentation of appropriate management, and be non-communicable for TB - Submit the Tuberculosis Screening Form and have signed by their provider with initial health assessment and repeated annually - Tuberculosis Symptom Screening Form (Updated 2-11-22).pdf <p>See <i>Appendix G</i> for Tuberculosis Symptom Screening Form</p>	August 1 st , summer of program start	June 1 st Year 2 and Year 3
4	<p>Upload documentation of positive IgG antibody titer for Measles, Mumps & Rubella (MMR) within the past year.</p> <ul style="list-style-type: none"> - If titer is negative/low/equivocal, must repeat the series of 2 vaccinations. Upload proof of repeated series. 	August 1 st , summer of program start	June 1 st Year 2 and Year 3
5	<p>Upload documentation of positive IgG antibody titer for Varicella documented within the past year.</p> <ul style="list-style-type: none"> - If titer is negative/low/equivocal, must repeat the series of 2 vaccinations. Upload proof of repeated series. - History of disease is NOT accepted. 	August 1 st , summer of program start	June 1 st Year 2 and Year 3
6	<p>Upload documentation of positive IgG antibody titer for Hepatitis B documented within the past year.</p> <ul style="list-style-type: none"> - If titer is negative/low/equivocal, must repeat the series of 3 vaccinations. Upload proof of repeated series. 	August 1 st , summer of program start	June 1 st Year 2 and Year 3
7	<p>Upload documentation confirming that have received the Tetanus, diphtheria, pertussis vaccination or Booster (Tdap) within the past 10 years.</p> <ul style="list-style-type: none"> - Td is not accepted. 	August 1 st , summer of program start	June 1 st Year 2 and Year 3
8	<p>Upload CDC COVID vaccination card of complete Covid-19 vaccination series.</p> <ul style="list-style-type: none"> - Must include the vaccine manufacturer name. 	August 1 st , summer of program start	Per CDC guidelines
9	<p>Upload documentation confirming proof of annual Flu Vaccination.</p>	<i>December 1st, year 1</i>	December 1 st , Year 2 and Year 3
<p>Background Clearances- Clinical sites that require background checks may refuse placement to a student who has been convicted of a misdemeanor, felony, or a felonious or illegal act. If any clearance results are found to be unacceptable by the clinical site and placement is refused, the PT program is under no obligation to reassign the student to another clinical site. The student will then be required to withdraw from the PT program in which they are enrolled.</p>			
10	<p>Valid Act 24: Arrest/Conviction Report Certification Form</p> <p>Access available at: https://www.education.pa.gov/Documents/Teachers-Administrators/Background%20Checks/Arrest%20or%20Conviction%20form.pdf</p> <p>**Please note some clinical partners may require this to be completed within 6 months of start date.</p>	August 1 st , summer of program start	June 1 st Year 2 and Year 3
11	<p>Valid Act 33: PA Criminal Record Check Clearance</p> <p>Access available at: https://epatch.state.pa.us/Home.jsp</p>	August 1 st , summer of program start	June 1 st Year 2 and Year 3

	**Please note some clinical partners may require this to be completed within 6 months of start date.		
12	Valid Act 114: Federal Criminal History Check Access available at: https://www.education.pa.gov/Educators/Clearances/CHRI/Pages/Applicant-Procedures.aspx **Please note some clinical partners may require this to be completed within 6 months of start date.	August 1 st , summer of program start	June 1 st Year 2 and Year 3
13	Valid Act 34/151: Pennsylvania Child Abuse Clearance Access available at: PA Child Abuse Clearance: https://www.compass.state.pa.us/cwis/public/home **Please note some clinical partners may require this to be completed within 6 months of start date.	August 1 st , summer of program start	June 1 st Year 2 and Year 3
Trainings/Certifications			
14	Valid Act 31 of 2014: Child Abuse Recognition and Reporting Training: Training is available through the University of Pittsburgh School of Social Work at: https://www.reportabusepa.pitt.edu Students will receive a certificate which must be uploaded into EXXAT.	August 1 st , summer of program start	June 1 st Year 2 and Year 3
15	Cardiopulmonary Resuscitation Certification (CPR) through American Red Cross/American Heart Association). Must include AED training. When obtaining this certification look for a course geared towards Health Care Providers. <i>The course must be done in person, not online.</i> Training is available at many locations across Pittsburgh. You may search for upcoming trainings: American Heart Association CPR & First Aid	By end of 1 st semester	By end of 7th semester (based on expiration date)
16	Health Insurance Portability & Privacy Act (HIPAA) Training Module Training available free using Carlow email address at Research, Ethics, and Compliance Training CITI Program . <i>Will complete as part of 1st semester coursework.</i>	By end of 1 st semester (Citi Trend)	Additional training, per clinical site request
17	Occupational Safety & Health Administration (OSHA) Blood Borne Pathogen/ Universal Precautions/PPE Training Training available free using Carlow email address at Research, Ethics, and Compliance Training CITI Program . <i>Will complete as part of 1st semester coursework.</i>	By end of 1 st semester (Citi Trend)	Additional training, per clinical site request
Other			
18	Professional Liability Insurance: All Carlow University PT students are required to purchase professional liability insurance at a student rate through an insurance company specializing in professional liability insurance. The policy must minimally provide coverage for \$1,000,000 per claim or \$3,000,000 aggregate. The policy is effective for one calendar year, and it must be renewed annually throughout the graduate program. Liability insurance may be purchased through the following companies: 1. Healthcare Providers Service Organization (HPSO): www.hpso.com 2. Proliability, administered by Mercer Consumer: https://www.proliability.com/ **Please note that some clinical partners may have requirements for additional coverage i.e. out of state, higher liability levels. If this is the case, it will be noted on your "To Do" EXXAT list for the associated clinical affiliation. The student will	June 1 st Year 2	June 1 st Year 3

	be expected to increase coverage for the duration of the clinical affiliation and upload proof in to EXXAT. **		
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3.3 Declination of Vaccinations

Students can decline MMR, Varicella, Hepatitis B, Tdap, COVID-19, and Flu vaccines due to medical or religious beliefs. If students choose to do so, they are required to fill out the Vaccination Declination Form (*Appendix H*). This form must be provided to the clinic site/facility with all other health documents. It will be at the discretion of the clinical site if the student may still complete their clinical experience there. **The DPT Program does not guarantee a student's clinical education requirements can be met if the student chooses to decline immunizations.**

3.4 COVID

As part your clinical education requirements, you will be required to complete COVID training. The training consists of several modules, which contain resources (videos, written education, etc.) related to COVID-19 from the Centers for Disease Control and Prevention, World Health Organization, the US Department of Labor Occupational Safety and Health Administration, and the Department of Health. Training will include: updated information related to general COVID-19 education, clinical approach and management, evaluation and testing, proper hand hygiene and PPE use protocols, and infection control and prevention best practices. Training will include a COVID-19 virtual patient case for clinical application. See *Appendix I* for sample COVID training.

Section to be further developed or removed, per pertinent information at the time, in January 2024 in anticipation of clinical education affiliations in July 20024.

3.5 Site-Specific Prerequisites for Clinical Affiliations

Many clinical sites have different or additional standards and requirements for PT students to qualify them to provide services to their clients/patients. Examples include but are not limited to: verification of health insurance, hepatitis C test, drug screening panel, Medicare/welfare fraud checks. Site specific prerequisites will be found on student's "To Do" list in EXXAT when assigned to the clinical placement. Please confirm that this list is all inclusive when reaching out to the clinical site 4 weeks prior to the clinical and notify the DCE if any additional prerequisites are requested. *The student will be responsible for completion of the requirements and uploading corresponding documentation to EXXAT prior to the start of clinical affiliation.*

If a student chooses not to comply with a site-specific requirement, the student acknowledges that they are not authorized to attend, and it can be considered a cancellation of the clinical placement on the student's behalf and may delay or prevent completion of the program.

3.6 Unlawful and Controlled Substance Policy

The Unlawful and Controlled Substance Policy, as outlined in the *DPT Academic Handbook*, applies to all DPT students while on clinical affiliation. For more information, please reference the *DPT Academic Handbook*.

3.7 Drug Screening

Drug screening panels may be required by clinical sites. It is becoming increasingly more common as clinical partners make every effort to maintain a healthy and safe work environment. Students are responsible for all costs incurred related to the drug screen and must have the drug screen completed at a licensed clinical laboratory. Testing must be

completed in the timeframe requested by the clinical site. Failure to comply with the drug testing during the required timeframe will prevent the student's participation in the designated clinical site and may delay the student's progression through the DPT program.

*If the student is taking prescription medication that can alter results, it is the responsibility of the student to provide supporting documentation from the prescribing physician **prior** to the time of testing.* Due diligence will be made by the DCE to find clinical placement but is not guaranteed and may require the student take a LOA. The student should consult both the *DPT Academic Handbook* as well as the *Carlow University Graduate Course Catalog* for further details on for the LOA policy.

Results of testing will be made available only to the PT Program Director and DCE as well as recorded in EXXAT.

A NEGATIVE test result will clear the student for the clinical affiliation. The student will take a copy of the results to the assigned clinical site.

A POSITIVE test, without supporting documentation, will result in the postponement of clinical placement and academic activities, until the following criteria are successfully fulfilled:

- The student will be referred to Carlow University's Counseling Services for mandatory evaluation, counseling, and/or referral.
- The student will be required to sign a Drug Screening Agreement (*Appendix J*) to continue in the Program, understanding that failure to sign this agreement may result in the need to take a LOA.
- If the student chooses not to sign the agreement, they must meet with PD and DCE for further counseling and possible withdrawal from the program.
- Once the student has successfully completed counseling evaluation and/or treatment, they will be allowed to continue in the DPT program.
- If the student tests positive in a subsequent drug screening, they will be dismissed from the DPT program.
- Student recognizes that their clinical coursework may be altered or delay.

Appeals process: A student may choose to appeal, if the student believes the result was a false positive.

- The student will need to obtain a verification blood drug screening, at the student's expense, within 2 business days of being given notice of the false positive.
- If the second test is determined to be negative, the student will be placed at the clinical site with the clinical partner's permission.
- The student will take a copy of the results to the assigned clinical site and upload to EXXAT within 2 business days.

3.8 Additional Information on HIPAA (Health Insurance Portability and Accountability Act)

The Health Insurance Portability and Accountability Act, otherwise known as HIPAA, was enacted by Congress in 1996 to address insurance portability (when moving from employer to employer), to reduce fraud, and to protect confidential medical information. The PT Program is dedicated to protecting client/patient confidentiality and privacy in accordance with HIPAA. The HIPAA privacy rule is applicable to any entity which collects, stores, or transmits data electronically, orally, in writing or through any form of communication, including fax.

3.8 a Training

All students must complete HIPAA education training during the 1st semester. Students will be required to upload their certificate of completion into EXXAT. Students may need to complete additional training prior to attending clinical placements as directed by their assigned clinical partner. If a clinical partner requires additional HIPAA training, it will be noted on the student's "To Do" list in EXXAT, specific to the assigned clinical affiliation.

3.8b HIPAA Reminders

Students should be aware that violating HIPAA regulations may be grounds for a failing grade and/or removal from clinical education activities. Please be mindful of the following:

1. Students should never discuss clients by name or with other identifying information in any public area (e.g., hallway, waiting room etc.).
2. Students should never discuss clients or refer to clients on social media.
3. Never refer to a client's name or with any other identifying information in an email.
4. Release of information authorization must be obtained from clients/guardians before any clinical information is shared. This includes permission to discuss the patient on the phone with other professionals.
5. Students may not contact clients/family members or professionals without first receiving permission from their clinical instructor.
6. Students should never store confidential client information on their personal computers or electronic devices.
7. Under no circumstances should client charts or confidential information be printed and removed from the clinical site.
8. Students should only access the electronic record system from computers at the clinical site.
9. Any client documentation that must be printed should only be printed at the clinical site.
10. All students must abide by the APTA Code of Ethics. APTA's Code of Ethics involves the protection of a client's rights to confidentiality. This involves maintaining client records, release of information, and video and/or audio recording client sessions.

If a student violates HIPAA guidelines while on clinical affiliation, the school and clinical site should develop an action plan to address the issue. Possible steps to remediate the violation could range from a review of HIPAA policy to the removal of the student from clinical affiliation depending upon the severity of the situation. The DCE will work closely with the clinic site so that the action taken with a student violation is similar or no greater than an action that would be taken with an employee.

3.9 Additional Information on OSHA/ Blood Borne Pathogen/ Universal Precautions/PPE Training

All students must complete OSHA/Blood Borne Pathogen/Universal Precautions/PPE education training during the 1st semester. Students will be required to upload their certificate of completion into EXXAT. Students may need to complete additional training prior to attending clinical placements as directed by their assigned clinical partner. If a clinical partner requires additional training, it will be noted on the student's "To Do" list in EXXAT, specific to the assigned clinical affiliation.

3.10 Pregnancy

Immediately upon medical confirmation, students must report a pregnancy to the DPT Program Director and DCE. This protects the student from activities or materials which may have an undesirable effect on mother and/or baby. A medical authorization to continue one's education during the pregnancy must be completed by the student's physician and returned to the DPT Program Director.

3.11 Documentation and Communication of Health Information

All confirmed clinical sites will receive all necessary information from the DCE including:

- Carlow DPT Curriculum
- Appropriate clinical education course syllabus
- Carlow DPT Clinical Education Handbook
- EXXAT access to obtain student information, with student consent, as well as midterm and evaluation forms
- Rights and privileges for the clinical instructor
- Carlow DPT Certificate of Liability Insurance

Please note it is the student's responsibility to provide evidence of all required health requirements and trainings as requested by the clinical partner.

3.12 Protocol for Injury

1. Follow your clinical site's protocol for reporting the injury at the clinic.
2. The Carlow University DPT Clinical Incident Form (*Appendix K*) should be completed and submitted via email to the DCE as soon as possible but no later than 24 hours after injury.
3. The student is responsible for all costs associated with medical transport and medical care.

3.13 Readmission to Clinical Affiliation

The student returning to clinic after injury must consider the nature of their injury as to whether it is safe to practice. If the nature of the injury is felt to endanger either student or patient/client safety, the student should not attend clinic. The clinical instructor and/or DCE may require that the student submit written documentation from their physician verifying that the student is able to return to the clinic without restrictions. Submission will occur via uploading to EXXAT. After reviewing the medical release, the student will be readmitted to the clinic site at the discretion of the DCE and/or clinic site.

3.14 Attendance

Carlow University Graduate DPT students' have an ethical obligation to provide clients with regular and consistent therapy services. Consistent attendance is required to ensure DPT students gain appropriate clinical skill competencies. *Students are expected to assimilate to the working schedule of each designated clinical affiliation. Generally, students follow the work schedule of their assigned clinical instructor.* This most likely will include evenings and weekends. Attendance will be tracked in EXXAT.

Regular attendance is required without the expectation of any vacation across all clinical education courses for the duration of the DPT program. The clinical learning experience is the student's priority; therefore, all outside obligations are secondary. There will be no rearrangements of the student's clinical schedule to accommodate work.

3.14a Tardiness

Students are expected to arrive a few minutes before their scheduled clinical day to ensure punctuality. Tardiness should occur rarely and only under exceptional circumstances. If a student must be late for clinic, the student must contact his/her clinic instructor (CI) at the earliest possible opportunity, preferably before the start of the workday. Repeated tardiness will impact the student's performance and CI's are encourage to notify the DCE.

3.14b Excused Absence from a clinical affiliation will fall into one of the following categories:

1. *Personal illness:*
 - Students must notify the CI and DCE by the beginning of any scheduled shift.
 - Students should try to reach the CI and DCE by phone, rather than voicemail or email, if possible.
 - A doctor's note will be required for absences greater than 1 day and must be uploaded to EXXAT.
 - The student returning to clinical after illness must consider the nature of their illness as to whether they are safe to practice. The clinical instructor and/or DCE may require that the student submit written documentation from their physician verifying that the student is able to return to the clinic without restrictions. Documentation must be uploaded to EXXAT. After reviewing the medical release, the student will be readmitted to the clinic site at the discretion of the DCE and/or clinic site.
 - Absences of greater than 4 days requires further discussion with the DCE to determine the course of

action.

- Students are required to closely monitor accrued clinical hours and, if needed, make up additional days to ensure required clinical hours are being met.
- A documented plan to make up missed days must be submitted in writing to the CI and DCE prior to the make-up days

2. *Extenuating Circumstances/Death in Immediate Family:*

- Students must notify the CI and DCE by the beginning of any scheduled shift.
 - Students should try to reach the CI and DCE by phone, rather than voicemail or email, if possible.
- Student are required to closely monitor accrued clinical hours and, if needed, make up additional days to ensure required clinical hours are being met.
- A documented plan to make up missed days must be submitted in writing to the CI and DCE prior to the make-up days

3. *Inclement Weather*

Students are expected to make every reasonable effort to be at their assignment on time, taking into consideration the personal risk involved. Students should coordinate inclement weather or any other emergency plans with their clinical instructor during the orientation process.

If the student is unable to make it to the clinic site:

- Students must notify the CI and DCE by the beginning of any scheduled shift.
 - Students should try to reach the CI and DCE by phone, rather than voicemail or email, if possible.
- Student are required to closely monitor accrued clinical hours and, if needed, make up additional days to ensure required clinical hours are being met.
- A documented plan to make up missed days must be submitted in writing to the CI and DCE prior to the make-up days

4. *Religious Observations:* Clinical education religious observation absences will be handled the same as when they occur during the didactic portion of the DPT program. Please refer to the *DPT Academic Handbook* for more information.

5. *Professional Associations and Conference Attendance:* Clinical education professional association and conference absences will be handled the same as when they occur during the didactic portion of the DPT program. Please refer to the *DPT Academic Handbook* for more information.

3.14c Unexcused Absences:

- These days will not be allowed to be made up.
- Tardiness will count as unexcused absences and will impact the student's final evaluation and grade for the clinical affiliation.
- Students who are consistently not adhering to the attendance requirements may be removed from the clinical assignment and receive a failing grade for the course.

***Students are not permitted to be in the clinic if not directly supervised by a PT on site. If a supervising PT is not available, students will need to leave the clinic until a PT returns. Any time missed due to this circumstance is not considered an absence.*

3.15 Clinic Attire and Grooming

You have been selected to join the Carlow University Physical Therapy Program because we believe you have the potential to become a valued member of the PT profession. With this honor, you represent Carlow University, the Physical Therapy profession, your fellow students, and yourself **at all times**. How you choose to dress reflects your commitment to your professionalism. You will, of course, adopt the dress code of any facility with which you interact, but if you are unclear, please take a moment to look at the message your choice of dress is communicating to others. Dress must reflect the seriousness and professional nature of your duties as a clinical service provider.

Please consider all the circumstances you will encounter in your role as a student physical therapist. You may be transferring your clients or assisting them on a mat or the floor. Attire that is suitable for leisure and recreational activities or casual everyday wear is not acceptable. If students are unsure about a particular garment, students are requested to err on the side of caution.

A moderate, clean, and groomed professional appearance is the best choice to demonstrate your commitment among clients, colleagues, and other professionals. Your choice of clothing is also your first line of defense against infection control in protecting you, and in the transmission of pathogens to others. Some forms of dress are considered inappropriate and potentially hazardous. Please note the *following (this list is not inclusive of all situations, please use your judgment)*.

- Perfume/cologne may be noxious to the asthmatic or sensitive client or colleague
- Clothing should not permit exposure of the skin at the trunk (front or back) or chest during movement
- Facial jewelry is not allowed. Earrings should be small and not dangle.
- Artificial nails, hand and wrist jewelry often pose an infection hazard and violate hand washing protocols.
- Nails should be well groomed and kept to a length that is not detrimental to the safety of the client.
- Shoes should allow the student to safely interact with clients and function in the setting. This means non-skid soles, no open-toe shoes, and a moderate heel height
- Tight or revealing clothing is professionally inappropriate
- Hair should be well groomed. Long hair should be neatly held back from the face.
- Visible tattoos must be covered per clinical setting guidelines.

Carlow University ID Badge are mandatory while on clinical affiliation. Identification badges must always be visible

Note: Clinical instructors and sites will determine further specifics based on the practice area. Students not adhering to the dress code may be required to leave the clinical site and it will be considered an unexcused absence. Continued violations may be grounds for an unsatisfactory clinical evaluation.

3.16 Cell Phone Use

Students are not permitted to make personal phone calls, participate in personal texting or other personal smart device usage while at clinical sites except for emergencies. If you must make a personal, emergent call/text, please work with your CI to determine where it is best for you to make the call/text as to avoid interfering with patient care.

3.17 Social Media

Engagement in communication and information sharing on social networking sites such as, but not limited to, 'Facebook' (personal or student-created group pages), Twitter, anonymous blogs, or others, must be done cautiously and within strict ethical boundaries. This is especially pertinent when discussion is related to, whether directly or indirectly, clinical experiences and patients/clients. It is never permissible to put any patient/client information on without written

consent, information on supervisors, students, faculty, and staff of the DPT Program or Carlow University even if identifiable information has been removed.

