WKU. DOCTOR OF PHYSICAL THERAPY

DPT Program
Clinical Education Manual

2013

Western Kentucky University is accredited by Southern Association of Colleges & Schools, Commission on Colleges (SACS, COC) to award associate, baccalaureate, master, specialist, and doctoral degrees. For questions regarding accreditation the Commission on Colleges can be contacted at 1866 Southern Lane, Decatur, GA 30033-4097 or phone (404) 679-4500.

Graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; phone; 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

Western Kentucky University is seeking accreditation of a new physical therapist education program from CAPTE. The program has submitted an Application for Candidacy, which is the formal application required in the pre-accreditation stage. Submission of this document does not assure that the program will be granted Candidate for Accreditation status. Achievement of Candidate for Accreditation status is required prior to implementation of the professional/technical phase of the program; therefore, no students may be enrolled in professional/technical courses until Candidate for Accreditation status has been achieved. Further, though achievement of Candidate for Accreditation status signifies satisfactory progress toward accreditation, it does not assure that the program will be granted accreditation.

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Preface

Students in the Doctor of Physical Therapy (DPT) Program are students at Western Kentucky University (WKU). Therefore, DPT students are expected to comply with the regulations and academic standards specified in the most current edition of the WKU Student Handbook. Additionally, this DPT Program Student Manual provides information regarding policies, procedures, and requirements specific to the WKU DPT Program. Students enrolled in the DPT Program are expected to be familiar with the information in this Manual, the Clinical Education Manual, and acknowledge such by signing the form "ACKNOWLEDGMENT OF RECEIPT" found in the back of the Manual *after* having reviewed it.

WKU reserves the right to change any provision or requirement, including fees, contained in this informational document at any time with or without notice. Please read this DPT Program Student Manual carefully. Questions related to the content of this Manual should be directed to the Program Director.

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Program Director Information

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Accreditation

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Welcome and Introduction to the DPT Program at Western Kentucky University

Welcome to the WKU DPT Program! After an exhaustive review of your past achievements and a personal interview, you have been selected as one of our students. This reflects our confidence in your potential to become a competent and ethical physical therapist general practitioner who will be able to deliver quality patient care in a variety of clinical settings.

During the first year, your education will include a combination of classroom and laboratory activities designed to give you a strong background in basic sciences, such as human anatomy, neuroanatomy, pathophysiology, and general neurological and orthopaedic principles. You will also learn about the principles of assessment and be introduced to many of the therapeutic techniques commonly used in rehabilitation scenarios.

The second year of study will combine traditional didactic instruction with a case study approach. Some of your classroom time will be spent working in small, problem-solving groups. Each group will spend greater time discussing cases typically seen by physical therapists in clinical settings such as orthopaedics, neurology, pediatrics, geriatrics, etc. You will learn how to evaluate a case using appropriate examination tools and to develop specific interventions. This strategy is one method of helping you to integrate the knowledge you have gained and apply it to actual clinical situations.

Another method of integration will be through clinical affiliations of various lengths (6 to 13 weeks). These will begin during the fall semester of the second year of the DPT curriculum. You will be given the opportunity to work in and experience the varied scope of practice available to physical therapists. In keeping with our University and Program missions, you will also have at least 1 clinical rotation in a rural setting.

Your education is a process that builds on previously learned information. Each segment is critical for guiding you into a profession that is rapidly changing and wide in scope. The first step in this process is to become thoroughly familiar with our Program. The purpose of this Manual is to introduce you to our mission and to inform you of what is expected of you as a student. There is also general information that will answer most of your questions. Become familiar with the Manual and keep it for your reference.

We are here to help you achieve the goal of becoming an effective, caring practitioner. We hope that you will feel free to come to us at any time with problems and suggestions. **And now, we invite you to accept the challenge!**

Yours in good health,

Harvey Wallmann, PT, DSc, SCS, ATC, CSCS
Director and Professor
Western Kentucky University
Doctor of Physical Therapy Program

Purpose of Clinical Education Manual

The purpose of the Western Kentucky University Doctor of Physical Therapy (WKU DPT) Clinical Education Manual is to inform students, Center Coordinators of Clinical Education (CCCE), and Clinical Instructors (CI) about the Clinical Education Policies, Procedures, and Expectations associated with the WKU DPT Program. The information contained within this manual is intended to provide information and guidelines for decision-making by all parties associated with the WKU DPT clinical education program. This manual is intended to supplement the following: WKU University Handbook, WKU DPT Student Manual, and clinical affiliation published policy/procedure handbooks. We hope this manual will be helpful to facilitate communication and unite the efforts of the clinical facility, clinical faculty, the student, and the WKU DPT Program to create a superior clinical experience that is educational and rewarding for all individuals involved.

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DPT Program Director Contact Information

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Western Kentucky University Mission Statements

Institution Mission Statement

Western Kentucky University prepares students to be productive, engaged, and socially responsible citizen-leaders of a global society. It provides research, service, and lifelong learning opportunities for its constituents. WKU is responsible for stewarding a high quality of life for those within its reach.

College Mission Statement

The mission of the College of Health and Human Services (CHHS) is to provide diverse educational opportunities leading to excellence in Health and Human Services for a global community.

Core values of the CHHS are:
Collaboration, Lifelong Learning, Scholarship, Integrity, Service, Diversity, Excellence, Accountability, Professionalism, Engagement, and Globalization

DPT Program Mission Statement

The mission of the WKU DPT Program is to serve the health care and preventative needs of the Commonwealth of Kentucky, including the rural and under-served areas, by developing culturally competent, caring, and autonomous physical therapists who will engage in critical thinking, evidence-based practice, professional behavior, life-long learning, and community/professional service.

Overview of the Doctor of Physical Therapy (DPT) Program

Program Goals

The goals of the DPT Program are as follows:

1. To prepare physical therapists who are generalists and who demonstrate competence, integrity, ethics, professional behaviors, and empathetic attitudes in their practices.
2. To help students develop the habits of self-education that will foster lifetime growth and are necessary to function in interdisciplinary healthcare settings.
3. To facilitate the development of graduates who possess an appreciation of the role of clinical research in contemporary, autonomous physical therapy practice.
4. To prepare graduates who demonstrate active engagement and leadership – particularly in rural and underserved areas -- in interdisciplinary healthcare settings during and after the program in physical therapy.
5. To research, design, and implement curriculum and instructional strategies that encourage maximum engagement and preparation of students for clinical practice and professional responsibility.
6. To advance the profession and practice of physical therapy through research, scholarly activities, and community service in collaboration with other professionals.
7. To serve as a regional site for the administration of continuing education, conferences, and workshops as a means of providing a support system for rural and underserved practitioners and patients.

Program Outcomes

Expected Student Outcomes:

1. Program graduates will demonstrate competence in physical therapy knowledge and clinical skills.
2. Program graduates will demonstrate integrity, ethics, professional behaviors, and empathetic attitudes in their practices.
3. Program graduates will demonstrate habits of self-education related to physical therapy practice.
4. Program graduates will disseminate the results of scholarly activity in local, regional, national, and/or international venues.
5. Program graduates will demonstrate active engagement and leadership in professional and community arenas.

Expected Faculty Outcomes:

6. Program faculty will demonstrate evidence of best practices in the areas of curriculum design, implementation, and/or evaluation.
7. Program faculty will disseminate the results of research activities in local, regional, national, and/or international venues.

8. Program faculty will demonstrate active engagement and leadership in professional and community arenas.
9. Program faculty will facilitate the provision of continuing education, conferences, and workshops for healthcare professionals.

DPT Program Educational Philosophy

The educational philosophy of the WKU DPT Program is founded in the mission, objectives, and core values as set forth by the CHHS and is fundamentally related to the broader educational objectives of WKU. WKU has the mission of providing learning experiences for living as well as for learning, resulting in comprehensive academic programs designed to give students the personalized attention they need to lead fulfilling lives and have successful careers. The purposes of general education courses in undergraduate curricula are to assist students by providing a breadth of educational experiences within baccalaureate degrees. Through the completion of such general education requirements, students are expected to develop, synthesize, and internalize personal values; increase awareness and develop a more global perspective of the human condition and adapt to the total human environment; strengthen basic skills in communication and computation; and integrate general and career specific learning. These attributes are hallmarks of a University education and widely accepted as educational experiences which often prompt lifelong learning.

The faculty of the WKU DPT Program believes learning is a lifelong process that requires active participation of both the teacher and the student within an open and supportive learning environment. A wide range of teaching methodologies is utilized within the DPT curriculum, meeting the needs and objectives of this educational program and building upon the baccalaureate learning experiences noted above. The general education courses selected as prerequisites of this Program provide DPT students with a foundational knowledge base in the areas of communication, behavioral sciences, human biology, statistics, and physical sciences. It is essential that physical therapists be open-minded, reflective individuals who possess broad interests, understand human nature, and have the capacity to critically analyze ideas. Physical therapy is a licensed profession dedicated to the promotion of wellness, optimal human health and function, and prevention of disability for any individual in any setting. The faculty of the DPT Program believes that individuals are entitled to high quality health care and that consumers should have a decision-making role in the utilization of health care services. Due to constantly changing environments within the health care system, the physical therapist must be flexible and holistic in the approach to the delivery of health care. As a result, the faculty of the DPT Program believe that the curriculum should be designed to provide the student with opportunities to develop problem-solving skills, clinical and research competence, professional values and behaviors, managerial skills, and effective communication skills in an effort to understand and function within dynamic health care environments and to develop strategies used to be able to seek new interventions. In addition, we believe it is necessary to promote an understanding and acceptance of the diversity of individuals of various cultures, races, and religions encountered in health care environments and society at large.

The two major components of the professional education curriculum are academic and clinical experiences. The faculty of the DPT Program believes the two components should be planned and implemented to be interdependent and to reinforce one another. The academic setting is designed to provide the information and theoretical basis that is then integrated and expanded in the clinical setting. However, clinical competence will be verified in the classroom as well as in the clinical setting, as clinical components are integrated into the curriculum to allow students to utilize their knowledge and develop skills in anticipated of rotation experiences completed within a supervised clinical education setting.

The faculty of the DPT Program believes that a competency-based curriculum is the most effective for assessing both a student's performance level and his or her readiness to work as a physical therapist in clinical environments. To verify clinical competency, students will be required to successfully complete – in addition to traditional written examinations – a series of "check-offs" and "practical examinations" throughout the curriculum. Competency-based

performance evaluation ensures that 1) learning experiences and assessments are organized around the major clinical behaviors that must be exhibited by the students at entry into the profession; and 2) spiraling learning experiences throughout the curriculum enhance the acquisition, utilization, and retention of concepts and skills necessary for competent entry-level practice. The initial focus of the physical therapy curriculum is on normal human function in conjunction with theory-based information and the introduction of problem-solving skills and critical thinking necessary for competent practice as a licensed physical therapist. As the curriculum advances, case study learning is introduced and expanded; this encourages students to problem-solve and analyze patient cases that are increasingly more complex in terms of pathology and psychosocial issues, as is commonly the case in contemporary healthcare scenarios. Repetition of key information, reinforcement of theory and hands-on practice, and the incorporation of a variety of teaching styles and methods of learning as a way of developing critical thinking and inquiry, are areas emphasized to promote full retention of material and attain proficiency in entry-level competencies. Development of coping strategies, appropriate oral and written communication skills, and understanding the roles of members of the health care team are also areas integrated and regularly reinforced throughout the educational experience.

The faculty of the DPT Program believes it is our responsibility to 1) establish assessment tools relevant to didactic and clinical education performance within the scope of practice for a physical therapist, 2) evaluate student performance consistently and fairly, and 3) provide feedback and guidance to the students regarding their performance. In turn, an equal or greater responsibility is placed on the students for their own learning through self-study, reflection, research, and presentation. The students are also responsible for making choices and accepting the consequences of those choices.

DPT Program Curriculum Overview

The organization of the curricular content has been designed around several clearly identified horizontal themes that are expressed throughout the curriculum, resulting in a solid integration of courses. Particular attention has been given to the vertical integration of the curriculum as well, enhancing the student's assimilation of learning. Horizontal integration refers to the increasing complexity of subject matter throughout the DPT Program, whereas vertical integration is defined as the thematic curricular organization within a given semester.

The commitment of this Program is to provide students with an intellectual environment enabling them to develop the skills necessary to become competent, autonomous practitioners. Integral to this environment are fundamental objectives that form the basis of the curriculum. These fundamental objectives are greatly influenced by manuscripts such as the Guide to Physical Therapy Practice and the Normative Model of Physical Therapy Education, which provide all physical therapy educators with something of a conceptual blue print for professional education in physical therapy.

First, professional education in physical therapy should include a strong emphasis on the foundational (i.e., anatomy, physiology, kinesiology, biomechanics, exercise physiology, exercise, neurosciences, pharmacology, and pathology), behavioral (i.e., communication, ethics, management and finance, teaching and learning, and evidence-based practice), and clinical sciences (i.e., orthopaedic, neuromuscular, cardiopulmonary, etc.). This content is taught by the faculty of the DPT Program.

Second, physical therapy is a clinical science. Thus, students must learn a systematic approach to physical therapy diagnoses, examination, establishing goals, developing interventions, assessing outcomes, and modifying treatments for patient progression. Since it cannot be assumed that these skills will be learned simply through immersion in clinical affiliations, they need to be developed prior to exposure to the clinical environment and thus are explicitly integrated into the academic curriculum. Moreover, to obtain clinical efficacy, students must be skilled in clinical reasoning based on critical analysis of the literature to guide them in their treatment approaches. The specific objectives and desired outcomes of the educational process are assessed throughout the curriculum via assessment of student clinical competencies, evaluated through methods such as written tests, practical examinations, and check-offs, all of which are integral to the learning experience. Expected levels of competency are defined by the faculty, assessed by the faculty, and self-assessed by the students at each stage of the curriculum. Curricular objectives are classified for purposes of testing as relating to (1) knowledge base (written exams), (2) clinical skills (practical exams and check offs), (3) clinical reasoning and analysis (written exams, practical exams, check offs, and assignments), and (4) professional behavior (group interaction, written and oral communications, participation in class activities, and patient handling skills). After graduation, a Post Education Assessment tool is used to identify the effectiveness of the learning experience and serves as feedback to address any deficiencies inherent to the DPT Program.

Third, the teaching of the science of physical therapy is organized around the "common language" set forth in the International Classification of Functioning, Disability, and Health. Also commonly known as the ICF Model – approved and advocated by the World Health Organization (WHO) – it is a widely used classification system for the health components which impact function and disability, and is structured on the following broad components: body functions and structures, activities and participation, and severity and environmental factors. A major advantage of the ICF Model for both clients and health professionals is the integration of the medical and social aspects of health condition, rather than focusing on diagnosis as diagnosis reveals little about one's functional abilities.

Fourth, integrating clinical scenarios into didactic instruction is a fundamental cornerstone of the DPT curriculum and includes learning experiences throughout the curriculum to enhance acquisition, utilization, and retention of concepts and skills necessary for entry-level practice. This is achieved, in part, via the use of case-study-based educational methodology. Implemented more so in the second year, students will work in small groups, whereby they are given clinical problems carefully designed to assist them in meeting unit objectives. Clinical reasoning and critical analysis in physical therapy are high-level cognitive skills that are best learned within a self-directed, learner-centered framework. Case-study-based learning provides this framework by enabling students to integrate basic and clinical science, clinical reasoning, and critical analysis for a particular clinical problem. This pedagogical approach of requiring DPT students to incrementally handle more clinically challenging cases reaches its culmination within the clinical education rotations integrated throughout the academic curriculum.

Fifth, as part of our mission, the unique needs of underserved and rural populations are addressed. Emphasis in this curriculum is placed on serving the rural and underserved areas of the Commonwealth of Kentucky. Students learn the eclectic nature of rural physical therapy via placement in at least one rural health clinical affiliation. The importance of networking with other disciplines, functional rehabilitation, time management, travel considerations, dealing with life threatening emergencies, and involvement of family members in intervention planning are all goals identified in this experience.

Sixth, it is important to realize the necessity of research to validate practices within the profession of physical therapy. Research concepts need to be integrated in order for students to develop critical thinking skills, thus providing them with the ability to research and organize information relevant to the practice of physical therapy. Students are taught to critically evaluate published research at a number of points within the curriculum. For example, students are introduced to such processes within the research course sequence, and these professional skills are reinforced through the curriculum via the integration of relevant research findings into the courses which address the clinical practice patterns identified within practice of physical therapy. Students are then given the opportunity to complete a research project by developing a research question with a faculty member, performing a literature review, and conducting the research study. Another option would be to aid a faculty member through participation in new or on-going projects. Furthermore, as a final culminating experience, the students must prepare and orally defend their research project. A primary aim of this emphasis is to provide students with the critical thinking skills necessary to integrate research findings on an ongoing basis into contemporary physical therapy practice.

