

**LOUISIANA STATE UNIVERSITY  
HEALTH SCIENCES CENTER  
DEPARTMENT OF PHYSICAL THERAPY**



# Clinical Education Manual

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Department of Physical Therapy  
Clinical Education Manual**

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## USE OF THE CLINICAL EDUCATION MANUAL

The CLINICAL EDUCATION MANUAL has been compiled by the Director of Clinical Education at the Louisiana State University Health Sciences Center School of Allied Health Professions Department of Physical Therapy. The Manual is to be used by physical therapy students and faculty in the physical therapy program as well as the clinicians at the clinical sites that have contracts with the program.

The Clinical Education Manual provides students with guidelines, policies, procedures, and general information about the clinical education program. The Manual is used in the following clinical education courses: PHTH 7180, 7280, PHTH 7381, PHTH 7382, and PHTH 7383 as well as a reference for all clinical education experiences throughout the curriculum.

The Clinical Education Manual provides clinicians with an overview of the Physical Therapy Clinical Education Program at Louisiana State University Health Sciences Center School of Allied Health Professions. Clinicians should use this manual as a resource. Prior to the start of a clinical rotation, clinicians should review the information contained in the Manual and Student Information Package regarding course syllabus, grading policy, attendance, and other pertinent policies. If clinicians have any questions or concerns regarding the information and/or policies in the Manual or Student Information Package, they should contact the Director of Clinical Education.

Clinicians may also use the Louisiana State University Health Sciences Center website ([www.lsuhscc.edu](http://www.lsuhscc.edu)) to obtain additional information about the School of Allied Health Professions Department of Physical Therapy. Clinicians can also DCE the University Catalog/Bulletin for additional policies and procedures.

*Please note: Clinicians and students will be informed and provided with written copies of any changes or revisions to the Clinical Education Manual.*

## DEPARTMENT OF PHYSICAL THERAPY

### LSU Health Sciences Center - School of Allied Health Professions

The Department of Physical Therapy offers an entry level Doctor of Physical Therapy (DPT) degree program for persons interested in becoming a physical therapist. The policies outlined in this document apply to these DPT students. The entry level program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). The Department continuously evaluates the curriculum and policies, thus, modifications may occur.

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#### MISSION

**The Mission Statement of the LSU HEALTH SCIENCES CENTER** is as follows:

The mission of Louisiana State University Health Sciences Center in New Orleans (LSUHSC-NO) is to provide education, research, and public service through direct patient care and community outreach. LSUHSC-NO comprises the Schools of Allied Health Professions, Dentistry, Graduate Studies, Medicine, Nursing, and Public Health.

LSUHSC-NO educational programs prepare students for careers as health care professionals and scientists. The Health Sciences Center disseminates and advances knowledge through state and national programs of basic and clinical research, resulting in publications, technology transfer, and related economic enhancements to meet the changing needs of the State of Louisiana and the nation.

LSUHSC-NO provides vital public service through direct patient care, including care of uninsured and indigent patients. Health care services are provided through LSUHSC-NO clinics in allied health, medicine, nursing, and in numerous affiliated hospitals, and clinics throughout Louisiana.

LSUHSC-NO provides referral services, continuing education, and information relevant to the public health of the citizens of Louisiana. In addition, LSUHSC-NO works cooperatively with two Area Health Education Centers (AHEC's), whose programs focus on improving the number of health care providers in underserved rural and urban areas of Louisiana and on supporting existing rural health care providers throughout continuing education programs.

**The Mission, Philosophy and Objectives Statement of the LSUHSC SCHOOL OF ALLIED HEALTH PROFESSIONS SCHOOL** is as follows:

The School of Allied Health Professions subscribes to the philosophy of the LSU System which has a threefold purpose:

- Developing to the highest level the intellectual and professional capacities of citizens through resident instruction;
- Enriching instruction and establishing new frontiers through research and scholarship;



- Providing all Louisianans with information useful to advancing the State's economy and culture.

The School of Allied Health Professions recognizes that total health care of the community, State, and the Nation must increasingly draw upon personnel, talents, and techniques of a broad range of disciplines. Therefore, programs for the education of allied health professionals must not only incorporate an understanding of, and appreciation for their own field but also, the fields of medicine, dentistry, and nursing. A comprehensive acquaintance with the cultural and physical heritage and bodies of knowledge which will assist the student in living a productive, humanitarian, and successful life in society is deemed important. The School recognizes its obligation to develop educational programs in the allied health professions compatible with this philosophy and striving for the highest level recognized as being justifiable in terms of the roles and responsibilities its graduates will assume.

The primary objective of the School is to increase the supply, at the undergraduate and graduate levels, of a variety of patient-oriented health professionals in the State of Louisiana and to meet the need for health services and future teachers in health-educational programs. The training for any health profession can best be accomplished in a health-oriented environment such as the Health Sciences Center. This environment will permit the physician, dentist, nurse, allied health professional, and the student an opportunity to see the patient as a team, thus developing sound working relationships requisite to educating the student for a role of leadership. Because of the close relationship developed with other undergraduate campuses of the LSU System, a strong core curriculum is available from which students can obtain a basic foundation and general understanding of various fields in allied health. This will permit students to sample a broad spectrum before final selection of a specific field and admission to the School of Allied Health Professions. The School provides vital public health and human services through direct patient/client care, and support for families. Health care services are provided through the Allied Health Clinics in New Orleans, and in association with the State Public Hospital System. Human services for clients with developmental disabilities and their families are provided by the Human Development Center in New Orleans. A further objective of the School is to develop and maintain programs to investigate studies and research within the allied health disciplines. The School will also assume a position of leadership in providing a mechanism to promote development of programs to meet the continuing educational needs of allied health professionals in Louisiana.

### **Department of Physical Therapy Mission:**

The DEPARTMENT OF PHYSICAL THERAPY is recognized by LSUHSC for our contribution to the achievement of the mission of the LSU Health Sciences Center. The mission of the Department supports and augments the missions of both the LSU Health Sciences Center and the School of Allied Health Professions.

*The mission and primary enterprise of the Department is to educate thoughtful individuals who are competent, knowledgeable, and ethical professionals; dedicated to improving their community through provision of quality, evidence-based physical therapy services. Our graduates demonstrate a commitment to the professional organization and to the education of future physical therapists. Our graduates are scientific clinicians, skilled in critical thinking and capable of integrating theory with clinical practice.*

*The faculty members, collectively and individually, embody and exemplify each of those attributes we seek to instill in our graduates. It is the obligation of each faculty member to provide the intellectual and inspirational foundation needed to guide the development of those attributes in our graduates. As role models of professional*

*behavior and practice, faculty members provide public service through direct patient care, including care of underserved populations; and they advance the knowledge of physical therapy through clinical and basic health science research.*

**Department of Physical Therapy Vision Statement** in keeping with the Vision Statement of the Louisiana State University Health Sciences Center in New Orleans.

The Department will be recognized for its:

- Campus culture of learning and discovery, positioned for constant change and continuous growth and exploitation of opportunities.
- Skilled professionals, who are specialists in concentrated areas of physical therapy, who produce innovative education for physical therapy students, enhance acquisition of knowledge and research grants, and provide excellence in all patient care.
- Bright future, entwined with community and local partnerships, to serve the needs of the State of Louisiana as well as the nation with more health professionals, new knowledge, and excellent clinical care.

The program philosophy, purpose, primary aim, and program goals are specified below.

## **PROGRAM PHILOSOPHY**

Physical therapy is a health profession founded in response to the health care needs of individuals and society. Attitudes and beliefs about the quality of life, the nature of health and illness, and man's right to reach life's full potential are implicit in its philosophical tenets. As a profession, physical therapy seeks to maintain, improve, or restore dignity and health through the delivery of quality physical therapy services. A pursuit of excellence, as well as a commitment to service and the helping process enables the physical therapist to function as an integral part of the health care team.

With this intent, the focus of physical therapy education becomes dynamic and diverse. The educational process involves active, responsible participation by both faculty and students. Through an exemplary quest for competence in educational and professional practice, the physical therapy educator becomes a role model and guide. The primary mission of the Department is to provide leadership, foster research, and promote professional growth and responsibility. The student must also accept the responsibility to develop and grow professionally to the fullest extent possible. For these reasons, the Department of Physical Therapy is committed to promoting a respect for human dignity and a quest for excellence.

The curriculum is designed to impart to the student the requisite knowledge, skills, and attitudes necessary to function as a qualified and responsible professional.

We believe the combination of experience, scholarship, and opportunity embedded in this program will enable the student to assume responsibility for the health care needs of individuals and society. The graduate of this program will be prepared to examine roles and responsibilities of being a physical therapist, as well as to regard

the profession as a lifetime of learning. Toward this end, the Department of Physical Therapy is directed toward the education of academically and professionally qualified physical therapists that are committed to the delivery of comprehensive and quality health care.

## **Purposes/Goals**

The primary aim of the Department of Physical Therapy is to educate academically and professionally qualified physical therapists who are committed to the delivery of comprehensive and quality health care. The curriculum enables the student to develop the requisite knowledge, skills, and attitudes necessary to enter the profession and to practice in a safe and autonomous manner. In keeping with the Health Sciences Center and the School missions and philosophies, and consistent with contemporary preparation of physical Therapy professionals, the Department of Physical Therapy subscribes to the purposes & goals of providing education, research, and public service by:

- Developing to the highest level, the intellectual and professional capacities of citizens through the preparation of health care professionals and scientists who are:
  - Professionally involved, culturally competent, knowledgeable and ethical practitioners.
  - Capable of developing sound working relationships and leadership skills that will translate to effective team work in whatever capacity they find themselves in life.
  - Scientific clinicians skilled in critical thinking, capable of integrating theory and clinical practice, and capable of providing quality, evidence-based physical therapy services.
- Enriching instruction and establishing new frontiers through research and scholarship by:
  - Advancing the knowledge of physical therapy through educational, clinical and/or basic health science research
- Providing vital public service through activities such as:
  - Direct patient care, community outreach, continuing education, dissemination of information relevant to the public health of the citizens of Louisiana.

With this intent, the following program curricular goals have been established. Upon successful completion of the requirements for a Doctor of Physical Therapy Degree, the graduate will be able to:

- Demonstrate professional behaviors.
- Engage in the diagnostic process through the use of appropriate examination and evaluation of patients across the lifespan.
- Design and implement a physical therapy plan of care reflecting critical inquiry and sound clinical decision making strategies, including:
  - Determine the physical therapy needs of any patient by the use of appropriate assessment and
  - Evaluative procedures and correct interpretation of patient care.
  - Design an appropriate plan of physical therapy services based on evaluation results and realistic goals.
  - Implement the physical therapy plan of care and modify the goals or plan as needed.
- Communicate effectively with patients, families, peers, and the community using written, verbal, and nonverbal processes:
  - Observe, record, and interpret pertinent information concerning patient problems, treatment,

- goals, and progress.
- Communicate accurate and appropriate verbal information in a clear and concise manner.
- Listen in a manner which facilitates communication and accurately interprets the communication of others.
- Use nonverbal communication processes to express oneself.
- Value the importance of effective communication in the provision of health care services.
- Participate in the design and management of a physical therapy services:
  - Apply principles of planning, organization, supervision, and evaluation.
  - Design a system for the management of personnel, equipment, space, and finance.
- Promote ethical and legal practices.
- Contribute to and participate in the growth and development of physical therapy.
- Utilize the scientific method in the patient care process.
- Support professional advancement through appropriate participation in professional activities, research, continuing education, and recruitment.
- Discuss the issues and problems in health care delivery systems.
- Accept responsibility for personal and professional growth.

## **CLINICAL EDUCATION PROGRAM**

### **Purpose Statement**

Clinical education is an essential component in the physical therapy curriculum. Clinical affiliations provide the integration of the student's didactic and laboratory coursework into a real clinical practice setting. The student will integrate his/her cognitive, psychomotor, and affective skills in an environment that facilitates them to develop and become a competent entry-level physical therapist. It is through a cooperative effort between the University, clinical site, and student that the clinical education program meets its goal of ensuring quality full-time clinical experiences for our students.

### **Integration of Clinical Education through the entry-level DPT program**

The Clinical Education Program provides the student with a series of clinical experiences, which exposes the student to a variety of practice settings. It is through the integrated and full-time clinical affiliations that the student achieves curricular goals which lead to entry-level competence.

Students have several different types of clinical experiences in our program. The first type occurs throughout the curriculum. The student participates in clinical experiences based on the didactic information presented in the classroom. Students are introduced to patient populations in courses such as evidence-based physical therapy, pathophysiology, neurosciences, movement science, motor behavior, and all diagnosis and management courses. In these courses, students have multiple opportunities to visit local clinical sites to observe, examine, evaluate, and/ or treat specific patient populations. During the clinic visits, the students are supervised by faculty or clinical faculty.

The second type of clinical experience is the integrated and full-time clinical affiliations with total approximately 38 weeks. The clinical affiliations provide the student with opportunities to learn the foundation of patient care, to develop skills in patient/staff education, health promotion/prevention, and administration.

The first course, PHTH 7180, is an introductory course to clinical education that occurs in the second semester of the first year. The course is designed to cover general information about the role of a physical therapist in the clinic, professional development in the clinical setting, introduction to the clinical education process, expectations of clinical education (school, student, and clinic responsibilities), evaluation tool, and introduction to the legal ramifications of patient care and student learning.

The first clinical affiliation, PHTH 7280- Clinical Experience, occurs during the summer in the first semester of the second year after successful completion of all required academic coursework. The affiliation is eight weeks long in length and the students are usually placed in an acute care hospital, sub-acute facility, or outpatient clinic. The student is supervised by a licensed physical therapist and will have the opportunity to apply the knowledge learned during the full year of the program. Emphasis is placed on safe and effective physical therapy practice, applying principles of professional conduct, competence with basic tests/exam, basic patient management skills, competence in communication skills, and documentation.

The second clinical affiliation, PHTH 7381- Clinical Internship I, occurs during the summer in the first semester of the third year and is ten weeks long, following successful completion of all required academic coursework. A student may choose from a variety of clinical settings such as acute care, outpatient, orthopedics, geriatrics, neurology, pediatrics, or rehabilitation. During this affiliation, the emphasis is on the student mastery of patient examination/evaluation, re-evaluation, patient management skills, and interventions.

The third clinical affiliation, PHTH 7382- Clinical Internship II, occurs during the second half of the fall semester of the third year and is ten weeks long, following successful completion of all required academic

coursework. A student may choose from a variety of clinical setting such as acute care, outpatient, orthopedics, geriatrics, neurology, pediatrics, or rehabilitation. The emphasis for the students is clinical competence in all areas of patient care.

The fourth clinical affiliation, PTHT 7383- Clinical Internship III, occurs during the first half of the spring semester of the third year and is ten weeks long, following successful completion of all required academic coursework. Students may choose a specialty area of interest or improve their skills by participating in another affiliation in an area they have already experienced.

## **SCHEDULE OF CLINICAL AFFILIATIONS**

### **PHTH 7280: Clinical Experience\***

An eight-week affiliation scheduled from late May-mid July, which is usually an acute, sub-acute, or outpatient affiliation. Students participate in this affiliation after successful completion of the first three semesters.

### **PHTH 7380: Clinical Internship I\***

A ten-week affiliation scheduled from late May-July. Students participate in this affiliation after successful completion of the first two years of coursework and PHTH 7280.

### **PHTH 7381: Clinical Internship II\***

A ten-week affiliation scheduled from late September- mid December. Students participate in this affiliation after successful completion of the first two and a half years of coursework and PHTH 7380.

### **PHTH 7383: Clinical Internship III\***

A ten-week affiliation scheduled from January- early March. Students participate in this affiliation after successful completion of the first two and a half years of coursework and three previous clinical affiliations.

\*See Appendix A for Course Syllabi

## **PRINCIPALS IN THE AFFILIATION EXPERIENCE**

### **Director of Clinical Education (DCE)**

An individual appointed by Department Head of the LSUHSC Department of Physical Therapy, whose primary concern is relating the student's didactic preparation to the clinical education experience. This coordinator administers the clinical education program and, in collaboration with the academic and clinical faculty, plans, coordinates and evaluates each student's clinical education experience.

### **Clinical Education Committee**

A committee of 3 Physical Therapy faculty appointed by Department Head of the LSUHSC Department of Physical Therapy, who are responsible for the evaluation, coordination, and management of the clinical education component of the academic program.

### **Site Coordinator of Clinical Education (SCCE)**

The individual(s) at each clinical education site who coordinates, arranges, and administers the clinical education program for physical therapy students. The SCCE communicates with the DCE and faculty at the academic institution. This individual(s) completes the *Clinical Site Information Form* (Appendix F) and other administrative documents. The SCCE provides supervision and guidance for the Clinical Instructors.

### **Clinical Instructor (CI)**

A licensed physical therapist who is directly responsible for the education and supervision of the physical therapy student in the clinical setting. The CI is expected to provide honest, open, continuous, consistent feedback to students and complete midterm and final *Clinical Performance Instrument* assessments (Appendix E) of the student's performance.

### **Student**

An individual involved in the clinical education program. This person is a representative of the academic institution and is expected to adhere to the ethical and legal guidelines of the profession. During a clinical affiliation, the student is an active learner in the clinical education process. The student is not an employee of the facility. This individual is expected to comply with the rules, regulations, and schedule of the assigned clinical affiliation.

### **Patient**

An individual who receives physical therapy services in the multiple clinical settings. All patients should be treated with the utmost respect and dignity. Any patient has the right to refuse any treatment provided by a student physical therapist if they so choose.



## **GUIDELINES FOR STUDENT SELECTION OF CLINICAL AFFILIATIONS**

### **I. Choosing an Affiliation**

1. The DCE will assign students for the first clinical affiliation, PHTH 7280, to an acute care hospital, sub-acute facility, or outpatient clinic. The *Demographic and Location Request Form* assists the DCE in selecting the first clinical affiliation experience. This form includes: student's name, contact information, emergency contact information, previous physical therapy volunteer and/or work experience and previous clinical rotations.
2. Students, in conjunction with the DCE, choose affiliations for PHTH 7381, PHTH 7382, and PHTH 7383 from a list of available clinical sites for each individual clinical affiliation. The DCE will review the *Demographic and Location Request Form* and work with the student to select an appropriate facility/clinic. Placements may be changed or cancelled secondary to academic problems, professional issues, behavioral issues or sites issues.  
\*\*Note: Several facilities have multiple settings; please make sure to ask about specific locations.
3. Students must complete an acute care, neurologic rehab, and general outpatient orthopedics affiliation as three of the four affiliations\*. One affiliation has to be located outside the New Orleans metropolitan area.
4. Students should not choose an affiliation based on another student's choice of clinical affiliation.
5. Students are encouraged to review the Clinical Site Information Forms, located in the DCE's office or PT CPI Web site, when considering a choice. When developing their list of choices, the student should consider the following:
  - a. Type of facility/clinic
    - i. Acute care, sub-acute, outpatient, SNF, pediatrics, home health, etc.
    - ii. Teaching institution, community based hospital, specialty facility, etc.
  - b. Location of facility
    - i. Urban, suburban, rural
    - ii. Transportation requirements
      1. Public transportation
      2. Car required
  - c. Housing
    - i. Facility/clinic provided
    - ii. Availability of housing near facility/clinic
    - iii. Cost
  - d. Size of facility/clinic
    - i. Number of patient beds
    - ii. Number of physical therapists

- e. Special programs and patient population
  - i. Prosthetic/orthotics, wound care, transplant, trauma, specialty clinics
  - ii. SCI, TBI, pediatrics, etc.
- f. Student programs
  - i. Number of schools affiliating with facility/clinic
  - ii. Types of programs: PT, PTA, OT, etc.

## **II. Meeting with DCE prior to choosing/ assignment of affiliation**

1. Students are encouraged to meet with DCE and/ or faculty advisor prior to choosing a clinical site for a clinical affiliation. Students should be prepared to ask pertinent questions about the potential affiliation facilities/clinics.

## **III. Expenses**

1. Students should consider all expenses related to the affiliation experience when developing a list of choices. Students are responsible for all expenses related to the clinical affiliation, including, but not limited to travel, room and board. LSUHSC School of Allied Health Profession and Department of Physical Therapy are not responsible for any expenses incurred in preparation for and/or during any clinical affiliation, including affiliations that are cancelled prior to the start of the clinical affiliation.

## **IV. Cancellations of Affiliations**

1. Clinical affiliations may be cancelled at any time. It is crucial to note that no selection/assignment is definite until the start day of the clinical affiliation. Clinical sites may cancel an affiliation secondary to such issues as: staffing shortages, patient census, or administrative issues. Sites must provide adequate time for the cancellation of clinical affiliations, so the academic program can reassign the student to another clinical affiliation. If an affiliation is cancelled, under no circumstances should a student attempt to establish their own clinical rotation.
2. In the event of a cancellation of an affiliation, the DCE will arrange a new clinical affiliation. Students may be required to travel or incur additional expenses when an affiliation is cancelled.

## **V. Other**

1. The DCE may also consider the student's academic performance, inter-personal skills, personal hardships, and geographic location when determining a clinical affiliation.
3. Students may not choose clinical affiliations with those facilities/clinics where they have performed volunteer work, worked as a technician, received physical therapy services, and pre-existing formal arrangements (ie. scholarship/contract, or job commitment after graduation).\*

\*Unless otherwise decided by the DCE and/or Clinical Education Committee due to extenuating circumstances or hardships.

