Entry-Level 
Doctor of Physical Therapy 
Student Clinical Education Handbook

Revised 2013-2014

Andrews University 
Department of Physical Therapy 
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Student Clinical Education Handbook

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SECTION 1
MISSION

1.1 Andrews University Mission
Andrews University, a distinctive Seventh-day Adventist Christian institution, transforms its students by educating them to seek knowledge and affirm faith in order to change the world.

Accordingly, students are challenged:
- to be inquisitive
- to think clearly and communicate effectively
- to explore the arts, letters, and sciences within the context of a Christian point of view
- to develop competencies in their chosen fields of study
- to prepare for a meaningful position in the work place
- to respect ethnic and cultural diversity
- to embrace a wholesome way of life
- to heed God's call to personal and moral integrity
- to nurture life in the Spirit, and
- to affirm their faith commitment.

1.2 Department Vision Statement
Uniting Christianity with Healthcare Education.

1.3 Department Mission Statement
In accordance with the Seventh-day Adventist Church, Andrews University, and the College of Arts and Sciences, the Physical Therapy Department mission is to provide a quality Physical Therapist education where students seek knowledge and affirm their faith within a cooperative learning environment that promotes Christian values.

The physical therapy department provides resources and encourages faculty to continue their educational, professional, and spiritual growth.

The physical therapy faculty delivers, within a Christ-centered environment, the knowledge base and clinical skills that will prepare students for contemporary physical therapy practice.

Physical therapy graduates will serve Christ as evidenced by their ministering to the needs of others through the delivery of effective professional healthcare.

The physical therapy department faculty and graduates comprise a Christian network that is balanced in the development of the spiritual, mental, physical, and social life of its members.

1.4 Entry-Level DPT Statement of Philosophy
The Entry-Level Doctor of Physical Therapy program affirms the mission and values of Andrews University and the College of Arts and Sciences in its desire to educate professionals for generous service to others with a faithful witness to Christ.

The DPT Curriculum Plan
The student’s comprehensive liberal arts and sciences background provide a base for the DPT curriculum's foundational and clinical sciences. This background will further help students integrate their knowledge into the classroom, clinical environments, and their community.

The DPT curriculum is designed to encourage collaborative attitudes while fostering independent learning. It begins with the foundation sciences and basic assessment and intervention skills and progresses to the more complex systems approach with specialty practice areas and research interwoven where appropriate. The curriculum culminates with the clinical education component. The DPT Program is sensitive to the interests and changing needs of practitioners, clients, families, caregivers, healthcare and educational systems, and to the society at large. This is especially essential within an uncertain healthcare environment, an increasingly accountable higher-education system, and an evolving body of physical therapy knowledge. Critical inquiry within the academic experience enhances the preparation for evidence-based practice as clinicians and contributes to the professional body of knowledge.
It is of utmost importance to instill within the learner the accessibility of the power of Christ. The accessibility of His power is important to utilize not only in their personal life but also within the delivery of care to the clients they serve. The program seeks to prepare the learner to discern the spiritual needs of their clients.

The DPT Graduate
Graduates of the Entry-Level Doctor of Physical Therapy program should be knowledgeable, self-assured, adaptable, reflective, and service oriented. Through critical thinking, and evidence-based practice, graduates render independent judgments concerning patient/client needs; promote the health of the client; and enhance the professional, contextual, and collaborative foundations for practice.

The graduate must master the breadth and depth of knowledge in order to address patient needs throughout the life span. These may be manifested as acute or chronic dysfunction of movement due to disorders of the musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems. The graduate’s focus should be to decrease the deleterious effects of health impairments, functional limitations, and disability.

The role of the physical therapist is expanding within a changing healthcare system. Graduates must be prepared for all responsibilities and privileges of autonomous practice and be the practitioner of choice for clients with a physical therapy diagnosis. Graduates will provide culturally sensitive care distinguished by trust, respect, and an appreciation for individual differences.

The graduate must also be adaptable and prepared to participate in a broad spectrum of activities from health promotion through comprehensive rehabilitation while being sensitive to market niches and needs that will arise in the healthcare community.

Compassion should be a driving force in the graduate’s work. It is our desire that they follow the example of Christ. As He worked with those in need of physical healing, it states in Matthew 14:14: “He had compassion on them.” Specifically, He felt their hurt.

Conclusion
The Andrews University department of physical therapy is committed to excellence in Christian healthcare education by training individuals to become physical therapists that provide evidenced-based service throughout the continuum of care.

1.5 DPT Program Goals
In order to achieve the Physical Therapy Department mission, the DPT program goals are to:
1. Attract Christian students who are committed to physical therapy as a profession.
2. Provide entry-level physical therapist education at the professional doctoral level (DPT).
3. Prepare graduates who are primary healthcare providers ready for contemporary professional practice in a variety of settings.
4. Provide an environment where students are able to critically evaluate professional literature to promote evidence-based practice.
5. Prepare graduates who demonstrate ethical behavior consistent with professional and legal standards.
6. Provide an atmosphere where students learn respect for individuals from a variety of ethnic or cultural backgrounds.
7. Prepare graduates who have compassion for the patient/client as a whole person, taking into account their spiritual needs.
8. Prepare graduates who communicate effectively with patients/clients, colleagues and other constituents.
9. Promote and support faculty scholarly activities and facilitate faculty educational and professional development.
10. Maintain compliance with CAPTE standards.

1.6 DPT Faculty Goals
In order to deliver the knowledge base and clinical skills that will prepare students for contemporary clinical practice, the DPT faculty goals are to:
1. Be connected to their profession through licensure and professional membership.
2. Hold a postprofessional degree at the doctoral level.
3. Maintain contemporary knowledge/practice expertise in assigned teaching area.
4. Collectively develop, review, and revise the physical therapy curriculum plan.
5. Admit students into the DPT program who have an appropriate balance of prerequisite courses and the ability to successfully practice in the profession.
6. Maintain currency in instruction and teaching methods including course content, design and evaluation methods.
7. Have an on-going scholarship agenda which culminates in the peer-reviewed dissemination of original contributions.
8. Actively be involved with service to the department, university, profession and/or community.
9. Serve as role models for professional behavior.
10. Incorporate a Christ-centered education into the physical therapy classroom.

1.7 DPT Student Goals (Expected Student Outcomes)
The mission of the DPT degree program is to graduate competent entry-level physical therapy practitioners who are able to minister to the needs of others. To accomplish this, graduates will be able to:

1. Demonstrate in-depth knowledge of the basic and clinical sciences relevant to physical therapy, both in their fundamental context and in its application within professional clinical practice.
2. Practice in a variety of physical therapy settings.
3. Provide “primary care” to patients/clients within the scope of physical therapy practice.
4. Possess the critical inquiry skills necessary to evaluate professional knowledge and competencies in relation to evidence-based physical therapy practice.
5. Demonstrate effective communication skills in professional practice during interactions with patients/clients, healthcare team members and other constituents.
6. Demonstrate competency in entry-level clinical skills necessary to conduct a comprehensive physical therapy examination, perform a physical therapy evaluation, establish a differential diagnosis, determine an appropriate prognosis, and establish intervention and/or prevention activities.
7. Understand the capabilities of other health care providers and determine the need for referral to those individuals.
8. Participate in practice management including delegation and supervision of support personnel, financial management, business planning, marketing and public relations activities.
9. Demonstrate legal and ethical behavior consistent with professional standards.
10. Demonstrate sensitivity to individual and cultural differences when engaged in physical therapy practice.
11. Model behavior which reflects Christian values, including an understanding of the role of prayer and faith in the complete healing process.

1.8 DPT Graduate Profile
Entry-level doctor of physical therapy graduates have the requisite knowledge and skills to successfully pass the National Licensing Examination, be prepared for autonomous practice, and provide contemporary evidenced-based service throughout the continuum of care. They will be the practitioners of choice for clients with a physical therapy diagnosis and provide culturally sensitive care distinguished by trust, respect and an appreciation for spirituality in healthcare.
1.9 Faculty & Staff

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SECTION 2
TECHNICAL STANDARD OF PERFORMANCE

The intent of the Doctor of Physical Therapy program is to graduate individuals who are prepared for all responsibilities and privileges of autonomous physical therapy practice. Therefore, at the request of the University, students may be required to obtain a criminal background check including fingerprinting or a drug and alcohol test while enrolled in the program, before entering a clinical facility or during a clinical experience. The results of the background check or drug and alcohol test may disqualify certain students from successfully completing the program, being eligible to sit for the National Physical Therapy Exam or practicing as a Physical Therapist in certain states.

To function as a physical therapist at entry-level, students must be able to complete, with reasonable accommodation as necessary, certain psychomotor, cognitive, communication and behavioral skills. If a student cannot demonstrate these skills, it is the responsibility of the student to request appropriate accommodation. The University will provide reasonable accommodation as long as it does not fundamentally alter the nature of the program and does not impose undue hardship such as would cause significant expense or be disruptive to the educational process.

2.1 Standards
The student must be able to perform at least the following skills safely and reliably while in the DPT program:

**Psychomotor Skills:**
1. Get to lecture, lab and clinical locations, and move within rooms as needed for changing groups, partners and workstations.
2. Physically maneuver in required clinical settings, to accomplish assigned tasks.
3. Move quickly in an emergency situation to protect the patient (e.g. from falling).
4. Maneuver another person’s body parts to effectively perform evaluation techniques.
5. Manipulate common tools used for screening tests of the cranial nerves, sensation, range of motion, blood pressure, e.g., cotton balls, safety pins, goniometers, Q-tips, sphygmomanometer.
6. Safely and effectively guide, facilitate, inhibit, and resist movement and motor patterns through physical facilitation and inhibition techniques (including ability to give time urgent verbal feedback).
7. Move or lift another person’s body in transfers, gait, positioning, exercise, and mobilization techniques. (Lifting weights between 10-100+ lbs).
8. Manipulate evaluation and treatment equipment safely, and accurately apply to clients.
9. Manipulate bolsters, pillows, plinths, mats, gait assistive devices, and other supports or chairs to aid in positioning, moving, or treating a patient effectively. (Lifting, pushing/pulling weights between 10-100lbs).
10. Competently perform and supervise cardiopulmonary resuscitation (C.P.R.) using guidelines issued by the American Heart Association or the American Red Cross.
11. Legibly record thoughts in English for written assignments and tests.
12. Legibly record/document evaluations, patient care notes, referrals, etc. in standard medical charts in hospital/clinical settings in a timely manner and consistent with the acceptable norms of clinical settings.
13. Detect changes in an individual's muscle tone, skin quality, joint play, kinesthesia, and temperature to gather accurate objective evaluative information in a timely manner and sense that individual’s response to environmental changes and treatment.
14. Safely apply and adjust the dials or controls of therapeutic modalities.
15. Safely and effectively position hands and apply mobilization techniques.
16. Use a telephone.
17. Read written and illustrated material in the English language, in the form of lecture handouts, textbooks, literature and patient charts.
18. Observe active demonstrations in the classroom.
19. See training videos, projected slides/overheads, X-ray pictures, and notes written on a blackboard/whiteboard.
20. Receive visual information from clients, e.g., movement, posture, body mechanics, and gait necessary for comparison to normal standard for purposes of evaluation of movement dysfunctions.
21. Receive visual information from the treatment environment (e.g., dials on modalities and monitors, assistive devices, furniture, flooring, structures, etc.).
22. Receive visual clues as to the patient’s tolerance of the intervention procedures. These may include facial grimaces, muscle twitching, withdrawal etc.
23. Hear lectures and discussion in an academic and clinical setting.
24. Distinguish between normal and abnormal lung and heart sounds using a stethoscope.

**Cognitive Skills**
1. Receive, interpret, remember, reproduce and use information in the cognitive, psychomotor, and affective domains of learning to solve problems, evaluate work, and generate new ways of processing or categorizing similar information listed in course objectives.
2. Perform a physical therapy examination of a client’s posture and movement including analysis of physiological, biomechanical, behavioral, and environmental factors in a timely manner, consistent with the acceptable norms of clinical settings.
3. Use examination data to formulate a physical therapy evaluation and execute a plan of physical therapy management in a timely manner, appropriate to the problems identified consistent with acceptable norms of clinical settings.
4. Reassess and revise plans as needed for effective and efficient management of physical therapy problems, in a timely manner and consistent with the acceptable norms of clinical settings.

**Communication Skills**
1. Effectively communicate information and safety concerns with other students, teachers, clients, peers, staff and personnel by asking questions, giving information, explaining conditions and procedures, or teaching home programs. These all need to be done in a timely manner and within the acceptable norms of academic and clinical settings.
2. Receive and interpret written communication in both academic and clinical settings in a timely manner.
3. Receive and send verbal communication in life threatening situations in a timely manner within the acceptable norms of clinical settings.
4. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Students must be able to communicate quickly, effectively and efficiently in oral and written English with all members of the health care team.

**Behavioral Skills**
1. Maintain general good health and self-care in order to not jeopardize the health and safety of self and individuals with whom one interacts in the academic and clinical settings.
2. Arrange transportation and living accommodations to foster timely reporting to the classroom and clinical assignments.
3. Demonstrate appropriate affective behaviors and mental attitudes in order not to jeopardize the emotional, physical, mental, and behavioral safety of clients and other individuals with whom one interacts in the academic and clinical settings and to be in compliance with the ethical standards of the American Physical Therapy Association.
4. Sustain the mental and emotional rigors of a demanding educational program in physical therapy which includes academic and clinical components that occur within set time constraints, and often concurrently.
5. Demonstrate professional behaviors and a commitment to learning as outlined in Section 3 of this handbook.
SECTION 3

PROFESSIONAL EXPECTATIONS POLICY AND PROCEDURE

All Physical Therapy Program faculty are committed to the concept of adult learning where instructors serve as facilitators of the process of learning. Within this environment the student holds the ultimate responsibility to determine the quality of his/her educational experience. The generic abilities are behaviors, attributes, or characteristics that are not explicitly part of a profession's core of knowledge and technical skills, but nevertheless are required for successful practice.

In 1991 the faculty of the University of Wisconsin-Madison, Physical Therapy Educational Program identified the original Physical Therapy - Specific Generic Abilities. Since that time these abilities have been used by academic programs to facilitate the development, measurement and assessment of professional behaviors of students during both the didactic and clinical phases of the programs of study. In 2009 a research team analyzed the Generic Abilities and developed the Professional Behaviors. The Professional Behaviors reflect the intent of assessing professional behaviors which are deemed critical for professional growth and development in PT education and practice. The behavior criteria are as follows:

1. **Critical Thinking** - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

2. **Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

8. **Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.

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

10. **Commitment to Learning** – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

Each student is expected to demonstrate professional behavior and a commitment to learning throughout the program. This will include, but not be limited to, punctuality and preparedness.
for each class session, and timely completion of assignments. Students are expected to participate in class discussions in a manner that demonstrates respect for their instructor, fellow classmates, and the department.

At the end of each semester the student will be evaluated by the faculty based upon the ten generic abilities listed above. Students who do not meet these standards are notified in writing. If this behavior continues, the student will be required to meet with their advisor to submit a corrective plan of remediation which must be approved by the Physical Therapy Faculty Council in order to continue in the physical therapy program. If the remediation plan is not followed, the student will disqualify themselves from continuing in the DPT program. Under certain circumstances, the Physical Therapy Faculty Council may deem certain student infractions as serious enough to warrant immediate dismissal from the program.
SECTION 4
GLOSSARY OF TERMS

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

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

4.3 Clinical Education
That portion of a physical therapy program that is conducted in the health care environment rather than in the academic environment.

4.4 Clinical Education Agreement
A legal contract that is negotiated between academic institutions and clinical sites that specifies each party's roles, responsibilities, and liabilities relative to student clinical education.

4.5 Clinical Education Experiences
That aspect of the curriculum in which students' learning occurs directly as a function of being immersed within physical therapy practice. These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment. These experiences would be further described by those of short and long duration (e.g., part-time and full-time experiences, internships that are most often a full-time, postgraduation experience for a period of 1 year), and those that vary how learning experiences are provided (e.g., rotations on different units within the same practice setting, rotations between different practice settings within the same health care system) to include comprehensive care of patients/clients across the lifespan and related activities.

4.6 Clinical Education Faculty
Includes all individuals who participate in providing student clinical education experiences in the practice environment, including CIs and CCCEs. It is an expectation that the clinical faculty be familiar with the DPT clinical course objectives as they apply to their particular clinical setting and that each clinical faculty has the knowledge and teaching skill necessary to be an effective teacher.

4.7 Clinical Education Site
The physical therapy practice environment in which clinical education occurs; that aspect of the clinical education experience that is managed and delivered exclusively within the physical therapy practice environment.

4.8 Clinical Instructor (CI)
Individual(s) at the clinical site who directly instructs and supervises students during their clinical learning experiences. These individuals are responsible for facilitating clinical learning experiences and assessing students' performance in cognitive, psychomotor, and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. An effective CI is able to build an appropriate relationship with the student and is able to accurately assess and document student performance.
4.9  Entry Level
The initial point of entry into the practice of physical therapy, characterized by successful completion of an accredited professional education program and the acquisition of a license to practice physical therapy. Also, a level of practice characterized by little or no experience as a licensed, practicing physical therapist.

SECTION 5
GUIDELINES FOR CLINICAL EDUCATION

Between 1989 and 1994 two APTA Task Forces on Clinical Education (1989-1991 and 1992-1994), in concert with clinical educators throughout the nation dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was evidenced of three documents: Guidelines for Clinical Education Sites, Guidelines for Clinical Education Instructors (CIs), and Guidelines for Center Coordinators of Clinical Education (CCCEs). These guidelines were adopted by the APTA Board of Directors in November 1992, endorsed by the APTA House of Delegates on June 13, 1993, and revised in 2004.

The publication, Clinical Education Guidelines and Self-Assessments may be obtained from the APTA, Division of Education by telephoning (800) 999 2782 ext. 3203. The Guidelines for Clinical Education Sites are available online at:

http://www.apta.org/AM/Template.cfm?Section=Clinical&Template=/MembersOnly.cfm&ContentID=21123

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

It is an expectation of the DPT program that each clinical instructor be familiar with the DPT clinical course objectives as they apply to their particular clinical setting and that each has the clinical knowledge and teaching skill necessary to be an effective teacher. An effective clinical instructor is able to build an appropriate relationship with the student and is able to accurately assess and document student performance. The program expects that the clinical instructors (CIs) will have a minimum of one year of clinical experience and will demonstrate clinical competence in the area of practice in which they are providing clinical instruction. The responsibilities of the clinical faculty include the provision of clinical education learning experiences which are planned, organized and administered by qualified staff in accordance with mutually agreed upon educational objectives and guidelines.
SECTION 6
CLINICAL EDUCATION

6.1 Registration and Financial Clearance
Students must be registered and financially cleared before beginning any clinical rotation. Registration for classes is completed by the Operations Assistant as part of the block registration process and therefore students may be registered for classes prior to financial clearance. All students must financially clear themselves for classes through Registration Central by the financial clearance deadline (usually the first or second day of classes/clinicals) to remain registered for classes. Due to the nature of the clinical schedule and geographic location of some clinicals, students may be required to complete financial clearance via the Andrews University website. It is highly recommended that students complete financial clearance as soon as registration for the following semester is open. Students not financially cleared by the University deadline will be dropped from classes and asked to leave the clinic until the student is financially cleared and re-registered.

Clinical Facility Requirements
All students are expected to meet certain requirements prior to attending any clinical assignment. These requirements include completion of previous coursework, a standard physical, CPR, OSHA and HIPPA certification, TB tests, Hepatitis B vaccination (or a signed waiver), influenza vaccine, and proof of personal health insurance. Students are also expected to meet any additional “special requirements” specifically requested by their clinical practicum or internship facility. These may include further health services such as additional TB tests, immunizations, titers, x-rays, HIV testing, hepatitis B vaccinations (if waiver not accepted), or other medical screenings and treatments, criminal background checks, drug testing (urine or blood), finger printing, character references, etc. It is the responsibility of the student to obtain and pay for requirements not provided by the DPT program prior to the first day of the clinical experience.

6.2 Health Examinations
Students will have a current Medical Evaluation Form and documentation of Hepatitis B vaccination (some facilities accept a signed waiver) prior to each clinical experience. The Medical Evaluation Form will include a physical examination, appropriate vaccinations, and clearance from TB. (TB skin test or chest x-ray) The Health Form is to be updated on a yearly basis. The student will retain the original for use during clinical rotations and a copy is kept on file in the Department of Physical Therapy office. Some clinical sites will require additional health related testing (e.g. HIV or drug). If such testing is positive the student may not be able to complete the clinical experience.

The Department of Physical Therapy will schedule and pay for the standard yearly physical and TB skin test provided by the University Medical Specialties, Inc. If the student misses the scheduled appointment or chooses to have it done by another physician the student will use the form provided by the department and is responsible for the cost. If the student fails to return to University Medical Specialties, Inc. at the required time to read the TB test the student is responsible for the cost of retest.

If a student is known to have a positive TB skin test they may omit the skin test and proceed with a chest x-ray. The department will cover the cost of one chest x-ray only.

Payment for further tests, immunizations, titers, x-rays, Hepatitis B vaccinations, or other medical treatments is the responsibility of the student.

It is the student's responsibility to search out information on facility health test requirements from the DCE, Clinical Education Assistant, or from information provided, prior to the selection of the clinical site for a practicum or internship. Payment for any additional health tests, etc. required by a clinical site is the responsibility of the student.
6.3 Health Insurance
Students are required to have proof of personal health insurance prior to commencing clinical education. The documentation must provide proof of continual coverage for at least one year at a time. This insurance is available through Andrews University at the student’s expense.

6.4 Cardiopulmonary Resuscitation
Current professional CPR certification is required prior to each clinical experience, and a copy of the certificate is to be kept on file in the Department of Physical Therapy office.

An opportunity for certification is scheduled and paid for by the Department of Physical Therapy. Students may make their own arrangements at their own expense. The student must then provide the Department of Physical Therapy a current certificate at least one week prior to any clinical experience so that a copy may be kept on file. In the event the student loses his/her CPR card it is the student’s responsibility to replace the CPR card at the student’s expense.

6.5 Background Checks, Fingerprinting and Drug Testing
Students may be required to have a background check, drug test and or fingerprinting check prior to internships at the request of the facility. It is the responsibility of the student to obtain the appropriate background check, drug test and or fingerprinting check as required by the facility. This information is available on the special requirements list, Clinical Site Information Form (CSIF) and or by contacting the facility CCCE.

6.6 Name Tags
Nametags are to be worn during all clinical education experiences. One nametag is supplied free of cost to each student. Nametags for replacement or name changes are at the student’s expense. It is the responsibility of the student to contact Plant Services for a replacement name tag.

6.7 Student Photographs
Photos are included in the student information packet, which is mailed to the clinical facilities to schedule each clinical experience. An opportunity for having the photo taken is scheduled and funded by the Department of Physical Therapy.

6.8 Student Expenses
Room and board, and transportation to and from clinical experiences are the student’s responsibility, and clinical rotations will not be arranged to accommodate these needs. While some facilities offer incentives to students this cannot be expected. It is the student’s responsibility to find alternative housing if, in their opinion, the facility provided housing is not acceptable.

6.9 Clinical Site Selection
All clinical assignments will be made by the Director of Clinical Education (DCE) or a designate. Because of the limited number of facilities available, assignments cannot be made on the basis of the student’s family/marital status or personal preference. Although the department makes an effort to accommodate the student’s preference, the student agrees to accept the clinical assignments made by the department at any of the affiliated facilities, whether local or out of state.

Clinical experiences (clinical slots) are arranged for each student from 6 to 12 months prior to the scheduled assignment. Once the arrangements become finalized they are considered the same as a firm contract, and no changes will be allowed. If the assigned clinical site should become unable to provide the clinical experience the DCE will obtain an alternate placement for the student.

A. Student Input
Andrews University maintains Clinical Internship Agreements with a variety of clinical facilities. Files with information about these clinical sites are available for student review. These files are the Clinical Site Information Forms (CSIF) or “blue files” located in the resource library.
A student who knows of a clinical site that is interested in establishing a clinical internship should give the information to the DCE by the assigned deadline, which will be at least 6 months in advance of the selection of the internship sites. The information should be provided by the student to the DCE using the Clinical Experience Special Request form. A deadline for special requests will be given and noted in the class schedule.

Under no circumstance is a student, parent, family member or friend of a student to contact the Facility Director, Center Coordinator of Clinical Education (CCCE), Clinical Instructor (CI) or other staff in any facility on behalf of Andrews University for any reason without specific permission of the DCE. All communication to request placement for a clinical course must be done by the DCE. A student will not be placed in a facility if there is evidence that any person other than the DCE has contacted the facility to request clinical placement.

B. Choosing the Site for Clinical Experiences
1. In March of each year the DCE mails out the following years clinical request letters called the “Slot Form.” Offered slots are returned to the university and compiled into the database to track placements.
2. A list of possible sites will be available for students prior to each selection period.
3. The Clinical Site Information Form (CSIF) is also available in the resource room for student use, as well as in the PT computers in the file titled “CSIF,” which is located in the “Student Lab” folder.
4. Students should use the following guidelines when choosing clinical sites:
   a. Each student should seek a variety of clinical experiences and should complete only one rotation at any one site.
   b. Each student is required to complete an internship in each of the following settings: outpatient orthopedics, inpatient, and a neurology setting.
   c. Unless unusual circumstances exist, students will not be assigned to an internship site where they are actively employed, or be assigned to a clinical instructor who has supervised them in a previous employment situation. A student should not have their final internship at a facility where they have a commitment of employment.
   d. Students will not be assigned to more than one rotation at a new internship site (that is a site recently established that has not had an affiliating Andrews University student previously).
   e. Students are not to contact an internship site until they have been assigned to that site, have been given specific permission by the DCE, or the clinical site has contacted them.
5. By the set deadline, students will enter their preferred clinical sites into the computer.
   a. The computer program randomly assigns the sites according to the student’s preferences.
   b. The DCE will hold a Clinical education meeting to instruct students in the process of entering preferences and to review the available clinical slots.
6. When a student has recommended a site as described above (A.STUDENT INPUT) that student may receive priority for assignment to that site.
7. Special Requests – A student may submit a Special Request for a specific facility on the Special Request form, found in the appendix, by the deadline which is set by the DCE. A special request is for a new facility, an inactive facility or an active facility which only accepts special requests and does not give clinical slots annually. Only 2 special requests per student during their time in the DPT program will be accepted; of those 2 requests, only 1 can be for an outpatient orthopedic facility. To make a Special Request, the student must not be on academic probation or have any documented professional behavior issues. If a students’ GPA is below 3.5 the Special Request must be approved by the Clinical Education Committee. The DCE reserves the right to override this policy.