Seventh, professional behavior is expected from all students. Specific behaviors have been delineated and are emphasized during interaction with other students, faculty, clinicians, and patients. Inconsistencies in students' behaviors with respect to the professional behaviors as outlined will be brought to the students' attention in an effort to make them cognizant of potential problems that may be encountered in a professional environment.

Eighth, the clinical practice of physical therapy should reflect the art as well as the science of our profession. This includes respect for differences related to age, gender, culture, ethnicity, race, and religion. This is achieved in part by tailoring our communication and treatment design for each patient and his/her family.

As a whole, these learning experiences serve as the cornerstone that produces competent, autonomous practitioners. Students enter this curriculum with a strong foundational background in basic sciences and humanities that are the hallmarks of a baccalaureate degree earned in a University environment. They are then challenged in intentional and iterative ways over a three year period to handle increasingly more complex clinical scenarios. These educational experiences provide graduates of this DPT program with the life-long learning skills necessary to function as autonomous physical therapy practitioners within healthcare environments of the 21st century.

DPT Degree Curriculum: Plan of Study

Summer 1	Credit	Summer 2	Credit	Fall	Credit	January	Credit	Spring	Credits
1st Year									
DPT 700 Orientation to Physical Therapy	1	**DPT 712** Principles of Physical Assessment II	2	**DPT 713** Principles of Physical Assessment III	2	**DPT 715** Patient Care Techniques	3	**DPT 737** Neurophysiology	3
DPT 711 Principles of Physical Assessment I	1	**DPT 722** Gross Human Anatomy II	2	**DPT 724** Pathophysiology	4			**DPT 738** Motor Control	2
DPT 720 Gross Human Anatomy I	2	**DPT 723** Gross Human Anatomy II Lab	1	**DPT 726** Orthopaedic Foundations	3			**DPT 742** Diagnostic Testing and Imaging	2
DPT 721 Gross Human Anatomy I Lab	1			**DPT 728** Clinical Exercise Physiology	2			**DPT 746** Orthopaedic Assessment	4
				DPT 736 Neuroanatomy	3			**DPT 760** Professional Issues	2
				DPT 781 Research in Physical Therapy	3			**DPT 782** Research in Physical Therapy II	3
Credits	5	Credits	5	Credits	17	Credits	3	Credits	16
2nd Year									
DPT 714 Fundamentals of Therapeutic Exercise	2	**DPT 702** Cultural and Rural Issues	1	**DPT 705** Topics in Physical Therapy	1			**DPT 729** Pharmacology in Physical Therapy	3
DPT 783 Research in Physical Therapy III	3	**DPT 740** Physical Modalities	3	**DPT 770** Orthopaedic Rehabilitation	4			**DPT 745** Wound Care	2
		DPT 772 Cardiopulmonary Rehabilitation	2	**DPT 771** Neurological Rehabilitation	4			**DPT 762** Physical Therapy Management and Administration	3
				DPT 751 Supervised Clinical Education I (Last 6 weeks)	4			**DPT 774** Spine Assessment and Intervention	3
								DPT 779 PT across the Lifespan	3
								DPT 784 Research in Physical Therapy IV	1
Credits	5	Credits	6	Credits	13			Credits	15
3rd Year									
DPT 752 Supervised Clinical Education II (7 week session)	5	**DPT 727** Health Promotion and Wellness	2	**DPT 753** Supervised Clinical Education III (First 10 weeks)	7			**DPT 754** Supervised Clinical Education IV (13 weeks)	9
		DPT 747 Women's Health in PT	2	**DPT 775** Differential Diagnosis	4			**DPT 790** PT Seminar	1
		DPT 748 Prosthetics and Orthotics	2	**DPT 785** Research in Physical Therapy V	1				
Credits	5	Credits	6	Credits	12			Credits	10

Total Credits: 118

DPT Program Course Descriptions

DPT 700 Orientation to Physical Therapy (1 Credit)
Provide the student with an orientation to the physical therapy profession including specific clinical education policies and procedures and clinical placement. Prerequisites: Open only to DPT students in good standing.

DPT 702 Cultural and Rural Issues (1 Credit)
The unique needs of rural populations are addressed, as are the implications of individual and cultural differences in physical therapy. Prerequisites: Open only to DPT students in good standing.

DPT 705 Topics in Physical Therapy (1 Credit)
Forum to disseminate information to students on contemporary professional issues in physical therapy. Prerequisites: Open only to DPT students in good standing.

DPT 711 Principles of Physical Assessment I (1 Credit)
Introduction to basic patient assessment skills, including surface palpation and vital signs. Prerequisites: Open only to DPT students in good standing.

DPT 712 Principles of Physical Assessment II (2 Credits)
Additional patient assessment skills, including manual muscle testing, reflex testing, sensory testing, and abdominal quadrant screening. Prerequisites: Open only to DPT students in good standing.

DPT 713 Principles of Physical Assessment III (2 Credits)
Additional patient assessment skills, including goniometry, posture, anthropometric measures, with an introduction to patient history and documentation in SOAP note format. Prerequisites: Open only to DPT students in good standing.

DPT 714 Fundamentals of Therapeutic Exercise (2 Credits)
A theoretical and practical approach to Therapeutic Exercise and Functional Training as it applies to all populations. Prerequisites: Open only to DPT students in good standing.

DPT 715 Patient Care Techniques (3 Credits)
Performance and application of positioning skills, bed mobility, transfers, and gait training techniques (including assistive devices) across the continuum of care. Prerequisites: Open only to DPT students in good standing.

DPT 720 Gross Human Anatomy I (2 Credits)
The study of gross human anatomy, including muscle, tendon, ligament, and vascular supply of the upper and lower extremities. Open only to DPT students in good standing. Co-requisites: DPT 721.

DPT 721 Gross Human Anatomy I Lab (1 Credit)
Gross human anatomy cadaver lab with supervised dissection and exploration of muscle, tendon, ligament, and nerve innervation of the upper and lower extremities. Prerequisites: Open only to DPT students in good standing. Co-requisites: DPT 720.

DPT 722 Gross Human Anatomy II (2 Credits)
The study of gross human anatomy, including muscle, tendon, ligament, innervation and vascular supply of the head, neck, trunk, pelvic, thoracic, and abdominal regions. Prerequisites: Open only to DPT students in good standing. Co-requisites: DPT 723.

DPT 723 Gross Human Anatomy II Lab (1 Credit)
Gross human anatomy cadaver lab with dissection of muscle, tendon, ligament, innervation, and vascular supply of head, neck, trunk, pelvic, thoracic, and abdominal regions. Prereqisites: Open only to DPT students in good standing. Co-requisites: DPT 722

DPT 724 Pathophysiology (4 Credits)
Fundamentals of physiology and pathology related to diseases causing abnormal movement patterns or capabilities. Processes and diseases most frequently encountered in physical therapy practice emphasized. Prerequisites: Open only to DPT students in good standing.

DPT 726 Orthopaedic Foundations (3 Credits)
Principles of orthopaedic physical therapy including biomechanics, applied anatomy, and osteokinematic and arthrokinematic concepts. Musculoskeletal system investigation from histological, structural, and functional perspectives. Prerequisite: Open only to DPT students in good standing.

DPT 727 Health Promotion and Wellness (2 Credits)
This course will create a forum to prepare students for clinical competencies regarding health promotion/wellness as it relates to physical therapy. Prerequisites: Open only to DPT students in good standing.

DPT 728 Clinical Exercise Physiology (2 Credits)
Overview of the physiologic responses of the human body to exercise and training in normal and patient populations. Prerequisites: Open only to DPT students in good standing.

DPT 729 Pharmacology in Physical Therapy (3 Credits)
Actions and effects of pharmaceutical agents commonly encountered in physical therapy clinical practice. Prerequisites: Open only to DPT students in good standing.

DPT 736 Neuroanatomy (3 Credits)
Anatomy of the central and peripheral nervous systems, emphasizing structure and functional relationships in normal and pathological states. Prerequisites: Open only to DPT students in good standing.

DPT 737 Neurophysiology (3 Credits)
The study of human motor and sensory neurophysiology, cognitive and learning neurophysiology, neuropathophysiology, and neuroplasticity. Prerequisites: Open only to DPT students in good standing.

DPT 738 Motor Control (2 Credits)
This course will prepare students to understand and apply motor control principles as it relates to physical therapy. Prerequisites: Open only to DPT students in good standing.

DPT 740 Physical Modalities (3 Credits)
The clinical application of soft tissue techniques, thermal agents, intermittent compression, continuous motion, electrical stimulation, and mechanical traction. Prerequisites: Open only to DPT students in good standing.

DPT 742 Diagnostic Testing and Imaging (2 Credits)
Presentation of diagnostic tests and interpretation of results as it applies to physical therapy evaluation, intervention, planning and treatment. Prerequisites: Open only to DPT students in good standing.

DPT 745 Wound Care (2 Credits)
Clinical practice of wound care including assessment tools, dressings, and treatment approaches. Prerequisites: Open only to DPT students in good standing.

DPT 746 Orthopaedic Assessment (4 Credits)
Evaluation and assessment of upper and lower extremity orthopaedic dysfunctions. Prerequisites: DPT 726; open only to DPT students in good standing.

DPT 747 Women's Health in Physical Therapy (2 Credits)
Discussion of physical therapy management of musculoskeletal, integumentary, cardiopulmonary, and genitourinary pathologies common to women. Prerequisites: Open only to DPT students in good standing.

DPT 748 Prosthetics and Orthotics (2 Credits)
Design, fabrication and fitting, and management of individuals requiring prosthetic and orthotic devices. Prerequisites: Open only to DPT students in good standing.

DPT 751 Supervised Clinical Education I (6 weeks) (4 Credits)
This full-time first clinical education experience provides students the opportunity to actively engage in experiential learning and develop introductory clinical competence. Students are responsible for transportation to and from off-campus experiences. Prerequisites: Open only to DPT students in good standing.

DPT 752 Supervised Clinical Education II (7 weeks) (5 Credits)
This full-time second clinical education experience provides students additional opportunities for experiential learning and further development of clinical competence. Students are responsible for transportation to and from off-campus experiences. Prerequisites: Open only to DPT students in good standing.

DPT 753 Supervised Clinical Education III (10 weeks) (7 Credits)
The third full-time clinical education experience provides students opportunities for refinement of their professional behaviors and examination skills, and development of intervention techniques. Students are responsible for transportation to and from off-campus experiences. Prerequisites: Open only to DPT students in good standing.

DPT 754 Supervised Clinical Education IV (13 weeks) (9 Credits)
The fourth full-time clinical education experience provides students the opportunity to further develop skills and display clinical competence as an autonomous physical therapist. Students are responsible for transportation to and from off-campus experiences. Prerequisites: Open only to DPT students in good standing.

DPT 760 Professional Issues (2 Credits)
Principles of electrophysics and neurophysiology as they pertain to the use of therapeutic electrical stimulation. Application techniques of various electrical stimulation devices are also presented. Prerequisites: Open only to DPT students in good standing.

DPT 762 Physical Therapy Management and Administration (3 Credits)
Evaluation and assessment of upper and lower extremity orthopaedic problems. Functional anatomy, biomechanics, and evaluative manual therapy skills used to functionally diagnose orthopaedic pathologies and disorders. Prerequisites: Open only to DPT students in good standing.

DPT 770 Orthopaedic Rehabilitation (4 Credits)
Manual therapy, exercise techniques, intervention, and progressions for individuals with orthopaedic pathologies and dysfunctions. Prerequisites: Open only to DPT students in good standing.

DPT 771 Neurological Rehabilitation (4 Credits)
Emphasis on hands-on skill development, clinical reasoning, and critical analysis for treating individuals with neurologically-based movement disorders. Prerequisites: Open only to DPT students in good standing.

DPT 772 Cardiopulmonary Rehabilitation (2 Credits)
Evaluation and treatment of patients with cardiopulmonary disease and dysfunction, emphasizing the response of cardiac, circulatory and pulmonary systems to exercise. Prerequisites: Open only to DPT students in good standing.

DPT 774 Spine Assessment and Intervention (3 Credits)
Spine assessment and treatment, including mobilizations, special tests, and exercise progressions, in patients with spine dysfunction. Prerequisites: Open only to DPT students in good standing.

DPT 775 Differential Diagnosis (4 Credits)
A systems-based approach to differential screening and diagnosis to determine if further medical referral is necessary. Prerequisites: Open only to DPT students in good standing.

DPT 779 Physical Therapy across the Lifespan (3 Credits)
Examination of the factors affecting normal and pathologic development, from pediatric to geriatric. Additionally, treatment techniques appropriate to these populations will be covered. Prerequisites: Open only to DPT students in good standing.

DPT 781 Research in Physical Therapy I (3 Credits)
An introduction to clinical research in physical therapy, dealing with research design and methodology, as well as the development of a research project topic. Prerequisites: Open only to DPT students in good standing.

DPT 782 Research in Physical Therapy II (3 Credits)
Further development of the research topic, critical review of clinically relevant research literature, IRB submission, and the initiation of data collection. Prerequisites: Open only to DPT students in good standing.

DPT 783 Research in Physical Therapy III (3 Credits)
Use of SPSS for physical therapy related data analysis, including descriptive statistics, statistical inference, analysis of differences, and analysis of relationships. Prerequisites: Open only to DPT students in good standing.

DPT 784 Research in Physical Therapy IV (1 Credit)
Continuation of the Research track in Physical Therapy. Emphasis placed on data collection and application of applied research statistics. Prerequisites: Open only to DPT students in good standing.

DPT 785 Research in Physical Therapy V (1 Credit)
Continuation of the Research track in Physical Therapy, with emphasis on research project completion and preliminary presentation to research advisor. Prerequisites: Open only to DPT students in good standing.

DPT 790 PT Seminar (1 Credit)
Completion of research project with dissemination of results in manuscript form and formal presentation to faculty and area clinicians. Prerequisites: Open only to DPT students in good standing.

Clinical Education

Definitions & Terminology

Academic Coordinator of Clinical Education / Director of Clinical Education (ACCE/DCE): The physical therapy faculty member who develops, organizes, supervises, coordinates, and evaluates the clinical education component of the physical therapy curriculum.

Center Coordinator of Clinical Education (CCCE): The physical therapist (or other designated individual) employed and designated by the clinical education site to organize, administer, direct, supervise, coordinate, and evaluate the clinical education program in that facility. The CCCE is the primary contact person for the ACCE/DCE.

Clinical Instructor (CI): The physical therapist employed by the clinical education facility who is designated by the Center Coordinator of Clinical Education to provide direct instruction, supervision, and evaluation of the performance of physical therapy students in the clinical education setting. The CI is also responsible for planning and facilitating an effective clinical experience for the physical therapy student.

Affiliation Agreement/Contract: The written, legal document which defines the agreement developed between the academic facility and the clinical education facility. It outlines the rights and responsibilities of all parties.

Online Clinical Performance Instrument (Online CPI – Appendix E): An online evaluation tool, developed by the A.P.T.A., to assess student performance on 18 performance criteria representing entry level physical therapist performance. The online CPI utilizes a rating scale with 6 well-defined anchors ranging from *Advanced Beginner Performance* to *Beyond Entry-Level Performance.* The Online CPI is completed by the student and the CI at mid-term and the end of each clinical rotation experience.

Clinical Site Information Form (CSIF – Appendix B): A document which is completed by the CCCE providing information about such things as patient service areas, number of beds, background of staff members, etc. as well as pertinent student information such as availability of housing, work hours etc.

Overview and Requirements

The WKU DPT Program believes the two primary components of PT education, academic and clinical, should be planned and implemented to be interdependent and to reinforce one another. The academic setting is designed to provide the information and theory base that is integrated and expanded upon in the clinical setting. The academic curriculum is designed in an integrated fashion, combining orthopaedic and neurological sciences and theories rather than a compartmentalized approach. The clinical education component is integrated throughout the curriculum to supplement the academic portion and provide students with periodic "hands on" opportunities to implement the skills they have been learning.

Policy, DPT-P11, "Student Readiness for Clinical Education," outlines procedures to ensure that students are competent and safe to perform clinical education experiences. Students must be competent in both the classroom and laboratory settings as assessed via tests, check-offs, and practical exams. Collectively, the faculty will discuss and determine student readiness before each clinical experience.

The clinical education component consists of 4 separate full-time supervised clinical education experiences, for a total of 36 weeks. In alignment with the Missions of the Program, College, and University, serving the health related needs of those within our reach, the Commonwealth of Kentucky, and those in rural and underserved areas, the DPT Program strives to develop physical therapists prepared to do so. All students will be required to successfully complete a clinical rotation in each of the following 3 areas of practice:

- Acute Care/Hospital: Setting examples include local/community hospitals and regional medical centers (may include both inpatient and outpatient services).