It is the policy of the PT Department faculty and staff not to ‘friend’ students on social networking sites, except LinkedIn, while they are a student in the DPT Program. Instead, we encourage students to “like” and follow the DPT Program’s Facebook, Twitter, and Instagram pages. Students should also refrain from friending clients or caregivers on social media sites while actively working with the client/family. For more information, please refer to the *DPT Academic Handbook*.

Violations: The university may choose to address any action or activity that is disparaging, or perceived as such, to the University brand. Faculty, students, and staff may be subject to corrective action including but not limited to formal reprimand, suspension, or dismissal from the University. Additionally, students can be held personally liable and face civil and criminal penalties including fines or possible jail time in accordance with applicable laws (HIPAA). Witnessing any violation of this policy should be immediately reported to the Program Director. Receiving inappropriate postings, and thus having these postings on one’s site may also make one liable for the content. Students can be held accountable for posts others make in which they are tagged or included and in which they do not remove themselves from association with the post. Similarly, private postings on Facebook or any other form of social media regarding program personnel, including faculty, staff, and fellow students, may be subject to disciplinary action. Limiting access to postings, through privacy settings is not sufficient to protect yourself professionally or protect a patient’s privacy. Assume all postings are public and may be viewed by program faculty, staff, or University administration at any time.

3.18 Accepting Gifts

Students may not solicit or accept personal gifts or services from clients, visitors, or vendors, as doing so may be an actual perceived conflict of interest or violation of clinical site policies. Unsolicited gifts of nominal value may be permissible only if the gifts are perishable/consumable and shared with a department (ex: flowers, cookies, fruit baskets, etc.). The student should immediately notify the clinical instructor as well as the DCE if a gift of any kind is offered.

3.19 Travel/Living Expenses

Students are responsible for housing and transportation for all clinical education experiences. Students are also responsible for their living expenses during all their clinical education experiences.

3.20 University Policies and Procedures

All University-level policies of Carlow are relevant and valid to the operation of the DPT Program including while on clinical education affiliations. For more information on the policies listed below please refer to the *Carlow University DPT Academic Handbook and Graduate Course Catalog*.

- **FERPA-** The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA does three things:
 - allows students to have the right to inspect their records.
 - creates rules regarding the confidentiality and disclosure of education records, and
 - allows students to ask to have their records amended.
- **Academic Integrity**
- **Equal Educational and Employment Opportunity Policy**
- **Americans with Disabilities Act**
 - Students with disabilities must make the request for accommodations prior to the start of the clinical affiliation so that the student, Carlow DSO, DPT DCE, and the CCCE of the student’s designated site can work collaboratively to set up reasonable accommodations.

For more information, please reach out to Carlow DSO at
https://www.carlow.edu/Disabilities_Services.aspx

- **Harassment**
- **Diversity/Equity/Inclusion statement**

Part 4: Clinical Education Student Outcomes and Goals

4.1 Clinical Education Student Evaluation

Evaluation is an essential and useful tool in education. To maximize efficiency the evaluation environment should be open, allow for discussion, and provide or identify an opportunity to learn or practice areas of deficiency. Evaluative feedback should be done in an honest and continuous feedback. It should also be a shared process between student and evaluator. Informal evaluations are recommended on a daily and weekly basis in relation to specific patient care areas or in other areas as needed. Formal, written evaluation will be done both by student and clinical instructor at both the midterm and final.

4.2 Clinical Internship Education Tool (CIET)

The primary tool used to measure competency and progress during clinical education for Carlow University DPT students is the CIET (*Appendix L*). The CIET is a physical therapist student assessment that evaluates knowledge, skills, and behaviors and to evaluate a student's readiness to practice as a competent clinician. The CIET is intended to enable clinical instructors and academic faculty to obtain a comprehensive perspective of students' progress through the curriculum and competence to practice at entry-level. The adoption of the CIET will ensure that all student physical therapists entering practice have demonstrated a core set of clinical attributes. The CIET will be filled out both by the student and the CI at both the midterm and final on EXXAT.

4.3 CAPTE, CIET and CPI Alignment

Similar to the PT Clinical Performance Instrument (CPI) often used to measure a student's clinical education progression, the CIET closely aligns with CAPTE standards for a competent physical therapist. Please see *Appendix M* for a comparison of how the CIET aligns with CAPTE standards.

4.4 CIET Training

Prior to using the CIET for evaluation both student's and CI's will undergo training on the CIET and take a post training test to ensure competency in using the tool. Students will receive their training and take a post training test in DPT 831 Clinical Experience Readiness. CI's will be sent the training and posttest via EXXAT. Training materials include video, written instructions, and program specific, as well as course specific, expected performance criteria and benchmarks. The DCE is also available to provide additional CIET training/support virtual or in person as needed. Both students and CI's will be required to score at least a 80% on the posttest to proceed with utilization of the CIET. See *Appendix N* for CIET Post Training Test.

Process for Completion of the CIET at midterm and final

1. Student will fill out the CIET on their "To Do" list in EXXAT.
2. CI will complete the CIET for the student by following a hyperlink emailed to them through EXXAT.
 - Users will find that Chrome and Firefox web browsers are most compatible with EXXAT.
 - The evaluation can be saved at any time prior to submission.
3. Student and CI will review both CIET forms together, discuss as needed, and then sign off on them.
4. All forms will then be submitted to the DCE via EXXAT.

Student will share CIET with CI in 1 of 3 ways:

- Export self-evaluation to PDF and email evaluation to CI
- Print the self-evaluation and provide it to CI
- After the students share their self-evaluation with the CI and both evaluations are submitted in to EXXAT, students are expected to click on the review button indicating that the students “reviewed all answers” provided in the student CI evaluation.

For each clinical affiliation, students are expected to achieve designated performance criteria and benchmarks on the CIET. See *Appendix O* for Carlow University’s DPT Clinical Education Expected Performance Criteria and Benchmarks for each clinical affiliation. Performance criteria and benchmarks are progressive in nature as students move through clinical education courses.

4.5 CIET Frequently Asked Questions

Q: What if I don’t typically/frequently complete evaluations? How do I assess student’s examination skills?

A: In some cases, student demonstration may be limited to formal/in-formal re-assessment elements. Systems review may also be functionally based depending on the clinical setting. Examples include the home care setting for early intervention and other cases in which the patient/client initial evaluation is completed by another party. Below are additional examples for specific examination assessment items:

EXAMINATION	
1. Obtains an accurate history of current problem	<i>Examples of where additional information may come from, verbally or in records include parent/teacher/staff member/support personnel/caregiver, observation by therapist, identified in supplemental documentation i.e., IEP/IFSP/504 plans.</i>
3.Performs systems review and incorporates relevant past medical history	<i>Systems review may be more function based i.e., respiratory-dyspnea scale with exertion; integumentary/skin checks as it relates to use of equipment.</i>
6. Selects evidence-based tests and measures to confirm or disconfirm hypotheses	Tests and measures may be specific to environment and less PT specific i.e., pediatrics: patient/client’s ability to evacuate a building independently and safely in an emergency; patient/client accommodations for ADLs and IADLS i.e., learning settings: patient/client need leave class early to mobilize to next class
7.Recognizes contraindications for further tests and measures	<i>The student should recognize when certain tests and measures are not indicated. This may be due to redundancy of data collection, contraindication, or other reasons.</i>
8. Demonstrates appropriate psychomotor skills when performing tests and measures	<i>This may include correct hand placement to assure patient & PT safety or assure accuracy of examination findings during assessment or re-assessment.</i>

Q: What if I don’t typically/frequently provide patient/client diagnosis? How do I assess student’s diagnostic/prognostic skills?

A: PTs must be skilled in determining a PT Diagnosis. This may include confirming a medical diagnosis ALONG with determining the PT/movement diagnosis. When developing a POC, the student should exercise clinical decision-making to provide appropriate and comprehensive PT recommendations. This may or may not be informed, in part, payer/reimbursement implications or other factors. Below are additional examples for specific diagnosis/prognosis assessment items:

DIAGNOSIS/PROGNOSIS	
1. Determines a diagnosis for physical therapy management of the patient	<i>The student should determine a PT diagnosis related to movement. Tip: in some settings, students/CIs might find it useful to link prognosis back to the environment therapy is being held in i.e., school, daycare, home- i.e., "Child will independently navigate school cafeteria line alongside of peers."</i>
3. Selects appropriate physical therapy interventions or makes appropriate consultations or referrals	<i>The student should consider and identify any/all potential services/resources to benefit the patient and address relevant movement diagnosis. In some cases, this may be evident through the course of a PT session i.e., consult with teacher/aide or what was conveyed to family via phone/text/notebook for example.</i>

4.6 Final Grade of Clinical Education Courses

Please see each Clinical Education Course syllabus for specific grading criteria.

4.7 Clinical Education Weekly Progress Report

If a student and clinical instructor find it helpful to monitor progress, in a written format, they may use the form found in *Appendix P*.

4.8 Clinical Education Intervention Plan

Clinical instructors and the DCE will assess student performance on an ongoing basis during clinical affiliations and work to identify early students who may require intervention plans. A clinical education intervention plan may be initiated when a CI or DCE recognizes that a student has demonstrated unprofessional behaviors, there are concerns around safety, or a student demonstrates a lack of competency in a knowledge or skill area. In addition, the midterm and/or the final formal CI CIET evaluations may also initiate the need for an intervention plan if the student is not meeting 3 or more of the CIET Expected Performance Criteria and Benchmarks for the designated clinical education course. In this instance, prior to the initiation of the intervention plan, the DCE will discuss with the student and the CI to determine the accuracy of the completed CI's CIET. If the CI's CIET is deemed to be accurate, the DCE will meet with the student to develop an intervention plan which includes the expected outcomes and a timeline. The CI's feedback will be included in the plan. Once the need for an intervention plan is verbally discussed with the student, the design and implementation of the plan will be documented in written form with a copy of the plan provided to the student and CI. See *Appendix Q* for Clinical Education Intervention Plan. Achievement towards the intervention goals will also be documented. A finalized intervention plan with documentation of the metrics towards achievement will be kept as a part of the student's file with a copy provided to the student and CI. At the end of the timeline, the student will be re-assessed to determine competency and the DCE will inform the student if they have satisfactorily completed the intervention plan. If the student is not satisfied with the DCE's final decision, they may appeal the decision directly to the DPT Program Director. If the student is not satisfied with the DPT Program Director's decision, they may appeal the decision to the CHW Dean. The CHW Dean's decision is final.

4.9 Clinical Education Course Withdrawal

Any student that willingly leaves a clinical affiliation will need to meet with DCE and Program Director. Each situation will be handled on a case-by-case basis. Please note any delay in clinical education may result in a delay in graduation and progression in future clinical education courses.

4.10 Clinical Education Dismissal

The clinical site, SCCE, and CI have the right to dismiss any student from its facility when:

- conduct does not meet standards specified by the clinical partner site
- conduct is inconsistent with Carlow DPT Student Code of Professional Conduct (Refer to *DPT Academic Handbook*)
- student is not making progress in their performance
- student's conduct or health is a detriment to the functioning of the clinical site

A telephone call must be made to the DCE prior to the student being dismissed from the clinical site. The student will meet with the DCE to discuss the reason(s) for dismissal and develop a Clinical Education Intervention Plan. Clinical education dismissal may result in failure of the clinical education course and/or delay in graduation.

4.11 Program Dismissal

A student cannot fail more than one clinical education placement. In the event this situation occurs, the student may be subject to dismissal from the program. Please see *DPT Academic handbook* for more information.

Part 5: Clinical Education Partnerships

The opportunity for students to apply what they have learned in the didactic portion of the curriculum is critical to the student's long-term success in achieving their DPT degree, passing the NPTE licensure exam, and, most importantly, thriving as a competent, well rounded physical therapist. As part of our curriculum, Carlow DPT students will spend 9 months full time in the clinic putting in to practice their foundational knowledge (head), honing their clinical skills (hand), and growing their ability to serve diverse communities with empathy and compassion (heart). To ensure the success of our students, our DPT faculty have very carefully chosen our clinical partners where our students will spend their time during the clinical education courses. All our clinical partners are well versed in our educational principles, DPT program mission, goals for our DPT program graduates, and expected DPT student outcomes. Through the signing of a clinical affiliation agreement, our clinical partners have agreed to partner with us to provide our students with the best learning opportunities possible. For a sample clinical affiliation agreement, please see *Appendix R*.

5.1 Clinical Site Criteria

We have established clinical partnerships with the following criteria in mind:

- Desire to actively participate in the education of future physical therapists
- Clinical partner's philosophy of client care aligns with Carlow's DPT program philosophy
- Mutual agreement on student learning objectives to support student learning experience, client success, as well as overall success of the clinic
- Clinical site provides an active, engaging environment that fosters student progression
- Practices respect and acceptance
- Openness to adjust learning experiences based on student's knowledge base, disposition, and past clinical affiliations
- Mutual understanding on the importance self-discovery and self-assessment in the learning process
- Fosters regular and open communication
- Openness to partner with student in problem solving challenging situation as well as learning from his/her mistakes
- Client care is provided ethically and legally
- Clinical site is committed to equal opportunity and affirmative action as required by federal legislation

- Roles and responsibilities of physical therapist are clearly defined
- Encourages team collaboration in the care of clients
- Clinical site has a variety of learning opportunities to offer students
- Clinical site has necessary resources, space, time, and support personnel available to support clinical education
- Mutual investment in ongoing training and development of clinical staff who provide supervision of physical therapy students i.e., specialist certifications, credentialed clinical instructor coursework

5.2 Site Coordinator of Clinical Education (SCCE)

The SCCE is specific to each clinical site and serves as the individual responsible for coordinating the clinical affiliations of students with partnering academic programs. The SCCE is responsible for assigning a clinical instructor (CI) to partner with the student during their clinical affiliation while taking into consideration the objectives of the clinical education experience, treatment setting, and available qualified CI's. The SCCE and DCE partner with one another to:

- establish/update clinical affiliation agreements
- revise the Clinical Site Update Information Form throughout the year as needed
- match students to clinical placements
- share information in preparation for a student's arrival to the clinic
- ensure the student has a clinical site orientation that includes education on the applicable policies and procedures that the student must adhere to
- monitor a student's progression throughout the clinical affiliation

5.3 Student Supervision

Students must be supervised by a licensed physical therapist any time the student is providing direct (hands-on) patient care. Each state has different licensure laws governing the practice of Physical Therapy and may provide more stringent guidelines than those outlined here. In such cases, state law supersedes Carlow University governance, and must be adhered to by all parties. In addition, certain payers (e.g., Medicare) may have specific restrictions regarding student supervision. Although student physical therapists may observe and work with physical therapist assistants and other healthcare providers/personnel, they must be under the supervision of a licensed physical therapist. Physical therapist students may not be supervised solely by physical therapist assistants. According to APTA's policy Student Physical Therapist and Physical Therapist Assistant Provision of Services (HOD P06-19-10-06): "Student physical therapists, when participating as part of a physical therapist professional education curriculum, are qualified to provide services only under the direct supervision of the physical therapist who is responsible for patient and client management." "Direct supervision means the physical therapist... is physically present and immediately available for supervision. (The) physical therapist ... will have direct contact with the patient or client on each date of service. Telecommunication does not meet the requirement of direct supervision." The APTA website has information regarding Physical Therapy student supervision guidelines in different settings as well as supervision and billing guidelines for services provided under Medicare Part A and Part B (http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/StudentPTProvisionServices.pdf)

****Students are not permitted to be in the clinic if not directly supervised by a PT on site. If a supervising PT is not available, students will need to leave the clinic until a PT returns. Any time missed due to this circumstance is not considered an absence.**

5.4 Patient's Right to Refuse DPT Student Care

When introducing oneself to the client, students are expected to introduce oneself, along with his or her CI, as a "Physical Therapist Student" or "Physical Therapist Intern," based on clinical site's preference. If the client prefers not to have care delivered by a physical therapy student, it is the client's right to refuse to be treated by the student. The client's care will then be administered by the CI alone or by another licensed Physical Therapist at the site. It will be the responsibility of the CI and student to work out how these situations will be handled on a case by-case basis.

5.5 Site Evaluation

At the end of each clinical affiliation students will complete the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (PTSECECI) on the student's "To Do" list in EXXAT. A portion of the PTSECECI focuses on the clinical site. After completion of the PTSECECI, the student will review it with the CI and/or SCCE at the time the final CIET is also reviewed. This evaluation will then be submitted via EXXAT to the DCE at the end of each clinical. A sample of PTSECECI can be found in *Appendix S*.

A site evaluation form will also be completed by the DCE or faculty member completing a site visit while the student is on clinical evaluation. Please see *Appendix T* for Clinical Site Visit Form.

5.6 Clinical Instructors

5.6a Clinical Instructor Qualifications

Clinical Instructors (CI's) play a critical role in physical therapy education. They guide the student as they translate knowledge and skills from the classroom to everyday patient care in a vast array of settings. At a minimum, clinical instructors must have an unrestricted license to practice physical therapy in the jurisdiction where they practice and have a minimum of one year of clinical experience following initial licensure.

Clinical instructors are selected on specific criteria:

- Desire to actively participate in the education of future physical therapists
- Demonstrates contemporary clinical competence in the setting they provide care
- Abide by legal and ethical behavior that meets or exceeds the expectations of licensed physical therapists
- Demonstrates effective communication skills
- Demonstrates consistent professionalism
- Willingness to collaborate with the student as the student works towards meeting clinical education objectives
- Willingness to provide constructive feedback to student on a consistent basis
- Openness in advancing his/her ability to guide, instruct, supervise, and evaluate PT students
- APTA Clinical Instructor Credentialing and ABPTS or other specialty certifications are encouraged but not required.

5.6b Clinical Instructor Responsibilities

The CI is to always provide direct supervision of the student while the student is in the clinical setting. Direct supervision means that the responsible physical therapist is on the premises and immediately available for direction and supervision, if needed, by the student. Supervision levels will fluctuate based upon the student's academic level, previous clinical experience, and any requirements that the clinic site must follow, which includes third party payers and Medicare.

The CI is ultimately responsible for all factors relating to the professional management of a case. The student must obtain supervisor approval for all major decisions involved in case management before implementation or communication with clients, family members, or other professionals.

Additional responsibilities of the clinical instructor include:

- Model clinical competence for the student
- Discuss how evidence-based practice is carried out at clinical site
- Demonstrate effective and consistent interpersonal skills with all team members
- Guide students using a variety of teaching methods to facilitate student learning
- Provide opportunity for practice with immediate and accurate feedback to the student
- Provide informal feedback on a daily and weekly basis to facilitate student learning and growth
- Encourage students to identify existing strengths that will support the goal of becoming a competent physical therapist
- Address those areas that could hinder the student from progressing
- Offer assistance when needed to ensure student learning and quality of care.
- Complete formal evaluation of the student at midterm and final using the CIET
- If the student is at risk of not meeting the stated learning objectives on time and/or there are other concerns discuss the concerns with the student at the earliest opportunity.
 - A formal follow up session between the CI and student should occur with documentation of the held session
 - Contact the DCE at the University. It is critical that the concern is discussed as soon as possible.
 - Please see “Conflict Resolution Process” section (5.11b) in this manual for additional guidance

5.7 Suggested Clinical Instructor Teaching Strategies

Reference the Student Data Form to help plan for the clinical affiliation

- The form shares the student’s previous clinical experience as well goals for this experience.
- If there is specific information or requirements pertaining to your facility, mail or email it directly to the student ahead of time

Spend time orienting the student on the first day/week

- Provide a tour of the facility with introduction to other staff
- Explain your role as part of the health care team
- Share some of the administrative “nonclinical” essentials of the clinic site and encourage students to talk to those responsible for these tasks
- Explicitly discuss policies and procedures that will impact the student while on clinical affiliation
 - To include: emergency procedures, site specific HIPAA compliance
- Explicitly discuss the regulations that the clinic must abide by i.e., insurance, accrediting bodies, government agencies
- Share how your clinic provides a role in the local community
- Explicitly share your expectations for the student while on clinical affiliation
- See *Appendix U* for suggested Clinic Site Orientation

Encourage students to be active learners

- Do not feel obligated to directly provide all the answers
- Share resources with students
- Encourage students to investigate answers using designated resources
- Share what “extra” learning opportunities are available at your clinic site and collaborate with student on which ones should be prioritized

Mutually agree upon how and when feedback will be provided

- Discuss student's strengths, areas for growth, and goals for the clinical affiliation
- As time in clinic progresses, discuss student's progression, identify new learning needs and discuss course of action for achieving
- Discuss when/how informal feedback may be provided on a daily/weekly basis
- Discuss when it may or may not be appropriate to ask questions and/or clarify observations
- Formally evaluate student's progress at mid-term and final using the CIET

Provide specific and direct feedback

- Share both positive and negative feedback with student
- Feedback should be specific to what is observed
- Provide feedback as timely as possible

Facilitate two-way communication between student and yourself

- Ask the student on how you can support them
- Develop "to do" lists of specific tasks/objectives for the student to achieve throughout the clinical experience
 - Assign due dates for specific tasks as appropriate

Offer to demonstrate challenging patient interactions, evaluations, and/or interventions to enhance a student's learning

- Follow up demonstration with student practicing similar situations as they arise

5.8 Clinical Instructor Privileges

In appreciation for serving as clinical partners Carlow University DPT program may consider offering "tokens" of appreciation in the form of professional development opportunities.

