

**Entry-Level Doctor of Physical Therapy
Clinical Education Handbook**

Class of 2028



8518 E. Campus Circle Drive *Berrien Springs, Michigan 49104*
(269) 471-2878



For centuries the flame has been a symbol of truth and wisdom. For a Christian institution of higher education, the flame's meaning bears even more import. Besides embodying the prior ideals, it also represents the presence of God's Holy Spirit, without which true learning is incomplete. The tongues point to the University motto: corpus, mens, spiritus. The three-tiered approach toward education and patient care—body, mind, spirit—has been an institutional objective since the University's founding of our physical therapy program.

- **Our Mission** is to empower students who dream of becoming excellent physical therapists.
- **Our Core Values** are Family Spirit, Servant Heart, Inquisitive Mind, all exemplify our Christian values.
- **Our Faculty** share similar Christian values with you and are committed to helping you reach your academic and professional goals.
- **Spiritual growth** is fostered and students are encouraged to demonstrate personal values of integrity and concern for one another.
- **Our Goal** is to integrate science and the love of God into a highly sought service-oriented profession providing healing for a hurting society.

Table of Contents

Introduction to Andrews University	1
Introduction to the Department of Physical Therapy	2
1. MISSION, GOALS AND STANDARDS	1
1.1. Andrews University Mission	1
1.2. School of Health Professions Mission	1
1.3. Department Vision Statement	1
1.4. Department Mission	1
1.5. Department Core Values	1
1.6. Entry-Level DPT Statement of Philosophy	1
1.6.1. The DPT Curriculum Plan Philosophy	2
1.6.2. The DPT Graduate Philosophy	2
1.7. DPT Program Goals	3
1.8. DPT Faculty Goals	3
1.9. DPT Student Learning Outcomes	3
1.10. Student Technical Standards of Performance/Essential Functions	4
1.10.1. Psychomotor Skills:	4
1.10.2. Cognitive Skills	5
1.10.3. Communication Skills	5
1.10.4. Behavioral Skills	6
1.11. Clinical Objectives	6
1.11.1. Part I	6
1.11.2. Part II	6
2. OPERATIONS	8
2.1. Faculty & Staff	8
2.2. Clinical Faculty	9
2.3. Rights and Privileges of Clinical Faculty	9
2.4. Individual Rights and Safety	9
2.5. General Complaint Procedure	10
2.6. Student Rights and Responsibilities	10
2.7. Risk Situations	10
2.7.1. Dropping Out	10
2.7.2. Informed Consent	10
2.8. Student Problem Resolution	11
2.9. Student Clinical Grievance Procedure	12
2.10. Clinical Instructor Grievance Procedure	12
2.11. Discrimination and Harassment (Including Sexual Harassment)	12
2.12. Documented Disability	12
2.13. Right to Ombudsperson	12
2.14. Use of Protected Information	12
2.15. Human Subjects	12
2.16. HIPAA	13
2.17. Drug-Free Workplace	13
2.18. Personal Injury Procedure	13
2.19. Universal Precautions	13
3. ACADEMICS	15
3.1. Policies and Procedures Review	15
3.2. Accreditation Standards	15
3.3. DPT Course Description Outline	15
3.4. Registration Procedures	15
3.5. Professional Expectations	15
3.5.1. Professional Behaviors	15
3.5.2. Department Core Values	16
3.6. Glossary of Terms	17
3.6.1. Director of Clinical Education (DCE)	17
3.6.2. Site Coordinator of Clinical Education (SCCE)	17
3.6.3. Clinical Education	17

3.6.4.	Clinical Education Agreement	17
3.6.5.	Clinical Experiences	17
3.6.6.	Clinical Education Faculty	17
3.6.7.	Clinical Education Site	18
3.6.8.	Clinical Instructor (CI).....	18
3.6.9.	Entry Level	18
3.7.	Guidelines for Clinical Education	18
3.8.	Clinical Facility Requirements	19
3.9.	Health Examinations	19
3.10.	Cardiopulmonary Resuscitation	19
3.11.	Background Checks, Fingerprinting and Drug Testing	19
3.12.	Name Tags	20
3.13.	Student Photographs.....	20
3.14.	Clinical Site Selection.....	20
3.14.1.	Student Input.....	20
3.14.2.	Choosing the Site for Clinical Experiences	20
3.15.	Clinical Site Information Form (CSIF)	21
3.16.	Clinical Education Goals and Experience Form.....	22
3.17.	Clinical Conferences	22
3.18.	Pre-Clinical Education Exam.....	22
3.19.	Confidential Student Information.....	22
4.	INSTRUCTION	23
4.1.	Clinical Absences	23
4.1.1.	Excused Clinical Absences	23
4.1.2.	Unexcused Clinical Absences.....	23
4.2.	Evaluation of Student Performance	23
4.3.	Clinical Performance Instrument (CPI 3.0).....	24
4.4.	Physical Therapist Student Evaluation (PTSE).....	24
4.5.	Professional Behaviors Self-Assessment	24
4.6.	Return of the Evaluation Forms	25
4.7.	Satisfactory Clinical Performance	25
4.8.	Unsatisfactory Clinical Performance	25
4.9.	Interruption of Clinical Experiences.....	27
5.	STUDENT EXPERIENCE	28
5.1.	PT Student Dress Policy	28
5.2.	Conduct in the Clinical Setting	29
5.3.	Health Insurance	29
5.4.	Student Expenses	30
5.5.	Registration and Financial Clearance	30
	DPT Curriculum Outline for the Class of 2022.....	31
	32	
	Clinical Experience Request Form (Slot Request)	35
	35	
	Personal Injury Report	37
	Special Request Form	39
	Clinical Education Student Goals and Experience Form.....	40
	Physical Therapist Student Evaluation Part A&B (PTSE)	58
	Generic Abilities /Professional Behaviors	66
	Professional Behaviors Assessment Form	68
	Clinical Site Information Form (CSIF).....	81
	Clinical Performance Instrument Form (CPI).....	102
	Sample Student Contact Form.....	103
	DPT Course Descriptions.....	104

Introduction to Andrews University

Andrews University was established over a century ago, in 1874, as Battle Creek College in Battle Creek, Michigan—a collegiate program that offered literature, languages, science and mathematics, training for teachers, and theology. Its founders, the visionaries of the young Seventh-day Adventist denomination, believed they should use every avenue to spread the gospel and serve the world, including higher education.

On the brink of a new century, seeking room for expansion and a fresh start, the school moved in 1901 to a beautiful site near the banks of the St. Joseph River in Berrien Springs and was renamed Emmanuel Missionary College. From woods and farmland on which faculty and students built three wooden frame buildings to hold their new school, the campus has grown to a property of 1,600 acres and a complex of academic buildings, residence halls and apartments, and service buildings.

The vision blossomed still further when, in 1959, the Seventh-day Adventist Theological Seminary and a school of graduate studies, together known as Potomac University and located in Washington, D.C., were moved to the campus of Emmanuel Missionary College. The following year the three entities united under one charter, bearing the name Andrews University—with an integrated board of trustees, administration and faculty. The name honors John Nevins Andrews (1829–83), pioneer Adventist theologian and intellectual and the denomination's first official missionary to serve outside North America.

In 1974, the undergraduate division of Andrews was organized into two colleges—the College of Arts and Sciences and the College of Technology. The School of Business Administration, which evolved from the Department of Business Administration, was established in 1980. In a similar move, the Department of Education became the School of Education in 1983. The present organizational structure of the School of Graduate Studies was adopted in 1987. In 1993, the Department of Architecture became the Division of Architecture, and in 2012 became a school. It is now the School of Architecture & Interior Design. In 2011, the School of Distance Education was formed to support distance education and educational programs offered at locations across North America and the world. Because of the many student physical therapist partnerships, the school has been renamed as the School of Distance Education & Student physical therapist Partnerships. Also in 2012, five departments housed in the College of Arts and Sciences together became the School of Rehabilitation Sciences. All of the colleges and schools offer both undergraduate and graduate degrees, except for the Seventh-day Adventist Theological Seminary, which maintains graduate and professional programs only. The only Seventh-day Adventist doctoral research university, Andrews University, is also a comprehensive institution of higher learning, integrating an exemplary liberal arts and sciences core with six prestigious professional schools and a number of excellent graduate programs.

Rooted in a tradition of visionaries who saw what was possible and enriched by an student physical therapist and diverse faculty and student body, Andrews University now offers a wealth of choices in degree and certificate programs to prepare its graduates for life in a complex, fast-changing world. The goal of this distinguished institution, however, remains the same—to provide excellent academic programs in an environment of faith and generous service to God and humankind.

Recognizing that students benefit from studying at an accredited institution, Andrews University is accredited by the Higher Learning Commission for programs through the doctoral level, as well as by the Adventist Accrediting Association of the General Conference of Seventh-day Adventists. Professional organizations have accredited specific degree programs of the University and other programs are moving toward accreditation. (Please see the complete listing of university accreditations, approvals, and memberships.)¹

The DPT program is also fully accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) to offer a doctoral degree in physical therapist education. On average, 100% of those who complete the DPT program pass the licensure exam and 100% of those who seek employment are employed within six weeks.

Please consult the department chair if you have questions relating to this handbook or the Physical Therapy Department here at Andrews University.

¹ 2016-2017 Andrews University Bulletin, Vol. 105, p. 9

Introduction to the Department of Physical Therapy

The first MSPT degree was approved by the University Board in 1983. Bill Habenicht was the first Department chair and program director of the PT program. The first MSPT class of this three-year program began in July of 1985. The MSPT was accredited in April of 1988, with the first cohort of 23 students graduating in June 1988.

PT courses were originally taught in various classrooms on campus. In the Fall of 1988, the program moved into the remodeled PT Building, except for the Anatomy Lab, which remained in Halenz Hall in the Science Complex.

Daryl Stuart was hired from Loma Linda in the Fall of 1993 as program director to start the Master of Physical Therapy (MPT) on the Dayton, Ohio, campus. This two-year program especially appealed to students who had already earned a bachelor's degree. The first class graduated in 1996 with 39 students.

Wayne Perry was hired from Loma Linda in the Fall of 1994 to be the program director of the Master of Science in Physical Therapy (MSPT) program on the Berrien Springs Campus.

Bill Habenicht resigned in 2002, and Wayne Perry and Daryl Stuart became co-chairs of the PT Department. In July of 2002, Daryl Stuart resigned, and Wayne Perry became the PT department chair. Around this same time, the university consolidated the MPT program in Dayton into the MSPT program in Berrien. In October of 2005, the last Dayton MPT class graduated, after graduating 365 students.

For three years, between 2001 and 2002, the department offered an Advanced Masters of PT (AMPT). A total of five students graduated from the AMPT program. The AMPT was the precursor to the current Postprofessional Program under the direction of Kathy Berglund.

In 2002, the PT Department followed the APTA recommendation that all PT programs transition curriculum to a Doctor of Physical Therapy degree (DPT). The process to upgrade from a master's to a Doctoral program transitioned smoothly as the last MSPT cohort completed their requirements. The last MSPT class graduated in 2004 after graduating 568 students.

The new DPT three-year program accepted students with a bachelor's degree but also accommodated students who had not yet earned a bachelor's degree. These students follow a 3+3 curriculum: three years undergraduate-level courses to complete prerequisites (Freshman, Sophomore, and Junior years), plus three years in the professional phase of the program with upper division and graduate courses (Senior plus two years of graduate courses). Students without a bachelor's degree earn a Bachelor of Health Science: Wellness after two semesters in the DPT program. The first cohort of DPT students started classes in 2002, with 12 students.

Also in 2002, the PT Department was able to remodel existing classroom space in the Johnson Gym building. This classroom was equipped with new electric hi/lo tables and is dedicated to the PT Department for the use of Postprofessional and Orthopedic courses. The PT Department gained valuable lab space in 2008, by remodeling warehouse space from our Custodial Department neighbors. The new space provides ample room for Neuro, Peds and General Medicine labs.

Wayne Perry retired in 2013. Kimberly Ferreira, then the director of clinical education, was hired as the new department chair.

The new Anatomy Lab opened in the Fall of 2014, after remodeling additional space from the Custodial Department Warehouse. This brings all PT labs under one roof and the management of one department, with 10 state-of-the-art cadaver stations for our current-sized cohort of 40 students.

The PT Department currently offers the following degrees or programs:

- Entry-level degree (DPT) for college Juniors or graduate students
- * Transitional DPT (t-DPT) for PTs who have a Bachelor's or Master's degree in PT
- * Doctor of Science (DScPT) for PTs who desire an advanced terminal PT degree
- * Orthopedic Residency for graduates seeking to advance their professional preparation.

* Degrees offered through the PT Department's Postprofessional Program

1. MISSION, GOALS AND STANDARDS

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.²

Seek Knowledge as they

- Engage in intellectual discovery and inquiry
- Demonstrate the ability to think clearly and critically
- Communicate effectively
- Understand life, learning, and civic responsibility from a Christian point of view
- Demonstrate competence in their chosen disciplines and professions

Affirm Faith as they

- Develop a personal relationship with Jesus Christ
- Deepen their faith, commitment and practice
- Demonstrate personal and moral integrity
- Embrace a balanced lifestyle, including time for intellectual, social, spiritual, and physical development
- Apply understanding of cultural differences in diverse environments

Change the World as they go forth to

- Engage in creative problem-solving and innovation
- Engage in generous service to meet human needs
- Apply collaborative leadership to foster growth and promote change
- Engage in activities consistent with the worldwide mission of the Seventh-day Adventist Church

1.2. School of Rehabilitation Sciences Mission

To provide excellence in education for health care professions that fosters collaboration, research, and service within a Christ-centered environment.³

1.3. Department Vision Statement

Uniting Christianity with Healthcare Education.

1.4. Department Mission

To empower students who dream of becoming excellent physical therapists.

1.5. Department Core Values

Exemplify Christian values through:

Family Spirit

- Advocate for the vulnerable
- Maintain a safe environment
- Work together
- Take responsibility
- Be accountable
- Have fun

Servant Heart

- Live prayerfully
- Lead selflessly
- Listen deeply
- Display compassion
- Model humility
- Show respect

Inquisitive Mind

- Desire life-long learning
- Ask relevant questions
- Integrate knowledge into practice
- Remain contemporary
- Display intellectual courage
- Analyze, produce & apply evidence-based practice

1.6. Entry-Level DPT Statement of Philosophy

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

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.

² 2016-2017 Andrews University Bulletin, Vol. 105, p. 98

³ 2016-2017 Andrews University Bulletin, Vol. 105, p. 520

1.6.1. The DPT Curriculum Plan Philosophy

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 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 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.