- Sub-Acute/Rehabilitation: Setting examples include inpatient rehabilitation, sub-acute rehabilitation, skilled nursing facilities and long term acute care facilities.

- Outpatient: Setting examples include primarily outpatient and private practice clinics.

The Program also recommends that students complete a clinical rotation in a "Specialty" area of Physical Therapy. Setting examples include aquatics, wellness-prevention, home health, industrial/occupational health, manual therapy, pediatrics/early intervention, school systems, sports medicine, women's health, and wound care/integumentary. Clinical rotations in this specialty category may qualify as meeting the above practice setting requirements. An additional Program requirement is that students complete at least 1 of their 4 rotations in a Rural setting. Students will be reminded, via email and class discussions, of the above practice setting requirements as part of the regular clinical education assignment process. The ACCE is ultimately responsible for monitoring and ensuring each student fulfills the above requirements.

Due to the integrated nature of the curriculum, specific clinical education rotations are not required at any one specific time in the Program curriculum. The Program believes students will be adequately prepared with physical assessment, therapeutic exercise, patient care, and therapeutic modalities skills prior to their first clinical rotation to successfully complete a rotation in any of the 3 required areas. Program defined specialty rotations will not be appropriate for the first clinical education rotation. Students should be aware that any or all rotations may be scheduled outside of the Commonwealth area. Students are responsible for travel and housing costs associated with each clinical education experience.

ACCE Responsibilities

- The ACCE ensures that students are prepared for clinical education experiences by providing and discussing with students all information included within the Clinical Education Manual.

- The ACCE provides students with clinical site information and regulations on a timely basis, (immunizations, CPR, health insurance, liability insurance, etc.) allowing students sufficient time to comply and/or complete necessary forms/procedures.

- The ACCE is responsible for ensuring a sufficient number of appropriate clinical education sites are available for all clinical education experiences. Current and executed Affiliation Agreements/Contracts between WKU and the clinical sites are required to be in place before students begin clinical rotation experiences. The ACCE, in conjunction with Program and College office personnel, are responsible for ensuring the agreements are in place.

- The ACCE serves as the primary contact between the WKU DPT Program and the clinical sites/facilities.

- The ACCE assigns students to clinical education rotations according to the policies and procedures described within the Clinical Education Manual.

- The ACCE communicates regularly with clinical sites, CCCE's, & CI's when planning for and securing sites for student experiences.

- The ACCE monitors and facilitates student performance and progress toward individual and course goals/objectives. This includes completing mid-term visits or phone calls with student/CI/CEEE to discuss student performance.

- The ACCE counsels individual student's/CI's and provides educational strategies to assist with clinical performance or professional behavior areas of concern.

- The ACCE is ultimately responsible for determining and assigning student grades for clinical education rotations.

- The ACCE evaluates the effectiveness of CI/CCCE/Clinical Sites by reviewing student assessment forms and through personal experiences and observations. When areas of concern are discovered, the ACCE reports this information to the Academic Review Council (ARC) of the Program.

- The ACCE communicates all Clinical Education related information to the Department Head/Director and Core Faculty.

- The ACCE ensures that all required and necessary paperwork, assessments, and documentation are effectively and appropriately maintained.

- The ACCE is responsive to and assists with Clinical Faculty professional development.

Establishing Clinical Sites

Program Faculty, Advisory Board members, professional colleagues, and WKU alumni may recommend potential clinical education sites. Students may also recommend to the Program potential clinical education sites but they are not to contact the clinical site directly until discussions with the ACCE and recommendations/approval to do so have occurred. Work towards inquiring about and entering into an affiliation agreement with these sites will be prioritized by the ACCE, CEC, and Program. Priority will be based upon numerous factors including: unique practice settings, difficult to obtain specialties, desirable locations, or other stipends, housing, or educational opportunities.

The ACCE will contact the facility to discuss the potential for, and interest in, clinical education opportunities for WKU DPT students. It is ultimately the responsibility of the ACCE to evaluate the appropriateness of the clinical site, using the *APTA Guidelines for Clinical Education Sites* as a reference. If deemed an appropriate site, the ACCE will work with the desired clinical site contact to obtain a mutually agreed upon Affiliation Agreement between WKU and the clinical site.

When new clinical sites are being developed per current student's requests, the following timelines are required in order for students to actively pursue the clinical site:
1. Facility information must be received by the ACCE no later than six months prior to the beginning of the clinical rotation.
2. Verbal commitment from the facility must be received and work must begin on the Affiliation Agreement no later than four months prior to the beginning of the clinical rotation.
3. Completed contracts and paperwork must be completed no later than one month prior to the beginning of the clinical rotation.

If the above time frame and requirements are not achieved, the student will be counseled to find a different clinical site for the respective rotation.

Clinical Site Information Form (CSIF)

Following the agreement and execution of the Affiliation Agreement, the CCCE of the facility will be asked to complete a Clinical Site Information Form (CSIF – Appendix B). This form must be completed prior to student placements occurring. The CSIF was developed by the APTA for PT Education programs to use when gathering pertinent clinical site information. Facility and clinical faculty information is reported in this form, including: types and numbers of patients seen, number of beds, therapist information including licensure, years of experience, and areas of specialization. This form is made available to students when determining their preferred choices for future clinical education rotations.

Affiliation Agreement: Renewal & Termination

The College of Health and Human Services (CHHS) at WKU utilizes a standard "Unified Affiliation Agreement" (Appendix A) for all programs within the College. This standard agreement is for three years in length and must be renewed following the completion of the agreement period. Any edits or modifications to this agreement must be approved by the CHHS Dean's Office. In the event the clinical site/company prefers to use a different Affiliation

Agreement, it must be approved by either the CHHS Dean's Office or WKU legal counsel. The WKU DPT Program and the associated clinical site reserve the right to terminate the Affiliation Agreement effective 30 days after the receipt of a written notice to do so. Both parties reserve the right to remove a student, or ask that a student be removed, without notice if it is in the best interest of the student, the facility, or the Program.

Evaluation of Clinical Site, CI, and CCCE

Students offer formal and informal comments and feedback regarding their specific clinical education experiences. Formal evaluation of the clinical site and CI is completed when students complete the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (APTA 2010) at the end of their clinical experience (available in the Appendix F). Informally, students will give feedback regarding their clinical education experience to the ACCE during the debriefing sessions after each of their clinical rotations. The ACCE also performs informal assessments of the Clinical Site, CI, and CCCE. These informal assessments are based upon ACCE observations and personal experiences in the facilities as well as through all communications and interactions with the CI/CCCE's.

Procedures for Assigning Students to Clinical Sites

A clinical site information folder containing site information, CSIF, Student Assessment forms, and other appropriate information will be made available to the students for review. After the clinical sites respond to the voluntary uniform mailing for clinical site availability, the ACCE will compose of list of the sites available for said specific clinical rotation.

All four clinical education rotation assignments will be assigned using a modified assignment-lottery system. Students will be provided with a listing of the available sites for the specific clinical education rotation as determined above. Students will turn in their top 4 choices along with a clear justification of their selection and geographic preferences, of why they chose the specific site to the ACCE by the requested date. Students are to include any other pertinent information at this time regarding their needs.

The ACCE will take into account geographical issues/concerns when making final clinical place assignments. Some students may have more difficulty with or be unable to travel without undo difficulty and stress. The ACCE will also consider the individual needs of the student when making clinical placement decisions. The ARC may also be asked to assist the ACCE in the process. The ACCE reserves the right to place, or not to place, students at specific clinical sites for reasons that may include: medical conditions, documented disabilities that require accommodations, family commitments, anticipated personality conflicts, or other circumstances deemed appropriate by the faculty.

A student will not be placed at a clinical site where a potential conflict of interest may exist. Prior to the above assignment procedures, the ACCE will discuss conflicts of interest and review the process with the students. Each student is asked to reveal to the ACCE any sites where potential conflicts of interest may exist. Examples of potential conflicts of interest or awkward situations may include a facility:
- where the student has or is currently working in some capacity,
- that has entered into a scholarships or loan repayment plan with the student,

- where a spouse or family member is employed
- a direct competitor to a facility the student has or will have a relationship with

In situations where a conflict of interest may occur, the ACCE will visit with the student about the individual situation. If the ACCE determines the conflict of interest or potential for a conflict is present, the student will not be placed in the facility.

When several students are requesting the same site, the ACCE leans heavily on considerations for the best fit for student/site/CI as well as the individual learning needs of each student. After fully assessing the needs and considerations of each student, and all things appear to be equal between for multiple students requesting one site, a lottery/random will occur to maintain unbiased placements. Every effort will be made to accommodate student choices; however, the final decision regarding student placement will be made by the ACCE.

Information Shared with Facility

The ACCE will provide the clinical site with the following information 1 to 2 months prior to each student's clinical affiliation:

- Course syllabus specific to rotation with sample learning objectives
- General student information to include the following:
    - Background check
    - Emergency contact information
    - Proof of health and liability insurance
    - CPR certification
    - TB skin tests and hepatitis B vaccination
    - Evidence of training in universal precautions and HIPAA

Clinical Education Remediation Plan

If a clinical education problem is brought forth by a student, the following problem solving intervention/plan is to be followed. The first step in the process is to have the student discuss the issue directly with CI. If the student or ACCE do not feel a satisfactory outcome results from the initial discussion, the ACCE will discuss the situation directly with the CI. If the ACCE concludes that additional information is necessary, the ACCE will directly communicate-discuss the issues with the CCCE and CI. Following the discussion with the CCCE and CI, if the ACCE determines the issue has not been resolved, the ARC (Academic Review Committee) will be notified of the issue. This committee will review the issue/case and make appropriate recommendations and suggestions, in conjunction with the ACCE, to the involved parties, in hopes of resolving the issue. One option at this point is to place the student on Clinical Education Remediation. Remediation may result in various outcomes depending upon the issue at hand; ranging from the issuance of a learning contract, being removed from the current clinical site and being placed in another site to finish rotation, or receiving an "Incomplete" grade and being required to repeat the clinical rotation in its entirety at a different site. Should the student be required to complete the entire clinical rotation, the student will not be allowed to advance to the next clinical education course until the remediated clinical education course is satisfactorily completed. The ARC and Program Director will be notified by the ACCE of any student recommended to be placed on Clinical Education Remediation.

A similar process will occur should the clinical education issue be brought forth by the CI. The initial step will be to determine if the CI has specifically addressed the issue with the student. A progressive plan including the student, CI, CCCE, CEC, and ultimately Program Director will be followed. If appropriate, the ACCE/CEC may recommend the student be placed on Clinical Education Remediation as described above.

Communication between all parties is a point of emphasis. The ACCE is expected to establish a relationship with student/CI/CCCE that fosters open communication between all parties. Access to the ACCE is of great importance. The ACCE will be responsive to all communication, email and phone, between parties to address issues as efficiently as possible before they progress to larger concerns.

Receiving a grade of Fail in any Clinical Education rotation results in a referral to the ARC for dismissal from the Program. Refer to the Progression and Reapplication Policy in the WKU DPT Student Manual for full details.

Clinical Education Course Syllabi

DPT 751

Western Kentucky University
Department of Allied Health
Doctor of Physical Therapy Program

Course Number: DPT 751

Course Title: Supervised Clinical Education I

Credit Hours: 4

Lecture Hours: N/A

Weekly Schedule: Fall Session 2nd Year
Monday – Friday, 40 hours/week

Office Hours: TBA

Location: On-site

Instructor: Kurt Neelly, PT, PhD
Academic Coordinator of Clinical Education (ACCE)

Course Description:
This full-time first clinical education experience provides students the opportunity to actively engage in experiential learning and develop introductory clinical competence. Students are responsible for transportation to and from off-campus experiences. Prerequisite: Open only to graduate physical therapy students.

Course Objectives:
At the completion of the course content, the student will be able to:
1. Participate in the planning and preparation for the clinical experience including review of sites that are congruent with the student's needs, initiating contact with the facility once it has been reserved by the ACCE prior to arriving, as well as planning transportation and living arrangements. (CC-5.15)
2. Demonstrate ability to design an exercise program. (CC-5.39a)
3. Demonstrate the philosophy and objectives of the Program through professional behavior and knowledgeable performance in the clinic. (CC-5.11)
4. Perform a physical therapy patient examination on patients with simple conditions using appropriate screening, history, systems review, tests, and measures. (CC-5.28) (CC-5.29)
   a. Evaluate examination data to determine a diagnosis and prognosis for future patient management. (CC-5.32) (CC-5.33)
   b. Perform physical therapy interventions in a caring and competent manner. (CC-5.39)
5. Participate as an active partner in the clinical education environment by demonstrating a solid work ethic and the desire to learn and contribute on a daily basis. (CC-5.11)

6. Assist the Clinical Coordinator of Clinical Education (CCCE) and Clinical Instructor (CI) in designing a beneficial learning experience addressing the specific needs of the student. (CC-5.11)
7. Utilize multiple learning styles to further develop problem-solving skills and technical competence. (CC-5.19)
8. Apply concepts of teaching and learning theories in designing, implementing, and evaluating learning experiences used in the education of patients, their families, the community, colleagues, and other health care practitioners.
9. Make changes in the clinical education environment with appropriate communication to foster optimal learning based on CI evaluation and student's introspective self-assessment. (CC-5.12) (CC-5.17)
10. Effectively and appropriately communicate with clinical faculty, colleagues, physical therapist assistants, other health care practitioners, professional staff, patients, and families to coordinate efficient and effective patient care. (CC-5.17) (CC-5.40) (CC-5.53) (CC-5.54)
11. Demonstrate professional caring, integrity, and sensitivity to the needs of the patients and staff. (CC-5.6) (CC-5.8) (CC-5.10)
12. Adhere to the Standards of Practice of the APTA and the Code of Ethics as well as state and federal laws as they relate to physical therapy and confidentiality; practice according to the specific policies and procedures of the clinical facility. (CC-5.1) (CC-5.37) (CC-5.61)
13. Safely and effectively evaluate a person with dysfunction, determine the diagnosis of the dysfunction, and appropriately establish a plan of care consistent with administrative policies and procedures with assistance and under the direct supervision of the clinical instructor. (CC-5.32) (CC-5.34) (CC-5.35) (CC-5.37) (CC-5.43)
14. Establish treatment goals in functional outcome terms within available resources and design a physical therapy plan of care to address patient problems with assistance and under the direct supervision of the clinical instructor. (CC-5.36)
15. Considering the goals of the patient, family members, payers, and other medical health team members, safely and effectively administer a physical therapy plan of care with assistance and under the direct supervision of a clinical instructor. (CC-5.34) (CC-5.35)
16. Accurately delineate the rationale for evaluation and treatment strategies proposed and/or implemented through application of current knowledge to determine best care for a patient. (CC-5.20) (CC-5.23)
17. Accurately document evaluations, treatment goals, interventions, and re-evaluations and complete all necessary paperwork for the clinical affiliation in a timely fashion as required by the practice setting. (CC-5.42)
18. Discuss and, if necessary, demonstrate ability to respond effectively and appropriately to emergency situations in the practice setting. (CC-5.44)
19. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. (CC-5.29) (CC-5.30) (CC-5.31)
20. Educate others (such as patients, caregivers, staff, students, physical therapist assistants, other health care providers) using relevant and effective teaching methods in a culturally competent manner. (CC-5.26) (CC-5.40) (CC-5.41)
21. Synthesize the impact of social, cultural, geographical, and demographic factors on the delivery of physical therapy services. (CC-5.18)
22. Demonstrate knowledge of and sensitivity to the needs for accountability, cost effectiveness of services provided, and the efficiency and efficacy of various treatment interventions. (CC-5.36)
    a. Participate in billing and reimbursement activities as required by the clinical facility. (CC-5.2) (CC-5.58)
23. Utilize evidence to provide an in-service education program for the clinical center staff on a topic of mutual interest for an appropriate patient population. (CC-5.22)

24. Effectively utilize on-line resources to critically reflect on patient-related topics and participate in online threaded discussion. (CC-5.21)
25. Participate in self-assessment to improve clinical and professional performance. (CC-5.4) (CC-5.12)

Evaluation Methods:

1. Clinical Performance Instrument (CPI)

Students will be evaluated by their clinical instructors using the online CPI developed by the APTA with Academic Management Systems and adopted by the Doctor of Physical Therapy Program at WKU. This will be performed at mid-term and on the final day of the affiliation. Students will also be required to self-assess their performance using the online CPI for their mid-term and final performance. Open discussion of student performance, strengths, and weaknesses should occur on a weekly basis between the CI and the student. These weekly discussions should help facilitate and determine teaching and learning methods to optimize the clinical learning experience.