5.9 Clinical Instructor Absence

If the student's CI is absent during the scheduled clinic time, the school requests that arrangements be made for another licensed physical therapist to supervise the student. If this is not feasible, the student should be notified that they should not go to clinic. Students are instructed to never work with patients in a clinical setting without a licensed Physical therapist on-site to provide supervision. In this case, the school will not require that the student make up this day. If absences exceed one day and if the student needs additional clinical hours or SCCE/CI feels that additional clinical time is necessary to better evaluate the student's performance, the DCE will reserve the right to decide upon the appropriate course of action.

5.10 Clinical Instructor Evaluation

At the end of each clinical affiliation students will complete the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (PTSECECI) on the student's "To Do" list in EXXAT. A portion of the PTSECECI focuses on the clinical instructor. After completion of the PTSECECI, the student will review it with the CI and/or SCCE at time of final CIET review. This evaluation will then be submitted via EXXAT to the DCE at the end of each clinical. A sample of PTSECECI can be found in *Appendix S*.

5.11 Communication between Academic Faculty, Clinical Partners, and Students

5.11a Routine Communication

A positive working relationship between Carlow University, clinical partners, and our students is vital. Open lines of communication are encouraged between Carlow University students, the SCCE and CI, the DCE, and Program Director as needed. A proactive approach towards establishing positive dialogue between the student and SCCE/CI will often curtail later difficulties. Students are encouraged to establish an open line of communication at initial contact of their assigned clinical partner. Students are required to meet with their assigned CI at the beginning of the clinical affiliation to actively discuss the expectations and goals of the clinical assignment. Students should work closely with their CI's on a weekly basis, at a minimum, to ensure students are progressing towards meeting the goals and objectives of the clinical affiliation as well as actively discuss perceived effective and ineffective clinical teaching methodologies.

SCCE's and CIs are encouraged to contact the DCE with feedback at any time.

At a minimum the DCE, or designated representative, will correspond with our clinical partners at the following times:

- Annual inquiry for clinical education availability
- Confirmation of student placement in available spot
- Prior to the start of each clinical education experience
- After discussion with the clinical partner, the DCE may suggest to the student that specific information be shared with the clinical partner
- There may be instances when the DCE asks the student for permission to discuss specific student information with the clinic site. If this were to arise, DCE would ask for student permission via email. At midterm of each clinical education experience
- At final of each clinical education experience
- Annual update of Carlow DPT program

5.11b Conflict Resolution Process

Occasionally, despite proactive efforts to establish positive and effective dialogue, students and/or clinical partners may feel that a concern exists. Students and CI's are encouraged to work collaboratively on resolving the concern *at the lowest possible level in the complaint process*. If the problem is unable to be resolved between the student and CI, the student and CI should follow the conflict resolution process outlined below.

- Student and/or CI notifies both the SCCE and DCE regarding the concern via email/phone.
 - Upon notification, steps already taken in attempts to resolve the concern should be shared
 - This should occur by the midterm point of the clinical affiliation unless the concern arises solely after the midterm point
 - If notification is completed by phone, DCE will follow up the conversation with an email detailing the phone conversation, agreement of next steps, and acknowledgement of conversation having taken place.
- A meeting between the student, DCE, SCCE, and CI will occur in attempt to resolve the concern
- If deemed necessary, a Clinical Education Intervention Plan will be necessary
- If deemed necessary, the DPT program director and/or clinic directors and/or department supervisors will be incorporated into the discussion

Any concerns that reach the level of a meeting between the student, DCE, SCCE, and/or CI will be documented by the DCE and included as part of the student's record. See *Appendix T* for Conflict Resolution Form.

The Carlow DPT program firmly believe that all individuals have the right to privacy. Confidentiality fosters healthy and trusting relationships, open communication, and avoidance of unfair biasing in the teaching and learning process. Therefore, we ask all parties involved in the conflict resolution process to support every individual's right to open and confidential communication.

5.12 Site Visits

The DCE, or another Carlow DPT representative, will be assigned to complete a site visit during all student clinical affiliations. These visits may be onsite or virtual. All visits will be at a mutually agreed upon time where all parties can be in attendance (Student, CI, and DCE/Carlow representative). The site visit provides an opportunity to observe the clinical site, discuss student progress, address any questions and/or concerns and, gather feedback on the DPT curriculum.

A Clinical Site Visit form will be completed. See *Appendix U* for form.

Part 6: Additional Policies and Procedures for Clinical Education

6.1 Curriculum Evaluation

DPT curriculum content is always evolving, and the academic faculty rely on clinical partner and student input for necessary changes. Formally, clinical partners will have the opportunity to provide input on necessary curricular changes at the time of the midterm site visit. Informally, clinical partners are encouraged to provide feedback at any time to either the DCE or Program Director. Student input on the curriculum is sought at the end of each clinical education experience.

6.2 Director of Clinical Education (DCE)

6.2a Role

The DCE is a full-time faculty member of Carlow's DPT program who serves as the primary collaborator between the academic program and our clinical partners. The DCE is responsible for:

- clinical site standards
- selection, implementation, and evaluation of clinical sites
- communication between academic program, students, and clinical partners
- clinical education portion of the curriculum
- evaluation of student's performance based on clinical education objectives, the CIET, and feedback from the SCCE/CI/student
- providing annual report to the academic faculty on clinical education outcomes as well as summative clinical partner feedback
- providing annual update to clinical partners including, but not limited to, curricular changes
- sharing available training materials and resources to clinical partners for ongoing development
- updating the clinical education manual annually and sharing with all academic faculty and clinical partners.

6.2b Evaluation

The DCE will be evaluated using the APTA's ACCE/DCE Evaluation Assessment annually by DPT students and clinical partners. The assessment will be completed in EXXAT. Students will complete it as part of their final course assessments. Clinical partners will be asked to complete it simultaneously with student's final CIET. See *Appendix W* for the APTA ACCE/DCE Evaluation Assessment.

6.3 Revision Process for the Program Policies and Procedures

The DPT program has an ongoing, formal program assessment process that will be used to determine if the program policies and procedures and relevant institutional policies and procedures meet program needs. This includes an analysis of the extent to which program practices adhere to policies and procedures. The DPT program policy committee will review all the program and institutional policies annually to ensure that they are implemented consistently and meet program needs. The program policy committee will collect the data to determine if all the stakeholders are following the policies and procedures.

Revision Process:

The policy committee could also recommend revising or adding a policy to meet program needs. The core, associated, clinical education faculty or the policy committee can propose a revision to an existing program-related policy or adding a new policy during the faculty meeting. If the proposal is approved by the core faculty, the committee will be charged to collect the data on the ineffectiveness or absence of a policy, analyze the data, and propose a new policy. It will be voted on by the program's core faculty. Upon approval, it will be forwarded to the Dean of the College of Health and Wellness for final approval. After Dean's approval, the policy will be revised in the DPT Academic and/or Clinical Education Handbook. The DPT students are also allowed to propose a change in program policies. The DPT student organization leadership can submit the request to the program director after being voted on and approved by the DPT student body. The program director will then forward the request to the policy committee for further consideration.

6.4 Clinical Education Handbook Acknowledgment

There is a lot of critically important information contained in this handbook as well as the DPT Academic Student Handbook. Please take the time to review these handbooks in their entirety. As a student you are responsible for receiving them, reviewing them, and understanding both the Carlow DPT Clinical Education Handbook and DPT Academic Student Handbook. After you have done so, please sign the Handbook Acknowledgment form located in *Appendix X* and upload to EXXAT by the due date requested by the DCE.

Appendix A: Clinical Education Slot Request Form

Carlow University
Doctor of Physical Therapy

Dear SCCE,

We are beginning to plan for Clinical Education Experiences for the year 20XX. We appreciate your consideration and response for slots for our Physical Therapy clinical education experiences during the calendar year 20XX. If you can offer any slots for 20XX, please complete this form indicating when you can accept students, the number of students, and settings available.

We also ask you to please inform us if there has been a change in the SCCE (including name, phone, email) so that we can update your clinical site information. We are using the EXXAT database for all Clinical Education courses and will be updating EXXAT as we receive new information.

We recognize that scheduling clinical education experiences is an enormous undertaking. The students highly value these experiences. We truly appreciate your time and effort as a part of this process. Thank you very much for your contribution in shaping future physical therapists and our profession.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Katie Shroyer, PT
Carlow DPT Director of Clinical Education
Phone: (412) 578-6151
Email: kshroyer@carlow.edu

Clin Ed Dates	Number of student slots available	Setting type
ICE Dates		
CE I Dates		
CE II Dates		
CE III Dates		

Please return the completed form to Katie Shroyer, Director of Clinical Education (kshroyer@carlow.edu).

Appendix B: Clinical Education Site Update Information Form

Carlow University
Doctor of Physical Therapy

1. Has there been a change in the SCCE and/or SCCE contact information? If yes, please share any new information (SCCE name, phone number, email address):

2. Has there been any PT staffing changes? If yes, please share new information:

3. Have any Clinical Instructors obtained additional credentials? If yes, please share:

4. Has there been any changes in clinic ownership? If yes, please share new information:

5. Please share any additional information that is pertinent to our clinical partnership:

Please return the completed form to Katie Shroyer, Director of Clinical Education (kshroyer@carlow.edu).

Appendix C: Clinical Education Site Preference (Wishlist) Form

Carlow University
Doctor of Physical Therapy

Student Name: _____

Graduation Year: _____

Previous Clinical Education Experience: _____

Please list preferences 1-3 (1=most preferred):

1. Site Name: _____

Type of Setting: _____

Address: _____

2. Site Name: _____

Type of Setting: _____

Address: _____

3. Site Name: _____

Type of Setting: _____

Address: _____

4. Site Name: _____

Type of Setting: _____

Address: _____

5. Site Name: _____

Type of Setting: _____

Address: _____

****A student may be placed in any site listed as a preference or none of their preferences based on-site availability and program requirements. ****

Student Signature: _____

Date: _____

Please return the completed form to Katie Shroyer, Director of Clinical Education (kshroyer@carlow.edu).

Appendix D: New Clinical Education Site Request Form

Carlow University
Doctor of Physical Therapy

Student Name (Print): _____ Date: _____

Clinical Education Experience	Clinical Site Name	Clinical Site Phone number	Clinical Site Address	Clinical Site Website	Setting Type

Professional Rationale for request (succinct 5 to 7 sentences):

****REMINDERS****

- *Do NOT contact the clinical site on your own.
- *The DCE reserves the right not to pursue the request if Carlow's DPT program has a current clinical affiliation site agreement with a clinical site in a similar setting and in the same geographic area that the student is requesting.
- *There is NO guarantee that the requested clinical site will execute a clinical affiliation agreement and/or agree to the requested clinical education experience slot request.
- *Please note that once a new clinical affiliation site agreement is executed and the clinical site has agreed to the slot request, the placement is final. Further changes to the clinical education experience will not be made.

Please return the completed form to Katie Shroyer, Director of Clinical Education (kshroyer@carlow.edu).

Appendix E: Student Skills and Competencies Prior to Clinical Education

Carlow University

Doctor of Physical Therapy

E1. ACAPT's Student Readiness for First Full Time Clinical Experience

Student Readiness Themes and KSAs		Level of Competency
Theme 1	Students should have foundational knowledge to support application and synthesis in the following content areas:	
1.1	Anatomy (i.e. functional anatomy)	At least emerging
1.2	Common diagnoses related to systems review (e.g. medical, physical therapy)	At least emerging
1.3	Kinesiology (i.e. biomechanics, exercise science, movement science)	At least emerging
1.4	Physiology / Pathophysiology (related to general systems review)	At least emerging
1.5	Tissue mechanics (e.g. stages of healing, use/disuse, load/overload)	At least emerging
Theme 2	Students should meet the specific program identified curricular requirements including:	
2.1	achieve minimum GPA	
2.2	meet minimum expectations for practical examinations	
2.3	remediation of any and all safety concerns	
Theme 3	Students should take initiative to apply evidence-based strategies to:	
3.1	generate interventions ideas	At least familiar
3.2	guide decision-making	At least familiar
3.3	measure outcomes	At least familiar
3.4	research unfamiliar information or conditions	At least emerging
Theme 4	Students should engage in self-assessment including:	
4.1	self-assessment of the impact of one's behaviors on others	At least emerging
4.2	the understanding of one's own thought processes (metacognition)	At least emerging
4.3	self-reflection and identification of areas of strength and those needing improvement, development of a plan to improve, and discussion of that plan with instructors	At least emerging
4.4	seeking out resources, including support from others when needed, to assist in implementation of the plan	At least emerging
Theme 5	Students should utilize constructive feedback by:	
5.1	being open and receptive, verbally/non-verbally	At least emerging
5.2	implementing actions to address issues promptly	At least emerging
5.3	reflecting on feedback provided	At least emerging
Theme 6	Students should demonstrate effective communication abilities within the following groups:	
6.1	diverse patient populations	At least familiar
6.2	families and other individuals important to the patients	At least familiar
6.3	healthcare professionals	At least familiar
Theme 7	Students should exhibit effective verbal, non-verbal and written communication abilities to:	
7.1	listen actively	At least emerging
7.2	demonstrate polite, personable, engaging and friendly behaviors	Proficient
7.3	independently seek information from appropriate sources	At least emerging

7.4	build rapport	At least emerging
7.5	seek assistance when needed	At least emerging
7.6	engage in shared decision-making with patients	At least familiar
7.7	demonstrate a level of comfort and respect with patient handling	At least familiar
7.8	demonstrate empathy	At least emerging
7.9	use language and terminology appropriate for the audience	At least emerging
7.10	introduce one's self to CI, clinical staff, and patients	Proficient
Theme 8	Students should be prepared to engage in learning through demonstrating:	
8.1	accountability for actions and behaviors	At least emerging
8.2	resilience/perseverance	At least emerging
8.3	cultural competence and sensitivity	At least emerging
8.4	an eager, optimistic and motivated attitude	At least emerging
8.5	respect for patients, peers, healthcare professionals and community	Proficient
8.6	open-mindedness to alternative ideas	At least emerging
8.7	punctuality with all assignments	Proficient
8.8	self-care to manage stress	At least emerging
8.9	responsibility for learning	At least emerging
8.10	self-organization	At least emerging
8.11	taking action to change when needed	At least emerging
8.12	willingness to adapt to new and changing situations	At least emerging
8.13	appropriate work ethic	At least emerging
8.14	maturity during difficult or awkward situations with patients, families and healthcare professionals	At least emerging
Theme 9	Students should develop the following elements including the documentation of:	
9.1	examination/re-examination (History, systems review, and tests and measures)	At least familiar
9.2	establish and document the problem list	At least familiar
9.3	daily interventions	At least familiar
Theme 10	Student should recognize and address issues related to safe patient care including the ability to:	
10.1	identify contraindications and precautions	At least emerging
10.2	assess and monitor vital signs	At least emerging
10.3	identify and respond to physiologic changes	At least familiar
10.4	assess the environment for safety, including lines, tubes, and other equipment	At least familiar
10.5	appropriately apply infection control procedures including universal precautions	At least emerging
10.6	provide assistance and guarding for patient safety	At least emerging
10.7	utilize appropriate body mechanics to avoid injury to self or patients	At least emerging
10.8	provide appropriate draping during patient care activities	At least emerging
Theme 11	Student should demonstrate the following clinical reasoning skills for a non-complex patient:	
11.1	utilize the elements of the patient-client management model including: address various body systems (cardiopulmonary, integumentary, musculoskeletal, neuromuscular) during the examination	At least familiar

11.2	articulate a clinical rationale in patient evaluation	At least familiar
11.3	develop goals that are linked to the patient's activity limitations and participation restrictions	At least familiar
11.4	determine appropriateness for therapy within scope of PT practice	At least familiar
11.5	interpret examination findings	At least familiar
11.6	screen to rule in/out conditions and concerns	At least familiar
Theme 12	Student should have BOTH the understanding and skill to perform the following examination skills:	
12.1	balance assessment	At least familiar
12.2	chart review to extract relevant history	At least familiar

12.3	dermatome screening	At least familiar
12.4	functional mobility assessment	At least familiar
12.5	gait assessment	At least familiar
12.6	goniometry	At least emerging
12.7	interview / history taking	At least emerging
12.8	lower quadrant screening	At least familiar
12.9	manual muscle testing	At least emerging
12.10	muscle length testing	At least emerging
12.11	myotome screening	At least emerging
12.12	reflex testing	At least emerging
12.13	sensory examination	At least emerging
12.14	medical screening for red flags	At least familiar
12.15	systems review	At least familiar
12.16	upper quadrant screening	At least familiar
Theme 13	Student should have the understanding and skill to perform the following interventions:	
13.1	prescribe, fit, and instruct patients in proper use of assistive devices	At least familiar
13.2	functional training (including bed mobility, transfers, and gait) with appropriate guarding and assistance	At least familiar
13.3	individualized patient education	At least familiar
13.4	therapeutic exercise: specifically strengthening	At least familiar
13.5	therapeutic exercise: specifically stretching	At least familiar
13.6	therapeutic exercise: specifically aerobic exercise	At least familiar
Theme 14	Student should recognize and follow specific professional standards, including:	
14.1	appropriate dress code	Proficient
14.2	core values identified by the APTA as accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility	At least emerging
14.3	<i>code of ethics identified by the APTA**</i>	
14.4	clinical expectations specific to setting	At least emerging
14.5	HIPAA regulations	At least emerging
14.6	legal aspects related to patient care	At least emerging
14.7	obligations of the patient-provider relationship	At least emerging

14.8	passion for the profession	At least emerging
14.9	patient rights	At least emerging
14.10	maintaining professional boundaries	At least emerging
14.11	understanding physical therapy's role in the healthcare system	At least emerging

*** this item was added by the ACAPT membership*

**This list includes only those items that were identified as necessary by greater than or equal to 80% of participants in a Delphi study involving faculty, directors of clinical education, clinical educators, and recent graduates.*

KSAs identified as "at least" familiar or emerging denote some Delphi Study participants' desire for higher competency but consensus was achieved for "at least" the indicated level of competency.



At least familiar

Student has basic knowledge of the material/skill/behavior and would require guidance to apply it appropriately in the clinical setting.



At least emerging

Student understands how to apply the material/skill/behavior safely and consistently in simple situations and would require guidance to apply the concept or perform the task in more complex situations.



Proficient

Student can integrate the knowledge/skill/behavior safely and independently in all (simple and complex) clinical situations and is able to identify the need for guidance appropriately.

The results in this Table are part of a Delphi Study that has been submitted to PTJ and is currently under review.

E2. APTA's Minimum Required Skills of Physical Therapist Graduates at Entry Level

MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST GRADUATES AT ENTRY-LEVEL BOD Gil-05-20-49 [Guideline]

Background

In August 2004, 28 member consultants convened in Alexandria, VA for a consensus conference on "Clinical Education in a Doctoring Profession." One of the specific purposes of this conference was to achieve consensus on minimum skills for every graduate from a physical therapist professional program that include, but are not limited to, the skill set required by the physical therapist licensure examination. Assumptions that framed the boundaries for the discussion during this conference included:

- (1) A minimum set of required skills will be identified that every graduate from a professional physical therapist program can competently perform in clinical practice.
- (2) Physical therapist programs can prepare graduates to be competent in the performance of skills that exceed the minimum skills based on institutional and program prerogatives.
- (3) Development of the minimum required skills will include, but not be limited to, the content blueprint for the physical therapist licensure examination; put differently, no skills on the physical therapist licensure blueprint will be excluded from the minimum skill set.
- (4) To achieve consensus on minimum skills, 90% or more of the member consultants must be in agreement.

Minimum skills were defined as foundational skills that are indispensable for a new graduate physical therapist to perform on patients/clients in a competent and coordinated manner. Skills considered essential for any physical therapist graduate include those addressing all systems (ie, musculoskeletal, neurological, cardiovascular pulmonary, integumentary, GI, and GU) and the continuum of patient/client care throughout the lifespan. Definitions for terms used in this document are based on the Guide to Physical Therapist Practice. An asterisk (*) denotes a skill identified on the Physical Therapist Licensure Examination Content Outline. Given that consensus on this document was achieved by a small group of member consultants, it was agreed that the conference outcome document would be disseminated to a wider audience comprised of stakeholder groups that would be invested in and affected by this document.

The consensus-based draft document of Essential Skills of the Physical Therapist (previous title) was placed on APTA's website and stakeholder groups, including APTA Board of Directors, all physical therapist academic program directors, Academic Coordinators/Directors of Clinical Education, and their faculties, physical therapists on CAPTE, component leaders, and a selected list of clinical educators, were invited to vote on whether or not to include/exclude specific essential skills that every physical therapist graduate should be competent in performing on patients. A total of 624 invitations to vote e-mails were sent out and 212 responses (34%) were received. Given the length of this document and the time required to complete the process, a 34% return rate was deemed acceptable for the purpose of this investigation. The "yes" and "no" votes were tabulated and analyzed.