1.6.2. The DPT Graduate Philosophy

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.

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.

1.7. DPT Program Goals

In order to achieve the Physical Therapy Department mission, the DPT program offers professional physical therapy education that:

1. Attracts students who are interested in pursuing a career in physical therapy within a Christian environment.
2. Empowers students to become primary health care providers ready for contemporary professional practice in a variety of settings.
3. Inspires servant leadership in the area of health promotion and advocacy.
4. Endorses evidence-informed practice.
5. Promotes professional behavior consistent with current ethical and legal standards.
6. Develops understanding and respect among individuals from a variety of ethnic, cultural and religious backgrounds.
7. Encourages compassion for the patient/client as a whole person, taking into account physical, mental, spiritual and social needs.
8. Prepares students to communicate effectively with patients/clients, colleagues, health care providers and other community members.
9. Contributes to the physical therapy profession through research and creative scholarship.
10. Facilitates faculty educational and professional development.

1.8. DPT Faculty Goals

In order to provide professional physical therapy education consistent with the program goals, the faculty will:

1. Integrate Christian values into the physical therapy classroom.
2. Connect to their profession through licensure and professional membership.
3. Hold a Postprofessional degree at the doctoral level.
4. Cultivate contemporary knowledge/practice expertise in assigned teaching area.
5. Develop, review, and revise the physical therapy curriculum plan collectively.
6. Admit students into the DPT program who have an appropriate balance of prerequisite courses and the ability to successfully complete the DPT program and practice in the profession.
7. Maintain currency in instruction and teaching methods including course content, design and assessment methods.
8. Pursue an on-going scholarship agenda which culminates in the peer-reviewed dissemination of original contributions.
9. Serve the department, university, profession and/or community.
10. Model professional behavior.

1.9. DPT Student Learning Outcomes

In accordance with the Physical Therapy Department mission and program goals, DPT graduates will:

1. Model behavior which reflects Christian values, including an understanding of the role of prayer and faith in the complete healing process.
2. 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.
3. Provide primary care to patients/clients within the scope of physical therapy practice.
4. Demonstrate entry-level competency in clinical skills necessary to perform a comprehensive physical therapy examination, and evaluation, establish a differential diagnosis, determine an appropriate prognosis, and establish intervention and/or prevention activities.
5. Understand and value the capabilities of other health care providers and determine the need for referral to those individuals.

6. Participate in practice management including delegation and supervision of support personnel, financial management, business planning, marketing and public relations activities.
7. Possess the critical inquiry skills necessary to evaluate professional knowledge and competencies in relation to evidence-informed physical therapy practice.
8. Demonstrate legal and ethical behavior consistent with professional standards.
9. Demonstrate sensitivity to individual and cultural differences when engaged in physical therapy practice.
10. Demonstrate professional behavior.

1.10. Student Technical Standards of Performance/Essential Functions

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 expenses or be disruptive to the educational process.

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

1.10.1. Psychomotor Skills:

1. Attend lectures, lab and travel to clinical locations, 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, sphygmomanometers.
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+ pounds).
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 (CPR) 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.

1.10.2. 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.

1.10.3. 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.

1.10.4. 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.

1.11. Clinical Objectives

1.11.1. Part I

A. The pre-Clinical Education sessions will prepare the intern to successfully participate in clinical education experiences by:

1. Demonstrating knowledge of the Clinical Education Handbook, including policies, procedures, expectations, and responsibilities necessary for successful completion of the clinical experience.
2. Demonstrating understanding of the APTA Clinical Performance Instrument (CPI) 3.0, the Professional Behaviors Assessment Tool, and the PT Student Evaluation Form for personal performance evaluation and future application as a clinical instructor.
3. Demonstrating knowledge of available clinical experience sites and the process for selecting clinical experiences I-III based on educational goals, professional interests, and clinical learning needs.
4. Demonstrating skills necessary for successful participation in the clinical environment, including effective communication, interpersonal relationships, professionalism, and professional behaviors.

B. The post-clinical individual conference session will:

5. Participate in an individual conference with the DCE to reflect on the clinical experience, evaluate personal performance, discuss feedback received, and identify goals for future clinical education experiences.

1.11.2. Part II

A. The following objectives 1-18 are aligned with the APTA Physical Therapist Clinical Performance Instrument (CPI) 3.0 and represent expected behaviors and skills associated with developing entry-level physical therapist practice across a variety of clinical settings.

1. Practice in a safe manner that minimizes risk to patients, 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.
6. Participate in self-assessment, reflection, and incorporation of feedback to improve clinical and professional performance.
7. Apply 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 evidence-based tests and measures.
10. Evaluate data from the patient examination (history, systems review, 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, analyze, and apply outcome measure data to support clinical decision-making, quality improvement, and patient outcomes.
17. Participate in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, and public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.
18. Demonstrate the ability to guide, support, and supervise personnel consistent with patient goals, legal standards, ethical guidelines, and professional responsibilities.

B. The following objectives reflect the goal of professional growth through reflection, feedback, and preparation of student physical therapists to serve as future Clinical Instructors.

19. Evaluate personal clinical performance using the CPI 3.0.
20. Evaluate personal professional behaviors using the Professional Behaviors Assessment Tool.
21. Evaluate the clinical education experience using the PT Student Evaluation Form.
22. Please see each specific course outline for the required level on the Professional Behaviors Assessment Tool as verified by the clinical instructor upon completion of the clinical education experience.
23. Demonstrate commitment to lifelong learning through identification of professional goals, utilization of feedback, and engagement in activities that promote continued growth as a physical therapist.

2. OPERATIONS

2.1. Faculty & Staff

Below are the professors and support staff for the PT Department:

Department Chair and DPT Program Director:

Kim Ferreira, PT, PhD
Associate Professor
(269) 471-6033

Director of Clinical Education:

William Scott, PT, PhD
Assistant Professor
(269) 471-6034

Orthopedic Coordinator:

Greg Almeter, PT, DScPT, OCS
Associate Professor
(269) 471-6552

Foundation Science Coordinator:

Ryan T. Orrison, PT, PhD, OCS
Assistant Professor
(269) 471-3206

Behavioral Science Coordinator:

Michelle Allyn, PT, DScPT, COMT
Assistant Professor
(269) 471-3160

Research Coordinator:

Sozina Katuli, MPH, DrPH
Associate Professor
(269) 471-3588

Clinical Science Coordinator:

Gerson DeLeon PT, DPT
Associate Professor
(269) 471-6372

Neurology Coordinator:

Jean Lee PT DPT
Associate Professor
(269) 471-6491

General Medicine Coordinator:

Letrisha Stallard, PT, DPT
Assistant Professor
(269) 471-6073

Professor:

John Carlos Jr., PT, PhD
(269) 471-6470

Admissions Director & Pre-PT Advisor:

Monica Cervantes
(269) 471-6490

Administrative Assistant:

Heather Trutwein
(269) 471-6033

Operations & Clinical Education Assistant:

Autumn Ravenscraft
(269) 471-6061

Postprofessional Program Director:

Kim Ferreira, PT, PhD
Associate Professor
(269) 471-6033

Postprofessional Research Coordinator:

Dael Chung PT DPT
(269) 471-6301

Postprofessional Operations Coordinator & Advisor:

Michelle Keyes
(269) 471-6305

2.2. Clinical Faculty

Clinical faculty supervise and mentor students during clinical education experiences conducted at affiliated clinical facilities. Clinical education experiences typically utilize a 1:1 model with one student assigned to one Clinical Instructor (CI) or a 2:1 model with two students assigned to one CI. In some instances, a student may be supervised by two CIs during a clinical education experience to support continuity of learning and achievement of clinical objectives.

This Clinical Education Handbook outlines the roles, responsibilities, and expectations of the Clinical Instructor (CI) and Site Coordinator of Clinical Education (SCCE) in facilitating student learning, providing feedback, and evaluating student performance. Clinical faculty are responsible for guiding student development, communicating student progress, and completing required evaluation instruments, including the Physical Therapist Clinical Performance Instrument (CPI) 3.0.

The final grade for a student's clinical education experience is assigned by the Director of Clinical Education (DCE) based on the student's performance and achievement of course objectives, with consideration of feedback and evaluation provided by the SCCE, CI, and student.

2.3. Rights and Privileges of Clinical Faculty

Andrews University department of Physical Therapy recognizes the clinicians who provide clinical experiences for students:

1. The Site 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.

2.4. Individual Rights and Safety

Safety, privacy, confidentiality, informed consent, and respect for individual rights are essential components of the Physical Therapy educational process. These principles apply to all individuals involved with the program, including, but not limited to, students, faculty, staff, visitors, human subjects participating in classroom demonstrations or

research activities, and patients/clients interacting with students during clinical education experiences.

The program is committed to maintaining an educational environment that promotes safety, dignity, respect, and ethical treatment of all individuals. Students, faculty, and staff are educated regarding professional responsibilities related to patient/client safety, confidentiality of protected health information (HIPAA), informed consent, and appropriate conduct within academic and clinical settings.

During clinical education experiences, students are expected to protect patient/client rights, maintain confidentiality, obtain appropriate consent, and practice in accordance with professional, ethical, legal, and facility-specific policies and procedures.

2.5. General Complaint Procedure

Any person with a complaint or concern about the Physical Therapy Department or one of its policies, programs, faculty, staff or students will be asked to submit their concern in writing. Persons with a verbal complaint/concern should be asked to submit their issues in writing to the department chairperson or to the dean of the School of Rehabilitation Sciences. For the DPT program, if the nature of the concern falls into the possibility of a formal complaint to the programs accrediting body, contact the APTA's Department of Accreditation to discuss the nature of the complaint and to determine what procedures should be taken. This department can be reached by fax at 703-684-7343 or email at accreditation@apta.org.

2.6. Student Rights and Responsibilities

All Physical Therapy students are considered to be full members of the academic community. As such, students have rights and responsibilities which are discussed in detail in the Andrews University Student Handbook, which is available online: <https://cmspreview.andrews.edu/services/studentlife/handbook/> These rights include a right to learn; to be free from discrimination or harassment; to discuss, inquire and express; to petition; to have access to and privacy in educational records; to associate with others and to appeal/grievance.

2.7. Risk Situations

If a situation shows a potential personal risk to the student (or her unborn child, if applicable) the department chair (or DCE if clinic-related) will review known potential risk with the student (and SCCE if applicable).

2.7.1. Dropping Out

If the student chooses to drop out of the program until the situation clears, the Academic Policies and Procedures section 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.

2.7.2. 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 experiences and is obtained from the 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

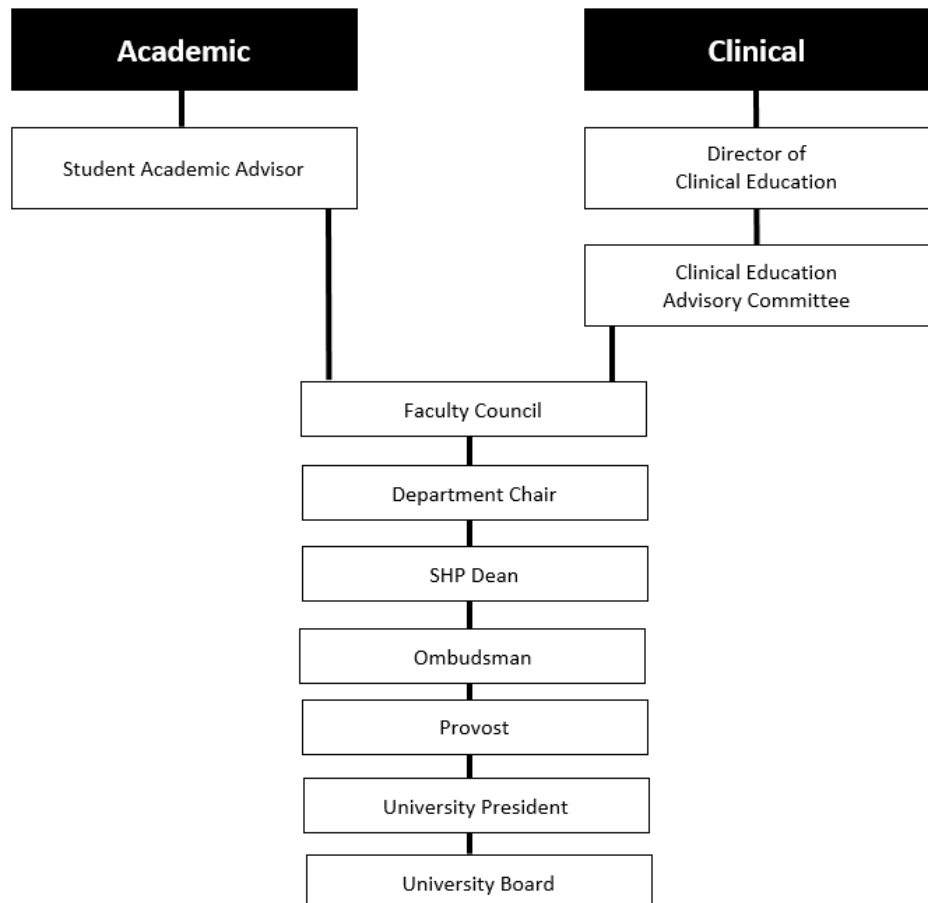
program and arrange makeup time. A clinical experience may require rescheduling. A rescheduled or added clinical experience may result in a delayed graduation.

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.***

2.8. Student 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.
4. If a student is dismissed from the PT program and believes there were extenuating circumstances that override policy, they may appeal a dismissal decision to the CHHS dean.



2.9. Student Clinical Grievance Procedure

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 School of Rehabilitation Sciences, the ombudsman, the vice president for academic administration, and the president in that order. The department chair may request written confirmation of each concern before appropriate follow-through is made. It is then the students' responsibility to provide the requested party with written verification of their concern.

2.10. 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 SCCE and the DCE. If a satisfactory solution cannot be reached the complaint should be taken to the faculty council, department chair, dean of the School of Rehabilitation 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 Department Chair.

2.11. Discrimination and Harassment (Including Sexual Harassment)

Students should contact their faculty advisor, department chair, School of Rehabilitation Sciences dean, 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).

2.12. Documented Disability

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. Reasonable accommodation will be made for the student in the clinical setting.