6.10 Clinical Site Information Form (CSIF)
Students should familiarize themselves with the contents of the Clinical Site Information Form (CSIF). The CSIF (aka blue files) are forms completed by the CCCE @ the facility. They include, but are not limited to, information about the site including type of setting, pt load,
staffing, special requirements and housing. The CCCEs are now able to complete the CSIF online but this is a new option. So the CSIF may be found online, in g drive and/or the blue files in the resource room.

After assignment to a clinical site, but at least 4 weeks prior to beginning the rotation, students must contact the Center Coordinator of Clinical Education (CCCE) to finalize details of the rotation. The CCCE contact information can be found in the Clinical Site Information Form (CSIF) or form the Clinical Education Assistant or DCE. If assistance with housing is offered, arrangements should be made with the CCCE soon after the clinical sites are assigned.

6.11 Clinical Education Goals and Experience Form
At least two weeks prior to beginning an internship, students will complete the Clinical Education Student Goals and Experience Form and email, fax, or mail it to the CCCE and/or CI at the clinical site.

6.12 Clinical Conferences
Individual pre- and post-clinical conferences are to be scheduled with the DCE, a sign-up sheet will be made available prior to conferences. Grades are normally assigned following post-clinical conferences. It may be necessary to assign a (DG) deferred grade until post-clinical conferences are complete and clinical paperwork is reviewed.

6.13 Pre-Clinical Education Exam
The DCE will review the student Clinical Education Handbook with the class as part of orientation to Clinical Education. It is the Students responsibility to know the content of the handbook. A Clinical Education Exam covering the handbook and any other items designated by the DCE will be given prior to the Practicum and Internship 1. Each student must score at least a 95% on the exam prior to beginning the Clinical Experience. A student scoring less than 95% on the exam must retake the exam until a 95% is achieved. The content of the re-take is at the discretion of the DCE.

6.14 Confidential Student Information
Students will take a health information form to each clinical facility which documents their medical history and current health findings. Information regarding academic performance or previous clinical experiences is not shared with the facility by the program without consent from the student.

6.15 Clinical Attire
As representatives of Andrews University and members of the physical therapy profession, students within clinical facilities are required to be well groomed and to dress in a professional manner. The following guidelines should be observed in the clinic unless the facility has provided students with a dress code more suitable for that particular setting.

- The standard clinical uniform is a white lab jacket worn over slacks or khakis (not jeans) unless otherwise stipulated in the clinical facility dress code. In most clinics the Andrews University Physical Therapy polo shirt is acceptable (no other logos).
- No shorts, capris, gauchos, T-shirts, sweatshirts, or sheer tops should be worn at any time.
- At no time should the midriff or bust/waist line be exposed.
- Andrews University student nametags must be worn during clinical education. Some facilities also provide a nametag which students are expected to use.
- Shoes are to be sturdy with non-skid soles and heels. For safety, sandals and open-toed shoes are not to be worn. Athletic shoes are not acceptable unless specifically allowed by the facility.
- Hairstyles must meet clinical standards. Hair must be neat, clean, well groomed and socially acceptable in a professional physical therapy setting. Long hair should be fastened with hair fasteners. Men should keep facial hair neatly trimmed (able to be covered with a face mask).
- Personal cleanliness and hygiene are to be maintained at all times. Perfume, colognes or aftershave lotions should be used with caution as they may be an irritant to patients.
- Nails need to be trimmed, not extending past the end of fingertips. Colored finger nail polish is not permitted.
• Accessories, including jewelry should reflect professional clinical standards in harmony with the conservative standard of dress outlined in the Andrews University student handbook. “Examples of jewelry and accessories that are not appropriate at Andrews University are ornamental rings and bracelets; necklaces and chains; ear, tongue, nose and eyebrow rings. Modest symbols of marital commitment, such as wedding and engagement rings, are acceptable.” Also broaches, if worn, should be small and unobtrusive.

• Cell Phones are not to be carried or used in patient care areas, and should remain in a silenced mode in all other areas of a facility.

6.16 Conduct in the Clinical Setting
At all times the student is expected to:

1. Be aware of, and follow, the rules and regulations of the Department of Physical Therapy and/or the clinical setting (e.g. working hours, billing procedures, dress code, preparation of treatment area, etc.).

2. Comply with the ethical standards of the APTA, Andrews University and the clinical facility.

3. Conduct himself/herself in a professional manner in regard to both patients and staff.

4. Respect the integrity and rights of all persons.

Noncompliance with any of the above will be taken into account in the student's evaluation. Noncompliance can result in dismissal from the internship, an unsatisfactory grade and/or dismissal from the physical therapy program.

While at the clinical facility, it is the student's responsibility to complete all assignments as requested by the CCCE and/or the CI including, but not limited to, readings, in-service presentations, notes, home programs, etc. Failure to do so may result in an unsatisfactory grade for the clinical experience.

Students will familiarize themselves with all policies and procedures of the clinical facility. This includes, but is not limited to those policies and procedures dealing with scheduling, billing, note-writing, transportation of patients, discharge of patients, use of abbreviations and medical terminology, referrals to other disciplines within and outside of the facility, evaluation and treatment protocol.

Tardiness is not an acceptable practice in clinical education; make-up time will be required; in extreme cases failure may result. It is the student's responsibility to call the Clinical Instructor (CI) if they will arrive more than 5 minutes late.

6.17 Protected Information Policy
Information collected from a client or from a research subject is considered confidential information, and protected by applicable Health and Human Services laws. As such, the information can only be used for purposes other than direct health care, upon written informed consent from the patient or designated official. Use of the information should still protect the right to anonymity, when possible, and be used for educational purposes, either in the classroom or to other professionals. If images are requested, a separate consent form must be obtained, prior to obtaining and using such images.

Human Subjects
Policies and procedures for the use of human subjects in research are under the oversight of the Andrews University Institutional Review Board (IRB). Prior to research with human subjects, a research proposal and application must be submitted to the IRB, in keeping with federal guidelines. Subject information is confidential and must be properly protected.

Policies regarding client rights within the clinical setting are established by that institution, and should allow clients the right to refuse to participate in clinical education.

Policies regarding the use of information from the clinical setting, such as intervention protocols and forms, are dictated by that institution. Students should ask their CI if they wish to duplicate or use any information from the clinic and follow policy and procedure established by that institution.
Absences
Clinical education is an integral component of Physical Therapy education and students are expected to attend all clinical experiences as arranged. It is at the discretion of the clinical instructor to decide when excused absences may be permitted, not to exceed 5% of total clinical time, and it is the responsibility of the student to abide by this decision. If there is a question regarding this, the Director of Clinical Education (DCE) may be contacted. If it is necessary to be absent it is the student's responsibility to notify the CI. For an absence of more than one day per rotation, the student must also notify the DCE. Excused absences should be attempted to be made-up if possible at the clinical site.

To allow for travel time to the next clinical site when there is a distance of over 500 miles, the clinical experience will be completed on Thursday rather than Friday. This applies to all clinical experiences except Internship 2 (I2) as Christmas break follows the end of I2

Excused Absences
1. Illness or injury (up to 5% of total clinical time) provided the student notifies the clinical supervisor.
   - Any illness or injury requiring more than 2 days absence must be in written order by a physician.
   - When participating in clinical experiences, students must consider the health of those with whom they come in contact. If the student has an illness that may be a threat to the health of the patients or staff he/she should not participate in the clinical experience for that day.
   - A student who has to wear a cast or has another condition which does not allow participation in physical therapy will consult with the DCE, who will attempt to reschedule the experience. Observation does not replace practice.
2. Emergencies. If there is a death or other serious problem in the immediate family, the situation should be discussed with the clinical instructor. The CI can then determine if time off is excused.
3. While attendance at professional meetings is encouraged as part of the professionalization process, students should be performing satisfactorily in the clinic before being excused for conferences.
4. There will be NO "allowed" absences or “days off” in the clinical program.
5. In the event that a student finds it necessary to be absent for reasons other than illness, injury, or an emergency situation, and the CI & CCCE approve of this absence, he/she will make arrangements for make-up time with the clinical instructor and CCCE.

Unexcused Absences
Unexcused absences are absences of which the clinical supervisor or Director of Clinical Education (DCE) have not been notified, do not meet the "excused absences" criteria, or absences which result in incomplete or unacceptable performance at a clinical facility. All unexcused absences require make-up time, which may extend beyond the original clinical dates, and in some cases course failure may result.

Personal Injury Procedure
If the need arises to seek medical attention for any non-Clinical Education Program illness or injury it is the student's responsibility to arrange for such and cover all medical costs. The University provides professional liability coverage for injuries occurring during a Clinical Education Program required activity.

If you are injured while practicing at an Andrews University clinical assignment, please use the following procedure:
1. Seek medical treatment if:
   a. You have had contact with blood or body fluids to an open wound, to mucous membranes, or during an invasive exposure,
   b. Your on-site supervisor or campus instructor/coordinator asks you to seek medical evaluation/treatment,
   c. You feel that medical evaluation/treatment is needed,
   d. You have been injured, i.e. fall, sprain, over-stretch, fracture, etc.
2. **Report the incident** to your on-site supervisor. Use the incident report form required by your clinical site AND the Andrews University incident report.

3. **Report the incident** to the DCE

4. **Follow any instructions** given by your on-site supervisor and by the DCE. Each student is responsible to take the University’s incident report form to the clinical site. One is provided in the appendix.

### 6.20 Evaluation of Student Performance

Students are evaluated formally at the midterm and final using the Clinical Performance Instrument (CPI), Professional Behaviors, & the Physical Therapy Student Evaluation (PTSE). The CI will complete a midterm and final CPI and the student will complete a self-assessment on the CPI and Professional Behaviors. The PTSE gives the student the opportunity to evaluate their CI and the experience. Prior to the beginning of clinical experiences, the DCE will teach students the evaluation procedures. The course syllabi contain the requirements for successful completion of each experience.

In the event that a student is experiencing problems during his/her internship, the student should first discuss the problem with his/her CI. If an agreement cannot be reached regarding a resolution to the problem the matter should be discussed with the CCCE and the DCE.

**Site Visits:**

a) During each clinical experience the DCE or another faculty member or the Department Clinical Education Committee will contact the clinical setting at least once by telephone and/or in person.

b) An attempt will be made by the DCE to visit each student during at least one of his or her clinical internships.

### 6.21 CPI

The CPI designed by the APTA is utilized by the CI and student at midterm and final to evaluate the student’s clinical performance. The student will also fill out their self-assessment at midterm and final on the online version. Students must pass the CPI training post-assessment with at least 70% prior to using the CPI. Please see page 68 for the CPI (Review with the CI).

### 6.22 Physical Therapist Student Evaluation (PTSE)

The student will assess the clinical experience and the clinical instruction prior to the completion of the internship. Informal meetings with the Clinical Instructor should be used to voice student concern regarding the clinical experience to allow for appropriate changes to be made if necessary.

The assessment is to be reviewed with the Clinical Instructor at **midterm** and prior to or on the last day of the internship during the **final** conference. The Physical Therapist Student Evaluation is a paper document not online and should be returned to the DCE along with the other required evaluation forms. Please see page 70.

The report will be filed and will be available to future students. It is important to be honest and as objective as possible when completing the facility evaluation. One student’s input may enhance another’s experience (Note hard copy to return & also review with the CI).

### 6.23 Professional Behaviors

This is utilized by the student as a form of self-assessment of professional behaviors while in the clinical setting. See page 87 for the professional behaviors (Note hard copy to return & also review with the CI).

### 6.24 Return of the Evaluation Forms

All evaluation forms (PTSE, Professional Behaviors) are to be returned to the DCE **within one week** of completion of each clinical experience. If students are returning directly to the university they may hand deliver the forms in a sealed envelope.

**Students are responsible for returning appropriate forms to the DCE.** Be aware of the forms that are to be returned and remind your Clinical Instructor. Failure to return appropriate
forms will result in an unsatisfactory (U) grade. A postage paid envelope is provided in the student packet which is sent to the site prior to the students’ arrival.

Post-clinical conferences with the DCE are to be arranged as soon as possible following clinical experiences.

6.25 Satisfactory Completion of Clinical Experiences
Thirty nine to forty weeks of clinical experience are included in the physical therapy program. There is one four-week practicum, two eight-week internships, one nine to ten-week internship and one ten-week internship. The student must satisfactorily complete each clinical experience prior to enrolling in the next clinical assignment.

Final grades for the clinical experiences are SATISFACTORY (S) or UNSATISFACT-ORY (U). Grades are assigned by the Director of Clinical Education (DCE) after reviewing the recommendation of the Clinical Instructor. For the Clinical Practicum and Clinical Internships I, II, and III students will receive a DEFERRED GRADE (DG). The (DG) will be changed to (S) or (U) as appropriate. Following Internship IV the return of all completed records must be expedited in preparation for graduation. In the event all required coursework is not completed the (DG) will default to (U) which may result in “points” equal to the semester credit for the course.

For satisfactory completion of each clinical experience:
1. The evaluation and reports of the Clinical Instructor reflect an acceptable level of clinical performance. See course outline.
2. The student completes assignments at the facility to which he/she has been assigned.
3. All required records are completed and received by the DCE, Department of Physical Therapy, and Andrews University.

6.26 Unsatisfactory Clinical Performance
The following may result in dismissal from and/or unsatisfactory completion of a clinical experience:
1. Unexcused absences
2. Excused absences in excess of 10% of the total clinical time
3. Unethical and/or unprofessional conduct
4. Misconduct resulting in possible danger to a patient
5. Failure to meet course objectives

If a student fails to complete a clinical experience the DCE will consult with the Clinical Instructor and evaluate the student’s progress. Any or all of the following may be required as determined by the DCE and/or the PT Clinical Education Committee and may result in a delay of graduation.
1. Make-up time for absences or tardiness.
2. Additional clinical time in the same or a different facility (at the discretion of the DCE) to improve skills to meet course objectives and/or enhance professional and ethical standards. Rescheduling of clinical experiences is dependent on the availability of an appropriate clinical facility.
3. Additional didactic work to be completed prior to a further clinical experience.
4. Dismissal from the Doctor of Physical Therapy Program.

If a student has not performed satisfactorily during Internships I or II, it may be possible to attempt remediation of the problem areas during the following spring semester. If this is successful the student may continue with Internship III and IV.

Unsatisfactory performance on the final internship will require remediation beyond the scheduled completion time and will delay graduation.

The Physical Therapy Clinical Education Committee will meet to decide what actions will be taken. The options include
a. Advising the student to seek additional help to deal with specific problems that may be interfering with performance.
b. Arrange for more didactic work to be completed prior to additional clinical experience. Satisfactory completion of this specific assignment will be necessary for a final (fifth) clinical internship to be assigned.

c. Arrangements by the Director of Clinical Education (DCE) for a final (fifth) clinical experience directed towards problem areas.

d. Dismissal from the Physical Therapy program.

If a student does not achieve entry level in all areas of the final evaluation of their final (fifth) clinical internship the student will be dismissed from the Physical Therapy program.

6.27 Interruption of Clinical Experiences

If a student is unable to complete Clinical Internships in a sequential order due to illness, injury, pregnancy, personal problems, etc., the following steps will be taken:

1. The student (or representative) will notify the DCE and the Clinical Instructor. If the student or representative is unable to notify the Clinical Instructor, the DCE will do so.

2. In case of illness, injury, or pregnancy, the student’s physician should notify the DCE in writing of the student’s ability/inability to complete the internship.

3. In case of personal problems, the student should document, in writing, the extent of the problem. If the student is receiving counseling, a letter from the counselor may also be necessary.

4. With Department of Physical Therapy Clinical Education Committee approval the student may continue to take classroom courses even though he/she is unable to participate in clinical experiences.

5. It is the student’s responsibility to meet with the DCE to discuss a schedule for future completion of the Clinical Education experience as soon as possible.

6. The DCE will arrange for the completion of the Clinical Education experience. If this is not possible, the Physical Therapy Clinical Education Committee will meet to discuss the situation and make alternate plans for completing the clinical experience.

7. If there is an interruption of more than 8 months between the time the student finishes his/her classroom course work and the start of the clinical education experiences, the student will be required to demonstrate competency of didactic work and/or retake courses. This decision shall be made by the Department of Physical Therapy Clinical Education Committee.

8. Before resuming his/her clinical internships, the student will provide the University with a written statement from the physician, counselor, etc., stating that in his/her opinion, the student is able to resume the clinical internship experience. If the reason for interruption of the internship is personal, the student will submit the written statement in his/her own behalf.
SECTION 7
STUDENT / CLINICAL INSTRUCTOR RIGHTS

The Physical Therapy Department General Complaint Procedure requires any complaint or concern about the Physical Therapy Department or about the Department’s policies, programs, faculty, staff or students to be presented in writing. A written response stating how the complaint/concern is to be handled (or was handled) should be submitted to the appropriate person or committee.

7.1 Grievance
Students who feel they have a legitimate grievance concerning a grade or treatment in a particular setting may appeal to the clinical instructor or DCE. If a satisfactory solution to the problem cannot be reached, students then take their complaint to their academic advisor, department chair, the dean of the College of Arts and Sciences, the Ombudsman, the vice president for academic administration, and the president in that order. The Department Chair may request a written confirmation of each concern before appropriate follow through is made. It is then the student’s responsibility to provide the requesting party with written verification of their concern.

7.2 Clinical Instructor Grievance Procedure
The Clinical Instructor who may feel they have a grievance concerning a student should first attempt to address the concern with the student and if the situation remains unresolved should then consult with the CCCE and the DCE. If a satisfactory solution cannot be reached the complaint should be taken to the faculty council, department chair, dean of the College of Arts and Sciences as outlined above. If the Clinical Instructor has a grievance concerning the Physical Therapy Department they should first address the concern with the DCE and then with the Program Administrator.

7.3 Discrimination and Harassment (Including Sexual Harassment)
Please contact your faculty advisor, department chair, dean of the Colleges of Arts and Sciences, or vice president for student affairs, in that order, unless one of the above is suspect in which case start with the one higher up (see University Student Handbook for more specific information).

7.4 Problem Resolution
Several things should be noted:
1. All problems should be resolved at the lowest administrative level possible. If a solution is not attained at any particular level, the next level should be sought. The first contact should be with your faculty advisor if academic or DCE if clinical related. If possible, the advisor should follow through the various progressive administrative steps with the student until the solution is attained. Should the student not be comfortable with their first contact, they may go to the next higher level for assistance. This person will then follow through with the student.
2. If the student feels that the problem has not been dealt with fairly up to and through the vice president level, they should seek the assistance of the president designated ombudsperson prior to proceeding to the university president’s office.
3. A petition form may be required. The petition will require approval at the various respective levels prior to the final solution.

7.5 Documented Disability
1. In the event a student has a documented disability, this information must be disclosed to the DCE who will disclose the information to the clinical facility prior to assignment to the clinical site.
2. Reasonable accommodations will be made for the student in the clinical setting.
7.6 Risk Situations
If a situation shows a potential personal risk to the student (or her unborn child, if applicable) the DCE will review the known potential risk with the student, CCCE, and clinical instructor.

Dropping Out
If the student chooses to drop out of the program until the situation clears the policy as outlined in Section 4.2 of this handbook will be followed for exiting and reentering the program. (The Physical Therapy Faculty Council reviews these situations). A statement from the student's physician will be necessary to document the reasons.

Informed Consent
Having been informed of the potential risk, if the student chooses to continue in regular standing in the program they will:

1. Furnish a statement from the student's physician (signed by the physician). This document will indicate the physician's recommendation(s) with any noted comments or limitations.
2. Provide a signed Informed Consent Form (the signature of the spouse may also be required if pregnancy is involved). This may be required for each academic semester or clinical experience and is obtained from the program administrative assistant or DCE.
3. If a student is aware that they have been exposed to an infectious disease, for which they have not been immunized, they will share this information immediately with the department chair (or the DCE if the student is in the clinic). The student may be asked to take a test at the student's expense to ascertain if they are a potential carrier of the disease. It may be necessary for the student to withdraw from the program and arrange makeup time. A clinical experience may require rescheduling. A rescheduled or added clinical experience may result in a delayed graduation.
4. Any change noted by a student in their physical condition which has the potential of influencing their skills or judgments or endangering the safety or well-being of themselves, their unborn child, or their clients must be reported to the DCE or the department chair immediately.
SECTION 8
CLINICAL PRACTICUMS & INTERNSHIPS

8.1 General Objectives

Part 1
A. The Pre-Clinical education sessions will:
   1. Provide the intern with a review of the Student Clinical Education Handbook including the instruction in the policies and procedures necessary for successful completion of the Clinical Experience.
   2. Provide review of instruction in the use of the APTA Clinical Performance Instrument (CPI), the Professional Behaviors Assessment Tool and the PT Student Evaluation Form for immediate personal use and in future use as a clinical instructor.
   3. Provide the intern with review of available internship sites and instructions on the process of choosing clinical internship sites for Internship I-IV.
   4. Provide the intern with instruction on necessary skills to be a successful Student in the clinical environment, including but not limited to effective communication skills, interpersonal relationships and Professional Behaviors.

B. The Post-clinical individual conference session will:
   1. Provide a forum for the intern to verbally reflect, with the DCE, on the clinical experience and discuss future expectations for the clinical education experiences.

Part II
A. The following objectives 1-18 are taken from the CPI and are broadly written to cover a variety of clinical settings. Please refer to each specific course outline (found in the appendix) for detailed expiations

   1. Practice in a safe manner that minimizes risk to patient, self, and others.
   2. Demonstrate professional behavior in all situations.
   3. Practice in a manner consistent with established legal and professional standards and ethical guidelines.
   4. Communicate in ways that are congruent with situational needs.
   5. Adapt delivery of physical therapy services with consideration for patients’ differences, values, preferences and needs.
   7. Apply the current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.
   8. Determine with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.
   9. Perform a physical therapy patient examination using evidenced-based tests and measures.
  10. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
  11. Determine a diagnosis and prognosis that guides future patient management.
  12. Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
  13. Perform physical therapy interventions in a competent manner.
  14. Educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.
  15. Produce quality documentation in a timely manner to support the delivery of physical therapy services.
  16. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
  17. Participates in the financial management (budgeting, billing and reimbursement, time space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal and facility guidelines.
18. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

B. The following objectives reflect the goal of professional growth through reflection and feedback and the preparation of interns to serve as future Clinical Instructors.
   1. Evaluate personal clinical performance using the CPI.
   2. Evaluate personal professional behaviors using the Professional Behaviors Assessment Tool.
   3. Evaluate clinical education experience using the PT Student Evaluation Form.
   4. Please see each specific course outline for the required level on the Professional Behaviors Assessment Tool as verified by the Clinical Instructor, by completion of the clinical education experience.