CPI Performance

Students will be evaluated on all 18 performance criteria of the CPI. Students are expected to achieve the following CPI ratings:

Criteria 1-6: Intermediate
Criteria 7-15: Advanced Beginner
Criteria 16-18: Beginning Performance

2. In-service

Students are to complete an in-service presentation or project, subject being relevant to and agreed upon by the student's CI/CCCE. Electronic copies of the presentation, outline, or materials used for this presentation must be emailed to the ACCE at the completion of the clinical rotation.

3. Completion of Required Paperwork and Forms

Students are required to complete, in a timely fashion, additional paperwork and forms before, during, and at the completion of the clinical rotation. This includes the items such as: introductory letter to CI, emergency contact and profile form, facility required documentation, additional items requested by the ACCE, and the Student Evaluation of Clinical Experience and Clinical Instruction form. All forms and paperwork must be provided to the ACCE within 5 working days of the completion of the clinical rotation unless instructed otherwise by the ACCE.

Grading

This clinical experience is graded on a **pass/fail** basis. The ACCE will consider CPI ratings, comments from the CPI, completion and performance of the required in-service, timely completion of the associated required paperwork, online discussions, and forms, and input from the CI/CCCE, student, and faculty advisor when assigning student grades.

Additional Student Responsibilities:

All students are expected to conduct themselves in a professional manner in the clinical environment adhering to the standards, ethics, procedural and legal requirements pertaining to physical therapists. Students are expected to complete all assignments in an efficient and effective manner and to increase their level of clinical competence in an escalating manner during the affiliation.

Each student is expected to participate in Blackboard for DPT 751. Please refer to the Clinical Education Manual and to Blackboard for additional details.

Clinical Center Responsibilities:

The clinical faculty is expected to meet with the student on a regular basis no less than weekly and to assist the student in establishing specific goals and objectives for the affiliation. Online CPI evaluations of the student's performance are to be completed at mid-term and at the completion of the affiliation. Written evaluations may be developed at other intervals depending on the center's policies and procedures or in the event that a student is not progressing at a rate which will result in accomplishment of the objectives of this affiliation. All evaluations are to be reviewed with the student. The mid-term CPI from the CI and the student's self-evaluation should be completed online by the end of week 3 and the final evaluation should be completed online by the final day of the affiliation.

1. It is expected that the learning nature of the affiliation will take precedence over productivity. This is the student's first affiliation and they are not expected to carry the load of a staff physical therapist.

2. In the event that a student's performance is not deemed satisfactory at mid-term or any point thereafter the Clinical Instructor or Center Coordinator of Clinical Education is to notify the ACCE immediately and steps to handle the situation will be discussed on a case by case basis utilizing the Action/Remediation Plan Forms in the Clinical Education Manual.

Course Policies
1. **Refer to WKU DPT Student Manual for the following items:**
   a. Student Responsibilities
   b. Student Disability Services
   c. Copyright
   d. Academic Misconduct
   e. Religious Holidays Policy
   f. WKU Writing Center
   g. Missed Class(es)/Student

The instructor reserves the right to make changes in the course schedule as needed to accommodate guest lecturers or to alter course content.

Western Kentucky University
Department of Allied Health
Doctor of Physical Therapy Program

Course Number: DPT 752

Course Title: Supervised Clinical Education II

Credit Hours: 5

Lecture Hours: N/A

Weekly Schedule: Summer Session I 3rd Year
                             Monday – Friday, 40 hours/week

Office Hours: TBA

Location: On-site

Instructor: Kurt Neelly, PT, PhD
                             Academic Coordinator of Clinical Education (ACCE)

Course Description:
This full-time second clinical education experience provides students additional opportunities for experiential learning and further development of clinical competence. Students are responsible for transportation to and from off-campus experiences. Prerequisites: DPT 751.

Course Objectives:
At the completion of the course content, the student will be able to:
1. Participate in the planning and preparation for the clinical experience including review of sites that are congruent with the student's needs, initiating contact with the facility once it has been reserved by the ACCE prior to arriving, as well as planning transportation and living arrangements. (CC-5.15)
2. Demonstrate ability to design an exercise program. (CC-5.39a)
3. Demonstrate the philosophy and objectives of the Program through professional behavior and knowledgeable performance in the clinic. (CC-5.11)
4. Perform a physical therapy patient examination on patients with simple conditions using appropriate screening, history, systems review, tests, and measures. (CC-5.28) (CC-5.29)
   a. Evaluate examination data to determine a diagnosis and prognosis for future patient management. (CC-5.32) (CC-5.33)
   b. Perform physical therapy interventions in a caring and competent manner. (CC-5.39)
5. Participate as an active partner in the clinical education environment by demonstrating a solid work ethic and the desire to learn and contribute on a daily basis. (CC-5.11)
6. Assist the Clinical Coordinator of Clinical Education (CCCE) and Clinical Instructor (CI) in designing a beneficial learning experience addressing the specific needs of the student. (CC-5.11)
7. Utilize multiple learning styles to further develop problem-solving skills and technical competence. (CC-5.19)

8. Apply concepts of teaching and learning theories in designing, implementing, and evaluating learning experiences used in the education of patients, their families, the community, colleagues, and other health care practitioners.
9. Make changes in the clinical education environment with appropriate communication to foster optimal learning based on CI evaluation and student's introspective self-assessment. (CC-5.12) (CC-5.17)
10. Effectively and appropriately communicate with clinical faculty, colleagues, physical therapist assistants, other health care practitioners, professional staff, patients, and families to coordinate efficient and effective patient care. (CC-5.17) (CC-5.40) (CC-5.53) (CC-5.54)
11. Demonstrate professional caring, integrity, and sensitivity to the needs of the patients and staff. (CC-5.6) (CC-5.8) (CC-5.10)
12. Adhere to the Standards of Practice of the APTA and the Code of Ethics as well as state and federal laws as they relate to physical therapy and confidentiality; practice according to the specific policies and procedures of the clinical facility. (CC-5.1) (CC-5.37) (CC-5.61)
13. Educate patients/caregivers in functional training for self-care and home management as well as reintegration into the community and workforce. (CC-5.39b)
14. Safely and effectively evaluate a person with dysfunction, determine the diagnosis of the dysfunction, and appropriately establish a plan of care consistent with administrative policies and procedures with assistance and under the direct supervision of the clinical instructor. (CC-5.32) (CC-5.34) (CC-5.35) (CC-5.37) (CC-5.43)
15. Establish treatment goals in functional outcome terms within available resources and design a physical therapy plan of care to address patient problems with assistance and under the direct supervision of the clinical instructor. (CC-5.36)
16. Considering the goals of the patient, family members, payers, and other medical health team members, safely and effectively administer a physical therapy plan of care with assistance and under the direct supervision of a clinical instructor. (CC-5.34) (CC-5.35)
17. Accurately delineate the rationale for evaluation and treatment strategies proposed and/or implemented through application of current knowledge to determine best care for a patient. (CC-5.20) (CC-5.23)
18. Accurately document evaluations, treatment goals, interventions, and re-evaluations and complete all necessary paperwork for the clinical affiliation in a timely fashion as required by the practice setting. (CC-5.42)
19. Discuss and, if necessary, demonstrate ability to respond effectively and appropriately to emergency situations in the practice setting. (CC-5.44)
20. Determine with each patient the need for further examination or consultation by a physical therapist or referral to another health care professional with assistance and under the direct supervision of a clinical instructor. (CC-5.27) (CC-5.55) (CC-5.62)
    a. Participate in the case management process. (CC-5.56)
21. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. (CC-5.29) (CC-5.30) (CC-5.31)
22. Educate others (such as patients, caregivers, staff, students, physical therapist assistants, other health care providers) using relevant and effective teaching methods in a culturally competent manner. (CC-5.26) (CC-5.40) (CC-5.41)
23. Synthesize the impact of social, economic, legislative, cultural, geographical, and demographic factors on the delivery of physical therapy services. (CC-5.18)
24. Demonstrate knowledge of and sensitivity to the needs for accountability, cost effectiveness of services provided, and the efficiency and efficacy of various treatment interventions. (CC-5.36)
    a. Participate in billing and reimbursement activities as required by the clinical facility. (CC-5.2) (CC-5.58)
25. Delegate and supervise supportive personnel, such as physical therapist assistants, and assess the impact delegation has on quality patient care. (CC-5.40) (CC-5.57)

26. Utilize evidence to provide an in-service education program for the clinical center staff on a topic of mutual interest for an appropriate patient population. (CC-5.22)
27. Effectively utilize on-line resources to critically reflect on patient-related topics and participate in online threaded discussion. (CC-5.21)
28. Participate in self-assessment to improve clinical and professional performance. (CC-5.4) (CC-5.12)
29. Demonstrate understanding of professional roles and obligations through discussion of and/or participation in delivery of pro bono services, and promoting health and wellness activities. (CC-5.7) (CC-5.50)

Evaluation Methods:

1. Clinical Performance Instrument (CPI)

Students will be evaluated by their clinical instructors using the online CPI developed by the APTA with Academic Management Systems and adopted by the Doctor of Physical Therapy Program at WKU. This will be performed at mid-term and on the final day of the affiliation. Students will also be required to self-assess their performance using the online CPI for their mid-term and final performance. Open discussion of student performance, strengths, and weaknesses should occur on a weekly basis between the CI and the student. These weekly discussions should help facilitate and determine teaching and learning methods to optimize the clinical learning experience.

CPI Performance

Students will be evaluated on all 18 performance criteria of the CPI. Students are expected to achieve the following CPI ratings:
Criteria 1-6: Intermediate
Criteria 7-15: Intermediate
Criteria 16-18: Advanced Beginner

2. In-service

Students are to complete an in-service presentation or project, subject being relevant to and agreed upon by the student's CI/CCCE. Electronic copies of the presentation, outline, or materials used for this presentation must be emailed to the ACCE at the completion of the clinical rotation.

3. Completion of Required Paperwork and Forms

Students are required to complete, in a timely fashion, additional paperwork and forms before, during, and at the completion of the clinical rotation. This includes the items such as: introductory letter to CI, emergency contact and profile form, facility required documentation, additional items requested by the ACCE, and the Student Evaluation of Clinical Experience and Clinical Instruction form. All forms and paperwork must be provided to the ACCE within 5 working days of the completion of the clinical rotation unless instructed otherwise by the ACCE.

Grading

This clinical experience is graded on a **pass/fail** basis. The ACCE will consider CPI ratings, comments from the CPI, completion and performance of the required in-service, timely completion of the associated required paperwork, online discussions, and forms, and input from the CI/CCCE, student, and faculty advisor when assigning student grades.

<u>Additional Student Responsibilities:</u>

All students are expected to conduct themselves in a professional manner in the clinical environment adhering to the standards, ethics, procedural and legal requirements pertaining to physical therapists. Students are expected to complete all assignments in an efficient and effective manner and to increase their level of clinical competence in an escalating manner during the affiliation.

Each student is expected to participate in Blackboard for DPT 752. Please refer to the Clinical Education Manual and to Blackboard for additional details.

<u>Clinical Center Responsibilities:</u>

The clinical faculty is expected to meet with the student on a regular basis no less than weekly and to assist the student in establishing specific goals and objectives for the affiliation. Written evaluations of the student's performance are to be completed at mid-term and at the completion of the affiliation. Written evaluations may be developed at other intervals depending on the center's policies and procedures or in the event that a student is not progressing at a rate which will result in accomplishment of the objectives of this affiliation. All evaluations are to be reviewed with the student. The mid-term CPI from the CI and the student's self-evaluation should be completed online by the end of week 3 and the final evaluation should be completed online by the final day of the affiliation.

It is expected that the learning nature of the affiliation will take precedence over productivity. This is the student's second affiliation and he/she may be expected to carry up to 50% of a patient load of a new graduate staff physical therapist by the end of the affiliation.

In the event that a student's performance is not deemed satisfactory at mid-term or any point thereafter the Clinical Instructor or Center Coordinator of Clinical Education is to notify the ACCE immediately and steps to handle the situation will be discussed on a case by case basis utilizing the Action/Remediation Plan Forms in the Clinical Education Manual.

<u>Course Policies</u>
1. **Refer to WKU DPT Student Manual for the following items:**
   a. Student Responsibilities
   b. Student Disability Services
   c. Copyright
   d. Academic Misconduct
   e. Religious Holidays Policy
   f. WKU Writing Center
   g. Missed Class(es)/Student

The instructor reserves the right to make changes in the course schedule as needed to accommodate guest lecturers or to alter course content.

Western Kentucky University
Department of Allied Health
Doctor of Physical Therapy Program

Course Number: DPT 753

Course Title: Supervised Clinical Education III

Credit Hours: 7

Lecture Hours: N/A

Weekly Schedule: Fall Session 3rd Year
Monday – Friday, 40 hours/week

Office Hours: TBA

Location: On-site

Instructor: Kurt Neelly, PT, PhD
Academic Coordinator of Clinical Education (ACCE)

Course Description:
The third full-time clinical education experience provides students opportunities for refinement of their professional behaviors and examination skills, and development of intervention techniques. Students are responsible for transportation to and from off-campus experiences. Prerequisites: DPT 752.

Course Objectives:
At the completion of the course content, the student will be able to:
1. Participate in the planning and preparation for the clinical experience including review of sites that are congruent with the student's needs, initiating contact with the facility once it has been reserved by the ACCE prior to arriving, as well as planning transportation and living arrangements. (CC-5.15)
2. Demonstrate ability to design an exercise program. (CC-5.39a)
3. Demonstrate the philosophy and objectives of the Program through professional behavior and knowledgeable performance in the clinic. (CC-5.11)
4. Perform a physical therapy patient examination using appropriate screening, history, systems review, tests, and measures. (CC-5.28) (CC-5.29)
   a. Evaluate examination data to determine a diagnosis and prognosis for future patient management. (CC-5.32) (CC-5.33)
   b. Perform physical therapy interventions in a caring and competent manner. (CC-5.39)
5. Participate as an active partner in the clinical education environment by demonstrating a solid work ethic and the desire to learn and contribute on a daily basis. (CC-5.11)
6. Assist the Clinical Coordinator of Clinical Education (CCCE) and Clinical Instructor (CI) in designing a beneficial learning experience addressing the specific needs of the student. (CC-5.11)

7. Utilize multiple learning styles to further develop problem-solving skills and technical competence. (CC-5.19)
8. Apply concepts of teaching and learning theories in designing, implementing, and evaluating learning experiences used in the education of patients, their families, the community, colleagues, and other health care practitioners.
9. Make changes in the clinical education environment with appropriate communication to foster optimal learning based on CI evaluation and student's introspective self-assessment. (CC-5.12) (CC-5.17)
10. Effectively and appropriately communicate with clinical faculty, colleagues, physical therapist assistants, other health care practitioners, professional staff, patients, and families to coordinate efficient and effective patient care. (CC-5.17) (CC-5.40) (CC-5.53) (CC-5.54)
11. Demonstrate professional caring, integrity, and sensitivity to the needs of the patients and staff. (CC-5.6) (CC-5.8) (CC-5.10)
12. Adhere to the Standards of Practice of the APTA and the Code of Ethics as well as state and federal laws as they relate to physical therapy and confidentiality; practice according to the specific policies and procedures of the clinical facility. (CC-5.1) (CC-5.37) (CC-5.61)
13. Educate patients/caregivers in functional training for self-care and home management as well as reintegration into the community and workforce. (CC-5.39b)
14. Safely and effectively evaluate a person with dysfunction, determine the diagnosis of the dysfunction, and appropriately establish a plan of care consistent with administrative policies and procedures under the direct supervision of the clinical instructor. (CC-5.32) (CC-5.34) (CC-5.35) (CC-5.37) (CC-5.43)
15. Establish treatment goals in functional outcome terms within available resources and design a physical therapy plan of care to address patient problems under the direct supervision of the clinical instructor. (CC-5.36)
16. Considering the goals of the patient, family members, payers, and other medical health team members, safely and effectively administer a physical therapy plan of care under the direct supervision of a clinical instructor. (CC-5.34) (CC-5.35)
17. Accurately delineate the rationale for evaluation and treatment strategies proposed and/or implemented through application of current knowledge to determine best care for a patient. (CC-5.20) (CC-5.23)
18. Re-evaluate and determine the efficacy/outcomes of treatment intervention under the direct supervision of a clinical instructor; discuss modifications to the treatment plan as indicated. (CC-5.38) (CC-5.48)
    a. Analyze results from outcomes measures to assess individual outcomes of the patient/client. (CC-5.47)
    b. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. (CC-5.45-CC-5.49)
19. Accurately document evaluations, treatment goals, interventions, and re-evaluations and complete all necessary paperwork for the clinical affiliation in a timely fashion as required by the practice setting. (CC-5.42)
20. Discuss and, if necessary, demonstrate ability to respond effectively and appropriately to emergency situations in the practice setting. (CC-5.44)
21. Determine with each patient the need for further examination or consultation by a physical therapist or referral to another health care professional. (CC-5.27) (CC-5.55) (CC-5.62)
    a. Participate in the case management process. (CC-5.56)
22. Display commitment to professional growth by seeking learning experiences outside of direct patient care and demonstrating professional behavior in all patient care experiences. (CC-5.16)
23. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. (CC-5.29) (CC-5.30) (CC-5.31)

24. Educate others (such as patients, caregivers, staff, students, physical therapist assistants, other health care providers) using relevant and effective teaching methods in a culturally competent manner. (CC-5.26) (CC-5.40) (CC-5.41)
25. Synthesize the impact of social, economic, legislative, cultural, geographical, and demographic factors on the delivery of physical therapy services. (CC-5.18)
26. Demonstrate knowledge of and sensitivity to the needs for accountability, cost effectiveness of services provided, and the efficiency and efficacy of various treatment interventions. (CC-5.36)
    a. Participate in billing and reimbursement activities as required by the clinical facility. (CC-5.2) (CC-5.58)
27. Delegate and supervise supportive personnel, such as physical therapist assistants, and assess the impact delegation has on quality patient care. (CC-5.40) (CC-5.57)
28. Utilize evidence to provide an in-service education program for the clinical center staff on a topic of mutual interest for an appropriate patient population. (CC-5.22)
29. Effectively utilize on-line resources to critically reflect on patient-related topics and participate in online threaded discussion. (CC-5.21)
30. Participate in self-assessment to improve clinical and professional performance. (CC-5.4) (CC-5.12)
31. Demonstrate understanding of professional roles and obligations through discussion of and/or participation in delivery of pro bono services, and promoting health and wellness activities. (CC-5.7) (CC-5.50)

Evaluation Methods:

1. Clinical Performance Instrument (CPI)
Students will be evaluated by their clinical instructors using the online CPI developed by the APTA with Academic Management Systems and adopted by the Doctor of Physical Therapy Program at WKU. This will be performed at mid-term and on the final day of the affiliation. Students will also be required to self-assess their performance using the online CPI for their mid-term and final performance. Open discussion of student performance, strengths, and weaknesses should occur on a weekly basis between the CI and the student. These weekly discussions should help facilitate and determine teaching and learning methods to optimize the clinical learning experience.