The final 'Vote' was provided in a report to the Board of Directors in November 2005 for their review, deliberation, and action. The Board of Directors adopted the document Minimum Required Skills of Physical Therapist Graduates at Entry-level (revised title) as a core document to be made available to stakeholders including the Commission on Accreditation in Physical Therapy Education, physical therapist academic programs and their faculties, clinical education sites, students, and employers. The final document that follows defines Minimum Required Skills of Physical Therapist Graduates At Entry-level.

<p>Screening</p> <ul style="list-style-type: none"> • Systems review for referral • Recognize scope of limitations 	<ol style="list-style-type: none"> 1. Perform review of systems to determine the need for referral or for physical therapy services. 2. Systems review screening includes the following: <ol style="list-style-type: none"> A. General Health Condition (GHC) <ol style="list-style-type: none"> (1) Fatigue (2) Malaise (3) Fever/chills/sweats (4) Nausea/vomiting (5) Dizziness/lightheadedness (6) Unexplained weight change (7) Numbness/Paresthesia (8) Weakness (9) Mentation/cognition B. Cardiovascular System (CVS)* <ol style="list-style-type: none"> (1) Dyspnea (2) Orthopnea (3) Palpitations (4) Pain/sweats (5) Syncope (6) Peripheral edema (7) Cough
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C. Pulmonary System (PS)*

- (1) Dyspnea
- (2) Onset of cough
- (3) Change in cough
- (4) Sputum
- (5) Hemoptysis
- (6) Clubbing of nails
- (7) Stridor
- (8) Wheezing

D. Gastrointestinal System (GIS)

- (1) Difficulty with swallowing
- (2) Heartburn, indigestion
- (3) Change in appetite
- (4) Change in bowel function

E. Urinary System (US)

- (1) Frequency
- (2) Urgency
- (3) Incontinence

F. Genital Reproductive System (CRS)

Male

- (1) Describe any sexual dysfunction, difficulties, or concerns

Female

- (2) Describe any sexual or menstrual dysfunction, difficulties, or problems

<p>Screening (cont.)</p>	<ol style="list-style-type: none"> 3. Initiate referral when positive signs and symptoms identified in the review of systems are beyond the specific skills or expertise of the physical therapist or beyond the scope of physical therapist practice. 4. Consult additional resources, as needed, including other physical therapists, evidence-based literature, other health care professionals, and community resources. 5. Screen for physical, sexual, and psychological abuse. <p><u>Cardiovascular and Pulmonary Systems*</u></p> <ol style="list-style-type: none"> 1. Conduct a systems review for screening of the cardiovascular and pulmonary system (heart rate and rhythm, respiratory rate, blood pressure, edema). 2. Read a single lead EKG. <p><u>Integumentary System*</u></p> <ol style="list-style-type: none"> 1. Conduct a systems review for screening of the integumentary system, the assessment of pliability (texture), presence of scar formation, skin color, and skin integrity. <p><u>Musculoskeletal System*</u></p> <ol style="list-style-type: none"> 1. Conduct a systems review for screening of musculoskeletal system, the assessment of gross symmetry, gross range of motion, gross strength, height and weight. <p><u>Neurological System*</u></p> <ol style="list-style-type: none"> 1. Conduct a systems review for screening of the neuromuscular system, a general assessment of gross coordinated movement (eg, balance, gait, locomotion, transfers, and transitions) and motor function (motor control and motor learning).
<p>Examination/ Reexamination History Tests and Measures (refer to Licensure Examination Outline, Guide to Physical Therapist Practice, PT Normative Model: Version 2004) Systems Review for Examination</p>	<ol style="list-style-type: none"> 1. Review pertinent medical records and conduct an interview which collects the following data: <ol style="list-style-type: none"> A. Past and current patient/client history B. Demographics C. General health status D. Chief complaint E. Medications F. Medical/surgical history G. Social history H. Present and premorbid functional status/activity I. Social/health habits J. Living environment K. Employment L. Growth and development M. Lab values N. Imaging O. Consultations 2. Based on best available evidence select examination tests and measures that are appropriate for the patient/client. 3. Perform posture tests and measures of postural alignment and positioning.*

<p>Examination/ Reexamination (cont.)</p>	<p>4. Perform gait, locomotion and balance tests including quantitative and qualitative measures such as*¹</p> <ul style="list-style-type: none"> A. Balance during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment B. Balance (dynamic and static) with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment C. Gait and locomotion during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment to include: <ul style="list-style-type: none"> (1) Bed mobility (2) Transfers (level surfaces and floor)* (3) Wheelchair management (4) Uneven surfaces (5) Safety during gait, locomotion, and balance D. Perform gait assessment including step length, speed, characteristics of gait, and abnormal gait patterns. <p>5. Characterize or quantify body mechanics during self-care, home management, work, community, tasks, or leisure activities.</p> <p>6. Characterize or quantify ergonomic performance during work (job/school/play)*:</p> <ul style="list-style-type: none"> A. Dexterity and coordination during work B. Safety in work environment C. Specific work conditions or activities D. Tools, devices, equipment, and workstations related to work actions, tasks, or activities <p>7. Characterize or quantify environmental home and work (job/school/play) barriers:</p> <ul style="list-style-type: none"> A. Current and potential barriers B. Physical space and environment C. Community access <p>8. Observe self-care and home management (including ADL and IADL)*</p> <p>9. Measure and characterize pain* to include:</p> <ul style="list-style-type: none"> A. Pain, soreness, and nociception B. Specific body parts <p>10. Recognize and characterize signs and symptoms of inflammation;</p>
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	<p><u>Cardiovascular and Pulmonary Systems</u></p> <p>1. Perform cardiovascular/pulmonary tests and measures including:</p> <ul style="list-style-type: none"> A. Heart rate B. Respiratory rate, pattern and quality* C. Blood pressure D. Aerobic capacity test* (functional or standardized) such as the 6-minute walk test E. Pulse Oximetry F. Breath sounds — normal/abnormal G. Response to exercise (RPE)
Examination/ Reexamination (cont.)	<p>H. Signs and symptoms of hypoxia</p> <p>Peripheral circulation (deep vein thrombosis, pulse, venous stasis, lymphedema)*</p> <p><u>Integumentary System</u></p> <p>1. Perform integumentary integrity tests and measures including*:</p> <ul style="list-style-type: none"> A. Activities, positioning, and postures that produce or relieve trauma to the skin. B. Assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment that may produce or relieve trauma to the skin. C. Skin characteristics, including blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture and turgor. D. Activities, positioning, and postures that aggravate the wound or scar or that produce or relieve trauma. E. Signs of infection. F. Wound characteristics: bleeding, depth, drainage, location, odor, size, and color. G. Wound scar tissue characteristics including banding, pliability, sensation, and texture. <p><u>Musculoskeletal System</u></p> <p>1. Perform musculoskeletal system tests and measures including:</p> <ul style="list-style-type: none"> A. Accessory movement tests B. Anthropometrics <ul style="list-style-type: none"> (1) Limb length (2) Limb girth (3) Body composition C. Functional strength testing D. Joint integrity* E. Joint mobility* F. Ligament laxity tests G. Muscle length*

	<p>H. Muscle strength* including manual muscle testing, dynamometry, one repetition max</p> <p>I. Palpation</p> <p>J. Range of motion* including goniometric measurements</p> <p>2. Perform orthotic tests and measures including*:</p> <p>A. Components, alignment, fit, and ability to care for orthotic, protective, and supportive devices and equipment.</p> <p>B. Evaluate the need for orthotic, protective, and supportive devices used during functional activities.</p> <p>C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions with use of orthotic, protective, and supportive device.</p> <p>D. Residual limb or adjacent segment, including edema, range of motion, skin integrity and strength.</p> <p>E. Safety during use of orthotic, protective, and supportive device.</p> <p>3. Perform prosthetic tests and measures including*:</p> <p>A. Alignment, fit, and ability to care for prosthetic device.</p> <p>B. Prosthetic device use during functional activities.</p>
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Examination/ Reexamination (cont.)	<p>C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions, with use of prosthetic device.</p> <p>D. Evaluation of residual limb or adjacent segment, including edema, range of motion, skin integrity, and strength.</p> <p>E. Safety during use of the prosthetic device.</p> <p>4. Perform tests and measures for assistive and adaptive devices including* . A. Assistive or adaptive devices and equipment use during functional activities.</p> <p>B. Components, alignment, fit, and ability to care for the assistive or adaptive devices and equipment.</p> <p>C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions with use of assistive or adaptive devices and equipment.</p> <p>D. Safety during use of assistive or adaptive equipment.</p> <p><u>Neurological System</u></p> <p>1 . Perform arousal, attention and cognition tests and measures to characterize or quantify (including standardized tests and measures)*:</p> <p>A. Arousal</p> <p>B. Attention</p> <p>C. Orientation</p> <p>D. Processing and registration of information</p> <p>E. Retention and recall</p>
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	<p>F. Communication/language</p> <p>2. Perform cranial and peripheral nerve integrity tests and measures*:</p> <p>A. Motor distribution of the cranial nerves (eg, muscle tests, observations)</p> <p>B. Motor distribution of the peripheral nerves (eg, dynamometry, muscle tests, observations, thoracic outlet tests)</p> <p>C. Response to neural provocation (e.g. tension test, vertebral artery compression tests)</p> <p>D. Response to stimuli, including auditory, gustatory, olfactory, pharyngeal, vestibular, and visual (eg, observations, provocation tests)</p> <p>3. Perform motor function tests and measures to include*:</p> <p>A. Dexterity, coordination, and agility</p> <p>B. Initiation, execution, modulation and termination of movement patterns and voluntary postures</p> <p>4. Perform neuromotor development and sensory integration tests and measures to characterize or quantify*:</p> <p>A. Acquisition and evolution of motor skills, including age-appropriate development</p> <p>B. Sensorimotor integration, including postural responses, equilibrium, and righting reactions</p> <p>5. Perform tests and measures for reflex integrity including*:</p> <p>A. Deep reflexes (eg, myotatic reflex scale, observations, reflex tests) B. Postural reflexes and reactions, including righting, equilibrium and protective reactions</p> <p>C. Primitive reflexes and reactions, including developmental</p> <p>D. Resistance to passive stretch</p> <p>E. Superficial reflexes and reactions</p>
Examination/ Reexamination (cont.)	<p>F. Resistance to velocity dependent movement</p> <p>6. Perform sensory integrity tests and measures that characterize or quantify including*:</p> <p>A. Light touch</p> <p>B. Sharp/dull</p> <p>C. Temperature</p> <p>D. Deep pressure</p> <p>E. Localization</p> <p>F. Vibration</p> <p>G. Deep sensation</p> <p>H. Stereognosis</p>

	I. Graphesthesia
Evaluation <ul style="list-style-type: none"> • Clinical reasoning • Clinical decision making 	<ol style="list-style-type: none"> 1. Synthesize available data on a patient/client expressed in terms of the International Classification of Function, Disability and Health (ICF) model to include body functions and structures, activities, and participation. 2. Use available evidence in interpreting the examination findings. 3. Verbalize possible alternatives when interpreting the examination findings. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support a clinical decision. 4.
Diagnosis	<ol style="list-style-type: none"> 1. Integrate the examination findings to classify the patient/client problem in terms of body functions and structures, and activities and participation (ie, practice patterns in the Guide) 2. Identify and prioritize impairments in body functions and structures, and activity limitations and participation restrictions to determine specific body function and structure, and activities and participation towards which the intervention will be directed.*
Prognosis	<ol style="list-style-type: none"> 1. Determine the predicted level of optimal functioning and the amount of time required to achieve that level.* 2. Recognize barriers that may impact the achievement of optimal functioning within a predicted time frame including*. <ul style="list-style-type: none"> A.Age B. Medication(s) C. Socioeconomic status D.Co-morbidities E. Cognitive status F. Nutrition G.Social Support H.Environment
Plan of Care <ul style="list-style-type: none"> • Goal setting • Coordination of Care Progression of care Discharge	<u>Design a Plan of Care</u> <ol style="list-style-type: none"> 1. Write measurable functional goals (short-term and long-term) that are time referenced with expected outcomes. 2. Consult patient/client and/or caregivers to develop a mutually agreed to plan of care.* 3. Identify patient/client goals and expectations.* 4. Identify indications for consultation with other professionals.* 5. Make referral to resources needed by the patient/client (assumes knowledge o referral sources).*

Plan of care (cont.)	<p>6. Select and prioritize the essential interventions that are safe and meet the specified functional goals and outcomes in the plan of care* (ie, (a) identify precautions and contraindications, (b) provide evidence for patient-centered interventions that are identified and selected, (c) define the specificity of the intervention (time, intensity, duration, and frequency), and (d) set realistic priorities that consider relative time duration in conjunction with family, caregivers, and other health care professionals).</p> <p>7. Establish criteria for discharge based on patient goals and current functioning and disability.*</p> <p><u>Coordination of Care</u></p> <ol style="list-style-type: none"> 1. Identify who needs to collaborate in the plan of care. 2. Identify additional patient/client needs that are beyond the scope of physical therapist practice, level of experience and expertise, and warrant referral.* 3. Refer and discuss coordination of care with other health care professionals.* 4. Articulate a specific rationale for a referral. 5. Advocate for patient/client access to services. <p><u>Progression of Care</u></p> <ol style="list-style-type: none"> 1. Identify outcome measures of progress relative to when to progress the patient further.* 2. Measure patient/client response to intervention.* 3. Monitor patient/client response to intervention. 4. Modify elements of the plan of care and goals in response to changing patient/client status, as needed.* 5. Make on-going adjustments to interventions according to outcomes including environmental factors and personal factors and, medical therapeutic interventions. 6. Make accurate decisions regarding intensity and frequency when adjusting interventions in the plan of care. <p><u>Discharge Plan</u></p> <ol style="list-style-type: none"> 1. Re-examine patient/client if not meeting established criteria for discharge based on the plan of care. 2. Differentiate between discharge of the patient/client, discontinuation of service, and transfer of care with re-evaluation.* 3. Prepare needed resources for patient/client to ensure timely discharge, including follow-up care. 4. Include patient/client and family/caregiver as a partner in discharge.* 5. Discontinue care when services are no longer indicated. 6. When services are still needed, seek resources and/or consult with others to identify alternative resources that may be available. 7. Determine the need for equipment and initiate requests to obtain.
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<p>Interventions</p> <p>Safety, Emergency care, CPR and First Aid Standard</p> <p>Precautions</p> <p>Body Mechanics and Positioning</p> <p>Categories of Interventions (See NPTE List and Guide)</p>	<p><u>Safety. Cardiopulmonary Resuscitation Emergency Care First Aid</u></p> <ol style="list-style-type: none"> 1. Ensure patient safety and safe application of patient/client care.* 2. Perform first aid.* 3. Perform emergency procedures.* 4. Perform Cardiopulmonary Resuscitation (CPR).* <p><u>Precautions</u></p> <ol style="list-style-type: none"> 1. Demonstrate appropriate sequencing of events related to universal precautions.* 2. Use Universal Precautions. 3. Determine equipment to be used and assemble all sterile and non-sterile materials.* 4. use transmission-based precautions. 5. Demonstrate aseptic techniques. * 6. Apply sterile procedures.* 7. Properly discard soiled items.* <p><u>Body Mechanics and Positioning</u></p> <ol style="list-style-type: none"> 1. Apply proper body mechanics (utilize, teach, reinforce, and * 2. Properly position, drape, and stabilize a patient/client when providing physical therapy.* <p><u>Interventions</u></p> <ol style="list-style-type: none"> 1. Coordination, communication, and documentation may include: <ol style="list-style-type: none"> A. Addressing required functions: <ol style="list-style-type: none"> (1) Establish and maintain an ongoing collaborative process of decision-making with patients/clients, families, or caregivers prior to initiating care and throughout the provision of services.* (2) Discern the need to perform mandatory communication and reporting (eg, incident reports, patient advocacy and abuse reporting). (3) Follow advance directives. B. Admission and discharge planning. C. Case management. D. Collaboration and coordination with agencies, including: <ol style="list-style-type: none"> (1) Home care agencies (2) Equipment suppliers (3) Schools (4) Transportation agencies (5) Payer groups E. Communication across settings, including: <ol style="list-style-type: none"> (1) Case conferences
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	<ul style="list-style-type: none"> (2) Documentation (3) Education plans <p>F. Cost-effective resource utilization.</p> <p>G. Data collection, analysis, and reporting of:</p> <ul style="list-style-type: none"> (1) Outcome data (2) Peer review findings (3) Record reviews <p>H. Documentation across settings, following APTA's Guidelines for Physical Therapy Documentation, including:</p> <ul style="list-style-type: none"> (1) Elements of examination, evaluation, diagnosis, prognosis, and intervention
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Interventions (cont.)	<ul style="list-style-type: none"> (2) Changes in body structure and function, activities and participation. (3) Changes in interventions (4) Outcomes of intervention Interdisciplinary teamwork: <ul style="list-style-type: none"> a. Patient/client family meetings b. Patient care rounds c. Case conferences d. Referrals to other professionals or resources.* <p>Patient/client-related instruction may include:</p> <p>A. Instruction, education, and training of patients/clients and caregivers regarding:</p> <ul style="list-style-type: none"> (1) Current condition, health condition, impairments in body structure and function, and activity limitations, and participation restrictions)* (2) Enhancement of performance (3) Plan of care: <ul style="list-style-type: none"> a. Risk factors for health condition, impairments in body structure and function, and activity limitations, and participation restrictions. b. Preferred interventions, alternative interventions, and alternative modes of delivery
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	<p>c. Expected outcomes</p> <p>(4) Health, wellness, and fitness programs (management of risk factors)</p> <p>(5) Transitions across settings</p> <p>Therapeutic exercise may include performing:</p> <p>A. Aerobic capacity/endurance conditioning or reconditioning*:</p> <p>(1) Gait and locomotor training*</p> <p>(2) Increased workload over time (modify workload progression)</p> <p>(3) Movement efficiency and energy conservation training</p> <p>(4) Walking and wheelchair propulsion programs</p> <p>(5) Cardiovascular conditioning programs</p> <p>B. Balance*, coordination*, and agility training:</p> <p>(1) Developmental activities training*</p> <p>(2) Motor function (motor control and motor learning) training or retraining</p> <p>(3) Neuromuscular education or reeducation*</p> <p>(4) Perceptual training</p> <p>(5) Posture awareness training*</p> <p>(6) Sensory training or retraining</p> <p>(7) Standardized, programmatic approaches</p> <p>(8) Task-specific performance training</p> <p>C. Body mechanics and postural stabilization:</p> <p>(1) Body mechanics training*</p> <p>(2) Postural control training*</p> <p>(3) Postural stabilization activities*</p> <p>(4) Posture awareness training*</p>
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Interventions (continued)	<p>D. Flexibility exercises:</p> <p>(1) Muscle lengthening*</p> <p>(2) Range of motion*</p> <p>(3) Stretching*</p> <p>E. Gait and locomotion training*:</p>
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	<ul style="list-style-type: none"> (1) Developmental activities training* (2) Gait training* (3) Device training* (4) Perceptual training* (5) Basic wheelchair training*
	<p>F.Neuromotor development training:</p> <ul style="list-style-type: none"> (1) Developmental activities training* (2) Motor training (3) Movement pattern training (4) Neuromuscular education or reeducation*
	<p>G.Relaxation:</p> <ul style="list-style-type: none"> (1) Breathing strategies* (2) Movement strategies (3) Relaxation techniques
	<p>Strength, power, and endurance training for head, neck, limb, and trunk*:</p>
H. Functional	<ul style="list-style-type: none"> (1) Active assistive, active, and resistive exercises (including concentric, dynamic/isotonic, eccentric, isokinetic, isometric, and plyometric exercises) (2) Aquatic programs* (3) Task-specific performance training
	<p>Strength, power, and endurance training for pelvic floor:</p> <p>(1) Active (Kegel)</p>
	<p>Strength, power, and endurance training for ventilatory muscles:</p> <p>(1) Active and resistive training in self-care</p> <p>and home management may include*:</p>
	<p>Activities of daily living (ADL) training:</p> <p>(1) Bed mobility and transfer training*</p> <p>(2) Age-appropriate functional skills</p>
	<p>Barrier accommodations or modifications*</p>
	<p>Device and equipment use and training:</p> <ul style="list-style-type: none"> (1) Assistive and adaptive device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)* (2) Orthotic, protective, or supportive device or equipment training during self-care and home management*