## **STUDENT RESPONSIBILITIES PRIOR TO EACH AFFILIATION**

Prior to the first clinical affiliation, students are required to:

1. Update all health records, including annual PPD screen. A physical and/or drug screen may be required by some clinical sites. Students are responsible for any costs incurred with the screen.
2. Inform the DCE of anything that might have the potential to impact your clinical performance during the clinical rotation.
3. Obtain professional liability insurance; minimum limits of (1,000,000 per occurrence/\$3,000,000 aggregate). Provide a copy of current professional liability and CPR certification. These two requirements must not expire while the student is participating in the clinical affiliation experience.
4. Complete the training modules for Code of Conduct, HIPAA Privacy, and HIPAA Security on the School of Allied Health Professions site (<http://www.lsuhs.edu/no/administration/ocp>). Training is offered in various formats including orientation sessions, web-based, or self-study.
5. Demonstrate competency on OSHA guidelines for bloodborne pathogens and infection control. This material is presented in the PHTH 7180: Introduction to Clinical Practice.
6. Submit a completed *Demographic and Location Request Form* to the DCE within prescribed time.
7. Compile a student packet. Email or mail to the SCCE of the assigned clinical site within a prescribed time.
8. Locate housing for the assigned clinical affiliation within prescribed time. Students should refer to *Clinical Site Information Form*, list provided by facility/clinic, or recommendations from SCCE/ prior students.
9. Prepare for each affiliation by reviewing course syllabi and notes taken during each course preparatory session. Contact Site Coordinator of Clinical Education (SCCE) on what text and/or coursework to review prior to each affiliation.
10. Be flexible and open to learning.

## **AFFILIATION FORMS**

### **Clinical Site Information Form\***

The *Clinical Site Information Form* (CSIF) is used by the LSUHSC- PT Department to provide information about a clinical site. A copy of the CSIF for each facility is filed in the facility's folder located in DCE's office. Students are encouraged to read the CSIF to familiarize themselves with each facility. (See Appendix F)

### **Clinical Affiliation Contract**

A contract is a required document to indicate the clinical affiliation agreement between LSUHSC School of Allied Health Professions Department of Physical Therapy and the clinical affiliation site. The contract must be reviewed and signed by the appropriate representatives of both the clinical site and LSUHSC School of Allied Health Professions Department of Physical Therapy prior to the initiation of an affiliation.

(See Appendix F)

### **Student Demographic and Location Request Form**

The *Student Demographic and Location Request Form* is submitted prior to the clinical affiliation. This form assists the DCE in selecting the clinical affiliation. This form contains student's name, contact information, emergency contact information, and previous physical therapy volunteer and/or work experience, and previous clinical rotations. (See Appendix D)

### **Student Information Form**

The *Student Information Form* is provided to the SCCE and CI. This form assists the SCCE and CI in developing a plan for the clinical affiliation experience. The *Student Information Form* includes: student's information, emergency contact information, type and level of clinical experiences, clinical interests, outside interests, and student's learning styles. This form is part of the Student Packet. (See Appendix D)

### **Student Packet**

The Student Packet is provided to the SCCE and CI. This package includes the following: general curriculum information, updates on clinical education, clinical education course syllabi, copies of CPR certification, professional liability, health records, HIPAA training, and the *Student Information Form*.

### **Clinical Performance Instrument (CPI)\***

The Clinical Instructor is expected to assess a student's performance during all long-term clinical rotations. Feedback between Clinical Instructor and student is expected to be ongoing and continuous. A formal evaluation, using the CPI, will occur at the midterm and final period of the affiliation. Both CI and student will complete and review the midterm and final CPI assessments. Both midterm and final CPI assessments require the signatures of the student, CI(s), and SCCE. (See Appendix E)

### **Clinical Affiliation Assessment and Summary Form**

At the midway point of the first and second half of the clinical affiliation, the student is expected to provide a written self-assessment of the clinical experience. At the same time, the CI will provide a short summary of the student's performance. The assessment should be reviewed and signed by the CI and student. The form is to be turned in to the DCE by the end of the assigned week. (See Appendix E)

### **Physical Therapist Student Evaluation: Clinical Experience and Instruction\***

Throughout the clinical rotation, the student is expected to provide the CI feedback about the clinical experience. At midterm and completion of the clinical affiliation, the student will complete a written evaluation of the clinical site and CI. The evaluation should be reviewed and signed by the CI and student. After the final evaluation, the form is to be turned in to the DCE within one week of the completion of the affiliation. (See Appendix E).

### **Site Specific Forms**

There may be site specific forms a student may be required to complete and submit prior to and during a clinical affiliation.

\*These documents were developed by the American Physical Therapy Association.

## **ATTENDANCE POLICY FOR CLINICAL AFFILIATIONS\***

The student is expected to attend all assigned clinical experience days and to be punctual at all times. Students are not allowed to miss any days of the clinical experience for personal reasons. If there is some reason (ie. Sickness, death of a family member, etc.) that may require the student to be absent for one or more days, they are to contact both the facility and the Director of Clinical Education to request permission to be absent. If any days are missed due to these reasons, they must be made up in order to meet the requirements of the course. Failure to show up for the clinical without contacting the SCCE and DCE prior to the absence may result in failure of the course.

1. Time missed for illness or emergency is to be made-up at the discretion of the DCE. The CI in consultation with the DCE will determine the appropriate schedule to make-up the missed clinical time. It may be necessary to extend the length of the affiliation to allow the student to make-up the missed days.
2. Students are expected to follow the inclement weather or disaster policy of the assigned affiliation. The student must never put himself/herself in peril while traveling to the clinical site. Time missed is to be made-up at the discretion of the DCE. The CI in consultation with the DCE will determine the appropriate schedule to make-up the missed clinical time. It may be necessary to extend the length of the affiliation to allow the student to make-up the missed days.
3. Students are expected to adhere to the daily scheduled hours of the facility and/or the CI. Students may be required to work evenings, weekends, or holidays. Students and CI(s) should discuss the schedule prior to the start of the clinical affiliation. In the event a CI is absent, the student will be reassigned to another CI. The new CI is required to follow the guidelines regarding student supervision.
4. *Professional Leave*: Reasons for an absence to be considered as professional leave include but are not limited to, attendance of meetings of the professional organization (National, State, or District), continuing education course, research related activities, etc. Leave requested for the purposes of job interviewing or other non-professional development activities are not considered professional leave but rather fall under the category of approved leave. Any absence due to professional leave of any length (including a portion of a day or a class) will require documentation of attendance at the professional event (registration form, certificate of completion, etc.). Professional leave may be taken on days when a student is assigned to a clinical site; however, approval must be attained from both the DCE and CI at least one month prior to the event. A student approved for professional leave during a clinical rotation will be required to provide an in-service on the event or activity to the clinical staff.

\*\*Special consideration will be given on an individual basis. The student will provide a justification letter to the Clinical Education Committee for review and decision. The information may be presented to the faculty for final decision. Make-up requirements will be determined by the Committee.

\*Adapted from LSUHSC Department of Physical Therapy Student Manual – last revised May 2017

## **DAILY SCHEDULE DURING THE CLINICAL AFFILIATION**

**Students are expected to adhere to the scheduled hours of the clinical affiliation.**

1. Students are expected to be present at the affiliation during the scheduled working hours of the facility and/or Clinical Instructor(s).
2. Students are expected to know their daily working hours and to adhere to that schedule.
  - a. Students who are late more than three times may fail the affiliation.
  - b. Tardiness due to extenuating circumstances maybe excused by the DCE and/or CI and may not count towards the three tardy rule.
3. Students may be required to work evenings, weekends, and/or holidays.
  - a. Students and CI(s) should discuss the schedule prior to the start of the affiliation.
  - b. Students may be asked to adjust their schedule based on the needs of the facility.
4. Students may be required to extend their hours to benefit from inservices, departmental programs, additional learning opportunities, and/or at the request of the CI.

## **DRESS CODE\***

1. Students are required to wear attire which conforms to the image of the professional physical therapist. The Health Sciences Center, and specifically the Physical Therapy Department, is a patient-care setting where patients, other professionals, and the general public form an impression of us which is based on our appearance and conduct.
2. The trunk region (midriff section) should be covered at all times. This includes classroom and clinical situations.
3. Clinical attire – this applies to dress to be worn during clinical work or during class visits to different clinical settings. Minimally appropriate clinical attire consists of LSUHSC polo shirts, cotton twill full length slacks, and flat shoes with closed heels and toes. The students are responsible for contacting their clinical instructors in advance for any other dress requirements that clinic might have (e.g., lab coats, neckties, scrubs, etc.). LSUHSC identification should be worn at all times. Any specific clinic dress code requirements supersede the LSUHSC PT Departmental dress code while at that facility.
5. If a facility requires the students to wear an I.D. from their facility, the student may cease wearing the LSUHSC identification badge.
5. Failure to comply with the dress code may result in verbal and written warnings. Repeated failure to adhere to professional appearance of the clinical site will may result in dismissal from the clinic.

\*Excerpt from LSUHSC Department of Physical Therapy Student Manual – last revised April 2014



## GENERAL DEPARTMENTAL POLICIES\*

1. The student is encouraged to see himself or herself as a perpetual learner and to respect the professional aspirations of the other class members. Each student is expected to participate and assist in creating a learning atmosphere in all clinical settings.
2. Students are expected to act in a professional manner at all times. Although professionalism is difficult to define, it includes such things as honesty, integrity, respect of others, being helpful and courteous in the classroom and clinic, prompt attendance at all scheduled classes and meetings, behaving in the appropriate and necessary manner which is consistent with a clinical/academic setting. In other words, it is behavior which reflects your view of yourself and your profession.

Students must maintain a professional attitude at all times, including, above all honesty and integrity. Students must also demonstrate respect for others at all times, including during classes, labs, clinics, etc. Failure to do so will result in disciplinary action, which may include dishonorable dismissal from the program. Students must also uphold the Code of Ethics and the Guide for Professional Conduct of the American Physical Therapy Association (Appendix C). Students are expected to comply with the Louisiana Physical Therapy Practice Act, Rules and Regulations.

3. Whenever you are in the presence of a patient, you are expected to respect the dignity, individuality, and privacy of that patient. All information regarding any patient is considered private and confidential, and is not to be discussed outside of the academic or clinical setting.
4. Smoking and use of any form of tobacco is not permitted in LSUHSC buildings and facility/clinics. Students who find it necessary to do so may smoke in the designated "smoking areas" outside of the buildings.
5. Bringing firearms (or other weapons) onto state property or clinical site is illegal. Because the safety and well-being of our faculty, staff, student, visitors, and patient to our campus and clinical sites are of utmost concern, this message is a reaffirmation of our policy of no unauthorized firearms on the campus of the LSU Health Sciences Center in New Orleans, at university-sponsored functions, and clinical sites. Under the provisions of the Louisiana Criminal Code R.S. 14:95.2, it is illegal and expressly prohibited to engage in the unauthorized carrying of a firearm or dangerous weapon by a student or non-student on University property, including dormitory rooms, at university-sponsored events, or within **one thousand feet** of any school campus at any time. These areas are designated by law as firearm-free zones. The law carries with it **severe penalties**.
6. Due to the disruptive nature of cell phones and pagers, all cell phones and pagers must be turned off or kept in the silent/quiet mode during all class periods, exams and during all patient care times (observations, clinical internships). If you are expecting an emergency-type call, place cell phone/pager on the silent mode. Leave the room before answering it. Also, prior to the beginning of class or patient treatment session, inform the faculty or CI that you may be leaving the room due to a potential emergency call.

\*Excerpt from LSUHSC Department of Physical Therapy Student Manual – last revised April 2014

## **SAFETY IN THE CLINIC**

**Students are expected to practice in a manner that minimizes risks to patients/clients, self, and others.**

In PHTH 7180: Introduction to Clinical Practice course, students will receive formal training on the universal precautions, blood borne pathogens, and potential health risks during a clinical affiliation.

Students who put safety of patients/clients at risk may be removed from the clinical affiliation and receive a grade of "Fail" for the affiliation.

Student who put their own safety at risk may be removed from the clinical affiliation and receive a grade "Fail" for the affiliation.

Safety at risk may include, but is not limited by:

- Failure to observe health, safety, and emergency regulations
- Failure to follow JCAHO standards regarding patient identification (i.e. 2 identifiers)
- Failure to maintain a safe work environment
- Failure to observe patient/client treatment contraindications or precautions
- Failure to recognize, monitor and/or adjust treatments according to patient/client responses
- Failure to use appropriate assistance of others
- Failure to use appropriate techniques for safe handling for patients/clients
- Failure to maintain safety for self (body mechanics, environment, etc.)

If the student demonstrates safety concerns in the affiliation, the CI should write an accurate and clear statement regarding the safety concerns. The CI should notify the DCE as soon as possible. The DCE will determine if the safety concerns warrant one of the following:

- A written plan of action or remediation to help the student adhere to safety standards.
- Immediate removal from the clinical affiliation and a grade of "Fail" for the clinical affiliation.

**Note: The University is not responsible for the student's safety during travel to and from the clinical affiliation.**

## **STUDENT HEALTH CARE AND EMERGENCIES\***

1. The Health Sciences Center offers group health insurance programs for students (refer to academic catalog). At the time of registration, student must either purchase coverage from this plan or must be prepared to show evidence of coverage by another plan, in which case the requirement to purchase may be waived. Students who receive medical treatment or who are referred to outside hospitals or clinics will be responsible for their bills. Students are expected to pay the charges and then file a claim with their insurance carrier.
2. Outpatient care for episodic illnesses, emergencies, and chronic illnesses is provided by student health services (<https://www.lsuhs.edu/orgs/studenthealth/geninfo.aspx>). The cost of primary care services for student outpatient visits at student health is supplemented with a portion of the University Fee. Students, and/or their insurance carriers are responsible for costs related to laboratory, X-ray, medications, hospital bills, consultants, and other non-reimbursed fees. A physician is on call 24 hours a day, including weekends and holidays.
3. Short-term mental health crisis/ stress counseling services are available to enrolled students through partial funding from student health fees. Students may contact the Campus Assistance Program, 504-568-8888 (<https://www.lsuhs.edu/orgs/campushealth/>).
4. Student health records are protected by HIPAA and kept separate from other student records in the Office of Student Health Services.
5. During clinical affiliations, students are required to report all emergencies immediately to the DCE. Students should be familiar and follow the clinical site's emergency guidelines. Students are responsible for all cost associated with emergency services required during the clinical affiliation.
6. The LSUHSC and the Department of Physical Therapy do not provide any workers' compensation coverage for students.

\*Adapted from the LSUHSC Catalog

## **ALCOHOL AND SUBSTANCE ABUSE**

Authorized use of, possession of, or being under the influence of alcohol and the illegal use, abuse, possession, manufacture, dispensation, distribution of, or being under the influence of controlled or illegal drugs is prohibited while at work, on call, on duty, at school, or engaged in Louisiana State University Health Sciences Center New Orleans campus (LSUHSC-NO) business on or off LSUHSC-NO premises. LSUHSC-New Orleans provides for on-going alcohol and drug-testing program for reasonable suspicion/for cause, post accident, periodic monitoring, and random testing.

The schools of the Health Sciences Center actively maintain programs dealing with all aspects of chemical dependency, such as prevention, intervention, and rehabilitation. Education in substance abuse is provided through workshops and seminars, and has become an integral part of the curriculum of each school.

The Substance Abuse Policy applies to all faculty, staff, residents, and students of the LSUHSC-NO. Students must understand the initial and continued enrollment is contingent upon compliance to this policy. The complete policy on substance abuse is located at <https://www.lsuhs.edu/administration/cm/cm-38.pdf>.

Participation in clinical experiences and affiliation is a required part of the curriculum and a requirement for graduation. Clinical rotation sites may deny a student's participation in the clinical experience and rotation because of failure of a required drug test, which would result in delayed graduation or in the inability to graduate from the program. The procedure for alcohol and drug screen as follows:

Students may be required to be screened for use of drugs to fulfill mandates from Clinical Sites or to participate in Clinical Affiliations. Prior to the start of an affiliation, the SCCE will inform the student if a drug screen is required. If a drug screen is required at the clinical site, the student may be provided with the following option(s):

- The clinical facility will perform an on-site drug screen
- The clinical facility will recommend off-site facility to perform the drug screen
- The academic program will recommend an off-site facility to perform the drug screen

The student will be responsible for costs associated with the drug screen.

Results of the drug screen will be sent to the SCCE of the clinical site. If the student's drug screen is positive, the SCCE will notify the DCE immediately. The findings will be forwarded to the Associate Dean for Academic Affairs of the School of Allied Health Professions. The student will be required to meet with the Associate Dean for Academic Affairs. After further review, the Associate Dean for Academic Affairs may decide:

- If additional drug screen(s) is necessary
- Refer the student to the office of Campus Assistance Program (CAP) for assessment of alcohol and/or drug problems and counseling

The student will be removed from the clinical affiliation and required to meet with the DCE. The student will be informed and advised of the Louisiana State Board of Physical Therapy Practice Act, Rules and

Regulation, Subpart 2. Practice, Chapter 3. Practice, Subchapter D. Disciplinary Proceedings “The Board after due notice and hearing may refuse to license any applicant ...upon proof that the person: is habitually intemperate or is addicted to the use of habit forming drugs.”

## STUDENT CONDUCT

Participation in clinical experiences and affiliation is a required part of the curriculum and a requirement for graduation. Clinical rotation sites may deny a student's participation in the clinical experience and rotation because of a felony or misdemeanor conviction, which would result in delayed graduation or in the inability to graduate from the program. Individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional.

Students may be required to have a background clearance to fulfill mandates from Clinical Sites or to participate in Clinical Affiliations. Prior to the start of an affiliation, the SCCE will inform the student if a criminal background check is required and the specific level(s) (i.e. multi-state, healthcare provider, elderly/child abuse, etc.). If a criminal background check is required at the clinical site, the student may be provided with the following option(s):

- The clinical facility will perform the background clearance
- The clinical facility will recommend off-site agency to perform the background clearance
- The academic program will recommend an off-site agency to perform the background clearance

The student will be responsible for costs associated with the background clearance.

Results of the criminal background check will be sent to the SCCE of the clinical site. If the student's criminal background check indicates criminal activity, the SCCE will notify the DCE immediately. The findings will be forwarded to the Associate Dean for Academic Affairs of the School of Allied Health Professions. For a student who has engaged in unprofessional conduct or other improper behavior, occurring within or outside the confines of the teaching program, dismissal or other specified disciplinary action may be recommended after review by the Associate Dean for Academic Affairs and/or a committee convened by the Associate Dean for Academic Affairs for that purpose (refer to LSUHSC School of Allied Health Professions Policy and Procedures related to student conduct).

The student will be removed from the clinical affiliation and required to meet with the DCE. The student will be informed and advised of the Louisiana State Board of Physical Therapy Practice Act, Rules and Regulation, Subpart 2. Practice, Chapter 3. Practice, Subchapter D. Disciplinary Proceedings "The LA State Board Of Physical Therapy Examiners after due notice and hearing may refuse to license any applicant ...upon proof that the person: has been convicted of a felony in the courts of this state, territory, or country."

## **TECHNICAL STANDARDS POLICY \***

The American with Disabilities Act (ADA) ensures the qualified applicant with a disability the opportunity to pursue program admission at public institutions. To determine whether an individual is a qualified applicant for programs or services, the ADA states that applicants must meet essential eligibility requirements.

The following performance standards are set forth so that the student will understand the essential eligibility requirements for participation and progression in the physical therapy curriculum. Standards cover interpersonal skills, communication, psychomotor skills, and cognitive skills. The ability to observe, evaluate, and treat a patient independently, while ensuring patient safety at all times is an expectation of the Department of Physical Therapy.

The purpose of this policy is to ensure that all physical therapy students are able to provide swift, safe, and competent evaluation and treatment to patients. All students will be held to the same standards and must be able to perform the technical standards of their positions with or without reasonable accommodation.

Upon request of persons with disabilities, Louisiana State University Health Sciences Center will provide reasonable accommodations. However, the Department of Physical Therapy of LSU Health Sciences Center is unable to make accommodations that impose an undue burden, present a threat to the health or safety of the individual or others, or fundamentally alter the nature of the curriculum including didactic components, laboratory sessions, and clinical affiliations.

Each Accepted applicant must complete an affidavit that attests to their ability to fulfill the technical standards of the Physical Therapy Department. The procedures for submitting a request for an accommodation is located in the Student Manual. Questions about the accommodation process may be directed to the Department Head at (504) 568-4288.

A complete list of technical standards may be found in the LSUHSC Department of Physical Therapy Student Manual.

\* Adapted with permission from Howard University

## **SITE REQUIREMENTS FOR CLINICAL AFFILIATIONS**

### **I. Medical Information**

1. Students are required to provide the following information prior to participating in a clinical affiliation (see Sharing of Student Information Policy):
  - a. Current evidence of good health as evidenced by a certificate from physician.
  - b. Current immunization as evidenced by vaccination/titre for rubella, measles, and varicella. (Some facilities may require evidence of vaccination/titre for mumps as well as a booster for Tetanus-Diphtheria)
  - c. Current evidence of vaccination/titre for Hepatitis B or evidence of declination.
  - d. Current evidence of negative PPD and/or chest x-ray.
  - e. Other information as required by individual clinical sites

### **II. Alcohol and Substance Abuse**

1. Student may be required to screen for the use of drugs to fulfill mandates from the clinical sites and/or participate in clinical affiliations.
2. Costs associated with drug screens are the responsibility of the student.
3. See Policy on Alcohol and Substance Abuse for additional information.