See appendix for Practicum & Internship Forms and course outlines.
SECTION 9
RIGHTS AND PRIVILEGES OF CLINICAL FACULTY
Andrews University department of Physical Therapy recognizes the clinicians who provide clinical experience for students:

- The Center Coordinator of Clinical Education, if acceptable to the University will be appointed by the University to an adjunct faculty position with the title Adjunct Clinical Instructor in Physical Therapy. See current AU Bulletin for a complete listing.
- Visits to the University by clinical faculty are encouraged. These visits may include use of the libraries, pool, other facilities, and attendance at continuing education courses or physical therapy courses.
- Many of the continuing education courses and special seminars offered at the Department of Physical Therapy are advertised to the clinical faculty and are made available at no charge or at a reduced fee.
- A Clinical Education Day may be offered to the clinical faculty at two year intervals. This day may be cosponsored by other physical therapy educational programs in the geographic area in order to provide an outstanding presenter on a topic of interest to clinical educators.
- The APTA Credentialed Clinical Instructor Program may be sponsored by the university and offered to Clinical Faculty (who are members of the APTA) without charge.
- Resources are available by mail to the clinical faculty. These include the video from the University of Minnesota, "The Art of Clinical Instruction" as well as chapters from "Training programs for Clinical Instructors", from Health Directions.
- The Western Michigan Clinical Educators Forum and Detroit Area Clinical Educators Forums meet regularly throughout the year and offer instructional meetings and support to clinical faculty. These forums combine to make up the Michigan Physical Therapy Association SIG-CE.
- With the MPTA SIG-CE an Outstanding Clinical Instructor Award is offered each year to the outstanding clinical instructor(s) nominated by students. This award is offered only to clinicians in the state of Michigan but Andrews University Department of Physical Therapy also recognizes those nominated who are out-of-state. The MPTA SIG-CE also awards an Outstanding Center Coordinator of Clinical Education Award.
# ANDREWS UNIVERSITY
## DEPARTMENT OF PHYSICAL THERAPY
### DPT PROGRAM
### CLASS OF 2014 CALENDAR

## FIRST YEAR

<table>
<thead>
<tr>
<th>PT-1: Fall Semester 2011 (16 weeks)</th>
<th>Mon, Aug 22 – Thurs, Dec 8</th>
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<tbody>
<tr>
<td>Labor Day</td>
<td>Mon, Sept 5</td>
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<tr>
<td>Fall Recess</td>
<td>Mon, Oct 10 – Tues, Oct 11</td>
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<tr>
<td>Thanksgiving Break</td>
<td>Wed, Nov 23 – Sun, Nov 27</td>
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<tr>
<td>Christmas Break (4 weeks)</td>
<td>Fri, Dec 9 – Sun, Jan 8</td>
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<table>
<thead>
<tr>
<th>PT-2: Spring Semester 2012 (17 weeks)</th>
<th>Mon, Jan 9 – Thurs, May 3</th>
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<tbody>
<tr>
<td>Martin Luther King Day</td>
<td>Mon, Jan 16</td>
</tr>
<tr>
<td>Presidents' Day</td>
<td>Mon, Feb 20</td>
</tr>
<tr>
<td>Spring Break (1 week)</td>
<td>Fri, Mar 16 – Sun, Mar 25</td>
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<tr>
<td>Commencement Weekend, BHS Degree</td>
<td>Fri, May 4 – Sun, May 6</td>
</tr>
<tr>
<td>1st Year Break (1 week)</td>
<td>Mon, May 7 – Sun, May 13</td>
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## SECOND YEAR

<table>
<thead>
<tr>
<th>PT-3: Summer Semester 2012 (15 weeks)</th>
<th>Mon, May 14 – Fri, Aug 24</th>
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<td>(Off AU Semester Schedule)</td>
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<tr>
<td>Didactic Course work (10 weeks)</td>
<td>Mon, May 14 – Thurs, Jul 19</td>
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<td>Memorial Day</td>
<td>Mon, May 28</td>
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<td>Independence Day</td>
<td>Wed, Jul 4</td>
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<tr>
<td>Summer Break (1 week)</td>
<td>Fri, Jul 20 – Sun, Jul 29</td>
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<td>Clinical Practicum (4 weeks)</td>
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<tr>
<td>Fall Recess</td>
<td>Mon, Oct 8 – Tues, Oct 9</td>
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<td>Thanksgiving Break</td>
<td>Wed, Nov 21 – Sun, Nov 25</td>
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<td>Mon, Feb 18</td>
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<td>Spring Break (1 week)</td>
<td>Fri, Mar 16 – Sun, Mar 24</td>
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<tr>
<td>2nd Year Break (1 week)</td>
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## THIRD YEAR

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<th>PT-6: Summer Semester 2013 (10 weeks)</th>
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<td>Memorial Day</td>
<td>Thurs, Jul 4</td>
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<td>Independence Day</td>
<td>Fri, Jul 19 – Sun, Aug 25</td>
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<th>PT-7: Fall Semester 2013 (16 weeks)</th>
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<tr>
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<tr>
<td>Clinical Internship 2 (8 weeks)</td>
<td>Mon, Oct 21 – Fri, Dec 13</td>
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<td>Mon, Jan 20</td>
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<td>Presidents' Day</td>
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<tr>
<td>Clinical Internship 3 (9 weeks)</td>
<td>Mon, Mar 17 – Fri, May 16</td>
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** Calendar subject to change due to University Semester Schedule **
### DPT Curriculum Outline for the Class of 2014

**116 Semester Credits**

#### FIRST YEAR

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<td>PT-H416 Pathokinesiology</td>
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<td>PT-H420 Therapeutic Interventions</td>
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#### SECOND YEAR

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#### THIRD YEAR

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<td>PT-H647 Differential Diagnosis</td>
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<td>PT-H652 Neurology II</td>
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<td>PT-H656 Neurology II Lab</td>
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<td>PT-H612 Orthopedics II Lab</td>
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<td>PT-H640 Pediatrics</td>
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<td>PT-H645 PT Administration &amp; Leadership</td>
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<td>PT-H725 Geriatrics</td>
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#### FOURTH YEAR

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<td>PT-H82 Clinical Internship II (8 weeks)</td>
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<td>PT-H712 Clinical Reasoning I</td>
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<td>PT-H765 Ethical &amp; Legal Issues in Healthcare</td>
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#### TOTAL CREDITS

31
# ANDREWS UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY
DPT PROGRAM

## CLASS OF 2015 CALENDAR

### FIRST YEAR

**PT-1: Fall Semester 2012 (16 weeks)**
- **Labor Day**: Mon, Aug 27 – Thurs, Dec 13
- **Fall Recess**: Mon, Oct 8 – Tues, Oct 9
- **Thanksgiving Break**: Wed, Nov 21 – Sun, Nov 25
- **Christmas Break (4 weeks)**: Fri, Dec 14 – Sun, Jan 6

**PT-2: Spring Semester 2013 (17 weeks)**
- **Martin Luther King Day**: Mon, Jan 21
- **Presidents' Day**: Mon, Feb 18
- **Spring Break (1 week)**: Fri, Mar 22 – Sun, Mar 24
- **Commencement/Weekend, BHS Degree**: Fri, May 3 – Sun, May 5
- **1st Year Break (1 week)**: Mon, May 6 – Sun, May 12

### SECOND YEAR

**PT-3: Summer Semester 2013 (15 weeks)**
- **Memorial Day**: Thurs, Jul 18
- **Independence Day**: Thu, Jul 4
- **Summer Break (1 week)**: Fri, Jul 19 – Sun, Jul 28
- **Clinical Practicum (4 weeks)**: Mon, Jul 29 – Fri, Aug 23

**PT-4: Fall Semester 2013 (16 weeks)**
- **Labor Day**: Mon, Sept 2
- **Fall Recess**: Mon, Oct 14 – Tues, Oct 15
- **Thanksgiving Break**: Wed, Nov 27 – Sun, Dec 1
- **Christmas Break (3 weeks)**: Fri, Dec 13 – Sun, Jan 5

**PT-5: Spring Semester 2014 (17 weeks)**
- **Martin Luther King Day**: Mon, Jan 20
- **Presidents' Day**: Mon, Feb 17
- **Spring Break (1 week)**: Fri, Mar 14 – Sun, Mar 23
- **2nd Year Break (1 week)**: Fri, May 2 – Sun, May 11

### THIRD YEAR

**PT-6: Summer Semester 2014 (10 weeks)**
- **Memorial Day**: Mon, May 26
- **Independence Day**: Fri, Jul 18 – Sun, Aug 24

**PT-7: Fall Semester 2014 (16 weeks)**
- **Clinical Internship 1 (8 weeks)**: Mon, Aug 25 – Fri, Oct 17
- **Clinical Internship 2 (8 weeks)**: Mon, Oct 20 – Fri, Dec 12
- **Christmas Break (3 weeks)**: Sat, Dec 13 – Sun, Jan 4

**PT-8: Spring Semester 2015 (19 weeks)**
- **Written Comprehensive Exam**: Mon, Jan 5
- **Didactic Course work (10 weeks)**: Tue, Jan 6 – Thurs, Mar 12
- **Martin Luther King Day**: Mon, Jan 19
- **Presidents' Day**: Mon, Feb 16
- **Clinical Internship 3 (9 weeks)**: Mon, Mar 16 – Fri, May 15

**PT-9: Summer Semester 2015 (11 weeks)**
- **Ends off AU Semester Schedule**: Mon, May 18 – Sun, Aug 2
- **Clinical Internship 4 (10 weeks)**: Mon, May 18 – Fri, Jul 24
- **Didactic Course work (1 week)**: Mon, July 27 – Fri, Jul 31
- **Commencement/Weekend, DPT Degree**: Sat, Aug 1 – Sun, Aug 2

**Calendar subject to change due to University Semester Schedule**
# DPT Curriculum Outline for the Class of 2015

## FIRST YEAR

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
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<th>Credits ( Semester)</th>
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<td>PTH410</td>
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<td>PT Assessment Skills Lab</td>
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<td>Physical Examination</td>
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<td>PTH435</td>
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## SECOND YEAR

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<td>PTH520</td>
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## THIRD YEAR

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## Core Faculty

- Scott

## Supporting Faculty

- Samuel

## Associated Faculty

- Oakley
## Class of 2016 Calendar

### First Year

**PT-1: Fall Semester 2013 (16 weeks)**
- Mon, Aug 26 – Thurs, Dec 13
  - Labor Day...
  - Mon, Sept 2
  - Fall Recess...
  - Mon, Oct 14 – Tues, Oct 15
  - Thanksgiving Break...
  - Wed, Nov 27 – Sun, Dec 1
  - Christmas Break (4 weeks)...
  - Fri, Dec 13 – Sun, Jan 5

**PT-2: Spring Semester 2014 (17 weeks)**
- Mon, Jan 6 – Thurs, May 1
  - Martin Luther King Day...
  - Mon, Jan 20
  - Presidents’ Day...
  - Mon, Feb 17
  - Spring Break (1 week)...
  - Fri, Mar 14 – Sun, Mar 23
  - Commencement Weekend, BHS Degree...
  - Fri, May 2 – Sun, May 4
  - 1st Year Break (1 week)...
  - Mon, May 5 – Sun, May 11

### Second Year

**PT-3: Summer Semester 2014 (15 weeks)**
- Mon, May 12 – Fri, Aug 22
  - (Off AU Semester Schedule)
  - Didactic Course work (10 weeks)...
  - Mon, May 12 – Thurs, Jul 17
  - Memorial Day...
  - Mon, May 26
  - Independence Day...
  - Fri, Jul 4
  - Summer Break (1 week)...
  - Fri, Jul 18 – Sun, Jul 27
  - Clinical Practicum (4 weeks)...
  - Mon, Jul 28 – Fri, Aug 22

**PT-4: Fall Semester 2014 (16 weeks)**
- Mon, Aug 25 – Thurs, Dec 11
  - Labor Day...
  - Mon, Sept 1
  - Fall Recess...
  - Mon, Oct 13 – Tues, Oct 14
  - Thanksgiving Break...
  - Wed, Nov 26 – Sun, Nov 30
  - Christmas Break (3 weeks)...
  - Fri, Dec 12 – Sun, Jan 4

**PT-5: Spring Semester 2015 (17 weeks)**
- Mon, Jan 5 – Thurs, Apr 30
  - Martin Luther King Day...
  - Mon, Jan 19
  - Presidents’ Day...
  - Mon, Feb 16
  - Spring Break (1 week)...
  - Fri, Mar 13 – Sun, Mar 22
  - 2nd Year Break (1 week)...
  - Fri, May 1 – Sun, May 10

### Third Year

**PT-6: Summer Semester 2015 (10 weeks)**
- Mon, May 11 – Thurs, Jul 16
  - (Off AU Semester Schedule)
  - Memorial Day...
  - Mon, May 25
  - Independence Day...
  - Fri, Jul 3
  - Summer Break (5 weeks)...
  - Fri, Jul 17 – Sun, Aug 23

**PT-7: Fall Semester 2015 (16 weeks)**
- Mon, Aug 24 – Fri, Dec 11
  - Clinical Internship 1 (8 weeks)...
  - Mon, Aug 24 – Fri, Oct 16
  - Clinical Internship 2 (8 weeks)...
  - Mon, Oct 19 – Fri, Dec 11
  - Christmas Break (3 weeks)...
  - Sat, Dec 12 – Sun, Jan 3

**PT-8: Spring Semester 2016 (19 weeks)**
- Mon, Jan 4 – Fri, May 13
  - (Ends of AU Semester Schedule)
  - Written Comprehensive Exam...
  - Mon, Jan 4
  - Didactic Course work (10 weeks)...
  - Tue, Jan 5 – Thurs, Mar 10
  - Martin Luther King Day...
  - Mon, Jan 18
  - Presidents’ Day...
  - Mon, Feb 15
  - Clinical Internship 3 (8 weeks)...
  - Mon, Mar 14 – Fri, Mar 13

**PT-9: Summer Semester 2016 (11 weeks)**
- Mon, May 16 – Sun, Jul 31
  - (Off AU Semester Schedule)
  - Clinical Internship 4 (10 weeks)...
  - Mon, May 16 – Fri, Jul 22
  - Didactic Course work (1 week)...
  - Mon, Jul 25 – Fri, Jul 29
  - Commencement Weekend, DPT Degree...
  - Sat, Jul 30 – Sun, Jul 31

**Calendar subject to change due to University Semester Schedule**
## DPT Curriculum Outline for the Class of 2016

### (116 Semester Credits)

#### FIRST YEAR

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<td>1</td>
<td>Walton</td>
<td><strong>PTH890</strong> PT Seminar (1 week)</td>
<td>1</td>
<td>Oakley</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>PTH870</strong> Wilton Comprehensive Exam</td>
<td>0</td>
<td>Samuel</td>
<td><strong>PTH890</strong> PT Seminar (1 week)</td>
<td>1</td>
<td>Oakley</td>
</tr>
</tbody>
</table>

**Core Faculty**

**Supporting Faculty**

**Associated Faculty**

Total Credits = 116
CLINICAL EDUCATION AGREEMENT

This Agreement is entered into by and between Andrews University, a Michigan nonprofit educational corporation with its main campus in Berrien Springs, Michigan (the “University”), and

______________________________ , of

(Facility Name)

______________________________ (The “Facility”).

(Facility Address)

Whereas, the University is conducting physical therapy educational programs that require clinical education facilities for the purpose of providing clinical experience to its students; and

Whereas, the Facility recognizes the need for, and desires to aid in, the education of health care professionals, and is willing to make its facilities available to the University's physical therapy students for such purposes;

Now, therefore, in consideration of the mutual covenants contained herein, the parties agree as follows:

I. MUTUAL RESPONSIBILITIES

1. Establish in advance the number of students who will participate in the clinical education program and the length of the respective clinical experiences.

2. Appoint the appropriate representatives to be responsible for the clinical education program. The University shall appoint a clinical coordinator and the Facility shall appoint a clinical supervisor. These individuals shall be called Director of Clinical Education (DCE) and Center Coordinator of Clinical Education (“C.C.C.E.”), respectively. Each party will supply the other party with the name of this person along with the person's professional and academic credentials for approval by the other party. Each party shall notify the other in writing of any change of the person appointed.

3. Each student assigned to the Facility is required to comply with the policies and procedures of the Facility, including but not limited to policies on confidentiality of patient information. The Facility reserves the right to refuse access to and/or remove from its clinical areas any student who does not meet the Facility's standards or follow the Facility’s policies. No action will be taken by the Facility until the matter has been discussed with the A.C.C.E., unless the student's behavior or presence poses an immediate or substantial threat to the effective delivery of health care services to patients of the Facility.

4. Each party will remain responsible for the acts of their respective employees and agents.

5. Each party promptly will notify the other party if one party becomes aware of a claim asserted by any person which arises out of, or appears to arise out of, this Agreement or any activity carried out under this Agreement.

6. University students and faculty are not the agents, representatives or employees of the Facility and will not represent themselves as such.

7. The parties will not unlawfully discriminate on the basis of race, color, religion, national origin, age, sex, height, weight, disability, marital status, past military service, or any other protected characteristic regarding the educational or clinical experience of the student.

8. The University agrees to indemnify and save harmless the Facility and its agents and employees from any liability or damages the Facility may suffer as a result of claims, costs, or judgments,
including reasonable attorney's fees, against it arising out of acts or omissions of the University in the operation of the clinical education program covered by this Agreement. The Facility agrees to indemnify and save harmless the University and its agents and employees from any liability or damages the University may suffer as result of claims, costs, or judgments, including reasonable attorneys' fees, against it arising out of acts or omissions of the Facility in the operation of the clinical education program covered by this Agreement.

9. The University may develop letter agreements, as necessary, with the Facility to formalize operational details of the clinical education program. These letter agreements, if any, shall be approved with the same formalities as this Agreement.

10. Each party shall carry professional liability or self-insurance with minimum limits of liability of $1 million/$3 million for suits and claims that may be asserted for any professional liability claim arising out of any service rendered pursuant to this Agreement. Each party shall, upon request, furnish the other party with evidence of such coverage.

11. Students will be responsible for all personal expenses including meals, lodging, and transportation unless voluntarily provided by the Facility.

12. Modification of any term or provision of this Agreement will not be effective unless in writing with the same degree of formality as this Agreement. The failure of either party to insist upon strict performance of any of the provisions of this Agreement shall not constitute a waiver of that provision and the Agreement shall remain in effect.

II. RESPONSIBILITIES OF THE FACILITY

1. In addition to other provisions in this Agreement, the Facility specifically agrees as follows:

2. To provide clinical education learning experiences which are planned, organized, and administered by qualified staff in accordance with mutually agreed upon educational objectives and guidelines.

3. The Facility shall at all times remain responsible for patients and patient care.

4. The Facility shall maintain administrative and professional supervision of University students insofar as their presence effects the operation of the Facility and the direct or indirect care of the Facility's patients.

5. To prepare written objectives or guidelines for structuring the clinical education program. A copy of these objectives or guidelines will be available for review by the A.C.C.E.

6. To permit, upon reasonable request, the University or its accrediting agency to inspect the Facility and its services and records which pertain to the clinical education program.

7. To provide or otherwise arrange for emergency medical care for students at the student's expense.

8. To provide reasonable classroom, conference, storage, dressing, and locker room space for students.

9. To evaluate the student(s) according to the guidelines provided by the University and to utilize the evaluation standards and forms furnished by the University.

10. To accept the University's student clinical attire guidelines and to inform the University of the Facility's standards and policies regarding dress and appearance.

III. RESPONSIBILITIES OF THE UNIVERSITY

1. In addition to other provisions in this Agreement, the University specifically agrees as follows:

2. To assign to the Facility only those students who have satisfactorily completed the prerequisite portions of the curriculum.
3. To direct the students to comply with the rules and regulations of the Facility.

4. To provide assurance to the Facility that each student accepted for the clinical education program will have had a physical examination within the last year. This examination will include a Tuberculin test and immunizations for MMR, tetanus, and Hepatitis B (or a signed waiver). The Facility reserves the right to restrict the clinical activity of students who evidence symptoms of communicable infections.

5. To provide evidence of professional liability insurance coverage for all of its students, employees, and agents in the Facility in connection with the clinical education program of the University's students.

6. To assure and provide evidence that the student(s) possess health insurance either through the University or an individual policy.

7. To require students to hold current C.P.R. certification.

8. To direct the students to comply with the local and state department of health rules and regulations, regulations of the Health Facilities Accreditation Program, applicable requirements of the Health Insurance Accountability and Portability Act, and all regulatory agencies pertinent to services provided.

IV. TERM AND TERMINATION

This Agreement will be effective as of the date signed by both parties and will continue in effect until terminated by either party. Either party may terminate the Agreement upon ninety (90) days written notice to the other party. The notice required by this clause shall be sent by certified or registered mail.

If the termination date occurs while a student of the University has not completed his or her clinical learning experience at the Facility, the student shall be permitted to complete the scheduled clinical learning experience, and the University and the Facility shall cooperate to accomplish this goal.

N WITNESS WHEREOF, the parties have executed this Agreement and warrant that they are officially authorized to so execute for their respective parties to this Agreement.
Please fill out the following information:

Date: __________________________

Facility Name: __________________________

Name: __________________________

Title: Center Coordinator of Clinical Education

Address: __________________________

Phone: __________________________ Fax: __________________________

E-mail: __________________________

My Facility Slots Are: First Come First Serve □ Call to Confirm Slot □

To accommodate for travel over 500 miles, the end date of the clinicals may vary by 1 or 2 days depending on the students distance from the

**PLEASE NOTE:**

<table>
<thead>
<tr>
<th>Clinical Dates for 2014</th>
<th>Clinical Site Location</th>
<th>Type of Experience</th>
<th># of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internship III</td>
<td>Mar 17 to May 16 (9 wks)</td>
<td></td>
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<tr>
<td>Internship IV</td>
<td>May 19 to July 25 (10 wks)</td>
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<tr>
<td>Practicum I</td>
<td>Jul 28 to Aug 22 (4 wks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internship I</td>
<td>Aug 25 to Oct 17 (8 wks)</td>
<td></td>
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</tr>
<tr>
<td>Internship II</td>
<td>Oct 20 to Dec 12 (8 wks)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A – Acute Care  N – Neuro  R – Rehab Center
H – Home Health  O – Outpatient Ortho  SNF – Skilled Nursing Facility
I – Industrial Rehab  P – Pediatrics
PERSONAL INJURY REPORT
Personal Injury Report
Andrews University

To be completed by the injured person.

Information about you

Your name ___________________________ Daytime Phone _________ Your age ______
Home address ____________________________________________________________
Your employer ______________________ Your occupation ________________________

Information about the accident

1. Was the accident job-related? ____________
   If yes, please see your employer about workers’ compensation benefits.
2. Where did the accident occur (be as specific as you can). ____________________________
3. What was the date and time that the accident occurred? ____________________________
4. What was the nature of your injury? ____________________________
5. Please describe what happened. ________________________________________________
6. __________________________
6. __________________________
6. __________________________
6. __________________________
6. __________________________

Information about the accident

6. What were you doing when the accident happened? ____________________________
7. What were the weather conditions when the accident occurred? __________________
8. Did anybody see the accident happen? _______ If so, provide their names and phone numbers.
   Name ___________________________ Phone ___________________________
   Name ___________________________ Phone ___________________________
   Name ___________________________ Phone ___________________________
   Name ___________________________ Phone ___________________________

Follow-up information

1. Did you receive medical treatment? ____________ If so, on what date(s)? ____________
   Who was the medical provider? ____________________________
2. As of today (the date you are completing this form), do you still have any symptoms related to this accident? If so, please describe them. ____________________________

Your signature ___________________________ Date ____________________________

For office use

<table>
<thead>
<tr>
<th>RHH notified (date)</th>
<th></th>
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<tbody>
<tr>
<td>Investigation requested (date)</td>
<td></td>
</tr>
<tr>
<td>Notes</td>
<td></td>
</tr>
</tbody>
</table>
Student or Parent: Please provide the following information. All items must be completed. Please print.

### IDENTIFICATION

Name: ___________________________ ID Number ______________

Address: ___________________________ Birth Date: ______________

Phone ___________________________

### EMERGENCY NOTIFICATION

Name: ___________________________ Relationship ______________

Address: ___________________________ Home Phone ______________________________

Work Phone ______________________________

### MEDICAL HISTORY

Please indicate which illnesses or conditions you now have or you have previously experienced. Indicate by answering yes or no. For all yes responses indicate the year of onset or occurrence.

#### ILLNESSES

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

- ☐ ___________ Anemia
- ☐ ___________ Gonorrhea
- ☐ ___________ Migraines
- ☐ ___________ Asthma
- ☐ ___________ Heart Disease
- ☐ ___________ Rubella
- ☐ ___________ Back Problem
- ☐ ___________ Hepatitis
- ☐ ___________ Suicide Attempt
- ☐ ___________ Bleeding Problem
- ☐ ___________ Hearing Problem
- ☐ ___________ Syphilis
- ☐ ___________ Cancer
- ☐ ___________ Herpes
- ☐ ___________ Thyroid Disease
- ☐ ___________ Colitis
- ☐ ___________ High Blood Pressure
- ☐ ___________ Tuberculosis
- ☐ ___________ Depression
- ☐ ___________ Hypoglycemia
- ☐ ___________ Ulers
- ☐ ___________ Emotional Problem
- ☐ ___________ Joint Problem
- ☐ ___________ Vision Problem
- ☐ ___________ Epilepsy
- ☐ ___________ Measles
- ☐ ___________ Women: Severe
- ☐ ___________ Fainting Spells
- ☐ ___________ Mental Illness
- ☐ ___________ Period/Cramps

#### SURGERIES

<table>
<thead>
<tr>
<th>Yes</th>
<th>Year</th>
<th>No</th>
<th>Yes</th>
<th>Year</th>
<th>No</th>
<th>Yes</th>
<th>Year</th>
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</tr>
</tbody>
</table>

- ☐ ___________ Appendectomy
- ☐ ___________ Hernia Surgery
- ☐ ___________ Spine Surgery
- ☐ ___________ Gallbladder Surgery
- ☐ ___________ Knee
- ☐ ___________ Thyroid Surgery
- ☐ ___________ Others: Explain

### HOSPITALIZATIONS: List all hospitalizations within the last 10 years, except surgeries listed above. Give year.

____________________________________________________________________________________

____________________________________________________________________________________

### ALLERGIES: List all allergies with the reaction you experience.

____________________________________________________________________________________

### MEDICATIONS: List name of any medication(s) you commonly take along with dose (how much) and frequency (how often).

____________________________________________________________________________________

### HANDICAPS: Please list any physical handicaps which may require special equipment or accommodations.

____________________________________________________________________________________

I the undersigned student (if 18 years of age or older) or the parent or guardian of the above named student (if the student is 17 years of age or younger) do hereby affirm that the above information is accurate and complete. I, the undersigned, do hereby authorize, in the case of illness or injury, any diagnostic or therapeutic examination, procedure, or treatment deemed advisable by and rendered under the supervision of, the Student Health Physician or other health care providers selected by faculty, officers, or agents of Andrews University or selected by the undersigned. Consent is hereby granted to the Student Health Service to release pertinent medical information to the aforementioned health care providers, and to give any test and/or immunization required of University Students if such test or immunization has not been completed or documentation of completion is lacking. Such test or immunization may include but may not be limited to measles, mumps, and rubella, tetanus, tuberculosis skin test, hemoglobin, and urine for glucose and protein.

Student ___________________________ Dated ______________

---

**FOR OFFICE USE ONLY**

MR ☐ BUAL ☐
TB ☐ URINE ☐
CXR ☐ HGB ☐
MEDICAL EVALUATION
PART II

**Care Provider:** First, review the completed medical history on the reverse side of this form, and evaluate documentation given. Next perform the necessary tests and examinations to complete this side of the form.

**Student’s Name:** ___________________  **Age:** __________

<table>
<thead>
<tr>
<th>Ht _____</th>
<th>Wt _____</th>
<th>BP _____ / _____</th>
<th>Vision: OD ____/20</th>
<th>____ Corrected</th>
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</thead>
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<tr>
<td></td>
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<td></td>
<td>OS ____/20</td>
<td>____ Uncorrected</td>
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</table>

**EXAMINATION**

<table>
<thead>
<tr>
<th>Norm</th>
<th>Abn</th>
<th>Details</th>
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<tbody>
<tr>
<td>Skin</td>
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<tr>
<td>HEENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
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<tr>
<td>Heart</td>
<td></td>
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<tr>
<td>Lungs</td>
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<tr>
<td>Breast</td>
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<tr>
<td>Abdomen</td>
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<td>Hernias</td>
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<td></td>
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<tr>
<td>Extrem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflexes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are there any physical deformities or limitations?  No__ Yes ____
(If yes, explain) ____________________________________________________________________________

Are there any physical or emotional illnesses or conditions that may require ongoing medical care? No __ Yes __
(If yes, explain) ____________________________________________________________________________

**IMMUNIZATION RECORD**

Is there documentation that the following have been completed? Please circle option and give results where appropriate.