	<p>(3) Prosthetic device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)</p>
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Interventions (cont.)	<p>D. Functional training programs*:</p> <p>(1) Simulated environments and tasks*</p> <p>(2) Task adaptation</p> <p>E. Injury prevention or reduction:</p> <p>(1) Safety awareness training during self-care and home management*</p> <p>(2) Injury prevention education during self-care and home management</p> <p>(3) Injury prevention or reduction with use of devices and equipment</p> <p>Functional training in work (job/school/play), community, and leisure integration or reintegration may include*:</p> <p>A. Barrier accommodations or modifications*</p> <p>B. Device and equipment use and training*.</p> <p>(1) Assistive and adaptive device or equipment training during instrumental activities of daily living (IADL)*</p> <p>(2) Orthotic, protective, or supportive device or equipment training during IADL for work*</p> <p>(3) Prosthetic device or equipment training during IADL *</p> <p>C. Functional training programs:</p> <p>(1) Simulated environments and tasks</p> <p>(2) Task adaptation</p> <p>(3) Task training</p> <p>D. Injury prevention or reduction:</p> <p>(1) Injury prevention education during work (job/school/play), community, and leisure integration or reintegration</p> <p>(2) Injury prevention education with use of devices and equipment</p> <p>(3) Safety awareness training during work (job/school/play), community, and leisure integration or reintegration</p> <p>7.</p>
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	<p>(4) Training for leisure and play activities</p> <p>Manual therapy techniques may include:</p> <ul style="list-style-type: none"> A. Passive range of motion B. Massage: <ul style="list-style-type: none"> (1) Connective tissue massage (2) Therapeutic massage C. Manual traction* D. Mobilization/manipulation: <ul style="list-style-type: none"> (1) Soft tissue* (thrust and nonthrust*) (2) Spinal and peripheral joints* (thrust and nonthrust*) <p>Prescription, application, and, as appropriate, fabrication of devices and equipment may include*:</p> <ul style="list-style-type: none"> A. Adaptive devices*:
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Interventions (cont.)	<ul style="list-style-type: none"> (I) Hospital beds <ul style="list-style-type: none"> (2) Raised toilet seats (3) Seating systems — prefabricated B. Assistive devices* (I) Canes <ul style="list-style-type: none"> (2) Crutches (3) Long-handled reachers (4) Static and dynamic splints — prefabricated (5) Walkers (6) Wheelchairs C. Orthotic devices* <ul style="list-style-type: none"> (1) Prefabricated braces (2) Prefabricated shoe inserts (3) Prefabricated splints D. Prosthetic devices (lower-extremity)* E. Protective devices* <ul style="list-style-type: none"> (1) Braces
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- (2) Cushions
- (3) Helmets
- (4) Protective taping

F. Supportive devices*

- (1) Prefabricated compression garments
- (2) Corsets
- (3) Elastic wraps
- (4) Neck collars
- (5) Slings
- (6) Supplemental oxygen - apply and adjust
- (7) Supportive taping

Airway clearance techniques may include*:

A. Breathing strategies*:

- (1) Active cycle of breathing or forced expiratory techniques*
- (2) Assisted cough/huff techniques*
- (3) Paced breathing*
- (4) Pursed lip breathing
- (5) Techniques to maximize ventilation (eg, maximum inspiratory hold, breath stacking, manual hyperinflation)

B. Manual/mechanical techniques*: (I) Assistive devices

C. Positioning*.

- (1) Positioning to alter work of breathing
- (2) Positioning to maximize ventilation and perfusion

integumentary repair and protection techniques may include*:

A. Debridement*—nonselective:

Interventions (continued)	<ul style="list-style-type: none"> (1) Enzymatic debridement (2) Wet dressings (3) Wet-to-dry dressings (4) Wet-to-moist dressings <p>B. Dressings*:</p> <ul style="list-style-type: none"> (1) Hydrogels (2) Wound coverings <p>C. Topical agents*•</p> <ul style="list-style-type: none"> (1) Cleansers (2) Creams (3) Moisturizers (4) Ointments (5) Sealants <p>10. Electrotherapeutic modalities may include:</p> <ul style="list-style-type: none"> A. Biofeedback* B. Electrotherapeutic delivery of medications (eg, iontophoresis)* C. Electrical stimulation* <p>(I) Electrical muscle stimulation (EMS)*</p> <ul style="list-style-type: none"> (2) Functional electrical stimulation (FES) (3) High voltage pulsed current (HVPC) (4) Neuromuscular electrical stimulation (NMES) (5) Transcutaneous electrical nerve stimulation (TENS) <p>Physical agents and mechanical modalities may include: Physical agents:</p> <ul style="list-style-type: none"> A. Cryotherapy*: <ul style="list-style-type: none"> (1) Cold packs (2) ice massage (3) Vapocoolant spray D. Hydrotherapy*: <ul style="list-style-type: none"> (1) Contrast bath (2) Pools
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	<ul style="list-style-type: none"> (3) Whirlpool tanks* E. Sound agents* <ul style="list-style-type: none"> (1) Phonophoresis* (2) Ultrasound* F. Thermotherapy* <ul style="list-style-type: none"> (1) Dry heat (2) Hot packs* (3) Paraffin baths* <p>Mechanical modalities:</p> <p>A. Compression therapies (prefabricated)*</p> <p>1 Compression garments</p>
Interventions (continued)	<ul style="list-style-type: none"> (2) Vasopneumatic compression devices* (3) Taping (4) Compression bandaging (excluding lymphedema) <p>B. Gravity-assisted compression devices:</p> <ul style="list-style-type: none"> (1) Standing frame* (2) Tilt table* <p>C. Mechanical motion devices*:</p> <ul style="list-style-type: none"> (1) Continuous passive motion (CPM)* <p>D. Traction devices*</p> <ul style="list-style-type: none"> (1) Intermittent (2) Positional (3) Sustained
Outcomes Assessment	<ol style="list-style-type: none"> 1. Perform chart review/audit with respect to documenting components of patient/client management and facility procedures and regulatory requirements. 2. Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of functioning.* 3. Select outcome measures for levels of impairments in body function and structure, activity limitations, and participation restrictions with respect for psychometric properties of the outcomes. 4. Aggregate data across patients/clients and analyze results as it relates to the effectiveness of clinical performance (intervention).*

<p>Education Patients/clients, families, and caregivers • Colleagues, other healthcare professionals, and students</p>	<p><u>Patient/Client</u></p> <ol style="list-style-type: none"> 1. Determine patient/client variables that affect learning.* 2. Educate the patient/client and caregiver about the patient's/client's current health condition/examination findings, plan of care and expected outcomes, utilizing their feedback to modify the plan of care and expected outcomes as needed.* 3. Assess prior levels of learning for patient/client and family/caregiver to ensure clarity of education. 4. Educate patients/clients and caregivers to recognize normal and abnormal response to interventions that warrant follow-up.* 5. Provide patient/client and caregiver clear and concise home/independent program instruction at their levels of learning and ensure the patient's (client's understanding of home independent program.* 6. Educate patient/client and caregiver to enable them to articulate and demonstrate the nature of the impairments in body function and structure, activity limitations, and participation restrictions and how to safely and effectively manage the impairments in body function and structure, activity limitations, and participation restrictions (eg, identify symptoms, alter the program, and contact the therapist).* <p><u>Colleagues</u></p> <ol style="list-style-type: none"> 1. Identify patient/client related questions and systematically locate and critically appraise evidence that addresses the question. 2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation of the physical therapist and scope
Skill Category	Description of Minimum Skills
	<p>of physical therapist practice.</p> <ol style="list-style-type: none"> 3. Address relevant learning needs, convey information, and assess outcomes of learning. 4. Present contemporary topics/issues using current evidence and sound teaching principles (ie, case studies, in-service, journal article review, etc.).
<p>Practice Management Billing/Reimbursement Documentation Quality Improvement Direction and Supervision Marketing and Public Relations Patient Rights, Patient Consent, Confidentiality, and HIPPA</p>	<p><u>Billing/Reimbursement</u></p> <ol style="list-style-type: none"> 1. Describe the legal/ethical ramifications of billing and act accordingly. 2. Correlate/distinguish between billing and reimbursement. 3. Include consideration of billing/ reimbursement in the plan of care. 4. Choose correct and accurate ICD-9 and CPT codes. 5. Contact insurance company to follow-up on a denial or ask for additional services including Durable Medical Equipment (DME). 6. Describe the implications of insurers' use of the Guide on billing/reimbursement. <p><u>Documentation of Care</u></p>

1. Document patient/client care in writing that is accurate and complete using institutional processes.*
2. use appropriate grammar, syntax, spelling, and punctuation in written communication.
3. use appropriate terminology and institutionally approved abbreviations.
4. Use an organized and logical framework to document care (eg, refer to the Guide to Physical Therapist Practice, Appendix 5)
5. Conform to documentation requirements of the practice setting and the reimbursement system.
6. Accurately interpret documentation from other health care professionals.

Quality Improvement

1. Participate in quality improvement program of self, peers, and setting/institution.
2. Describe the relevance and impact of institutional accreditation (eg, Joint Commission or CARF) on the delivery of physical therapy services.

Direction and Supervision of Physical Therapist Assistants (PTAs) and Other Support Personnel

1. Follow legal and ethical requirements for direction and supervision.
2. Supervise the physical therapist assistant and/or other support personnel.
3. Select appropriate patients/clients for whom care can be directed to physical therapist assistants based on patient complexity and acuity, reimbursement, PTA knowledge/skill, jurisdictional law, etc.
4. In any practice setting, maintain responsibility for patient/client care by regularly monitoring care and patient progression throughout care provided by PTAs and services provided by other support personnel.

Marketing and Public Relations

1. Present self in a professional manner.
2. Promote the profession by discussing the benefits of physical therapy in all interactions, including presentations to the community about physical therapy.

Patient Rights. Patient Consent. Confidentiality. and Health Insurance Portability

and Accountability Act (HIPAA)*

	<p>1. Obtain consent from patients/clients and/or caregiver for the provision of all components of physical therapy including*:</p> <ul style="list-style-type: none"> A. treatment-related* B. research* C. <small>fiscal</small> <p>2. Comply with HIPANFERPA regulations.*</p> <p>3. Act in concert with institutional "Patient Rights" statements and advanced directives (eg, Living wills, Do Not Resuscitate (DNR) requests, etc.).</p> <p><u>Informatics</u></p> <p>1. Use current information technology, including word-processing, spreadsheets, and basic statistical packages.</p> <p><u>Risk Management</u></p> <ul style="list-style-type: none"> 1. Follow institutional/setting procedures regarding risk management. 2. Identify the need to improve risk management practices. <p><u>Productivity</u></p> <p>1. Analyze personal productivity using the clinical facility's system and implement strategies to improve when necessary.</p>
Professionalism: Core Values Accountability Altruism Compassion/Caring Excellence Integrity Professional Duty Social Responsibility	<p><u>CoreValues</u></p> <ul style="list-style-type: none"> 1. Demonstrate all APTA core values associated with professionalism. 2. Identify resources to develop core values. 3. Seek mentors and learning opportunities to develop and enhance the degree to which core values are demonstrated. 4. Promote core values within a practice setting.
Consultation	<ul style="list-style-type: none"> 1. Provide consultation within the context of patient/client care with physicians, family and caregivers, insurers, and other health care providers, etc. 2. Accurately self-assess the boundaries within which consultation outside of the patient/client care context can be provided. 3. Render advice within the identified boundaries or refer to others.
Evidence-Based Practice • Impact of Research on Practice	<ul style="list-style-type: none"> 1. Discriminate among the levels of evidence (eg, Sackett). 2. Access current literature using databases and other resources to answer clinical/practice questions. 3. Read and critically analyze current literature. 4. use current evidence, patient values, and personal experiences in making clinical decisions.* 5. Prepare a written or verbal case report. 6. Share expertise related to accessing evidence with colleagues.
Skill Category	Description of Minimum Skills

<p>Communication</p> <ul style="list-style-type: none"> • Interpersonal • Verbal • Written 	<p><u>Interpersonal (including verbal, non-verbal, electronic)</u></p> <ol style="list-style-type: none"> 1. Develop rapport with patients/clients and others. 2. Display sensitivity to the needs of others. 3. Actively listen to others. 4. Engender confidence of others. 5. Ask questions in a manner that elicits needed responses. 6. Modify communication to meet the needs of the audience. 7. Demonstrate congruence between verbal and non-verbal messages. 8. Use appropriate grammar, syntax, spelling, and punctuation in written communication. 9. Use appropriate, and where available, standard terminology and abbreviations. 10. Maintain professional relationships with all persons. 11. Adapt communication in ways that recognize and respect the knowledge and experiences of colleagues and others. <p><u>Conflict Management/Negotiation</u></p> <ol style="list-style-type: none"> 1. Recognize potential for conflict. 2. Implement strategies to prevent and/or resolve conflict. 3. Seek resources to resolve conflict when necessary,
<p>Cultural Competence</p>	<ol style="list-style-type: none"> 1. Elicit the "patient's story" to avoid stereotypical assumptions. 2. Utilize information about health disparities during patient/client care. 3. Provide care in a non-judgmental manner. 4. Acknowledge personal biases, via self-assessment or critical assessment of feedback from others. 5. Recognize individual and cultural differences and adapt behavior accordingly in all aspects of physical therapy care.*
<p>Promotion of Health, Wellness, and Prevention</p>	<ol style="list-style-type: none"> 1. Identify patient/client health risks during the history and physical via the systems review. 2. Take vital signs of every patient/client during each visit. 3. Collaborate with the patient/client to develop and implement a plan to address health risks.* 4. Determine readiness for behavioral change. 5. Identify available resources in the community to assist in the achievement of the plan. 6. Identify secondary and tertiary effects of disability. 7. Demonstrate healthy behaviors. 8. Promote health/wellness in the community.

Relationship to Vision 2020: Doctor of Physical Therapy
(Academic/Clinical Education Affairs Department, ext 3203)

[Document updated: 12/14/2009]

Explanation of Reference Numbers:

BOD POO-OO-OO-OO stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD PI 1-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18. P: Position I S: Standard I G: Guideline I Y: Policy I R: Procedure

Appendix F: Annual Physical Examination

Carlow University
Doctor of Physical Therapy

Initial Health Form

SECTION 1 – To be completed by the student prior to going to your healthcare provider for your physical examination.

Full Name:			
Home Address			
Student ID Number			
Home Phone Number			
Cell Phone Number			
Date of Birth			
IN CASE OF EMERGENCY NOTIFY			
Name			
Relationship			
Address			
Telephone Number			
RESTRICTIONS			
Has your ability to perform essential functions required as a student in a clinical setting been impaired in the past three years? (Check “yes” or “no”)	YES	NO	
If yes, please give reasons and duration:			
In the event of a temporary disability, I am aware that prior to resuming rotations at an off campus clinical site, I am required to adhere to the policy of that site regarding temporary disabilities and release from a healthcare provider is required prior			
I hereby certify to the best of my knowledge that the preceding information is complete and accurate.			
Student Signature			
Date			

SECTION 2 – (To be completed by your healthcare provider).

Physical Examination Completed (Check one and initial)	YES	NO	Initials	
CBC Completed (Check one and initial)	YES	NO	Initials	
Urinalysis Completed (Check one and initial)	YES	NO	Initials	
Two-Step Tuberculosis Skin Test (TST) and TB Screening				
Date Step I Administered	Date Step I Read	Results of Step I Test	Initials of Healthcare Provider	
		Positive Negative		
Date Step II Administered	Date Step II Read	Results of Step II Test	Initials of Healthcare Provider	
		Positive Negative		
<ul style="list-style-type: none"> A two-step TST is not required if a student is able to submit three consecutive years of negative TST results or completes a QuantiFERON TB Test and submit the results. If TST is positive or if the student has a history of a positive TST, the student must provide documentation of a negative chest x-ray & provide documentation from HCP certifying non-communicable status for TB. Additionally, all students with positive TST or history of TB must complete the Tuberculosis Symptom Screening form and have it signed by their healthcare provider. 				
Vaccination Record				
Description	Titer Date	Immunization Date (if applicable)	Initials of Provider	
The student has had a positive IgG antibody titer for Measles, Mumps, and Rubella (MMR) as an adult* (Attach copy of titer levels) <ul style="list-style-type: none"> If the MMR titer is negative or equivocal, the student has received the recommended vaccinations 				
The student has had a positive IgG antibody titer for Varicella as an adult* (Attach copy of titer levels) <ul style="list-style-type: none"> If the Varicella titer is negative or equivocal, the student has received the recommended vaccination 				
The student has a positive IgG antibody titer for Hepatitis B as an adult* (Attach copy of titer levels) <ul style="list-style-type: none"> If the Hepatitis B titer is negative or equivocal, the student has begun the recommended series of three Hepatitis B vaccinations 		1		
		2		
		3		
The individual has a medical reason preventing the student from receiving the influenza vaccination (check one) <small>*If yes, provide documentation of such medical reason</small>		YES	NO	
The student has received the Tetanus, diphtheria, and acellular pertussis (Tdap) vaccination within the past 10 years				
The individual is up to date with COVID-19 vaccination requirements. (Attach a copy of COVID-19 Vaccination Record Card)		1 st Dose:		
		2 nd Dose:		
		Booster:		
		Booster:		
The individual has a medical or religious reason preventing the student from receiving the COVID vaccination (check one) <small>*If yes, provide documentation of such medical reason</small>				

PLEASE NOTE:

- Affiliating clinical agencies require titer levels, regardless of history or previous documentation. Please provide a copy of titer levels for Measles, Mumps, Rubella, Varicella, and Hepatitis B.
- Additional site-specific requirements may be needed, including a drug screen.

I _____ (Print Healthcare Provider's Name), do hereby state that the physical examination, including **CBC and Urine Analysis** of _____ (Print Student's Name), does not give any indication of diseases or conditions which would prevent the student from safely providing care in a clinical setting.

Signature of Healthcare Provider

Date

**Standards based off of recommendations from the Centers for Disease Control and Prevention – www.cdc.gov*

Appendix G: Tuberculosis Symptom Screening Form

Carlow University

Doctor of Physical Therapy

<u>Tuberculosis Symptom Screening Form</u>				
All students who have tested positive for TB, must complete this form annually				
Student Name				
Date				
Tuberculosis Assessment History				
Date of Tuberculin Skin Test (TST)		TST Result	Positive	Negative
Date of QuantiFERON Gold Serum Test		QuantiFERON Gold Serum Test Result	Positive	Negative
Date of Last Chest X-ray		Results of Chest X-Ray	Positive	Negative
Tuberculosis Screening Questionnaire				
1	Have you ever been told you have active tuberculosis?			YES NO
	If yes, when:			
2	Have you ever taken INH or any other anti-TB drug?			YES NO
	If yes, list names:			
	Date and duration of medication regime			
3	Have you ever had the Bacille Calmette-Guerin (BCG) Vaccination			YES NO
	If yes, when:			
4	During the past year, have you noticed any of the following:			
	Unexplained weight loss	YES	NO	
	Decrease in appetite	YES	NO	
	Cough not associated with cold or flu	YES	NO	
	Increase in amount of sputum	YES	NO	
	Change in color of sputum	YES	NO	
	Change in consistency of sputum	YES	NO	
	Blood-streaked sputum	YES	NO	
	Night sweats	YES	NO	
	Unexplained low-grade fever	YES	NO	
	Unusual tiredness or fatigue	YES	NO	
	Swelling of lymph nodes	YES	NO	
	If you answered yes to any of the above, please provide explanation:			
5	Have you had contact with anyone who has been diagnosed with tuberculosis?			YES NO
	If yes, when:			
6	Have you or member of your family been exposed to anyone immunocompromised?			YES NO
	If yes, when:			

Appendix H: Vaccination Declination Form

Carlow University

Doctor of Physical Therapy

Vaccination Declination Form

Name:			
Student ID#:			
Please read the following statements carefully and initial in the space provided for each to indicate you have reviewed the information prior to signing this form			
STATEMENT			INITIAL
I have been provided with and given the opportunity to read the Vaccine Information Statements (VIS) from the Centers for Disease Control* and Prevention that includes information regarding the vaccines required for completion of clinical rotations the disease the vaccine prevents, the consequences of non-vaccination, and possible side effects of each vaccine. <ul style="list-style-type: none">(VIS information is available at https://www.cdc.gov/vaccines)			
I hereby certify that:			
<ul style="list-style-type: none">I understand the purpose of and the need for recommended vaccine(s).			
<ul style="list-style-type: none">I understand the risks and benefits of recommended vaccines.			
<ul style="list-style-type: none">By declining vaccinations, I continue to be at risk of acquiring potentially serious diseases.			
<ul style="list-style-type: none">I acknowledge that neither the clinical facility nor Carlow University will be liable if I acquire a disease while performing a clinical rotation that is preventable by a vaccination listed below.			
<ul style="list-style-type: none">If I want to be vaccinated with a vaccination listed below in the future, I may do so.			
VACCINATION DECLINATION			
Indicate which of the following vaccination(s) being declined and provide a reason for declination.			
Vaccine	Date Declined	Reason for Declination	
Hepatitis B			
Tetanus, diphtheria, acellular pertussis (Tdap)			
Influenza (Seasonal)			
Measles, mumps, rubella (MMR)			
Varicella			
COVID	STUDENTS ARE REQUIRED TO COMPLETE APPROPRIATE UNIVERSITY REQUIREMENTS FOR COVID EXEMPTIONS		
I _____ (print name) understand that due to exposure in the clinical setting to blood or other potentially infectious materials, I may be at an increased risk for acquiring the diseases and certify that I have been informed of the risks of not receiving the vaccination(s) and decline to receive the vaccination(s) indicated above. Attestation of this declination form may not guarantee clinical placement if the agencies require proof of vaccination.			
Signature		Date	

Appendix I: COVID Training

Carlow University
Doctor of Physical Therapy

Students will receive COVID training with the following resources:

Resources will include CDC, WHO, US Department of Labor OSHA, DOH

Topics will include general COVID education, clinical approach and management, evaluation and testing procedures, hand hygiene and PPE use, infection control and prevention, virtual case

Post training competency will occur.