### **III. Student Conduct**

1. Student may be required to have a Criminal Background check to fulfill mandates from the clinical sites and/or participate in clinical affiliations.
2. Costs associated with the Criminal Background Check are the responsibility of the student.
3. See Policy on Student Conduct for additional information.

### **IV. Site Specific Requirements**

1. The clinical site may have additional student requirements to fulfill mandates of the clinical affiliation (i.e. hospital orientation, HIPAA training, infection control training, physical examination, etc.).
2. Student will be informed of the site specific requirements.



## ORIENTATION FOR THE AFFILIATION

The affiliation experience varies with each clinical site, as does the background and knowledge of each student. At the beginning of each clinical rotation, the student should receive a department orientation.

A department orientation usually includes the following components:

1. A tour of the department and facility.
2. A review of the rules and regulations specific to the facility.
3. An introduction to the personnel of the department.
4. An overview of the philosophy of the department.
5. An introduction to patient records, charts, scheduling, billing, etc.
6. A discussion of the affiliation schedule including hours of work and CI/student responsibilities.
7. A review of the types of experiences and learning opportunities available at the facility.
8. A review of specific protocols and guidelines used by the facility.
9. A review of the emergency procedures.
10. A discussion of the background, learning styles, and needs of the students and CI.
11. A discussion of the goals and objectives for the clinical affiliation for student and CI. This should include the levels of supervision, patient caseload, review course syllabi, preparation for the student project, etc.

### Emergencies

**The Director of Clinical Education at LSUHSC- Department of Physical Therapy should be contacted immediately if an emergency situation arises. The telephone number is 504-568-4584.**

## **COMMUNICATION**

### **I. Between the Clinical Facilities and the Department of Physical Therapy**

Ongoing and timely communication is vital to develop a close and collaborative relationship between the academic and clinical facilities. This communication fosters the interchange of ideas and stimulates growth as each facility has unique perspective on the clinical education process, student, and academic program. Effective communication is achieved formally and informally by on-site visits, phone calls, letters, emails, and meetings between the DCE, SCCE, CI, and student.

#### 1. On-site visits are performed to:

- a. Evaluate and establish the clinical facility as a clinical affiliation site.
- b. Discuss the progress and performance of the student.
- c. Discuss the problems or potential problems the student or facility may encounter. This may involve talking to the DCE, faculty, SCCE, CI, and student to assess the situation and develop an appropriate plan.
- d. Evaluate the clinical site with an emphasis on any personnel or administrative changes that may have occurred since the previous visit.
- e. Gather feedback from the SCCE/CI on the strengths and weaknesses of the academic curriculum at LSUHSC- PT Department and clinical faculty needs.

#### 2. Telephone Communication

The telephone communication provides the method for spontaneous or emergency communication between the student, clinical, and academic facilities. Clinicians and/or students are encouraged to contact the DCE at any time before, during, or after the affiliation. Telephone communication will be used as a substitute for on-site visits should distance and time considerations preclude an on-site visit.

#### 3. Email Communication

The email communication provides another method for communication between student, clinical, and academic facilities. The SCCE is contacted by email at least five to six weeks prior to the start of an affiliation. In this email, SCCE is updated on curricular or staff changes, student information, continuing education opportunities, and plans for the affiliation. During the affiliation, the SCCE or CI and student will be contacted by email within the first two weeks of the affiliation. Potential problems can be identified and evaluated at this time. Clinicians and/or students are encouraged to contact the DCE at any time before, during, and after the affiliation. Each year in early March, emails are sent to SCCE of all affiliating clinical sites requesting placements for the next academic year.

#### 4. Mailings

Mailings provide the means of sending essential material and documentation of a non-immediate nature. Curriculum updates, staff changes, information concerning affiliating students, and placement request forms are examples of postal communication. The student is responsible for the delivery of their student package to the SCCE. When SCCE has no email account, mailing is the preferred method of sending all materials.

## **II. Communication Between the Facility and the Student**

Once an affiliation has been confirmed for the student, the student is required to make a phone call to the SCCE to obtain information about work hours, dress code, housing, and type of clinical experiences offered.

A student package is completed and compiled by the student. The student is responsible to mail or drop off the package to the SCCE of the assigned clinical site at least 4-6 weeks prior to the start of the affiliation. Clinical sites may mail information directly to student in care of the Physical Therapy Department at LSU Health Sciences Center.

During the affiliation, it is expected that communication between the student and CI will be ongoing, mutual, and constructive. The CI has the responsibility to continuously assess student performance and recognize when the performance is at the correct level, above the expected level, or below the expected level. In the event, the CI determines that there is a problem; an early warning system will give the student an opportunity to improve.

1. The CI will identify the problems that the student has and bring it to the attention of the student. The CI will use a weekly summary form and/or anecdotal record (or whatever forms the clinic uses). The CI will review all documentation of the student, with student. The CI and student will sign all documentation to verify that it was reviewed.
2. The CI will describe the performance expectations as defined by the CPI or the expectation set by the clinic (defined in the Clinic Student Handbook).
3. The CI, in collaboration with the student, will define a solution for performance issue. This may be done on an existing form or by other means.
4. The CI will set a timeline during which the student must improve.
5. The CI will notify the SCCE and DCE that there is a problem, that the problem will be formally discussed with the student, and that there is a process in place for the student to make the necessary improvements.
6. The DCE, SCCE, CI, and student will be involved in any contract negotiations and decision-making.

If the SCCE or CI has specific concerns or complaints about the DPT program, clinical education program, or DCE, the clinician is requested to contact the Ha Hoang, PT, PhD, DCE (504-568-4584, [hhoang@lsuhsc.edu](mailto:hhoang@lsuhsc.edu)). If this is not possible, the clinician should contact the Department Head, Jane Eason, PT, Ph.D. (504-568-4288, [jeason@lsuhsc.edu](mailto:jeason@lsuhsc.edu))

It is expected that students will take the responsibility to develop a good working relationship with their CI. Students and CIs are recommended to set aside time during the day to discuss patient issues and progress.

### **III. Communication Between the Student and the School During Affiliations**

Students are expected to call the DCE or assigned faculty (when DCE is not available) if they have any concerns or problems related to the clinical affiliation. Students are encouraged to contact the DCE when they identify potential problems. If a student does not want to discuss the issues while at the clinical site, the student should contact the DCE or assigned faculty. Then a time can be determined (during lunch, evenings, weekends, etc.) to discuss the issues.

Students are required to notify the DCE of any absences or emergencies that result in loss of any clinical time.

During site visits and phone conferences, students are expected to provide open and honest feedback about their clinical education experiences.

### **IV. Communication Between DCE and faculty**

The DCE communicates with the faculty about clinical education sites and students utilizing the following procedures:

1. Confers with the appropriate faculty (clinical or academic) and Clinical Education Committee
2. Organizes clinical site and student information and disseminates this information during curricular processes
3. Prepares reports and/or engages in discussions with faculty on student progress in clinical education
4. Updates faculty about the clinical program, pertinent policies, and procedures
5. Monitors the changing healthcare delivery system and advises the program director and faculty of changing trends and potential impact on student enrollment, instruction, curriculum, design, clinical education, and equipment needs.

## **EVALUATION AND GRADING**

### **Basic Information**

The grade for each Clinical Affiliation (PHTH 7280, PHTH 7381, PHTH 7382, & PHTH 7383) is either, pass or fail. The *Clinical Performance Instrument (CPI)*, developed by the APTA, is used to determine the final grade (Appendix E). The CPI incorporates a rating scale to assess a student's competence for 18 performance criteria. Students are expected to demonstrate ratings on the CPI as described on the following pages (Passing Ratings) during each of the four affiliations (7280, PHTH 7381, PHTH 7382, & PHTH 7383). Ratings on the CPI are a direct result of the Clinical Instructor(s)'s direct observation of the student's knowledge and clinical performance, as well as feedback from staff and personnel at the clinical site.

Although students are formally evaluated on the CPI at the midterm and final period of the clinical affiliation, it is expected the feedback between the CI and student will be open, honest, ongoing, and constructive. If there is appropriate feedback and communication between the CI and student, there should be no unexpected feedback for the student during the midterm and final evaluation.

Each student is required to self-assess his/her own performance at the midterm and the end of the affiliation using the CPI. Students must include written comments and rating for all 18 performance criteria on the midterm and final evaluation. The student's self-assessment is to be discussed with and compared to the CI's evaluation. It is vital for the discrepancies in ratings to be discussed and student understands the comments and ratings. If the discrepancies are unresolved during the meeting, the DCE should be contacted immediately.

## **Formative Evaluation**

### **Clinical Instructor**

The Clinical Instructor is expected to provide open, honest, ongoing, and constructive feedback of the student's clinical performance during the affiliation.

The Clinical Instructor is encouraged to use the *Weekly Summary Form* (Appendix E) to monitor the student's progress, develop additional weekly goals, and to determine if the goals have been met.

The Clinical Instructor is expected to complete the *Clinical Affiliation Assessment and Summary Form* (Appendix E) to monitor and assess the student's progress prior to the midterm and final CPI assessments.

There should be no surprises about the student performance at the midterm and final evaluation.

### **Student**

The student is expected to provide open, honest, ongoing, and constructive feedback to their CI(s) about the affiliation experience. If a *Weekly Summary Form* is used, the student is expected to complete the form each week.

The student is expected to complete the *Clinical Affiliation Assessment and Summary Form* (Appendix E) to provide feedback to their CI(s) on the clinical experience prior to the midterm and final CPI assessments.

## Summative Evaluation

### Clinical Instructor

The Clinical Instructor will use the *Clinical Performance Instrument* online or paper version to complete the midterm (halfway point of the affiliation) and final evaluation (at end of the affiliation). The CI should critically evaluate the student's performance and accurately reflect performance using the rating scale and by writing descriptive and supportive comments for all 18 Performance Criteria.

The CPI incorporates a rating scale to assess student competence for the 18 performance criteria. Students are expected to demonstrate ratings on the CPI as described on the following pages (Passing Scores for Clinical Affiliations) during each of the four affiliations (PHTH 7280, PHTH 7381, PHTH 7382, & PHTH 7383). Ratings on the CPI are the result of the CI's observation of the student's knowledge and clinical performance, as well as feedback from staff and personnel at the clinical site.

If a student is demonstrating slow or late continuous improvement in a clinical rotation, additional clinical experience may be added to the rotation or at another facility. Additional clinical experience will be determined by the DCE in consult with the CI(s).

If a student is demonstrating below expected performance for their level of preparation, the DCE should be notified immediately. If the student is at risk for failing, the "significant concerns box" should be marked on the CPI.

If the student demonstrates problems with safety, professionalism, or adhering to ethical or legal practice standards, the DCE should be notified immediately.

### Student

Each student is required to self-assess his or her performance at midterm and at the end of the clinical affiliation using the CPI. Students are required to provide written comments for all 18 performance criteria for both the midterm and final evaluation. This self evaluation is to be discussed with and compared to the CI's evaluation. It is vital for the discrepancies in rating to be discussed and that the student understands the comments and ratings.

**Note: The CPI requires supportive comments for the ratings assigned on the rating scale, both at midterm and final. Documentation for each performance criterion should include comments on student's strength, areas that require more practice, and student's progress.**

**Documented entry-level performance on the rating scale does not necessarily mean that the student is independent in all activities.**

## **Final Grades**

The DCE is responsible for assigning the final grade for the affiliation. The final grade is based on the recommendation of the Clinical Education Committee's review of the following:

- Clinical site's form
- Weekly summary forms, anecdotal records, and/or critical incident reports
- Evaluations provided by the CI(s)
- All documentation of meetings, phone calls, etc. with the SCCE, CI, and student
- Student's self-assessments
- *PT Student Evaluation of Clinical Experience and Instruction form*

## **Pass**

It is expected that students will demonstrate skills congruent with the scores required on the rating scale of the *Clinical Performance Instrument (CPI)*. The written documentation should support the ratings listed on the CPI. For additional expectation for individual affiliations, (PHTH 7280, PHTH 7381, PHTH 7382, & PHTH 7383) see course syllabi.

Circumstances may warrant a decision by the DCE to award a "pass" or incomplete" grade when a student has not the met minimum criteria include:

- The clinical instructor did not follow correct procedure in assessing mastery of skills, documenting in results, or submitting completed progress reports.
- A determination, based on investigation and sufficient evidence, is made that the clinical instructor was biased or unfair in recording and reporting the student's clinical performance.

If a student receives an "I" (Incomplete) grade for the affiliation, the student will be provided another opportunity to achieve the requirements of the clinical affiliation in a similar clinical setting determined by the DCE. The new clinical affiliation period must be finished as specified by the Clinical Education Committee and by the Department. On completion of the requirements of the affiliation, the grade of "I" will be changed to an appropriate grade. If the student does not achieve the requirements at the new affiliation, a grade of "Fail" will be assigned and will likely result in program dismissal. A student cannot be promoted until all incomplete grades have been removed. A grade of "Incomplete" which is not removed by the date for registration for the next school year will be recorded on the records as "F" (Fail).



## Fail

**A grade of F results in the dismissal from the Physical Therapy Program. Students who receive a grade of F will not have an opportunity to repeat the affiliation.**

### Reasons for Receiving a Failing Grade

A student may fail an affiliation:

1. If they do not abide by the American Physical Therapy Association Code of Ethics or the rules and regulations of the University, School of Allied Health Professions, the Department of Physical Therapy and/or facility where the affiliation takes place.
2. If the ratings on the CPI are not appropriate for the level of schooling (See Passing Scores for Clinical Affiliations).
3. If there are excessive number of absences or tardiness.
4. If the student demonstrates poor safety awareness or practice.
5. If the student fails a remediation clinical affiliation.

### In the Event of Failure

1. If a student appears to be failing a clinical affiliation, the Clinical Instructor (CI) is to notify the Director of Clinical Education (DCE) as soon as possible. The DCE will meet in person or over phone with CI, student, and possibly SCCE to discuss student's performance. At that time, a decision regarding the student to continue or be removed from the affiliation will be made by the Clinical Education Committee's after reviewing the student's performance and all required documentation.
2. When a CI and DCE have determined that the student demonstrates "failing" performance, the student will be given an "Incomplete" for the clinical affiliation. The DCE will assign the student an "incomplete" for the clinical affiliation. The student will be provided another opportunity to achieve the clinical affiliation requirements at a similar clinical setting determined by the DCE. If the student does not achieve the requirements, a grade of "Fail" will be assigned and will likely result in program dismissal.
3. The Promotions Committee will have the responsibility for final action relating to the student's promotions in the program (Refer to Academic Policies in Student Manual).

**PASSING SCORES FOR CLINICAL AFFILIATIONS  
CLINICAL PERFORMANCE INSTRUMENT CRITERIA**

<b>Performance Criteria</b>	<b>PHTH 7280 Clinical Experience</b>	<b>PHTH 7381 Clinical Internship I</b>	<b>PHTH 7382 Clinical Internship II</b>	<b>PHTH 7383 Clinical Internship III</b>
1. Practices in a safe manner that minimizes the risk to patient, self, and others	Intermediate	Advanced intermediate	Entry-level	Entry-level
2. Demonstrates professional behavior in all situations.	Intermediate	Advanced intermediate	Entry-level	Entry-level
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.	Intermediate	Advanced intermediate	Entry-level	Entry-level
4. Communicates in ways that are congruent with situational needs.	Intermediate	Advanced intermediate	Entry-level	Entry-level
5. Adaptes delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.	Advanced beginner	Intermediate	Advanced intermediate	Entry-level
6. Participates in self-assessment to improve clinical and professional performance.	Advanced beginner	Intermediate	Advanced intermediate	Entry-level
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.	Advanced beginner	Advanced intermediate	Entry-level	Entry-level
8. Determines with each patient encounter the patient's needs for further examination or consultation by a physical therapist or referral to another health care professional.	Advanced beginner	Intermediate	Advanced intermediate	Entry-level
9. Performs a physical therapy patient examination using evidence-based tests and measures.	Advanced beginner	Intermediate	Advanced intermediate	Entry-level

<b>Performance Criteria</b>	<b>PHTH 7280 Clinical Experience</b>	<b>PHTH 7381 Clinical Internship I</b>	<b>PHTH 7382 Clinical Internship II</b>	<b>PHTH 7383 Clinical Internship III</b>
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.	Advanced beginner	Intermediate	Advanced intermediate	Entry-level
11. Determines a diagnosis and prognosis that guides future patient management.	Advanced beginner	Intermediate	Advanced intermediate	Entry-level
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.	Advanced beginner	Intermediate	Advanced intermediate	Entry-level
13. Performs physical therapy intervention in a competent manner.	Advanced beginner	Intermediate	Advanced intermediate	Entry-level
14. Educates others using relevant and effective teaching methods.	Advanced beginner	Intermediate	Advanced intermediate	Entry-level
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.	Advanced beginner	Intermediate	Advanced intermediate	Entry-level
16. Collects and analyzes data from selected outcomes measures in a manner that supports accurate analysis of individual patient and group outcomes.	Advanced beginner	Intermediate	Advanced intermediate	Entry-level
17. Participates in the financial management of the physical therapy service consistent with regulatory, legal, and facility guidelines.	Advanced beginner	Intermediate	Advanced intermediate	Entry-level
18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal and ethical guidelines.	Advanced beginner	Intermediate	Advanced intermediate	Entry-level

### Clinical Performance Rating Scale



## **Reasons For Using The CPI For Evaluation Of Student Performance**

1. To provide formal feedback to the student on his/her progress at the clinical site. This enables the student to emphasize or modify skills and behavior required to promote both professional and personal growth.
2. To enable the faculty and the academic department to assess the ability of the student at all levels of the clinical experience. Depending on these abilities, the program will adapt or modify the program to best meet the professional needs of the student.
3. To help determine whether or not the student has met the objectives of clinical education.
4. To enable the academic program and the clinical facility to assess and improve effectiveness of the academic and clinical education component of the curriculum.
5. To enable the student to participate in self-assessment by determining his/her own strengths, weaknesses, which are then shared and compared with the findings of the clinical instructor.
6. To allow the faculty and clinical educators to use a uniform and consistent national instrument that is consistent with the following professional documents: Guide to Physical Therapist Practice (2016), A Normative Model of Physical Therapist Professional Education (2004), Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists (2018).

## **Guidelines for The Use Of The CPI**

1. CIs and student should familiarize themselves with the CPI form (Appendix E), the course syllabus, and grading criteria prior to the start of each clinical affiliation. If there are any questions regarding the use of the CPI or other materials, the DCE should be contacted immediately.
2. The CPI is used to provide summative evaluation of the student performance at the midterm and at the end of the clinical affiliation. However, formative feedback should be provided on an ongoing and regular basis.
3. If a student is demonstrating weaknesses in any of the 18 Performance Criteria, the DCE should be notified immediately.
4. If the student demonstrates weaknesses, the CI should determine if the weaknesses places the student at risk for failing the affiliation. If so, the "Significant Concerns" box should be marked at midterm and/or Final. The DCE should be notified immediately.
5. If the student demonstrates weakness in performance criteria 1-4 and 7, the DCE should be notified immediately. A plan will be developed to help the student to meet the requirements for the affiliation.
6. The rating scale and comment sections should be completed for each of the 18 Performance Criteria at midterm and final.
7. The ratings on the scale and the comments should be congruent.

## **Tips for The Clinical Instructor When Rating Students**

### **1. Become “rating conscious”**

Prior to the clinical affiliation, the CI should familiarize themselves with the grading form. Keep a daily log of the student’s activities and behaviors that will assist you in grading the student’s performance. More examples can assist a CI in discussing the rating with student, DCE, or other personnel.

### **2. How to determine a rating**

Base your ratings on a variety of information sources such as direct observation of student in different situations, documentation review, other clinicians/staff, student self-assessment, patients/clients, role playing, etc. If the CI is unfamiliar with certain aspect of the student’s performance, seek assistance from other members of the staff or DCE.

### **3. Recognize and discount any bias**

Be objective and unbiased. Avoid certain impressions (favorable or unfavorable) of the student to influence the ratings (halo effect). Careful attention to the specific behavioral criteria is required for each performance criteria.

### **4. Compare the student’s performance as it relates to “entry-level” performance**

Evaluate the student in relation to individuals of comparable experience and training. Provide student with accurate, objective, and balanced feedback. Often, CIs tend to avoid harsh evaluations, usually to avoid the discomfort associated with delivering the candid and honest feedback (error of leniency). Be objective and do not hesitate to contact DCE to report unfavorable performance or characteristics.

### **5. Base your rating upon the entire period covered**

The rating should reflect the most typical and frequent performances rather than isolated instances. When a student has more than one CI, consult with other CIs to determine an overall rating.

## **Rights of Clinical Instructors And Site Coordinators Of Clinical Education**

1. The right to have “one-on-one” consultation with DCE.
2. The right to ask for additional information or in-services related to clinical education.
3. The right to be notified of clinical education courses offered by the LSU Health Sciences Center Department of Physical Therapy.
4. The right to be advised about the APTA’s Clinical Instructor Credentialing Course.
5. The right to be advised about the APTA web site for additional continuing education courses related to clinical education.