CPI Performance
Students will be evaluated on all 18 performance criteria of the CPI. Students are expected to achieve the following CPT ratings:
    Criteria 1-6: Advanced Intermediate
    Criteria 7-15: Advanced Intermediate
    Criteria 16-18: Advanced Intermediate

2. In-service
Students are to complete an in-service presentation or project, subject being relevant to and agreed upon by the student's CI/CCCE. Electronic copies of the presentation, outline, or materials used for this presentation must be emailed to the ACCE at the completion of the clinical rotation.

3. Completion of Required Paperwork and Forms
Students are required to complete, in a timely fashion, additional paperwork and forms before, during, and at the completion of the clinical rotation. This includes the items such as: introductory letter to CI, emergency contact and profile form, facility required documentation, additional items requested by the ACCE, and the Student Evaluation of Clinical Experience and

Clinical Instruction form. All forms and paperwork must be provided to the ACCE within 5 working days of the completion of the clinical rotation unless instructed otherwise by the ACCE.

Grading

This clinical experience is graded on a **pass/fail** basis. The ACCE will consider CPI ratings, comments from the CPI, completion and performance of the required in-service, timely completion of the associated required paperwork, online discussions, and forms, and input from the CI/CCCE, student, and faculty advisor when assigning student grades.

Additional Student Responsibilities:

All students are expected to conduct themselves in a professional manner in the clinical environment adhering to the standards, ethics, procedural and legal requirements pertaining to physical therapists. Students are expected to complete all assignments in an efficient and effective manner and to increase their level of clinical competence in an escalating manner during the affiliation.

Each student is expected to participate in Blackboard for DPT 753. Please refer to the Clinical Education Manual and to Blackboard for additional details.

Clinical Center Responsibilities:

The clinical faculty is expected to meet with the student on a regular basis no less than weekly and to assist the student in establishing specific goals and objectives for the affiliation. Written evaluations of the student's performance are to be completed at mid-term and at the completion of the affiliation. Written evaluations may be developed at other intervals depending on the center's policies and procedures or in the event that a student is not progressing at a rate which will result in accomplishment of the objectives of this affiliation. All evaluations are to be reviewed with the student. The mid-term CPI from the CI and the student's self-evaluation should be completed online by the end of week 5 and the final evaluation should be completed online by the final day of the affiliation.

It is expected that the learning nature of the affiliation will take precedence over productivity. This is the student's third affiliation and he/she may be expected to carry up to 75% of a patient load of a new graduate staff physical therapist by the end of the affiliation.

In the event that a student's performance is not deemed satisfactory at mid-term or any point thereafter the Clinical Instructor or Center Coordinator of Clinical Education is to notify the ACCE immediately and steps to handle the situation will be discussed on a case by case basis utilizing the Action/Remediation Plan Forms in the Clinical Education Manual.

Course Policies
1. **Refer to WKU DPT Student Manual for the following items:**
   a. Student Responsibilities
   b. Student Disability Services
   c. Copyright
   d. Academic Misconduct
   e. Religious Holidays Policy
   f. WKU Writing Center
   g. Missed Class(es)/Student

The instructor reserves the right to make changes in the course schedule as needed to accommodate guest lecturers or to alter course content.

DPT 754

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Western Kentucky University
Department of Allied Health
Doctor of Physical Therapy Program

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Course Number:	DPT 754
Course Title:	Supervised Clinical Education IV
Credit Hours:	9
Lecture Hours:	N/A
Weekly Schedule:	Spring Session 3rd Year Monday – Friday, 40 hours/week
Office Hours:	TBA
Location:	On-site
Instructor:	Kurt Neelly, PT, PhD Academic Coordinator of Clinical Education (ACCE)

Course Description:

The fourth full-time clinical education experience provides students the opportunity to further develop skills and display clinical competence as an autonomous physical therapist. Students are responsible for transportation to and from off-campus experiences. Prerequisites: DPT 753.

Course Objectives:

At the completion of the course content, the student will be able to:

1. Participate in the planning and preparation for the clinical experience including review of sites that are congruent with the student's needs, initiating contact with the facility once it has been reserved by the ACCE prior to arriving, as well as planning transportation and living arrangements. (CC-5.15)
2. Demonstrate ability to design an exercise program. (CC-5.39a)
3. Demonstrate the philosophy and objectives of the Program through professional behavior and knowledgeable performance in the clinic. (CC-5.11)
4. Perform a physical therapy patient examination using appropriate screening, history, systems review, tests, and measures. (CC-5.28) (CC-5.29)
   a. Evaluate examination data to determine a diagnosis and prognosis for future patient management. (CC-5.32) (CC-5.33)
   b. Perform physical therapy interventions in a caring and competent manner. (CC-5.39h,i)
5. Participate as an active partner in the clinical education environment by demonstrating a solid work ethic and the desire to learn and contribute on a daily basis. (CC-5.11) (CC-5.15)

6. Assist the Clinical Coordinator of Clinical Education (CCCE) and Clinical Instructor (CI) in designing a beneficial learning experience addressing the specific needs of the student. (CC-5.11) (CC-5.15)
7. Utilize multiple learning styles to further develop problem-solving skills and technical competence. (CC-5.19)
8. Apply concepts of teaching and learning theories in designing, implementing, and evaluating learning experiences used in the education of patients, their families, the community, colleagues, and other health care practitioners.
9. Make changes in the clinical education environment with appropriate communication to foster optimal learning based on CI evaluation and student's introspective self-assessment. (CC-5.12) (CC-5.17)
10. Effectively and appropriately communicate with clinical faculty, colleagues, physical therapist assistants, other health care practitioners, professional staff, patients, and families to coordinate efficient and effective patient care. (CC-5.17) (CC-5.40) (CC-5.53) (CC-5.54)
11. Demonstrate professional caring, integrity, and sensitivity to the needs of the patients and staff. (CC-5.6) (CC-5.8) (CC-5.9) (CC-5.10)
12. Adhere to the Standards of Practice of the APTA and the Code of Ethics as well as state and federal laws as they relate to physical therapy and confidentiality; practice according to the specific policies and procedures of the clinical facility. (CC-5.1) (CC-5.3) (CC-5.37) (CC-5.61)
13. Educate patients/caregivers in functional training for self-care and home management as well as reintegration into the community and workforce. (CC-5.39b,c)
14. Safely and effectively evaluate a person with dysfunction, determine the diagnosis of the dysfunction, and appropriately establish a plan of care consistent with administrative policies and procedures under the direct supervision of the clinical instructor. (CC-5.32) (CC-5.34) (CC-5.35) (CC-5.37) (CC-5.43)
15. Establish treatment goals in functional outcome terms within available resources and design a physical therapy plan of care to address patient problems under the direct supervision of the clinical instructor. (CC-5.36)
16. Considering the goals of the patient, family members, payers, and other medical health team members, safely and effectively administer a physical therapy plan of care under the direct supervision of a clinical instructor. (CC-5.34) (CC-5.35)
17. Accurately delineate the rationale for evaluation and treatment strategies proposed and/or implemented through application of current knowledge to determine best care for a patient. (CC-5.20) (CC-5.23) (CC-5.25)
18. Re-evaluate and determine the efficacy/outcomes of treatment intervention under the direct supervision of a clinical instructor; discuss modifications to the treatment plan as indicated. (CC-5.38) (CC-5.48)
    a. Analyze results from outcomes measures to assess individual outcomes of the patient/client. (CC-5.47)
    b. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. (CC-5.45-CC-5.49)
19. Accurately document evaluations, treatment goals, interventions, and re-evaluations and complete all necessary paperwork for the clinical affiliation in a timely fashion as required by the practice setting. (CC-5.42)
20. Discuss and, if necessary, demonstrate ability to respond effectively and appropriately to emergency situations in the practice setting. (CC-5.44)
21. Determine with each patient the need for further examination or consultation by a physical therapist or referral to another health care professional. (CC-5.27) (CC-5.55) (CC-5.62)
    a. Participate in the case management process. (CC-5.56)

22. Display commitment to professional growth by seeking learning experiences outside of direct patient care and demonstrating professional behavior in all patient care experiences. (CC-5.16)
23. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. (CC-5.29) (CC-5.30) (CC-5.31)
24. Educate others (such as patients, caregivers, staff, students, physical therapist assistants, other health care providers) using relevant and effective teaching methods in a culturally competent manner. (CC-5.26) (CC-5.40) (CC-5.41)
25. Synthesize the impact of social, economic, legislative, cultural, geographical, and demographic factors on the delivery of physical therapy services. (CC-5.18)
26. Demonstrate knowledge of and sensitivity to the needs for accountability, cost effectiveness of services provided, and the efficiency and efficacy of various treatment interventions. (CC-5.36)
    a. Participate in billing and reimbursement activities as required by the clinical facility. (CC-5.2) (CC-5.58)
27. Delegate and supervise supportive personnel, such as physical therapist assistants, and assess the impact delegation has on quality patient care. (CC-5.40) (CC-5.57)
28. Utilize evidence to provide an in-service education program for the clinical center staff on a topic of mutual interest for an appropriate patient population. (CC-5.22) (CC-5.54)
29. Effectively utilize on-line resources to critically reflect on patient-related topics and participate in online threaded discussion. (CC-5.21)
30. Participate in self-assessment to improve clinical and professional performance. (CC-5.4) (CC-5.12) (CC-5.14)
31. Demonstrate understanding of professional roles and obligations through discussion of and/or participation in delivery of pro bono services, and promoting health and wellness activities. (CC-5.5) (CC-5.7) (CC-5.50)

Evaluation Methods:
1. Clinical Performance Instrument (CPI)
Students will be evaluated by their clinical instructors using the online CPI developed by the APTA with Academic Management Systems and adopted by the Doctor of Physical Therapy Program at WKU. This will be performed at mid-term and on the final day of the affiliation. Students will also be required to self-assess their performance using the online CPI for their mid-term and final performance. Open discussion of student performance, strengths, and weaknesses should occur on a weekly basis between the CI and the student. These weekly discussions should help facilitate and determine teaching and learning methods to optimize the clinical learning experience.

CPI Performance
Students will be evaluated on all 18 performance criteria of the CPI. Students are expected to achieve the following CPT ratings:
    Criteria 1-6: Entry Level
    Criteria 7-15: Entry Level
    Criteria 16-18: Entry Level

2. In-service
Students are to complete an in-service presentation or project, subject being relevant to and agreed upon by the student's CI/CCCE. Electronic copies of the presentation, outline, or materials used for this presentation must be emailed to the ACCE at the completion of the clinical rotation.

3. Completion of Required Paperwork and Forms

Students are required to complete, in a timely fashion, additional paperwork and forms before, during, and at the completion of the clinical rotation. This includes the items such as: introductory letter to CI, emergency contact and profile form, facility required documentation, additional items requested by the ACCE, and the Student Evaluation of Clinical Experience and Clinical Instruction form. All forms and paperwork must be provided to the ACCE within 5 working days of the completion of the clinical rotation unless instructed otherwise by the ACCE.

Grading

This clinical experience is graded on a **pass/fail** basis. The ACCE will consider CPI ratings, comments from the CPI, completion and performance of the required in-service, timely completion of the associated required paperwork, online discussions, and forms, and input from the CI/CCCE, student, and faculty advisor when assigning student grades.

Additional Student Responsibilities:

All students are expected to conduct themselves in a professional manner in the clinical environment adhering to the standards, ethics, procedural and legal requirements pertaining to physical therapists. Students are expected to complete all assignments in an efficient and effective manner and to increase their level of clinical competence in an escalating manner during the affiliation.

Each student is expected to participate in Blackboard for DPT 754. Please refer to the Clinical Education Manual and to Blackboard for additional details.

Clinical Center Responsibilities:

The clinical faculty is expected to meet with the student on a regular basis no less than weekly and to assist the student in establishing specific goals and objectives for the affiliation. Written evaluations of the student's performance are to be completed at mid-term and at the completion of the affiliation. Written evaluations may be developed at other intervals depending on the center's policies and procedures or in the event that a student is not progressing at a rate which will result in accomplishment of the objectives of this affiliation. All evaluations are to be reviewed with the student. The mid-term CPI from the CI and the student's self-evaluation should be completed online by the end of week 6 and the final evaluation should be completed online by the final day of the affiliation.

It is expected that the learning nature of the affiliation will take precedence over productivity. This is the student's final affiliation and he/she may be expected to carry up to 100% of a patient load of a new graduate staff physical therapist by the end of the affiliation.

In the event that a student's performance is not deemed satisfactory at mid-term or any point thereafter the Clinical Instructor or Center Coordinator of Clinical Education is to notify the ACCE immediately and steps to handle the situation will be discussed on a case by case basis utilizing the Action/Remediation Plan Forms in the Clinical Education Manual.

<u>Course Policies</u>
1. **Refer to WKU DPT Student Manual for the following items:**
   a. Student Responsibilities
   b. Student Disability Services
   c. Copyright
   d. Academic Misconduct
   e. Religious Holidays Policy
   f. WKU Writing Center
   g. Missed Class(es)/Student

The instructor reserves the right to make changes in the course schedule as needed to accommodate guest lecturers or to alter course content.

Students Responsibilities, Requirements, & Rights

Professional Behaviors

The Program expects DPT students to develop and demonstrate 10 professional behaviors (Appendix C) important to the practice of physical therapy. These are adopted from the work of Warren May, PT, and colleagues. "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).

Furthermore, the failure of students to exhibit Professional Behaviors at all times while in the clinic may lead towards disciplinary action. These disciplinary actions range from a Remediation-Action Plan, removal from clinical rotation, to dismissal from the Program. (Refer to the Clinical Education Remediation Plan, p. 23)

Attendance

Students are expected to follow the schedule of their CI during clinical rotations. Attendance is mandatory. Students are allowed one sick day per clinical rotation. The one sick day is for sickness or emergency, it is not a Personal Day off. Students must make all reasonable efforts to speak directly with the CI, prior to or immediately working hours, to notify them of their absence. E-mail, text messages, and voice messages are NOT the preferred avenue to call in sick. Additionally, for the first absence of the clinical rotation, the student must also contact the ACCE via e-mail, phone, or text messages prior to the work day beginning.

In the case of additional absences, students must again contact their CI and the ACCE prior to the work day. Students will be required to makeup these additional days. If the clinic, CI, or CCCE's schedule does not allow for makeup days, alternative learning experiences-assignments may be required. These alternative actions are at the discretion of the ACCE and the CEC. In cases where prolonged absences are required, the ACCE, CEC, and Program Director will assess these situations on a case by case basis to determine the appropriate course of action.