<table>
<thead>
<tr>
<th>Tests &amp; Immunizations</th>
<th>Date</th>
<th>Initials/results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>#1-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>#2-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>#3-</td>
<td></td>
</tr>
<tr>
<td>MMR or Titer</td>
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</tr>
<tr>
<td>History of Disease</td>
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<tr>
<td>Varicella or Titer</td>
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<tr>
<td>History of Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td (tetanus &amp; diphtheria)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB (If positive, CXR)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Department of Physical Therapy Requirements:** Students will have a current Health Form and documentation of Hep B vaccination or waiver prior to each clinical experience. This will include a physical examination, appropriate vaccinations, and clearance from TB. (TB skin test or chest x-ray). The PT department will cover the cost of the physical and TB testing. Some sites will require additional health related testing (e.g. HIV or drug). Payment for further tests, immunizations, titers, x-rays, Hep B vaccinations or other medical treatments are the students’ responsibility.

**Care Provider’s Signature** ___________________  **Date** __________
**Name (Print or Stamp)** ___________________  **Phone** _______
SPECIAL REQUEST FORM
ANDREWS UNIVERSITY
Department of Physical Therapy

CLINICAL EXPERIENCE SPECIAL REQUEST

Request for (Practicum or Internship #) _______________ Date (of clinical) ___________

Facility: ___________________________________________ Phone # ____________________

Address: __________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Center Coordinator: ____________________________________________
(If no Center Coordinator, then write in Director’s name)

Requesting for: (list 1st, 2nd, 3rd choice) Whatever available _______ Patient Type _______
Outpatient _________ Inpatient _________

Are you prepared to take this facility if housing is not provided (Circle) Yes No

I understand that if this facility agrees to take me I will be required to go!
I understand if housing is not provided or becomes unavailable I will still be required to go!

Student Name: ____________________________ Phone # ______________

Email __________________

Student Signature: ____________________________ Date ___________________

* Reminder – only 2 special requests per student, during the entire time the DPT program, will be allowed. Of the 2 allowed requests, only 1 of them can be an outpatient orthopedic setting.

A special request is for a facility which we do not currently affiliate; an inactive facility or a facility that only takes special requests and does not offer annual clinical slots. Special requests will not be taken for local facilities.
STUDENT INFORMATION FORM
Andrews University
Department of Physical Therapy
Student Information for Clinical Facilities

Student Name: __________________________
Birth Date: ____________________________ Marital Status: ____________________________
Address: ________________________________
Phone: ____________________________ Email: ____________________________

Emergency Contact:
Name: ________________________________
Address: ________________________________
Phone: ________________________________

Educational Information:
Class Standing: ____________________________
Previous Colleges Attended: ____________________________

Health and Insurance Information:
Health Problems / Allergies: ____________________________

Medical Insurance:

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>Insurance Phone Number</td>
</tr>
<tr>
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</tbody>
</table>

Experience and Interest:
Previous Clinical Experience: ____________________________

Other Work Experience: ____________________________

Special Skills / Interests: ____________________________
CLINICAL EDUCATION STUDENT REQUEST FORM

ANDREWS UNIVERSITY
Department of Physical Therapy

Clinical Education Student Goals & Experience Form

Student Name ________________________________________

Academic Institution _____________________________________

Name of Clinical Education Site ________________________________

Address __________________________________________________

City __________________________ State ______________

Clinical Experience Number ____________________________

Clinical Experience Dates _________________________

**Goals:** List four goals you have for this clinical rotation.

1. __________________________________________________________________________

2. __________________________________________________________________________

3. __________________________________________________________________________

4. __________________________________________________________________________

**Experiences:** List the type of experiences you would like to have for this clinical.

**Examination:**

  Program planning:

  Exercise:

  Modalities

**Supervision:** Describe the type and/or amount of supervision and feedback you would like during this clinical rotation.

**Experience:** List the types of facilities and/or diagnoses that you have experienced.

**Strengths:** Describe what you consider to be your strengths.
**Course Number and Title:** PTH680 Clinical Practicum

**Course Description:** Practice of the knowledge and skills developed in the classroom and lab in a patient-care setting. Students work under the direct supervision of a clinical instructor who is a licensed physical therapist. The practicum consists of 4 weeks of full-time physical therapy experience in clinical facilities affiliated with the university.

**Course Prerequisites:** Satisfactory completion of previous coursework in the DPT program. Physical Therapy Faculty recommendation. Attendance to and completion of orientation exercises for all pre-practicum clinical education sessions conducted during earlier and current semesters is required for participation in the Clinical Practicum. Successful completion, at least 95% of the clinical education exam (see handbook 6.13)

**Semester and Year:** Summer 2014

**Department Offering Course:** Physical Therapy

**Credit Hours:** 2

**Course Clock Hours Per Semester (lecture / lab hours):** 36-40 hours per week as agreed upon by the ACCE and clinical faculty. Monday to Friday for four weeks.

**4 Pre- Practicum Clinical Education Sessions (Dates & times TBA)**

**Instructor(s):** Bill Scott PT, MSPT  
Director of Clinical Education  
scottw@andrews.edu

**Office Location:** Physical Therapy Building, Room 142

**Telephone No.:** (269) 471-6034 Office (231) 342-0401

**Description of Teaching Methods and Learning Experiences:** Clinical Education Orientation Sessions. Individual Pre and Post Clinical Conferences. Clinical practicum. Hands-on learning experiences under the supervision of a clinical instructor. MOODLE web based interactive discussions. Independent Study. Reflection.

**Professional Expectations:** In keeping with the “Professional Expectations” guidelines in your DPT Student Handbook and the professional behavior that all members of a health care team uphold, each student enrolled in this course is expected to act in a respectful and professional manner. This includes, but is not limited to, being punctual and prepared for every class or clinical session; respecting one’s colleagues and the instructor during discussions; working independently of others when asked to do so; working in a positive and productive manner with others on group projects; respecting oneself by presenting one’s own ideas and opinions in a positive and thoughtful manner that demands the attention and respect of others; being committed to a positive learning experience.

**Academic Integrity:** Students are expected to exhibit academic honesty in keeping with the policy outlined in the University Bulletin. In addition, the student is expected to comply with ethical and scientific standards, as recognized by the AMA and the US Office of Human Subjects Protection and the US Office of Research Integrity. The consequences of academic
dishonesty will be determined by the ACCE and Clinical Instructor, and may be brought to the PT Faculty Council, with consequences ranging from failure for that assignment to dismissal from the program. A record of the infraction will be placed in the student’s PT file.

**Course Procedures:** See *Student Clinical Education Handbook* for guidelines; including the attendance policy.

**Additional Course Requirements (if any):**

1. 4 weeks full-time clinical experience.
2. By midterm the student will submit to the ACCE, via MOODLE dropbox, a reflection on the clinical experience. Reflections will be approximately ½ - 1 page and may be in SOAP format. The ACCE will acknowledge receipt of the reflection via feedback in MOODLE.
3. Successful completion of the APTA Online Professionalism Module 1 - Introduction to Professionalism. Due July 11, 2012 - forward proof of completion to colemank@andrews.edu
4. Completion of APTA Core Values Self-Assessment document - Due July 6, 2012
5. See Student Clinical Education Handbook for comprehensive guidelines concerning Health Form, insurance, CPR, attire, attendance, etc.
6. Students are responsible for any additional “special requirements” such as criminal background checks. See “Special Requirements List” posted on the Clinical Education Bulletin Board.

**Grading Policy:** *Grading Rubric:* Satisfactory/Unsatisfactory

**Methods of Student Evaluation:** Students are formally evaluated by the Clinical Instructor (CI) a minimum of one time; during the midterm and final points of the clinical experience. Satisfactory Completion of PTH 680 requires:

1. Completion of all pre-practicum clinical education requirements including, but not limited to, *Student Information Form*, required medical testing and *Student Experience and Goal Sheet*. *Student Experience and Goal Sheet* is to be emailed, mailed or faxed by the student to the facility at least two (2) weeks prior to commencing the practicum.

2. Completion of a self-evaluation using the *Clinical Performance Instrument (CPI)* at midterm and final.

3. The *CPI* is used by the Clinical Instructor (CI) to assess student performance, and also by the student for self-assessment. **All Criteria (1-18) are to be addressed** on this practicum. Satisfactory performance is demonstrated by receiving a score of at least **Advanced Beginner** on all 5 RED FLAG criteria (1-4,7) and at least **Advanced Beginner** on a minimum of 25% of the remaining criteria by the final evaluation.

4. Completion of Self-Assessment on *Professional Behaviors*; satisfactory performance on all of the Professional Behaviors as demonstrated by a rating of at least “Entry Level Behavioral Criteria” on the table and Entry Level on the VAS final assessment on all Professional Behaviors as verified by CI.

5. Completion and submission of a midterm reflection via MOODLE.

6. Completion of *Physical Therapist Student Assessment*: Part B and Section 2.

7. Completion of assignments required by the facility.

8. Follow all policies and procedures for the clinical practicum as outlined in the *Entry Level DPT Student Clinical Education Handbook* including but not limited to, performing safely, responsibly, professionally, legally, and ethically.

9. Return of all records, completed and signed, within one week of the conclusion of the clinical experience. All documents should be reviewed by the CI and signed
where indicated prior to the end date of the clinical.

10. Attendance at an individual Post Clinical Conference

Grades are satisfactory (S) or unsatisfactory (U), and are assigned by the ACCE after reviewing the completed requirements and recommendations of the clinical instructor.

Required Textbook & Recommended Readings:

Student Clinical Education Handbook
As determined by the clinical faculty.

Course Objectives:

Part I

A. The Pre-Practicum clinical education sessions will:
   1. Provide the intern with the Student Clinical Education Handbook including instruction in the policies and procedures necessary for successful completion of the Practicum.
   2. Provide instruction in the use of the APTA Clinical Performance Instrument (CPI), the Professional Behaviors Assessment Tool, and the PT Student Evaluation Form for immediate personal use and in future use as a clinical instructor.
   3. Develop an awareness of clinical instructional skills including effective communication with patients, patient’s family/caregiver, clinical instructor and support staff.

B. The Post-Practicum individual conference session will:
   1. Provide a forum for the intern to verbally reflect, with the ACCE, on the Practicum experience and discuss future expectations for the clinical education Internships.

Part II

C. The following objectives 1-18 are taken from the CPI and are broadly written to cover a variety of clinical settings. Upon completion of PTH680 Clinical Practicum the student will consistently demonstrate beginning to advanced beginner skills in the following performance criteria with supervision. Supervision is defined as needing intermittent verbal cueing or physical assistance from the clinical instructor; the presence of the instructor in the immediate vicinity is necessary (New England Consortium).

19. Practice in a safe manner that minimizes risk to patient, self, and others.
20. Demonstrate professional behavior in all situations.
21. Practice in a manner consistent with established legal and professional standards and ethical guidelines.
22. Communicate in ways that are congruent with situational needs.
23. Adapt delivery of physical therapy services with consideration for patients’ differences, values, preferences and needs.
25. Apply the current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.
26. Determine with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.
27. Perform a physical therapy patient examination using evidenced-based tests and measures.
28. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
29. Determine a diagnosis and prognosis that guides future patient management.
30. Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
31. Perform physical therapy interventions in a competent manner.
32. Educate others (patients, caregivers, staff, students, other health care providers,
business and industry representatives, school systems) using relevant and effective teaching methods.
33. Produce quality documentation in a timely manner to support the delivery of physical therapy services.
34. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
35. Participates in the financial management (budgeting, billing and reimbursement, time space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal and facility guidelines.
36. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

D. The following objectives reflect the goal of professional growth through reflection and feedback. Upon completion of PTH680 Clinical Practicum the student will:

5. Evaluate personal core values using the APTA Professionalism in Physical Therapy: Core Values Self-Assessment Document
6. Discuss via MOODLE the APTA Online- Professionalism Module 1 – Introduction to Professionalism
7. Evaluate personal clinical performance using the CPI.
8. Evaluate personal Professional Behaviors using the Professional Behaviors Assessment Tool.
9. Evaluate clinical education experience using the PT Student Evaluation Form.
10. Demonstrate “Beginning Level Behavioral Criteria” on the Professional Behaviors Assessment Tool as verified by the Clinical Instructor, by completion of the clinical education experience.

Outline of Content: Pre-Internship Clinical Education Sessions including individual Pre Clinical Conferences. Supervised clinical experiences with a variety of patients. Individual experiences will vary according to the clinical facility assigned. Individual Post Clinical Conferences.

Accommodations: Any student with a documented disability who needs reasonable accommodations in order to meet the requirements of this course must see the course instructor, ACCE, prior to assignment to the clinical site. Requests for accommodation during the course will require documentation that the basis for the accommodation is of recent origin.

Emergency Protocols: Andrews University takes the safety of its student seriously. Signs identifying emergency protocol are posted throughout buildings. Instructors will provide guidance and direction to students in the classroom in the event of an emergency affecting that specific location. It is important that you follow these instructions and stay with your instructor during any evacuation or sheltering emergency. While off campus students are to follow emergency protocols established by the clinical site.
Course Number and Title: PTH881 Clinical Internship I

Course Description: Advanced full-time clinical experience, Internship I (eight weeks) in a variety of professional practice settings. Each student is required to complete an Internship in an outpatient orthopedic, inpatient, and a neurology setting. Thirty-six to forty hours/week. May be repeated.

Course Prerequisites: Satisfactory completion of previous coursework in the DPT program. Physical Therapy Faculty recommendation. Attendance to and completion of orientation exercises for all pre-internship clinical education sessions conducted during earlier and current semesters is required for participation in the Clinical Internship. Successful completion, at least 95% of the clinical education exam (see handbook 6.13)

Semester and Year: Fall 2013

Department Offering Course: Physical Therapy

Credit Hours: PTH881 = 4 Credits

Course Clock Hours Per Semester (lecture / lab hours): 36-40 hours per week as agreed upon by the ACCE and clinical faculty. Monday to Friday for 8 weeks

Instructor(s): Bill Scott PT, MSPT
Director of Clinical Education
scottw@andrews.edu

Office Location: Physical Therapy Building, Room 142

Telephone No.: (269) 471-6034 (231) 342-0401


Professional Expectations: In keeping with the “Professional Expectations” guidelines in your DPT Student Handbook and the professional behavior that all members of a health care team uphold, each student enrolled in this course is expected to act in a respectful and professional manner. This includes, but is not limited to, being punctual and prepared for every class or clinical session; respecting one’s colleagues and the instructor during discussions; working independently of others when asked to do so; working in a positive and productive manner with others on group projects; respecting oneself by presenting one’s own ideas and opinions in a positive and thoughtful manner that demands the attention and respect of others; being committed to a positive learning experience.

Academic Integrity: Students are expected to exhibit academic honesty in keeping with the policy outlined in the University Bulletin. In addition, the student is expected to comply with ethical and scientific standards, as recognized by the AMA and the US Office of Human Subjects Protection and the US Office of Research Integrity. The consequences of academic dishonesty will be determined by the ACCE and Clinical Instructor, and may be brought to the PT Faculty Council, with consequences ranging from failure for that assignment to
dismissal from the program. A record of the infraction will be placed in the student’s PT file.

Course Procedures: See *Student Clinical Education Handbook* for guidelines, including attendance policy.

Additional Course Requirements (if any):

7. 8 weeks full-time clinical experience.
8. Midterm reflection - to be submitted by the student only if they receive less than **Advanced Beginner** on the midterm CPI, on any category, as scored by the CI. Reflections will be approximately 1 page and must be in SOAP format including goals which address areas in which the student was scored less than **Advanced Beginner**. This must be submitted via MOODLE Midterm dropbox within 1 week of completion of midterm CPI. The ACCE will acknowledge receipt of the reflection.
9. See Student Clinical Education Handbook for comprehensive guidelines concerning Health Form, insurance, CPR, attire, attendance, etc.
10. Students are responsible for any additional “special requirements” such as criminal background checks. See “Special Requirements List” posted on the Clinical Education Bulletin Board.

Grading Policy:

**(Grading Rubric):** Satisfactory/Unsatisfactory

**Methods of Student Evaluation:** Students are formally evaluated by the Clinical Instructor (CI) a minimum of two times; during the midterm and final points of the clinical experience. Satisfactory Completion of PTH 881 requires:

11. Completion of all pre-internship clinical education requirements including, but not limited to, **Student Information Form**, required medical testing and **Student Experience and Goal Sheet**. **Student Experience and Goal Sheet** is to be emailed, mailed or faxed by the student to the facility at least two (2) weeks prior to commencing the practicum.

12. Completion of a self evaluation using the **Clinical Performance Instrument (CPI)** at midterm and final.

13. The **CPI** is used by the Clinical Instructor (CI) to assess student performance, and also by the student for self assessment. **All Criteria (1-18) are to be addressed** on this Internship. Satisfactory performance is demonstrated by receiving a score of at least **Intermediate** on all 5 RED FLAG criteria (1-4,7) and at least **Intermediate** on a minimum of 50% of the remaining criteria by the final evaluation. The remaining 50% must be at least **Advanced Beginner**.

14. Completion of Self-Assessment on **Professional Behaviors**; satisfactory performance on all of the Professional Behaviors as demonstrated by a rating of at least “Beginning Level Behavioral Criteria” on the table and Beginning Level on the VAS final assessment on all Professional Behaviors as verified by CI.

15. Completion and submission of a midterm reflection, as required (see additional course requirements #2), via MOODLE.

16. Completion of **Physical Therapist Student Assessment**: Part B and Section 2.

17. Completion of assignments required by the facility.

18. Follow all policies and procedures for the clinical practicum as outlined in the *Entry Level DPT Student Clinical Education Handbook* including but not limited to, performing safely, responsibly, professionally, legally, and ethically.

19. Return of all records, completed and signed, within one week of the conclusion of the clinical experience. All documents should be reviewed by the CI and signed where indicated prior to the end date of the clinical.
20. Attendance at an individual Post Clinical Conference

Grades are satisfactory (S) or unsatisfactory (U), and are assigned by the ACCE after reviewing the completed requirements and recommendations of the clinical instructor.

Required Textbook & Recommended Readings:

*Student Clinical Education Syllabus*

Other readings as determined by the clinical faculty.

Course Objectives:

**Part I**

A. The Pre-Internship clinical education sessions will:

5. Provide the intern with a review of the *Student Clinical Education Handbook* including instruction in the policies and procedures necessary for successful completion of the Internship.

6. Provide review of instruction in the use of the *APTA Clinical Performance Instrument (CPI)*, the *Professional Behaviors Assessment Tool*, and the *PT Student Evaluation Form* for immediate personal use and in future use as a clinical instructor.

7. Provide the intern with review of available internship sites and instructions on the process of choosing clinical internship sites for Internship I-IV.

8. Provide the intern with instruction on maximizing the clinical experience.

B. The Post-Internship individual conference session will:

2. Provide a forum for the intern to verbally reflect, with the ACCE, on the Internship experience and discuss future expectations for the clinical education Internships.

**Part II**

E. The following objectives 1-18 are taken from the *CPI* and are broadly written to cover a variety of clinical settings. Upon completion of PTH881 Clinical Internship I the student will consistently demonstrate satisfactory performance according to above Grading Policy #3. *Intermediate* performance is defined as: A student who requires clinical supervision less than 50% of the time managing patients with simple conditions and 75% of the time managing patients with complex conditions. The student is proficient in simple tasks and is developing the ability to consistently perform skilled examinations, interventions and clinical reasoning. The student is capable of maintaining 50% of a full-time physical therapist’s caseload. The degree of supervision and guidance required may vary with the complexity of the patient, environment or type of clinical setting; even in the student’s final internship.

37. Practice in a safe manner that minimizes risk to patient, self, and others.

38. Demonstrate professional behavior in all situations.

39. Practice in a manner consistent with established legal and professional standards and ethical guidelines.

40. Communicate in ways that are congruent with situational needs.

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

42. Participate in self-assessment to improve clinical and professional performance.

43. Apply the current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.

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

45. Perform a physical therapy patient examination using evidenced-based tests and measures.

46. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.

47. Determine a diagnosis and prognosis that guides future patient management.

48. Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.

49. Perform physical therapy interventions in a competent manner.
50. Educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.

51. Produce quality documentation in a timely manner to support the delivery of physical therapy services.

52. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.

53. Participates in the financial management (budgeting, billing and reimbursement, time space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal and facility guidelines.

54. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

F. The following objectives reflect the goal of professional growth through reflection and feedback and the preparation of interns to serve as future Clinical Instructors. Upon completion of PTH881 Clinical Internship I the student will:

11. Evaluate personal clinical performance using the CPI.

12. Evaluate personal professional behaviors using the Professional Behaviors Assessment Tool.

13. Evaluate clinical education experience using the PT Student Evaluation Form.

14. Demonstrate “Developing Level Behavioral Criteria” on the Professional Behaviors Assessment Tool as verified by the Clinical Instructor, by completion of the clinical education experience.

Accommodations: Any student with a documented disability who needs reasonable accommodations in order to meet the requirements of this course must see the course instructor, ACCE, prior to assignment to the clinical site. Requests for accommodation during the course will require documentation that the basis for the accommodation is of recent origin.

Outline of Content: Pre-Internship Clinical Education Sessions including individual Pre Clinical Conferences. Supervised clinical experiences with a variety of patients. Individual experiences will vary according to the clinical facility assigned. Individual Post Clinical Conferences.
### COURSE SYLLABUS

**Course Number and Title:** PTH882 Clinical Internship II

**Course Description:** Advanced full-time clinical experience, Internship II (eight weeks) in a variety of professional practice settings. Each student is required to complete an Internship in an outpatient orthopedic, inpatient, and a neurology setting. Thirty-six to forty hours/week. May be repeated.

**Course Prerequisites:** Satisfactory completion of previous coursework in the DPT program. Physical Therapy Faculty recommendation. Attendance to and completion of orientation exercises for all pre-internship clinical education sessions conducted during earlier and current semesters is required for participation in the Clinical Internship.

**Semester and Year:** Fall 2013

**Department Offering Course:** Physical Therapy

**Credit Hours:** PTH882 = 4 Credits

**Course Clock Hours Per Semester (lecture / lab hours):** 36-40 hours per week as agreed upon by the ACCE and clinical faculty. Monday to Friday for 8 weeks

**Instructor(s):** Bill Scott PT, MSPT  
Director of Clinical Education  
scottw@andrews.edu

**Office Location:** Physical Therapy Building, Room 142

**Telephone No.:** (269) 471-6034 (231) 342-0401

**Description of Teaching Methods and Learning Experiences:** Clinical Education Orientation Sessions. Individual Pre and Post Clinical Conferences. Hands-on learning experiences under the supervision of a clinical instructor. MOODLE web based interactive discussions. Independent Study. Reflection.

**Professional Expectations:** In keeping with the “Professional Expectations” guidelines in your DPT Student Handbook and the professional behavior that all members of a health care team uphold, each student enrolled in this course is expected to act in a respectful and professional manner. This includes, but is not limited to, being punctual and prepared for every class or clinical session; respecting one’s colleagues and the instructor during discussions; working independently of others when asked to do so; working in a positive and productive manner with others on group projects; respecting oneself by presenting one’s own ideas and opinions in a positive and thoughtful manner that demands the attention and respect of others; being committed to a positive learning experience.

**Academic Integrity:** Students are expected to exhibit academic honesty in keeping with the policy outlined in the University Bulletin. In addition, the student is expected to comply with ethical and scientific standards, as recognized by the AMA and the US Office of Human Subjects Protection and the US Office of Research Integrity. The consequences of academic dishonesty will be determined by the ACCE and Clinical Instructor, and may be brought to the PT Faculty Council, with consequences ranging from failure for that assignment to
dismissal from the program. A record of the infraction will be placed in the student’s PT file.

Course Procedures: See *Student Clinical Education Handbook* for guidelines, including attendance policy.

**Additional Course Requirements (if any):**

11. 8 weeks full-time clinical experience.
12. Midterm reflection- to be submitted by the student only if they receive less than **Advanced Beginner** on the midterm CPI, on any category, as scored by the CI. Reflections will be approximately 1 page and must be in SOAP format including goals which address areas in which the student was scored less than **Advanced Beginner**. This must be submitted via MOODLE Midterm dropbox within 1 week of completion of midterm CPI. The ACCE will acknowledge receipt of the reflection.
13. See Student Clinical Education Handbook for comprehensive guidelines concerning Health Form, insurance, CPR, attire, attendance, etc.
14. Students are responsible for any additional "special requirements" such as criminal background checks. See "Special Requirements List" posted on the Clinical Education Bulletin Board.

Grading Policy:

**Grading Rubric:** Satisfactory/Unsatisfactory

**Methods of Student Evaluation:** Students are formally evaluated by the Clinical Instructor (CI) a minimum of two times; during the midterm and final points of the clinical experience. Satisfactory Completion of PTH 882 requires:

21. Completion of all pre-internship clinical education requirements including, but not limited to, **Student Information Form**, required medical testing and **Student Experience and Goal Sheet**. **Student Experience and Goal Sheet** is to be emailed, mailed or faxed by the student to the facility at least two (2) weeks prior to commencing the practicum.

22. Completion of a self evaluation using the **Clinical Performance Instrument (CPI)** at midterm and final.

23. The **CPI** is used by the Clinical Instructor (CI) to assess student performance, and also by the student for self assessment. **All Criteria (1-18) are to be addressed** on this Internship. Satisfactory performance is demonstrated by receiving a score of at least **Intermediate** on all 5 RED FLAG criteria (1-4,7) and at least **Intermediate** on all remaining criteria by the final evaluation.