## Clinical Instructor Checklist

Prior to the beginning of a Clinical Affiliation with students from Louisiana State University Health Sciences Center New Orleans, Clinical Instructors should review the following information:

1. Student Package  
The package includes course syllabus, *Student Information Form*, copy of HIPAA certificate, copy of CPR certification, and student's health records.
2. Louisiana State University Health Sciences Center Department of Physical Therapy Clinical Education Manual
  - A. Each facility should have a copy of the Clinical Education Student Manual from Louisiana State University Health Sciences Center, School of Allied Health Professions, Department of Physical Therapy. It is expected that the Clinical Instructor will review the Manual prior to the start of the affiliation. In particular, the CI should review the following:
    - i. the Course Syllabus for the assigned student
    - ii. the evaluation tools used by the CI and student for the affiliation
  - B. Clinical Performance Instrument
    - a. Guidelines for Use of the CPI
    - b. Reasons for Using the CPI for Evaluation of Student Performance
    - c. Passing Scores for Clinical Affiliations
    - d. Grading
  - C. Evaluation tool completed by the Student
    - a. The Physical Therapist Student Evaluation: Clinical Experience and Instruction
    - ii. Attendance Policy
    - iii. Rights of CI and SCCE
    - iv. Orientation to Affiliation
3. All CIs are expected to complete the APTA PT-CPI training for use of the online or paper version of the tool. Training is available online or conducted on-site. If a clinical site, SCCE, and/or CI is interested in the training, please contact Ha Hoang, PT, PhD, Director of Clinical Education (phone 504-568-4584, email: [hhoang@lsuhsc.edu](mailto:hhoang@lsuhsc.edu))
4. Clinical Instructors may also want to review the APTA Guidelines and Self Assessment for Clinical Education. The Guidelines can help a CI assess his/her own preparation to be a Clinical Instructor. Clinical Instructors are encouraged to contact DCE for a copy or [www.apta.org](http://www.apta.org).
5. If you have any questions about the affiliation or clinical education, please do not hesitate to contact Ha Hoang, PT, PhD, Director of Clinical Education (phone 504-568-4584, email: [hhoang@lsuhsc.edu](mailto:hhoang@lsuhsc.edu))



## **Guidelines for Selection Of And Expectations Of Clinical Affiliation Sites And Staff**

### A. Facility Administrative Policy at the Clinical Site

1. Committed to equal opportunity.
2. All personnel to practice legally and ethically.
3. Facility has appropriate communication channels between department.
4. Facility is committed to excellence in patient care.
5. Facility is accredited by the appropriate overseeing body.
6. Facility has adequate resources available at clinical site.
7. Endorses the principles set forth in the American Hospital Association "Patient Bill of Rights".

### B. Physical Therapy Department

1. All staff members are licensed by the appropriate state and national body.
2. Job descriptions are clearly defined and distinct from each other.
3. Department performs ongoing evaluations of its procedures to ensure quality control.
4. Staff members are involved in ongoing continuing education and/or activities of their professional organization.

### C. Facility Clinical Policy

1. Facility provides an active stimulating environment appropriate to the level of the student's education and prior experience.
2. Philosophy of the clinical education is consistent with that of Louisiana State University Health Sciences Center, School of Allied Health Professions, and Department of Physical Therapy.
3. Administration demonstrates support and interest in clinical education.
4. A written agreement for clinical education has been or is in the process of being signed.
5. Facility provides student with the opportunity for a variety of learning experiences (i.e. surgery observation, staffing, rounds, special clinics, in-services).
6. Facility demonstrates a commitment to the personal safety and belongings of the student (i.e. locker space, security guards, parking).

### D. The Physical Therapy Clinical Education Policy at the Clinical Site

1. Meets the specific objectives of the facility, the University/ College / PT program, and the student.
2. Provides an adequate staff-patient ratio so that the student can optimally benefit from the experience.
3. Philosophy of the physical therapy department is consistent with Louisiana State University Health Sciences Center, School of Allied Health Professions, and Department of Physical philosophy.
4. Program is coordinated so the student can learn from the expertise of the staff.
5. Department provides appropriate number of patients on caseload for the student with adequate supervision.

6. Department provides adequate space for student needs (i.e. a storage for coat, desk or study area).
7. Department has completed the necessary forms required to complete the affiliation process: the contract and Clinical Site Information Form. (Appendix F)
8. Department completes and submits student evaluation forms on time and returns them directly to the DCE of LSU Health Sciences Center, School of Allied Health Professions, Department of Physical Therapy.
9. The physical therapy department at each site will have an appointed SCCE.

#### E. Center Coordinator of Clinical Education Responsibilities

1. Supervise the Clinical Instructors.
2. Coordinate and evaluate the educational policy at the clinical site.
3. Perform a self-assessment of the Clinical Education Site ever one-two years. May use the Self-Assessment for Clinical Education Sites developed by the APTA ([www.apta.org](http://www.apta.org)).
4. Perform a self-assessment as the SCCE every one or two years. May use the Self-Assessment for Site Coordinators of Clinical Education developed by the APTA ([www.apta.org](http://www.apta.org)).
5. Choose clinical instructors (CIs) based on the objectives for the affiliation.
6. Formulate and update the student policy manuals and student protocols.
7. Maintain a close contact with the DCE at LSU Health Sciences Center, School of Allied Health Professions, Department of Physical Therapy regarding any changes or additions to the clinical education program.

#### F. Clinical Instructors (CI) Responsibilities

1. Be a licensed physical therapist.
2. Attain a minimum of 1 year of clinical experience.
3. Demonstrate competency in teaching in the clinical setting.
4. Abide by the State Practice Act, interpretive rules and regulations, and the APTA Code of Ethics.
5. Perform a self-assessment as the CI every three years. May use the Self-Assessment for Clinical Instructors developed by the APTA ([www.apta.org](http://www.apta.org)).
6. Provide appropriate time and opportunities for student learning experiences.
7. Give ongoing and appropriate feedback to the student and meet with the student on a regular and timely basis.
8. Report to the SCCE if any major problems develop between the student and him/herself.
9. Discuss and/or present the student progress with the DCE at least once during the affiliation.

## **Criteria for Selection Of Clinical Sites**

Clinical affiliation sites provide students with a wide variety of learning experiences and opportunities. The Department of Physical Therapy is committed to provide students with clinical education experiences that subscribe to the philosophy and standards of the American Physical Therapy Association and LSU Health Sciences Center, School of Allied Health Professions.

Clinical affiliation sites are established throughout the school year. Facilities can be established as clinical sites through recommendation of the site itself, a faculty member, and/or a student. The selection of facilities as clinical sites is based on the policies and criteria listed on the following pages. Final selection of a facility as a clinical site will be made via site visits, interviews with staff at site, and/or faculty input. When a facility has been established a clinical affiliation site, the facility will be placed on a mailing list for the yearly request for clinical placement.

A student may recommend the addition of a new clinical site. The student is required to set up a meeting to discuss the recommendation with the DCE. Prior to the meeting, the student is expected to obtain general information on the site (name of site, location, phone number, type of facility, etc.). After the discussion, the DCE will determine if the clinical site is a "potential new affiliation." Students are informed that a clinical affiliation agreement may require 6-12 months to complete. The DCE will send a *Request for New Affiliation Form* to the designated contact person of the clinical site. The form must be completed and returned to the DCE within 2 weeks.

The DCE will evaluate the information on the *Request for New Affiliation Form* (Appendix G). At that time, the DCE will contact the site and may request additional information. If the recommended site is determined to meet the requirements of the Physical Therapy Education Program, the DCE will forward the information and form to the contract manager of the School of Allied Health Professions to request a formal affiliation agreement.

If the new affiliation is established at the request of a student, the student will be assigned to the requested site for an affiliation. Students are required to participate in the affiliation that was established at their request.

## **Evaluation Of Clinical Affiliation Sites**

The Clinical Sites are evaluated on an on-going basis by:

1. Clinical site visits made by the DCE and/or faculty from the LSU Health Sciences Center, School, School of Allied Health Professions, Department of Physical Therapy.
2. On-going review of the Clinical Site Information Form (CSIF) developed by the APTA.
3. Student evaluations of the Clinical Site.
4. Information gathered via phone calls to the clinical site.
5. Contract review.

## **Clinical Faculty Development**

The DCE is responsible for coordinating, developing, and delivering educational activities to the clinical educators. These activities are implemented based on the needs of the clinical faculty, feedback from students/SCCE/CI, and academic program to help develop and improve the effectiveness of the clinical faculty. The DCE is available for the clinical faculty to inquire and address:

- clinical instructor training program
- clinical education resources
- how to work through conflict management
- communication styles and techniques with staff
- give and receive feedback
- other education issues

When a deficit or need for improvement is identified with the clinical faculty, the DCE will initiate a plan of action. If the area needing improvement involves a particular CI, the DCE engages in conversation with the CI to remediate the problem. Education and advising by the DCE can occur onsite, phone calls, or emails to the CI.

When a pattern of deficiency or area needing improvement is noted within a clinical site, the DCE may determine the need for a clinical site or group developmental activity, such as an inservice or meeting with the SCCE who then communicates with the CIs. If the area needing improvement is noted in more than one facility, the development activity may occur in multiple site visits, phone calls, or emails to clinics or CI meeting.

All CIs are encouraged to attend an APTA CI Credentialing course after one year of clinical experience to foster their development as CI.

The DCE assesses the clinical faculty through a wide variety of measures and feedback from many sources. The DCE reviews all CI and student documents to obtain data and discusses with students in class or individually. These documents may include, but not limited to:

- Clinical Performance Instrument (CPI)
- APTA's PT Student Evaluation of Clinical Experience and Instruction
- Clinical Site or Phone Conference Form
- Anecdotal records
- Forms used by the clinical site

In addition to the above documents, the DCE gathers information about the needs of the clinical faculty development through:

- Communication with CI and SCCE through phone calls, emails, fax, letters, site visits, district and site LPTA meetings, Clinical Instructor meetings
- Discussions with student
- Discussions with non-clinical faculty
- Clinical Education courses

## COMPLAINTS

The department has a number of ways for handling complaints, such as those from clinical sites, employer of graduates and the public, that falls outside the realm of due process. Policy and procedures for filing such complaints can be found in the Student and Clinical Education Manual and includes the following statement:

“The Louisiana State University Health Sciences Center Department of Physical Therapy encourages any individual who is unhappy with their experience or encounter with any student, faculty or staff member of the Department of Physical Therapy to file a written complaint against the department or program. The Department takes seriously all program related complaints seriously and will act upon any complaints in an expedient manner. Once a complaint has been made, the Program Director will be directly involved in gathering information and addressing the complaint. The complaint will be kept on file in the Department Head’s files under “Program Complaints” for a period of 5 years.

Complaints should be addressed to:

Jane Eason, PT, Ph.D.  
Department of Physical Therapy  
1900 Gravier Street  
LSU Health Sciences Center  
New Orleans, LA 70112

Policy and Procedures for handling a complaint outside the realm of due Process:

1. When possible, the Department head will discuss the complaint directly with the party involved within 14 business days. If at all possible, the matter is reconciled at this point. A letter from the Department Head acknowledging the resolution of the complaint will be filed with the complaint and a copy sent to the complaint.
2. If dissatisfied with the discussion with the Department Head, or if the complaint is against the Department Head, the involved party may submit a written complaint to the Dean of the School of Allied Health Professions. The Department Head will meet with each party separately and may schedule a joint appointment with the two parties in order to attempt to resolve the issue. A letter outlining the resolution by the Dean shall be filed with the complaint in the Department Head’s office.
3. If the party feels that additional complaint is necessary, then the last line of complaint within the institution is to the Vice-Chancellor of Academic Affairs or the Chancellor of the Health Sciences Center depending on the nature of the complaint. Outside of the institution, a complaint can also be filed with the physical therapy accrediting body: Commission on Accreditation in Physical Therapy Education, American Physical Therapy Association, 1111 N. Fairfax Street, Alexandria VA. 22314

# **Appendix A**

## **Course Syllabi**

**PHTH 7180**

**PHTH 7280**

**PHTH 7381**

**PHTH 7382**

**PHTH 7383**

Louisiana State University Health Science Center  
School of Allied Health Professions  
Department of Physical Therapy  
Doctor of Physical Therapy

Course Syllabus

**SAMPLE**

**Course Number and Title:** PHTH 7180 Introduction to clinical practice

**Course Description:** A course designed to introduce the student to the clinical education component of the program. The course covers general information about the role of the student physical therapist in the clinic setting, professionalism, clinical education process, expectations of clinical education (school, student, and clinic site), and legal ramifications of patient care and student learning. The practicum of the course is designed to provide clinical reinforcement of the material presented during the first and concurrent semesters of study.

**Department Offering Course:** Physical Therapy

**Credit Hours:** 1 Semester Hour Credit

**Course Coordinator:** Ha Hoang, PT, PhD  
Director of Clinical Education  
Office Location: 7D2  
Office Phone: (504) 568-4584  
E-mail: [hhoang@lsuhsc.edu](mailto:hhoang@lsuhsc.edu)

**Office Hours:** Office 7D2, open door policy or by appt.

**Clock Hours:** Lecture/large class discussion: 8 hours  
Clinical education/experience: 10 hours

**Schedule:** Tuesdays, 1-3 pm or noted on the schedule

**Course Objectives**

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

1. Apply principles of APTA Code of Ethics, APTA Core Values, and Guide to Professional Conduct to the clinical setting (**CAPTE, 7D4, 7D5**)
2. Recognize the importance of and act in accordance with all federal and state laws governing the practice of physical therapy (**CAPTE, 7D1**).
3. Actively participate in the preparation of the clinical education experience (**CAPTE, 7D37**).
  - a. Obtain and update appropriate clinical education requirements (CPR, health records, professional liability).
  - b. Discuss OSHA guidelines pertaining to infection control and blood borne pathogens.
  - c. Discuss potential health risks during a clinical affiliation.
4. Demonstrate the ability to self-assess his/her own progress accurately in the clinical setting.
5. During the practicum, the student will be introduced to the physical therapist's role in the clinic through (**CAPTE, 7D7, 7D39, 7D32, 7D33**):
  - a. Observing and assisting the physical therapist in patient care.
  - b. Observing and practicing relevant precautions and safety measures appropriate to the individual patient treatment.
  - c. Observing and practicing communication skills relevant and appropriate to the individual patient
  - d. Observing and participating in the provision of comfort and privacy to the individual patient.
  - e. Observing and investigating charting of patients and their progress through the note writing process.



- f. Observing and investigating an interdisciplinary approach to rehabilitation.
6. Demonstrate an understanding of the clinical education process by (CAPTE, 7D1):
  - a. Discussing the roles and responsibilities of the program, the clinical facility, and the student in clinical education.
  - b. Discussing the legal ramifications involved in clinical education.
  - c. Providing feedback of the clinical education experience.

(CAPTE> Commission on Accreditation in Physical Therapy Education, 7D Standards)

#### Topics Covered:

- Introduction to the physical therapist’s role in the clinic
- Professional development in the clinical setting
- Introduction to the clinical education process
- Expectations of clinical education (school, student, and clinic responsibilities)
- Introduction to legal ramifications of patient care and student learning
- Instruction in the development and writing of learning objectives

- **Course Prerequisites:** The student must have successfully completed all prior curricular coursework.

#### Teaching Methods and Learning Experiences

- Lecture
- Discussion
- Clinical learning experiences

#### Attendance

The student is expected to attend all class and clinical experience days and to be punctual at all times.

#### Attire

The department policy on professional attire in the clinical setting will apply.

#### Required Course Element:

#### Grading Criteria:

The students will be graded on a pass – fail basis according to the following:

- a. Completion of all clinical education requirements
- b. Submission of all clinical education documents (i.e. copies of CPR certification, updated health records, signed confidentiality/ sharing of student information forms)
- c. Attendance at all scheduled hospital or clinic visits
- d. Submission of all clinic visit documentation, including patient documentation and completed PLEX (Patient Learning Experience) forms.

A student receives a “Pass” grade if they have successfully met all of the above requirements. Circumstances which may warrant a decision by the course coordinator to award an “incomplete” grade when a student has not met the minimum criteria include:

- student was unable to attend clinical experience days due to illness or unexpected circumstances.

If a student receives an “incomplete” grade, the course instructor will grant the student permission to complete the designated course requirements within a time frame designated by the instructor and consistent with LSUHSC policy.

#### Required Texts

American Physical Therapy Association (2016). *Guide to physical therapist practice*. (3rd ed.). Alexandria, VA: APTA. **Online and free to members of the APTA at <http://guidetoptpractice.apta.org/>**

Louisiana State University Health Science Center  
School of Allied Health Professions  
Department of Physical Therapy

Course Syllabus

**SAMPLE**

**Course Number and Title:** PHTH 7280 Clinical Experience

**Course Description:** A clinical course consisting of 320 clock hours of clinical experience in a physical therapy setting. The practicum of the course is designed to provide clinical reinforcement of the material presented during the first year of study.

**Department Offering Course:** Department of Physical Therapy

**Credit Hours:** 3 Semester Hours Credit

**Course Coordinator:** Ha Hoang, PT, PhD  
Director of Clinical Education  
Office Location: 7D2  
Office Phone: (504) 568-4584  
Fax: (504) 568-6552  
E-mail: hhoang@lsuhsc.edu

**Office Hours:** Open door policy or by appointment.

**Clock Hours:** Lecture/large class discussion: 4 hours  
Clinical education/experience: 320 hours

**Course Objectives:**

**Throughout this course, the student will:**

1. Demonstrate and apply the standards of professional practice and expected professional behaviors (as learned in PHTH 7111) in the context of all classroom and clinical environments.
2. Exhibit self-awareness of one's own limitation and areas of needed growth, and demonstrate the ability to seek appropriate assistance for this purpose.

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

3. Demonstrate the ability to perform safe and effective physical therapy practice.
4. Apply principles of APTA Code of Ethics and Guide to Professional Conduct to the clinical setting.
5. Recognize the importance of and act in accordance with all federal and state laws governing the practice of physical therapy.
6. Actively participate in the preparation and implementation of the clinical education experience.
7. Demonstrate the ability to self-assess his or her progress accurately in the clinical setting.
8. Apply knowledge acquired of human anatomy, physiology, and pathophysiology of all systems in the clinical setting; and, demonstrate understanding of how these concepts affect the overall outcome and prognosis of each patient.
9. Demonstrate competence in the ability to perform the following tests and measurements in the clinical setting:
  - a. History
  - b. Observation
  - c. Palpation
  - d. Vital signs
  - e. Posture analysis
  - f. Range of motion
  - g. Manual muscle testing

- h. Neurological / Sensory testing
  - i. Integumentary integrity
10. Provide appropriate, evidence-based rationale for the use of specific tests and measurements in the management of the patient/client.
  11. Perform a comprehensive physical therapy examination on a simple patient in the general setting in an effective and efficient manner.
  12. Perform the following patient management skills in a safe and effective manner:
    - a. Draping and positioning
    - b. Basic transfers and bed mobility
    - c. Gait training with assistive devices
    - d. Stair training with and without assistive devices
    - e. Basic wheelchair mobility and management
    - f. Dependent wheelchair mobility
  13. Produce concise and accurate physical therapy documentation for all examination and treatment services provided by the student in patient care.
  14. Demonstrate competence in communicating appropriately with all members of the healthcare team including, but not limited to, physicians, other therapists, other health care workers, supporting staff, patients, and family members.
  15. Adapt treatment and communication to the individual needs of patient's and others.
  16. Adequately perform patient / family education by demonstrating the ability to educate on numerous levels using verbal communication, demonstration, and any other applicable methods of instruction.
  17. Assess the reception and understanding of the patient / family to educational concepts addressed.
  18. Assess the effectiveness of a physical therapy plan of care through re-evaluation of patient functional status.
  19. Adapt the physical therapy plan of care to increase effectiveness and to meet the changing needs of the patient.
  20. Demonstrate an understanding of appropriateness of physical therapy intervention with each patient/client and suggest appropriate consultation when deemed necessary.

**Course Prerequisites:** The student must have successfully completed all prior curricular course work.

**Required Course Elements:**

**Grading Criteria:**

Project: The student will prepare a professional inservice to present to the staff of the facility on a topic appropriate to the Clinical setting and the educational level on the topic of the clinical staff. A formal handout will be prepared and turned in to the DCE at the culmination of the clinical experience.

The students will be graded on a pass – fail basis according to comments on the written evaluation by the clinical instructor, use of the APTA Clinical Performance Instrument, and on completion of all objectives and course requirements. The minimum requirements for a “pass” grade using the CPI are as follows: final marks on criteria 1-4 at intermediate performance, final marks on criteria 5-18 at advanced beginner performance and no “Significant Concerns” boxes checked in any of the 18 performance criteria. Circumstances which may warrant a decision by the DCE to award a “pass” or “incomplete” grade when a student has not met the minimum criteria include:

- The clinical instructor did not follow correct procedure in assessing mastery of skills, documenting results, or submitting completed progress reports.
- A determination, based on investigation and sufficient evidence, is made that the clinical instructor was biased or unfair in recording and reporting on the students’ clinical performance.

**Required Texts:** APTA: Clinical Performance Instrument, 2006  
 APTA: Guide to Physical Therapists Practice, January 2016  
 Recommended: previous textbooks, articles, and readings.