Holidays

Students are allowed to take/observe the same holidays as their clinical facility and CI, not the Holidays observed by WKU. In the event the student wishes to observe a personal or religious holiday not observed at their clinical site, the student must make arrangements with the ACCE at least 2 weeks prior to the holiday. Students may be required to make up these clinical hours.

Absence due to Inclement Weather

As a general rule, clinical experiences are not canceled because of inclement weather or local/regional emergencies. However, in those cases where student safety is a concern, students are expected to use sound judgment in the determining whether they can safely get to/from their clinical education site. Should a student suspect they cannot safely attend their clinical day due to the above conditions, they must follow the above procedures to alert the CI and ACCE of their absence. Absences due to weather or emergency conditions may be required to be made up to successfully complete the clinical rotation.

Other Attendance Issues

Additional absences in clinical education experiences may occur due to unforeseen circumstances. In these situations, it is essential the student and ACCE communicate beforehand or as soon as the circumstances are evident to determine the best course of actions. These unforeseen circumstances could include emergency family situations, educational conferences, job interviews, travel requirements, etc.

Dress Code & Appearance

The appearance and dress worn by students represents not only the students themselves, but the WKU DPT Program and WKU. Students are expected to dress professionally, wearing clothing in good taste that follows the facility dress code or expectations. Blue jeans, t-shirts with logos, tank tops, miniskirts, shorts, low cut or short tops, sweatshirts, sweat suits, etc. are not acceptable. Open-toe shoes, sandals, mules, clogs, flip flops, and high heel shoes are not acceptable.

Students should also maintain an appropriate appearance with good personal hygiene. This includes daily bathing and attention to overall appearance. Hair styles, including facial hair, should be clean and neatly groomed, long hair should be tied back, not interfering with patient/client treatment. Fingernails should be kept clean, short, and free of brightly colored polish. Makeup should be light and tasteful. Students are advised to use unscented or lightly scented shaving, perfume/cologne, and hair products to avoid causing problems for patient/clients who are allergic or sensitive to fragrances. Jewelry, body piercings, and tattoos also affect student appearance. Refer to the WKU DPT Student Manual: Dress Code for details and regulations.

The clinical site has ultimate authority to impose additional dress code, appearance, hygiene requirements. The WKU DPT program attempts to prepare the students to succeed in their clinical rotations, this includes dress, appearance, and hygiene.

ID Badge

Students are required to wear an ID badge, either WKU or facility generated, identifying them as a student physical therapist, at all times regardless of facility ID badge requirements.

Cell Phone Use

Students are not to use cell phones, for calls or texting, during patient care times, in patient care areas, or in any other manner that would interfere with patient care or clinical education activities. Any use of smart phone technology to facilitate the clinical education experience is allowed solely according to facility policy and CI discretion.

Ethical Behavior

Students are expected to practice in a manner consistent with the APTA's professional Code of Ethics (Appendix D). Students suspected of or engaging in unethical behavior will be subject to disciplinary actions according to the Clinical Education Remediation Plan (Clinical Education Manual p. 26. Students questioning or suspecting unethical behaviors occurring at the clinical site are instructed to contact the ACCE immediately. The ACCE and/or Program Director will respond to the student in a timely fashion regarding how to address the issue.

<u>Student Requirements</u>

Prior to beginning any clinical affiliation rotation, students are required to have or show proof, current certificates or copies are to be on file in the DPT Program office, of the following:

Liability Insurance
Students are required to have professional liability insurance coverage in the amount of $1,000,000/$3,000,000.

Health Insurance
Students are required to have personal health insurances.

CPR certification
Students are required to have evidence of current CPR certification.

Hepatitis B
Students are required to have evidence of a current Hepatitis B vaccination and/or titer.

TB skin test
Students are required to have evidence of a current 2-step TB skin test.

Criminal Background Check and Drug Screen
All students accepted in the WKU DPT Program are required to complete a criminal background check prior to beginning classes. The results of the check will be forwarded to clinical sites should they be requested. Students may be required to obtain additional background checks depending upon the requirements of individual clinical sites. The Program will not require students to complete a drug screen; however, clinical sites may have this requirement. Students will be required to pay for the initial and subsequent background checks and drug screens. WKU will not be involved in the formal assessment of the background check; the individual clinical site is responsible for reviewing background checks and drug screens. If a student is unable to secure an affiliation in a specific setting due to their background check and drug screen, the student may not be able to complete requirements for the DPT Program.

NOTE:
Clinical Sites reserve the right to require additional medical records, immunization records, insurance requirements, specific HIPAA or OSHA training, and more stringent back ground, alcohol and drug testing. These additional requirements are the responsibility of the individual student and not the WKU DPT Program.

Technical Standards

Physical therapy is an intellectually, physically, and psychologically demanding profession. Students acquire the foundation of knowledge, attitudes, skills and behaviors needed throughout a physical therapist's career. Those abilities that physical therapists must possess to practice safely are reflected in the Program's Technical Standards. These Abilities fall in the following categories: Observation, Communication, Motor/Psychomotor, Intellectual, and Behavioral/Social. **For successful completion of degree requirements, students must be able to meet these minimum technical standards with or without reasonable accommodation.** Refer to the Technical Standards section of the WKU DPT Student Manual for definitions and discussions of these standards.

Student Grievance Procedures

Student Grievance Procedures are detailed in the WKU DPT Student Manual. These Procedures are defined in detail in WKU Graduate Catalog and summarized as follows:

Steps Within the College
A written grievance must **first be submitted to the faculty member involved**. If the grievance is not resolved to the student's satisfaction after this initial submission, the grievance may be submitted in a step-wise fashion through the following administrative channels:

1. Head/Director.
2. College Dean.
3. College Complaint Committee.

Steps External to the College
4. University Complaint Committee.

CCCE & CI Roles, Responsibilities, & Rights

Roles

The Clinical Faculty that educate and supervise WKU DPT students are integral members of the educational process. The Clinical Faculty collaborate with the WKU DPT Program in the delivery of the clinical education portion of the Program and provide feedback to the Program, both formal and informal, regarding all aspects of clinical education and academic preparation.

Role of the Clinical Coordinator of Clinical Education (CCCE)
The Clinical Coordinator of Clinical Education (CCCE) is a staff member at the facility, not always a physical therapist, responsible for the development, coordination, and management of the clinical education program at the clinical site. The CCCE is the primary point of communication between the clinical setting and the Program and is responsible for completing and updating the CSIF and matching CI's & students.

Role of the Clinical Instructor (CI)
The Clinical Instructor (CI) is a licensed physical therapist with a minimum of one year experience as a licensed physical therapist. The primary responsibility of the CI is to provide direct supervision and clinical instruction to the student. The CI must be willing to work with students and be able to develop an appropriate learning environment for the student.

Responsibilities

The primary responsibilities of the CCCE include to:
- Serve as the key contact person for the Program ACCE for all clinical education matters.
- Facilitate and assist with the completion of the Affiliation Agreement.
- Accurately complete and update the Clinical Site Information Form (CSIF) providing current site and CI information.
- Provide the Program with current student prerequisite information, i.e., required immunizations, laboratory tests, certifications, back ground checks, screenings, etc.
- Select/Assign CI's to supervise and educate physical therapy students based on the Program's criteria and delegate clinical supervision of students to approved CI's.
- Provide, arrange, or request for CI education and training in conjunction with the ACCE.
- Oversee the orientation of the student to the clinical facility.
- Act as a liaison between the student and CI.
- Supervise the CI's performance assessment of the student, midterm and final CPI evaluations completed at a minimum.
- In conjunction with the ACCE, evaluate the effectiveness of the CI and the overall clinical education program provided by the site.
- Demonstrate effective communication skills and conduct in interpersonal relationships.
- Demonstrate effective instructional and supervisory skills.
- Demonstrate appropriate organization skills by maintaining/completing proper documentation requested by the Program.

The primary responsibilities of the CI include to:
- Develop and provide, (with input from CCCE, ACCE, and student), appropriate individual learning objectives for each student
- Plan appropriate learning experiences for each student
- Alter learning experiences based on the student's knowledge base, interests, and experience.
- Provide appropriate student supervision (on an individual basis) to ensure patient safety and facilitate optimal learning by the student.
- Provide different levels of feedback, (formal and informal) on a regular basis, to improve the student's understanding and clinical competence.
- Assess student performance, by using the CPI for midterm and final assessments.
- Practice in a legal and ethical manner, thus serving as a role model for the student.
- Demonstrate effective instructional, communication, and interpersonal skills.
- Communicate effectively with the CCCE and ACCE regarding student performance.

Rights & Privileges

The Associated Rights and Privileges afforded to Clinical Faculty include to:

- Be treated in a fair and equitable manner, with dignity, and without discrimination by all parties affiliated with the WKU DPT Program.
- Receive required and requested information from the Program in a timely manner.
- Receive clinical assignments and associated student information in a timely fashion.
- Request information, resources, and training materials regarding clinical education topics.
- Request program assistance (ACCE) in dealing with student issues or other clinical education situations/concerns.
- Attend future clinical education courses sponsored by the Program at reduced rates.
- Discuss clinical research topics with Program Faculty and possibly collaborate as a member of the research team.
- Cancel or refuse a student clinical placement without undo sanctions or repercussions from the Program.
- Terminate or dismiss a student from continuing their clinical rotation if they feel it is not in their and the students best interest, without undo sanctions or repercussions from the Program.
- Expect confidentiality of all business-communication between them and the Program.
- Provide comments and feedback to the ACCE/Program Director regarding Program curriculum and student performance.

The Clinical Faculty will also have opportunities to be involved with other aspects of the Program. Curricular review, including clinical education, Program committees, assisting with Admissions procedures, Program advisory board, etc. are all areas that clinical faculty can be involved with the Program.

Additional Clinical Education Policies and Procedures

Health Risks

During clinical rotations, students may be exposed to people with infectious diseases, chronic and degenerative diseases, and mental illness. Students will be informed of these health risks and will be provided with information regarding safety and protection as instructed in DPT 715.

Universal and Standard Precautions

All students complete Universal Precautions/Blood Borne Pathogens training in DPT 715 Patient Care Techniques, which occurs before any scheduled clinical rotations. It is the responsibility of the student and CI to review facility specific policy and procedures regarding Universal/Standard Precautions and Blood Borne Pathogens.

Patient Information and HIPAA

Prior to clinical education rotations, students will receive training on HIPAA, (Health Insurance Portability and Accountability Act), PHI (Protected Health Information), and Confidentiality. This will occur in conjunction with DPT 705 Topics in Physical Therapy, DPT 713 Principles of Physical Assessment, DPT 715 Patient Care Techniques, and DPT 782 Research II. The discussions of these topics in the above courses will provide students with the necessary knowledge to prevent violation of patient's privacy rights. Students will also be instructed to use discretion when discussing patient/client information with other *appropriate* individuals to assure that the nature of the discussion remains professional, pertains only to information clinically relevant, and cannot easily be overheard by those not involved in the patient's care.

Any other information available at the clinic, particularly that which could be considered proprietary, (e.g. treatment protocols, administrative information, etc.) is only to be used with the express consent of the facility. Violations of this policy may result in disciplinary action and may results in removal from the clinical rotation.

Emergency Procedures

The availability and access to Emergency Medical services is discussed in the standard WKU Affiliation Agreement. The clinical site is not responsible for providing or paying for medical treatment. All health care services (emergency or otherwise) that a student receives while participating in clinical education rotations will be at the expense of the individual involved.

Patient Right to Refuse Treatment

Students are required to wear an ID badge that signifies they are a student physical therapist. Furthermore, students are required to introduce themselves to patients as a student physical therapist. Patients have the right to refuse treatment from a student or refuse to participation in student training.

Incident Reports/Procedures

In the event of an accident resulting in *patient injury* during a clinical experience, the student should immediately notify the CI of the accident and follow the policies of the facility, including completing the appropriate incident report/documentation. The student is also required to notify the Program ACCE, who will determine what documentation the student/CI must submit to the school related to the incident.

Procedure for Filing a Complaint

When there is a specific complaint about a student, faculty member, or the program in general, it should be documented and submitted in writing to the Program Director. The Program Director or designee should respond to the complainant within 2 weeks of receiving the complaint. When appropriate, the Program Director or designee may consult with other University offices and personnel in addressing the complaint. In the event the Program Director is not available or if it is inappropriate for the Program Director to handle the complaint, the complaint will be forwarded to the Associate Dean of the College of Health and Human Services. All documentation regarding the complaint and any actions taken are maintained by the Program Director.

Filing a Complaint to CAPTE

Students, parents, patients, faculty, and other stakeholders may lodge a complaint regarding the DPT Program to the American Physical Therapy Association (APTA) Commission on Accreditation in Physical Therapy Education (CAPTE) to report a wrongdoing or a concern that directly involves student rights and privileges, patient/client rights, and privileges, and public safety. To contact CAPTE call 703-706-3242 or 703-683-6748 (TDD) or e-mail accreditation@apta.org. You may contact maryjaneharris@apta.org or ellenprice@apta.org. All complaints should be followed up by a written letter of complaint that is signed and dated. Mail should be sent to Ms. Mary Jane Harris, Director of Education, CAPTE 1111 N. Fairfax St. Alexandria, VA 22314.

Assessment

Student Performance

Student Clinical Performance is assessed by the CI as well as the student according to the guidelines in the course syllabi. Mid-term and Final assessments will be completed using the Online Clinical Performance Instrument (Online CPI – Appendix E). Ratings on all 18 performance criteria along with written comments will be completed. Students are also required to provide an in-service to clinical faculty while at the clinical site. Additionally, students will be expected to complete all requested paperwork and forms along with participating in online activities as directed by the ACCE.

It is the responsibility of the ACCE to provide the **pass/fail** grades for all clinical education courses. The ACCE will consider CPI ratings, comments from the CPI, completion and performance of the required in-service, timely completion of the associated required paperwork, online discussions, and forms, and input from the CI/CCCE, student, and faculty advisor when assigning student grades.

Clinical Experience/Clinical Instruction Assessment

Students will complete the APTA developed Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction Assessment (Appendix F). The information obtained from these assessments will be compiled in the Clinical Site Information folder in the Program offices.

Academic Coordinator of Clinical Education Assessment

The Academic Coordinator of Clinical Education will be assessed by multiple individuals participating in the educational process. Following each Clinical Education rotation, the respective individuals will complete the following assessment forms:
- CI & CCCE will complete the ACCE/DCE Performance Assessment CI and CCCE Survey (Appendix G)
- Students will complete the ACCE/DCE Performance Assessment Student Survey (Appendix H)

On an annual basis, the respective individuals will complete the following assessment forms:
- Core faculty will complete the ACCE/DCE Performance Assessment Faculty Survey (Appendix I)
- Program Director will complete the ACCE/DCE Performance Assessment ACCE/DCE Self-Assessment and Academic Administrator Surveys (Appendix J). The ACCE will also complete this self-assessment on an annual basis.

APPENDICES

APPENDIX A: WKU Unified Affiliation Agreement/Contract

MEMORANDUM OF AGREEMENT

BETWEEN

College of Health and Human Services, all divisions
And
Kentucky Emergency Medical Services Academy
Entities of
WESTERN KENTUCKY UNIVERSITY

AND

      THIS AGREEMENT, by and between WESTERN KENTUCKY UNIVERSITY (WKU) and   **,** signifies that both parties are desirous of cooperating in a plan to furnish education to College of Health & Human Services (CHHS) students enrolled at WESTERN KENTUCKY UNIVERSITY, or Kentucky Emergency Medical Services Academy (KEMSA) students.   The period of performance for this Agreement shall begin on or about   and shall continue through   .

      WHEREAS, WESTERN KENTUCKY UNIVERSITY has Associate, Bachelor's, Graduate, and Certificate programs in the College of Health & Human Services of WKU and which require planned learning experiences for students; and

      WHEREAS,   hereinafter referred to as Facility, has facilities, services, and personnel to provide experiences essential for quality education through the curriculum at WESTERN KENTUCKY UNIVERSITY; and

      WHEREAS, WESTERN KENTUCKY UNIVERSITY and,   will benefit from cooperating to ensure a future supply of health and human services professionals;

      THEREFORE, in consideration of the mutual covenants and conditions herein contained it is agreed, as written hereon that:

A.　　　　　　:

    1.　　　Will make available to CHHS students of WKU facilities to be used for educational purposes under the guidance and supervision of a qualified preceptor or faculty member. Said facility will be available upon a schedule agreeable to both parties.

    2.　　　Will conduct an orientation for WESTERN KENTUCKY UNIVERSITY students to ensure a working knowledge of the facility and its regulations.