24. Completion of Self- Assessment on **Professional Behaviors**; satisfactory performance on all of the Professional Behaviors as demonstrated by a rating of at least “Beginning Level Behavioral Criteria” on the table and Beginning Level on the VAS final assessment on all Professional Behaviors as verified by CI.

25. Completion and submission of a midterm reflection, as required (see additional course requirements #2), via MOODLE.

26. Completion of **Physical Therapist Student Assessment**: Part B and Section 2.

27. Completion of assignments required by the facility.

28. Follow all policies and procedures for the clinical practicum as outlined in the *Entry Level DPT Student Clinical Education Handbook* including but not limited to, performing safely, responsibly, professionally, legally, and ethically.

29. Return of all records, completed and signed, within one week of the conclusion of the clinical experience. All documents should be reviewed by the CI and signed where indicated prior to the end date of the clinical.
Grades are satisfactory (S) or unsatisfactory (U), and are assigned by the ACCE after reviewing the completed requirements and recommendations of the clinical instructor.

Required Textbook & Recommended Readings:

Student Clinical Education Syllabus
Other readings as determined by the clinical faculty.

Course Objectives:

Part I

A. The Pre-Internship clinical education sessions will:

9. Provide the intern with a review of the Student Clinical Education Handbook including instruction in the policies and procedures necessary for successful completion of the Internship.

10. Provide review of instruction in the use of the APTA Clinical Performance Instrument (CPI), the Professional Behaviors Assessment Tool, and the PT Student Evaluation Form for immediate personal use and in future use as a clinical instructor.

11. Provide the intern with instruction on maximizing the clinical experience.

B. The Post-Internship individual conference session will:

3. Provide a forum for the intern to verbally reflect, with the ACCE, on the Internship experience and discuss future expectations for the clinical education Internships.

Part II

G. The following objectives 1-18 are taken from the CPI and are broadly written to cover a variety of clinical settings. Upon completion of PTH882 Clinical Internship II the student will consistently demonstrate satisfactory performance according to above Grading Policy #3. Intermediate performance is defined as: A student who requires clinical supervision less than 50% of the time managing patients with simple conditions and 75% of the time managing patients with complex conditions. The student is proficient in simple tasks and is developing the ability to consistently perform skilled examinations, interventions and clinical reasoning. The student is capable of maintaining 50% of a full-time physical therapist’s caseload. The degree of supervision and guidance required may vary with the complexity of the patient, environment or type of clinical setting; even in the student’s final internship.

55. Practice in a safe manner that minimizes risk to patient, self, and others.
56. Demonstrate professional behavior in all situations.
57. Practice in a manner consistent with established legal and professional standards and ethical guidelines.
58. Communicate in ways that are congruent with situational needs.
59. Adapt delivery of physical therapy services with consideration for patients’ differences, values, preferences and needs.
60. Participate in self-assessment to improve clinical and professional performance.
61. Apply the current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.
62. Determine with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.
63. Perform a physical therapy patient examination using evidenced-based tests and measures.
64. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
65. Determine a diagnosis and prognosis that guides future patient management.
66. Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
67. Perform physical therapy interventions in a competent manner.
68. Educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and
effective teaching methods.
69. Produce quality documentation in a timely manner to support the delivery of physical therapy services.
70. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
71. Participates in the financial management (budgeting, billing and reimbursement, time space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal and facility guidelines.
72. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

H. The following objectives reflect the goal of professional growth through reflection and feedback and the preparation of interns to serve as future Clinical Instructors. Upon completion of PTH882 Clinical Internship II the student will:
15. Evaluate personal clinical performance using the CPI.
16. Evaluate personal professional behaviors using the Professional Behaviors Assessment Tool.
17. Evaluate clinical education experience using the PT Student Evaluation Form.
18. Demonstrate “Developing Level Behavioral Criteria” with progression toward “Entry Level” on the Professional Behaviors Assessment Tool as verified by the Clinical Instructor, by completion of the clinical education experience

Accommodations: Any student with a documented disability who needs reasonable accommodations in order to meet the requirements of this course must see the course instructor, ACCE, prior to assignment to the clinical site. Requests for accommodation during the course will require documentation that the basis for the accommodation is of recent origin.

Outline of Content: Pre-Internship Clinical Education Sessions including individual Pre Clinical Conferences. Supervised clinical experiences with a variety of patients. Individual experiences will vary according to the clinical facility assigned. Individual Post Clinical Conferences.
COURSE SYLLABUS

Course Number and Title: PTH883 Clinical Internship III

Course Description: Advanced full-time clinical experience, Internship III (nine weeks) in a variety of professional practice settings. Each student is required to complete an Internship in an outpatient orthopedic, inpatient, and a neurology setting. Thirty-six to forty hours/week. May be repeated.

Course Prerequisites: Satisfactory completion of previous coursework in the DPT program. Physical Therapy Faculty recommendation. Attendance to and completion of orientation exercises for all pre-internship clinical education sessions conducted during earlier and current semesters is required for participation in the Clinical Internship.

Semester and Year: Spring 2014

Department Offering Course: Physical Therapy

Credit Hours: PTH883 = 5 Credits

Course Clock Hours Per Semester (lecture / lab hours): 36-40 hours per week as agreed upon by the ACCE and clinical faculty. Monday to Friday for 9 weeks

Instructor(s): Bill Scott PT, MSPT
Director of Clinical Education
scottw@andrews.edu

Office Location: Physical Therapy Building, Room 142

Telephone No.: (269) 471-6034 (231) 342-0401

Description of Teaching Methods and Learning Experiences:
Clinical Education Orientation Sessions.
Individual Pre and Post Clinical Conferences.
Hands-on learning experiences under the supervision of a clinical instructor.
MOODLE web based interactive discussions.
Independent Study.
Reflection.

Professional Expectations: In keeping with the “Professional Expectations” guidelines in your DPT Student Handbook and the professional behavior that all members of a health care team uphold, each student enrolled in this course is expected to act in a respectful and professional manner. This includes, but is not limited to, being punctual and prepared for every class or clinical session; respecting one’s colleagues and the instructor during discussions; working independently of others when asked to do so; working in a positive and productive manner with others on group projects; respecting oneself by presenting one’s own ideas and opinions in a positive and thoughtful manner that demands the attention and respect of others; being committed to a positive learning experience.

Academic Integrity: Students are expected to exhibit academic honesty in keeping with the policy outlined in the University Bulletin. In addition, the student is expected to comply with ethical and scientific standards, as recognized by the AMA and the US Office of Human Subjects Protection and the US Office of Research Integrity. The consequences of academic dishonesty will be determined by the ACCE and Clinical Instructor, and may be brought to the PT Faculty Council, with consequences ranging from failure for that assignment to dismissal from the program. A record of the infraction will be placed in the student’s PT file.
Course Procedures: See *Student Clinical Education Handbook* for guidelines, including the attendance policy.

Additional Course Requirements (if any):

15. 9 weeks full-time clinical experience.
16. Midterm reflection- to be submitted by the student only if they receive less than Intermediate on the midterm CPI, on any category, as scored by the CI. Reflections will be approximately 1 page and must be in SOAP format including goals which address areas in which the student was scored less than Intermediate. This must be submitted via MOODLE Midterm dropbox within 1 week of completion of midterm CPI. The ACCE will acknowledge receipt of the reflection.
17. See Student Clinical Education Handbook for comprehensive guidelines concerning Health Form, insurance, CPR, attire, attendance, etc.
18. Students are responsible for any additional “special requirements” such as criminal background checks. See “Special Requirements List” posted on the Clinical Education Bulletin Board.

Grading Policy:

**Grading Rubric:** Satisfactory/Unsatisfactory

**Methods of Student Evaluation:** Students are formally evaluated by the Clinical Instructor (CI) a minimum of two times; during the midterm and final points of the clinical experience. Satisfactory Completion of PTH 883 requires:

31. Completion of all pre-internship clinical education requirements including, but not limited to, *Student Information Form*, required medical testing and *Student Experience and Goal Sheet*. *Student Experience and Goal Sheet* is to be emailed, mailed or faxed by the student to the facility at least two (2) weeks prior to commencing the practicum.

32. Completion of a self-evaluation using the *Clinical Performance Instrument (CPI)* at midterm and final.

33. The *CPI* is used by the Clinical Instructor (CI) to assess student performance, and also by the student for self-assessment. **All Criteria (1-18) are to be addressed** on this Internship. Satisfactory performance is demonstrated by receiving a score of at least Advanced Intermediate on all 5 RED FLAG criteria (1-4,7) and at least Advanced Intermediate on a minimum of 75% of the remaining criteria by the final evaluation. The remaining 25% must be at least Intermediate.

34. Completion of Self-Assessment on Professional Behaviors; satisfactory performance on all of the Professional Behaviors as demonstrated by a rating of at least “Entry Level Behavioral Criteria” on the table and Entry Level on the VAS final assessment on all Professional Behaviors as verified by CI.

35. Completion and submission of a midterm reflection, as required (see additional course requirements #2), via MOODLE.

36. Completion of *Physical Therapist Student Assessment: Part B and Section 2.*

37. Completion of assignments required by the facility.

38. Follow all policies and procedures for the clinical practicum as outlined in the *Entry Level DPT Student Clinical Education Handbook* including but not limited to, performing safely, responsibly, professionally, legally, and ethically.

39. Return of all records, completed and signed, within one week of the conclusion of the clinical experience. All documents should be reviewed by the CI and signed where indicated prior to the end date of the clinical.
Grades are satisfactory (S) or unsatisfactory (U), and are assigned by the ACCE after reviewing the completed requirements and recommendations of the clinical instructor.

**Required Textbook & Recommended Readings:**

*Student Clinical Education Syllabus*

Other readings as determined by the clinical faculty.

**Course Objectives:**

**Part I**

A. The Pre-Internship clinical education sessions will:

12. Provide the intern with a review of the *Student Clinical Education Handbook* including instruction in the policies and procedures necessary for successful completion of the Internship.

13. Provide review of instruction in the use of the *APTA Clinical Performance Instrument (CPI)*, the *Generic Abilities Assessment Tool*, and the *PT Student Evaluation Form* for immediate personal use and in future use as a clinical instructor.

B. The Post-Internship individual conference session will:

4. Provide a forum for the intern to verbally reflect, with the ACCE, on the Internship experience and discuss future expectations for the clinical education Internships.

**Part II**

I. The following objectives 1-18 are taken from the *CPI* and are broadly written to cover a variety of clinical settings. Upon completion of PTH883 Clinical Internship III the student will consistently demonstrate satisfactory performance according to above Grading Policy #3. **Advanced Intermediate** performance is defined as: A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. The student is consistently proficient and skilled in simple tasks and requires only occasional cueing for skilled examinations, interventions and clinical reasoning. The student is capable of maintaining 75% of a full-time physical therapist’s caseload. The degree of supervision and guidance required may vary with the complexity of the patient, environment or type of clinical setting; even in the student’s final internship.

73. Practice in a safe manner that minimizes risk to patient, self, and others.

74. Demonstrate professional behavior in all situations.

75. Practice in a manner consistent with established legal and professional standards and ethical guidelines.

76. Communicate in ways that are congruent with situational needs.

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

78. Participate in self-assessment to improve clinical and professional performance.

79. Apply the current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.

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

81. Perform a physical therapy patient examination using evidenced-based tests and measures.

82. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.

83. Determine a diagnosis and prognosis that guides future patient management.

84. Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.

85. Perform physical therapy interventions in a competent manner.

86. Educate others (patients, caregivers, staff, students, other health care providers,
87. Produce quality documentation in a timely manner to support the delivery of physical therapy services.
88. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
89. Participates in the financial management (budgeting, billing and reimbursement, time space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal and facility guidelines.
90. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

J. The following objectives reflect the goal of professional growth through reflection and feedback and the preparation of interns to serve as future Clinical Instructors. Upon completion of PTH883 Clinical Internship III the student will:
19. Evaluate personal clinical performance using the CPI.
20. Evaluate personal professional behaviors using the Generic Abilities Assessment Tool.
21. Evaluate clinical education experience using the PT Student Evaluation Form.
22. Demonstrate “Developing Level Behavioral Criteria” with significant progression toward “Entry Level” on the table and at least 90% of Entry Level on the VAS on all generic abilities as verified by CI by completion of the clinical education experience.

Accommodations: Any student with a documented disability who needs reasonable accommodations in order to meet the requirements of this course must see the course instructor, ACCE, prior to assignment to the clinical site. Requests for accommodation during the course will require documentation that the basis for the accommodation is of recent origin.

Outline of Content: Pre-Internship Clinical Education Sessions including individual Pre Clinical Conferences. Supervised clinical experiences with a variety of patients. Individual experiences will vary according to the clinical facility assigned. Individual Post Clinical Conferences.
Course Number and Title: PTH884 Clinical Internship IV

Course Description: Advanced full-time clinical experience, Internship IV (ten weeks) in a variety of professional practice settings. Each student is required to complete an Internship in an outpatient orthopedic, inpatient, and a neurology setting. Thirty-six to forty hours/week. May be repeated.

Course Prerequisites: Satisfactory completion of previous coursework in the DPT program. Physical Therapy Faculty recommendation. Attendance to and completion of orientation exercises for all pre-internship clinical education sessions conducted during earlier and current semesters is required for participation in the Clinical Internship.

Semester and Year: Summer 2014

Department Offering Course: Physical Therapy

Credit Hours: PTH884 = 5 Credits

Course Clock Hours Per Semester (lecture / lab hours): 36-40 hours per week as agreed upon by the ACCE and clinical faculty. Monday to Friday for 10 weeks

Instructor(s): Bill Scott PT, MSPT
Director of Clinical Education
scottw@andrews.edu

Office Location: Physical Therapy Building, Room 142

Telephone No.: (269) 471-6034 (231) 342-0401

Description of Teaching Methods and Learning Experiences:
Clinical Education Orientation Sessions.
Individual Pre and Post Clinical Conferences.
Hands-on learning experiences under the supervision of a clinical instructor.
MOODLE web based interactive discussions.
Independent Study.
Reflection.

Professional Expectations: In keeping with the “Professional Expectations” guidelines in your DPT Student Handbook and the professional behavior that all members of a health care team uphold, each student enrolled in this course is expected to act in a respectful and professional manner. This includes, but is not limited to, being punctual and prepared for every class or clinical session; respecting one’s colleagues and the instructor during discussions; working independently of others when asked to do so; working in a positive and productive manner with others on group projects; respecting oneself by presenting one’s own ideas and opinions in a positive and thoughtful manner that demands the attention and respect of others; being committed to a positive learning experience.

Academic Integrity: Students are expected to exhibit academic honesty in keeping with the policy outlined in the University Bulletin. In addition, the student is expected to comply with ethical and scientific standards, as recognized by the AMA and the US Office of Human Subjects Protection and the US Office of Research Integrity. The consequences of academic dishonesty will be determined by the ACCE and Clinical Instructor, and may be brought to the PT Faculty Council, with consequences ranging from failure for that assignment to dismissal from the program. A record of the infraction will be placed in the student’s PT
Course Procedures: See Student Clinical Education Handbook for guidelines, including attendance policy.

Additional Course Requirements (if any):

1. 10 weeks full-time clinical experience.
2. Midterm reflection - to be submitted by the student only if they receive less than Advanced Intermediate on the midterm CPI, on any category, as scored by the CI. Reflections will be approximately 1 page and must be in SOAP format including goals which address areas in which the student was scored less than Advanced Intermediate. This must be submitted via MOODLE Midterm dropbox with in 1 week of completion of midterm CPI. The ACCE will acknowledge receipt of the reflection.
3. See Student Clinical Education Handbook for guidelines concerning Health Form, insurance, CPR, attire, attendance, etc.
4. See site requirements for any additional requirements such as criminal background check.

Grading Policy:

Grading Rubric: Satisfactory/Unsatisfactory

Methods of Student Evaluation: Students are formally evaluated by the Clinical Instructor (CI) a minimum of two times; during the midterm and final points of the clinical experience. Satisfactory Completion of PTH 884 requires:

41. Completion of all pre-internship clinical education requirements including, but not limited to, Student Information Form, required medical testing and Student Experience and Goal Sheet. Student Experience and Goal Sheet is to be emailed, mailed or faxed by the student to the facility at least two (2) weeks prior to commencing the practicum.

42. Completion of a self-evaluation using the Clinical Performance Instrument (CPI) at midterm and final.

43. The CPI is used by the Clinical Instructor (CI) to assess student performance, and also by the student for self-assessment. All Criteria (1-18) are to be addressed on this Internship. Satisfactory performance is demonstrated by receiving a score of at least Entry Level on all 18 criteria by the final evaluation.

44. Completion of Self-Assessment on Professional Behaviors; satisfactory performance on all of the Professional Behaviors as demonstrated by a rating of at least "Entry Level Behavioral Criteria" on the table and Entry Level on the VAS final assessment on all Professional Behaviors as verified by CI.

45. Completion and submission of a midterm reflection, as required (see additional course requirements #2), via MOODLE.

46. Completion of Physical Therapist Student Assessment: Part B and Section 2.

47. Completion of assignments required by the facility.

48. Follow all policies and procedures for the clinical practicum as outlined in the Entry Level DPT Student Clinical Education Handbook including but not limited to, performing safely, responsibly, professionally, legally, and ethically.

49. Return of all records, completed and signed, within one week of the conclusion of the clinical experience. All documents should be reviewed by the CI and signed where indicated prior to the end date of the clinical.

50. Attendance at an individual Post Clinical Conference.

Grades are satisfactory (S) or unsatisfactory (U), and are assigned by the ACCE after
reviewing the completed requirements and recommendations of the clinical instructor.

**Required Textbook & Recommended Readings:**

*Student Clinical Education Syllabus*

Other readings as determined by the clinical faculty.

**Course Objectives:**

**Part I**

**A.** The Pre-Internship clinical education sessions will:
14. Provide the intern with a review of the *Student Clinical Education Handbook* including instruction in the policies and procedures necessary for successful completion of the Internship.
15. Provide review of instruction in the use of the *APTA Clinical Performance Instrument (CPI)*, the *Professional Behaviors Assessment Tool*, and the *PT Student Evaluation Form* for immediate personal use and in future use as a clinical instructor.

**B.** The Post-Internship individual conference session will:
5. Provide a forum for the intern to verbally reflect, with the ACCE, on the Internship experience and discuss future expectations for the clinical education Internships.

**Part II**

**K.** The following objectives 1-18 are taken from the *CPI* and are broadly written to cover a variety of clinical settings. Upon completion of PTH884 Clinical Internship IV the student will consistently demonstrate satisfactory performance according to above Grading Policy #3. **Entry-Level** performance is defined as: A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions. The student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions and clinical reasoning. The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner needing only to consult with others in unfamiliar or ambiguous situations. The degree of supervision and guidance required may vary with the complexity of the patient, environment or type of clinical setting; even in the student’s final internship. To perform at Entry-Level also requires consistency and efficiency in providing quality patient care.

91. Practice in a safe manner that minimizes risk to patient, self, and others.
92. Demonstrate professional behavior in all situations.
93. Practice in a manner consistent with established legal and professional standards and ethical guidelines.
94. Communicate in ways that are congruent with situational needs.
95. Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs.
97. Apply the current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.
98. Determine with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.
99. Perform a physical therapy patient examination using evidenced-based tests and measures.
100. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
101. Determine a diagnosis and prognosis that guides future patient management.
102. Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
103. Perform physical therapy interventions in a competent manner.
104. Educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.
105. Produce quality documentation in a timely manner to support
the delivery of physical therapy services.

106. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.

107. Participates in the financial management (budgeting, billing and reimbursement, time space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal and facility guidelines.

108. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

L. The following objectives reflect the goal of professional growth through reflection and feedback and the preparation of interns to serve as future Clinical Instructors. Upon completion of PTH884 Clinical Internship IV the student will:

23. Evaluate personal clinical performance using the CPI.
24. Evaluate personal professional behaviors using the Professional Behaviors Assessment Tool.
25. Evaluate clinical education experience using the PT Student Evaluation Form.
26. Demonstrate “Entry Level Behavioral Criteria” on the table and Entry Level on the VAS final assessment on all Professional Behaviors as verified by CI.

Accommodations: Any student with a documented disability who needs reasonable accommodations in order to meet the requirements of this course must see the course instructor, ACCE, prior to assignment to the clinical site. Requests for accommodation during the course will require documentation that the basis for the accommodation is of recent origin.

Outline of Content: Pre-Internship Clinical Education Sessions including individual Pre Clinical Conferences. Supervised clinical experiences with a variety of patients. Individual experiences will vary according to the clinical facility assigned. Individual Post Clinical Conferences.
CLINICAL INTERNSHIP INSTRUCTIONS

ANDREWS UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY

Clinical Practicum and Internships I, II, III, IV

Instructions for the use of the Clinical Education Forms

1. Clinical Internship Objectives. The general objectives follow the Physical Therapy Clinical Performance Instrument (CPI) which is used to evaluate the student. Please see enclosed syllabus for performance expectations.

2. Physical Therapy Clinical Performance Instrument (CPI) see page. The CPI is used both at midterm and final. The CPI is accessed online and used to assess the student’s performance. The student completes a self-assessment online as well. The CPI is completed before student & CI come together for the midterm and the final conferences. The student and CI must click the “sign-off” box in their individual online CPI to be able to review the CPIs together. It is very important that the student and CI attempt to summarize the areas of greatest strength and those areas needing improvement so that growth in these areas can occur. By each person contributing to the evaluation, it becomes a learning experience for the student.

3. Physical Therapist Student Evaluation. The student will review this form at midterm and complete the appropriate portions at midterm and final by the end of the clinical. The first page is signed by both the CI and the student. It is required that the Clinical Instructor and/or the CCCE discuss the comments with the student.

4. Professional Behaviors Assessment Form. The student is expected to be aware of the ten abilities and definitions listed on this form, thereby assessing their skills in the clinic. Students will record their performance at midterm and final by highlighting all criteria listed on pages 2 and 3 of the Professional Behaviors Assessment Form that pertains to their performance in the clinic; students at the final will assess where they fall on the scale between “beginning level” and “entry level” on page 4. Please see enclosed syllabus for performance expectations. The student and their CI will review and both sign the Professional Behaviors Assessment Form.

5. Information Release Form. To be completed by the student and kept by the clinical facility.

6. Returning the Forms. The following forms are to be signed by both the CI and the student and returned to the DCE within one week of completion for Practicum, Internship I, II and III. All four forms require both the CI and Student’s signatures.

   Physical Therapist Student Evaluation
   Professional Behaviors Assessment Form
   The CPI is not necessary to send as the DCE is able to access it online.

The following forms are to be returned to the DCE by noon on the Tuesday prior to graduation for Internship IV.

   Physical Therapist Student Evaluation
   Professional Behaviors Assessment Form
   Outstanding Clinical Instructor Nomination (Optional)

When students are returning directly to the university, they may hand deliver the forms in a sealed envelope. Otherwise, the forms can be sent via the mail or faxed. All forms should be addressed to:

William Scott, PT, MSPT
Director of Clinical Education
Department of Physical Therapy
Andrews University
8515 E Campus Circle Dr.
Berrien Springs, MI 49104-0420

Email: scottw@andrews.edu
Phone: 1-800-827-2878 ext. 31
Or 269 471-6034, 471-6551
Fax: 269-471-2866
PHYSICAL THERAPIST STUDENT EVALUATION
Physical Therapist Student Evaluation
PART A: CI Assessment & Signatures

General Information

Student Name ________________________________________________________________
Academic Institution ___________________________________________________________________________________
Name of Clinical Education Site ___________________________________________________________________________
Address ____________________________________________________________ City __________________________ State ______
Clinical Experience Number __________________________ Clinical Experience Dates ______________________________

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.

1. Based on your recent experience as a Clinical Instructor, how would you rate this Internship? (circle one)
   Exceptional          Above average          Average          Fair          Poor

2. In General, how well has the Andrews University DPT program prepared students for this setting?
   ________________________________________________________________________________
   ________________________________________________________________________________

3. In General, how do the Andrews University DPT student’s academic preparations compare to that of students at the same level from other programs?
   ________________________________________________________________________________
   ________________________________________________________________________________

Primary CI’s Name _________________________________________ Date ______________________

Primary CI’s Signature

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

Additional CI’s Name _________________________________________ Date ______________________

Additional CI’s Signature

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

Student Name _________________________________________ Date ______________________

Student Signature __________________________________________
PART B: Student Assessment

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

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

1. Name of Clinical Education Site________________________________________________________
   Address ____________________________________________________________________________
   City _________________________________________________________________________________
   State ______________________________________________________________________________

2. Clinical Experience Number____________________________________________________________

3. Type of Clinical Experience/Rotation (check all that are relevant)
   ____ 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 Rehabilitation Facility ____ Other __________________________

Orientation

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

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

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

Patient/Client Management and the Practice Environment

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

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

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

<table>
<thead>
<tr>
<th>Case Mix by System</th>
<th>Rating</th>
<th>Lifespan</th>
<th>Rating</th>
<th>Continuum of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td>0-12 years</td>
<td></td>
<td>Critical care, ICU, Acute</td>
<td></td>
</tr>
<tr>
<td>Neuromuscular</td>
<td></td>
<td>13-21 years</td>
<td></td>
<td>SNF/ECF/Sub-acute</td>
<td></td>
</tr>
<tr>
<td>Cardiopulmonary</td>
<td></td>
<td>22-65 years</td>
<td></td>
<td>Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Integumentary</td>
<td></td>
<td>Over 65 years</td>
<td></td>
<td>Ambulatory/Outpatient</td>
<td></td>
</tr>
<tr>
<td>Other (GI, GU, Renal, Metabolic, Endocrine)</td>
<td></td>
<td></td>
<td></td>
<td>Home Health/Hospice</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Wellness/Fitness/Industry</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Components of Care</th>
<th>Rating</th>
<th>Components of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examinations</td>
<td></td>
<td>Diagnosis</td>
<td></td>
</tr>
<tr>
<td>• Screening</td>
<td></td>
<td>Prognosis</td>
<td></td>
</tr>
<tr>
<td>• History taking</td>
<td></td>
<td>Plan of Care</td>
<td></td>
</tr>
</tbody>
</table>
9. During this experience, how frequently did staff (i.e., CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale.