Appendix J: Drug Screening Agreement

Carlow University
Doctor of Physical Therapy

Student Name: _____

Date: _____

- Due to a positive drug screen without supporting documentation, required for DPT clinical education, I agree to set up and attend an appointment at Carlow University's Counseling Services for evaluation, counseling, and the need for any additional referrals.
- I agree to follow the intervention plan as outlined by Carlow University's Counseling Services.
- I have provided a copy of the intervention plan to the DPT Program Director and Director of Clinical Education.
- It is up to the discretion of the DPT program director and DCE whether or not I may continue in the DPT program during active intervention or will need to take a LOA until intervention services are successfully completed.
- I will provide proof of successful completion of the intervention plan to the DPT program director and DCE, when available, to continue in the DPT program.
- If I test positive in a subsequent drug screening without supporting documentation, I will be dismissed from the DPT program.

Student Signature: _____

Program Director Signature: _____

Appendix K: DPT Clinical Education Incident Report

Carlow University
Doctor of Physical Therapy

Date of incident: Click or tap to enter a date. Time of the incident: Click or tap here to enter text.

Date of Discovery if Different from date of incident/event: Click or tap to enter a date.

Location of Incident: Click or tap here to enter text.

Individual involved is a: ☐ Client ☐ Faculty/Staff ☐ Student ☐ Other

Individual(s) involved: Click or tap here to enter text.

Address(es): Click or tap here to enter text.

List contact information for all parties involved.

Phone number: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

Briefly describe what happened and list all witnesses to the event (if applicable): Click or tap here to enter text.

Prepared by: Click or tap here to enter text. Date: Click or tap to enter a date.

Describe actions taken because of the incident:

Click or tap here to enter text.

.....
FOR OFFICIAL USE ONLY-DO NOT COMPLETE THE FOLLOWING

Director of Clinical Education for review/comments:

Date: Click or tap to enter a date.

Recommended Actions and/or Actions Taken: Click or tap here to enter text.

Director of Clinical Education Signature: _____

Date: Click or tap to enter a date.

Route to Director of Physical Therapy Program: Yes/No

Appendix L: Clinical Internship Evaluation Tool (CIET)

Carlow University
Doctor of Physical Therapy

Clinical Internship Evaluation Tool-
(Will be submitted electronically through EXXAT)

Student Name: _____

Student ID Number: _____ Year of Graduation: _____

Clinical Facility: _____

Type of Rotation: _____ Date: _____

Midterm: _____ Final: _____ or One-Year Affiliation Quarter (specify): _____

Days Absent: _____ Days Made Up: _____

Clinical Instructor: _____

Clinical Instructor's Phone Number: _____

Clinical Instructor's E-mail: _____

Clinical Instructor Assessment _____ or Self-Assessment _____

Clinical Instructor Only:	Completed Basic Credentialing Course?	___ Yes	___ No
	Completed Advanced Course?	___ Yes	___ No

Other Credentials: _____ Years of Clinical Experience _____

Clinical Internship Evaluation Tool Instructions

INTRODUCTION

In the present-day health care environment, a student graduating from an entry-level physical therapy program must be ready to “hit the ground running.” The graduate should be able to skillfully manage patients in an efficient manner while achieving an effective outcome. The CIET was developed as a clinical performance tool that evaluates the student against this benchmark. For this tool to be an effective and reliable measure, students *must* be rated against the standard of a competent clinician who meets the above criteria. If students are rated against the standard of an entry-level practitioner, this tool will not provide a uniform method of evaluation. In addition, it is our belief that the criteria will be too low.

USING THE FORM

This form is composed of two sections. The first section, **Professional Behaviors**, evaluates Safety, Professional Ethics, Initiative, and Communication Skills in the clinic. Safety behaviors address whether the student is following all health and safety precautions required at your facility along with taking any other measures needed to maintain both the patient’s safety and their own safety. Professional Ethics addresses the student’s knowledge of, and compliance with, all rules, regulations, ethical standards, legal standards, and their professional appearance and conduct in the clinic during all interactions. Initiative addresses the student’s ability to maximize all opportunities for learning during their clinical affiliation, begin to problem solve independently, seek out, accept, and implement constructive criticism, and develop teamwork and flexibility in the clinical setting. Communication Skills looks at both their ability to verbally communicate with patients, families, and other healthcare professionals along with their written skills with documentation, home programs, and other required paperwork.

When evaluating the student on **Professional Behaviors**, the frequency of appropriate behavior is the construct being measured. The occurrence of the appropriate behavior is rated as: *Never* (0% occurrence), *Rarely*, *Sometimes* (50% occurrence), *Most of the Time*, or *Always* (100% occurrence). From the onset of the fieldwork experiences, our expectation is that the student shows safe, professional behavior and demonstrates a great deal of initiative. **Note that you cannot mark “Not Observed” on these behaviors.** You may mark “not observed” for Communication Skills if the student has not had the opportunity to demonstrate a particular skill. For instance, if the student has had no opportunity to communicate with other professionals this would be “not observed.” If there are any concerns, or if you have positive feedback for the student, please elaborate in the “Comments” section. We expect the student to “*Always*” demonstrate **Professional Behaviors** in the clinic, with the exception of Communication Skills, which may be developing during the initial clinical education experiences.

The second section, **Patient Management** evaluates the student’s ability to efficiently manage a patient with an effective outcome. It is divided into four sections, Examination, Evaluation, Diagnosis/Prognosis, and Intervention. These elements of patient management are defined in the APTA Guide to Physical Therapist Practice. The examination includes all aspects of gathering data from the patient including obtaining a history, a systems review, and performing tests and measures. The evaluation is the analysis and synthesis of the data gathered in order to determine a diagnosis and plan of care for the patient. The student should demonstrate the development of their critical thinking skills during the evaluation process of patient management including determining the patient’s impairments and functional limitations. Diagnosis/Prognosis involves all aspects of developing a plan of care for the patient including determining a diagnosis for physical therapy management (not the medical diagnosis), determining the prognosis or outcome for this episode of physical therapy care, determining the appropriate frequency and duration of care including criteria for discharge, and determining the appropriate treatments. Intervention includes the student’s ability to apply the treatments, perform patient/family education, monitor the patient’s response to treatment and adapt accordingly, and recognize when the outcome has been reached. For all areas of patient management, the student should be using the best available evidence in their decision making.

When evaluating the student's **Patient Management** skills, please keep in mind that the student should be compared to a 'competent clinician who skillfully manages patients in an efficient manner to achieve an effective outcome'. This form is designed for use with all patient types, and in any clinical setting, thus the student should be evaluated based on your clinic population and the expectation for productivity/efficiency in your specific clinic. In considering the student's scores for their Patient Management skills, please review the following definitions first.

Types of Patients:

Familiar presentation: Could include any of the following: a patient diagnosis/problem that is seen frequently in your setting, a patient with a diagnosis that the student has evaluated and treated more than once, a diagnosis that was specifically covered in the student's didactic curriculum, a patient who does not have a complex medical history or complicated course of care for this episode of care in physical therapy.

Complex presentation: Could include a patient problem/diagnosis that is rarely seen, a patient problem/diagnosis that the student did not cover in their didactic curriculum, a patient diagnosis that is rarely seen in this clinic, or the patient who has had a complicated course of care for the present episode of care or a complex medical history.

Level of Clinical Instructor Support:

Guidance: Student is dependent on the CI to direct the evaluation/patient treatment; either the CI is present throughout the patient interaction, or the student needs to discuss with the CI after each step of the evaluation and treatment. If the student requires the guidance level of support for an item on the Patient Management Scale for the majority of the patients they are seeing, then they should be marked at **Well Below** for that item.

Supervision: Student can carry out the evaluation and treatment but needs to be monitored to correct minor errors in technique or to facilitate decision making. The student can make the correct clinical decisions with only a few verbal cues/suggestions from the CI. The CI is not directing their decision making. If a student requires supervision for an item for patients with both a familiar and a complex presentation, then they should be marked **Below** for that item. If they only require supervision for patients with a complex presentation, then they should be marked **At That Level for Familiar Patients**.

Independent: A student is considered "independent" if they are directing the evaluation and treatment and getting an effective outcome. If a student is coming to the CI for consultation about a patient's evaluation or plan of care, or clarifying a clinical decision, this is not considered "Supervision". When the student is at the "independent" level of CI support for an item on the Patient Management Scale, the student is demonstrating the skills of a competent clinician. If they are independent only for patients with a familiar presentation, then they would be marked **At That Level for Familiar Patients**. If they are independent for all patients, then they would be marked **At That Level for all Patients**.

Please score the student on **Patient Management** items as follows:

Well Below: Student requires Guidance from their clinical instructor to complete an item for all patients.

Below: Student requires supervision and/or has difficulty with time management while completing the item for all patients. The student could continue to require Guidance for the patient with a more complex presentation while only needing Supervision with the patient with a familiar presentation.

At That Level for Familiar Patients: Student is independently managing patients with a familiar presentation; they are at the level of a competent clinician with these patients when performing an item. Students require Supervision to manage patients with a complex presentation and they are below the level of a competent clinician for these patients.

At That Level for all Patients: Student is independently managing both patients with a familiar presentation and patients with a complex presentation. Student can carry an appropriate caseload for your clinic and achieve an effective outcome with patients. The student is at the level of a competent clinician in your setting.

Above: Student is performing above the level of a competent clinician in your clinic. Clinical skills are highly effective and demonstrate the most current evidence in practice. The student can carry a higher-than-expected caseload. The student actively seeks out and develops independent learning opportunities. The student serves as a mentor to other students and provides resources to the clinical staff.

Please use the comment page for specific areas of concern and/or positive feedback. In addition to adding comments, please check off whether the student has met the clinical benchmarks for this affiliation. The student should have provided you with clinical benchmarks specific to their affiliation. The clinical benchmarks are also available on the University of Pittsburgh Clinical Education Portal.

Global Rating Scale: On the last page you are asked to make a global rating about how the student compares to a competent clinician on an eleven-point scale from 0 to 10. The bottom of the scale indicates a student *Well Below a Competent Clinician* and the top of the scale represents a student *Above a Competent Clinician*. Please place an X in one of the boxes indicating the level where you feel your student is performing.

On the last page please also indicate whether the student is performing at a satisfactory level for their current level of education. The clinical benchmarks for their affiliation are the minimal expectations for the affiliation so if they are not meeting them, then they are not performing at a satisfactory level. **Please let the DCE know immediately if there is a problem in any area of Professional Behaviors or the student is not meeting their clinical benchmarks in a timely manner.** In the comment section, please explain a *No* response and give an overall summary of the student's performance.

REFERENCES:

- American Physical Therapy Association. Guide to Physical Therapist Practice, ed. 2. Physical Therapy 81[1]. 2001
- Sackett et al. Clinical Epidemiology A Basic Science for Clinical Medicine. 1991.
- World Health Organization (2001) International Classification of Impairments, Disabilities and Health. Geneva: World Health Organization

STANDARDS & BENCHMARKS			RATING			
PROFESSIONAL BEHAVIORS	Never	Rarely	Some-times	Most of the Time	Always	Not Observed
INITIATIVE						
1. Recognizes and maximizes opportunity for learning						
2. Implements constructive criticism						
3. Utilizes available resources for problem solving						
4. Is a positive contributor to the efficient operation of the clinic through the demonstration of teamwork and flexibility						
Comments:						
<div>Met Clinical Benchmarks for Initiative</div> <div>Yes No</div>						
COMMUNICATION SKILLS						
<i>Communicates <u>verbally</u> with precise and appropriate terminology and in a timely manner.</i>						
1. With patients and families/caregivers						
2. With healthcare professionals (e.g., MD, nurses, insurance carriers, case managers, OT, ST, etc.)						
<i>Communicates <u>in writing</u> with precise and appropriate terminology and in a timely manner.</i>						
3. Documentation standards (e.g., concise, accurate, legible; conforms with standard procedures)						
4. With professionals (e.g., documentation, letters, plans of care, etc.)						
5. With patients and families/caregivers (e.g., patient home programs, etc.)						
Comments:						
<div>Met Clinical Benchmarks for Communication</div> <div>Yes No</div>						

Student signature:_____

Date:_____

Clinical Instructor signature:_____

Date:_____

STUDENT NAME: _____ **Please**
compare the student to the competent clinician who is able to skillfully manage patients in an efficient manner
to achieve an effective outcome. (Refer to page 3 for RATING definitions)

STANDARDS & BENCHMARKS			RATING		
PATIENT MANAGEMENT	Well Below	Below	At That Level for Familiar Patients	At That Level for all Patients	Above
EXAMINATION					
1. Obtains an accurate history of current problem					
2. Identifies problems related to activity limitations and participation restrictions using standardized outcomes instruments when available					
3. Performs systems review and incorporates relevant past medical history					
4. Generates an initial hypothesis					
5. Generates alternative hypotheses (list of differential dx)					
6. Selects evidence-based tests and measures to confirm or disconfirm hypotheses					
7. Recognizes contraindications for further tests and measures					
8. Demonstrates appropriate psychomotor skills when performing tests and measures					
EVALUATION					
1. Makes correct clinical decisions based on the data gathered in the examination (confirms/disconfirms initial and alternative hypotheses)					
2. Identifies impairments in body structure and function; activity limitations; and participation restrictions					
3. Administers further tests and measures as needed for appropriate clinical decision making					
DIAGNOSIS/PROGNOSIS					
1. Determines a diagnosis for physical therapy management of the patient					
2. Determines expected outcomes (using standardized indices of activity limitations and participation restrictions where applicable) of physical therapy interventions (goals)					
3. Selects appropriate physical therapy interventions or makes appropriate consultations or referrals					
4. Determines appropriate duration and frequency of intervention; considers cost effectiveness					
5. Determines criteria for discharge					
INTERVENTION					
1. Adheres to evidence during treatment selection					
2. Applies effective treatment using appropriate psychomotor skills					
3. Incorporates patient/family education into treatment					
4. Incorporates discharge planning into treatment					
5. Assesses progress of patient using appropriate measures					

6. Modifies intervention according to patient/client's response to treatment					
7. Recognizes when expected outcome has been reached and makes appropriate recommendations					
8. Recognizes psychosocial influences on patient management					

Please comment here on the specific areas of concern or areas of strength.		
Examination: 		
Met Clinical Benchmarks for Examination?	Yes	No
Evaluation: 		
Met Clinical Benchmarks for Evaluation?	Yes	No
Diagnosis/Prognosis: 		
Met Clinical Benchmarks for D/P?	Yes	No
Intervention: 		
Met Clinical Benchmarks for Intervention?	Yes	No

Global Rating of Student Clinical Competence

On a scale from 0 to 10, how does the student compare to a competent clinician who is able to skillfully manage patients in an efficient manner to achieve effective patient/client outcomes?

Place an "X" in the box which best describes the student.

0	1	2	3	4	5	6	7	8	9	10

*Well Below
a Competent
Clinician*

*Above a
Competent
Clinician*

2. Is the student performing at a level that is satisfactory for his/her current level of education?

____ Yes

_____ No

Summative Comments:

Student Signature: _____

Date: _____

Clinical Instructor Signature: _____

Date: _____

Appendix M: CAPTE, CIET, and CPI Alignment

Carlow University
Doctor of Physical Therapy

CAPTE 7D details	CPI Web	CIET
7D 1 Legal Practice Standards	2 Professional Behavior	<i>Initiative (1-4)</i>
7D 2 Report Abuse	3 Accountability	<i>Professional Ethics (1-7)</i>
7D 3 Report Fraud	3 Accountability	<i>Professional Ethics (1-7)</i>
7D 4 Practice Consistent with Code of Ethics	2 Professional Behavior; 3 Accountability	<i>Initiative (1-4); Professional Ethics (1-7)</i>
7D 5 Practice Consistent with APTA Core Values	2 Professional Behavior; 3 Accountability	<i>Initiative (1-4); Professional Ethics (1-7)</i>
7D 6 Moral Reasoning	2 Professional Behavior; 3 Accountability	<i>Initiative (1-4); Professional Ethics (1-7)</i>
7D 7 Communicate Effectively	4 Communication	<i>Communication Skills (1-5)</i>
7D 8 Respect for Differences	5 Cultural Competence	<i>Professional Ethics (3)</i>
7D 9 Analyze Scientific Literature	7 Clinical Reasoning	<i>Evaluation (1); Diagnosis/Prognosis (3-5)</i>
7D 10 Apply Knowledge, Theory and Professional Judgment	7 Clinical Reasoning	<i>Evaluation (1); Diagnosis/Prognosis (3-5)</i>
7D 11 Best Evidence	7 Clinical Reasoning	<i>Evaluation (1); Diagnosis/Prognosis (3-5)</i>
7D 12 Educate Others	14 Educational Interventions	<i>Intervention (1-8)</i>
7D 13 Participate in professional/community organizations	6 Professional Development	<i>Initiative (1-4)</i>
7D 14 Advocate for Profession	2 Professional Behavior	<i>Initiative (1-4)</i>
7D 15 Career Development and Lifelong Learning	6 Professional Development	<i>Initiative (1-4)</i>
7D 16 Determine need for referral	8 Screening	<i>Examination (3)</i>
7D 17 Patient History	9 Examination	<i>Examination (1-8)</i>
7D 18 Systems Review	9 Examination	<i>Examination (1-8)</i>
7D 19 Tests and Measures	9 Examination	<i>Examination (1-8)</i>
7D 20 Evaluate data from examination to make clinical judgments	10 Evaluation	<i>Evaluation (1-3)</i>
7D 21 Use ICF	10 Evaluation	<i>Evaluation (1-3)</i>

7D 22 Determine Diagnosis	11 Diagnosis and Prognosis	<i>Diagnosis/Prognosis (1-5)</i>
7D 23 Determine patient goals and expected outcomes; timelines	11 Diagnosis and Prognosis; 12 Plan of Care	<i>Diagnosis/Prognosis (1-5); Intervention (1-8)</i>
7D 24 Establish Plan of Care	12 Plan of Care	<i>Diagnosis/Prognosis (1-5); Intervention (1-8)</i>
7D 25 Determine components of POC that may/may not be directed to PTA	18 Direction and Supervision of Personnel	<i>Professional Ethics (4); Communication Skills (1-5)</i>
7D 26 Create discontinuation of episode of care plan	12 Plan of Care	<i>Diagnosis/Prognosis (1-5); Intervention (1-8)</i>
7D 27 PT Interventions	13 Procedural Interventions	<i>Intervention (1-8)</i>
7D 28 Manage POC	12 Plan of Care	<i>Diagnosis/Prognosis (1-5); Intervention (1-8)</i>
7D 29 Delineate, communicate, and supervise POC delegated to PTA	18 Direction and Supervision of Personnel	<i>Professional Ethics (4); Communication Skills (1-5)</i>
7D 30 Monitor and adjust POC response to patient status	12 Plan of Care	<i>Diagnosis/Prognosis (1-5); Intervention (1-8)</i>
7D 31 Assess patient outcomes	16 Outcome Assessment	<i>Examination (2); Evaluation (1-3); Diagnosis/Prognosis (2)</i>
7D 32 Documentation	15 Documentation	<i>Communication Skills (3-5)</i>
7D 33 Response to Emergencies		
7D 34 Prevention, Health, and Wellness	7 Clinical Reasoning; 8 Screening; 13 Procedural Interventions; 14 Educational Interventions	<i>Evaluation (1); Diagnosis/Prognosis (3-5); Examination (3); Intervention (1-8)</i>
7D 35 Direct Access	8 Screening; 9 Examination; 10 Evaluation; 11 Diagnosis and Prognosis; 12 Plan of Care; 13 Procedural Interventions; 14 Educational Interventions; 17 Financial Resources	<i>Examination (3); Examination (1-8); Evaluation (1-3); Diagnosis/Prognosis (1-5); Intervention (1-8); Diagnosis/Prognosis (4)</i>
7D 36 Case Management	1 Safety; 7 Clinical Reasoning; 12 Plan of Care; 17 Financial Resources	<i>Safety (1-3); Evaluation (1); Diagnosis/Prognosis (3-5); Diagnosis/Prognosis (1-5); Intervention (1-8); Diagnosis/Prognosis (4)</i>
7D 37 Assess Safety Risks	1 Safety	<i>Safety (1-3)</i>
7D 38 Quality Assurance and Improvement	15 Documentation; 16 Outcome Assessment; 17 Financial Resources	<i>Communication Skills (3-5); Diagnosis/Prognosis (4)</i>
7D 39 Interprofessional Collaboration	12 Plan of Care	<i>Diagnosis/Prognosis (1-5); Intervention (1-8); Examination (2);</i>