2.13. Right to Ombudsperson

The Office of the Ombudspersons is a confidential, independent and neutral dispute resolution service for the university community. As such, it facilitates understanding, communication and resolution of conflict among students, faculty and staff. The office serves as an impartial and confidential means of facilitating dialogue between parties on campus and as a means, apart from formal grievance procedures, of resolving differences. The office was established as part of the university's Christian commitment to foster a courteous and considerate climate conducive to productivity and well-being for the university community.⁴

2.14. Use of Protected Information

Information collected from students, lab subjects, patients/clients or from research subjects is considered confidential information and protected by applicable Health and Human Services laws (available through: <http://www.os.dhhs.gov/>). As such, the information can only be used for purposes other than direct health care, upon written informed consent from the patient/client 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.

2.15. Human Subjects

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

⁴ AU Working Policy 2:166

Policies and procedures for the use of human subjects in research is 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 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.

2.16. HIPAA

All students are instructed in the importance of complying with all relevant state and federal confidentiality laws, including the Health Insurance Portability and Accountability Act (HIPAA). In addition, the university provides students with training in the requirements of the privacy and security provisions of HIPAA and advises them of the importance of complying with the clinical site's policies and procedures relative to HIPAA. Students are required to successfully pass (85% or greater) a written test over the HIPAA information.

2.17. Drug-Free Workplace

Andrews University is committed to an environment of learning that supports the fullest possible human development. To achieve this goal, the university holds that a drug-free lifestyle is essential and maintains policies that seek an alcohol-, tobacco-, and drug-free campus environment.⁵

2.18. Personal Injury Procedure

If the need arises to seek medical attention for any non-clinical education program illness, it is the student's responsibility to arrange for 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 for taking the university's incident report form to the clinical site. One is provided in the appendix.

2.19. Universal Precautions

Universal precautions, as defined by Centers for Disease Control (CDC), are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other blood-borne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all clients are considered potentially infectious for HIV, HBV and other blood-borne pathogens. All faculty, staff and students are expected to follow universal precautions, as identified by the CDC.

⁵ AU Working Policy 2:153

GLOVING, GOWNING, MASKING, AND OTHER PROTECTIVE BARRIERS AS PART OF UNIVERSAL PRECAUTIONS

All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure during contact with any client's blood or body fluids that require universal precautions.

Gloves should be worn:

- for touching blood and body fluids requiring universal precautions, mucous membranes, or non-intact skin of all clients, and
- for handling items or surfaces soiled with blood or body fluids to which universal precautions apply.

Gloves should be changed after contact with each patient. Hands and other skin surfaces should be washed immediately or as soon as patient safety permits if contaminated with blood or body fluids requiring universal precautions. Hands should be washed immediately after gloves are removed. Gloves should reduce the incidence of blood contamination of hands during phlebotomy, but they cannot prevent penetrating injuries caused by needles or other sharp instruments. Institutions that judge routine gloving for all phlebotomies are not necessary should periodically reevaluate their policy. Gloves should always be available to health care workers who wish to use them for phlebotomy. In addition, the following general guidelines apply:

1. Use gloves for performing phlebotomy when the health care worker has cuts, scratches, or other breaks in his/her skin.
2. Use gloves in situations where the health care worker judges that hand contamination with blood may occur, e.g., when performing phlebotomy on an uncooperative patient.
3. Use gloves for performing finger and/or heel sticks on infants and children.
4. Use gloves when persons are receiving training in phlebotomy.

The Center for Devices and Radiological Health, Food and Drug Administration (FDA), has responsibility for regulating the medical glove industry. For more information about selection of gloves, call FDA at 301-443-8913.

Masks and protective eyewear or face shields should be worn by health care workers to prevent exposure of mucous membranes of the mouth, nose, and eyes during procedures that are likely to generate droplets of blood or body fluids requiring universal precautions. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or body fluids requiring universal precautions.

All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needle-stick injuries, needles should not be recapped by hand, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal. The puncture-resistant containers should be located as close as practical to the use area. All reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.

General infection control practices should further minimize the already minute risk for salivary transmission of HIV. These infection control practices include the use of gloves for digital examination of mucous membranes and endotracheal suctioning, hand washing after exposure to saliva, and minimizing the need for emergency mouth-to-mouth resuscitation by making mouthpieces and other ventilation devices available for use in areas where the need for resuscitation is predictable.

Although universal precautions do not apply to human breast milk, gloves may be worn by health care workers in situations where exposures to breast milk might be frequent, e.g., in breast milk banking.

3. ACADEMICS

3.1. Policies and Procedures Review

Policies and procedures, as presented in the PT Department Policies and Procedures Manual, the student handbooks, the Associated Faculty Handbook or the Clinical Education Handbook will be reviewed on an annual basis.

3.2. Accreditation Standards

The DPT program will be administered in a manner consistent with accreditation policies and procedures, including reports of graduation rates, performance on state licensing examinations, and employment rates; and submission of reports or materials required by CAPTE. The chair or his/her designee is responsible for writing and submitting such reports or materials within the required timeframe.

3.3. DPT Course Description Outline

The course description outline provides an abbreviated course description for each of the required courses in the DPT program. This description is meant to provide a better understanding of each course offered in the program. A copy is included in the back of this handbook.

3.4. Registration Procedures

Before the close of each semester the operations assistant will inform and orient each student to the specific registration procedures and time schedules to follow for registration for the successive semester.

3.5. Professional Expectations

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.

To assist students' growth in these behaviors, all are regularly assessed, generally at program entry, at the end of each semester, and at program completion. In addition, behaviors may be assessed and reported on when students have engaged in specific instances of unprofessional behavior.

3.5.1. Professional Behaviors

The Professional Behaviors document is the result of the University of Wisconsin—Madison PT education program and May W., Kotney L., and Iglarsh A. The Professional Behaviors reflect the intent of assessing professional behaviors which are deemed critical for professional growth and development in PT education and practice. These behaviors with their 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.

Students will be oriented to the 10 Professional Behaviors during DPT program orientation and PTH501-001 and will be made aware that they will be assessed on these behaviors' multiple times throughout the program.

Each student is expected to demonstrate professional behavior and a commitment to learning. 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. Students also represent the DPT program, Andrews University and Christ outside the PT building and therefore are still held to the professional expectations policy, particularly #2 and #4-6. This also applies to social media communications like Facebook, Twitter, Snapchat, Tik Tok, Instagram, etc.

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.

Please see Appendix for Professional Behavior Contact Policy sample form.
<G:\COMMON\Forms\Professional Behavior Contact Policy.pdf>

3.5.2. Department Core Values

The department core values shape the culture of the PT Department and the way in which we meet our mission to empower students to become excellent physical therapists. These core values and mission align with the School of Rehabilitation Sciences and university missions. The faculty, staff and students are expected to exemplify Christian values through their family spirit, servant's heart, and inquiring mind. Our desire is for continual growth in our core values;

therefore, faculty are encouraged to address any behavior that falls outside of these specific expectations.⁶

3.6. Glossary of Terms⁷

3.6.1. Director of Clinical Education (DCE)

Individuals who are 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.

3.6.2. Site Coordinator of Clinical Education (SCCE)

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.

3.6.3. Clinical Education

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

3.6.4. 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.

3.6.5. Clinical 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, clinical experiences that are most often a full-time, post-graduation experience for a period of one 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.

3.6.6. Clinical Education Faculty

Includes all individuals who participate in providing student clinical education experiences in the practice environment, including CIs and SCCEs. 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.

⁶ See AU PT department vision, mission, core values, and philosophy in Section 1

⁷ A Normative Model of Physical Therapist Professional Education, Version 2004. American Physical Therapy Association

3.6.7. 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.

3.6.8. 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.

3.6.9. 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.

3.7. Guidelines for Clinical Education

Between 1989 and 1994 two APTA Task Forces on Clinical Education (1989-1991 and 1992-1994), were 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 Site Coordinators of Clinical Education (SCCEs)*. 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:

<https://www.apta.org/contentassets/7736d47f2ec642a3962276d9b02503d2/guidelinesandselfassessmentsforclined.pdf>

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 SCCEs. 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.

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.

3.8. 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 HIPAA 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 experience 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 while in the DPT program prior to the first day of the clinical experience.

3.9. Health Examinations

Students will have a current Medical Evaluation Form and documentation of Hepatitis B vaccination. 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 experiences, and a copy is kept on file in the students' EXXAT Profile. Some clinical sites will require additional health-related testing (e.g. COVID-19, HIV or drug). If such testing is positive the student may not be able to complete the clinical experience.

It is the student's responsibility to schedule and pay for the required annual physical examination and TB blood test (QuantiFERON-TB Gold Plus). Students may complete these requirements with a healthcare provider of their choice. Documentation of completion must be submitted using the forms provided by the department and must meet all program and clinical education requirements. Students are responsible for all costs associated with the physical examination, TB blood test (QuantiFERON-TB Gold Plus), and any required follow-up documentation or testing.

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 clinical experiences. Payment for any additional health tests, etc. required by a clinical site is the responsibility of the student.

3.10. 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 with 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.

3.11. Background Checks, Fingerprinting and Drug Testing

Students may be required to have a background check, drug test and or finger printing check prior to clinical experiences at the request of the facility. It is the responsibility of

the student to obtain the appropriate background check, drug test and or finger printing check as required by the facility. This information is available on the special requirements list on EXXAT, Clinical Site Information Form (CSIF) and or by contacting the facility SCCE.

3.12. 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 Academic Records at Ext. 6229 for a replacement name tag. **There is a \$34 charge for replacement name tags.**

3.13. Student Photographs

Photos are uploaded into EXXAT and is emailed to the clinical facilities prior to each clinical experience. An opportunity for having a professional photo taken is scheduled and funded by the Department of Physical Therapy.

3.14. 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 are 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.

3.14.1. Student Input

Andrews University maintains Clinical Experience 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 EXXAT.

A student who knows of a clinical site that is interested in establishing a clinical experience 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 clinical experience 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, site coordinator of clinical education (SCCE), 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.

3.14.2. Choosing the Site for Clinical Experiences

1. In March of each year the DCE mails out the following year's clinical request letters called the "Slot Request Form." Offered slots are returned to the university and compiled into the EXXAT 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 review, 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 selecting 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 a clinical experience in each of the following settings: outpatient orthopedics, inpatient, and a neurology setting.
 - c. Unless unusual circumstances exist, students will not be assigned to a clinical experience 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 clinical experience at a facility where they have a commitment of employment.
 - d. Students will not be assigned to more than one rotation at a new clinical experience site (that is, a site recently established that has not had an affiliating Andrews University student previously).
 - e. Students are not to contact a clinical experience 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 students' 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 (Section 3.14.1 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 one special request per student during their time in the DPT program will be accepted. To make a Special Request, the student must not be on academic probation or have any documented professional behavior issues. A student must have at least a 3.5 GPA to submit a special request. The DCE reserves the right to override this policy. All special requests for clinical experiences I - III will be submitted on a date established by the DCE.

3.15. Clinical Site Information Form (CSIF)

Students should familiarize themselves with the contents of the Clinical Site Information Form (CSIF). The CSIF are forms completed by the SCCE of 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 SCCEs are now able to complete the CSIF online but this is a new option. The CSIF may also be found in EXXAT.

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

3.16. Clinical Education Goals and Experience Form

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

3.17. 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.

3.18. Pre-Clinical Education Exam

The DCE will review the 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 Clinical Experience I. Each student must score at least 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.

3.19. 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.

4. INSTRUCTION

4.1. Clinical 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.

4.1.1. Excused Clinical Absences

1. Illness or injury (up to 5% of total clinical time) provided the student notifies the clinical supervisor and the DCE.
 - a. Any illness or injury requiring an absence of more than **two** days must be in written order by a physician.
 - b. 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.
 - c. 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 and SCCE approve of this absence, he/she will make arrangements for make-up time with the clinical instructor and SCCE.

4.1.2. Unexcused Clinical 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.

4.2. Evaluation of Student Performance

Students are evaluated throughout each clinical education experience through ongoing formative feedback and formal evaluation processes. Formal student performance evaluations are completed at midterm and final using the APTA Physical Therapist Clinical Performance Instrument (CPI) 3.0. Students complete self-assessments using the CPI 3.0 and the Professional Behaviors Assessment Tool to promote self-reflection, professional growth, and development of clinical competence. The Physical Therapy Student Evaluation (PTSE) provides students with the opportunity to evaluate the clinical education experience, including the effectiveness of clinical instruction and the learning environment.

Prior to beginning clinical education experiences, the Director of Clinical Education (DCE) provides instruction regarding evaluation procedures, expectations for successful

completion, and the use of required evaluation tools. Clinical education course syllabi outline specific requirements, expectations, and criteria for successful completion of each clinical experience.

Clinical Instructors (CIs) provide ongoing feedback, guidance, and assessment of student performance throughout the clinical education experience. The CI, Site Coordinator of Clinical Education (SCCE), and students communicate regularly with the DCE regarding student progress, concerns, or barriers to successful completion of the experience.

If a student experiences difficulty during a clinical education experience, the student should first discuss concerns with the Clinical Instructor. If the concern cannot be resolved, the student, CI, SCCE, and DCE will collaborate to identify appropriate strategies and determine a plan to support student success. The DCE maintains responsibility for oversight of the clinical education experience and final determination of successful completion.

Site Visits:

- 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, Teams call, and/or in person.
- An attempt will be made by the DCE to visit each student during at least one of his or her clinical experiences.

4.3. Clinical Performance Instrument (CPI 3.0)

The APTA Physical Therapist Clinical Performance Instrument (CPI) 3.0 is used by the Clinical Instructor (CI) and student to evaluate student clinical performance during each clinical education experience. The CI completes a formal CPI 3.0 evaluation at midterm and final, and the student completes a CPI 3.0 self-assessment at midterm and final to promote reflection and professional growth. Students are required to complete the CPI 3.0 training and successfully achieve a minimum score of 70% on the post-assessment prior to utilizing the CPI 3.0 for clinical education experiences.

4.4. Physical Therapist Student Evaluation (PTSE)

The student will complete an evaluation of the clinical education experience and clinical instruction prior to completion of each clinical education experience through the EXXAT Learning Activities platform. Students are encouraged to communicate openly with their Clinical Instructor (CI) throughout the experience and use informal and scheduled discussions to address concerns, provide feedback, and promote a positive learning environment. Concerns that cannot be resolved at the CI level should be communicated to the Site Coordinator of Clinical Education (SCCE) and/or Director of Clinical Education (DCE).

The student's evaluation of the clinical experience and clinical instruction should be reviewed with the CI during the midterm conference and during the final conference on or before the last day of the clinical education experience. This discussion provides an opportunity for reflection, feedback, and identification of strategies to enhance future clinical education experiences.