**Attendance:** The student is expected to attend all assigned clinical experience days and to be punctual at all times. Students are not allowed to miss any days of the clinical experience for personal reasons. If

there is some reason (ie. Sickness, death of a family member, etc.) that may require the student to be absent for one or more days, they are to contact both the facility and the Director of Clinical Education to request permission to be absent. If any days are missed due to these reasons, they must be made up in order to meet the requirements of the course. Failure to show up for the clinical without contacting the SCCE and DCE prior to the absence may result in failure of the course.

**Attire:** The department policy on professional attire in the clinical setting will apply.

**Clinical Experience:**

**During Clinical Affiliation**

	<p><b><i>Week 1:</i></b>          _____ Complete a general facility orientation, meet staff, review site protocols/guidelines          _____ Meet with CI(s) to discuss goals ,objectives, and expectations for internship          _____ ** Recommend CI to review Clinical Education Manual          _____ Send CI’s information (email account and CPI training status) to DCE</p>
	<p><b><i>Week 2:</i></b>          _____ Complete <u>Clinical Affiliation Summary Form</u>          Submit to DCE by <b>5:00 pm on Friday, June 1, 2018</b> (email- prefer or fax number: 504-568-6552)</p>
	<p><b><i>Week 4:</i></b>          _____ Complete <u>Midterm Self Assessment on CPI</u>          _____ Complete <u>PT Student Evaluation of Clinical Experience and Instruction Form, pages 7 and 8</u> (midterm sections only, no need to send in document)          _____ Meet with CI to review Self Assessment, Midterm CPI, and PT Student Evaluation Form (midterm sections only, no need to send in this document)          _____ Select date for Inservice presentation          _____ Complete Midterm Meeting (phone conference or site visit) with DCE or advisor</p>
	<p><b><i>Week 6:</i></b>          _____ Complete <u>Clinical Affiliation Summary Form</u>          Submit to DCE by <b>5:00 pm on Friday, June 29, 2018</b> (fax number: 504-568-6552 or email)</p>
	<p><b><i>Week 8:</i></b>          _____ Complete <u>Final Self-Assessment on CPI</u>          _____ Complete <u>PT Student Evaluation of Clinical Experience and Instruction Form</u> (all sections).          Following the review of this document with CI, submit an electronic copy and include the following statement on page 8 “I have reviewed the document with my CI.”          _____ Meet with CI to review Self-Assessment, Final CPI, and PT Student Evaluation Form          _____ Submit an electronic copy of inservice presentation or handout to DCE (hhoang@lsuhsc.edu)</p>

**Louisiana State University Health Science Center  
School of Allied Health Professions  
Department of Physical Therapy  
Doctor of Physical Therapy**

**Course Syllabus**

**SAMPLE**

**Course Number and Title:** PHTH 7381 Clinical Internship I

**Course Description:** A clinical course consisting of 400 clock hours of clinical experience in an acute care, general orthopedic, or inpatient rehabilitation setting. The practicum of the course is designed to provide clinical reinforcement of the material presented during the first two years of study.

**Department Offering Course:** Physical Therapy

**Credit Hours:** 4 Semester Hours Credit

**Course Coordinator:** Ha Hoang, PT, PhD  
Director of Clinical Education  
Office: 7D2  
Phone: (504) 568-4584  
Fax: (504) 568-6552  
Email: [hhoang@lsushc.edu](mailto:hhoang@lsushc.edu)

**Office Hours:** Open door or by appointment.

**Clock Hours:** Lecture/large class discussion: 4 hours  
Clinical education/experience: 400 hours

**Course Objectives**

**Throughout this course, the student will:**

1. Demonstrate and apply the standards of professional practice and expected professional behaviors (as learned in PHTH 7111) in the context of all classroom and clinical environments.
2. Exhibit self-awareness of one's own limitation and areas of needed growth, and demonstrate the ability to seek appropriate assistance for this purpose.

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

3. Demonstrate the ability to perform safe and effective physical therapy practice.
4. Apply principles of APTA Code of Ethics and Guide to Professional Conduct to the clinical setting.
5. Recognize the importance of and act in accordance with all federal and state laws governing the practice of physical therapy.
6. Actively participate in the preparation and implementation of the clinical education experience.
7. Demonstrate the ability to self-assess his/her own progress accurately in the clinical setting.
8. Apply knowledge acquired of human anatomy, physiology, and pathophysiology of all systems in the clinical setting; and, demonstrate understanding of how these concepts affect the overall outcome and prognosis of each patient.
9. Demonstrate competence in the ability to perform the following tests and measurements in the clinical setting:
  - a. Range of motion
  - b. Manual muscle testing
  - c. Vital signs
  - d. Posture analysis
  - e. Sensory testing

- f. Gait assessment
  - g. Aerobic capacity and endurance
  - h. Integumentary integrity
  - i. Balance assessment
10. Provide appropriate, evidence-based rationale for the use of specific tests and measurements in the management of the patient/client.
  11. Perform the following patient management skills in a safe and effective manner:
    - a. Draping and positioning
    - b. Basic or advanced transfers and bed mobility
    - c. Gait training with assistive devices
    - d. Stair training with and without assistive devices
    - e. Basic or advanced wheelchair mobility and management
    - f. Dependent wheelchair mobility
  12. Perform a comprehensive physical therapy examination on a patient in the cardiopulmonary, neuromuscular, or musculoskeletal realm of physical therapy practice in an effective and efficient manner.
  13. Develop a physical therapy diagnosis based on the clinical findings of the physical therapy examination.
  14. Design and implement a physical therapy plan of care to address the functional limitations discovered in the physical therapy examination.
  15. Produce concise and accurate physical therapy documentation for all treatment services provided by the student in patient care.
  16. Demonstrate competence in communicating appropriately with all members of the healthcare team including, but not limited to, physicians, other therapists, other health care workers, supporting staff, patients, and family members.
  17. Adapt treatment and communication to the individual needs of patient's and others.
  18. Adequately perform patient / family education by demonstrating the ability to educate on numerous levels using verbal communication, demonstration, and any other applicable methods of instruction.
  19. Assess the reception and understanding of the patient / family to educational concepts addressed.
  20. Assess the effectiveness of a physical therapy plan of care through re-evaluation of patient functional status.
  21. Adapt the physical therapy plan of care to increase effectiveness and to meet the changing needs of the patient.
  22. Demonstrate an understanding of appropriateness of physical therapy intervention with each patient/client and suggest appropriate consultation when deemed necessary.

**Course Prerequisites:** The student must have successfully completed all prior curricular course work.

**Required Course Elements:**

**Grading Criteria:**

Project: The student will prepare a professional case study using one patient/client from their case load during the ten week period. The case report will be in the preferred format that the student has been educated on in the coursework of the previous year. A formal presentation will be prepared and presented to the clinical staff. A formal copy of the case report will be turned in to the DCE by specified date. Refer to Case Report document for details.

The students will be graded on a pass – fail basis according to comments on the written evaluation by the clinical instructor, use of the APTA Clinical Performance Instrument, and on completion of all objectives and course requirements. The minimum requirements for a “pass” grade using the CPI are as follows: final ratings on all five “Red Flag” items at advanced intermediate performance, final ratings on non “Red Flag” performance criteria to be at intermediate performance, and no “Significant Concerns” boxes checked in any of the 18 performance criteria. Circumstances which may warrant a decision by the DCE to award a “pass” or “incomplete” grade when a student has not met the minimum criteria include:

- The clinical instructor did not follow correct procedure in assessing mastery of skills, documenting results, or submitting completed progress reports.

- A determination, based on investigation and sufficient evidence, is made that the clinical instructor was biased or unfair in recording and reporting on the students' clinical performance.

If a student receives an "incomplete" grade, the course instructor will grant the student permission to complete the designated course requirements within a time frame designated by the instructor and consistent with LSUHSC policy.

**Required Texts:** APTA: Clinical Performance Instrument, 2006

APTA: Guide to Physical Therapists Practice, January 2016

**Attendance:** The student is expected to attend all assigned clinical experience days and to be punctual at all times. Students are not allowed to miss any days of the clinical experience for personal reasons. If there is some reason (ie. Sickness, death of a family member, etc.) that may require the student to be absent for one or more days, they are to contact both the facility and the Director of Clinical Education to request permission to be absent. If any days are missed due to these reasons, they must be made up in order to meet the requirements of the course. Failure to show up for the clinical without contacting the SCCE and DCE prior to the absence may result in failure of the course. Students are required to submit a leave request form for all missed clinical experience time.

**Attire:** The department policy on professional attire in the clinical setting will apply.

### Clinical Internship I:

#### Internship Checklist

<p><b><i>Week 1: May 21- 25</i></b></p> <p>_____ Complete a general facility orientation, meet staff, review site protocols/guidelines</p> <p>_____ Meet with CI(s) to discuss goals ,objectives, and expectations for internship</p> <p>_____ ** Share and provide a copy of <u>Student Clinical Education Manual 2014</u> with clinical instructor.</p> <p>_____ Send CI information (name, email address, CPI training status) to DCE</p> <p>_____ Discuss the Clinical Site Information Form (CSIF) with SCCE/CI, begin collecting information</p>
<p><b><i>Week 3: June 4-8</i></b></p> <p>_____ Complete <u>Clinical Affiliation Summary Form</u></p> <p>Send to DCE by end of the week by fax 504-568-6552 or email, hhoang@lsuhsc.edu</p> <p>_____ Send completed CSIF</p> <p>_____ Submit possible patient cases</p>
<p><b><i>Week 5-6: June 18-29</i></b></p> <p>_____ Complete <u>Midterm CPI Self Assessment</u></p> <p>_____ Complete <u>PT Student Evaluation of Clinical Experience and Instruction Form</u>, page 7 and 8 (midterm sections) * no need to send in documents</p> <p>_____ Meet with CI to review Self Assessment, Midterm CPI, and PT Student Evaluation Form (midterm sections, pages 7-8, no need to send in this document)</p> <p>_____ Complete Midterm Meeting (phone conference or site visit) with DCE or faculty</p> <p>_____ Send 1<sup>st</sup> draft of patient case by the end of week #6 (June 29, 2018)</p>
<p><b><i>Week 8: July 9-13</i></b></p> <p>_____ Complete <u>Clinical Affiliation Summary Form</u></p> <p>Send to DCE by end of the week by fax 504-568-6552 or email, hhoang@lsuhsc.edu</p>
<p><b><i>Week 10: July 23-27</i></b></p> <p>_____ Complete <u>Final CPI Self-Assessment</u></p> <p>_____ Complete <u>PT Student Evaluation of Clinical Experience and Instruction Form</u>. Send an electronic completed copy to DCE by the end of the week. On Page 8, indicate that you and your CI(s) have reviewed the document.</p> <p>_____ Meet with CI to review Self-Assessment, Final CPI, and PT Student Evaluation of Clinical Experience and Instruction Form</p> <p>_____ Submit Final draft of patient case by the end of the week</p>

**Louisiana State University Health Science Center  
School of Allied Health Professions  
Department of Physical Therapy  
Doctor of Physical Therapy**

**Course Syllabus            SAMPLE**

**Course Number and Title:**        PHTH 7382 Clinical Internship II

**Course Description:**            A 10 week clinical providing students with a full-time clinical experience in a variety of acute, inpatient, outpatient, and long-term clinical settings. The practicum of the course is designed to provide clinical reinforcement of the material presented to date in the curriculum.

**Department Offering Course:**    Physical Therapy

**Credit Hours:**    4 Semester Hours Credit

**Course Coordinator:**    Ha Hoang, PT, PhD  
Office: 7D2  
Phone: (504) 568-4584  
Fax: (504) 568-6552  
Email: [hhoang@lsushc.edu](mailto:hhoang@lsushc.edu)

**Office Hours:**    Meeting by appointment only.

**Clock Hours:**    Lecture/large class discussion: 4 hours  
Clinical education/experience: 400 hours

**Course Objectives:**

**Throughout this course, the student will:**

1. Demonstrate and apply the standards of professional practice and expected professional behaviors (as learned in PHTH 7111) in the context of all classroom and clinical environments.
2. Exhibit self-awareness of one's own limitation and areas of needed growth, and demonstrate the ability to seek appropriate assistance for this purpose.

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

3. Demonstrate the ability to perform safe and effective physical therapy practice.
4. Apply principles of APTA Code of Ethics and Guide to Professional Conduct to the clinical setting.
5. Recognize the importance of and act in accordance with all federal and state laws governing the practice of physical therapy.
6. Actively participate in the preparation and implementation of the clinical education experience.
7. Demonstrate the ability to self-assess his/her own progress accurately in the clinical setting.
8. Apply knowledge acquired of human anatomy, physiology, and pathophysiology of all systems in the clinical setting; and, demonstrate understanding of how these concepts affect the overall outcome and prognosis of each patient.
9. Demonstrate competence in the ability to perform the following tests and measurements in the clinical setting:
  - a. Range of motion
  - b. Manual muscle testing
  - c. Vital signs
  - d. Posture analysis
  - e. Sensory testing
  - f. Gait assessment
  - g. Aerobic capacity and endurance



- h. Integumentary integrity
  - i. Balance assessment
10. Provide appropriate, evidence-based rationale for the use of specific tests and measurements in the management of the patient/client.
  11. Perform the following patient management skills in a safe and effective manner:
    - a. Draping and positioning
    - b. Basic or advanced transfers and bed mobility
    - c. Gait training with assistive devices
    - d. Stair training with and without assistive devices
    - e. Basic or advanced wheelchair mobility and management
    - f. Dependent wheelchair mobility
  12. Perform a comprehensive physical therapy examination on a patient in the cardiopulmonary, neuromuscular, musculoskeletal, or integumentary realm of physical therapy practice in an effective and efficient manner.
  13. Develop a physical therapy diagnosis based on the clinical findings of the physical therapy examination.
  14. Design and implement a physical therapy plan of care to address the functional limitations discovered in the physical therapy examination.
  15. Produce concise and accurate physical therapy documentation for all treatment services provided by the student in patient care.
  16. Demonstrate competence in communicating appropriately with all members of the healthcare team including, but not limited to, physicians, other therapists, other health care workers, supporting staff, patients, and family members.
  17. Adapt treatment and communication to the individual needs of patient's and others.
  18. Adequately perform patient / family education by demonstrating the ability to educate on numerous levels using verbal communication, demonstration, and any other applicable methods of instruction.
  19. Assess the reception and understanding of the patient / family to educational concepts addressed.
  20. Assess the effectiveness of a physical therapy plan of care through re-evaluation of patient functional status.
  21. Adapt the physical therapy plan of care to increase effectiveness and to meet the changing needs of the patient.
  22. Demonstrate an understanding of appropriateness of physical therapy intervention with each patient/client and suggest appropriate consultation when deemed necessary.
  23. Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice.

**Course Prerequisites:** The student must have successfully completed all prior curricular course work.

**Required Course Elements:**

**Grading Criteria:**

Project: The student will prepare a professional case study using one patient/client from their case load during the ten week period. The case report will be in the preferred format that the student has been educated on in the coursework of the previous year. A formal presentation will be prepared and presented to the clinical staff. A formal copy of the case report will be turned in to the DCE by specified date. Refer to Case Report document for details.

The students will be graded on a pass – fail basis according to comments on the written evaluation by the clinical instructor, use of the APTA Clinical Performance Instrument, and on completion of all objectives and course requirements. The minimum requirements for a “pass” grade using the CPI are as follows: final marks on criteria 1-4, 7 at entry- level performance, final marks criteria 5,6, 8-18 at advanced intermediate performance, and no “Significant Concerns” boxes checked in any of the 18 performance criteria. Circumstances which may warrant a decision by the DCE to award a “pass” or “incomplete” grade when a student has not met the minimum criteria include:

- The clinical instructor did not follow correct procedure in assessing mastery of skills, documenting results, or submitting completed progress reports.
- A determination, based on investigation and sufficient evidence, is made that the clinical instructor was biased or unfair in recording and reporting on the students’ clinical performance.

If a student receives an “incomplete” grade, the course instructor will grant the student permission to complete the designated course requirements within a time frame designated by the instructor and consistent with LSUHSC policy.

CPI #	PT CPI -CAPTE Performance Expectation Standard
1	Safety 7D33, 37
2	Professional Behavior 7D1, 4, 5, 6, 14
3	Accountability 7D2, 3, 41
4	Communication 7D7, 21
5	Cultural Competence 7D8
6	Professional Development 7D13, 15
7	Clinical Reasoning 7D9, 10, 11, 34, 36, 40
8	Screening 7D16, 34, 35
9	Examination 7D17, 18, 19a-w, 35
10	Evaluation 7D20, 35, 40
11	Diagnosis and Prognosis 7D22, 23, 35, 40
12	Plan of Care 7D24, 26, 28, 30, 35, 36, 39, 40
13	Procedural Interventions 7D27 a-I, 34, 35
14	Educational Interventions 7D12, 34, 35
15	Documentation 7D32, 32
16	Outcome Assessment 7D31, 38, 40
17	Financial Resources 7D35, 36, 38, 40, 41, 42
18	Direction and Supervision of Personnel 7D25, 29

**Required Texts:** APTA: Clinical Performance Instrument, 2006  
 APTA: Guide to Physical Therapists Practice, 2016

**Attendance:** The student is expected to attend all assigned clinical experience days and to be punctual at all times. Students are not allowed to miss any days of the clinical experience for personal reasons. If there is some reason (ie. Sickness, death of a family member, etc.) that may require the student to be absent for one or more days, they are to contact both the facility and the Director of Clinical Education to request permission to be absent. If any days are missed due to these reasons, they must be made up in order to meet the requirements of the course. Failure to show up for the clinical without contacting the SCCE and DCE prior to the absence may result in failure of the course.

**Attire:** The department policy on professional attire in the clinical setting will apply.

### Clinical Internship II Checklist

<p><b>Week 1:</b>            _____ Complete a general facility orientation, meet staff, review site protocols/guidelines            _____ Meet with CI(s) to discuss goals ,objectives, and expectations for internship            ** Share and provide a copy of <u>Clinical Education Manual 2018 with clinical instructor</u>.            _____ Send CI information (name, email address, CPI training status) to DCE            _____ Discuss the Clinical Site Information Form (CSIF) with SCCE/CI, begin collecting information. Will send you an email if the CSIF is needed for your clinical site. This CSIF is an online document.</p>
<p><b>Week 3:</b>            _____ Complete <u>Clinical Affiliation Summary Form</u>            _____ Send to DCE by 5:00 pm Friday by fax 504-568-6552 or email            _____ Submit possible patient cases</p>
<p><b>Week 5:</b>            _____ Complete <u>Midterm CPI Self Assessment</u></p>

<p>_____ Complete <u>PT Student Evaluation of Clinical Experience and Instruction Form</u>, page 7 and 8 (midterm sections only, share with CI) * no need to send to DCE</p> <p>_____ Meet with CI to review Self Assessment, Midterm CPI, and PT Student Evaluation Form (midterm sections, pages 7-8), no need to send in document</p> <p>_____ Select date for Case Report presentation</p> <p>_____ Complete Midterm Meeting (phone conference or site visit) with DCE or faculty</p>
<p><b><i>Week 8:</i></b></p> <p>_____ Complete <u>Clinical Affiliation Summary Form</u> Send to DCE by 5:00 pm Friday by fax 504-568-6552 or email</p> <p>_____ Send rough draft of patient case</p> <p>_____ Send a copy of the Clinical Site Information form</p>
<p><b><i>Week 10:</i></b></p> <p>_____ Complete <u>Final CPI Self-Assessment</u></p> <p>_____ Complete all sections of the <u>PT Student Evaluation of Clinical Experience and Instruction Form</u>. Send an electronic copy to DCE by the end of the week. On Page 8 indicate that you and your CI(s) have reviewed the document (no need for signatures).</p> <p>_____ Meet with CI to review Self-Assessment, Final CPI, and PT Student Evaluation of Clinical Experience and Instruction Form</p>

**Louisiana State University Health Science Center  
School of Allied Health Professions  
Department of Physical Therapy  
Doctor of Physical Therapy**

**Course Syllabus**

**SAMPLE**

**Course Number and Title:** PHTH 7383 Clinical Internship III

**Course Description:** A 10 week clinical providing students with a full-time clinical experience in a variety of acute, inpatient, outpatient, and long-term clinical settings. The practicum of the course is designed to provide clinical reinforcement of the material presented to date in the curriculum.

**Department Offering Course:** Physical Therapy

**Credit Hours:** 4 Semester Hours Credit

**Course Coordinator:** Ha Hoang, PT, PhD  
Office: 7D2  
Phone: (504) 568-4584  
Fax: (504) 568-6552  
Email: [hhoang@lsushc.edu](mailto:hhoang@lsushc.edu)

**Office Hours:** Open door policy or by appointment.

**Clock Hours:** Lecture/large class discussion: 2 hours  
Clinical education/experience: 400 hours

**Course Objectives:**

**Throughout this course, the student will:**

1. Demonstrate and apply the standards of professional practice and expected professional behaviors (as learned in PHTH 7111) in the context of all classroom and clinical environments.
2. Exhibit self-awareness of one's own limitations and areas of needed growth, and demonstrate the ability to seek appropriate assistance for this purpose.