		<i>Evaluation (1-3); Diagnosis/Prognosis (2)</i>
7D 40 Health Informatics	7 Clinical Reasoning; 10 Evaluation; 11 Diagnosis and Prognosis; 12 Plan of Care; 17 Financial Resources	<i>Evaluation (1); Diagnosis/Prognosis (3-5); Evaluation (1-3); Diagnosis/Prognosis (1-5); Diagnosis/Prognosis (1-5); Intervention (1-8); Diagnosis/Prognosis (4)</i>
7D 41 Assess health care policy	3 Accountability; 17 Financial Resources	<i>Professional Ethics (1-7); Diagnosis/Prognosis (4)</i>
7D 42 Participate in financial management of setting	17 Financial Resources	<i>Diagnosis/Prognosis (4)</i>
7D 45 Practice Management and Quality Improvement	16 Outcome Assessment; 17 Financial Resources	<i>Diagnosis/Prognosis (4)</i>

Appendix N: CIET Post Test Training

Carlow University
Doctor of Physical Therapy

CIET Posttest training will occur in EXXAT

Appendix O: Carlow DPT CIET Expected Performance Criteria and Benchmarks

Carlow University Doctor of Physical Therapy Doctor of Physical Program

Professional Behaviors	ICE	CE I	CE II	CE III
Safety				
1.Follows Health and Safety Precautions (e.g., Universal/Standard Precautions)	Most of the time	Always	Always	Always
2.Takes appropriate measures to minimize risk of injury to self (e.g., appropriate body mechanics)	Most of the time	Always	Always	Always
3.Takes appropriate measures to minimize risk of injury to patient (e.g., chooses correct level of assist)	Most of the time	Always	Always	Always
Professional Ethics				
1.Demonstrates compliance with all regulations regarding patient privacy, confidentiality, and security (e.g., HIPAA, DOH, PT Practice Act)	Most of the time	Always	Always	Always
2.Demonstrates positive regard for patients/peers during interactions	Most of the time	Always	Always	Always
3.Demonstrates cultural competence; shows tolerance of and sensitivity to individual differences	Most of the time	Always	Always	Always
4. Adheres to ethical and legal standards of practice (e.g., Practice Act and APTA Code of Ethics)	Most of the time	Always	Always	Always
5.Maintains appropriate appearance in attire in accordance with the facility's dress code.	Most of the time	Always	Always	Always
6.Maintains appropriate professional conduct and demeanor as per the Code of Professional Conduct.	Most of the time	Always	Always	Always
7.Demonstrates awareness of patients' rights and responsibilities	Most of the time	Always	Always	Always
Initiative				
1.Recognizes and maximizes opportunity for learning	Most of the time	Always	Always	Always
2.Implements constructive criticism	Most of the time	Always	Always	Always
3.Utilizes available resources for problem solving	Most of the time	Always	Always	Always
4.Is a positive contributor to the efficient operation of the clinic through the demonstration of teamwork and flexibility	Most of the time	Always	Always	Always
Communication Skills				
<i>Communicates verbally with precise and appropriate terminology and in a timely manner</i>				

1. With patients and families/caregivers	Most of the time	Most of the time	Always	Always
2. With health care professionals (e.g., MD, nurses, insurance carriers, case managers, OT, ST, etc.)	Sometimes	Most of the time	Always	Always
<i>Communicates in writing with precise and appropriate terminology and in a timely manner</i>				
3. Documentation standards (e.g., concise, accurate, legible; conforms with standard procedures)	Sometimes	Most of the time	Always	Always
4. With professionals (e.g., documentation, letters, plans of care, etc.)	Sometimes	Most of the time	Always	Always
5. With patients and families/caregivers (e.g., patient home programs, etc.)	Most of the time	Most of the time	Always	Always

Observation Key:

****Measuring the frequency of appropriate behavior****

- Always: >95% of the time
- Most of the time: 75% of the time
- Sometimes: 50% of the time
- Rarely: <25% of the time
- Never: 0% Occurrence
- Not Observed: *can only be used in Communication section*, if the student has not had the opportunity to demonstrate a particular skill

<u>Patient Management Section</u>	ICE	CE I	CE II	CE III
Examination				
1. Obtains an accurate history of current problems	Below	At that level for familiar	At that level for ALL	At that level for ALL
2. Identifies problems related to activity limitations and participation restrictions using standardized outcomes instruments when available	Below	At that level for familiar	At that level for ALL	At that level for ALL
3. Performs systems review and incorporates relevant past medical history	Below	At that level for familiar	At that level for ALL	At that level for ALL
4. Generates an initial hypothesis	Below	At that level for familiar	At that level for ALL	At that level for ALL
5. Generates alternative hypotheses (list of differential diagnosis)	Below	At that level for familiar	At that level for ALL	At that level for ALL
6. Selects evidence-based tests and measures to confirm or disconfirm hypotheses	Below	At that level for familiar	At that level for ALL	At that level for ALL

7.Recognizes contraindications for further tests and measures	Below	At that level for familiar	At that level for ALL	At that level for ALL
8.Demonstrates appropriate psychomotor skills when performing tests and measures	Below	At that level for familiar	At that level for ALL	At that level for ALL
Clinical Benchmark Criteria at Final	≥5/8 Below	≥6/8 At that level for familiar	8/8 at that level for ALL	8/8 at that level for ALL
Evaluation				
1.Makes correct clinical decisions based on the data gathered in the examination (confirms/disconfirms initial and alternative hypotheses)	Below	At that level for familiar	At that level for All	At that level for All
2.Identifies impairments in body structure and function; activity limitations; and participation restrictions	Below	At that level for familiar	At that level for All	At that level for All
3.Administers further tests and measures as needed for appropriate clinical decision making	Below	At that level for familiar	At that level for All	At that level for All
Clinical Benchmark Criteria at Final	≥2/3 Below	≥2/3 At that level for familiar	≥2/3 at that level for ALL	≥2/3 at that level for ALL
Diagnosis/Prognosis				
1.Determines a diagnosis for physical therapy management of the patient	Below	At that level for familiar	At that level for familiar	At that level for ALL
2.Determines expected outcomes (using standardized indices of activity limitations and participation restrictions where applicable) of physical therapy interventions (goals)	Below	At that level for familiar	At that level for familiar	At that level for ALL
3.Selects appropriate physical therapy interventions or makes appropriate consultations or referrals	Below	At that level for familiar	At that level for familiar	At that level for ALL
4.Determines appropriate duration and frequency of intervention; considers cost effectiveness	Below	At that level for familiar	At that level for familiar	At that level for ALL
5.Determines criteria for change	Below	At that level for familiar	At that level for familiar	At that level for ALL
Clinical Benchmark Criteria at Final	≥3/5 Below	≥3/5 At that level for familiar	≥4/5 At that level for familiar	≥3/5 At that level for ALL
Intervention				
1.Adheres to evidence during treatment selection	Below	At that level for familiar	At that level for familiar	At that level for ALL
2.Applies effective treatment using appropriate psychomotor skills	Below	At that level for familiar	At that level for familiar	At that level for ALL
3.Incorporates patient/family education into treatment	Below	At that level for familiar	At that level for familiar	At that level for ALL

4.Incorporates discharge planning into treatment	Below	At that level for familiar	At that level for familiar	At that level for ALL
5.Assesses progress of patient using appropriate measures	Below	At that level for familiar	At that level for familiar	At that level for ALL
6.Modifies intervention according to patient/client's response to treatment	Below	At that level for familiar	At that level for familiar	At that level for ALL
7.Recognizes when expected outcome has been reached and makes appropriate recommendations	Below	At that level for familiar	At that level for familiar	At that level for ALL
8.Recognizes psychosocial influences on patient management	Below	At that level for familiar	At that level for familiar	At that level for ALL
Clinical Benchmark Criteria at Final	≥5/8 Below	≥ 5/8 At that level for familiar	≥ 6/8 At that level for familiar	≥ 6/8 At that level for ALL

Observation Key:

- based on “competent clinician who skillfully manages patients in an efficient manner to achieve an effective outcome.”

Well Above: Reserved for the master clinician and/or clinical specialist

Above: Student is performing above the level of a competent clinician in your clinic. Clinical skills are highly effective and demonstrate the most current evidence in your practice. The student can carry a higher-than-expected caseload. The student actively seeks out and develops independent learning opportunities. The student serves as a mentor to other students and provides resources to the clinical staff.

At that level for all patients: Student is independently managing both patients with a familiar presentation and patients with a complex presentation. Student can carry an appropriate caseload for your clinic and achieve an effective outcome with patients. The student is at the level of a competent clinician in your setting.

At that level for familiar patients: Student is independently managing patients with a familiar presentation; they are at the level of a competent clinician with these patients when performing an item. Students require supervision to manage patients with a complex presentation and they are below the level of a competent clinician for these patients.

Below that level: Students requires supervision and/or has difficulty with time management while completing the item for all patients. The student could continue to require guidance for the patient with a more complex presentation while only needing supervision with the patient with a familiar presentation

Well below: Student requires a great deal of guidance from their clinical instructor to complete an item for all patients including instructions and verbal cueing to complete a task,

**Please reference "Operational Definitions for Using the CIET" handout for definitions of types of patients and level of clinical instructor support. **

Global Rating Scale- assesses how the student compares to a competent clinician on a scale 0 (well below a competent clinician) to 10 (above a competent clinician)

- Is the student performing at a satisfactory level for their *current level of education*?
- Will have all clinical instructors and students fill it out. This will be used for data collection only at this time.

References:

Fitzgerald LM, Delitto A, Irrgang J. Validation of the Clinical Internship Evaluation Tool. *Physical Therapy*. 2007; 87:844-860.

Guide to Physical Therapy Practice. 2nd Ed. *Physical Therapy*. 2001; 81:9-746.

Sackett DL, Haynes RB, Tugwell P, Guyett GH, eds. *Clinical Epidemiology: A Basic Science for Clinical Medicine*, 2nd ed. Philadelphia, PA: Lippincott Williams and Wilkins Publishers: 1991.

Appendix P: Clinical Education Weekly Progress Report

Carlow University
Doctor of Physical Therapy

Student Name: _____

Week #: _____

Date: _____

Student Reflections on the week (strengths, challenges, progression on goals):

CI Reflections on the week (strengths, challenges, progression on goals):

Goals for Upcoming Week:

- 1.
- 2.
- 3.

Appendix Q: Clinical Education Intervention Plan

Carlow University
Doctor of Physical Therapy

Student Name: _____

Date: _____

In discussion with the student, CI, and DCE the following concerns have arisen:

- ☐ Unprofessional behavior(s)
- ☐ Safety concern
- ☐ Lack of competency in a knowledge/skill area
- ☐ Student did not achieve ≥ 3 CIET Benchmarks

Concern	Action Plan	Timeline	Expected Outcome	Met (yes/no)

Student Signature: _____

DCE Signature: _____

Date: _____

Date: _____

Appendix R: Carlow DPT Sample Clinical Affiliation Agreement

Carlow University
Doctor of Physical Therapy

CLINICAL AFFILIATION AGREEMENT BETWEEN

And

Carlow University
3333 Fifth Avenue
Pittsburgh, Pennsylvania 15213

This Clinical Affiliation Agreement ("Agreement") is made this ____ day of _____, _____, by and between Carlow University (hereinafter referred to as "University") and [_____] (hereinafter referred to as the "Agency"). WHEREAS University seeks opportunities for its College of Health and Wellness students to seek clinical practicum experience within Agency's facility, and WHEREAS, the Agency has determined its intention to receive the University's College of Health and Wellness students for clinical practicum in its facility, and WHEREAS, this Agreement is consistent with the mission of the Agency and University to promote professional education and training for the purpose and upon the terms and conditions hereinafter more particularly set forth; NOW, THEREFORE, Agency and University intending hereby to be legally bound do promise and agree as follows:

A. The University agrees to:

1. Be responsible for the educational program of the students assigned for the purpose of obtaining clinical practicum experience in conjunction with the University's College of Health & Wellness programs to potentially include (based on available Agency services), but not limited to, physical therapy (PT).
2. Accept the Agency's policies and procedures as guides to practice, be responsible for seeking information regarding changes, and for developing educational material in harmony with the established policies and procedures of the Agency.
3. Abide by the schedule of days, dates, hours of clinical experience and the number of students as agreed upon by the University and the Agency.
4. Provide the Agency with the names of students and University faculty assigned to the Agency.
5. Direct that students and faculty observe policies, techniques, and procedures relative to population-based care, personal conduct and dress code as stipulated by the Agency.
6. Provide agency representatives with instructional objectives of the learning experience as well as protocols for the experience. Establish the educational objectives for the clinical experience, devise methods for their implementation and continually evaluate to determine the effectiveness of the clinical experience.
7. Provide Agency with clinical instructors/educators/supervisors with appropriate training and instruction for completing the required documentation relevant to the clinical practicum experience (e.g., performance evaluations, signing clock hours, intervention plans, etc.).
8. Prohibit discrimination on the basis of race, color, age, national origin, sex, religion, or disability against any individual participating in the clinical practicum program.

9. Permit, upon student's consent and authorization, the Agency to administer emergency care to a University student in need.
10. The University agrees to provide a program specific Director of Clinical Education to work directly with individual students to select and secure an appropriate clinical practicum site. Criteria specific to selecting an appropriate clinical practicum site is contingent on program specific accreditation, certification, and licensing standards and are as follows:
Physical Therapy:
 - Clinical instructor/educator/supervisors with current, valid state licensure;
 - Clinical instructor/educator/supervisors with a minimum of full time or equivalent one year practice experience; and
 - Clinical instructor/educator/supervisors with appropriate clinical competence in specified clinical setting.
12. For students in direct contact with patients/clients, submit to the Agency a statement verifying that students have met clinical course requirements including:
 - Basic Life Support (BLS) Certification for Healthcare Providers;
 - Physical Examination, Complete Blood Count, Urinalysis.
 - Tuberculin Skin Testing and if needed a Chest x-ray and completion of a TB Symptom Screening Form.
 - Evidence of immunity to MMR, Varicella, Hepatitis B, and Tdap;
 - Act 24/34/151/114 Security Clearances reflecting no record or if a record exists, it does not prohibit hire.
 - Act 31 of 2014 Child Abuse Recognition & Reporting training;
 - Occupational Safety and Health Administration (OSHA) Blood Borne Pathogen training;
 - Health Insurance Portability and Privacy Act training;
 - Influenza Vaccination annually or a signed declination waiver;
 - COVID 19 vaccination or signed declination waiver;
 - Additional site-specific requirements as requested.
13. Keep strictly confidential any and all Agency confidential material, information, and/or knowledge received or gained through the participation of a student or faculty member in this clinical practicum program at the Agency. Agency's confidential information includes, but is not limited to, patient identities, patient information (such as contained in patient medical records, including information accessed through Medical Center's computer systems).
14. Prohibit writings of any kind, including posts on any form of social media, concerning activities, patients/clients or procedures at the Agency from being published or disseminated without the written approval of the Agency, and under no circumstances may any writing identify a patient/client by name or recognizable description without the written authorization of the patient/client or the patient/client's parent(s) or guardian(s).
15. Prohibit discrimination on the basis of race, color, age, national origin, sex, religion, or disability against any individual participating in this program.
16. Confirm that each student shall be instructed to:
 - a. provide appropriate documentation to satisfy health, immunization and drug screening requirements as identified by the Agency or clinical site;
 - b. abide by all Agency and clinical site policies, rules, and regulations;
 - c. comply with instructions from faculty and Agency staff;

- d. wear Agency issued identification and apparel, if any, designated appropriate for different patient care areas consistent with Agency and clinical site policies and procedures;
- e. remain responsible for travel, parking, meals, housing and other living expense while enrolled in clinical practicum; and
- f. keeps strictly confidential any and all Agency confidential material, information, and/or knowledge received or gained through the participation of a student or faculty member in this clinical practicum program at the Agency. Agency's confidential information includes, but is not limited to, patient identities, patient information (such as contained in patient medical records, including information accessed through Medical Center's computer systems).

The Agency does hereby agree to:

1. Provide clinical practicum for students in selected Agency areas as set forth and expanded upon herein.
2. Provide a clinical educator/preceptor for each student assigned to the Agency.
3. Provide proof of state license(s) for each clinical educator/preceptor assigned to a student.
4. Assume the responsibility and authority for the population being served.
5. Maintain an educational climate and standards conducive to teaching and learning.
6. Orient the University faculty and students to the Agency's facilities, procedures, and policies.
7. Agency retains the right to suspend and/or terminate a student's enrollment in the clinical practicum based on professional competence or performance, personal behavior, or other grounds related to patient care, safety or inappropriate or illegal conduct. A student's enrollment in the clinical practicum will not be terminated without consultation with the University faculty appointed student advisor.

Participate and cooperate in the education of students by:

- Joint planning about the experience by the Agency clinical educator/supervisor(s) and the University faculty member, logging of clinical clock hours, intervention planning, etc.);
- Completing all necessary administrative documentation relevant to the clinical practicum/fieldwork experience (e.g. clinical performance evaluations, logging of clinical clock hours, intervention planning, fieldwork data forms, etc.);
- Working collaboratively with University faculty members when reviewing student progress and in scheduling faculty site visits;
- Permitting students to attend University/Program required class meetings and seminars during the clinical practicum/fieldwork experience;
- Permitting utilization of additional learning experiences where applicable;
- Encouraging student consultation concerning information pertinent to population being served.

Physical Therapy specific:

- Provide clinical education by a clinical instructor/ educator/supervisor with valid licensure in the state of practice, at least one year of clinical experience, knowledge in the clinical setting;
- Ensure that the clinical learning environment demonstrates characteristics of sound patient management, ethical and professional behavior, and currency with physical therapy practice;

- Ensure that the clinical education program maximizes available resources;
 - Provide documented assessment of the clinical education component;
 - Develop strategies to actively engage core faculty participation in clinical education planning, implementation and assessment.
8. Facilitate clear channels of administration necessary for the utilization of resources required for teaching purposes.
 9. Inform the University of alterations in policies, techniques, and procedures relative to population being served. Provide shared use of lounges and facilities for personal belongings with University students.
 10. Assist any University student requiring and consenting to emergency medical care during the clinical/practicum time. The cost of such services shall be borne by the student.
 11. Make all decisions regarding patient care, in the event of a difference of opinion concerning the care of a patient. The decision of the Agency's personnel shall prevail and control all parties involved.
 12. Prohibit discrimination on the basis of race, color, age, national origin, sex, religion, or disability against any individual participating in this program.
 13. Reserve the right to suspend and/or terminate a student's enrollment in the clinical practicum based on professional competence or performance, personal behavior, or other grounds related to patient care, safety or inappropriate or illegal conduct. A student's enrollment in the clinical practicum will not be terminated without consultation with the University faculty appointed student advisor.

C. The School and Agency mutually agree to:

Review this Agreement annually and to meet as requested by either party for the purpose of evaluating the program, discussing problems, planning changes, and assuring the effective functioning of both institutions in regard to those matters covered by this Agreement. Participate in an Ad Hoc Committee composed of representatives from the Agency and the University should any problems arise which cannot be solved by the ordinary means at the disposal of the cooperating institutions. 2. The committee shall include two representatives from the Agency and two representatives from the University, and will meet to review and discuss the problem, and, if possible, to offer a satisfactory solution.

This Agreement's term shall begin on the date of execution below and, unless terminated as hereinafter set forth, shall be **automatically renewed** from year to year with such changes, if any, as may be mutually agreed upon in writing by the University and the Agency. This Agreement may be amended at any time by mutual agreement of the parties, provided that before any amendment shall be operative and valid, it shall have been reduced to writing and signed by both parties and included with this Agreement as an addendum. This Agreement may be terminated, with or without cause, by either party upon 60 days written notice of cancellation or termination or by written mutual agreement.

Notice: Any notice provided hereunder shall be in writing delivered by first-class or courier addressed as set forth below, or as the parties may subsequently designate by notice in writing::

	IF TO AGENCY:	IF TO UNIVERSITY:
Name		Rhonda Maneval D.Ed.,RN
Title		Dean, College of Health and Wellness
Address		3333 Fifth Avenue

		Pittsburgh, PA 15213
Email		remaneval@carlow.edu
Phone #		412-578-6115

D. General Provisions:

1. Professional Liability Insurance: All Carlow University CHW students are required to purchase professional liability insurance at a student rate through an insurance company specializing in professional liability insurance. The policy must minimally provide coverage for \$1,000,000 per claim or \$3,000,000 aggregate. The policy is effective for one calendar year, and it must be renewed annually throughout the graduate program. Prior to the earliest dates of affiliation, University will make available to the Agency a copy of the current certificate(s) of insurance demonstrating professional liability coverage for all Carlow University students using the Agency.
2. General Liability Insurance: For University students enrolled in the clinical practicum program, University shall maintain General Liability Insurance with respect to student activities that are officially sponsored by University in connection with the program. The General Liability Insurance is intended to cover activities that are not already covered under the professional liability insurance as defined in D(1) above. The General Liability Insurance shall be in the amount specified for any student of University. Appropriate certificates of insurance shall be furnished by University to Agency before the clinical practicum is begun hereunder.
3. Duty to Cooperate: In the event that any claim, demand, action or suit occurs because of any action or inaction related to this Agreement, the parties agree to cooperate and reasonably assist each other in the investigation evaluation, resolution and/or defense of same by their respective attorneys, employees, agents or representatives.
4. Indemnification: Each party shall defend, protect, indemnify and save the other, including the indemnified party's officers, directors, trustees, employees, parent company, owner, partners, subsidiaries and any other related or affiliated entities, harmless from and against all claims, losses or damages to persons or property, governmental charges or fines and costs and expenses (including, but not limited to, attorney's fees) (collectively, "Claim(s)") in any way arising out of such indemnifying party's gross negligence or willful misconduct.
5. Entire Agreement: This is the entire agreement of the parties and any prior agreements, whether written or oral, correspondence or representations by the parties with regard to the terms or subject matter hereof, shall be void and of no effect.
6. Amendment: This Agreement shall not be modified or amended except in writing duly executed by the parties hereto.
7. Governing Law: This Agreement shall be governed by and interpreted in accordance with the laws of the Commonwealth of Pennsylvania.
8. Counterpart Originals: This Agreement may be executed in several identical counterparts, each of which shall have the validity, force and effect of an original.