    3.　　　Will be responsible for the organization, administration, staffing, operating, and financing of its services, and the maintenance of accepted standards for efficient management, patient care and/or client services, and will operate in accordance with acceptable health care standards.

    4.　　　Will provide personnel who are capable and qualified in those divisions in which students are placed.

    5.　　　The Facility will provide first aid, with appropriate calls to emergency medical services or referral to a physician to students and faculty in case of an accident or illness (including accidental needle sticks) while engaged in learning experiences. All health care (emergency or otherwise) that a student or University faculty member receives will be at the expense of the individual involved.

    6.　　　When applicable, Facility will follow all federal and state mandates regarding standard precautions, to include blood borne pathogens.

    7.　　　Will comply with The Family Educational Rights and Privacy Act (FERPA) of 1974, also known as the Buckley Amendment, which affords certain rights to students concerning educational records, and will consult with the University as appropriate concerning same. FERPA coverage includes records, files, documents, and data directly related to students.

B.　　WESTERN KENTUCKY UNIVERSITY

    1.　　　Will be responsible for the administration of educational programs and determining the final grade.

    2.　　　Will assume responsibility for providing competent faculty who shall be well qualified, meeting state licensure guidelines in the appropriate discipline, when applicable.

    3.　　　When applicable, will assume responsibility for maintaining records of students and correspondence relating to the program.

    4.　　　When applicable, will comply with the standards, licensing, and regulatory requirements of appropriate accrediting agency(ies) insofar as they pertain to the activities of the students and instructors in their placement at the facility.

    5.　　　Will provide faculty who will (a) identify student experiential needs, and (b) confer with facility personnel about the prescribed student experience as it relates to the course(s) in which each student is enrolled.

    6.　　　Faculty will work collaboratively with facility personnel who are ultimately responsible for patient/client care, as applicable by discipline.

7. Will direct and instruct that students are to act only within the scope of their assigned and supervised activities and are not to act independently of such supervision or instruction.

8. Will assure the affiliating agency that all students studying in the facility will have in effect current individual professional liability coverage in the amount of $1,000,000/$3,000,000. All students must have on file in their respective Department a photocopy of the current individual insurance policy (not applicable to Public Health, Healthcare Administration, and EMT-B).

9. As appropriate, will maintain a student/faculty ratio (excluding observational experiences) not to exceed the maximum prescribed by the Kentucky Board of Nursing or any other discipline specific accrediting agencies.

10. The University will require students to either be vaccinated for Hepatitis B or sign a release if declining that vaccination, and complete all other immunizations/health examinations required by the Facility.

    10.1. Nursing will assure the affiliating agency that all nursing students have on file in the department of nursing a current RN license (if applicable), as well as a current medical history, medical examination report, a negative drug screen, and evidence of current immunizations against diphtheria, tetanus, and measles. Results of the following diagnostic studies must also be on file: Tuberculin skin test and Rubella Titer or proof of immunizations. All students in the nursing program will be vaccinated with Hepatitis B vaccine or they must sign the declination statement.

11. Will require students participating in educational experiences to provide results of criminal background check to the facility upon request.

    11.1. All Nursing students will be required to complete a criminal background check. The Nursing Department will maintain the results of the policy checks confidentially and securely. Affiliating agencies requiring the police checks will be advised of any students with reported felony or misdemeanor information and may reserve the right to determine the student's appropriateness for clinical practice within their agency.

C.   AND WESTERN KENTUCKY UNIVERSITY

1. Will cooperate in planning and evaluating clinical, administrative or other learning experiences which will ensure student progress and competency.

2. Will have mutually acceptable standards for the behavior of the students acceptable to both the facility staff and to the University faculty.

3. Will review this agreement as needed, at which time mutually agreeable revisions or modifications may be made in writing.

4. Will agree that the withdrawal of a student from an assignment may be effected by either party. The party causing such withdrawal shall notify the other party, and the withdrawal shall be upon the terms and conditions agreed to by WKU and the facility. However, the facility retains the right at all times to safeguard the health, safety, and welfare of its patients/clients and employees by removing a student from an assignment, at any time, for any reason not prohibited by law.

5. Will agree to the desires of either party to terminate this agreement. Either party shall serve written notice thereof on the other party. Termination shall thereupon be effective 30 days after the date of service of such notice. Terminations shall not become effective as to students already enrolled and participating in the program until they shall have had an opportunity to fully complete their scheduled program.

6. Will not discriminate against any student in the nomination, selection, and training of individuals because of race, color, creed, sex, disability, or national origin.

7. WKU faculty, staff, or students shall not be deemed to be employees of the facility for any purpose, including but not limited to, compensation or fringe benefits, worker's compensation, unemployment compensation, minimum wage laws, OSHA regulations or for any other purpose, due to their participation in the educational program. This provision shall not be deemed to prohibit the employment of any such participant by the facility under a separate employment agreement.

8. SCHOOL agrees to provide participating instructors, advisors, and students with training on the security and privacy standards of the Health Insurance Portability and Accountability Act ("HIPAA") and regulations promulgated thereunder. For purposes of HIPAA, CHHS at WKU AND FACILITY acknowledge that Students are part of Facility's "workforce", as defined in the HIPAA Privacy Regulations at 45 C.F.R. 160.103, and as such, no Business Associate agreement is required between CHHS at WKU AND FACILITY.

D.   MODIFICATION OF AGREEMENT

This agreement may be modified only by written amendment executed by all parties *hereto*.

E.   INDEMNIFICATION

WKU, as an agency and instrumentality of the Commonwealth of Kentucky, is vested with sovereign immunity and does not carry general liability for itself, agents, officers, employees, or students. Any claim brought against WKU for negligence is governed by the Kentucky Board of Claims Act, KRS 44.070 *et.seq.* Under these provisions, WKU will agree to be responsible for the actions, errors or omissions of its officers and/or employees.

F.   BINDING EFFECT / CHOICE OF LAW

1. This agreement shall not be binding upon the parties until it is approved by a Western Kentucky University Authorized Representative of the College of Health & Human Services and by the Authorized Representative of the facility.

2. This agreement shall be governed in all respects by the laws of the Commonwealth of Kentucky.

G.   SIGNED BY:

_____   _____
CHHS, WKU Authorized Representative   **Date**
Dr. Danita Kelley, Associate Dean
College of Health and Human Services
Phone: (270) 745-8912
FAX: (270) 745-7073
E-Mail: danita.kelley@wku.edu

_____   _____
Facility/Hospital - Authorized Representative   **Date**
Name:
Title:
Agency Name:
Address:
Phone:
Fax:
E-Mail:

_____   _____
Facility/Hospital - Technical Representative   **Date**
(If different from Authorized Representative)
Name:
Title:
Agency Name:
Address:
Phone:
Fax:
E-Mail:

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.

APTA

American Physical Therapy Association

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

DIRECTIONS FOR COMPLETION:

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

1. **Save the CSIF on your computer** before entering your facility's information. The title should be the clinical site's zip code, clinical site's name, and the date (e.g., 90210BevHillsRehab10-26-2005). Using this format for titling the document allows the users to quickly identify the facility and most recent version of the CSIF from a folder. Saving the document will preserve the original copy on the disk or hard drive, allowing for ease in updating the document as changes in the clinical site information occurs.
2. **Complete the CSIF thoroughly and accurately.** Use the tab key or arrow keys to move to the desired blank space. The form is comprised of a series of tables to enable use of the tab key for quicker data entry. Use the Comment section to provide addition information as needed. 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

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 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 (e.g., 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/Privately Owned ☐ Government Agency ☐ Hospital/Medical Center Owned ☐ Nonprofit Agency ☐ Physician/Physician Group Owned ☐ PT Owned ☐ PT/PTA Owned ☐ Other (please specify)	

Clinical Site Primary Classification

To complete this section, please:
A. Place the number 1 (**1**) beside the category that best describes how your facility functions the majority ($\geq 50\%$) of the time.
B. Next, if appropriate, check (**√**) 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):

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):

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	**TO**

CONTINUING PROFESSIONAL PREPARATION RELATED DIRECTLY TO CLINICAL TEACHING RESPONSIBILITIES (for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the **last three (3) years**):

Course	Provider/Location	Date

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.**

Name followed by credentials (e.g., 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 in-services	☐	Professional continuing education (e.g., 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 <u>inpatient care</u>, 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%)

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

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

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

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

(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	☐	In-service 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	☐	Pre-participation 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.

Program Name	City and State	PT	PTA
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

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?

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.

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 (e.g., strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students [early, final]).

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 (e.g., Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.	
☐	☐	21. Is a child abuse clearance required?	
☐	☐	22. Is the student responsible for the cost or required clearances?	
☐	☐	23. Is the student required to submit to a drug test? If yes, please describe parameters.	
☐	☐	24. Is medical testing available on-site for students?	
		25. Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.)	

Housing

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.** (e.g., 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 in-service from all students (part-time and full-time)?	
☐	☐	46. Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?	
☐	☐	47. Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.	
☐	☐	48. Will the student have access to the Internet at the clinical site?	

Other Student Information

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 - e.g., bloodborne pathogens, hazardous materials, etc.)
☐	Quality assurance		
☐	Reimbursement issues		
☐	Required assignments (e.g., case study, diary/log, in-service)		

In appreciation...

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

APPENDIX C: Professional Behaviors

Professional Behaviors

The program expects DPT students to develop and demonstrate 10 professional behaviors important to the practice of physical therapy. These are adopted from the work of Warren May, PT, and colleagues. "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).

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.
   - Raises relevant questions
   - Understands and accepts scientific method
   - Thinks analytically
   - Uses information effectively
   - Formulates alternate hypotheses
   - Critiques solutions
   - Feels challenged to understand and solve problems

2. **Communication**
   The ability to communicate effectively (i.e. verbal, non-verbal, written, etc.)
   - Demonstrates basic English skills
   - Presents verbal or written message with logical organization and sequencing

3. **Problem Solving**
   The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
   - Recognizes problems and prioritizes them
   - States problems clearly
   - Can identify solutions to the problem or resources needed to develop solutions

4. **Interpersonal Skills**
The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.
- Maintains professional demeanor in all clinical and classroom interactions
- Recognizes impact of verbal and non-verbal communication and modifies all communication to meet situational needs.
- Listens actively and uses appropriate body language
- Assumes responsibility for mistakes, apologizes
- Demonstrates interest and ability to work with peers in a group process/project

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.
- Demonstrates dependability
- Demonstrates punctuality
- Fulfills commitments
- Budgets time wisely
- Accepts responsibility for actions and outcomes
- Provides safe and secure environment for patients

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.
- Projects professional image
- Continuous positive regard for all
- Abides by APTA code of Ethics and standards of practice
- Follows state licensure regulations
- Abides by facility policies and procedures
- Abides by university and department policies and procedures
- Demonstrates involvement in and commitment to local and national chapters of the APTA
- Contributing creatively to classroom and community projects on a regular basis
- Demonstrates leadership qualities
- Demonstrates respect for others

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.
- Actively seeks feedback and help
- Demonstrates a positive attitude towards feedback
- Critiques own performance
- Integrates feedback for positive change in growth

8. **Effective Use of Time and Resources**
   The ability to manage time and resources effectively to obtain the maximum possible benefit.
   - Meets external deadlines
   - Demonstrates flexibility and adaptability
   - Sets priorities
   - Sets realistic goals
   - Utilizing university library resources
   - Utilizes time wisely outside of class and clinic

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."
    - Reads articles critically and understands limits of application to professional practice
    - Demonstrates a positive attitude (motivation) towards learning
    - Monitors own progress
    - Takes a collaborative approach
    - Seeks assistance from professors or peers regarding difficult concepts
    - Demonstrates initiative towards learning
    - Demonstrates equal participation in progression and completion of group projects

    References: Adapted from: Warren May, PT, MPH, Laurie Kontney PT, DPT, MS and Z. Annette Iglarsh, PT, PhD, MBA: Professional Behaviors for the 21st Century, 2009-2010

APPENDIX D: APTA Code of Ethics

Code of Ethics for the Physical Therapist

APTA
American Physical Therapy Association.

HOD S06-09-07-12 [Amended HOD S06-00-12-23; HOD 06-91-05-05;HOD 06-87-11-17;
HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27;
Initial HOD 06-73-13-24] [Standard]

Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.

2. Provide standards of behavior and performance that form the basis of professional accountability to the public.

3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.

4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.

5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.
(Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.
(Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.
(Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

APPENDIX E: Clinical Performance Instrument (CPI)

PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION

June 10, 2003
(updated 12/27/10)

APTA
American Physical Therapy Association

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

PREAMBLE

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

Key Assumptions

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

Acknowledgement

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

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

GENERAL INFORMATION AND SIGNATURES

General Information

Student Name

Academic Institution

Name of Clinical Education Site

Address   City   State

Clinical Experience Number   Clinical Experience Dates

Signatures

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

Student Name (Provide signature)   Date

Primary Clinical Instructor Name (Print name)   Date

Primary Clinical Instructor Name (Provide signature)

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

Additional Clinical Instructor Name (Print name)   Date

Additional Clinical Instructor Name (Provide signature)

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

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

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

1. Name of Clinical Education Site

    Address   City   State

2. Clinical Experience Number

3. Specify the number of weeks for each applicable clinical experience/rotation.

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

Orientation

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

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

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:
$$1= Never \qquad 2 = Rarely \qquad 3 = Occasionally \qquad 4 = Often$$

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

Diversity Of Case Mix	*Rating*	Patient 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 in the shaded columns using the above 4-point scale.

Components Of Care	Rating	Components Of Care	Rating
Examination		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 (i.e., CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

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 (i.e., race, age, ethnicity, etc.).	
Using evidence to support clinical practice.	
Being involved in professional development (e.g., degree and non-degree continuing education, in-services, journal clubs, etc.).	
Being involved in district, state, regional, and/or national professional activities.	

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

Clinical Experience

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

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

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

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

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

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

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

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

Overall Summary Appraisal

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

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

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

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

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

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

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

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

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

Assessment of Clinical Instruction

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

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

Provision of Clinical Instruction	*M idterm*	*F inal*
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 taught 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(s) evaluation of your level of performance in agreement with your self-assessment?

   Midterm Evaluation   ☐ Yes ☐ No   Final Evaluation   ☐ Yes ☐ No

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

        Midterm Evaluation

        Final Evaluation

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

        Midterm Comments

        Final Comments

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

        Midterm Comments

        Final Comments

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

ACCE/DCE PERFORMANCE ASSESSMENT

CLINICAL INSTRUCTOR
and
CENTER COORDINATOR OF CLINICAL EDUCATION SURVEYS

May 2010

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

APTA

American Physical Therapy Association

CI/CCCE ASSESSMENT OF ACCE/DCE PERFORMANCE

Introduction to Assessment

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

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated

2. Academic Program

3. For what clinical experience(s) are you commenting on the ACCE/DCE or Assistant/Co-ACCE performance? (1-8)

4. For what time period are you assessing the ACCE/DCE or Assistant ACCE/Co-ACCE? (annually, biannually, every other year, upon request)

5. Evaluator Role PT CI (select from drop down menu)   Date of Evaluation

Directions

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

1 -= Rarely/never exhibits behavior   4 = Always exhibits behavior
2 = Sometime exhibits behavior   5 = Is exceptional in exhibiting behavior
3 = Usually exhibits behavior   IE = Insufficient evidence to rate behavior

1 = Rarely/never exhibits behavior   4 = Always exhibits behavior
2 = Sometimes exhibits behavior   5 = Is exceptional in exhibiting the behavior
3 = Usually exhibits behavior   IE = Insufficient evidence to rate behavior

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

SECTION A.   DEVELOPMENT OF STUDENT CLINICIANS
The ACCE/DCE contributes to the development of students as physical therapy clinicians by…

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

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

SECTION B.   DEVELOPMENT OF CLINICAL EDUCATION FACULTY
The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by…

		1	2	3	4	5	IE
1.	using a variety of feedback methods to assess clinical educators.	☐1	☐2	☐3	☐4	☐5	☐IE
2.	providing feedback to clinical educators to improve clinical teaching.	☐1	☐2	☐3	☐4	☐5	☐IE
3.	promoting development of clinical teaching and mentoring skills.	☐1	☐2	☐3	☐4	☐5	☐IE
4.	providing professional development opportunities to promote best practice in physical therapy.	☐1	☐2	☐3	☐4	☐5	☐IE
5.	facilitating development of CCCEs as managers of their clinical education programs.	☐1	☐2	☐3	☐4	☐5	☐IE

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

1 = Rarely/never exhibits behavior   4 = Always exhibits behavior
2 = Sometimes exhibits behavior   5 = Is exceptional in exhibiting the behavior
3 = Usually exhibits behavior   IE = Insufficient evidence to rate behavior