<table>
<thead>
<tr>
<th>Components of Care</th>
<th>Rating</th>
<th>Components of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systems review</td>
<td></td>
<td>Interventions</td>
<td></td>
</tr>
<tr>
<td>Tests and measures</td>
<td></td>
<td>Outcomes Assessment</td>
<td></td>
</tr>
</tbody>
</table>

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

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

__________________________________________

__________________________________________

11. Clinical Experience

What other students were at this clinical facility during your clinical experience? (check all that apply):

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

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

  ______ 1 student to 1 CI
  ______ 1 student to greater than 1 CI
  ______ 1 CI to greater than 1 student; Describe __________________________

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

__________________________________________

__________________________________________

__________________________________________

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

  ______ Attended in-services/educational programs
  ______ Presented an in-service
  ______ Attended special clinics
  ______ Attended team meetings/conferences/grand rounds
  ______ Directed and supervised physical therapist assistants and other support personnel
  ______ Observed surgery
  ______ Participated in administrative and business management
Participated in collaborative treatment with other disciplines to provide patient/client care
(please specify disciplines)

- Participated in opportunities to provide consultation
- Participated in service learning
- Participated in wellness/health promotion/screening programs
- Performed systematic data collection as part of an investigative study
- Other; Please specify
15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, food, parking, etc. ________________________________________________________________

______________________________________________________________

Overall Summary Appraisal

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

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

______________________________________________________________

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

______________________________________________________________

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

______________________________________________________________

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

______________________________________________________________

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

______________________________________________________________
SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

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

Assessment of Clinical Instruction

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

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

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

Midterm Evaluation  _____ Yes  _____ No  Final Evaluation  _____ Yes  _____ No
24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Final Evaluation

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

Midterm Evaluation

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Final Evaluation

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

Midterm Evaluation

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Final Evaluation

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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.

Professional Behaviors for the 21st Century
2013-2014

Definitions of Behavioral Criteria Levels

Beginning Level – behaviors consistent with a learner in the beginning of the professional phase of physical therapy education and before the first significant internship

Intermediate Level – behaviors consistent with a learner after the first significant internship

Entry Level – behaviors consistent with a learner who has completed all didactic work and is able to independently manage a caseload with consultation as needed from clinical instructors, co-workers and other health care professionals

Post-Entry Level – behaviors consistent with an autonomous practitioner beyond entry level

Background Information

In 1991 the faculty of the University of Wisconsin-Madison, Physical Therapy Educational Program identified the original Physical Therapy - Specific Professional Behaviors. Since that time these abilities have been used by academic programs to facilitate the development, measurement and assessment of professional behaviors of students during both the didactic and clinical phases of the programs of study.

Since the initial study was conducted, the profession of Physical Therapy and the curricula of the educational programs have undergone significant changes that mirror the changes in healthcare and the academy. These changes include managed care, expansion in the scope of physical therapist practice, increased patient direct access to physical therapists, evidenced-based practice, clinical specialization in physical therapy and the American Physical Therapy Association’s Vision 2020 supporting doctors of physical therapy.

Today’s physical therapy practitioner functions on a more autonomous level in the delivery of patient care which places a higher demand for professional development on the new graduates of the physical therapy educational programs. Most recently (2008-2009), the research team of Warren May, PT, MPH, Laurie Kontney PT, DPT, MS and Z. Annette Iglarsh, PT, PhD, MBA completed a research project that built on the work of other researchers to analyze the PT-Specific Professional Behaviors in relation to the changing landscape of physical therapist practice and in relation to generational differences of the “Millennial” or “Y” Generation (born 1980-2000). These are the graduates of the classes of 2004 and beyond who will shape clinical practice in the 21st century.

The research project was twofold and consisted of 1) a research survey which identified and rank ordered professional behaviors expected of the newly licensed physical therapist upon employment (2008); and 2) 10 small work groups that took the 10 identified behaviors (statistically determined) and wrote/revised behavior definitions, behavioral criteria and placement within developmental levels (Beginning, Intermediate, Entry Level and Post Entry Level) (2009). Interestingly the 10 statistically significant behaviors identified were identical to the original 10 Professional Behaviors, however, the rank orders of the behaviors changed. Participants in the research survey included Center
Coordinators of Clinical Education (CCCE’s) and Clinical Instructors (CI’s) from all regions of the United States. Participants in the small work groups included Directors of Clinical Education (DCE’s), Academic Faculty, CCCE’s and CI’s from all regions of the United States.

This resulting document, *Professional Behaviors*, is the culmination of this research project. The definitions of each professional behavior have been revised along with the behavioral criteria for each developmental level. The ‘developing level’ was changed to the ‘intermediate level’ and the title of the document has been changed from *Professional Behaviors* to *Professional Behaviors*. The title of this important document was changed to differentiate it from the original *Professional Behaviors* and to better reflect the intent of assessing professional behaviors deemed critical for professional growth and development in physical therapy education and practice.

**Preamble**

In addition to a core of cognitive knowledge and psychomotor skills, it has been recognized by educators and practicing professionals that a repertoire of behaviors is required for success in any given profession (Alverno College Faculty, Assessment at Alverno, 1979). The identified repertoires of behaviors that constitute professional behavior reflect the values of any given profession and, at the same time, cross disciplinary lines (May et. al., 1991). Visualizing cognitive knowledge, psychomotor skills and a repertoire of behaviors as the legs of a three-legged stool serves to emphasize the importance of each. Remove one leg and the stool loses its stability and makes it very difficult to support professional growth, development, and ultimately, professional success. (May et. al., Opportunity Favors the Prepared: A Guide to Facilitating the Development of Professional Behavior, 2002)

The intent of the *Professional Behaviors* Assessment Tool is to identify and describe the repertoire of professional behaviors deemed necessary for success in the practice of physical therapy. This *Professional Behaviors* Assessment Tool is intended to represent and be applied to student growth and development in the classroom and the clinic. It also contains behavioral criteria for the practicing clinician. Each *Professional Behavior* is defined and then broken down into developmental levels with each level containing behavioral criteria that describe behaviors that represent possession of the *Professional Behavior* they represent. Each developmental level builds on the previous level such that the tool represents growth over time in physical therapy education and practice.

It is critical that students, academic and clinical faculty utilize the *Professional Behaviors* Assessment Tool in the context of physical therapy and not life experiences. For example, a learner may possess strong communication skills in the context of student life and work situations, however, may be in the process of developing their physical therapy communication skills, those necessary to be successful as a professional in a greater health care context. One does not necessarily translate to the other, and thus must be used in the appropriate context to be effective.

Opportunities to reflect on each *Professional Behavior* through self-assessment, and through peer and instructor assessment is critical for progress toward entry level performance in the classroom and clinic. A learner does not need to possess each behavioral criteria identified at each level within the tool, however, should demonstrate, and be able to provide examples of the majority in order to move from one level to the next. Likewise, the behavioral criteria are examples of behaviors one might demonstrate, however are not exhaustive. Academic and clinical facilities may decide to add or delete behavioral criteria based on the needs of their specific setting. Formal opportunities to reflect and discuss with an academic and/or clinical instructor is key to the tool’s use, and ultimately professional growth of the learner. The *Professional Behaviors* Assessment Tool allows the learner to build and
strengthen their third leg with skills in the affective domain to augment the cognitive and psychomotor
domains.

**Professional Behaviors**

1. **Critical Thinking** - The ability to question logically; identify, generate and evaluate
   elements of logical argument; recognize and differentiate facts, appropriate or faulty
   inferences, and assumptions; and distinguish relevant from irrelevant information. The
   ability to appropriately utilize, analyze, and critically evaluate scientific evidence to
   develop a logical argument, and to identify and determine the impact of bias on the
decision making process.

   **Beginning Level:**
   - Raises relevant questions
   - Considers all available information
   - Articulates ideas
   - Understands the scientific method
   - States the results of scientific literature but has not developed the consistent ability to
     critically appraise findings (i.e. methodology and conclusion)
   - Recognizes holes in knowledge base
   - Demonstrates acceptance of limited knowledge and experience

   **Intermediate Level:**
   - Feels challenged to examine ideas
   - Critically analyzes the literature and applies it to patient management
   - Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas
   - Seeks alternative ideas
   - Formulates alternative hypotheses
   - Critiques hypotheses and ideas at a level consistent with knowledge base
   - Acknowledges presence of contradictions

   **Entry Level:**
   - Distinguishes relevant from irrelevant patient data
   - Readily formulates and critiques alternative hypotheses and ideas
   - Infers applicability of information across populations
   - Exhibits openness to contradictory ideas
   - Identifies appropriate measures and determines effectiveness of applied solutions efficiently
   - Justifies solutions selected

   **Post-Entry Level:**
   - Develops new knowledge through research, professional writing and/or professional
     presentations
   - Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process
   - Weighs information value based on source and level of evidence
   - Identifies complex patterns of associations
   - Distinguishes when to think intuitively vs. analytically
   - Recognizes own biases and suspends judgmental thinking
   - Challenges others to think critically

2. **Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading,
   writing, and listening) for varied audiences and purposes.
Beginning Level:
- Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
- Recognizes impact of non-verbal communication in self and others
- Recognizes the verbal and non-verbal characteristics that portray confidence
- Utilizes electronic communication appropriately

Intermediate Level:
- Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
- Restates, reflects and clarifies message(s)
- Communicates collaboratively with both individuals and groups
- Collects necessary information from all pertinent individuals in the patient/client management process
- Provides effective education (verbal, non-verbal, written and electronic)

Entry Level:
- Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups
- Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing
- Maintains open and constructive communication
- Utilizes communication technology effectively and efficiently

Post Entry Level:
- Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning
- Effectively delivers messages capable of influencing patients, the community and society
- Provides education locally, regionally and/or nationally
- Mediates conflict

3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

Beginning Level:
- Recognizes problems
- States problems clearly
- Describes known solutions to problems
- Identifies resources needed to develop solutions
- Uses technology to search for and locate resources
- Identifies possible solutions and probable outcomes

Intermediate Level:
- Prioritizes problems
- Identifies contributors to problems
- Consults with others to clarify problems
- Appropriately seeks input or guidance
- Prioritizes resources (analysis and critique of resources)
- Considers consequences of possible solutions

Entry Level:
- Independently locates, prioritizes and uses resources to solve problems
- Accepts responsibility for implementing solutions
- Implements solutions
- Reassesses solutions
- Evaluates outcomes
- Modifies solutions based on the outcome and current evidence
- Evaluates generalizability of current evidence to a particular problem

**Post Entry Level:**
- Weighs advantages and disadvantages of a solution to a problem
- Participates in outcome studies
- Participates in formal quality assessment in work environment
- Seeks solutions to community health-related problems
- Considers second and third order effects of solutions chosen

4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

**Beginning Level:**
- Maintains professional demeanor in all interactions
- Demonstrates interest in patients as individuals
- Communicates with others in a respectful and confident manner
- Respects differences in personality, lifestyle and learning styles during interactions with all persons
- Maintains confidentiality in all interactions
- Recognizes the emotions and bias that one brings to all professional interactions

**Intermediate Level:**
- Recognizes the non-verbal communication and emotions that others bring to professional interactions
- Establishes trust
- Seeks to gain input from others
- Respects role of others
- Accommodates differences in learning styles as appropriate

**Entry Level:**
- Demonstrates active listening skills and reflects back to original concern to determine course of action
- Responds effectively to unexpected situations
- Demonstrates ability to build partnerships
- Applies conflict management strategies when dealing with challenging interactions
- Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them

**Post Entry Level:**
- Establishes mentor relationships
Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction.

5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

**Beginning Level:**
- Demonstrates punctuality
- Provides a safe and secure environment for patients
- Assumes responsibility for actions
- Follows through on commitments
- Articulates limitations and readiness to learn
- Abides by all policies of academic program and clinical facility

**Intermediate Level:**
- Displays awareness of and sensitivity to diverse populations
- Completes projects without prompting
- Delegates tasks as needed
- Collaborates with team members, patients and families
- Provides evidence-based patient care

**Entry Level:**
- Educates patients as consumers of health care services
- Encourages patient accountability
- Directs patients to other health care professionals as needed
- Acts as a patient advocate
- Promotes evidence-based practice in health care settings
- Accepts responsibility for implementing solutions
- Demonstrates accountability for all decisions and behaviors in academic and clinical settings

**Post Entry Level:**
- Recognizes role as a leader
- Encourages and displays leadership
- Facilitates program development and modification
- Promotes clinical training for students and coworkers
- Monitors and adapts to changes in the health care system
- Promotes service to the community

6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

**Beginning Level:**
- Abides by all aspects of the academic program honor code and the APTA Code of Ethics
- Demonstrates awareness of state licensure regulations
- Projects professional image
Attends professional meetings
- Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

**Intermediate Level:**
- Identifies positive professional role models within the academic and clinical settings
- Acts on moral commitment during all academic and clinical activities
- Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making
- Discusses societal expectations of the profession

**Entry Level:**
- Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
- Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity
- Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development
- Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices
- Discusses role of physical therapy within the healthcare system and in population health
- Demonstrates leadership in collaboration with both individuals and groups

**Post Entry Level:**
- Actively promotes and advocates for the profession
- Pursues leadership roles
- Supports research
- Participates in program development
- Participates in education of the community
- Demonstrates the ability to practice effectively in multiple settings
- Acts as a clinical instructor
- Advocates for the patient, the community and society

7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

**Beginning Level:**
- Demonstrates active listening skills
- Assesses own performance
- Actively seeks feedback from appropriate sources
- Demonstrates receptive behavior and positive attitude toward feedback
- Incorporates specific feedback into behaviors
- Maintains two-way communication without defensiveness

**Intermediate Level:**
- Critiques own performance accurately
- Responds effectively to constructive feedback
- Utilizes feedback when establishing professional and patient related goals
- Develops and implements a plan of action in response to feedback
- Provides constructive and timely feedback

**Entry Level:**
- Independently engages in a continual process of self-evaluation of skills, knowledge and abilities
- Seeks feedback from patients/clients and peers/mentors
- Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities
- Uses multiple approaches when responding to feedback
- Reconciles differences with sensitivity
- Modifies feedback given to patients/clients according to their learning styles

**Post Entry Level:**
- Engages in non-judgmental, constructive problem-solving discussions
- Acts as conduit for feedback between multiple sources
- Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients
- Utilizes feedback when analyzing and updating professional goals

8. **Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.

**Beginning Level:**
- Comes prepared for the day’s activities/responsibilities
- Identifies resource limitations (i.e. information, time, experience)
- Determines when and how much help/assistance is needed
- accesses current evidence in a timely manner
- Verbalizes productivity standards and identifies barriers to meeting productivity standards
- Self-identifies and initiates learning opportunities during unscheduled time

**Intermediate Level:**
- Utilizes effective methods of searching for evidence for practice decisions
- Recognizes own resource contributions
- Shares knowledge and collaborates with staff to utilize best current evidence
- Discusses and implements strategies for meeting productivity standards
- Identifies need for and seeks referrals to other disciplines

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

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

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

**Beginning Level:**
- Recognizes own stressors
- Recognizes distress or problems in others
- Seeks assistance as needed
- Maintains professional demeanor in all situations

**Intermediate Level:**
- Actively employs stress management techniques
- Reconciles inconsistencies in the educational process
- Maintains balance between professional and personal life
- Accepts constructive feedback and clarifies expectations
- Establishes outlets to cope with stressors

**Entry Level:**
- Demonstrates appropriate affective responses in all situations
- Responds calmly to urgent situations with reflection and debriefing as needed
- Prioritizes multiple commitments
- Reconciles inconsistencies within professional, personal and work/life environments
- Demonstrates ability to defuse potential stressors with self and others

**Post Entry Level:**
- Recognizes when problems are unsolvable
- Assists others in recognizing and managing stressors
- Demonstrates preventative approach to stress management
- Establishes support networks for self and others
- Offers solutions to the reduction of stress
- Models work/life balance through health/wellness behaviors in professional and personal life

10. **Commitment to Learning** – The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

**Beginning Level:**
- Prioritizes information needs
- Analyzes and subdivides large questions into components
- Identifies own learning needs based on previous experiences
- Welcomes and/or seeks new learning opportunities
- Seeks out professional literature
Plans and presents an in-service, research or cases studies

**Intermediate Level:**
- Researches and studies areas where own knowledge base is lacking in order to augment learning and practice
- Applies new information and re-evaluates performance
- accepts that there may be more than one answer to a problem
- Recognizes the need to and is able to verify solutions to problems
- Reads articles critically and understands limits of application to professional practice

**Entry Level:**
- Respectfully questions conventional wisdom
- Formulates and re-evaluates position based on available evidence
- Demonstrates confidence in sharing new knowledge with all staff levels
- Modifies programs and treatments based on newly-learned skills and considerations
- Consults with other health professionals and physical therapists for treatment ideas

**Post Entry Level:**
- Acts as a mentor not only to other PT’s, but to other health professionals
- Utilizes mentors who have knowledge available to them
- Continues to seek and review relevant literature
- Works towards clinical specialty certifications
- Seeks specialty training
- Is committed to understanding the PT’s role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)
- Pursues participation in clinical education as an educational opportunity
Student Name __________________________________________   Internship Facility _________________________________________

Clinical Instructor ______________________________________ Clinical Dates _________________________________________

Directions:

1. Read the description of each Professional Behavior.

2. Become familiar with the behavioral criteria described in each of the levels.

3. Self-assess your performance continually, relative to the Professional Behaviors, using the behavioral criteria.

4. At midterm and at the end of the internship, complete this form.
   a) **Using a Highlighter Pen**, highlight all criteria that describes behaviors you demonstrate in Beginning (column 1), Intermediate (column 2), Entry Level (column 3) or Post-Entry Level Professional Behaviors.
   b) Identify the level within which you predominately function.
   c) Document specific examples of when you demonstrated behaviors from the highest level highlighted. Please use different color pens to denote midterm vs. final.
   d) For each Professional Behavior, list the areas in which you wish to improve. Please use different color pens to denote midterm vs. final.

5. Share your self-assessment with your clinical instructor, specifically seeking his/her feedback.

6. Have your CI sign that they have read and discussed your self-assessment; sign and return to the DCE.

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

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

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

Examples of behaviors to support myself assessment:

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

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

Examples of behaviors to support myself assessment:

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

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<td>Recognizes problems</td>
<td>Prioritizes problems</td>
<td>Independently locates, prioritizes and uses resources to solve problems</td>
<td>Weighs advantages and disadvantages of a solution to a problem</td>
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<td>States problems clearly</td>
<td>Identifies contributors to problems</td>
<td>accepts responsibility for implementing solutions</td>
<td>Participates in outcome studies</td>
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<td>Describes known solutions to problems</td>
<td>Consults with others to clarify problems</td>
<td>Implements solutions</td>
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<td>Identifies resources needed to develop solutions</td>
<td>Appropriately seeks input or guidance</td>
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<td>Uses technology to search for and locate resources</td>
<td>Prioritizes resources (analysis and critique of resources)</td>
<td>Evaluates outcomes</td>
<td>Considers second and third order effects of solutions chosen</td>
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<td>Identifies possible solutions and probable outcomes</td>
<td>Considers consequences of possible solutions</td>
<td>Modifies solutions based on the outcome and current evidence</td>
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<td></td>
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I function predominantly in the **beginning/intermediate/entry/post entry level**.

Examples of behaviors to support my self assessment:

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

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<td>✷ Maintains professional demeanor in all interactions</td>
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<td>✷ Demonstrates interest in patients as individuals</td>
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<td>✷ Responds effectively to unexpected situations</td>
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<td>✷ Communicates with others in a respectful and confident manner</td>
<td>✷ Seeks to gain input from others</td>
<td>✷ Demonstrates ability to build partnerships</td>
<td>✷ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</td>
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<td>✷ Respects differences in personality, lifestyle and learning styles during interactions with all persons</td>
<td>✷ Respects role of others</td>
<td>✷ Applies conflict management strategies when dealing with challenging interactions</td>
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<td>✷ Maintains confidentiality in all interactions</td>
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I function predominantly in the **beginning**/**intermediate**/**entry**/**post entry** level.

Examples of behaviors to support my self assessment:

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

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

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

Examples of behaviors to support my self assessment:

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

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

I function predominantly in the **beginning/intermediate/entry/post entry** level
Examples of behaviors that support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:
7. Use of Constructive Feedback — The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

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

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

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:
8. Effective Use of Time and Resources – The ability to manage time and resources effectively to obtain the maximum possible benefit.

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</tr>
</thead>
<tbody>
<tr>
<td>Comes prepared for the day’s activities/responsibilities</td>
<td>Utilizes effective methods of searching for evidence for practice decisions</td>
<td>Uses current best evidence</td>
<td>Advances profession by contributing to the body of knowledge (outcomes, case studies, etc.)</td>
</tr>
<tr>
<td>Identifies resource limitations (i.e. information, time, experience)</td>
<td>Recognizes own resource contributions</td>
<td>Collaborates with members of the team to maximize the impact of treatment available</td>
<td>Applies best evidence considering available resources and constraints</td>
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<tr>
<td>Determines when and how much help/assistance is needed</td>
<td>Shares knowledge and collaborates with staff to utilize best current evidence</td>
<td>Has the ability to set boundaries, negotiate, compromise, and set realistic expectations</td>
<td>Organizes and prioritizes effectively</td>
</tr>
<tr>
<td>accesses current evidence in a timely manner</td>
<td>Discusses and implements strategies for meeting productivity standards</td>
<td>Gathers data and effectively interprets and assimilates the data to determine plan of care</td>
<td>Prioritizes multiple demands and situations that arise on a given day</td>
</tr>
<tr>
<td>Verbalizes productivity standards and identifies barriers to meeting productivity standards</td>
<td>Identifies need for and seeks referrals to other disciplines</td>
<td>Utilizes community resources in discharge planning</td>
<td>Mentors peers and supervises in increasing productivity and/or effectiveness without decrement in quality of care</td>
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<td>Self-identifies and initiates learning opportunities during unscheduled time</td>
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<td>Adjusts plans, schedule etc. as patient needs and circumstances dictate</td>
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<td>Meets productivity standards of facility while providing quality care and completing non-productive work activities</td>
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I function predominantly in the **beginning/intermediate/entry/post entry level**.

Examples of behaviors to support my self assessment:

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

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<tr>
<td>❖ Recognizes own stressors</td>
<td>❖ Actively employs stress management techniques</td>
<td>❖ Demonstrates appropriate affective responses in all situations</td>
<td>❖ Recognizes when problems are unsolvable</td>
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<tr>
<td>❖ Recognizes distress or problems in others</td>
<td>❖ Reconciles inconsistencies in the educational process</td>
<td>❖ Responds calmly to urgent situations with reflection and debriefing as needed</td>
<td>❖ Assists others in recognizing and managing stressors</td>
</tr>
<tr>
<td>❖ Seeks assistance as needed</td>
<td>❖ Maintains balance between professional and personal life</td>
<td>❖ Prioritizes multiple commitments</td>
<td>❖ Demonstrates preventative approach to stress management</td>
</tr>
<tr>
<td>❖ Maintains professional demeanor in all situations</td>
<td>❖ Accepts constructive feedback and clarifies expectations</td>
<td>❖ Reconciles inconsistencies within professional, personal and work/life environments</td>
<td>❖ Establishes support networks for self and others</td>
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<td></td>
<td>❖ Establishes outlets to cope with stressors</td>
<td>❖ Demonstrates ability to defuse potential stressors with self and others</td>
<td>❖ Offers solutions to the reduction of stress</td>
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<td>❖ Models work/life balance through health/wellness behaviors in professional and personal life</td>
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I function predominantly in the **beginning/intermediate/entry/post entry** level.

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:
### 10. Commitment to Learning

The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

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

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

Examples of behaviors to support my self assessment:

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

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

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

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

Student Signature ___________________________________________ Date________________________

CI feedback/suggestions.

CI signature: _______________________________________________ Date:_________________________
INFORMATION RELEASE FORM

ANDREWS UNIVERSITY
Department of Physical Therapy

Statement:

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

Signed: ____________________________ Date: __________________

Clinical Site: ____________________________ Internship#____________________

Clinical Dates: ____________________________

CI/CCCE please note:
- Please retain a copy of this form at the facility and return the original to the university.
- A copy of this signed form may be required by the DCE/Andrews University when information release is requested in the future.
- Due to the protected nature of a student’s academic records the CPI is “closed” once the clinical experience is completed. Once the course is closed only the DCE and student have access to the student’s CPI. Access to the CPI, by the CI/CCCE/Clinical site, will require completion of this written consent form.
PTH680 Clinical Practicum

INSTRUCTIONS: Use this form to keep a weekly record of your Clinical Practicum experience. It will provide an individual reference and will assist in the planning of future Internships. Each day record the number of times that you have performed a procedure, the number of hours of observation, and the number of patients treated. At the end of each week, record the totals on this form. After the completion of the Practicum, transfer the information from this form to your master record.