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

3. Demonstrate the ability to perform safe and effective physical therapy practice.
4. Apply principles of APTA Code of Ethics and Guide to Professional Conduct to the clinical setting.
5. Recognize the importance of and act in accordance with all federal and state laws governing the practice of physical therapy.
6. Actively participate in the preparation and implementation of the clinical education experience.
7. Demonstrate the ability to self-assess his/her own progress accurately in the clinical setting.
8. Apply knowledge acquired of human anatomy, physiology, and pathophysiology of all systems in the clinical setting; and, demonstrate understanding of how these concepts affect the overall outcome and prognosis of each patient.
9. Demonstrate competence in the ability to perform the following tests and measurements in the clinical setting:
  - a. Range of motion
  - b. Manual muscle testing
  - c. Vital signs
  - d. Posture analysis
  - e. Sensory testing

- f. Gait assessment
  - g. Aerobic capacity and endurance
  - h. Integumentary integrity
  - i. Balance assessment
10. Provide appropriate, evidence-based rationale for the use of specific tests and measurements in the management of the patient/client.
  11. Perform the following patient management skills in a safe and effective manner:
    - a. Draping and positioning
    - b. Basic or advanced transfers and bed mobility
    - c. Gait training with assistive devices
    - d. Stair training with and without assistive devices
    - e. Basic or advanced wheelchair mobility and management
    - f. Dependent wheelchair mobility
  12. Perform a comprehensive physical therapy examination on a patient in the cardiopulmonary, neuromuscular, or musculoskeletal realm of physical therapy practice in an effective and efficient manner.
  13. Develop a physical therapy diagnosis based on the clinical findings of the physical therapy examination.
  14. Design and implement a physical therapy plan of care to address the functional limitations discovered in the physical therapy examination.
  15. Produce concise and accurate physical therapy documentation for all treatment services provided by the student in patient care.
  16. Demonstrate competence in communicating appropriately with all members of the healthcare team including, but not limited to, physicians, other therapists, other health care workers, supporting staff, patients, and family members.
  17. Adapt treatment and communication to the individual needs of patient's and others.
  18. Adequately perform patient / family education by demonstrating the ability to educate on numerous levels using verbal communication, demonstration, and any other applicable methods of instruction.
  19. Assess the reception and understanding of the patient / family to educational concepts addressed.
  20. Assess the effectiveness of a physical therapy plan of care through re-evaluation of patient functional status.
  21. Adapt the physical therapy plan of care to increase effectiveness and to meet the changing needs of the patient.
  22. Demonstrate an understanding of appropriateness of physical therapy intervention with each patient/client and suggest appropriate consultation when deemed necessary.
  23. Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice.

**Course Prerequisites:** The student must have successfully completed all prior curricular course work.

**Required Course Elements:**

**Grading Criteria:**

Project: The student will complete a reflection paper during the ten-week period. Refer to the posted document for the requirements. The reflection paper will be turned in to the DCE by 5:00 pm on Friday, February 9, 2018.

The students will be graded on a pass – fail basis according to comments on the written evaluation by the clinical instructor, use of the APTA Clinical Performance Instrument, and on completion of all objectives and course requirements. The minimum requirements for a “pass” grade using the CPI are as follows: final marks on all 18 criteria at entry- level performance and no “Significant Concerns” boxes checked in any of the 18 performance criteria. Circumstances which may warrant a decision by the DCE to award a “pass” or “incomplete” grade when a student has not met the minimum criteria include:

- The clinical instructor did not follow correct procedure in assessing mastery of skills, documenting results, or submitting completed progress reports.

- A determination, based on investigation and sufficient evidence, is made that the clinical instructor was biased or unfair in recording and reporting on the students' clinical performance.

If a student receives an "incomplete" grade, the course instructor will grant the student permission to complete the designated course requirements within a time frame designated by the instructor and consistent with LSUHSC policy.

**CPI # PT CPI-CAPTE Performance Expectation Standard**

- 1 Safety 7D33, 37
- 2 Professional Behavior 7D1, 4, 5, 6, 14
- 3 Accountability 7D2, 3, 41
- 4 Communication 7D7, 21
- 5 Cultural Competence 7D8
- 6 Professional Development 7D13, 15
- 7 Clinical Reasoning 7D9, 10, 11, 34, 36, 40
- 8 Screening 7D16, 34, 35
- 9 Examination 7D17, 18, 19a-w, 35
- 10 Evaluation 7D20, 35, 40
- 11 Diagnosis and Prognosis 7D22, 23, 35, 40
- 12 Plan of Care 7D24, 26, 28, 30, 35, 36, 39, 40
- 13 Procedural Interventions 7D27 a-I, 34, 35
- 14 Educational Interventions 7D12, 34, 35
- 15 Documentation 7D32, 32
- 16 Outcome Assessment 7D31, 38, 40
- 17 Financial Resources 7D35, 36, 38, 40, 41, 42
- 18 Direction and Supervision of Personnel 7D25, 29

**Course Requirements:**

**Required Texts:** APTA: Clinical Performance Instrument, 2006

APTA: Guide to Physical Therapists Practice, 2016

**Attendance:** The student is expected to attend all assigned clinical experience days and to be punctual at all times. Students are not allowed to miss any days of the clinical experience for personal reasons. If there is some reason (ie. Sickness, death of a family member, etc.) that may require the student to be absent for one or more days, they are to contact both the facility and the Director of Clinical Education to request permission to be absent. If any days are missed due to these reasons, they must be made up in order to meet the requirements of the course. Failure to show up for the clinical without contacting the SCCE and DCE prior to the absence may result in failure of the course.

**Attire:** The department policy on professional attire in the clinical setting will apply.

**Clinical Internship III  
Checklist**

<p><i>Week 1:</i></p> <p>_____ Complete a general facility orientation, meet staff, review site protocols/guidelines</p> <p>_____ Meet with CI(s) to discuss goals, objectives, and expectations for internship</p> <p>_____ ** Share and provide a copy of <u>Student Clinical Education Manual 2014 with clinical instructor.</u></p> <p>_____ Send CI information (name, email address, CPI training status) to DCE</p> <p>_____ Discuss the Clinical Site Information Form (CSIF) with SCCE/CI, begin collecting information</p>
<p><i>Week 3:</i></p> <p>_____ Complete <u>Clinical Affiliation Summary Form</u></p> <p>Send to DCE by 5:00 pm Friday by fax 504-568-6552 or email</p>

*Week 5-6:*

\_\_\_\_\_ Complete Midterm CPI Self Assessment

\_\_\_\_\_ Complete PT Student Evaluation of Clinical Experience and Instruction Form, page 7 and 8 (midterm sections only) \* no need to send this information in

\_\_\_\_\_ Meet with CI to review Self Assessment, Midterm CPI, and PT Student Evaluation Form (midterm sections, pages 7-8)

\_\_\_\_\_ Complete Midterm Meeting (phone conference or site visit) with DCE or faculty

**Send an electronic copy of Clinical Internship III reflection paper (due by 5:00 pm on Friday, February 9, 2018)**

*Week 8:*

\_\_\_\_\_ Complete Clinical Affiliation Summary Form

Send to DCE by 5:00 pm Friday by fax 504-568-6552 or email

\_\_\_\_\_ Send a copy of updated Clinical Site Information form

*Week 10:*

\_\_\_\_\_ Complete Final CPI Self-Assessment

\_\_\_\_\_ Complete all sections of the PT Student Evaluation of Clinical Experience and Instruction Form. Send an electronic copy to DCE by the end of the week. On Page 8 indicate that you and your CI(s) have reviewed the document (no need for signatures).

\_\_\_\_\_ Meet with CI to review Self-Assessment, Final CPI, and PT Student Evaluation of Clinical Experience and Instruction Form

**Appendix B**  
**Doctor of Physical Therapy Curriculum by Course**  
**Doctor of Physical Therapy Course Description**  
**Department of Physical Therapy Faculty and Staff**



## Doctor of Physical Therapy Curriculum

<b>Year 1</b>	
<b>Term 1</b>	<b>Term 6</b>
<b>Summer</b>	<b>Spring II</b>
PHTH 7000 Physical Therapy Gross Anatomy.....5	PHTH 7204 Evidence-Based PT IV: Research Analyses.....3
PHTH 7110 Introduction to Professional Practice.....1	PHTH 7234 Prosthetics and Orthotics in PT.....2
PHTH 7130 Foundational Science of Movement.....1	PHTH 7262 Diagnosis & Management in Musculoskeletal Dysfunction II.....4
PHTH 7180 Introduction to Clinical Practice.....1	PHTH 7271 Diagnosis & Management in Neuromuscular Dysfunction II.....5
<b>Total Summer I.....8</b>	PHTH 7350 Diagnosis and Management of Integumentary Dysfunction.....2
<b>Term 2</b>	PHTH 7400 Practicum in Client and Peer Teaching.....2
<b>Fall I</b>	<b>Total Spring II.....18</b>
PHTH 7101 Evidence-Based PT I: Clinical Analyses.....4	
PHTH 7111 Professional Practice in PT I.....3	<b>Year 3</b>
PHTH 7131 Movement Sciences I.....4	<b>Term 7</b>
PHTH 7135 Human Development Across the Lifespan.....3	<b>Summer III</b>
PHTH 7140 Physical Therapy Neuroanatomy.....4	PHTH 7381 Clinical Internship I.....4
<b>Total Fall I.....18</b>	<b>Total Summer III.....4</b>
<b>Term 3</b>	<b>Term 8</b>
<b>Spring I</b>	<b>Fall III</b>
PHTH 7102 Evidence-Based PT II: Clinical Analyses.....3	PHTH 7305 Evidence-Based PT V: Research Analyses.....2
PHTH 7112 Professional Practice in PT II.....2	PHTH 7315 Professional Practice in PT IV.....2
PHTH 7120 Physiological Sciences.....6	PHTH 7390 Health Policy I: Microallocation of Healthcare Goods and Services.....1
PHTH 7123 Pathophysiology.....4	PHTH 7391 Administrative Skills in PT I.....2
PHTH 7132 Movement Sciences II.....4	PHTH 7401 Practicum in Integrative Clinical Practice I.....4
<b>Total Spring I.....19</b>	PHTH 7300 Wellness: Prevention and Health Promotion.....2
<b>Year 2</b>	PHTH 7382 Clinical Internship II.....4
<b>Term 4</b>	<b>Total Fall III.....17</b>
<b>Summer II</b>	<b>Term 9</b>
PHTH 7280 Clinical Experience.....3	<b>Spring III</b>
<b>Total Summer II.....3</b>	PHTH 7383 Clinical Internship III.....4
<b>Term 5</b>	PHTH 7306 Evidence-Based PT VI: Capstone Completion & Defense.....2
<b>Fall II</b>	PHTH 7316 Professional Practice in PT V.....2
PHTH 7203 Evidence-Based PT III: Clinical Analyses.....2	PHTH 7392 Administrative Skills in PT II.....2
PHTH 7213 Professional Practice in PT III.....1	PHTH 7393 Health Policy II: Macroallocation of Healthcare Goods and Services.....1
PHTH 7233 Therapeutic Interventions.....3	PHTH 7402 Practicum in Integrative Clinical Practice II.....4
PHTH 7240 Motor Behavior.....3	<b>Total Spring III.....15</b>
PHTH 7270 Diagnosis & Management in Neuromuscular Dysfunction I.....3	<b>TOTAL REQUIRED PROGRAM CREDITS.....122</b>
PHTH 7250 Diagnosis & Management in Cardiopulmonary Dysfunction.....4	PHTH 7800 Independent Study (optional).....[1-12]
PHTH 7261 Diagnosis & Management in Musculoskeletal Dysfunction I.....4	
<b>Total Fall II.....20</b>	

## Doctor of Physical Therapy Curriculum Course Description

### **PHTH 7000 Physical Therapy Gross Anatomy (5 credit hours)**

A course including lecture and human cadaver dissection which focuses on cell, tissue, and organ systems and the relationship of skeletal, muscular, neurological and vascular systems.

### **PHTH 7110 Introduction to Professional Practice (1 credit hour)**

This course introduces the student to the role of the professional physical therapist, the American Physical Therapy Association and expected professional behaviors, including: appropriate language and physical communication with client and peers. Clinical labs and case-based problems will be used in developing an awareness of self and others.

### **PHTH 7111 Professional Practice in Physical Therapy I (3 credit hours)**

This course introduces the student to the role of the professional physical therapist, the American Physical Therapy Association and expected professional behaviors, including: appropriate language and communication with patients, clients and peers. Principles of physical therapy documentation, medical terminology, and supervision of assistive personnel are introduced and practiced. Students are introduced to medical ethics and different models of ethics and ethical-decision making are applied to the field of physical therapy. Current models and theories of developing culturally proficient physical therapy practices are also introduced, discussed, and applied to specific cultures commonly seen in regional clinical practice.

### **PHTH 7112 Professional Practice in Physical Therapy II (2 credit hours)**

Aspects of professional practice introduced in PHTH 7111 are expanded and applied. The topic of medical ethics is continued including the ethics of patient interactions and role boundaries. Students learn about disability and interacting with persons with disability as a clinician and as an advocate. Students are introduced to the laws and legal organization that govern the practice of physical therapy both nationally and those specific to the state of Louisiana. Clinical labs and case-based problems will be used in developing specific skills of legal documentation, patient interaction and communication, solving of legal and ethical conundrums, and to evaluate students' behavioral outcomes.

### **PHTH 7135 Human Development Across the Lifespan (3 Credit hours)**

This course is a study of the process of typical human development across the life span. This course will include motor development in childhood and changes associated with aging with an emphasis on the neuromuscular and musculoskeletal systems.

### **PHTH 7213 Professional Practice in Physical Therapy III (1 credit hours)**

Professional development continues as students explore the psychosocial aspects of providing healthcare to others. Students also study the basic learning theories and teaching methods that they will utilize in clinical education of patients/ clients, students and peers; and demonstrate competency in their application of this material in the context of peer-to-peer, classroom teaching.

### **PHTH 7315 Professional Practice in Physical Therapy IV (2 credit hours)**

This course further focuses on the preparation of students to enter physical therapy practice. Students will receive information on multiple aspects of entering the profession of physical therapy including information about licensure, attainment and retention of employment, professional organization membership, and other opportunities such as mentoring programs, residency and fellowship programs, as well as specialization.

Students will learn how to develop a professional resume and prepare for a professional interview. Students will be given the opportunity to perform mock interviews with local clinicians.

### **PHTH 7316 Professional Practice in Physical Therapy V (2 credit hours)**

This course focuses on the many specific roles and responsibilities of individuals within the field of physical therapy practice. Students will further examine the structure of the professional organization with emphasis on opportunity and levels of involvement. The students will receive in depth training on how to educate in the clinical setting with emphasis on clinical instruction of students. The students will also learn about various avenues for patient and professional advocacy as well as service opportunities in the community and profession.

### **PHTH 7390 Health Policy I: Microallocation of Healthcare Goods and Services (1 credit hour)**

Students will learn about the structure, policy, and system of health insurance in the context of physical therapy practice and health care in general. The legal structure of health care organizations and the systems that serve them are reviewed along with fair and legal avenues for providing pro bono services. Ethics and healthcare allocation will also be discussed as it relates to providing physical therapy services.

### **PHTH 7393 Health Policy II: Macro Allocation of Healthcare Goods and Services (1 credit hour)**

This is a fully problem-based learning course where students will learn about healthcare delivery systems and physical therapy practice from a global perspective. Issues surrounding cost, DCE, and quality of health care will be examined and model healthcare delivery systems from various countries will be reviewed. A brief historical review of national and global healthcare policy along with current healthcare policy reform will be evaluated.

### **PHTH 7130 Foundational Science of Movement (1 credit hour)**

This course introduces the student to anatomic/biomechanical terminology used to describe movement and basic histology of connective, nervous, epithelial and muscle tissue is applied to human movement/function.

### **PHTH 7131 Movement Sciences I (4 credit hours)**

This course introduces the student to basic principles of kinetics and kinematics of movement, as well as regional anatomy and joint structure and function. Changes throughout the life span as they apply to biomechanics and kinesiology will be examined at a very basic level. Through case studies and applied laboratory sessions, the student will master surface anatomy and palpation skills leading to clinical location, description, and differentiation of all major landmarks and anatomical structures.

### **PHTH 7132 Movement Sciences II (4 credit hours)**

A continuation of PHTH 7131, this course focuses on the application of biomechanical and musculoskeletal principles in the analysis of human movement. This course includes analysis of the human movement system as a whole with emphasis placed on the interplay of individual joint segments in creating and responding to different movement types (gait, transfers, exercise, etc.). This course also explores the role of the cardiopulmonary system's response to gait and exercise as well as the importance of metabolic pathways for movement.

### **PHTH 7233 Therapeutic Interventions (3 credit hours)**

This course focuses on therapeutic intervention aimed at restoring function and maximizing outcomes in a variety of patient populations. Foundations and techniques of therapeutic interventions are explored in the

classroom and applied by students in the laboratory settings.

### **PHTH 7234 Prosthetics and Orthotics in PT (2 credit hours)**

This course will focus on assessment and intervention of patients who require use of prosthetics and orthotics of enhance function and mobility. This course will apply the knowledge of gait kinematics and upper extremity function as they relate to the prescription, fabrication, and use of prosthetics and orthotics.

### **PHTH 7240 Motor Behavior (3 credit hours)**

This course integrates information from the fields of neuroscience, exercise science, cognitive and sport psychology to build an evidence-based foundation for the evaluation and management of movement dysfunction in physical therapy practice. Students review and debate the evidence and assumptions underlying contemporary theories of motor control and learning. Standardized clinical tools for the assessment of movement dysfunction and its causes are learned and applied by students in laboratory and clinical settings across a variety of patient populations.

### **PHTH 7101 Evidence Based Physical Therapy I: Clinical Analyses (4 credit hours)**

This course introduces the student to tools and procedures used in clinical - decision-making. The student is initiated into research methodology and test and measurement standards relevant to clinical and research applications. Case-based problems are used to assist students in developing relevant questions, a matrix for critical literature review, and application of knowledge from the literature review to the answering of clinical questions.

### **PHTH 7102 Evidence-Based Physical Therapy II (3 credit hours)**

Building upon skills introduced in PHTH 7101, this course further develops and elaborates foundational tools and procedures used in clinical decision-making and evidence-based practice. Students will learn further examination and patient management skills including assistive device prescription and training, general patient handling and mobility skills, as well as a variety of endurance and multiple system assessments. Research methodology relevant to clinical practice continues with the critical review of literature related to tests, measures and interventions used by physical therapy practice.

### **PHTH 7203 Evidence-Based Physical Therapy III: Clinical Analyses (2 credit hours)**

This course further develops and elaborates on tools and procedures used in clinical decision-making and evidence-based practice. Previously learned skills in critical literature review and measurement science are applied to the issues of clinical epidemiology, hypothesis testing and outcomes measurement in the context of physical therapy practice.

### **PHTH 7204 Evidence-Based Physical Therapy IV: Research Analyses (3 credit hours)**

Students apply the foundations of research methodology learned for clinical practice to the principles of scientific research. The theory and basis of hypothesis testing is reviewed in the context of research design. Students receive guidelines for and begin work on their chosen capstone project.

### **PHTH 7305 Evidence-Based PT V: Research Analyses (2 credit hours)**

Students apply the foundations of research previously introduced to the development of clinical case studies and formal research proposals. Work on the capstone projects will continue.

### **PHTH 7306 Evidence-Based PT VI: Capstone Completion and Defense (2 credit hours)**

Students complete, present, and defend the capstone project.

**PHTH 7300 Prevention, Nutrition, and Wellness (2 credit hours)**

Students will learn the role of physical therapy in assessing the health needs of individuals, groups and communities through the development of screening programs and promoting healthy lifestyles. The students will develop a wellness program that addresses preventative medicine, nutrition, and benefits of exercise to enhance the healthy lifestyle of a wellness client. Current trends and concepts of wellness in prevention and health promotion will be addressed.

**PHTH 7350 Diagnosis & Management of Integumentary Dysfunction (2 credit hours)**

This course provides the student with an overview of integumentary system pathologies, medical diagnosis and management and focuses on physical therapy diagnosis and management of related physiological and movement dysfunctions. Case studies and laboratory practice will facilitate the students' development of skills in examination, assessment, and interventions aimed at restoration of integumentary health and maximization of functional independence.

**PHTH 7391 Administrative Skills in Physical Therapy I (2 credit hours)**

Students explore topics essential to effective management within health care organizations and operations. Students engage in clinical administrative simulations designed to develop management skills and facilitate administrative problem solving.

**PHTH 7392 Administrative Skills in Physical Therapy II (2 credit hours)**

As a continuation of PHTH 7391, students apply their knowledge of administration to the exercise of designing a physical therapy practice in one of a variety of healthcare environments.

**PHTH 7140 Physical Therapy Neuroanatomy (4 credit hours)**

This course focuses on the anatomy, physiology and biochemistry of the nervous system, including: normal structure and function of the central, peripheral and autonomic systems; normal and abnormal neurodevelopment. Students learn the neurophysiological mechanisms of pain mediation and the underpinnings of neural mechanism mediating motor control. Case studies will highlight selected neurological conditions for integrating the foundational science with clinical relevance specific to the practice of physical therapy.