Completed evaluations submitted through EXXAT are reviewed by the DCE and maintained as part of the program's clinical education records. Feedback is used to support ongoing clinical site development, evaluate clinical education partnerships, and inform future clinical placement decisions. Students are expected to provide honest, professional, and objective feedback, recognizing that student input contributes to continuous improvement of the clinical education program and future student experiences.

4.5. Professional Behaviors Self-Assessment

This is utilized by the student as a form of self-assessment of professional behaviors while in the clinical setting (note hard copy to return and also review with the CI). Forms may be completed on EXXAT or uploaded.

4.6. Return of the Evaluation Forms

All required clinical education evaluation activities, including the Physical Therapist Student Evaluation (PTSE) and Professional Behaviors Assessment Tool, must be completed and submitted through the EXXAT platform by the end of each clinical education experience. Students are responsible for ensuring that all required EXXAT Learning Activities and evaluation requirements are completed by the established deadline.

Students should monitor completion of required evaluation activities and communicate with their Clinical Instructor (CI) as needed to ensure all required evaluations are completed prior to the conclusion of the clinical education experience.

Failure to complete required clinical education evaluation activities by the designated deadline may result in an unsatisfactory (U) grade for the clinical education experience, as outlined in the course syllabus.

4.7. Satisfactory Clinical Performance

Thirty-six weeks of full-time clinical education experiences are included within the Doctor of Physical Therapy program curriculum. Students complete three 12-week clinical education experiences designed to provide progressive development of clinical competence across a variety of practice settings. Students must satisfactorily complete each clinical education experience prior to progressing to the next clinical assignment.

Final grades for clinical education experiences are assigned as Satisfactory (S) or Unsatisfactory (U). The Director of Clinical Education (DCE) assigns the final grade based on the student's achievement of course objectives, completion of required assignments and evaluation activities, and consideration of feedback provided by the Clinical Instructor (CI) and Site Coordinator of Clinical Education (SCCE).

A Deferred Grade (DG) is assigned for clinical education courses until all required course requirements, documentation, and evaluations have been completed and reviewed. The DG will subsequently be changed to a Satisfactory (S) or Unsatisfactory (U) grade as appropriate.

Following completion of Clinical Experience III, all required clinical education records and documentation must be completed and submitted in a timely manner to support preparation for graduation. If all required course requirements are not completed within the established timeframe, the Deferred Grade (DG) may convert to an Unsatisfactory (U) grade, which may result in academic consequences as outlined in university and program policies.

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 clinical education documentation and evaluation activities are completed and submitted through the designated program systems.

4.8. Unsatisfactory Clinical Performance

A student is expected to demonstrate safe, ethical, professional, and competent performance consistent with the objectives of each clinical education experience. Failure to meet clinical education expectations may result in an Unsatisfactory (U) grade, the need for remediation, delayed progression in the curriculum, delayed graduation, or dismissal from the Doctor of Physical Therapy Program.

1. Unexcused absences
2. Excused absences that exceed 5% of the scheduled clinical education experience, unless otherwise approved by the Director of Clinical Education (DCE).
3. Unethical and/or unprofessional conduct

4. Conduct or performance that places a patient, client, student, clinical instructor, or others at risk.
5. Failure to demonstrate achievement of course objectives, clinical education objectives, or expected performance standards for the assigned clinical education experience.

Process for Addressing Unsatisfactory Clinical Performance

If concerns regarding student performance arise during a clinical education experience, the student, Clinical Instructor (CI), Site Coordinator of Clinical Education (SCCE), and DCE will communicate to identify areas of concern and develop strategies to support successful completion of the experience. The DCE will review available information, including CI evaluations, CPI 3.0 assessments, student feedback, and clinical site recommendations, to determine an appropriate course of action.

The Physical Therapy Clinical Education Committee may be consulted when significant performance concerns exist, when remediation decisions are required, or when progression decisions within the curriculum are being considered. Following review, one or more of the following actions may be required as determined by the DCE and/or the Physical Therapy Clinical Education Committee. These actions may result in delayed progression in the curriculum or delayed graduation.

6. Completion of additional clinical time to address absences, tardiness, or achievement of required clinical objectives.
7. Additional clinical education experience in the same or a different clinical setting, as determined by the DCE, to address identified areas of concern and support achievement of clinical competencies. Scheduling of additional clinical education experiences is dependent upon availability of appropriate clinical sites.
8. Completion of additional didactic assignments, remediation activities, or skill development prior to continuation in clinical education experiences.
9. Advising the student to seek additional support or resources to address specific concerns affecting clinical performance.
10. Delay in progression through the curriculum or graduation until all clinical education requirements are successfully completed.
11. Dismissal from the Doctor of Physical Therapy Program following appropriate review and consideration of program policies and procedures.

Remediation During Clinical Education Experiences

If a student demonstrates unsatisfactory performance during Clinical Experience I or Clinical Experience II, opportunities for remediation may be considered based on the nature of the concern and the student's progress. Successful completion of identified remediation requirements and demonstration of improvement may allow the student to continue in subsequent clinical education experiences.

Unsatisfactory performance during the final clinical education experience requires successful remediation of identified deficiencies prior to program completion and may delay graduation. The DCE, in consultation with the Physical Therapy Clinical Education Committee, will determine appropriate remediation requirements.

Upon completion of the final clinical education experience, the student must demonstrate achievement of program-defined expectations consistent with readiness for entry-level physical therapist practice. Failure to demonstrate achievement of required clinical competencies and program expectations may result in additional remediation requirements or dismissal from the Doctor of Physical Therapy Program.

4.9. Interruption of Clinical Experiences

If a student is unable to complete clinical experiences 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 CI. If the student or representative is unable to notify the CI, 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 clinical experience.
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 eight 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 experiences, 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 experience. If the reason for interruption of the clinical experience is personal, the student will submit the written statement on his/her own behalf.

5. STUDENT EXPERIENCE

5.1. PT Student Dress Policy

Student attire for lectures and general school activities is expected to follow the conservative standard as outlined in the Andrews University Student Handbook <https://www.andrews.edu/services/studentlife/handbook>.⁸

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.

1. 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).
2. No shorts, capris, gauchos, T-shirts, sweatshirts, or sheer tops should be worn at any time.
3. At no time should the midriff or bust/waistline be exposed.
4. Andrews University student nametags must be worn during clinical education. Some facilities also provide a nametag which students are expected to use.
5. 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.
6. 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).
7. 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.
8. Nails need to be trimmed, not extending past the end of fingertips. Colored fingernail polish is not permitted.
9. 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.
10. To reflect professional clinical standards in harmony with the conservative standard of dress outlined in the Andrews University student handbook, tattoos, of any nature and size, should be covered with clothing or tattoo cover-up while students are in the clinical setting.
11. 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 the facility.
12. Clinical facilities reserve the right to send the student home if their attire or appearance are deemed inappropriate.

⁸ 2015–2016 Handbook, p. 21-22

5.2. Conduct in the Clinical Setting

Clinical education experiences provide students with the opportunity to apply professional knowledge, skills, and behaviors within authentic practice environments. As representatives of the Andrews University Doctor of Physical Therapy Program and the physical therapy profession, students are expected to demonstrate integrity, professionalism, respect, accountability, and ethical behavior **at all times**.

During all clinical education experiences, students are expected to:

1. Demonstrate knowledge of and comply with the policies, procedures, rules, and regulations of both the Andrews University Department of Physical Therapy and the assigned clinical facility. This includes, but is not limited to, expectations related to work hours, attendance, documentation, billing procedures, dress code, preparation of treatment areas, and facility-specific practices.
2. Practice in accordance with the ethical standards and professional expectations of the American Physical Therapy Association (APTA), Andrews University, and the assigned clinical facility.
3. Conduct themselves in a professional manner when interacting with patients/clients, caregivers, clinical instructors, staff, and other healthcare professionals.
4. Demonstrate respect for the dignity, privacy, confidentiality, cultural values, and rights of all individuals encountered within the clinical setting.
5. Demonstrate responsibility and accountability for completion of assigned clinical responsibilities, including patient care activities, documentation, educational assignments, and other responsibilities identified by the Clinical Instructor (CI) and/or Site Coordinator of Clinical Education (SCCE).

Failure to comply with these expectations will be considered in the student's clinical performance evaluation and may result in remediation, an Unsatisfactory (U) grade for the clinical education experience, removal from the clinical site, delayed progression in the curriculum, or dismissal from the Doctor of Physical Therapy Program following appropriate review.

While participating in clinical education experiences, students are responsible for completing all assignments and responsibilities identified by the SCCE and/or CI. These may include, but are not limited to, assigned readings, in-service presentations, documentation activities, patient education materials, home exercise programs, clinical projects, and other learning activities. Failure to complete required assignments may negatively impact successful completion of the clinical education experience.

Students are responsible for becoming familiar with and following all policies and procedures of the assigned clinical facility. These may include, but are not limited to, procedures related to scheduling, billing, electronic medical documentation, patient transportation, discharge planning, use of abbreviations and medical terminology, referrals, evaluation and treatment protocols, safety procedures, and facility-specific expectations. Students are expected to comply with all applicable regulations, including HIPAA, OSHA requirements, infection prevention procedures, and clinical site policies.

Punctuality and attendance are essential professional behaviors in clinical education. Tardiness is not acceptable practice. Students are expected to notify their Clinical Instructor and follow facility procedures if they will be late or absent. Students may be required to make up missed clinical time, and excessive absences or tardiness may result in an Unsatisfactory (U) grade or additional remediation requirements.

5.3. 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.

5.4. Student Expenses

Room and board, and transportation to and from clinical experiences are the students' 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.

5.5. Registration and Financial Clearance

Students must be registered and financially cleared prior to starting 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/clinical) to remain registered for classes. Due to the nature of the clinical schedule and geographic location of some clinical experiences, 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. **Note:** *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.*

DPT Curriculum Outline for the Class of 2028

FIRST YEAR						SECOND YEAR						48
PT-1, Fall (16 weeks) Aug 25 - Dec 11, 2025			18 credits	PT-2, Spring (17 weeks) Jan 12 - April 30, 2026			16 credits	PT-3, Summer May 11 - Jul 31, 2026			14 credits	
PTH501	DPT Orientation (starts Aug. 22)	0	Ferreira	PTH513	Health Promotion & Wellness I	1	Allyn	1 st 10 weeks (May 11-July 17)				
PTH505	Anatomy	4	Orrison	PTH518	General Medicine	2	Greene	PTH525	Therapeutic Interventions	3	Hess	
PTH515	Anatomy Lab	3	Orrison/Hess	PTH528	General Medicine Lab	1	Greene	PTH535	Therapeutic Interventions Lab	2	Hess	
PTH510	PT Assessment Skills	3	DeLeon	PTH509	Principles of Therapeutic Exercise	2	Stallard	PTH540	Pathophysiology II	2	Orrison	
PTH520	PT Assessment Skills Lab	3	DeLeon	PTH519	Principles of Therapeutic Exercise Lab	2	Stallard	PTH580	Intro to Orthopedic Physical Therapy	1	Almeter	
PTH516	Pathokinesiology	3	Stallard	PTH530	Pathophysiology I	2	Allyn	PTH616	Scholarly Inquiry & Dissemination I	1	Katuli	
PTH526	Pathokinesiology Lab	2	Stallard/Hess	PTH565	Neuroscience & Motor Control	3	Orrison/Lee	PTH651	Neurology I	2	Lee	
				PTH575	Neuroscience & Motor Control Lab	1	Orrison/Lee	PTH661	Neurology I Lab	2	Lee	
				PTH562	Comparative Religion	2	Tompkins	PTH670	Written Comprehensive Exam I	0	Orrison	
				PTH595	Comparative Religion for 3+3	1		PTH680	Clinical Practicum	1	Scott	
						THIRD YEAR						45
PT-4, Fall (16 weeks) Aug 24 - Dec 10, 2026			14 credits	PT-5, Spring (17 weeks) Jan 11 - April 29, 2027			17 credits	PT-6, Summer (10 weeks) May 10 - July 30, 2027			14 credits	
PTH601	Orthopedics I	2	Almeter	PTH613	Health Promotion & Wellness II	2	DeLeon	1 st 10 weeks (May 10-July 16)				
PTH611	Orthopedics I Lab	2	Almeter	PTH625	Cardiopulmonary	2	Orrison	PTH606	Pharmacology in PT	1	TBD	
PTH617	Scholarly Inquiry & Dissemination II	1	Katuli	PTH635	Cardiopulmonary Lab	1	Greene	PTH602	Orthopedics II	2	Allyn	
PTH622	Research Statistics	1	Katuli	PTH626	Prosthetics & Orthotics	2	Hagemeyer	PTH612	Orthopedics II Lab	2	Allyn	
PTH632	Research Statistics Lab	1	Katuli	PTH640	Pediatrics	2	Pawelski	PTH726	Geriatrics	2	Stallard	
PTH647	Differential Diagnosis	2	Allyn	PTH650	Pediatrics Lab	2	Pawelski	PTH770	Practical Comprehensive Exam	0	Almeter	
PTH652	Neurology II	2	Lee	PTH646	Integration of Spirituality in Healthcare	2	Dent	PTH799	Research Project (Topic)	1	Katuli	
PTH662	Neurology II Lab	2	Lee	PTH799	Research Project (Topic)	1	Katuli	July 19-Oct 8, 2027				
PTH680	Clinical Practicum	1	Scott	PTH645	PT Administration	3	Aerts/Birmingham	PTH885	Clinical Education I (12 weeks)	6	Scott	
												23
PT-7, Fall (16 weeks) Aug 23 - Dec 09, 2027			6 credits	PT-8, Spring (17 weeks) Jan 10 - May 4, 2028			11 credits	PT-9, Summer (12 weeks) May 8 - August 4, 2028			6 credits	
PTH885	Clinical Education I (continued)		Scott	Jan 10-14, 2028 (wk 1)				1 st 12 weeks				
				PTH886	CE 2 finishes Jan 7 (travel week of 10th)		Scott	PTH887	Clinical Education 3 (12 weeks)	6	Scott	
PTH886	Clinical Education II (12 weeks) Oct 11, 2027-Jan 7, 2028	6	Scott	Jan 17-April 28, 2028 (wk 2-15)				May 8, 2028- July 28, 2028				
				PTH712	Neuromuscular Clin Reasoning	1	Lee	Graduation Weekend Aug 4-6, 2028				
				PTH722	Neuromuscular Clin Reasoning Lab	1	Lee					
				PTH711	Musculoskeletal Clin Reasoning	1	Almeter					
				PTH721	Musculoskeletal Clin Reasoning Lab	1	Almeter					
				PTH736	Psychosocial Issues in Healthcare	3	Young					
Core Faculty				PTH768	Professional Compendium	1	Hess	Total Credits =			116	
Supporting Faculty				PTH799	Research Project (Topic)	1	Katuli					
Associated Faculty				PTH870	Written Comprehensive Exam II	0	De Leon					
				PTH729	Christian Ethics in Rehab. Sciences	2	De Leon					
				May 1-5 travel week for CE 3								

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 Site Coordinator of Clinical Education (SCCE), 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 DCE, 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

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

1. 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.
2. The Facility shall at all times remain responsible for patients and patient care.
3. 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.
4. 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 DCE.
5. 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.
6. To provide or otherwise arrange for emergency medical care for students at the student's expense.
7. To provide reasonable classroom, conference, storage, dressing, and locker room space for students.
8. 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.
9. 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

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

1. To assign to the Facility only those students who have satisfactorily completed the prerequisite portions of the curriculum.
2. To direct the students to comply with the rules and regulations of the Facility.
3. 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. The Facility reserves the right to restrict the clinical activity of students who evidence symptoms of communicable infections.