<table>
<thead>
<tr>
<th>A. TESTS &amp; MEASURES</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
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<th>Totals</th>
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<tbody>
<tr>
<td>1. Aerobic capacity</td>
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<tr>
<td>2. Anthropometric characteristics</td>
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<td>3. Arousal, mentation, and cognition</td>
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<td>4. Assistive and adaptive devices</td>
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<td>5. Community and work (job, school, or play) reintegration</td>
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<td>6. Cranial nerve integrity</td>
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<td>7. Environmental, home, and work barriers</td>
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<td>8. Ergonomics and body mechanics</td>
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<tr>
<td>10. Integumentary integrity</td>
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<td>11. Joint integrity and mobility</td>
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<td>12. Motor function</td>
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<td>13. Muscle performance (including strength, power, and endurance)</td>
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<td>14. Neuromotor development and sensory integration</td>
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<td>15. Orthotic, protective, and supportive devices</td>
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<td>16. Pain</td>
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<td>17. Posture</td>
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18. Prosthetic requirements

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<tbody>
<tr>
<td>19. Range of motion</td>
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<td>20. Reflex integrity</td>
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<tr>
<td>21. Self-care and home management (including activities of daily living and instrumental activities of daily living)</td>
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<td>22. Sensory integration (including proprioception and kinesthesia)</td>
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<tr>
<td>23. Ventilation, respiration, and circulation</td>
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B. INTERVENTIONS:

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<tbody>
<tr>
<td>1. Airway clearance techniques</td>
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<td>2. Debridement and wound care</td>
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<td>3. Electrotherapeutic modalities</td>
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<td>4. Functional training in community and work (job, school, play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning)</td>
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<tr>
<td>5. Functional training in self-care and home management (including activities of daily living &amp; instrumental activities of daily living)</td>
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<td>6. Manual therapy techniques</td>
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<td>7. Patient-related instruction</td>
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<td>8. Physical agents and mechanical modalities</td>
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<td>9. Prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment</td>
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<td>10. Therapeutic exercise (including aerobic conditioning)</td>
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STUDENT'S RECORD OF THE CLINICAL EDUCATION EXPERIENCE – Internship I & II

ANDREWS UNIVERSITY
DOCTORATE OF PHYSICAL THERAPY – BERRIEN SPRINGS

STUDENT’S RECORD OF THE CLINICAL EDUCATION EXPERIENCE

STUDENT NAME _____________________________________________________________.

PTH881 Clinical Internship I
PTH882 Clinical Internship II

INSTRUCTIONS: Use this form to keep a weekly record of your clinical experience. It will provide an individual reference and will assist in the planning of future Internships. Each day record the number of times that you have performed a procedure, the number of hours of observation, and the number of patients treated. At the end of each week, record the totals on this form. After the completion of the Internship, transfer the information from this form to your master record.

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| 14. | Neuromotor development  
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| 15. | Orthotic, protective, and  
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| 16. | Pain |        |        |        |        |        |        |        |        |
| 17. | Posture |        |        |        |        |        |        |        |        |
| 18. | Prosthetic requirements |        |        |        |        |        |        |        |        |
| 19. | Range of motion |        |        |        |        |        |        |        |        |
| 20. | Reflex integrity |        |        |        |        |        |        |        |        |
| 21. | Self-care and home  
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of daily living) |        |        |        |        |        |        |        |        |
| 22. | Sensory integration  
(including proprioception  
and kinesthesia) |        |        |        |        |        |        |        |        |
| 23. | Ventilation, respiration,  
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INSTRUCTIONS: Use this form to keep a weekly record of your Clinical Internship experience. It will provide an individual reference and will assist in tracking your progression. Each day record the number of times that you have performed a procedure, the number of hours of observation, and the number of patients treated. At the end of each week, record the totals on this form. After the completion of the Internship, transfer the information from this form to your master record.

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**MASTER RECORD OF THE CLINICAL EDUCATION EXPERIENCE**

ANDREWS UNIVERSITY

DOCTORATE OF PHYSICAL THERAPY – BERRIEN SPRINGS

MASTER RECORD OF THE CLINICAL EDUCATION EXPERIENCE

STUDENT NAME ____________________________________________________________

**INSTRUCTIONS:** Use this form to keep record of your Clinical experiences. It will provide a master reference. All information should be transferred in from your individual clinical experience records that you have been keeping while on rotation.

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<tr>
<td>23. Ventilation, respiration, and circulation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. INTERVENTIONS:**

<table>
<thead>
<tr>
<th></th>
<th>I</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Airway clearance techniques</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Debridement and wound care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Electrotherapeutic modalities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Functional training in community and work (job, school, play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Functional training in self-care and home management (including activities of daily living &amp; instrumental activities of daily living)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Manual therapy techniques</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Patient-related instruction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Physical agents and mechanical modalities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Therapeutic exercise (including aerobic conditioning)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
INTRODUCTION:

The primary purpose of the Clinical Site Information Form (CSIF) is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites to:

- Facilitate clinical site selection,
- Assist in student placements,
- Assess the learning experiences and clinical practice opportunities available to students; and
- Provide assistance with completion of documentation required for accreditation.

The Clinical Site Information Form (CSIF) is divided into two sections:

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

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

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

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

2. **Complete the Clinical Site Information Form (CSIF) thoroughly and accurately.** Use the tab key or arrow keys to move to the desired blank space. The form is comprised of a series of tables to enable use of the tab key for quicker data entry. Use the Comment section to provide additional information as needed. If you need additional space please attach a separate sheet of paper.

3. **Save the completed Clinical Site Information Form (CSIF).**

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

5. In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, **e-mail** a copy of the completed Clinical Site Information Form (CSIF) to the Department of Physical Therapy Education at angelaboyd@apta.org.

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

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

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

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

If specific items on the Clinical Site Information Form (CSIF) do not apply to your clinical education site at the time you are completing the form, please leave the item(s) blank. Provide additional information and/or comments in the Comment box associated with the item.
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### CLINICAL SITE INFORMATION FORM

#### Part I: Information For the Academic Program

<table>
<thead>
<tr>
<th>Information About the Clinical Site – Primary</th>
<th>Initial Date</th>
<th>Revision Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person Completing CSIF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail address of person completing CSIF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Clinical Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Facility Phone</td>
<td>Ext.</td>
<td></td>
</tr>
<tr>
<td>PT Department Phone</td>
<td>Ext.</td>
<td></td>
</tr>
<tr>
<td>PT Department Fax</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PT Department E-mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Center Web Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Physical Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Physical Therapy E-mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center Coordinator of Clinical Education (CCCE) / Contact Person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCCE / Contact Person Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCCE / Contact Person E-mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APTA Credentialed Clinical Instructors (CI) (List name and credentials)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Credentialed CIs (List name and credentials)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate which of the following are required by your facility prior to the clinical education experience:

- [ ] Proof of student health clearance
- [ ] Criminal background check
- [ ] Child clearance
- [ ] Drug screening
- [ ] First Aid and CPR
- [ ] HIPAA education
- [ ] OSHA education
- [ ] Other: Please list
**Information About Multi-Center Facilities**

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

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

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Date of Last Accreditation/Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Is your clinical site certified/accredited? If no, go to #3.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If yes, has your clinical site been certified/accredited by:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>JCAHO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CARF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Government Agency (e.g., CORF, PTIP, rehab agency, state, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

Which of the following best describes the ownership category for your clinical site? (check all that apply)

- [ ] Corporate/Privately Owned
- [ ] Government Agency
- [ ] Hospital/Medical Center Owned
- [ ] Nonprofit Agency
- [ ] Physician/Physician Group Owned
- [ ] PT Owned
- [ ] PT/PTA Owned
- [ ] Other (please specify)

### Clinical Site Primary Classification

To complete this section, please:

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

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

<table>
<thead>
<tr>
<th>Acute Care/Inpatient Hospital Facility</th>
<th>Industrial/Occupational Health Facility</th>
<th>School/Preschool Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care/Outpatient</td>
<td>Multiple Level Medical Center</td>
<td>Wellness/Prevention/Fitness Program</td>
</tr>
<tr>
<td>ECF/Nursing Home/SNF</td>
<td>Private Practice</td>
<td>Other: Specify</td>
</tr>
<tr>
<td>Federal/State/County Health</td>
<td>Rehabilitation/Sub-acute Rehabilitation</td>
<td></td>
</tr>
</tbody>
</table>

### Clinical Site Location

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

- [ ] Rural
- [ ] Suburban
- [ ] Urban
## CLINICAL INSTRUCTOR INFORMATION

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

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

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

- □ APTA Clinical Instructor Credentialing
- □ Career ladder opportunity
- □ Certification/training course
- □ Clinical competence
- □ Delegated in job description
- □ Demonstrated strength in clinical teaching
- □ No criteria
- □ Other (not APTA) clinical instructor credentialing
- □ Therapist initiative/volunteer
- □ Years of experience: Number:
- □ Other (please specify):

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

- □ 1:1 individual training (CCCE:CI)
- □ Academic for-credit coursework
- □ APTA Clinical Instructor Education and Credentialing Program
- □ Clinical center inservices
- □ Continuing education by academic program
- □ Continuing education by consortia
- □ No training
- □ Other (not APTA) clinical instructor credentialing program
- □ Professional continuing education (e.g., chapter, CEU course)
- □ Other (please specify):

Information About the Physical Therapy Service

Number of Inpatient Beds

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

<table>
<thead>
<tr>
<th>Acute care</th>
<th>Psychiatric center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive care</td>
<td>Rehabilitation center</td>
</tr>
<tr>
<td>Step down</td>
<td>Other specialty centers: Specify</td>
</tr>
<tr>
<td>Subacute/transitional care unit</td>
<td></td>
</tr>
<tr>
<td>Extended care</td>
<td>Total Number of Beds</td>
</tr>
</tbody>
</table>

Number of Patients/ Clients

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

<table>
<thead>
<tr>
<th>INPATIENT</th>
<th>OUTPATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual PT</td>
<td>Individual PT</td>
</tr>
<tr>
<td>Student PT</td>
<td>Student PT</td>
</tr>
<tr>
<td>Individual PTA</td>
<td>Individual PTA</td>
</tr>
<tr>
<td>Student PTA</td>
<td>Student PTA</td>
</tr>
<tr>
<td>PT/PTA Team</td>
<td>PT/PTA Team</td>
</tr>
</tbody>
</table>
**Patient/Client Lifespan and Continuum of Care**

Indicate the frequency of time typically spent with patients/clients in each of the categories using the key below:

1 = (0%)  2 = (1-25%)  3 = (26-50%)  4 = (51-75%)  5 = (76-100%)

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

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

**Patient/Client Diagnoses**

1. Indicate the frequency of time typically spent with patients/clients in the primary diagnostic groups (bolded) using the key below:

   1 = (0%)  2 = (1-25%)  3 = (26-50%)  4 = (51-75%)  5 = (76-100%)

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

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

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

<table>
<thead>
<tr>
<th>(1-5)</th>
<th><strong>Musculoskeletal</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acute injury</td>
</tr>
<tr>
<td></td>
<td>Amputation</td>
</tr>
<tr>
<td></td>
<td>Arthritis</td>
</tr>
<tr>
<td></td>
<td>Bone disease/dysfunction</td>
</tr>
<tr>
<td></td>
<td>Connective tissue disease/dysfunction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(1-5)</th>
<th><strong>Neuro-muscular</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Brain injury</td>
</tr>
<tr>
<td></td>
<td>Cerebral vascular accident</td>
</tr>
<tr>
<td></td>
<td>Chronic pain</td>
</tr>
<tr>
<td></td>
<td>Congenital/developmental</td>
</tr>
<tr>
<td></td>
<td>Neuromuscular degenerative disease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(1-5)</th>
<th><strong>Cardiovascular-pulmonary</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cardiac dysfunction/disease</td>
</tr>
<tr>
<td></td>
<td>Fitness</td>
</tr>
<tr>
<td></td>
<td>Lymphedema</td>
</tr>
<tr>
<td></td>
<td>Pulmonary dysfunction/disease</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(1-5)</th>
<th><strong>Other</strong> (May cross a number of diagnostic groups)</th>
</tr>
</thead>
</table>
### Days of the Week

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

### Student Schedule

Indicate which of the following best describes the typical student work schedule:

- [ ] Standard 8 hour day
- [x] Varied schedules

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

### Staffing

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

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

#### Special Programs/Activities/Learning Opportunities

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

| ☐ | Administration | ☐ | Industrial/ergonomic PT | ☐ | Quality Assurance/CQI/TQM |
| ☐ | Aquatic therapy | ☐ | Inservice training/lectures | ☐ | Radiology |
| ☐ | Athletic venue coverage | ☐ | Neonatal care | ☐ | Research experience |
| ☐ | Back school | ☐ | Nursing home/ECF/SNF | ☐ | Screening/prevention |
| ☐ | Biomechanics lab | ☐ | Orthotic/Prosthetic fabrication | ☐ | Sports physical therapy |
| ☐ | Cardiac rehabilitation | ☐ | Pain management program | ☐ | Surgery (observation) |
| ☐ | Community/re-entry activities | ☐ | Pediatric-general (emphasis on): | ☐ | Team meetings/rounds |
| ☐ | Critical care/intensive care | ☐ | Classroom consultation | ☐ | Vestibular rehab |
| ☐ | Departmental administration | ☐ | Developmental program | ☐ | Women’s Health/OB-GYN |
| ☐ | Early intervention | ☐ | Cognitive impairment | ☐ | Work Hardening/conditioning |
| ☐ | Employee intervention | ☐ | Musculoskeletal | ☐ | Wound care |
| ☐ | Employee wellness program | ☐ | Neurological | ☐ | Other (specify below) |
| ☐ | Group programs/classes | ☐ | Prevention/wellness | ☐ | |
| ☐ | Home health program | ☐ | Pulmonary rehabilitation | ☐ | |

#### Specialty Clinics

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

| ☐ | Arthritis | ☐ | Orthopedic clinic | ☐ | Screening clinics |
| ☐ | Balance | ☐ | Pain clinic | ☐ | Developmental |
| ☐ | Feeding clinic | ☐ | Prosthetic/orthotic clinic | ☐ | Scoliosis |
| ☐ | Hand clinic | ☐ | Seating/mobility clinic | ☐ | Preparticipation sports |
| ☐ | Hemophilia clinic | ☐ | Sports medicine clinic | ☐ | Wellness |
| ☐ | Industry | ☐ | Women’s health | ☐ | Other (specify below) |
| ☐ | Neurology clinic | | | | |
**Health and Educational Providers at the Clinical Site**

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>PT</th>
<th>PTA</th>
</tr>
</thead>
</table>

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

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

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

Box will expand to accommodate response.

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

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

Box will expand to accommodate response.
**Clinical Site’s Learning Objectives and Assessment**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Does your clinical site provide written clinical education objectives to students?  
   If no, go to #3.

2. Do these objectives accommodate:  
   - The student’s objectives?  
   - Students prepared at different levels within the academic curriculum?  
   - The academic program's objectives for specific learning experiences?  
   - Students with disabilities?

3. Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

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

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

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

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

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

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

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

Arranging the Experience

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

**Housing**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>26. Is housing provided for male students? (If no, go to #32)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>27. Is housing provided for female students? (If no, go to #32)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>28. What is the average cost of housing?</td>
</tr>
<tr>
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<td>29. Description of the type of housing provided:</td>
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<tr>
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<td>30. How far is the housing from the facility?</td>
</tr>
<tr>
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<td></td>
<td>31. Person to contact to obtain/confirm housing:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Address:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City:</td>
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<tr>
<td></td>
<td></td>
<td>Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
</table>
32. If housing is **not** provided for either gender:

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

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

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

### Transportation

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

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

34. Is parking available at the clinical center?

  a) What is the cost for parking?

35. Is public transportation available?

36. How close is the nearest transportation (in miles) to your site?

  a) Train station?
  b) Subway station?
  c) Bus station?
  d) Airport?

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

38. Please enclose a map of your facility, specifically the location of the department and parking. **Travel directions can be obtained from several travel directories on the internet.** (e.g., Delorme, Microsoft, Yahoo, Mapquest).

### Meals

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

39. Are meals available for students on-site? (If no, go to #40)

  Breakfast (if yes, indicate approximate cost)
  Lunch  (if yes, indicate approximate cost)
  Dinner  (if yes, indicate approximate cost)

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

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

### Special Information

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

### Other Student Information

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

Many thanks for your time and cooperation in completing the CSIF and continuing to serve the physical therapy profession as clinical mentors and role models. Your contributions to learners’ professional growth and development ensure that patients/clients today and tomorrow receive high-quality patient/client care services.
PHYSICAL THERAPIST

CLINICAL PERFORMANCE INSTRUMENT

FOR STUDENTS

June 2006

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

APTA
American Physical Therapy Association
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¹ Terms used in this instrument are denoted by an asterisk (*) and can be found in the Glossary.
COPYRIGHT, DISCLAIMER, AND VALIDITY AND RELIABILITY IN USING THE INSTRUMENT

COPYRIGHT

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

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DISCLAIMER

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VALIDITY AND RELIABILITY

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

INTRODUCTION

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

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

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

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

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

- The PT CPI consists of 18 performance criteria.

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

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

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

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

- Sources of information to complete the PT CPI may include, but are not limited to, clinical instructors (CIs), other physical therapists, physical therapist assistants*, other professionals, patients/clients*, and students. Methods of data collection may include direct observation, videotapes, documentation review, role playing, interviews, standardized practical activities, portfolios, journals, computer-generated tests, and patient and outcome surveys.

- Prior to beginning to use the instrument in your clinical setting it would be useful to discuss and reach agreement on how the sample behaviors would be specifically demonstrated at entry-level by students in your clinical setting.

- The CI(s) will assess a student’s performance and complete the instrument at midterm and final evaluation periods.

- The CI(s) reviews the completed instrument formally with the student at a minimum at the midterm evaluation and at the end of the clinical experience and signs the signature pages (midterm 35 and final 36) following each evaluation.

- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance.

Rating Scale

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

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

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

Rating Scale

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

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

• A physical therapist (PT) student assessment* system evaluates knowledge, skills, and attitudes and incorporates multiple sources of information to make decisions about readiness to practice.

• Sources of information may include clinical performance evaluations of students, classroom performance evaluations, students’ self-assessments, peer assessments, and patient assessments. The system is intended to enable clinical educators and academic faculty to obtain a comprehensive perspective of students' progress through the curriculum and competence* to practice at entry-level. The uniform adoption and consistent use of this instrument will ensure that all practitioners entering practice have demonstrated a core set of clinical attributes.

• The ACCE/DCE* reviews the completed form at the end of the clinical experience and assigns a grade or pass/fail according to institution policy.

Rating Scale

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

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

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

• Attempts to quantify a rating on the scale in millimeters or as a percentage would be considered an invalid use of the assessment tool. For example, a given academic institution may require their students to achieve a minimum student rating of “intermediate performance” by the conclusion of an initial clinical experience. It was not the intention of the developers to establish uniform grading criteria given the unique curricular design of each academic institution.

• Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since clinical instructors (CIs) are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance. It would be inappropriate for the ACCE/DCE to provide a pre-marked PT CPI with minimum performance expectations, send an additional page of information that identify specific marked expectations, or add/delete items from PT CPI.

Determining a Grade

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

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

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

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

Performance Criteria*

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

Red Flag Item

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

Sample Behaviors

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

Midterm and Final Comments

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

Performance Dimensions

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

- **Quality*** refers to the degree of knowledge and skill proficiency demonstrated.
  ➢ As a student progresses through clinical education experiences, quality should
range from demonstration of limited skill to a skilled or highly skilled performance.

- **Complexity** refers to the number of elements that must be considered relative to the patient*, task, and/or environment.
  - As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.

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

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

**Rating Student Performance**

- Each performance criterion is rated relative to entry-level practice as a physical therapist.
- The rating scale consists of a horizontal line with 6 vertical lines defining anchors at each end and at four intermediate points along that line.
- The 6 vertical lines define the borders of five intervals.
- Rating marks may be placed on the 6 vertical lines or anywhere within the five intervals.

- The same rating scale is used for midterm evaluations and final evaluations.
- Place one vertical line on the rating scale at the appropriate point indicating the midterm evaluation rating and label it with an “M”.
- Place one vertical line on the rating scale at the appropriate point indicating the final evaluation rating and label it with an “F”.
- Placing a rating mark on a vertical line indicates the student’s performance matches the definition attached to that particular vertical line.
- Placing a rating mark in an interval indicates that the student’s performance is somewhere between the definitions attached to the vertical marks defining that interval.
- For completed examples of how to mark the rating scale, refer to *Appendix A: Examples*.

<table>
<thead>
<tr>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interval 1</td>
<td>Interval 2</td>
</tr>
<tr>
<td>Beginning Performance</td>
<td>Advanced Beginner Performance</td>
</tr>
</tbody>
</table>
Anchor Definitions

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

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

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

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

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

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

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

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

STUDENT INFORMATION (Student to Complete)

Student’s Name:__________________________________________________________

Date of Clinical Experience:_________________________ Course Number:____________________

E-mail:______________________________________________________________

Total Number of Days Absent:__________________________________________

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

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

ACADEMIC PROGRAM INFORMATION (Program to Complete)

Name of Academic Institution:___________________________________________

Address:________________________________________________________________________

 __________________________ (Department)     __________________________ (Street)

 __________________________ (City)     __________________________ (State/Province)     __________________________ (Zip)

Phone:_________________________ ext.__________ Fax:__________________________

E-mail:_________________________ Website:______________________________

CLINICAL EDUCATION SITE INFORMATION (Clinical Site to Complete)

Name of Clinical Site:_____________________________________________________

Address:________________________________________________________________________

 __________________________ (Department)     __________________________ (Street)

 __________________________ (City)     __________________________ (State/Province)     __________________________ (Zip)

Phone:_________________________ ext.__________ Fax:__________________________

E-mail:_________________________ Website:______________________________

Clinical Instructor’s* Name:_______________________________________________

Clinical Instructor’s Name:_______________________________________________

Clinical Instructor’s Name:_______________________________________________

Center Coordinator of Clinical Education’s Name:____________________________


PROFESSIONAL PRACTICE
SAFETY

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

SAMPLE BEHAVIORS

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

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

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

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

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

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

Midterm  Final
2. Demonstrates professional behavior in all situations.

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

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

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

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

- Midterm
- Final
PROFESSIONAL PRACTICE
COMMUNICATION*

4. Communicates in ways that are congruent with situational needs.

SAMPLE BEHAVIORS

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

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

[Blank space for comments]

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

[Blank space for comments]

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

[Blank space for rating]

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

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

**SAMPLE BEHAVIORS**

a. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services.

b. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability* or health status.*

c. Provides care in a nonjudgmental manner when the patients’ beliefs and values conflict with the individual’s belief system.

d. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.

e. Values the socio-cultural, psychological, and economic influences on patients and clients* and responds accordingly.

f. Is aware of and suspends own social and cultural biases.

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


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


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

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

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

- Midterm
- Final

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

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

**SAMPLE BEHAVIORS**

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

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

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

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

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

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

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

**SAMPLE BEHAVIORS**

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

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


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


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

<table>
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<th>Entry-level Performance</th>
<th>Beyond Performance</th>
</tr>
</thead>
</table>

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

- [ ] Midterm
- [ ] Final
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.

**SAMPLE BEHAVIORS**

a. Synthesizes examination data and identifies pertinent impairments, functional limitations and quality of life. [WHO – ICF Model for Canada]

b. Makes clinical judgments based on data from examination (history, system review, tests and measurements).

c. Reaches clinical decisions efficiently.

d. Cites the evidence to support a clinical decision.

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

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

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

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

- [ ] Midterm
- [ ] Final
11. Determines a diagnosis* and prognosis* that guides future patient management.

SAMPLE BEHAVIORS

- Establishes a diagnosis for physical therapy intervention and list for differential diagnosis*.
- Determines a diagnosis that is congruent with pathology, impairment, functional limitation, and disability.
- Integrates data and arrives at an accurate prognosis* with regard to intensity and duration of interventions and discharge* status.
- Estimates the contribution of factors (eg, preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
- Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc) that help predict patient outcomes.

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

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

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

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

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

- Midterm
- Final
12. Establishes a physical therapy plan of care* that is safe, effective, patient-centered, and evidence-based.

SAMPLE BEHAVIORS

a. Establishes goals* and desired functional outcomes* that specify expected time durations.
b. Establishes a physical therapy plan of care* in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services.
c. Establishes a plan of care consistent with the examination and evaluation.*
d. Selects interventions based on the best available evidence and patient preferences.
e. Follows established guidelines (eg, best practice, clinical pathways, and protocol) when designing the plan of care.
f. Progresses and modifies plan of care and discharge planning based on patient responses.
g. Identifies the resources needed to achieve the goals included in the patient care.
h. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
i. Discusses the risks and benefits of the use of alternative interventions with the patient.
j. Identifies patients who would benefit from further follow-up.
k. Advocates for the patients’ access to services.

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

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

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

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

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

Midterm □ Final □
13. Performs physical therapy interventions* in a competent manner.

**SAMPLE BEHAVIORS**

a. Performs interventions* safely, effectively, efficiently, fluidly, and in a coordinated and technically competent* manner.

Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques*: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).

b. Performs interventions consistent with the plan of care.

c. Utilizes alternative strategies to accomplish functional goals.

d. Follows established guidelines when implementing an existing plan of care.

e. Provides rationale for interventions selected for patients presenting with various diagnoses.

f. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.

g. Assesses patient response to interventions and adjusts accordingly.

h. Discusses strategies for caregivers to minimize risk of injury and to enhance function.

i. Considers prevention*, health, wellness* and fitness* in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.

j. Incorporates the concept of self-efficacy in wellness and health promotion.*

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

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

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

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

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

中考 | 中考
14. Educates* others (patients, caregivers, staff, students, other health care providers*, business and industry representatives, school systems) using relevant and effective teaching methods.

**SAMPLE BEHAVIORS**

- Identifies and establishes priorities for educational needs in collaboration with the learner.
- Identifies patient learning style (e.g., demonstration, verbal, written).
- Identifies barriers to learning (e.g., literacy, language, cognition).
- Modifies interaction based on patient learning style.
- Instructs patient, family members and other caregivers regarding the patient’s condition, intervention and transition to his or her role at home, work, school or community.
- Ensures understanding and effectiveness of recommended ongoing program.
- Identifies barriers to learning (e.g., literacy, language, cognition).
- Modifies interaction based on patient learning style.
- Instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community.
- Ensures understanding and effectiveness of recommended ongoing program.
- Identifies barriers to learning (e.g., literacy, language, cognition).
- Modifies interaction based on patient learning style.
- Instructs patient, family members and other caregivers regarding the patient’s condition, intervention and transition to his or her role at home, work, school or community.
- Ensures understanding and effectiveness of recommended ongoing program.
- Identifies barriers to learning (e.g., literacy, language, cognition).
- Modifies interaction based on patient learning style.

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

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

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

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

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

- Midterm
- Final
15. Produces quality documentation* in a timely manner to support the delivery of physical therapy services.