**PHTH 7270 Diagnosis and Management of Neuromuscular Dysfunction I (3 credit hours)**

Students examine the principles of neurologic disorders and the study of the etiology, diagnosis, medical and physical therapy management of commonly encountered neuromuscular pathologies across the lifespan. Students learn the neural substrates of cognitive, perceptual, sensory, and motor functions and dysfunctions that arise as consequences of pathology or injury. Emphasis will be placed on the development of skills in evaluation, examination, and interventions along with integration of related curricular topics.

**PHTH 7271 Diagnosis & Management of Neuromuscular Dysfunction II (5 credit hours)**

Students expand their knowledge and skills in principles of neurologic disorders and the study of the etiology, diagnosis, and medical management of commonly encountered neuromuscular pathologies across the lifespan. Students learn the neural substrates of cognitive, perceptual, sensory, and motor functions and dysfunctions that arise as consequences of pathology or injury. Emphasis will be placed on the development of skills in evaluation, examination, and interventions along with integration of related curricular topics.

**PHTH 7120 Physiological Sciences (6 credit hours)**

This course covers the development of organs, function of tissues and organs, and mechanisms of control with emphasis on integration of the various functions that comprise the major biological systems. An introduction to the pathophysiology, genetic basis and therapeutics of some diseases will be included.

**PHTH 7123 Pathophysiology (4 credit hours)**

Building upon knowledge gained in Anatomy and Physiology, this course focuses on the physiological changes that are the result of pathological conditions. Disease processes most commonly seen in the physical therapy practice will be emphasized.

**PHTH 7250 Diagnosis & Management in Cardiopulmonary Dysfunction (4 credit hours)**

This course provides the student with an overview of cardiovascular and pulmonary systems pathologies, medical diagnosis and management; and then focuses on physical therapy diagnosis and management of related physiological and movement dysfunctions. Case studies and laboratory practice facilitate the students' development of skills in examination, assessment, and interventions aimed at restoration of cardiopulmonary health and maximization of functional independence.

**PHTH 7261 Diagnosis & Management in Musculoskeletal Dysfunction I (4 credit hours)**

Students examine the principles of orthopaedic medicine and study the etiology, diagnosis, and surgical management of commonly encountered musculoskeletal pathologies across the lifespan. Students learn methods of selective tissue evaluation and mobilization, and apply exercise approaches for the therapeutic management of musculoskeletal dysfunction. Case studies, laboratory and clinic practice facilitate the development of applied skills.

**PHTH 7262 Diagnosis & Management of patients with Musculoskeletal Dysfunction II (4 credit hours)**

Students expand their knowledge and skills in the management of individuals with musculoskeletal dysfunction through the application of manual therapy and interventions that integrate the principles of mechanics, arthrokinematics and osteokinematics. They learn to apply selected modalities in the management of musculoskeletal dysfunction and pain. Case studies and laboratory practice facilitate development of skills in musculoskeletal evaluation, examination, and interventions along with integration of related curricular topics.

**PHTH 7180 Introduction to Clinical Practice (1 credit hour)**

A course designed to introduce the student to the clinical education component of the program. The course covers general information about the role of the student physical therapist in the clinic setting, professionalism, clinical education process, expectations of clinical education (school, student, and clinic site), and legal ramifications of patient care and student learning. The practicum of the course is designed to provide clinical reinforcement of the material presented during the first and concurrent semesters of study.

**PHTH 7280 Clinical Experience (3 credit hours)**

A clinical course consisting of 320 clock hours of clinical experience in a physical therapy setting. The practicum of the course is designed to provide clinical reinforcement of the material presented during the first year of study.

**PHTH 7381 Clinical Internship I (4 credit hours)**

A clinical course providing students with a full-time clinical experience in a mainly orthopedic setting. The practicum of the course is designed to provide clinical reinforcement of the material presented during the first two years of study.

**PHTH 7382 Clinical Internship II (4 credit hours)**

A 10 week clinical providing students with a full-time clinical experience in a variety acute, inpatient, outpatient and long-term clinical settings. The practicum of the course is designed to provide clinical reinforcement of the material presented to date in the curriculum.

**PHTH 7383 Clinical Internship III (4 credit hours)**

A 10-week clinical providing students with a fulltime clinical experience in a variety acute, inpatient, outpatient, and long-term clinical settings. The practicum of the course is designed to provide clinical reinforcement of the material presented to date in the curriculum.

**PHTH 7400 Practicum in Client and Peer Teaching (2 credit hours)**

This is a classroom and clinic based course in which students practice the application of their teaching skills in the context of patient care and in the context of clinical teaching to peers. Second year students will participate in teaching of basic skills to first year in DPT 7102. Before going into the clinics where they will apply teaching principles in the context of patient and family education. Finally, students will develop and present and educative review of the literature on a topic of their choice to faculty and peers.

**7401 Practicum in Integrative Clinical Practice I (4 credit hours)**

The first of two problem-based courses in which students manage simulated patient cases designed to foster integration of all aspects of the doctoral curriculum in physical therapy.

**7402 Practicum in Integrative Clinical Practice II (4 credit hours)**

The second of two problem-based courses in which students manage simulated patient cases designed to foster integration of all aspects of the doctoral curriculum in physical therapy.

## Department of Physical Therapy

### Faculty

Jane Eason, Ph.D., PT	Department Head	<a href="mailto:jeason@lsuhsc.edu">jeason@lsuhsc.edu</a>
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Luther Gill, Ph.D., DPT	Assistant Professor	<a href="mailto:lgill3@lsuhc.edu">lgill3@lsuhc.edu</a>
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### Staff

Rose Rouselle <a href="mailto:rrous1@lsuhsc.edu">rrous1@lsuhsc.edu</a>	Coordinator of Non-Academic Area
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### Phone Numbers

Main Office Number: 504-568-4288  
Fax Number: 504-568-6552  
Outpatient Clinic: 504-568-4042



**Appendix C**  
**Sharing of Student Information**  
**Patient Confidentiality Policy**  
**APTA Guide to Professional Conduct**  
**APT Code of Ethics**

## SHARING OF STUDENT INFORMATION WITH CLINICAL SITES

Students are required to sign an information release waiver upon initial entrance into the Program. This allows LSUHSC and its representatives to release information to clinical affiliate(s) for approval to schedule a student clinical experience and to facilitate student learning during each clinical rotation. The information that may be released includes the following:

- Name
- Contact and identification information
- Health information
- OSHA & HIPAA training/certification
- Health Insurance Information
- Emergency contact information
- Vehicle registration information
- Academic and clinical performance and status- need to know basis to determine appropriate clinical experiences

The ability to place a student in selected clinical facilities is not possible without the sharing of this information; therefore, failure to authorize this release of information may result in an inability to successfully complete the clinical education component of the Program. Student should also be aware that clinical facilities will be providing information to LSUHSC regarding all aspects of the student's performance while participating in clinical experiences. All information will be kept confidential.

I have read, understand, and agree with the above statement.

\_\_\_\_\_  
Student Name (please print clearly)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## PATIENT CONFIDENTIALITY POLICY

Health Insurance Privacy and Portability Act of 1996 (HIPAA) Privacy Rule provided federal protections for personal health information held by covered entities and gives patients an array of right with respect to that information. The Privacy Rule is balanced so that it permits the disclosure of personal health information need for patient care and other important purposes.

Confidentiality of patient information and patient records is a priority in all healthcare settings. While participating in clinical education experiences, student will have DCE to information that must remain confidential. Patients have the rights to privacy and confidentiality of medical information.

- No patient information may be released (verbally or in writing) to unauthorized personnel such as friends, family, or other patients.
- Any request by the patient to release medical information must be handled by the appropriate departmental representative. No student will assume responsibility to release patient information.
- Do not discuss patient information in public areas.
- Do not leave medical charts in unrestricted areas of the facility.
- Under no circumstances may samples of documents such as evaluations, progress notes, discharge summaries, or letters to physicians be removed from the premises of the healthcare facility.
- No patient information should be posted on any social media including pictures or descriptions of patient's situation.

I have read, understand, and agree with the above policy.

\_\_\_\_\_  
Student Name (please print clearly)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Code of Ethics for the Physical Therapist

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.

**Principle #4:** Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

*(Core Value: Integrity)*

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

**Principle #5:** Physical therapists shall fulfill their legal and professional obligations.

*(Core Values: Professional Duty, Accountability)*

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by Accepted standards governing protection of research participants.

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

**Principle #6:** Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

*(Core Value: Excellence)*

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education,

health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

**Principle #7:** Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.

*(Core Values: Integrity, Accountability)*

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not Accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

**Principle #8:** Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

*(Core Value: Social Responsibility)*

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve DCE to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.



## **APTA Guide for Professional Conduct**

### **Purpose**

This Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics for the Physical Therapist (Code) of the American Physical Therapy Association (APTA) in matters of professional conduct. The APTA House of Delegates in June of 2009 adopted a revised Code, which became effective on July 1, 2010.

The Guide provides a framework by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

### **Interpreting Ethical Principles**

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They address some but not all topics addressed in the Principles and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Principles when necessary and as needed.

### **Preamble to the Code**

#### **The Preamble states as follows:**

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.

**Interpretation:** Upon the Code of Ethics for the Physical Therapist being amended effective July 1, 2010, all the lettered principles in the Code contain the word “shall” and are mandatory ethical obligations. The language contained in the Code is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Code. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word “shall” serves to reinforce and clarify existing ethical obligations. A significant reason that the Code was revised was to provide physical therapists with a document that was clear enough such that they can read it standing alone without the need to seek extensive additional interpretation. 3

The Preamble states that “[n]o Code of Ethics is exhaustive nor can it address every situation.” The Preamble also states that physical therapists “are encouraged to seek additional advice or consultation in instances in which the guidance of the Code may not be definitive.” Potential sources for advice and counsel include third parties and the myriad resources available on the APTA Web site. Inherent in a physical therapist’s ethical decision-making process is the examination of his or her unique set of facts relative to the Code.

## **Topics**

### **Respect**

#### **Principle 1A states as follows:**

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.

**Interpretation:** Principle 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

### **Altruism**

#### **Principle 2A states as follows:**

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.

**Interpretation:** Principle 2A reminds physical therapists to adhere to the profession’s core values and act in the best interest of patients/clients over the interests of the physical therapist. Often this is done without thought, but sometimes, especially at the end of the day when the physical therapist is fatigued and ready to

go home, it is a conscious decision. For example, the physical therapist may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

### **Patient Autonomy**

#### **Principle 2C states as follows:**

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.

**Interpretation:** The underlying purpose of Principle 2C is to require a physical therapist to respect patient autonomy. In order to do so, a physical therapist shall communicate to the patient/client the findings of his/her examination, evaluation, diagnosis, and prognosis. A physical therapist shall use sound professional judgment in informing the patient/client of any substantial risks of the recommended examination and intervention and shall collaborate with the patient/client to establish the goals of treatment and the plan of care. Ultimately, a physical therapist shall respect the patient's/client's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

### **Professional Judgment**

#### **Principles 3, 3A, and 3B state as follows:**

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.

**Interpretation:** Principles 3, 3A, and 3B state that it is the physical therapist's obligation to exercise sound professional judgment, based upon his/her knowledge, skill, training, and experience. Principle 3B further describes the physical therapist's judgment as being informed by three elements of evidence-based practice. With regard to the patient/client management role, once a physical therapist Accepts an individual for physical therapy services he/she shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. Regardless of practice setting, a physical therapist has primary responsibility for the physical therapy care of a patient and shall make independent judgments regarding that care consistent with Accepted professional standards. 5 If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise or that indicate the need for care outside the scope of physical therapy, the physical therapist shall so inform the patient/client and shall refer the patient/client to an appropriate practitioner. A physical therapist shall determine when a patient/client will no longer benefit from physical therapy services. When a physical therapist's judgment is that a patient will receive negligible benefit from physical therapy services, the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his/her employer. A physical therapist shall avoid overutilization of physical therapy services. See Principle 8C.

## **Supervision**

### **Principle 3E states as follows:**

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

**Interpretation:** Principle 3E describes an additional circumstance in which sound professional judgment is required; namely, through the appropriate direction of and communication with physical therapist assistants and support personnel. Further information on supervision via applicable local, state, and federal laws and regulations (including state practice acts and administrative codes) is available. Information on supervision via APTA policies and resources is also available on the [APTA Web site](#). See Principles 5A and 5B.

## **Integrity in Relationships**

### **Principle 4 states as follows:**

4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. (Core Value: Integrity)

**Interpretation:** Principle 4 addresses the need for integrity in relationships. This is not limited to relationships with patients/clients, but includes everyone physical therapists come into contact with professionally. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one's role as a member of that team.

## **Reporting**

### **Principle 4C states as follows:**

4C. Physical therapists shall discourage misconduct by healthcare professionals and report illegal or unethical acts to the relevant authority, when appropriate.

**Interpretation:** When considering the application of "when appropriate" under Principle 4C, keep in mind that not all allegedly illegal or unethical acts should be reported immediately to an agency/authority. The determination of when to do so depends upon each situation's unique set of facts, applicable laws, regulations, and policies.

Depending upon those facts, it might be appropriate to communicate with the individuals involved. Consider whether the action has been corrected, and in that case, not reporting may be the most appropriate action. Note, however, that when an agency/authority does examine a potential ethical issue, fact finding will be its first step. The determination of ethicality requires an understanding of all of the relevant facts, but may still be subject to interpretation.

The EJC Opinion titled: [Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts](#) provides further information on the complexities of reporting.

## **Exploitation**

### **Principle 4E states as follows:**

4E. Physical therapists shall not engage in any sexual relationship with any of their patient/clients, supervisees or students.

**Interpretation:** The statement is fairly clear – sexual relationships with their patients/clients, supervisees or students are prohibited. This component of Principle 4 is consistent with Principle 4B, which states: Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority

(e.g. patients/clients, students, supervisees, research participants, or employees).

Next, consider this excerpt from the EJC Opinion titled [Topic: Sexual Relationships With Patients/Former Patients](#):

A physical therapist stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist has natural feelings of attraction toward a patient, he/she must sublimate those feelings in order to avoid sexual exploitation of the patient.<sup>7</sup>

One's ethical decision making process should focus on whether the patient/client, supervisee or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient/client relationship ends. To this question, the EJC has opined as follows:

The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.

The Committee imagines that in some cases a romantic/sexual relationship would not offend ... if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

### **Colleague Impairment**

**Principle 5D and 5E state as follows:**

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report the information to the appropriate authority.

**Interpretation:** The central tenet of Principles 5D and 5E is that inaction is not an option for a physical therapist when faced with the circumstances described. Principle 5D states that a physical therapist shall encourage colleagues to seek assistance or counsel while Principle 5E addresses reporting information to the appropriate authority.

5D and 5E both require a factual determination on your part. This may be challenging in the sense that you might not know or it might be difficult for you to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting his or her professional responsibilities.

Moreover, once you do make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance. However, the obligation under 5E does focus on reporting.

But note that 5E discusses reporting when a

colleague is unable to perform, whereas 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect his or her professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone is clearly unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom you report; it gives you discretion to determine the appropriate authority.

The EJC Opinion titled: [Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts](#) provides further information on the complexities of reporting.

### **Professional Competence**

**Principle 6A states as follows:**

6A. Physical therapists shall achieve and maintain professional competence.

**Interpretation:** 6A requires a physical therapist to maintain professional competence within one's scope of practice throughout one's career. Maintaining competence is an ongoing process of self-assessment, identification of strengths and weaknesses, acquisition of knowledge and skills based on that assessment, and reflection on and reassessment of performance, knowledge and skills. Numerous factors including practice setting, types of patients/clients, personal interests and the addition of new evidence to practice will influence the depth and breadth of professional competence in a given area of practice. Additional resources on Continuing Competence are available on the [APTA Web site](#).

### **Professional Growth**

**Principle 6D states as follows:**

6D. Physical therapists shall cultivate practice environments that support professional development, life-long learning, and excellence.

**Interpretation:** 6D elaborates on the physical therapist's obligations to foster an environment conducive to professional growth, even when not supported by the organization. The essential idea is that this is the physical therapist's responsibility, whether or not the employer provides support.

### **Charges and Coding**

**Principle 7E states as follows:**

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.<sup>9</sup>

**Interpretation:** Principle 7E provides that the physical therapist must make sure that the process of documentation and coding accurately captures the charges for services performed. In this context, where charges cannot be determined because of payment methodology, physical therapists may review the House of Delegates policy titled [Professional Fees for Physical Therapy Services](#). Additional resources on documentation and coding include the House of Delegates policy titled [Documentation Authority for Physical Therapy Services](#) and the [Documentation](#) and [Coding and Billing](#) information on the APTA Web site.

### **Pro Bono Services**

**Principle 8A states as follows:**

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

**Interpretation:** The key word in Principle 8A is "or". If a physical therapist is unable to provide pro bono services he or she can fulfill ethical obligations by supporting organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured. In addition, physical therapists may review the House of Delegates guidelines titled [Guidelines: Pro Bono Physical Therapy Services](#). Additional resources on pro bono physical therapy services are available on the [APTA Web site](#).

8A also addresses supporting organizations to meet health needs. In terms of supporting organizations, the principle does not specify the type of support that is required. Physical therapists may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues.

Issued by the Ethics and Judicial Committee

American Physical Therapy Association

October 1981

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**Appendix D**  
**Student Demographic and Location Request**  
**Form**  
**Student Information Form**

### Sample Student Demographic and Location Request Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Person, phone, and relation:  
\_\_\_\_\_

**Location Request:** Please list the location(s) (city, region, etc.) that you would like to be placed in (most preferred location listed first):

Clinical Internship II \_\_\_\_\_  
\_\_\_\_\_

Clinical Internship III \_\_\_\_\_  
\_\_\_\_\_

**Locations of prior clinical rotations/ setting:**

Introduction to Clinical Practice \_\_\_\_\_

Clinical Experience \_\_\_\_\_

Clinical Internship I \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Student Information Form

Name: \_\_\_\_\_  
Current Address/Phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Permanent Address/Phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student Classification: (Please circle)

DPT I          DPT II          DPT III

Gender:          M          F

Emergency Contact (name, address, phone):

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe any medical problems / conditions (past and present) which may affect your clinical performance.

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Carrier and policy date:

\_\_\_\_\_  
\_\_\_\_\_

Undergraduate School (location and degree):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Clinical Affiliations (location and description of experiences gained):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clinical Interests and Future Goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your outside interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe any relevant work experience (location, job title, and responsibilities):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Student Information Form

## Learning Style Preferences:

Check the response(s) that is most appropriate regarding your learning style:

When involved in a social situation, I am:

- Reserved.  
 Outgoing.

During the clinical internship I would prefer:

- Daily meetings to discuss my progress.  
 Weekly meetings to discuss my progress.  
 A meeting at the midterm and final.  
 No formal meetings.

If I perform a task incorrectly I would like to:

- Receive feedback immediately.  
 Receive feedback at a later point in the day (not in the presence of the patient).  
 Receive feedback during a scheduled weekly meeting only.  
 Not receive any feedback at all and learn on my own by trial and error.

During any down time (free time) I would prefer to:

- Observe other PTs' treatments.  
 Observe other disciplines' treatments (OT, ST, Resp. T, Rec. T, etc.).  
 Observe medical procedures / surgeries.  
 Work on gathering information for and planning a professional inservice.  
 Be given assignments for performing literature reviews or research on a certain topic.

I would prefer to:

- Be told how tasks are expected to be performed.  
 Be given choices of how I could perform tasks that are expected of me.  
 Be allowed to perform the tasks that are expected of me how I would like to.

## Specific Experience:

Describe your level of experience with all of the following listed diagnoses. For each diagnosis, list whether you have Observed(O), Evaluated(E), and/or Treated(T) patients with that particular diagnosis. Include whether or not you Need Experience(NE) treating patients with that diagnosis.

(Example: UE Amputation:  O,  T,  NE  )

1. Pediatric (acute/chronic): \_\_\_\_\_
2. Geriatrics: \_\_\_\_\_
3. Orthopedics: \_\_\_\_\_
  - a. Total joint replacement: \_\_\_\_\_
  - b. Soft tissue: \_\_\_\_\_
  - c. LE injuries/surgeries: \_\_\_\_\_
  - d. UE injuries/surgeries: \_\_\_\_\_
  - e. Spinal dysfunction: \_\_\_\_\_
4. LE Amputee: \_\_\_\_\_
5. UE Amputee: \_\_\_\_\_
6. Wound care: \_\_\_\_\_
7. Burns: \_\_\_\_\_
8. Diabetic foot wounds: \_\_\_\_\_
9. Stroke: \_\_\_\_\_
10. Spinal cord injury: \_\_\_\_\_
11. Traumatic brain injury: \_\_\_\_\_
12. Neuromuscular disease: \_\_\_\_\_
13. Cardiac conditions: \_\_\_\_\_
14. Respiratory disease: \_\_\_\_\_
15. Psychiatric conditions: \_\_\_\_\_
16. Chronic pain: \_\_\_\_\_
17. Osteoarthritis: \_\_\_\_\_
18. Rheumatoid arthritis: \_\_\_\_\_
19. Other (specify): \_\_\_\_\_

**Appendix E**  
**Weekly Summary/ Planning Form**  
**Clinical Affiliation Assessment / Summary Form**  
**Anecdotal Form**  
**Critical Incident Form**  
**Clinical Performance Instrument**  
**PT Student Evaluation Form**

## SAMPLE WEEKLY SUMMARY/PLANNING FORM

Student Name: \_\_\_\_\_

CI Name: \_\_\_\_\_

Date: \_\_\_\_\_

Week #: \_\_\_\_\_ / \_\_\_\_\_

Summary of Previous Week:

(Progress, Feedback)

Student Remarks:

Clinical Instructor Remarks:

Goals for Upcoming Week:

- 1.
- 2.
- 3.
- 4.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CI Signature: \_\_\_\_\_

Date: \_\_\_\_\_

[American Physical Therapy Association (2000). Physical Therapy Clinical Instructor Educator Credentialing Manual. APTA: Alexandria, VA.]