IN WITNESS THEREOF, the parties have caused this Agreement to be executed by their duly authorized representatives.

	FOR THE AGENCY:	FOR THE SCHOOL:
By (Signature)		

By (Print)		Sibdas Ghosh, PhD
Title		Provost
		Vice President, Academic Affairs
By (Signature)		
By (Print)		Rhonda Maneval D.Ed., RN
Title		Dean, College of Health & Wellness
Date		

Appendix S: PTSECECI
Carlow University
Doctor of Physical Therapy

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

Key Assumptions

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

Acknowledgement

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

all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

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

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name

Academic Institution

Name of Clinical Education Site

Address

City

State

Clinical Experience Number

Clinical Experience Dates

Signatures

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

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned

Highest degree earned Degree area

Years experience as a CI

Years experience as a clinician

Areas of expertise

Clinical Certification, specify area

APTA Credentialed

Other CI Credentialed

Professional organization memberships

APTA

Other

Additional Clinical Instructor Name (Print name)

Date

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

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

1. Name of Clinical Education Site

Address	City	State
---------	------	-------
2. Clinical Experience Number
3. Specify the number of weeks for each applicable clinical experience/rotation.

Acute Care/Inpatient Hospital Facility	Private Practice
Ambulatory Care/Outpatient	Rehabilitation/Sub-acute Rehabilitation
ECF/Nursing Home/SNF	School/Preschool Program
Federal/State/County Health	Wellness/Prevention/Fitness Program
Industrial/Occupational Health Facility	Other
4. Did you receive information from the clinical facility prior to your arrival? Yes No
5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience?
6. What else could have been provided during the orientation?

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

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

Diversity Of Case Mix	Rating	Patient Lifespan	Rating	Continuum Of Care	Rating
Musculoskeletal					
Neuromuscular		0-12 years 13-21 years		Critical care, ICU Acute SNF/ECF/Sub-acute	

Cardiopulmonary		22-65 years		Rehabilitation	
Integumentary		over 65 years		Ambulation /Outpatient	
Other (GI, GU, Renal, Metabolic, Endocrine)				Home Health/Hospice	
				Wellness/Fitness	

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

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

Evaluation

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

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

in district, state regional and/or national professional activities.

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

Clinical Experience

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

Physical therapist students

Physical therapist assistant students

Students from other disciplines or service departments (Please specify)

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

1 student to 1 CI

1 student to greater than 1 CI

1 Cl to greater than 1 student

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

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

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

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

16. Overall, how would you assess this clinical experience? (Check only one)

- ☐ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
- ☐ Time well spent; would recommend this clinical education site to another student.
- ☐ Some good learning experiences; student program needs further development.
- ☐ Student clinical education program is not adequately developed at this time.

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

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

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

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

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

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

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

Assessment of Clinical Instruction

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

1=Strongly Disagree 2=Disagree 3=Neutral 5=Strongly Agree		
Provision of Clinical Instruction	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site's objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance. The CI provided time feedback on student performance.		
The CI demonstrated skill in active listening		
The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		
The CI taught in an interactive manner that encouraged problem solving		
There was a clear understanding to whom you were directly responsible and accountable.		
CI supervision was accessible when needed. The CI clearly explained our student responsibilities.		
The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated		
The CI facilitated patient-therapist and therapist-student relationships,		
Time was available with the CI to discuss patient/client management.		
The CI served as a positive role model in physical therapy practice. The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching ,		

The CI made the formal evaluation process constructive. The CI encouraged the student to self-assess.		
-------------------------------------------------------------------------------------------------------	--	--

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

Midterm Evaluation Yes No Final Evaluation C] Yes No

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

Midterm Evaluation

Final Evaluation

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

Midterm Comments

Final Comments

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

Midterm Comments

Final Comments

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

Appendix T: Conflict Resolution Form

Carlow University
Doctor of Physical Therapy

Student Name: _____

Clinic Site: _____

Date: _____

CI/SCCE Name: _____

Concern: _____

Steps already taken to resolve concern:

Meeting Notes:

Next Steps:

Is a Clinical Education Intervention Plan Necessary?

Yes

No

Student Signature: _____

CI/SCCEE Signature: _____

DCE Signature: _____

Appendix U: Clinic Site Visit Form

Carlow University
Doctor of Physical Therapy

Student Name: _____

Cohort: _____

Clin Ed: ICE CEI CEII CEIII

Date: _____

Type: In Person Phone Video

Site: _____

Carlow Rep: _____

Site Rep: _____

Site Type: IP/Acute OP Home Health Sub Acute Rehab SNF/LTAC EI School
Other _____

Discussion with Student

Did you receive an orientation?	Yes	No
Does your CI provide you with constructive feedback on regular basis?	Yes	No
The amount of feedback received is:	Enough	Too Much
Do you incorporate feedback into your practice?	Yes	No
Do you incorporate evidence-based practice?	Yes	No
How would you describe your relationship with your CI?	Good	Average
Have you had the opportunity to participate in interprofessional collaboration	Needs Improvement	
What are your strengths?	Yes	No

What are your challenges?

How was your academic preparation for this clinical affiliation?

What are some extra learning opportunities you have had during this clinical experience?

Additional comments: _____

Discussion with CI

Does the student arrive on time and prepared for each day? Yes No

How frequently do you provide constructive feedback to the student? _____

How would you describe your relationship with your student? Good Average Needs Improvement

What are the student's strengths?

What are the student's challenges?

How was the student's academic preparation for this clinical affiliation?

How would you describe the student's verbal communication with clients/families/and other health care providers?

Satisfactory Work in Progress Unsatisfactory

How would you describe the student's nonverbal communication with clients/families/and other health care providers?

Satisfactory Work in Progress Unsatisfactory

Does the student practice in a safe manner? Yes No

Does the student accept constructive feedback? Yes No

Is the student on track for meeting clinical affiliation objectives? Yes No

Any concerns that need to be addressed? Yes No

Comments:

Notes for collaboration between student, CI, and DCE:

Appendix V: Clinical Site Orientation

Carlow University
Doctor of Physical Therapy

- Provide a tour of the facility with introduction to other staff
 - Restroom location
 - Personal belongings storage
 - Break room
- Dress Code
- Schedule
 - Lunch/Break schedule
 - Student supervision
 - Call off procedure
- Parking
- Documentation
 - Location
 - Policies and Procedures
 - Available PT equipment/resources
- Explain your role as part of the health care team
- Share some of the administrative “nonclinical” essentials of the clinic site and encourage students to talk to those responsible for these tasks
- Explicitly discuss policies and procedures that will impact the student while on clinical affiliation
 - Emergency procedures
 - Site specific HIPAA compliance
 - Infection control/prevention
- Explicitly discuss the regulations that the clinic must abide by i.e., insurance, accrediting bodies, government agencies
- Share how your clinic provides a role in the local community
- Explicitly share your expectations for the student while on clinical affiliation
- Student goals
- Feedback schedule

Appendix W: DCE Evaluation
Carlow University
Doctor of Physical Therapy
APTA FACULTY ASSESSMENT OF ACCE/DCE PERFORMANCE

ACCE/DCE PERFORMANCE ASSESSMENT

ACCE/DCE SELF-ASSESSMENT and ACADEMIC ADMINISTRATOR SURVEYS

May 2010

American Physical Therapy Association
Department of Physical Therapy Education 111'1 Fairfax Alexandria, Virginia 22314

APTA

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SELF-ASSESSMENT AND Academic ADMINISTRATOR ASSESSMENT OF ACCE/DCE PERFORMANCE

Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated
2. Academic Program
3. For what period of time are you assessing the ACCE/DCE? (annually, biannually, every other year, upon request)
4. Evaluator Role PT/ACCE (select from drop down menu) Date of Evaluation

Directions

Responses should be relevant to your interactions with the individual(s) being assessed. Please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

- 1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

- 4 = Always exhibits behavior
5 = Is exceptional in exhibiting the behavior
IE = Insufficient evidence to rate behavior

1 = Rarely/never exhibits behavior
 2 = Sometimes exhibits behavior
 3 = Usually exhibits behavior

4 = Always exhibits behavior
 5 = Is exceptional in exhibiting the behavior
 IE = Insufficient evidence to rate behavior

For all of the Likert Scale items provided, please "click" on only ONE response (use the mouse).

SECTION A: DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

- | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. promoting students' self-assessment of their clinical performance. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. facilitating student reflection upon clinical education experiences. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. reinforcing expectations for demonstrating professionalism. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. conferencing with students to maximize learning during a clinical experience. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. facilitating the development of individualized action plans to advance student performance. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 6. monitoring the progression of individualized action plans. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 7. ensuring that students have the opportunities to acquire the necessary clinical skills for entry-level practice. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A.

000001

SECTION B: DEVELOPMENT OF CLINICAL EDUCATION FACULTY

The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by...

- | | | | | | | |
|---------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. using a variety of feedback methods to assess clinical educators. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. promoting development of clinical teaching and mentoring skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. providing professional development opportunities to promote best practice in physical therapy. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section B.

000002

1 = Rarely/never exhibits behavior
 2 = Sometimes exhibits behavior
 3 = Usually exhibits behavior

4 = Always exhibits behavior
 5 = Is exceptional in exhibiting the behavior
 IE = Insufficient evidence to rate behavior

SECTION C: DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (e.g. clinical education sites, policies, procedures, learning experiences, and curriculum) by...

- | | | | | | | |
|------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. conducting ongoing review of clinical education policies and procedures. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. assessing the strengths and needs of the clinical education program using feedback from a variety of sources. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. implementing a plan to respond to the needs of clinical education sites based on feedback. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. providing recommendations to the academic program based on the analysis of the feedback. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section C.

000003

SECTION D: MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

- | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. maintaining the number and variety of clinical sites to allow each student to meet clinical education program requirements. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. synthesizing clinical education data to prepare necessary reports including for CAPTE documentation. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. promoting adherence to current policies and procedures of the clinical education program. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. adhering to program policies and procedures regarding student's eligibility and progression through clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. grading students' clinical education coursework based on clinical performance, and academic program guidelines. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may further describe the quality or quantity of ACCE/DCE efforts on items in Section D.

000004

1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

4 = Always exhibits behavior
5 = Exceeded expectations for the behavior
IE = Insufficient evidence to rate behavior

SECTION E: LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

- | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. networking with individuals and groups at local, regional, and/or national levels to further clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. building partnership(s) to strengthen the relationship between academic programs and clinical sites. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. advising the program director and faculty of changing health care trends that affect student learning and programmatic issues. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. advocating a vision for clinical education within the context of the academic program's mission and vision. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 6. using technology to enhance clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 7. facilitating academic faculty involvement in clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section E.

SECTION F: COMMUNICATION

The ACCE/DCE's communication skills are integral in creating and sustaining a meaningful and effective clinical education program by...

- | | | | | | | |
|------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. providing timely communication. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. soliciting comments, feedback, and concerns. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. highlighting key academic program policy and procedures for clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. conducting clinical site visits. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.

1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

4 = Always exhibits behavior
5 = Exceeded expectations for the behavior
IE = Insufficient evidence to rate behavior

SECTION G: PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

- | | | | | | | |
|---------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. displaying a positive attitude. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. being accessible. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. listening actively. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. demonstrating effective organizational skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. demonstrating interpersonal skills that foster quality relationships. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 6. demonstrating effective conflict resolution skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 7. responding to unexpected situations using productive problem-solving skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 8. displaying expertise in clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

ACCE/DCE

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section G.

SUMMATIVE COMMENTS

Areas of strengths:

Areas for improvement:

Name of Evaluator (Optional):

Would you like a follow up contact to discuss this assessment?

ACCE/DCE PERFORMANCE ASSESSMENT STUDENT SURVEY

May 2010

APTA

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STUDENT ASSESSMENT OF ACCE/DCE PERFORMANCE

Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated _____
2. Academic Program
3. For what clinical experience(s) are you commenting on the ACCE/DCE or Assistant/Co-ACCE performance? (1-8)
4. For what period of time are you assessing the ACCE/DCE or Assistant ACCE/Co-ACCE? (annually, biannually, every other year, upon request)
5. What will be your highest earned physical therapy degree when you complete your program?
☐ Associate ☐ Masters ☐ DPT (Professional)
6. Evaluator Role PT Student (select from drop down menu) Date of Evaluation

Directions

Responses should be relevant to your interactions with the individual(s) being assessed. Please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

- 1 = Rarely/never exhibits behavior
 2 = Sometimes exhibits behavior
 3 = Usually exhibits behavior

For all of the Likert Scale items:

- 4 = Always exhibits behavior
 5 = Insufficient evidence to rate the behavior
 IE = Insufficient evidence to rate behavior

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

- | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. promoting students' self-assessment of their clinical performance. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. facilitating student reflection upon clinical education experiences. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. reinforcing expectations for demonstrating professionalism. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. conferring with students to maximize learning during a clinical experience. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. facilitating the development of individualized action plans to advance student performance. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 6. monitoring the progression of individualized action plans. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 7. ensuring that students have the opportunities to acquire the necessary clinical skills for entry-level practice. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A.

ACCE/DCE

SECTION B. DEVELOPMENT OF CLINICAL EDUCATION FACULTY

The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by...

- | | | | | | | |
|---------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. using a variety of feedback methods to assess clinical educators. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. promoting development of clinical teaching and mentoring skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. providing professional development opportunities to promote best practice in physical therapy. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section B.

1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

4 = Always exhibits behavior
5 = Is exceptional in exhibiting the behavior
IE = Insufficient evidence to rate behavior

SECTION D: MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

- | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. maintaining the number and variety of clinical sites to allow each student to meet clinical education program requirements. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. managing information about clinical sites and clinical educators. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. promoting adherence to current policies and procedures of the clinical education program. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. informing students and clinical sites about legal and liability requirements prior to clinical placements. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. implementing procedures for student clinical placements based on established program policies. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 6. adhering to program policies and procedures regarding student's eligibility and progression through clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 7. grading students' clinical education coursework based on clinical performance and academic program guidelines. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section D.

SECTION E: LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

- | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. facilitating reflective dialogue about advancements in the profession of physical therapy. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. networking with individuals and groups at local, regional, and/or national levels to further clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. using technology to enhance clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. facilitating academic faculty involvement in clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section E.

1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

4 = Always exhibits behavior
5 = Is exceptional in exhibiting the behavior
IE = Insufficient evidence to rate behavior

Section F: COMMUNICATION

The ACCE/DCE's communication skills create and sustain an effective clinical education program by

- | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. providing timely communication. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. soliciting comments, feedback, and concerns. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. highlighting key academic program policy and procedures for clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. clarifying federal and state regulations and professional positions, policies, and guidelines related to clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. conducting clinical site visits/contacts. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.

SECTION G: PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

- | | | | | | | |
|---------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. fostering an atmosphere of mutual respect in clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. displaying a positive attitude. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. being approachable. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. being accessible. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| listening actively. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. demonstrating effective time management. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 6. demonstrating effective organizational skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 7. demonstrating interpersonal skills that foster quality relationships. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 8. demonstrating effective conflict resolution skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 9. responding to unexpected situations using productive problem-solving skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 10. displaying expertise in clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section G.

SUMMATIVE COMMENTS

Areas for improvement:

Name of Evaluator (Optional):

Would you like a follow up contact to discuss this assessment? ☐ Yes ☐ No

Contact Information: e-mail:

ACCE/DCE PERFORMANCE ASSESSMENT CLINICAL INSTRUCTOR and CENTER COORDINATOR OF CLINICAL EDUCATION SURVEYS

May 2010



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CVCCE ASSESSMENT OF ACCE/DCE PERFORMANCE

Introduction to Assessment

The Academic Coordinator/Director of Clinical education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluations to enhance the ACCE/DCE performance and to refine the institution's clinical education program.

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated
2. Academic Program
3. For what clinical experience(s) are you commenting on the ACCE/DCE or Assistant/Co- ACCE? (1-8)
4. For what time period are you assessing the ACCE/DCE or Assistant ACCE/Co-ACCE? (annually, biannually, every other year, upon request)
5. Evaluator Role PT CI (select from drop down menu)

Directions: Responses should be relevant to your interactions with the individual(s) being assessed. Please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

4 = Always exhibits behavior
5 = Insufficient evidence to rate behavior
IE = Insufficient evidence to rate behavior

For all of the Likert Scale items provided, please "click" on only ONE response (use the mouse).

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

- | | | | | | | |
|------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. promoting students' self-assessment of their clinical performance. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. reinforcing expectations for demonstrating professionalism. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. conferring with students to maximize learning during a clinical experience. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. facilitating the development of individualized action plans to advance student performance. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. monitoring the progression of individualized action plans. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A.

000000

SECTION B. DEVELOPMENT OF CLINICAL EDUCATION FACULTY

The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by...

- | | | | | | | |
|---------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. using a variety of feedback methods to assess clinical educators. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. providing feedback to clinical educators to improve clinical teaching. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. promoting development of clinical teaching and mentoring skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. providing professional development opportunities to promote best practice in physical therapy. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. facilitating development of CCCEs as managers of their clinical education programs. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section B.

000000

1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

4 = Always exhibits behavior
5 = Insufficient evidence to rate behavior
IE = Insufficient evidence to rate behavior

SECTION C. DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (e.g., clinical education sites, policies, procedures, learning experiences, and curriculum) by...

- | | | | | | | |
|-----------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. implementing a plan to respond to the needs of clinical education sites based on feedback. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. sharing changes about the clinical education program with feedback sources. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section C.

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SECTION D. MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

- | | | | | | | |
|---------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. promoting adherence to current policies and procedures of the clinical education program. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. informing students and clinical sites about legal and liability requirements prior to clinical placements. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section D.

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SECTION E. LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

- | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. facilitating reflective dialogue about advancements in the profession of physical therapy. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. networking with individuals and groups at local, regional, and/or national levels to further clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. building partnership(s) to strengthen the relationship between academic programs and clinical sites. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. using technology to enhance clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section E.

SECTION F. COMMUNICATION

The ACCE/DCE's communication skills are integral in creating and sustaining a meaningful and effective clinical education program by...

- | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. providing timely communication. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. soliciting comments, feedback, and concerns. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. highlighting key academic program policy and procedures for clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. clarifies federal and state regulations and professional positions, policies, and guidelines related to clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. conducting clinical site visits/contacts. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.

- 1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

- 4 = Often exhibits behavior
5 = Always exhibits behavior
IE = Insufficient information to rate behavior

SECTION G. PROFESSIONAL BEHAVIORS

Areas for improvement

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

- | | | | | | | |
|----------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. fostering an atmosphere of mutual respect in clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. displaying a positive attitude. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. being approachable. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. being accessible. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. listening actively. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 6. demonstrating effective time management. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 7. demonstrating effective organizational skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 8. demonstrating interpersonal skills that foster quality relationships. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 9. demonstrating effective conflict resolution skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 10. responding to unexpected situations using productive problem-solving skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 11. displaying expertise in clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCF/DCF efforts on items in Section G.

SUMMATIVE Comments

Name of Evaluator (Optional)

Name of Clinical Site (Optional)

Is a follow up contact to discuss this assessment? ☐ Yes ☐ No

Signature: e-mail:

Phone:

Appendix X: Clinical Education Handbook Acknowledgement Form

Carlow University
Doctor of Physical Therapy

Carlow University Doctor of Physical Therapy Program
Receipt of DPT Student Handbooks

Student Attestation:

With my signature, I attest to the fact that I have received and read the entire *Doctor of Physical Therapy Academic and Clinical Education Student Handbooks*. I also attest to the fact that I understand the policies, procedures, students' rights, and privileges that are detailed in these documents. I will review these handbooks at least annually for changes; and I assume responsibility for adherence to these policies and any changes. I acknowledge the implications resulting from not following the policies and procedures outlined in the handbooks. It is my responsibility to seek any further clarification in case I have any doubts or questions on any of the information stated in these handbooks.

I also understand that changes may be instituted during the time that I am a student in Carlow's DPT program. Additionally, I will uphold the academic, professional, and clinical integrity as described in various parts of these handbooks.

Print Name	
Signature	
Date	

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