4. 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.
5. To assure and provide evidence that the student(s) possess health insurance either through the University or an individual policy.
6. To require students to hold current C.P.R. certification.
7. 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.

IN 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.

THE FACILITY

THE UNIVERSITY

ANDREWS UNIVERSITY

By: _____ Date: _____

Title: _____

By: _____ Date: _____

Title: _____

By: _____ Date: _____

Title: _____

By: _____ Date: _____

Title: _____

Clinical Experience Request Form (Slot Request)



School of Rehabilitation Science
Doctor of Physical Therapy Program

2027 Clinical Experience Request Form

Please complete this form and return it by March 31st via email to scottw@andrews.edu or print and fax to (269) 471-2866. If you have any questions about any of these placements, please contact Bill Scott MSPT, DCE scottw@andrews.edu at (269) 471-6034 or 1-800-827-2878

Name of Facility:

CCCE:

Address:

City:

State:

Zip: |

Email:

Phone:

Fax:

Please select the placement(s) that you will be able to accommodate and complete the corresponding information. If you select "Other" for the Type, please explain in the comments section. ***If you are unable to take students at this time, please check the none available box.***

Please check one:

☐ **Reserved Slot** (These slots will be reserved for Andrews University Physical Therapy students)

☐ **First Come First Serve** (These slots will be given to the first school to contact us for clinical experiences)

<u>None Available</u>	Clinical Experience (CE) 2027	Number of Students	*Type of Experience	Clinical Instructor (if known)	Specific Site (if not main site)	Comments
☐	CE 3 (12 weeks) May 3 to July 23, 2027 3rd year Student					
☐	CE 1 (12 weeks) July 19 to October 08, 2027 3rd year Student					
☐	CE 2 (12 weeks) October 11 to January 07, 2028 3rd year Student					

***Type of Experience:** A – Acute Care N – Neuro R – Rehab Center H – Home Health O – Outpatient Orthopedics P – Pediatrics

SNF – Skilled Nursing Facility OTHER _____

Personal Injury Report



School of Rehabilitation Science
Doctor of Physical Therapy Program

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. 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

RHH notified (date)	
Investigation requested (date)	
Notes	

Medical Evaluation Form



MEDICAL EVALUATION

Last Name:		First Name:		Middle Initial:		Today's Date:		Student ID:	
DOB	Age	Sex	HT	WT	Temp	Pulse	Resp	B/P	Drug/Food Allergies

EXAMINATION

	Norm	Abn	Details
Skin			
HEENT			
Neck			
Heart			
Lungs			
Breast			
Abdomen			
Hernias			
Back			
Extrem			
Reflexes			

Are there any physical limitations? No ____ Yes ____
(If yes, explain) _____

IMMUNIZATION RECORD

Tests & Immunizations	Date	Initials/results
Hepatitis B	#1- #2- #3-	
MMR or Titer History of Disease		
Varicella or Titer History of Disease		
Td (tetanus & diphtheria)		
TB (If positive, CXR)		
Covid-19 Vaccination		

Special Request Form



School of Rehabilitation Sciences
Department of Physical Therapy

CLINICAL EXPERIENCE SPECIAL REQUEST

Request for (Practicum or Clinical Experience): _____

Dates of Clinical Experience: _____ to _____

Facility: _____ Phone #: _____

Address: _____

Center Coordinator (SCCE): _____ Email: _____

(If no Center Coordinator, then write in Director's name)

Requesting for: Orthopedic _____ Neuro _____ Peds _____ Acute _____

Other (specify) _____

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 1 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. You must have at least a 3.5 GPA.

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, RIC, MFB, Loma Linda or any other site that regularly offers slots.

ALL FIELDS MUST BE FILLED OUT

Clinical Education Student Goals and Experience Form



Clinical Education Student Goals & Experience Form

Student Name: _____

Academic Institution: **Andrews University**

Name of Clinical 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 SYLLABUS

Course Number and Title PTH680-001 Clinical Practicum

Course Description: Practice of the knowledge and skills developed in the classroom and laboratory in a patient-care setting. This practicum consists of an Integrated Clinical Experiences (ICE) each semester where students will have patient encounters under the supervision of a clinical faculty. ICE will consist of the student being assessed for clinical skill sets, interpersonal skills, and critical thinking progression. Schedule TBD

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: Spring/Summer/Fall Semester

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 DCE and clinical faculty. Monday to Friday for four weeks.
4 Pre- Practicum Clinical Education Sessions (Dates & times TBA)
Pre and post-clinical conferences with DCE as scheduled

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

Office Location: Physical Therapy Building, Room 142

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

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.
LEARNING HUB 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 DCE 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 DCE, via Learning hub, a reflection on the clinical experience. Reflections will be approximately ½ -1 page and may be in SOAP format. The DCE will acknowledge receipt of the reflection via feedback in LEARNING HUB.
3. Completion of APTA Core Values Self- Assessment document
4. See Student Clinical Education Handbook for comprehensive guidelines concerning Health Form, insurance, CPR, attire, attendance, etc.
5. 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 are 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 final only.
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 "Beginning Level" on all Professional Behaviors as verified by CI both at midterm and final.
5. Completion and submission of a midterm reflection via LEARNING HUB.
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 DCE 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 student physical therapist 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.
4. Develop an awareness of performance evaluation skills including self-assessment, peer assessment and reflection.

B. The Post-Practicum individual conference session will:

1. Provide a forum for the student physical therapist to verbally reflect, with the DCE, on the Practicum 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. 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).

1. Practice in a safe manner that minimizes risk to patient, self, and others. (SLO 1,2,6,8)
2. Demonstrate professional behavior in all situations. (SLO 1,2,3,4,8)
3. Practice in a manner consistent with established legal and professional standards and ethical guidelines. (SLO 1,8,9)
4. Communicate in ways that are congruent with situational needs. (SLO 4)
5. Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs. (SLO 9)
6. Participate in self-assessment to improve clinical and professional performance. (SLO 3,6)
7. Apply the current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management. (SLO 1,5,10)
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. (SLO 6)
9. Perform a physical therapy patient examination using evidence-based tests and measures. (SLO 1,4,5)
10. Evaluate data from the patient examination (history, systems review, tests and measures) to make clinical judgments. (SLO 1,3,5,6)

11. Determine a diagnosis and prognosis that guides future patient management. (SLO 5)
12. Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. (SLO 3,5,)
13. Perform physical therapy interventions in a competent manner. (SLO 1,2,5,8)
14. Educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods. (SLO 7)
15. Produce quality documentation in a timely manner to support the delivery of physical therapy services. (SLO 4,8)
16. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. (SLO 3)
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. (SLO 3,7,8)
18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. (SLO 7,8)

- B.** The following objectives reflect the goal of professional growth through reflection and feedback. Upon completion of PTH680 Clinical Practicum the student will:
1. Evaluate personal core values using the APTA Professionalism in Physical Therapy: Core Values Self-Assessment Document
 2. Discuss via LEARNING HUB the APTA Online- Professionalism Module 1 – Introduction to Professionalism
 3. Evaluate personal clinical performance using the CPI.
 4. Evaluate personal professional behaviors using the Professional Behaviors Assessment Tool.
 5. Evaluate clinical education experience using the PT Student Evaluation Form.
 6. 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-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 accommodation in order to meet the requirements of this course must see the course instructor, DCE, 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 students 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 SYLLABUS

Course Number and Title:	PTH885 Clinical Experience I
Course Description:	Advanced full-time clinical experience, Clinical experience I (Twelve weeks) in a variety of professional practice settings. Each student is required to complete a Clinical experience 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-clinical education sessions conducted during earlier and current semesters is required for participation in the Clinical Experience. Successful completion, at least 95% of the clinical education exam (see handbook 6.13)
Semester and Year:	Fall Semester
Department Offering Course:	Physical Therapy
Credit Hours:	PTH885 = 6 Credits
Course Clock Hours Per Semester (lecture / lab hours):	36-40 hours per week as agreed upon by the DCE and clinical faculty. Monday to Friday for 12 weeks
Instructor(s):	William Scott, PT, PhD Director of Clinical Education scottw@andrews.edu
Office Location:	Physical Therapy Building, Room 142
Telephone No.:	Office: (269) 471-6034 Cell: (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. Learning Hub web based interactive discussions. Independent Study. Reflection.
Professional Expectations:	In keeping with the "Professional Expectations" guidelines in your <i>DPT Student Handbook</i> 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: The academic community at Andrews University strives to foster an atmosphere in which honesty is the expected norm on campus. Toward that end, the university has established a modified honor code that shares responsibility among students, faculty, and administrators. While the intent of the code is redemptive, violations are taken seriously. Violations of the honor code in any department on campus are reported, and records of the type and number of offenses are maintained. Persons involved in a violation of a serious nature, in more than one violation, or who dispute a charge or sanction will appear before an Integrity Panel with the mandate to resolve the issue. The University Bulletin outlines the specifics of honor code policy, and all students are urged to read that policy section carefully.

http://www.andrews.edu/academics/academic_integrity.html

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 DCE 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):

6. **12 weeks** full-time clinical experience.
7. 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 Learning Hub within 1 week of completion of midterm CPI. The DCE will acknowledge receipt of the reflection.
8. See Student Clinical Education Handbook for comprehensive guidelines concerning Health Form, insurance, CPR, attire, attendance, etc.
9. 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 885 requires:

11. Completion of all pre-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 Clinical experience. 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
15. Level on the VAS final assessment on all Professional Behaviors as verified by CI.
16. Completion and submission of a midterm reflection, as required (see additional course requirements #2), via Learning Hub.
17. Completion of *Physical Therapist Student Assessment*: Part B and Section 2.
18. Completion of assignments required by the facility.
19. 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.
20. 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.
21. Attendance at an individual Post Clinical Conference

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

Required Textbook & Recommended Readings: *Student Clinical Education Handbook*
Other readings as determined by the clinical faculty.

Course Objectives: Part I

A. The Pre-clinical education sessions will:

5. Provide the student physical therapist with a review of the *Student Clinical Education Handbook* including instruction in the policies and procedures necessary for successful completion of the Clinical experience.
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 future use as a clinical instructor.
7. Provide the student physical therapist with review of available clinical experience sites and instructions on the process of choosing clinical sites for Clinical experience I-IV.
8. Provide the student physical therapist with instruction on maximizing the clinical experience.

B. The Post-Clinical experience individual conference session will:

2. Provide a forum for the student physical therapist to verbally reflect, with the DCE, on the clinical experience and discuss future expectations for clinical education experiences.

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 PTH885 Clinical Experience 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 clinical experience.

19. Practice in a safe manner that minimizes risk to patients, self, and others. (SLO 1,2,6,8)
20. Demonstrate professional behavior in all situations. (SLO 1,2,3,4,8)
21. Practice in a manner consistent with established legal and professional standards and ethical guidelines. (SLO 1,8,9)
22. Communicate in ways that are congruent with situational needs. (SLO 4)
23. Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs. (SLO 9)
24. Participate in self-assessment to improve clinical and professional performance. (SLO 3,6)
25. Apply the current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management. (SLO 1,5,10)
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. (SLO 6)
27. Perform a physical therapy patient examination using evidence-based tests and measures. (SLO 1,4,5)
28. Evaluate data from the patient examination (history, systems review, tests and measures) to make clinical judgments. (SLO 1,3,5,6)
29. Determine a diagnosis and prognosis that guides future patient management. (SLO 5)
30. Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. (SLO 3,5)
31. Perform physical therapy interventions in a competent manner. (SLO 1,2,5,8)
32. Educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods. (SLO 7)
33. Produce quality documentation in a timely manner to support the delivery of physical therapy services. (SLO 4,8)
34. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. (SLO 3)
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. (SLO 3,7,8)
36. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. (SLO 7,8)

- D. The following objectives reflect the goal of professional growth through reflection and feedback and the preparation of student physical therapists to serve as future Clinical Instructors. Upon completion of PTH885 Clinical Experience I the student will:
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 "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 accommodation in order to meet the requirements of this course must see the course instructor, DCE, 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-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.

file.

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

- Additional Course Requirements (if any):**
1. 8 weeks full-time clinical experience.
 2. 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 DCE will acknowledge receipt of the reflection.
 3. See Student Clinical Education Handbook for comprehensive guidelines concerning Health Form, insurance, CPR, attire, attendance, etc.
 4. 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:

1. 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.
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 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.
4. 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.
5. Completion and submission of a midterm reflection, as required (see additional course requirements #2), 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

COURSE SYLLABUS

Course Number and Title: PTH886 Clinical Experience II

Course Description: Advanced full-time clinical experience, Clinical Experience II (Twelve weeks) in a variety of professional practice settings. Each student is required to complete a clinical experience 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-clinical education sessions conducted during earlier and current semesters is required for participation in the Clinical Experience.

Semester and Year: Fall Semester

Department Offering Course: Physical Therapy

Credit Hours: PTH886 = 6 Credits

Course Clock Hours Per Semester (lecture / lab hours): 36-40 hours per week as agreed upon by the DCE and clinical faculty. Monday to Friday for 12 weeks

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

Office Location: Physical Therapy Building, Room 142

Telephone No.: Office: (269) 471-6034 Cell: (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.
LEARNING HUB 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 DCE 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):**
10. 12 weeks full-time clinical experience.
 11. 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 LEARNING HUB within 1 week of completion of midterm CPI. The DCE will acknowledge receipt of the reflection.
 12. See Student Clinical Education Handbook for comprehensive guidelines concerning Health Form, insurance, CPR, attire, attendance, etc.
 13. 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 886 requires:

22. Completion of all pre-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 are to be emailed, mailed or faxed **by the student** to the facility at least two (2) weeks prior to commencing the practicum.
23. Completion of a self-evaluation using the Clinical Performance Instrument (CPI) at midterm and final.
24. 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 Clinical experience. 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**.
25. 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.
26. Completion and submission of a midterm reflection, as required (see additional course requirements #2), via LEARNING HUB.
27. Completion of Physical Therapist Student Assessment: Part B and Section 2.
28. Completion of assignments required by the facility.
29. 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.