SAMPLE BEHAVIORS

a. Selects relevant information to document the delivery of physical therapy care.
b. Documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication* with others involved in the delivery of care.
c. Produces documentation (eg, electronic, dictation, chart) that follows guidelines and format required by the practice setting.
d. Documents patient care consistent with guidelines and requirements of regulatory agencies and third-party payers.
e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.
f. Produces documentation that is accurate, concise, timely and legible.
g. Utilizes terminology that is professionally and technically correct.
h. Documentation accurately describes care delivery that justifies physical therapy services.
i. Participates in quality improvement* review of documentation (chart audit, peer review, goals achievement).

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

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

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

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

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

Midterm  |  Final
### PATIENT MANAGEMENT

**OUTCOMES ASSESSMENT***

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

#### SAMPLE BEHAVIORs

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Applies, interprets, and reports results of standardized assessments</td>
<td>throughout a patient’s episode of care.</td>
</tr>
<tr>
<td>b. Assesses and responds to patient and family satisfaction with delivery</td>
<td>of physical therapy care.</td>
</tr>
<tr>
<td>c. Seeks information regarding quality of care rendered by self and others</td>
<td>under clinical supervision.</td>
</tr>
<tr>
<td>d. Evaluates and uses published studies related to outcomes effectiveness.</td>
<td></td>
</tr>
<tr>
<td>e. Selects, administers, and evaluates valid and reliable outcome measures</td>
<td>for patient groups.</td>
</tr>
<tr>
<td>f. Assesses the patient’s response to intervention in practical terms.</td>
<td></td>
</tr>
<tr>
<td>g. Evaluates whether functional goals from the plan of care have been met.</td>
<td></td>
</tr>
<tr>
<td>h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

☑️ Midterm ☐ Final
17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.

**SAMPLE BEHAVIORS**

- a. Schedules patients, equipment, and space.
- b. Coordinates physical therapy with other services to facilitate efficient and effective patient care.
- c. Sets priorities for the use of resources to maximize patient and facility outcomes.
- d. Uses time effectively.
- e. Adheres to or accommodates unexpected changes in the patient’s schedule and facility’s requirements.
- f. Provides recommendations for equipment and supply needs.
- g. Submits billing charges on time.
- h. Adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility.
- i. Requests and obtains authorization for clinically necessary reimbursable visits.
- j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.
- k. Negotiates with reimbursement entities for changes in individual patient services.
- l. Utilizes the facility’s information technology effectively.
- m. Functions within the organizational structure of the practice setting.
- n. Implements risk-management strategies (ie, prevention of injury, infection control, etc).
- o. Markets services to customers (eg, physicians, corporate clients*, general public).
- p. Promotes the profession of physical therapy.
- q. Participates in special events organized in the practice setting related to patients and care delivery.
- r. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).

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

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

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

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

- ☐ Midterm
- ☐ Final
18. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

SAMPLE BEHAVIORS

a. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.

b. Applies time-management principles to supervision and patient care.

c. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (eg, secretary, volunteers, PT Aides, Physical Therapist Assistants).

d. Determines the amount of instruction necessary for personnel to perform directed tasks.

e. Provides instruction to personnel in the performance of directed tasks.

f. Supervises those physical therapy services directed to physical therapist assistants* and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.

g. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.

h. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.

i. Demonstrates respect for the contributions of other support personnel.

j. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant’s ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.

k. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.

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

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

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

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

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

Midterm □ □ □ □ □ □
Final □
SUMMATIVE COMMENTS

Given this student’s level of academic and clinical preparation and the objectives for this clinical experience, identify strengths and areas for further development. If this is the student’s final clinical experience, comment on the student’s readiness to practice as a physical therapist.

AREAS OF STRENGTH

Midterm:

Final:

AREAS FOR FURTHER DEVELOPMENT

Midterm:

Final:
OTHER COMMENTS

Midterm:

Final:

RECOMMENDATIONS

Midterm:

Final:
EVALUATION SIGNATURES

MIDTERM EVALUATION

For the Student
I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I have completed the on-line training (website) prior to using this instrument and completed the PT CPI midterm self-assessment according to the training and directions. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

_________________________________________  __________________________
Signature of Student                              Date

_________________________________________
Name of Academic Institution

For the Evaluator(s)
I/We, the evaluator(s), have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I/We have completed the on-line training (website) prior to using this instrument. I/We have completed this instrument, as the evaluator(s) according to the training and directions for the PT CPI. I/We have prepared, reviewed, and discussed the midterm completed PT CPI with the student with respect to his/her clinical performance.

_________________________________________  __________________________
Evaluator Name (1) (Print)                              Position/title

_________________________________________  __________________________
Signature of Evaluator (1)                              Date

_________________________________________  __________________________
Evaluator Name (2) (Print)                              Position/Title

_________________________________________  __________________________
Signature of Evaluator (2)                              Date

_________________________________________
CCCE Signature                             __________________________
FINAL EVALUATION

For the Student
I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I have completed the on-line training (website) prior to using this instrument and completed the PT CPI final self-assessment according to the training and directions. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

Signature of Student

Date

Name of Academic Institution

For the Evaluator(s)
I/We, the evaluator(s), have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I/We have completed the on-line training (website) prior to using this instrument. I/We have completed this instrument, as the evaluator(s) according to the training and directions for the PT CPI. I/We have prepared, reviewed, and discussed the final completed PT CPI with the student with respect to his/her clinical performance.

Evaluator Name (1) (Print) Position/title

Signature of Evaluator (1) Date

Evaluator Name (2) (Print) Position/Title

Signature of Evaluator (2) Date

CCCE Signature Date
GLOSSARY

**Academic coordinator/Director of clinical education (ACCE/DCE):** Individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating clinical site and clinical faculty development. This person also is responsible for the academic program and student performance, and maintaining current information on clinical sites.

**Accountability:** Active acceptance of responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society. (*Professionalism in Physical Therapy: Core Values*, August 2003.)

**Adaptive devices:** A variety of implements or equipment used to aid patients/clients in performing movements, tasks, or activities. Adaptive devices include raised toilet seats, seating systems, environmental controls, and other devices.

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

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

**Altruism:** The primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self interest. (*Professionalism in Physical Therapy: Core Values*, August 2003.)

**Assessment:** The measurement or quantification of a variable or the placement of a value on something. Assessment should not be confused with *examination* or *evaluation*.

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

**Beyond entry-level performance:** A student who requires no clinical supervision with simple, highly complex patients, and is able to function in unfamiliar or ambiguous situations. Student is capable of supervising others. At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others. Student is able to maintain 100% of a full-time physical therapist’s caseload, seeks to assist others where needed. The student willingly assumes a leadership role for managing more difficult or complex cases. Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.

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

**Caregiver:** One who provides care, often used to describe a person other than a health care professional.

**Case management:** The coordination of patient care or client activities.
**Center Coordinator of Clinical Education:** Individual who administers, manages, and coordinates CI assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of persons to serve as clinical instructors for students, supervises clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.

**Client:** An individual who is not necessarily sick or injured but who can benefit from a physical therapist’s consultation, professional advice, or services. A client also is a business, a school system, or other entity that may benefit from specific recommendations from a physical therapist.

**Clinical decision making (CDM):** Interactive model in which hypotheses are generated early in an encounter based on initial cues drawn from observation of the patient or client, a letter of referral, the medical record, or other resources.

**Clinical education experiences:** These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge and skills in the clinical environment. Experiences would include those of short and long duration (eg, part-time, full-time, internships) and those that provide a variety of learning experiences (eg, rotations on different units within the same practice setting, rotations between different practice settings within the same health care system) to include comprehensive care of patients across the life span and related activities.

**Clinical indications:** The patient factors (eg, symptoms, impairments, deficits) that suggest that a particular kind of care (examination, intervention) would be appropriate.

**Clinical instructor (CI):** Individual at the clinical education site who directly instructs and supervises students during their clinical learning experiences. CIs are responsible for facilitating clinical learning experiences and assessing students’ performance in cognitive, psychomotor, and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. (Syn: clinical teacher, clinical tutor, and clinical supervisor.)

**Clinical reasoning:** A systematic process used to assist students and practitioners in inferring or drawing conclusions about patient/client care under various situations and conditions.

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

**Communication:** A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.

**Compassion:** The desire to identify with or sense something of another’s experience; a precursor of caring. *(Professionalism in Physical Therapy: Core Values, August 2003.)*

**Competence:** The possession, application, and evaluation of requisite professional knowledge, skills, and abilities to meet or exceed the performance standards, based on the physical therapist’s roles and responsibilities, within the context of public health, welfare, and safety.

**Competency:** A significant, skillful, work-related activity that is performed efficiently, effectively, fluidly, and in a coordinated manner.

**Complexity:** Multiple requirements of the tasks or environment (eg, simple, complex), or patient (see Complex patient). The complexity of the tasks or environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.
**Complex patient:** Refers to patients presenting with multiple co-morbidities, multi-system involvement, needs for extensive equipment, multiple lines, cognitive impairments, and multifaceted psychosocial needs. As a student progresses through clinical education experiences, the student should be able to manage patients with increasingly more complex conditions with fewer elements or interventions controlled by the CI.

**Conflict management:** The act, manner, or practice of handling or controlling the impact of disagreement, controversy, or opposition; may or may not involve resolution of the conflict.

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

**Consultation:** The rendering of professional or expert opinion or advice by a physical therapist. The consulting physical therapist applies highly specialized knowledge and skills to identify problems, recommend solutions, or produce a specified outcome or product in a given amount of time. ([Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.](#))

**Consumer:** One who acquires, uses, or purchases goods or services; any actual or potential recipient of health care.

**Cost-effectiveness:** Economically worthwhile in terms of what is achieved for the amount of money spent; tangible benefits in relation to expenditures.

**Critical inquiry:** The process of applying the principles of scientific methods to read and interpret professional literature, participate in research activities, and analyze patient care outcomes, new concepts, and findings.

**Cultural awareness:** Refers to the basic idea that behavior and ways of thinking and perceiving are culturally conditioned rather than universal aspects of human nature. ([Pusch MD, ed. Multicultural Education. Yarmouth, Maine: Intercultural Press Inc; 1999.](#))

**Cultural competence:** Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups. “Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities. (Working definition adapted from Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda, Office of Minority Health, Public Health Service, U S Department of Health and Human Services; 1999.)

**Cultural sensitivity:** Awareness of cultural variables that may affect assessment and treatment. ([Paniagua FA. Assessing and Treating Culturally Diverse Clients. Thousand Oaks, Calif: Sage Publications; 1994.](#))

**Diagnosis:** Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person. ([Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.](#))

**Diagnostic process:** The evaluation of information obtained from the patient examination organized into clusters, syndromes, or categories.
**Differential diagnosis:** The determination of which one of two or more different disorders or conditions is applicable to a patient or client.

**Direct access:** Practice mode in which physical therapists examine, evaluate, diagnose, and provide interventions to patients/clients without a referral from a gatekeeper, usually the physician.

**Disability:** The inability to perform or a limitation in the performance of actions, tasks, and activities usually expected in specific social roles that are customary for the individual or expected for the person’s status or role in a specific sociocultural context and physical environment. ([Guide to Physical Therapist Practice](https://www.apta.org/). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Disease:** A pathological condition or abnormal entity with a characteristic group of signs and symptoms affecting the body and with known or unknown etiology. ([Guide to Physical Therapist Practice](https://www.apta.org/). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Discharge:** The process of ending physical therapy services that have been provided during a single episode of care, when the anticipated goals and expected outcomes have been achieved. Discharge does not occur with a transfer (that is, when the patient is moved from one site to another site within the same setting or across setting during a single episode of care). ([Guide to Physical Therapist Practice](https://www.apta.org/). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Documentation:** All written forms of communication provided related to the delivery of patient care, to include written correspondence, electronic record keeping, and word processing.


**Education:** Knowledge or skill obtained or developed by a learning process; a process designed to change behavior by formal instruction and/or supervised practice, which includes teaching, training, information sharing, and specific instructions.

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

**Empathy:** The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.

**Entry-level performance:** A student who requires no guidance or clinical supervision with simple or complex patients. Consults with others and resolves unfamiliar or ambiguous situations. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. The student is able to maintain 100% of a full-time physical therapist’s caseload in a cost effective manner.

**Episode of physical therapy prevention:** A series of occasional, clinical, educational, and administrative services related to primary prevention, wellness, health promotion, and to the preservation of optimal function. Prevention services and programs that promote health, wellness, and fitness are a vital part of the practice of physical therapy. No defined number or range of number of visits is established for this type of episode. ([Guide to Physical Therapist Practice](https://www.apta.org/). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Evaluation:** A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. No defined number or range of number of visits is established for this type of episode. ([Guide to Physical Therapist Practice](https://www.apta.org/). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)
Evidenced-based practice: Integration of the best possible research evidence with clinical expertise and patient values, to optimize patient/client outcomes and quality of life to achieve the highest level of excellence in clinical practice. (Sackett DL, Haynes RB, Guyatt GH, Tugwell P. Clinical Epidemiology: A Basic Science for Clinical Medicine. 2nd ed. Boston: Little, Brown and Company; 1991:1.) Evidence includes randomized or nonrandomized controlled trials, testimony or theory, meta-analysis, case reports and anecdotes, observational studies, narrative review articles, case series in decision making for clinical practice and policy, effectiveness research for guidelines development, patient outcomes research, and coverage decisions by health care plans.

Examination: A comprehensive and specific testing process performed by a physical therapist that leads to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems reviews, and tests and measures. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Excellence: Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. (Professionalism in Physical Therapy: Core Values, August 2003.)

Fiscal management: An ability to identify the fiscal needs of a unit and to manage available fiscal resources to maximize the benefits and minimize constraints.

Fitness: A dynamic physical state—comprising cardiovascular/pulmonary endurance; muscle strength, power, endurance, and flexibility; relaxation; and body composition—that allows optimal and efficient performance of daily and leisure activities. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Function: The special, normal, or proper action of any part or organ; an activity identified by an individual as essential to support physical and psychological well-being as well as to create a personal sense of meaningful living; the action specifically for which a person or thing is fitted or employed; an act, process, or series of processes that serve a purpose; to perform an activity or to work properly or normally.

Functional limitation: A restriction of the ability to perform a physical action, activity, or task in a typically expected, efficient, or competent manner. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Functional outcomes: The desired result of an act, process, or intervention that serves a purpose (eg, improvement in a patient’s ability to engage in activities identified by the individual as essential to support physical or psychological well-being).

Goals: The intended results of patient/client management. Goals indicate changes in impairment, functional limitations, and disabilities and changes in health, wellness, and fitness needs that are expected as a result of implementing the plan of care. Goals should be measurable and time limited (if required, goals may be expressed as short-term and long-term goals.) (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Guide to Physical Therapist Practice: Document that describes the scope of practice of physical therapy and assists physical therapists in patient/client management. Specifically, the Guide is designed to help physical therapists: 1) enhance quality of care, 2) improve patient/client satisfaction, 3) promote appropriate utilization of health care services, 4) increase efficiency and reduce unwarranted variation in the provision of services, and 5) promote cost reduction through prevention and wellness initiatives. The Guide also provides a framework for physical therapist clinicians and researchers as they refine outcomes data collection and analysis and develop questions for clinical research. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Health care provider: A person or organization offering health services directly to patients or clients.
Health promotion: The combination of educational and environmental supports for actions and conditions of living conducive to health. The purpose of health promotion is to enable people to gain greater control over the determinants of their own health. (Green LW, Kreuter MW. Health Promotion Planning. 2nd ed. Mountain View, Calif: Mayfield Publishers; 1991:4.)

Health status: The level of an individual's physical, mental, affective, and social function: health status is an element of well-being.

History: An account of past and present health status that includes the identification of complaints and provides the initial source of information about the patient. The history also suggests the patient’s ability to benefit from physical therapy services.

Personnel management: Selection, training, supervision, and deployment of appropriately qualified persons for specific tasks/functions.


Integrity: Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do. (Professionalism in Physical Therapy: Core Values, August 2003.)

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

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

Manual therapy techniques: Skilled hand movements intended to improve tissue extensibility; increase range of motion; induce relaxation; mobilize or manipulate soft tissue and joints; modulate pain; and reduce soft tissue swelling, inflammation, or restriction. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Mobilization/manipulation: A manual therapy technique comprising a continuum of skilled passive movements to the joints and/or related soft tissues that are applied at varying speeds and amplitudes, including a small amplitude/high velocity therapeutic movement. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Multicultural/multilingual: Characteristics of populations defined by changes in the demographic patterns of consumers.

Negotiation: The act or procedure of treating another or others in order to come to terms or reach an agreement.

Objective: A measurable behavioral statement of an expected response or outcome; something worked toward or striven for; a statement of direction or desired achievement that guides actions and activities.

Outcomes assessment of the individual: Performed by the physical therapist and is a measure (or measures) of the intended results of patient/client management, including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are
expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

**Outcomes assessment of groups of patients/clients:** Performed by the physical therapist and is a measure [or measures] of physical therapy care to groups of patients/clients including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are expected as the results of that physical therapy.

**Outcomes analysis:** A systematic examination of patient/client outcomes in relation to selected patient/client variables (eg, age, sex, diagnosis, interventions performed); outcomes analysis may be used in quality assessment, economic analysis of practice, and other processes.

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

**Patient/client management model:**


**Performance criterion:** A description of outcome knowledge, skills, and behaviors that define the expected performance of students. When criteria are taken in aggregate, they describe the expected performance of the graduate upon entry into the practice of physical therapy.

**Physical function:** Fundamental components of health status describing the state of those sensory and motor skills necessary for mobility, work, and recreation.

**Physical therapist:** A licensed health care professional who offers services designed to preserve, develop, and restore maximum physical function.

**Physical therapist assistant:** An educated health care provider who performs physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

**Plan of care:** (Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. *Guide to Physical Therapist Practice*, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)
Practice management: The coordination, promotion, and resource (financial and human) management of practice that follows regulatory and legal guidelines.

Practitioner of choice: Consumers choose the most appropriate health care provider for the diagnosis, intervention, or prevention of an impairment, functional limitation, or disability.

Presenting problem: The specific dysfunction that causes an individual to seek attention or intervention (ie, chief complaint).

Prevention: Activities that are directed toward 1) achieving and restoring optimal functional capacity, 2) minimizing impairments, functional limitations, and disabilities, 3) maintaining health (thereby preventing further deterioration or future illness), 4) creating appropriate environmental adaptations to enhance independent function. Primary prevention: Prevention of disease in a susceptible or potentially susceptible population through such specific measures as general health promotion efforts. Secondary prevention: Efforts to decrease the duration of illness, severity of diseases, and sequelae through early diagnosis and prompt intervention. Tertiary prevention: Efforts to limit the degree of disability and promote rehabilitation and restoration of function in patients/clients with chronic and irreversible diseases. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Professional duty: Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society. (Professionalism in Physical Therapy: Core Values, August 2003.)

Professionalism: The conduct, aims, or qualities that characterize or mark a profession or a professional person; A systematic and integrated set of core values that through assessment, critical reflection, and change, guides the judgment, decisions, behaviors, and attitudes of the physical therapist, in relation to patients/clients, other professionals, the public, and the profession. (APTA Consensus Conference to Develop Core Values in Physical Therapy, July 2002, Alexandria, Va)

Prognosis: The determination by the physical therapist of the predicted optimal level of improvement in function and the amount of time needed to reach that level. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

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

Quality improvement (QI): A management technique to assess and improve internal operations. Quality improvement focuses on organizational systems rather than individual performance and seeks to continuously improve quality rather than reacting when certain baseline statistical thresholds are crossed. The process involves setting goals, implementing systematic changes, measuring outcomes, and making subsequent appropriate improvements. (www.tmci.org/other_resources/glossaryquality.html#quality)

Role: A behavior pattern that defines a person’s social obligations and relationships with others (eg, father, husband, son).

Reexamination: The process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Screening: Determining the need for further examination or consultation by a physical therapist or for referral to another health professional. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.) (See also: Cognitive screening.)
Social responsibility: The promotion of a mutual trust between the physical therapist as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. ([Professionalism in Physical Therapy: Core Values](#), August 2003.)

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

Technically competent: Correct performance of a skill.

Tests and measures: Specific standardized methods and techniques used to gather data about the patient/client after the history and systems review have been performed. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Treatment: The sum of all interventions provided by the physical therapist to a patient/client during an episode of care. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Wellness: An active process of becoming aware of and making choices toward a more successful existence. (National Wellness Organization. *A Definition of Wellness*. Stevens Point, Wis: National Wellness Institute Inc; 2003.)
EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Competent)

EXAMINATION*

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

SAMPLE BEHAVIORS

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

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

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

This student requires guidance 25% of the time in selecting appropriate examination methods based on the patient’s history and initial screening. Examinations are performed consistently, accurately, thoroughly, and skillfully. She almost always is able to complete examinations in the time allotted, except for patients with the most complex conditions. She manages a 75% caseload of the PT with some difficulty and requires assistance in completing the examination for a patient with a complex condition of dementia and multiple diagnoses. Overall she has achieved a level of performance consistent with advanced intermediate performance for this criterion and continues to improve in all areas.

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

This student requires no guidance in selecting appropriate examination methods for patients with complex conditions and with multiple diagnoses. Examinations are performed consistently and skillfully. She consistently selects all appropriate examination methods based on the patient’s history and initial screening. She consistently completes examinations in the time allotted and manages a 100% caseload of the PT. She is able to examine a number of patients with complex conditions and with multiple diagnoses with only minimal input from the CI. Overall this student has improved across all performance dimensions to achieve entry-level clinical performance.

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

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

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

Midterm ☐  Final ☐
APPENDIX A
EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Not Competent)

EXAMINATION*

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

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

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

This student requires guidance 75% of the time to select relevant tests and measures and does not ask relevant background questions to identify tests and measures needed. Tests and measures selected are inappropriate for the patient's diagnosis and condition. When questioned, he is unable to explain why specific tests and measures were selected. He is not accurate in performing examination techniques (e.g., fails to correctly align the goniometer, places patients in uncomfortable examination positions) and requires assistance when completing exams on all patients with complex conditions and with 75% of patients with simple conditions. He is unable to complete 60% of the exams in the time allotted and demonstrates difficulty across all performance dimensions for the final clinical experience.

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

This student requires guidance 50% of the time to select relevant tests and measures. He selects tests and measures that are appropriate for patients with simple conditions 50% of the time, however 50% of the time is unable to explain the tests and measures selected. Likewise, 50% of the time, he selects tests and measures that are inappropriate for the patient’s diagnosis. He demonstrates 50% accuracy in performing the required examination techniques, including goniometry and requires assistance to complete examinations on 95% of patients with complex conditions and 50% of patients with simple conditions. He is unable to complete 50% of the exams in the time allotted. Although some limited improvement has been shown, performance across all performance dimensions for the final clinical experience is still in the advanced beginner performance interval, which is below expected performance of entry-level on this criterion for a final clinical experience.

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

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

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.
APPENDIX A
COMPLETED FOR INTERMEDIATE EXPERIENCE (COMPETENT)

EXAMINATION*

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

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

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

This student requires supervision for managing patients with simple conditions 50% of the time and managing patients with complex neurological conditions 95% of the time. He selects relevant examination methods for patients with simple conditions 85% of the time, however sometimes over-tires patients during the examination. He requires limited assistance to perform examination methods accurately (sensory testing) and completes examinations in the time allotted most of the time. He carries a 25% caseload of the PT and is able to use good judgment in the selection and implementation of examinations for this level of clinical experience.

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

The student requires supervision for managing patients with simple conditions 25% of the time and managing patients with complex conditions 75% of the time. He selects relevant examination methods for patients with simple conditions 100% of the time and consistently monitors the patient’s fatigue level during the examination. He performs complete and accurate examinations of patients with simple orthopedic conditions and is beginning to describe movement patterns in patients with complex neurological conditions. However, he continues to require frequent input to complete a neurological examination and is unable to consistently complete examinations in the time allotted. He carries a 50% caseload of the PT and has shown improvement in advancing from advanced beginner performance to intermediate performance for this second clinical experience.

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

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

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

[ ] Midterm  [ ] Final
APPENDIX B
PT CPI Performance Criteria Matched with Evaluative Criteria for PT Programs

This table provides the physical therapist academic program with a mechanism to relate the performance criteria from the Physical Therapist Clinical Performance Instrument with the Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists.¹

<table>
<thead>
<tr>
<th>Evaluative Criteria for Accreditation of Physical Therapist Programs</th>
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## APPENDIX C
DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

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| Supervision/Guidance           | Level and extent of assistance required by the student to achieve entry-level performance.  
- As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.                      |
| Quality                        | Degree of knowledge and skill proficiency demonstrated.  
- As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.                                                                                                                                          |
| Complexity                     | Number of elements that must be considered relative to the task, patient, and/or environment.  
- As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.                                         |
| Consistency                    | Frequency of occurrences of desired behaviors related to the performance criterion.  
- As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.                                                                                                                   |
| Efficiency                     | Ability to perform in a cost-effective and timely manner.  
- As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.                                                                                             |
| **Rating Scale Anchors**       |                                                                                                                                                                                                                                                                                                                                             |
| **Beginning performance**      | • A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.  
- At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.  
- Performance reflects little or no experience.  
- The student does not carry a caseload.                                                                                                                                      |
| Advanced beginner performance  | • A student who requires clinical supervision 75%–90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.  
- At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.  
- The student may begin to share a caseload with the clinical instructor.                                                                                                     |
| Intermediate performance       | • A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.  
- At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.  
- The student is capable of maintaining 50% of a full-time physical therapist’s caseload.                                                                                          |
| Advanced intermediate performance | • A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.  
- At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.  
- The student is capable of maintaining 75% of a full-time physical therapist’s caseload.                                                                                           |
| Entry-level performance        | • A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.  
- At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.  
- Consults with others and resolves unfamiliar or ambiguous situations.  
- The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.                                                                   |
| Beyond entry-level performance | • A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.  
- At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.  
- The student is capable of maintaining 100% of a full-time physical therapist’s caseload and seeks to assist others where needed.  
- The student is capable of supervising others.  
- The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.                                                                 |