SECTION C.   DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

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

1. implementing a plan to respond to the needs of clinical education sites based on feedback.   ☐1   ☐2   ☐3   ☐4   ☐5   ☐IE
2. sharing changes about the clinical education program with feedback sources.   ☐1   ☐2   ☐3   ☐4   ☐5   ☐IE

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

SECTION D.   MANAGEMENT AND COORDINATION

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

1. promoting adherence to current policies and procedures of the clinical education program.   ☐1   ☐2   ☐3   ☐4   ☐5   ☐IE
2. informing students and clinical sites about legal and liability requirements prior to clinical placements.   ☐1   ☐2   ☐3   ☐4   ☐5   ☐IE

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

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1 = Rarely/never exhibits behavior   4 = Always exhibits behavior
2 = Sometimes exhibits behavior   5 = Is exceptional in exhibiting the behavior
3 = Usually exhibits behavior   IE = Insufficient evidence to rate behavior

SECTION E.   LEADERSHIP AND COLLABORATION

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

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

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

SECTION F.   COMMUNICATION

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

The ACCE/DCE…
1. providing timely communication. □1 □2 □3 □4 □5 □IE
2. soliciting comments, feedback, and concerns. □1 □2 □3 □4 □5 □IE
3. highlighting key academic program policy and procedures for clinical education. □1 □2 □3 □4 □5 □IE
4. clarifies federal and state regulations and professional positions, policies, and guidelines related to clinical education. □1 □2 □3 □4 □5 □IE
5. conducting clinical site visits/contacts. □1 □2 □3 □4 □5 □IE

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

1 = Rarely/never exhibits behavior   4 = Always exhibits behavior
2 = Sometimes exhibits behavior   5 = Is exceptional in exhibiting the behavior
3 = Usually exhibits behavior   IE = Insufficient evidence to rate behavior

SECTION G.   PROFESSIONAL BEHAVIORS
The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by…

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

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

SUMMATIVE COMMENTS

Areas of strengths:

Areas for improvement:

Name of Evaluator (Optional)

Name of Clinical Site (Optional)

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

Contact Information: e-mail: Phone:

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

ACCE/DCE PERFORMANCE ASSESSMENT

STUDENT SURVEY

May 2010

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

APTA
American Physical Therapy Association

STUDENT ASSESSMENT OF ACCE/DCE PERFORMANCE

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

Evaluation Information (Please Complete)
1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated

2. Academic Program

3. For what clinical experience(s) are you commenting on the ACCE/DCE or Assistant/Co-ACCE performance? (1-8)

4. For what period of time are you assessing the ACCE/DCE or Assistant ACCE/Co-ACCE? (annually, biannually, every other year, upon request)

5. What will be your highest earned physical therapy degree when you complete your program?

    ☐ Associate   ☐ Masters   ☐ DPT (Professional)

6. Evaluator Role PT Student (select from drop down menu)   Date of Evaluation

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

1 = Rarely/never exhibits behavior   4 = Always exhibits behavior
2 = Sometimes exhibits behavior   5 = Is exceptional in exhibiting the behavior
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1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

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

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

SECTION A.   DEVELOPMENT OF STUDENT CLINICIANS
The ACCE/DCE contributes to the development of students as physical therapy clinicians by…

		1	2	3	4	5	IE
1.	promoting students' self-assessment of clinical performance across cognitive, psychomotor and affective domains.	☐	☐	☐	☐	☐	☐
2.	facilitating student reflection upon clinical education experiences.	☐	☐	☐	☐	☐	☐
3.	instructing students on methods to provide constructive feedback to clinical educators.	☐	☐	☐	☐	☐	☐
4.	reinforcing expectations for demonstrating professionalism.	☐	☐	☐	☐	☐	☐
5.	conferring with students to maximize learning during a clinical experience.	☐	☐	☐	☐	☐	☐
6.	facilitating the development of student action plans designed to advance student performance.	☐	☐	☐	☐	☐	☐
7.	monitoring the progression of student action plans.	☐	☐	☐	☐	☐	☐
8.	ensuring that students have the opportunities to acquire the necessary clinical skills for entry-level practice.	☐	☐	☐	☐	☐	☐

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

SECTION B.   DEVELOPMENT OF CLINICAL EDUCATION FACULTY (*This category is not applicable for students.*)
The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by…

SECTION C.   DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM
The ACCE/DCE develops and analyzes interrelated components of the clinical education program (e.g., clinical education sites, policies, procedures, learning experiences, and curriculum) by…

		1	2	3	4	5	IE
1.	assessing the strengths and needs of the clinical education program using feedback from a variety of sources.	☐	☐	☐	☐	☐	☐
2.	sharing changes about the clinical education program with feedback sources.	☐	☐	☐	☐	☐	☐

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

1 = Rarely/never exhibits behavior   4 = Always exhibits behavior
2 = Sometimes exhibits behavior   5 = Is exceptional in exhibiting the behavior
3 = Usually exhibits behavior   IE = Insufficient evidence to rate behavior

SECTION D: MANAGEMENT AND COORDINATION

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

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

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

SECTION E: LEADERSHIP AND COLLABORATION

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

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

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

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

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

SECTION F: COMMUNICATION
The ACCE's/DCE's communication skills create and sustain and effective clinical education program by

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

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

SECTION G: PROFESSIONAL BEHAVIORS
The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by…

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

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

SUMMATIVE COMMENTS

Areas of strengths:

Areas for improvement:

Name of Evaluator (Optional)

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

Contact Information: e-mail: Phone:

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

ACCE/DCE PERFORMANCE ASSESSMENT

FACULTY SURVEY

May 2010

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

APTA
American Physical Therapy Association

FACULTY ASSESSMENT OF ACCE/DCE PERFORMANCE

Introduction to Assessment

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

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated

2. Academic Program

3. For what period of time are you assessing the ACCE/DCE? (annually, biannually, every other year, upon request)

4. Evaluator Role PT Faculty (select from drop down menu)   Date of Evaluation

Directions

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

1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
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IE = Insufficient evidence to rate behavior

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

SECTION A.   DEVELOPMENT OF STUDENT CLINICIANS

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

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

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

SECTION B.   DEVELOPMENT OF CLINICAL EDUCATION FACULTY

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

1. using a variety of feedback methods to assess clinical educators. □1 □2 □3 □4 □5 □IE
2. promoting development of clinical teaching and mentoring skills. □1 □2 □3 □4 □5 □IE
3. providing professional development opportunities to promote best practice in
    physical therapy. □1 □2 □3 □4 □5 □IE

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

SECTION C: DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

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

1. conducting ongoing review of clinical education policies and procedures. □1 □2 □3 □4 □5 □IE
2. assessing the strengths and needs of the clinical education program using feedback
    from a variety of sources.   . □1 □2 □3 □4 □5 □IE
3. implementing a plan to respond to the needs of clinical education sites based on feedback. □1 □2 □3 □4 □5 □IE
4. providing recommendations to the academic program based on the analysis of the feedback. □1 □2 □3 □4 □5 □IE

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

SECTION D: MANAGEMENT AND COORDINATION

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

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

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

SECTION E: LEADERSHIP AND COLLABORATION
The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by…

1. networking with individuals and groups at local, regional, and/or national levels to further clinical education. □1 □2 □3 □4 □5 □IE

2. building partnership(s) to strengthen the relationship between academic programs and clinical sites. □1 □2 □3 □4 □5 □IE

3. advising the program director and faculty of changing health care trends that affect student learning and programmatic issues. □1 □2 □3 □4 □5 □IE

4. advocating a vision for clinical education within the context of the academic program's mission and vision. □1 □2 □3 □4 □5 □IE

5. using technology to enhance clinical education. □1 □2 □3 □4 □5 □IE

6. facilitating academic faculty involvement in clinical education. □1 □2 □3 □4 □5 □IE

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

SECTION F: COMMUNICATION
The ACCE's/DCE's communication skills are integral in creating and sustaining a meaningful and effective clinical education program by…

1. providing timely communication. □1 □2 □3 □4 □5 □IE
2. soliciting comments, feedback, and concerns. □1 □2 □3 □4 □5 □IE
3. highlighting key academic program policy and procedures for clinical education. □1 □2 □3 □4 □5 □IE
4. conducting clinical site/visits. □1 □2 □3 □4 □5 □IE

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

SECTION G: PROFESSIONAL BEHAVIORS
The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by…

1. *displaying a positive attitude.*   ☐1   ☐2   ☐3   ☐4   ☐5   ☐IE
2. *being accessible.*   ☐1   ☐2   ☐3   ☐4   ☐5   ☐IE
3. *listening actively.*   ☐1   ☐2   ☐3   ☐4   ☐5   ☐IE
4. *demonstrating effective organizational skills.*   ☐1   ☐2   ☐3   ☐4   ☐5   ☐IE
5. *demonstrating interpersonal skills that foster quality relationships.*   ☐1   ☐2   ☐3   ☐4   ☐5   ☐IE
6. *demonstrating effective conflict resolution skills.*   ☐1   ☐2   ☐3   ☐4   ☐5   ☐IE
7. *responding to unexpected situations using productive problem-solving skills.*   ☐1   ☐2   ☐3   ☐4   ☐5   ☐IE
8. *displaying expertise in clinical education.*   ☐1   ☐2   ☐3   ☐4   ☐5   ☐IE

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

SUMMATIVE COMMENTS

Areas of strengths:

Areas for improvement:

Name of Evaluator (Optional)
Would you like a follow up contact to discuss this assessment?   ☐ Yes   ☐ No

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

ACCE/DCE PERFORMANCE ASSESSMENT

ACCE/DCE SELF-ASSESSMENT
and
ACADEMIC ADMINISTRATOR SURVEYS

May 2010

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

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

Introduction to Assessment

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

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated

2. Academic Program

3. For what period of time are you assessing the ACCE/DCE? (annually, biannually, every other year, upon request)

4. Evaluator Role PT ACCE   (select from drop down menu)   Date of Evaluation

Directions

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

1 = Rarely/never exhibits behavior	4 = Always exhibits behavior
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For all of the Likert Scale items provided, please "click" on only <u>ONE</u> response (use the mouse).

SECTION A.   DEVELOPMENT OF STUDENT CLINICIANS
The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

		1	2	3	4	5	IE
1.	promoting students' self-assessment of their clinical performance.	☐1	☐2	☐3	☐4	☐5	☐IE
2.	facilitating student reflection upon clinical education experiences.	☐1	☐2	☐3	☐4	☐5	☐IE
3.	instructing students on methods to provide constructive feedback to clinical educators.	☐1	☐2	☐3	☐4	☐5	☐IE
4	reinforcing expectations for demonstrating professionalism.	☐1	☐2	☐3	☐4	☐5	☐IE
5.	conferring with students to maximize learning during a clinical experience.	☐1	☐2	☐3	☐4	☐5	☐IE
6.	facilitating the development of individualized action plans to advance student performance.	☐1	☐2	☐3	☐4	☐5	☐IE
7.	monitoring the progression of individualized action plans.	☐1	☐2	☐3	☐4	☐5	☐IE
8.	ensuring that students have the opportunities to acquire necessary clinical skills for entry-level practice. .	☐1	☐2	☐3	☐4	☐5	☐IE

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

SECTION B.   DEVELOPMENT OF CLINICAL EDUCATION FACULTY
The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by…

		1	2	3	4	5	IE
1.	using a variety of feedback methods to assess clinical educators.	☐1	☐2	☐3	☐4	☐5	☐IE
2.	providing feedback to clinical educators to improve clinical teaching.	☐1	☐2	☐3	☐4	☐5	☐IE
3.	promoting development of clinical teaching and mentoring skills.	☐1	☐2	☐3	☐4	☐5	☐IE
4.	providing professional development opportunities to promote best practice in physical therapy.	☐1	☐2	☐3	☐4	☐5	☐IE
5.	facilitating development of CCCEs as managers of their clinical education program.	☐1	☐2	☐3	☐4	☐5	☐IE
6.	measuring outcomes of professional development programs coordinated by the ACCE/DCE.	☐1	☐2	☐3	☐4	☐5	☐IE

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

SECTION C: DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

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

1. conducting ongoing review of clinical education policies and procedures. ☐1 ☐2 ☐3 ☐4 ☐5 ☐IE
2. assessing the strengths and needs of the clinical education program using feedback
    from a variety of sources. . ☐1 ☐2 ☐3 ☐4 ☐5 ☐IE
3. implementing a plan to respond to the needs of clinical education sites based on feedback. ☐1 ☐2 ☐3 ☐4 ☐5 ☐IE
4. providing recommendations to the academic program based on the analysis of the feedback. ☐1 ☐2 ☐3 ☐4 ☐5 ☐IE
5. sharing changes about the clinical education program with feedback sources. ☐1 ☐2 ☐3 ☐4 ☐5 ☐IE

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

SECTION D: MANAGEMENT AND COORDINATION

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

1. maintaining the number and variety of clinical sites to allow each student to meet clinical
    education requirements. ☐1 ☐2 ☐3 ☐4 ☐5 ☐IE
2. managing information about clinical sites and clinical educators. ☐1 ☐2 ☐3 ☐4 ☐5 ☐IE
3. synthesizing clinical education data to prepare necessary reports including CAPTE
    documentation. ☐1 ☐2 ☐3 ☐4 ☐5 ☐IE
4. promoting adherence to current policies and procedures of the clinical education program. ☐1 ☐2 ☐3 ☐4 ☐5 ☐IE
5. informing students and clinical sites about legal and liability requirements prior to clinical
    placements. ☐1 ☐2 ☐3 ☐4 ☐5 ☐IE
6. implementing procedures for student clinical placements based on established program
    policies. ☐1 ☐2 ☐3 ☐4 ☐5 ☐IE
7. adhering to program policies and procedures regarding student's eligibility and progression
    through clinical education. ☐1 ☐2 ☐3 ☐4 ☐5 ☐IE
8. grading students' clinical education coursework based on clinical performance and academic
    program guidelines. ☐1 ☐2 ☐3 ☐4 ☐5 ☐IE

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

SECTION E: LEADERSHIP AND COLLABORATION

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

5. facilitating reflective dialogue about advancements in the profession of physical therapy. □1 □2 □3 □4 □5 □IE
6. networking with individuals and groups at local, regional, and/or national levels to further clinical education. □1 □2 □3 □4 □5 □IE
3. building partnership(s) to strengthen the relationship between academic programs and clinical sites. □1 □2 □3 □4 □5 □IE
4. advising the program director and faculty of changing health care trends that affect student learning and programmatic issues. □1 □2 □3 □4 □5 □IE
5. advocating a vision for clinical education within the context of the academic program's mission and vision. □1 □2 □3 □4 □5 □IE
6. providing the program director with justification for clinical education budgetary needs. □1 □2 □3 □4 □5 □IE
7. using technology to enhance clinical education. □1 □2 □3 □4 □5 □IE
8. facilitating academic faculty involvement in clinical education. □1 □2 □3 □4 □5 □IE

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

SECTION F: COMMUNICATION

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

6. providing timely communication. □1 □2 □3 □4 □5 □IE
7. soliciting comments, feedback, and concerns. □1 □2 □3 □4 □5 □IE
8. highlighting key academic program policy and procedures for clinical education. □1 □2 □3 □4 □5 □IE
9. clarifying federal and state regulations and professional positions, policies, and guidelines related to clinical education. □1 □2 □3 □4 □5 □IE
10. conducting clinical site visits/contacts. □1 □2 □3 □4 □5 □IE

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

SECTION G: PROFESSIONAL BEHAVIORS

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

		1	2	3	4	5	IE
1.	fostering an atmosphere of mutual respect in clinical education.	☐1	☐2	☐3	☐4	☐5	☐IE
2.	displaying a positive attitude.	☐1	☐2	☐3	☐4	☐5	☐IE
3.	being approachable.	☐1	☐2	☐3	☐4	☐5	☐IE
4.	being accessible.		☐1	☐2	☐3	☐4	☐5	☐IE
5.	listening actively.		☐1	☐2	☐3	☐4	☐5	☐IE
6.	demonstrating effective time management.		☐1	☐2	☐3	☐4	☐5	☐IE
7.	demonstrating effective organizational skills.		☐1	☐2	☐3	☐4	☐5	☐IE
8.	demonstrating interpersonal skills that foster quality relationships.	☐1	☐2	☐3	☐4	☐5	☐IE
9.	demonstrating effective conflict resolution skills.		☐1	☐2	☐3	☐4	☐5	☐IE
10.	responding to unexpected situations using productive problem-solving skills.		☐1	☐2	☐3	☐4	☐5	☐IE
11.	displaying expertise in clinical education.		☐1	☐2	☐3	☐4	☐5	☐IE
12.	creating a professional development plan to advance own competence.	☐1	☐2	☐3	☐4	☐5	☐IE

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

SUMMATIVE COMMENTS:

Areas of strengths:

Areas for improvement:

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.