30. 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.
31. Attendance at an individual Post Clinical Conference

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

Required Textbook & Recommended Readings: *Student Clinical Education Handbook*
Other readings as determined by the clinical faculty.

Course Objectives: Part I

- A. The Pre-clinical education sessions will:
 9. Provide the student physical therapist with a review of the *Student Clinical Education Handbook* including instruction in the policies and procedures necessary for successful completion of the Clinical experience.
 10. 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-Clinical experience individual conference session will:
 3. Provide a forum for the student physical therapist to verbally reflect, with the DCE, on clinical experience and discuss future expectations for the clinical education experiences.

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 PTH886 Clinical Experience II 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 cues 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 clinical experience.
 37. Practice in a safe manner that minimizes risk to patients, self, and others. (SLO 1,2,6,8)
 38. Demonstrate professional behavior in all situations. (SLO 1,2,3,4,8)
 39. Practice in a manner consistent with established legal and professional standards and ethical guidelines. (SLO 1,8,9)
 40. Communicate in ways that are congruent with situational needs. (SLO 4)
 41. Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs. (SLO 9)
 42. Participate in self-assessment to improve clinical and professional performance. (SLO 3,6)
 43. Apply the current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management. (SLO 1,5,10)
 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. (SLO 6)
 45. Perform a physical therapy patient examination using evidence-based tests and measures. (SLO 1,4,5)

46. Evaluate data from the patient examination (history, systems review, tests and measures) to make clinical judgments. (SLO 1,3,5,6)
47. Determine a diagnosis and prognosis that guides future patient management. (SLO 5)
48. Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. (SLO 3,5)
49. Perform physical therapy interventions in a competent manner. (SLO 1,2,5,8)
50. Educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods. (SLO 7)
51. Produce quality documentation in a timely manner to support the delivery of physical therapy services. (SLO 4,8)
52. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. (SLO 3)
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. (SLO 3,7,8)
54. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. (SLO 7,8)

- F. The following objectives reflect the goal of professional growth through reflection and feedback and the preparation of student physical therapists to serve as future Clinical Instructors. Upon completion of PTH886 Clinical Experience II the student will:
11. Evaluate personal clinical performance using the CPI.
 12. Evaluate personal professional behaviors using the Generic Abilities Assessment Tool.
 13. Evaluate clinical education experience using the PT Student Evaluation Form.
 14. 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 accommodation in order to meet the requirements of this course must see the course instructor, DCE, 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-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: PTH887 Clinical Experience III

Course Description: Advanced full-time clinical experience, Clinical Experience III (Twelve weeks) in a variety of professional practice settings. Each student is required to complete a clinical experience 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-clinical education sessions conducted during earlier and current semesters is required for participation in the Clinical Experience.

Semester and Year: Summer Semester

Department Offering Course: Physical Therapy

Credit Hours: PTH887 = 6 Credits

Course Clock Hours Per Semester (lecture / lab hours): **36-40 hours per week** as agreed upon by the DCE and clinical faculty. Monday to Friday for 12 weeks

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

Office Location: Physical Therapy Building, Room 142

Telephone No.: Office (269): 471-6034 Cell: (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.

LEARNING HUB 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 DCE 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):**
14. 12 weeks full-time clinical experience.
 15. 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 LEARNING HUB within 1 week of completion of midterm CPI. The DCE will acknowledge receipt of the reflection.
 16. See Student Clinical Education Handbook for comprehensive guidelines concerning Health Form, insurance, CPR, attire, attendance, etc.
 17. 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 887 requires:

32. Completion of all pre-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 are to be emailed, mailed or faxed **by the student** to the facility at least two (2) weeks prior to commencing the clinical experience.
33. Completion of a self-evaluation using the Clinical Performance Instrument (CPI) at midterm and final.
34. 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 Clinical experience. Satisfactory performance is demonstrated by receiving a score of at least **Entry Level** on all 18 criteria by the final evaluation.
35. 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.
36. Completion and submission of a midterm reflection, as required (see additional course requirements #2), via LEARNING HUB.
37. Completion of Physical Therapist Student Assessment: Part B and Section 2.
38. Completion of assignments required by the facility.
39. Follow all policies and procedures for the clinical experience as outlined in the *Entry Level DPT Student Clinical Education Handbook* including but not limited to, performing safely, responsibly, professionally, legally, and ethically.
40. 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.

41. Attendance at an individual Post Clinical Conference

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

Required Textbook & Recommended Readings: *Student Clinical Education Handbook*
Other readings as determined by the clinical faculty.

Course Objectives: Part I

A. The Pre-clinical education sessions will:

11. Provide the student physical therapist with a review of the *Student Clinical Education Handbook* including instruction in the policies and procedures necessary for successful completion of the Clinical experience.
12. 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-Clinical experience individual conference session will:

4. Provide a forum for the student physical therapist to verbally reflect, with the DCE, on the clinical experience and discuss future expectations for the clinical education experiences.

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 PTH887 Clinical Experience 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 cues 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 clinical experience.

55. Practice in a safe manner that minimizes risk to patients, self, and others. (SLO 1,2,6,8)
56. Demonstrate professional behavior in all situations. (SLO 1,2,3,4,8)
57. Practice in a manner consistent with established legal and professional standards and ethical guidelines. (SLO 1,8,9)
58. Communicate in ways that are congruent with situational needs. (SLO 4)
59. Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs. (SLO 9)
60. Participate in self-assessment to improve clinical and professional performance. (SLO 3,6)
61. Apply the current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management. (SLO 1,5,10)
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. (SLO 6)
63. Perform a physical therapy patient examination using evidence-based tests and measures. (SLO 1,4,5)
64. Evaluate data from the patient examination (history, systems review, tests and measures) to make clinical judgments. (SLO 1,3,5,6)
65. Determine a diagnosis and prognosis that guides future patient management. (SLO 5)

66. Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. (SLO 3,5)
67. Perform physical therapy interventions in a competent manner. (SLO 1,2,5,8)
68. Educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods. (SLO 7)
69. Produce quality documentation in a timely manner to support the delivery of physical therapy services. (SLO 4,8)
70. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. (SLO 3)
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. (SLO 3,7,8)
72. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. (SLO 7,8)

- H.** The following objectives reflect the goal of professional growth through reflection and feedback and the preparation of student physical therapists to serve as future Clinical Instructors. Upon completion of PTH887 Clinical Experience III the student will:
15. Evaluate personal clinical performance using the CPI.
 16. Evaluate personal professional behaviors using the Generic Abilities Assessment Tool.
 17. Evaluate clinical education experience using the PT Student Evaluation Form.
 18. 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 accommodation in order to meet the requirements of this course must see the course instructor, DCE, 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-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.

Physical Therapist Student Evaluation Part A&B (PTSE)

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 affiliation? (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 _____

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 _____

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

Student Name: _____

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.

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

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.

Components of Care	Rating	Components of Care	Rating
Examinations		Diagnosis	
• Screening		Prognosis	
• History taking		Plan of Care	
• Systems review		Interventions	
• Tests and measures		Outcomes Assessment	
Evaluation			

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

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

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

Clinical Experience

11. 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).

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

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

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

Midterm Evaluation ____ Yes ____ No Final Evaluation ____ 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.

Generic Abilities /Professional Behaviors

Professional Behaviors for the 21st Century

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 *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.

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 *Generic Abilities* 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 *Generic Abilities*, 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 *Generic Abilities* to ***Professional Behaviors***. The title of this important document was changed to differentiate it from the original *Generic Abilities* 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 repertoire 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 Assessment Form

**Professional Behaviors Assessment
Physical Therapy Program
Andrews University – Berrien Springs, MI**

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 Generic Abilities.**

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

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 in knowledge base

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

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

Examples of behaviors to support my self assessment:

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

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

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

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

Examples of behaviors to support my self assessment:

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

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

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
---	--	---	--

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.

Beginning Level:	Intermediate Level:	Entry Level:	Post Entry 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	• 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	• 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	• 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

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.

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
--	--	---	---

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.

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 •
--	--	---	---

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.

Beginning Level:	Intermediate Level:	Entry Level:	Post Entry 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 •	• 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 •	• 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 •	• 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 •

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.

Beginning Level:	Intermediate Level:	Entry Level:	Post Entry 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	- 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	- 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	- 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

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.

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
---	--	--	---

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.

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
--	---	--	---

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: _____

Clinical Site Information Form (CSIF)

CLINICAL SITE INFORMATION FORM (CSIF)

APTA Department of Physical Therapy Education

Revised January 2006

INTRODUCTION:

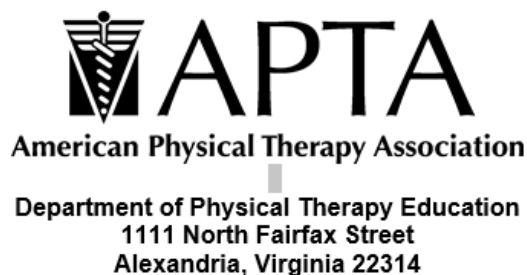
The primary purpose of the Clinical Site Information Form (CSIF) is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites to:

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

The CSIF is divided into two sections:

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

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



DIRECTIONS FOR COMPLETION:

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

1. **Save the CSIF on your computer** before entering your facility's information. The title should be the clinical site's zip code, clinical site's name, and the date (eg, 90210BevHillsRehab10-26-2005). Using this format for titling the document allows the users to quickly identify the facility and most recent version of the CSIF from a folder. Saving the document will preserve the original copy on the disk or hard drive, allowing for ease in updating the document as changes in the clinical site information occurs.
2. **Complete the CSIF thoroughly and accurately.** Use the tab key or arrow keys to move to the desired blank space. The form is comprised of a series of tables to enable use of the tab key for quicker data entry. Use the Comment section to provide additional information as needed. If you need additional space please attach a separate sheet of paper.
3. **Save the completed CSIF.**
4. **E-mail** the completed CSIF to each academic program with whom the clinic affiliates (accepts students).
5. In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, **e-mail** a copy of the completed CSIF to the Department of Physical Therapy Education at angelaboyd@apta.org.
6. **Update the CSIF on an annual basis** to assist in maintaining accurate and relevant information about your physical therapy service for academic programs, students, and the national database.

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

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

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

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

Table of Contents

Introduction and Instructions	1-2
Clinical Site Information	
Primary Site.....	4
Multi-Center Facilities	5
Accreditation/Ownership	6
Primary Classification.....	6
Location	6
Clinical Teaching Faculty	
Center Coordinators of Clinical Education (CCCEs) – Abbreviated Resume.....	6
Education	7
Employment	7
Teaching Preparation	8
Clinical Instructor	
Information	9
Selection Criteria	10
Training.....	10
Physical Therapy Service	
Number of Inpatient Beds	10
Number of Patients/Clients	10
Patient/Client Lifespan and Continuum of Care	11
Patient/Client Diagnoses	11
Hours of Operation.....	12
Staffing.....	12
Clinical Education Experience	
Special Programs/Activities/Learning Opportunities	13
Specialty Clinics	13
Health and Educational Providers at the Clinical Site	14
Affiliated PT and PTA Education Programs.....	14
Availability of the Clinical Education Experience.....	15
Learning Objectives and Assessments	16
Student Information	
Arranging the Experience	17
Housing	17-18
Transportation	19
Meals	19
Stipend/Scholarship	20
Special Information.....	20
Other.....	20

CLINICAL SITE INFORMATION FORM

Part I: Information For the Academic Program
Information About the Clinical Site – Primary

Initial Date
Revision Date

Person Completing CSIF					
E-mail address of person completing CSIF					
Name of Clinical Center					
Street Address					
City		State		Zip	
Facility Phone		Ext.			
PT Department Phone		Ext.			
PT Department Fax					
PT Department E-mail					
Clinical Center Web Address					
Director of Physical Therapy					
Director of Physical Therapy E-mail					
Center Coordinator of Clinical Education (CCCE) / Contact Person					
CCCE / Contact Person Phone					
CCCE / Contact Person E-mail					
APTA Credentialed Clinical Instructors (CI) (List name and credentials)					
Other Credentialed CIs (List name and credentials)					
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.

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone			Ext.		
PT Department Phone			Ext.		
Fax Number		Facility E-mail			
Director of Physical Therapy			E-mail		
CCCE			E-mail		

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone			Ext.		
PT Department Phone			Ext.		
Fax Number		Facility E-mail			
Director of Physical Therapy			E-mail		
CCCE			E-mail		

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone			Ext.		
PT Department Phone			Ext.		
Fax Number		Facility E-mail			
Director of Physical Therapy			E-mail		
CCCE			E-mail		

Clinical Site Accreditation/Ownership

Yes	No		Date of Last Accreditation/Certification
☐	☐	Is your clinical site certified/ accredited? If no, go to #3.	
		If yes, has your clinical site been certified/accredited by:	
☐	☐	JCAHO	
☐	☐	CARF	
☐	☐	Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
☐	☐	Other	
		Which of the following best describes the ownership category for your clinical site? (check all that apply)	
		☐ Corporate/Private/ly 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 ($\geq 50\%$) of the time. Click on the drop down box to the left to select the number 1.
- B. Next, if appropriate, check ($\checkmark$) up to four additional categories that describe the other clinical centers associated with your facility.

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

Clinical Site Location

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

- ☐ Rural
☐ Suburban
☐ Urban

Information About the Clinical Teaching Faculty

ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION

Please update as each new CCCE assumes this position.

NAME:		Length of time as the CCCE:	
DATE: (mm/dd/yy)		Length of time as a CI:	
PRESENT POSITION: (Title, Name of Facility)		Mark (X) all that apply: ☐ PT ☐ PTA ☐ Other, specify	Length of time in clinical practice:
LICENSURE: (State/Numbers) 	APTA Credentialed CI Yes ☐ No ☐	Other CI Credentialing Yes ☐ No ☐	
Eligible for Licensure: Yes ☐ No ☐		Certified Clinical Specialist: Yes ☐ No ☐	
Area of Clinical Specialization:			
Other credentials:			

SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (Start with most current): Tab to add additional rows.

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		

SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current): Tab to add additional rows.

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO

CLINICAL INSTRUCTOR INFORMATION

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

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

Clinical Instructors

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

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

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

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

Information About the Physical Therapy Service

Number of Inpatient Beds

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

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

Number of Patients/Clients

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

INPATIENT		OUTPATIENT	
	Individual PT		Individual PT
	Student PT		Student PT
	Individual PTA		Individual PTA
	Student PTA		Student PTA
	PT/PTA Team		PT/PTA Team
	Total patient/client visits per day		Total patient/client visits per day

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.

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

Patient/Client Diagnoses

- 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%)

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

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

(1-5)	Musculoskeletal	
	Acute injury	Muscle disease/dysfunction
	Amputation	Musculoskeletal degenerative disease
	Arthritis	Orthopedic surgery
	Bone disease/dysfunction	Other: (Specify)
	Connective tissue disease/dysfunction	
(1-5)	Neuro-muscular	
	Brain injury	Peripheral nerve injury
	Cerebral vascular accident	Spinal cord injury
	Chronic pain	Vestibular disorder
	Congenital/developmental	Other: (Specify)
	Neuromuscular degenerative disease	
(1-5)	Cardiovascular-pulmonary	
	Cardiac dysfunction/disease	Peripheral vascular dysfunction/disease
	Fitness	Other: (Specify)
	Lymphedema	
	Pulmonary dysfunction/disease	
(1-5)	Integumentary	
	Burns	Other: (Specify)
	Open wounds	
	Scar formation	
(1-5)	Other (May cross a number of diagnostic groups)	
	Cognitive impairment	Organ transplant
	General medical conditions	Wellness/Prevention
	General surgery	Other: (Specify)
	Oncologic conditions	

Hours of Operation

Facilities with multiple sites with different hours must complete this section for each clinical center.

Days of the Week	From: (a.m.)	To: (p.m.)	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Student Schedule

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

- ☐ Standard 8 hour day
☐ Varied schedules

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

Staffing

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

	Full-time budgeted	Part-time budgeted	Current Staffing
PTs			
PTAs			
Aides/Techs			
Others: Specify 			

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.

☐	Administrators	☐	Massage therapists	☐	Speech/language pathologists
☐	Alternative therapies: List:	☐	Nurses	☐	Social workers
☐	Athletic trainers	☐	Occupational therapists	☐	Special education teachers
☐	Audiologists	☐	Physicians (list specialties)	☐	Students from other disciplines
☐	Dietitians	☐	Physician assistants	☐	Students from other physical therapy education programs
☐	Enterostomal /wound specialists	☐	Podiatrists	☐	Therapeutic recreation therapists
☐	Exercise physiologists	☐	Prosthetists /orthotists	☐	Vocational rehabilitation counselors
☐	Fitness professionals	☐	Psychologists	☐	Others (specify below)
☐	Health information technologists	☐	Respiratory therapists		☐

Affiliated PT and PTA Educational Programs

List all PT and PTA education programs with which you currently affiliate. Tab to add additional rows.

[illegible]

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**).

Physical Therapist		Physical Therapist Assistant	
First experience: Check all that apply. ☐ Half days ☐ Full days ☐ Other: (Specify)		First experience: Check all that apply. ☐ Half days ☐ Full days ☐ Other: (Specify)	
Intermediate experiences: Check all that apply. ☐ Half days ☐ Full days ☐ Other: (Specify)		Intermediate experiences: Check all that apply. ☐ Half days ☐ Full days ☐ Other: (Specify)	
☐ Final experience		☐ Final experience	
☐ Internship (6 months or longer)			
☐ Specialty experience			

	PT		PTA	
	From	To	From	To
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.				

	PT	PTA
Average number of PT and PTA students affiliating <u>per year</u> . Clarify if multiple sites.		

Yes	No		Comments
☐	☐	Is your clinical site willing to offer reasonable accommodations for students under ADA?	

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

Yes	No	
☐	☐	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)**

☐	Beginning of the clinical experience	☐	At mid-clinical experience
☐	Daily	☐	At end of clinical experience
☐	Weekly	☐	Other

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

☐	Written and oral mid-evaluation	☐	Ongoing feedback throughout the clinical
☐	Written and oral summative final evaluation	☐	As per student request in addition to formal and ongoing written & oral feedback
☐	Student self-assessment throughout the clinical	☐	

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

Box will expand to accommodate response.

Part II. Information for Students

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

Arranging the Experience

Yes	No		Comments
☐	☐	1. Do students need to contact the clinical site for specific work hours related to the clinical experience?	☐
☐	☐	2. Do students receive the same official holidays as staff?	☐
☐	☐	3. Does your clinical site require a student interview?	☐
		4. Indicate the time the student should report to the clinical site on the first day of the experience.	☐
☐	☐	5. Is a Mantoux TB test (PPD) required? a) one step _____ (✓ check) b) two step _____ (✓ check) If yes, within what time frame?	☐
☐	☐	6. Is a Rubella Titer Test or immunization required?	☐
☐	☐	7. Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:	☐
		8. How is this information communicated to the clinic? Provide fax number if required.	☐
		9. How current are student physical exam records required to be?	☐
☐	☐	10. Are any other health tests or immunizations required on-site? If yes, please specify:	☐
☐	☐	11. Is the student required to provide proof of OSHA training?	☐
☐	☐	12. Is the student required to provide proof of HIPAA training?	☐
☐	☐	13. Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.	☐
☐	☐	14. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	☐
☐	☐	15. Is the student required to have proof of health insurance?	☐
☐	☐	16. Is emergency health care available for students?	☐
☐	☐	a) Is the student responsible for emergency health care costs?	☐
☐	☐	17. Is other non-emergency medical care available to students?	☐
☐	☐	18. Is the student required to be CPR certified? (Please note if a specific course is required).	☐

Yes	No		Comments
☐	☐	a) Can the student receive CPR certification while on-site?	☐
☐	☐	19. Is the student required to be certified in First Aid?	☐
☐	☐	a) Can the student receive First Aid certification on-site?	☐
☐	☐	20. Is a criminal background check required (eg, Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.	☐
☐	☐	21. Is a child abuse clearance required?	☐
☐	☐	22. Is the student responsible for the cost or required clearances?	☐
☐	☐	23. Is the student required to submit to a drug test? If yes, please describe parameters.	☐
☐	☐	24. Is medical testing available on-site for students?	☐
		25. Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.)	☐

Housing

Yes	No		Comments
☐	☐	26. Is housing provided for male students? (If no, go to #32)	☐
☐	☐	27. Is housing provided for female students? (If no, go to #32)	☐
		28. What is the average cost of housing?	☐
		29. Description of the type of housing provided:	☐
		30. How far is the housing from the facility?	☐
		31. Person to contact to obtain/confirm housing:	☐
		Name:	
		Address:	
		City: State: Zip:	
		Phone: E-mail:	

Yes	No		Comments
		32. If housing is not provided for either gender:	
☐	☐	a) Is there a contact person for information on housing in the area of the clinic? Please list contact person and phone #.	
☐	☐	b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.	

Transportation

Yes	No		Comments
☐	☐	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?	_____ miles
		b) Subway station?	_____ miles
		c) Bus station?	_____ miles
		d) Airport?	_____ miles
		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. (eg, Delorme , Microsoft , Yahoo , Mapquest).	

Meals

Yes	No		Comments
☐	☐	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

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

Special Information

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

Other Student Information

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

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.

Clinical Performance Instrument Form (CPI)



New to the CPI 3.0?

Welcome to APTA's Clinical Performance Instrument 3.0!

For questions about the instrument, APTA username or password issues contact CPI@apta.org or call 800-999-2782 and select menu option 4.

If you receive a user role error message, please contact the administrator for the educational program with which you are affiliated to verify the email address used for CPI 3.0 log-in.

Visit <https://learningcenter.apta.org/cpi> to take the CPI 3.0 training course prior to log-in.

Completed the CPI 3.0 Training?

Log in at: <https://cpi.apta.org/dashboard>

Sample Student Contact Form



Student Contact Form

Student name			
Date of occurrence			
Meeting date			
Academic advisor name			
Faculty name <i>(Use electronic signature)</i>			
Semester of program			
Course number/name			
Professional <i>Click on box(es) to select area(s) of concern</i>	☐	Commitment to Learning / Use of Feedback	
	☐	Interpersonal Skills / Communication Skills	
	☐	Effective use of Time & Resources / Stress Management	
	☐	Problem Solving / Critical Thinking	
	☐	Professionalism / Responsibility	
	☐	Core Values	
Academic <i>Click on box(es) to select area(s) of concern</i>	☐	Class Attendance	
	☐	Absent from Examinations	
	☐	Low Scores on Examinations	
	☐	Missing Assignments	
	☐	Late / Incomplete Assignments	
	☐	Low Scores on Assignments	
	☐	Other	
Meeting details			
STUDENT Planned course of action/follow-up <i>Click on box(es) to select action(s)</i>	☐	Meet with instructor	by (date)
	☐	Meet with academic advisor	by (date)
	☐	Meet with department chair	by (date)
	☐	No action required	
	☐	Other	
FACULTY Planned course of action/follow-up			
Distribution <i>Office Use Only</i>	Student Academic advisor Course instructor Department chair		

DPT Course Descriptions

All course work (lectures and laboratories) scheduled for each semester must be successfully completed prior to advancing to the next semester.

- PTH501 (0)
DPT Orientation Ferreira/Scott
The orientation course reviews the principles and practices underlying the Curriculum and Instruction of DPT Program. Mandatory for all incoming DPT students.
- PTH505 (4)
Anatomy Orrison
A comprehensive study of human anatomy with emphasis on the nervous, skeletal, muscle, and circulatory systems. Introduction to basic embryology and its relation to anatomy and the clinical sciences concludes the course. Provides a solid morphological basis for a synthesis of anatomy, physiology, and the physical therapy clinical sciences. Co requisite: PTH515.
- PTH510 (3)
PT Assessment Skills DeLeon
Introduction to assessment principles and examination skills utilized in all areas of physical therapy. The PT Guide to Physical Therapy Practice is referenced for the basic skills required in the assessment, intervention and documentation guidelines. Co requisite: PTH520.
- PTH515 (3)
Anatomy Lab Orrison
Dissection and identification of structures in the cadaver supplemented with the study of charts, models, prosected materials and radiographs are utilized to identify anatomical landmarks and configurations. Co requisite: PTH505.
- PTH516 (3)
Pathokinesiology Stallard
The study of human movement including an introduction to the basic concepts of biomechanics with an emphasis on human joint/muscle structures and function, advancing to analysis of body mechanics, normal gait analysis, and pathological movement analysis. Joint abnormalities will be identified using radiographs, related to the resultant movement dysfunction. Prerequisites: PTH505 and 515. Co requisite: PTH526.
- PTH518 (2)
General Medicine Green
Clinical techniques applied to the examination, evaluation, treatment, and discharge planning of patients in general medical and acute care. Emphasis on physical therapy intervention with relevant factors, management of pain and physical complications during medical treatment, and examination and treatment of special populations including wound and burn care. Co requisite: PTH528.
- PTH520 (3)
PT Assessment Skills Laboratory DeLeon
Basic examination skills including surface palpation of specific underlying muscle and bone structures, joint motion (goniometry), manual procedures for testing muscle strength, sensation, vital signs, limb girth and volumetric measurement will be practiced. Clinical application in basic physical therapy care procedures will be introduced. Co requisite: PTH510.
- PTH525 (3)
Therapeutic Interventions Allyn
Basic principles, physiologic effects, indications and contraindications, application and usage of equipment, and intervention rationale for hydrotherapy, thermal agents, wound care, massage, electrotherapy and mechanotherapy (traction) and other therapeutic interventions. Co requisite: PTH535.
- PTH526 (2)
Pathokinesiology Laboratory Stallard/Hess
Biomechanical and observational analysis of normal and abnormal human movement. Integration of basic examination skills with gait and movement analysis. Prerequisites: PTH505 and 515. Co requisites: PTH516.

- PTH528 (1)
General Medicine Laboratory Green
Practice in assessment modified for the acute-care environment. Applications include home-and work-
place evaluation for architectural barriers, functional evaluation tools, casting, and modification of
treatment for acute care including goal setting and professional note writing. Co requisite: PTH518.
- PTH530 (3)
Pathophysiology I Orrison
Sequence studying disease processes affecting major body systems and the resulting anatomical and
pathophysiological changes. Clinical presentations and pharmacological treatment of patients with those
disease processes are presented, as well as diagnostic tests and laboratory values used to identify
pathological conditions. Prerequisites: PTH505 and 515.
- PTH535 (2)
Therapeutic Interventions Lab Hess
Supervised practicum includes patient positioning and application of the therapy to obtain desired
physiological response. Techniques of hydrotherapy, thermal agents, wound care, and massage, as well
as specific electrotherapy and mechanotherapy treatments and assessment of physiological responses
to those treatments. Co requisite: PTH525.
- PTH540 (2)
Pathophysiology II Orrison
Sequence studying disease processes affecting major body systems and the resulting anatomical and
pathophysiological changes. Clinical presentations and pharmacological treatment of patients with those
disease processes considered, as well as diagnostic tests and laboratory values used to identify
pathological conditions. Prerequisites: PTH505 and 515.
- PTH560 (2)
Topics in Comparative Religion Tompkins
This course surveys the major religious traditions of the world. Study includes an overview of origins;
major philosophical and theological underpinnings; typical aspects of worship and ethics; and major
social, cultural, and political influences. Study is done from a consciously Christian framework.
- PTH565 (2)
Neuroscience & Motor Control Orrison
An examination of the basic anatomy and function of the central and peripheral nervous system with an
emphasis on those structures involved in the control of human movement. Students are introduced to
terminology and concepts associated with normal and abnormal function of selected areas of the
neuaxis. This course provides the foundation for the neurology sequence.
Prerequisites: PTH505 and 515.
Co requisite: PTH575.
- PTH575 (1)
Neuroscience & Motor Control Lab Lee
Study of the prosected central and peripheral nervous tissues, models, and charts. Imaging will be used
to compare normal to abnormal CNS presentation. Portions of lab will concentrate on making
connections between neurologic structures and their role in controlling human movements.
Prerequisites: PTH505 and 515. Co requisite: PTH565.
- PTH580 (1)
Introduction to Orthopedic Physical Therapy Almeter
Medical lectures covering selected topics in orthopedics, including common orthopedic diseases and the
use of diagnostic testing and imaging in the orthopedic field. History taking and subjective examinations
are taught.

- PTH601 (2)
Orthopedics I Almeter
Presentation of fundamental physical therapy knowledge in the assessment and intervention of a patient with both acute and chronic conditions of the extremities. Screening of the cervical and lumbar spine as well as progressing to complete assessment and treatment of extremity joint pathologies. Diagnostic tests and results pertinent to the orthopedic patient are related to physical therapy differential diagnosis. Co requisite: PTH611.
- PTH602 (2)
Orthopedics II Allyn
A continuation of the presentation of information regarding orthopedic pathology of the spine with emphasis on treatment techniques for the different pathologies from a physician and physical therapist's perspective. A decision-making model focusing on a differential diagnosis is incorporated throughout the course. Co requisite: PTH612.
- PTH610 (2)
Therapeutic Exercise Stallard
Examines the systemic responses to exercise as related to both an acute nature and in response to training. Specific pathological conditions are discussed in relation to exercise testing and prescription, and a clinical decision-making process is presented for working with additional pathological conditions. Co requisite: PTH620.
- PTH611 (2)
Orthopedics I Laboratory Almeter
Clinical application and practice in the special techniques to assess and treat acute and chronic orthopedic pathologies of the extremities and spine. Taught by working through the evaluation process, by using case studies and occasionally actual patients. Co requisite: PTH601.
- PTH612 (2)
Orthopedics II Laboratory Allyn
Designed for practice of the special techniques required in the assessment of intervention of acute and chronic orthopedic pathologies of the cervical, thoracic, and lumbar spine. Co requisite: PTH602.
- PTH616 (1)
Scholarly Inquiry and Dissemination Katuli
Introduction to the principles and practice of research including research and null hypothesis, research questions, research design, research ethics and IRB protocol, sampling, validity and reliability, methodology, hypothesis testing and critical evaluation of physical therapy literature. Knowledge of the concepts needed for writing a graduate research proposal is interwoven throughout this course to prepare students for the Capstone Project.
- PTH617 (1)
Scholarly Inquiry and Dissemination Katuli
Application of the principles and practice of research, including designs, IRB, ethics, hypothesis testing and critical evaluation of clinical literature as they relate to preparation of the Capstone Research Project. Preparation and development of a graduate research proposal is interwoven throughout this course.
- PTH620 (2)
Therapeutic Exercise Laboratory Stallard
Practical demonstration and experience with responses to exercise, testing procedures, and exercise prescription, focusing on activities appropriate for clinical situations. Tests and interventions noted in the PT Guide to Practice are highlighted. Co requisite: PTH610.
- PTH622 (1)
Research Statistics Katuli
Fundamental procedures in collecting, summarizing, presenting, analyzing, and interpreting statistical data. Statistical tests applied to medical specialties. Prerequisite: Co requisite: PTH632.
- PTH625 (2)
Cardiopulmonary Orrison

Lectures covering selected topics in cardiopulmonary medicine, focusing on clinical presentation, diagnostic tests, and medical and physical therapy interventions. Co requisite: PTH635.

PTH627 (1)
Orthotics and Prosthetics Stallard

Prosthetic management of upper- and lower-limb amputee, orthotic management of patients with disabilities requiring orthotic intervention, and application/management of orthotic-traction devices. Co requisite: PTH637.

PTH632 (1)
Research Statistics Laboratory Katuli

Practice in the computation of statistical data using appropriate formulas. Practical applications of techniques in research and statistical computations including probability, normal distribution, Chi Square, correlations, and linear regressions. Co requisite: PTH622.

PTH635 (1)
Cardiopulmonary Laboratory Orrison/Green

Emphasis on physical therapy assessment and intervention with cardiac and pulmonary patients. Practice of relevant techniques, such as stress testing, percussion, pulmonary function tests and breathing techniques, as well as other techniques identified in the Physical Therapy Guide to Practice. Co requisite: PTH625.

PTH637 (1)
Orthotics and Prosthetics Laboratory Stallard

Practice of the physical therapy techniques required in the application of orthotic and prosthetic devices. Special attention given to gait and function. Selected topics such as wheelchair modifications, miscellaneous ortho-rehab apparatus, and other assistive/adaptive devices included. Co requisite: PTH627.

PTH640 (2)
Pediatrics Pawielski

An overview of embryologic development, followed by normal infant/child development to 5 years of age with an emphasis on motor development. Identification of assessment techniques for infants and children with normal and abnormal development. Description of various pediatric pathologies encountered in physical therapy with appropriate corresponding assessment and treatment approaches. Co requisite: PTH650.

PTH645 (3)
Physical Therapy Administration and Leadership Aerts/Birmingham

A study of the organizational structures, operations, and financing of healthcare delivery institutions and an examination of the organization and interrelationship of their professional and support elements. Application of current health care management strategies and theory are related to the acute-care facility and independent practice.

PTH646 (2)
Spirituality in Healthcare Dent

A discussion of spiritual values from a Christian perspective, how faith and spirituality facilitate the healing process, and how these can be incorporated into patient care. Attention will be given to discerning and addressing the spiritual needs of patients/clients, family members, and ancillary medical staff in a professional environment.

PTH647 (2)
Differential Diagnosis Allyn

Analysis of the decision-making process, with special focus on clinical guidelines, Physical Therapy Guide to Practice, and differential diagnosis. Differential diagnosis is addressed through comparison of systemic signs and symptoms, as well as appropriate diagnostic tests which may indicate involvement of a problem outside of the scope of PT practice.

PTH650 (2)

Pediatrics Lab	Pawielski
Practice of physical therapy assessment of the infant/child that address different developmental domains. Practice in the special techniques required in assessment and treatment of pediatric patients diagnosed with selected pathologies. Introduces current treatment approaches, such as Neurodevelopmental Treatment (NDT), with their effects on treatment goals. Co requisite: PTH640.	
PTH651	(2)
Neurology I	Lee
Review of basic neurophysiological mechanisms specific to nervous system dysfunction, related to clinical concepts in treatment of conditions affecting the nervous system, such as spinal cord injury, head injury, stroke, and selected peripheral pathologies. Emphasis on comparing and contrasting facilitation techniques. Co requisite: PTH661.	
PTH652	(2)
Neurology II	Lee
Continuation of Neurology I, focusing on assessment of and intervention in selected neurologic conditions. Common treatment techniques are compared, with rationale for use of each. Co-requisite: PTH662.	
PTH661	(2)
Neurology I Laboratory	Lee
Clinical application, rehabilitation practice, and techniques applied to nervous system dysfunction. Intervention techniques for conditions affecting the nervous system, such as spinal cord injury, head injury, stroke, and selected peripheral pathologies. Co requisite: PTH651.	
PTH662	(2)
Neurology II Laboratory	Lee
Clinical application, rehabilitation practice, and techniques applied to basic physiological and neurophysiological mechanisms specific to nervous system dysfunction. Focus on techniques appropriate for use with neurologic patients and evaluation of patient response to treatment. Prerequisite: PTH662. Co requisite: PTH652.	
PTH680-001	(2)
Clinical Practicum	Scott
Practice of the knowledge and skills developed in the classroom and laboratory in a patient-care setting. This practicum consists of an Integrated Clinical Experiences (ICE) each semester where students will have patient encounters under the supervision of a clinical faculty. ICE will consist of students being assessed for clinical skill sets, interpersonal skills, and critical thinking progression. Schedule TBD	
PTH711	(1)
Clinical Reasoning I, Musculoskeletal	Almeter
A course intended to enhance the skills associated with clinical reasoning within the Physical Therapy setting. It will address the thought process that enter into every aspect of patient care in the practice of physical therapy, from the history, to the physical exam; the differential diagnosis to the development of the prognosis; the plan of intervention to the eventual discharge. Corequisite: PTH721	
PTH712	(1)
Clinical Reasoning II, Neuromuscular	Lee
A continuation of PTH711 Clinical Reasoning I. Prerequisite: PTH711 Corequisite: PTH722	
PTH721	(1)
Clinical Reasoning I Laboratory, Musculoskeletal	Almeter
A continuation of PTH721 Clinical Reasoning I. Labs are designed to reinforce specific skills (evaluative or therapeutic) applicable to each lecture topic and add advanced exercises and treatments not previously covered. Corequisite: PTH711	
PTH722	(1)
Clinical Reasoning II, Neuromuscular	Lee
A continuation of PTH712 Clinical Reasoning I Laboratory. Prerequisite: PTH712 Corequisite: PTH721	

PTH726	(2)
Geriatrics	Stallard
Study of the unique characteristics of the geriatric patient, especially the physiological, psychological and social aspects, related to special needs in the physical therapy assessment, plan of care, and intervention.	
PTH736	(3)
Psychosocial Issues in Healthcare	Baltazar
An introduction to psychosocial responses to illness and disability, especially the interpersonal relationships between the therapist, the family and the patient. Common psychiatric disorders are discussed along with their clinical diagnosis, treatment regimes, projected outcomes and methods for handling these responses in clinical situations.	
PTH 743	(3)
Health Promotion & Wellness	DeLeon
An exploration of the role of the physical therapist in teaching, learning and leadership in the classroom, clinical setting and community. Examination and application of education theory and skills. Analysis and application of prevention, health promotion, wellness and fitness for individuals, groups and communities. Identification of personal strengths and preferred leadership styles, and applications of personal and interpersonal principles of leadership. Synthesis of the role of Physical Therapist's in teaching, learning and leadership through design and integration of a community assessment and prevention of disability service project.	
PTH765	(1)
Ethical & Legal Issues in Healthcare	TBD
Contemporary ethical issues are examined, including the relationships among peers, superiors, subordinates, institutions, clients, and patients. Illustrations include actual cases related to Christian biblical principles.	
PTH768	(1)
Professional Compendium	TBD
Summarization of previous or added learning experiences relative to contemporary issues in physical therapy. An overview of the new graduate's role and responsibility to his/her patients and their families, employers, and community in the expanding physical therapy profession.	
PTH770	(0)
Oral Comprehensive Examination	Almeter
PTH799	(1,1,1)
Research Project (topic)	Katuli
Provides students with guidelines and supervision for data collection, analysis, thesis preparation and oral presentation. To be repeated to 3 credits.	
PTH870	(0)
Written Comprehensive Examination	Orrison
PTH880	(1)
PT Seminar	Ferreira
Preparation of a personal portfolio, assessment of clinical experiences and preparation for professional licensure.	
PTH885 886,887	(6,6,6)
Clinical Experience I, II, III,	(Scott)
Advanced full-time clinical experience (12 weeks each) in a variety of professional practice settings. One of the clinical experiences must be in outpatient orthopedics, inpatient, and a neurology setting. Thirty-six to forty hours per week. May be repeated.	

INDEX

Absence, Excused Clinical	25	Goals, Faculty	3
Absence, Unexcused Clinical	25	Goals, Program	3
Accommodation, Disability	13	Goals, Student	3
Accreditation Standards	17	Grievance, Clinical Instructor Procedure	12
Attire, Clinical	29	Grievance, Student Clinical Procedure	12
Background Checks	21	Guidelines for Clinical Education	20
Background Checks, Fingerprinting and Drug Testing	21	Health Examinations	21
Calendar 2016	35	Health Insurance	30
Calendar 2017	37	HIPAA	13
Calendar 2018	39	History, Andrews	1
Cardiopulmonary Resuscitation	21	History, PT Dept	3
SCCE, definition	19	Human Subjects	13
CI, definition	20	Individual Rights and Safety	10
Clinical Absences	25	Information Release Form	96
Clinical Conferences	24	Informed Consent	11
Clinical Education Agreement	40	Clinical experience Instructions	73
Clinical Education Agreement, definition	19	Interruption of Clinical Experiences	28
Clinical Education Experiences, definition	19	Master Record of the Clinical Education Experience	106
Clinical Education Faculty, definition	19	Medical Evaluation Form	45
Clinical Education Goals and Experience Form	24	Mission, AU	1
Clinical Education Site, definition	20	Mission, PT	1
Clinical Education, definition	19	Mission, SHP	1
Clinical Facility Requirements	21	Name Tags	22
Clinical Experience Instructions	73	Ombudsperson	13
Clinical Experience Request Form	43	Performance, Satisfactory Clinical	26
Clinical Objectives	6	Performance, Unsatisfactory Clinical	27
Clinical Performance Instrument Form XE "CPI form" (CPI)	129	Personal Injury Procedure	14
Clinical Performance Instrument, (CPI)	26	Personal Injury Report	44
Clinical Site Information Form (CSIF)	23, 108	Philosophy, Curriculum Plan	2
Clinical Site Selection	22	Philosophy, DPT Graduate	2
Complaint Procedure	10	Philosophy, PT	1
Conduct in the Clinical Setting	29	Physical Therapist Student Evaluation (PTSE)	26
Confidential Student Information	24	Physical Therapist Student Evaluation Part A&B (PTSE XE "PTSE Form")	74
Core Values	1, 18	Physicals	21
Course Description Outline	17	Policies and Procedures Review	17
CPI	26	Pre-Clinical Education Exam	24
CPI form	129	Professional Behaviors	17
CSIF form	108	Professional Behaviors Assessment Form	83
Curriculum Outline 2026	34	Professional Behaviors Definitions	81
Curriculum Outline 2027	36	Professional Behaviors Self-Assessment	26
Curriculum Outline 2028	38	Professional Expectations	17
Curriculum Track	33	Protected Information	13
DCE, definition	19	PT Student Dress Policy	29
Definitions	19	PTSE	26
Discrimination and Harassment	13	PTSE Form	74
Dress Policy, Clinical	29	Registration and Financial Clearance	30
Dropping Out	11	Registration Procedures	17
Drug Testing	21	Return of the Evaluation Forms	26
Drug-Free Workplace	14	Rights and Privileges of Clinical Faculty	10
Entry Level, definition	20	Risk Situations	11
Evaluation of Student Performance	25	Satisfactory Clinical Performance	26
Face Sheet	48	Skills, Behavioral	6
Faculty & Staff	9	Skills, Cognitive	5
Faculty, Clinical	10	Skills, Communication	5
Fingerprinting	21	Skills, Psychomotor	4
Glossary of Terms	19	Slot Request Form	43

Special Request Form	47	Syllabus PTH680 Clinical Practicum	50
Student Expenses.....	30	Syllabus PTH885 Clinical Experience I	54
Student Goals and Experience Form	49	Syllabus PTH886 Clinical Experience II	58
Student Information Form (Face Sheet).....	48	Syllabus PTH887 Clinical Experience III	63
Student Learning Outcomes	3	Technical Standards of Performance	4
Student Photographs	22	Universal Precautions	14
Student Problem Resolution.....	11	Unsatisfactory Clinical Performance	27
Student Rights and Responsibilities	11	Vision, PT	1
Student's Record of the Clinical Education			
Experience Information – Clinical Experience			
I&II	100		