### Sample Clinical Affiliation Assessment and Summary

Student Name: \_\_\_\_\_ CI Name: \_\_\_\_\_  
Clinical site: \_\_\_\_\_

\_\_\_\_ Summary #1 (Week #2: Clinical Experience, Week #3: Clinical Internship I-III)

\_\_\_\_ Summary #2 (Week #6: Clinical Experience, Week #8: Clinical Internship I-III)

#### **Self-assessment by Student:**

List objectives and goals to be accomplished by the midterm or final period:

- 1.
- 2.
- 3.

#### **Assessment by CI:**

\_\_\_\_ Student is progressing above expectations.

\_\_\_\_ Student is progressing as expected.

\_\_\_\_ Student is progressing below expectations.

Please provide a short assessment of the student's performance:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Email or fax to DCE at 504-568-6552 by the end of the week.

## SAMPLE ANECDOTAL RECORD

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator / Observer: \_\_\_\_\_

Setting: (place, persons involved, atmosphere, etc.)

Student Action or Behavior:

Evaluator Interpretation:

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CI's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Comments:

[American Physical Therapy Association (2000). Physical Therapy Clinical Instructor Educator Credentialing Manual. APTA: Alexandria, VA.]

## SAMPLE CRITICAL INCIDENT REPORT

Directions: Record each entry clearly and concisely without reflecting any biases.			
<b>Student's name:</b> <b>Evaluator/Observer:</b>			
Date (time)	Antecedents	Behaviors	Consequences
Student's Initials: Evaluator Initials:			
Student's Initials: Evaluator Initials:			
Student's Initials: Evaluator Initials			
<b>Student's signature:</b> <b>Evaluator's signature:</b>			

[American Physical Therapy Association (2000). Physical Therapy Clinical Instructor Educator Credentialing Manual. APTA: Alexandria, VA.]

**Clinical Education Visit or Phone Conference**

Date: \_\_\_\_\_ Student: \_\_\_\_\_

Site: \_\_\_\_\_

Clinical Instructor(s): \_\_\_\_\_

1. Type of visit:  Site  Phone  Other:

2. Clinical Rotation:  
 Clinical Experience  Clinical Internship I  
 Clinical Internship II  Clinical Internship III

3. Week of clinical rotation:  
 Week 1  Week 2  Week 3  Week 4  Week 5  
 Week 6  Week 7  Week 8  Week 9  Week 10

4. Topics discussed with student:  
 Objectives  Rapport with clinical instructor  
 Clinical instructor's teaching methods  
 Level of supervision  Caseload  
 Comments:

5. Topics discussed with clinical instructor(s):  
 Student's strengths \_\_\_\_\_  
 Student's weaknesses \_\_\_\_\_  
 Areas for improvement and plan \_\_\_\_\_  
 \_\_\_\_\_  
 Caseload: diagnoses \_\_\_\_\_  
 Learning opportunities (clinics, rounds, staffing, surgeries, etc.)  
 Assignment \_\_\_\_\_  
 Clinical Performance Instrument (CPI)  completed  not completed  
 Will the student meet the course objectives  yes  no  
 Facility/clinic expectations and/or requirements  
 Comments:

6. Educated clinical instructor(s) and/or SCCE on the following topics:  
 Course syllabus/objectives  Curriculum  Continuing Education opportunities  
 Clinical Performance Instrument  Student expectations  
 Clinical education  CI credentialing course  Clinical Educator development

**Student signature** \_\_\_\_\_ **CI signature** \_\_\_\_\_  
**DCE or Faculty signature** \_\_\_\_\_

**PHYSICAL THERAPIST  
CLINICAL PERFORMANCE INSTRUMENT  
FOR STUDENTS**

**June 2006**

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





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<sup>1</sup> Terms used in this instrument are denoted by an asterisk (\*) and can be found in the Glossary.

## **COPYRIGHT, DISCLAIMER, AND VALIDITY AND RELIABILITY IN USING THE INSTRUMENT**

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### **VALIDITY AND RELIABILITY**

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

## CLINICAL PERFORMANCE INSTRUMENT

### INTRODUCTION

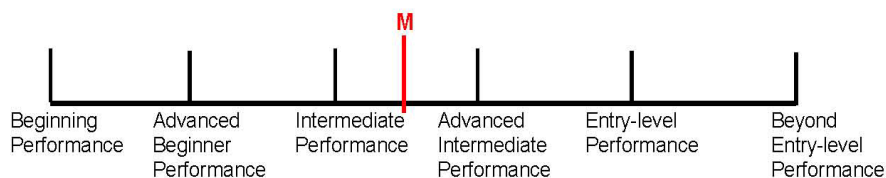
- This instrument should only be used after completing the APTA web-based training for the Physical Therapist Clinical Performance Instrument (PT CPI) at [www.apta/education](http://www.apta/education) (TBD).
- The PT CPI is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical learning experiences.
- Every performance criterion\* in this instrument is important to the overall assessment of clinical competence, and all criteria are observable in every clinical experience.
- All performance criteria should be rated based on observation of student performance relative to entry-level.
- The PT CPI from any previous student experience should not be shared with any subsequent experiences.
- The PT CPI consists of 18 performance criteria.
- Each performance criterion includes a list of sample behaviors, a section for midterm and final comments for each performance dimension, a rating scale consisting of a line with 6 defined anchors, and a significant concerns box for midterm and final evaluations.
- Terms used in this instrument are denoted by an asterisk (\*) and can be found in the Glossary.
- Summative midterm and final comments and recommendations are provided at the end of the CPI.
- **Altering this instrument is a violation of copyright law.**

### Instructions for the Clinical Instructor

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

### *Rating Scale*

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



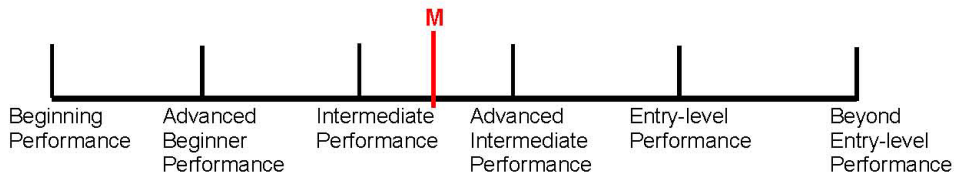
- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of "intermediate performance," however the student has yet to satisfy the definition associated with "advanced intermediate performance." In order to place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

### **Instructions for the Student**

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

### ***Rating Scale***

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



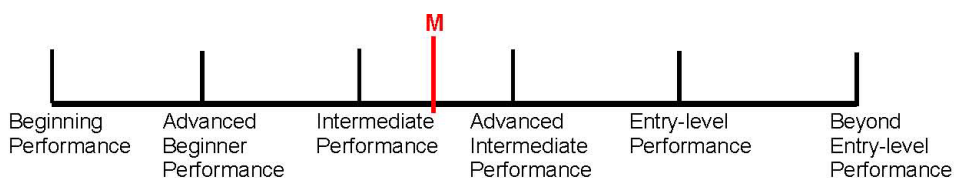
- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of “intermediate performance” however the student has yet to satisfy the definition associated with “advanced intermediate performance.” In order to place the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

### **Instructions for the Academic Coordinator/Director of Clinical Education (ACCE/DCE\*)**

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

#### *Rating Scale*

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



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

#### *Determining a Grade*

- Each academic institution determines what constitutes satisfactory performance. The guide below is provided to assist the program in identifying what is expected for the student's performance depending upon their level of education\* and clinical experience within the program.

- First clinical experience: Depending upon your academic curriculum, ratings of student performance may be expected in the first two intervals between beginning clinical performance,\* advanced beginner performance, and intermediate clinical performance.
- Intermediate clinical experiences: Depending upon your academic curriculum, student performance ratings are expected to progress along the continuum ranging from a minimum of advanced beginner clinical performance (interval 2) to advanced intermediate clinical performance\* (interval 4). The ratings on the performance criteria will be dependent upon the clinical setting, level of didactic and clinical experience within the curriculum, and expectations of the clinical site and the academic program.
- Final clinical experience: Students should achieve ratings of entry-level or beyond (interval 5) for all 18 performance criteria.
- At the conclusion of a clinical experience, grading decisions made by the ACCE/DCE, may also consider:
  - clinical setting,
  - experience with patients or clients\* in that setting,
  - relative weighting or importance of each performance criterion,
  - expectations for the clinical experience,
  - progression of performance from midterm to final evaluations,
  - level of experience within the didactic and clinical components,
  - whether or not "significant concerns" box was checked, and
  - the congruence between the CI's narrative midterm and final comments related to the five performance dimensions and the ratings provided.




## COMPONENTS OF THE FORM

### Performance Criteria\*

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

### Red Flag Item

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

### Sample Behaviors

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

### Midterm and Final Comments

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

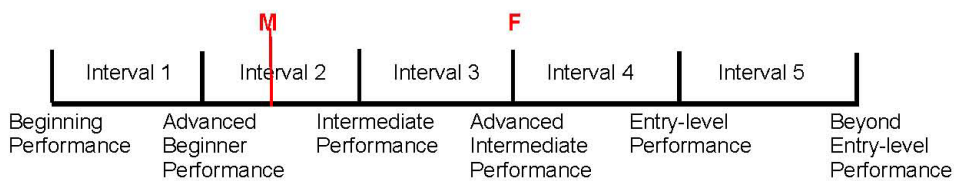
### Performance Dimensions

- **Supervision/guidance\*** refers to the level and extent of assistance required by the student to achieve entry-level performance.
  - As a student progresses through clinical education experiences\*, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation\* and may vary with the complexity of the patient or environment.
- **Quality\*** refers to the degree of knowledge and skill proficiency demonstrated.
  - As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance.

- **Complexity\*** refers to the number of elements that must be considered relative to the patient\*, task, and/or environment.
  - As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
- **Consistency\*** refers to the frequency of occurrences of desired behaviors related to the performance criterion.
  - As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
- **Efficiency\*** refers to the ability to perform in a cost-effective and timely manner.
  - As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.

#### Rating Student Performance

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



### Anchor Definitions

#### **Beginning performance\*:**

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

#### **Advanced beginner performance\*:**

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

#### **Intermediate performance\*:**

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

#### **Advanced intermediate performance\*:**

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

#### **Entry-level performance\*:**

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

#### **Beyond entry-level performance\*:**

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

- Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.

#### Significant Concerns Box

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

#### Summative Comments

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

## CLINICAL PERFORMANCE INSTRUMENT INFORMATION

### STUDENT INFORMATION (Student to Complete)

Student's Name: \_\_\_\_\_

Date of Clinical Experience: \_\_\_\_\_ Course Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Total Number of Days Absent: \_\_\_\_\_

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

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

### ACADEMIC PROGRAM INFORMATION (Program to Complete)

Name of Academic Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
(Department) (Street)

\_\_\_\_\_ (City) (State/Province) (Zip)

Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

### CLINICAL EDUCATION SITE INFORMATION (Clinical Site to Complete)

Name of Clinical Site: \_\_\_\_\_

Address: \_\_\_\_\_  
(Department) (Street)

\_\_\_\_\_ (City) (State/Province) (Zip)

Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Clinical Instructor's\* Name: \_\_\_\_\_

Clinical Instructor's Name: \_\_\_\_\_

Clinical Instructor's Name: \_\_\_\_\_

Center Coordinator of Clinical Education's Name: \_\_\_\_\_

PROFESSIONAL PRACTICE  
**SAFETY**



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

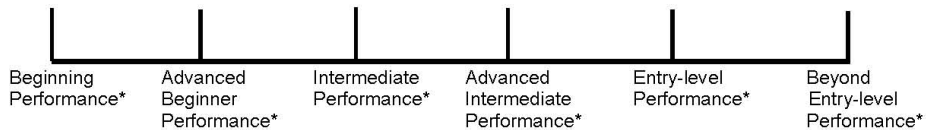
**SAMPLE BEHAVIORS**

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

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

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

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



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

 Midterm      Final

PROFESSIONAL PRACTICE  
**PROFESSIONAL BEHAVIOR**



**2. Demonstrates professional behavior in all situations.**

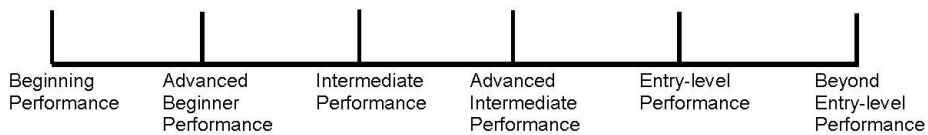
**SAMPLE BEHAVIORS**

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

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

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

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



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

**Midterm**    
 **Final**

PROFESSIONAL PRACTICE  
**ACCOUNTABILITY\***



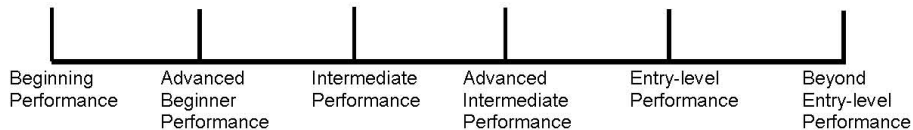
**3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.**

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

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

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

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



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

**Midterm** 
                 
 **Final**



PROFESSIONAL PRACTICE  
**COMMUNICATION\***



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

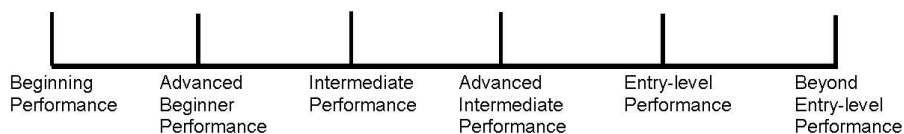
**SAMPLE BEHAVIORS**

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

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

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

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



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

 **Midterm** 
 **Final**

PROFESSIONAL PRACTICE  
**CULTURAL COMPETENCE\***

**5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.**

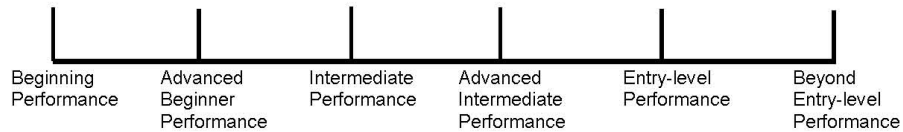
**SAMPLE BEHAVIORS**

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

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

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

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



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

 **Midterm**        **Final**

PROFESSIONAL PRACTICE  
**PROFESSIONAL DEVELOPMENT**

6. Participates in self-assessment to improve clinical and professional performance.

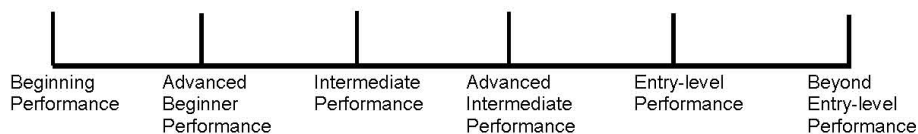
**SAMPLE BEHAVIORS**

- a. Identifies strengths and limitations in clinical performance.
- b. Seeks guidance as necessary to address limitations.
- c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice and professional development.
- d. Acknowledges and accepts responsibility for and consequences of his or her actions.
- e. Establishes realistic short and long-term goals in a plan for professional development.
- f. Seeks out additional learning experiences to enhance clinical and professional performance.
- g. Discusses progress of clinical and professional growth.
- h. Accepts responsibility for continuous professional learning.
- i. Discusses professional issues related to physical therapy practice.
- j. Participates in professional activities beyond the practice environment.
- k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
- l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc) to achieve optimal patient care.

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

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

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



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

**Midterm** 
     
 **Final**

PATIENT MANAGEMENT  
**CLINICAL REASONING\***



**7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.**

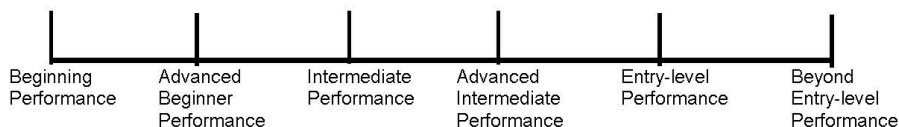
**SAMPLE BEHAVIORS**

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

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

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

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



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

Midterm  Final

PATIENT MANAGEMENT  
**SCREENING\***

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

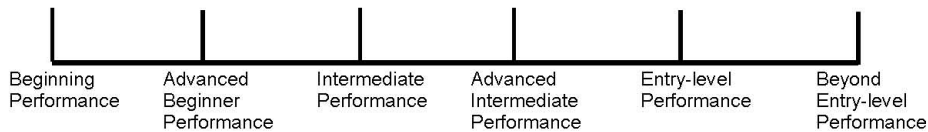
**SAMPLE BEHAVIORS**

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

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

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

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



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

**Midterm** 
                 
 **Final**

PATIENT MANAGEMENT  
**EXAMINATION\***

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

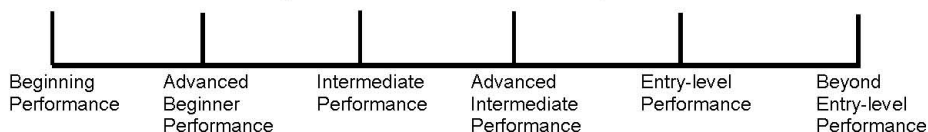
**SAMPLE BEHAVIORS**

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

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

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

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



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

**Midterm** 
                 
 **Final**

PATIENT MANAGEMENT  
**EVALUATION\***

**10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.**

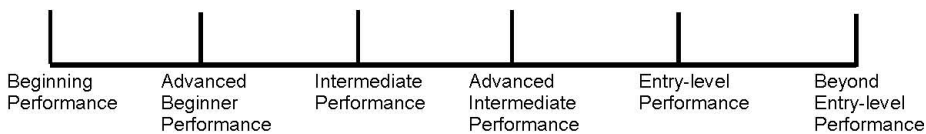
**SAMPLE BEHAVIORS**

- a. Synthesizes examination data and identifies pertinent impairments, functional limitations\* and quality of life. [WHO – ICF Model for Canada]
- b. Makes clinical judgments based on data from examination (history, system review, tests and measurements).
- c. Reaches clinical decisions efficiently.
- d. Cites the evidence to support a clinical decision.

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

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

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



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

 Midterm    
  Final

PATIENT MANAGEMENT  
**DIAGNOSIS\* AND PROGNOSIS\***

**11. Determines a diagnosis\* and prognosis\* that guides future patient management.**

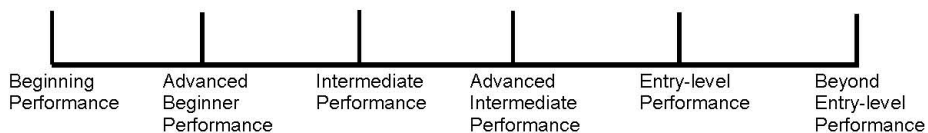
**SAMPLE BEHAVIORS**

- a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis\*.
- b. Determines a diagnosis that is congruent with pathology, impairment, functional limitation, and disability.
- c. Integrates data and arrives at an accurate prognosis\* with regard to intensity and duration of interventions and discharge\* status.
- d. Estimates the contribution of factors (eg, preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
- e. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc) that help predict patient outcomes.

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

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

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



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

**Midterm** 
                 
 **Final**



PATIENT MANAGEMENT  
**PLAN OF CARE\***

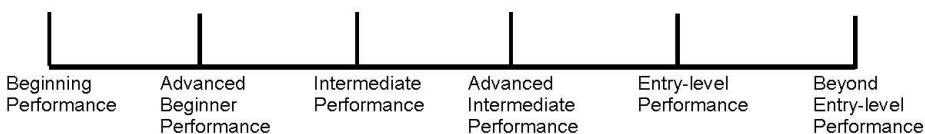
**12. Establishes a physical therapy plan of care\* that is safe, effective, patient-centered, and evidence-based.**

<b>SAMPLE BEHAVIORS</b>	
a.	Establishes goals* and desired functional outcomes* that specify expected time durations.
b.	Establishes a physical therapy plan of care* in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services.
c.	Establishes a plan of care consistent with the examination and evaluation.*
d.	Selects interventions based on the best available evidence and patient preferences.
e.	Follows established guidelines (eg, best practice, clinical pathways, and protocol) when designing the plan of care.
f.	Progresses and modifies plan of care and discharge planning based on patient responses.
g.	Identifies the resources needed to achieve the goals included in the patient care.
h.	Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
i.	Discusses the risks and benefits of the use of alternative interventions with the patient.
j.	Identifies patients who would benefit from further follow-up.
k.	Advocates for the patients' access to services.

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

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

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



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

**Midterm** 
                 
 **Final**

PATIENT MANAGEMENT  
**PROCEDURAL INTERVENTIONS\***

**13. Performs physical therapy interventions\* in a competent manner.**

**SAMPLE BEHAVIORS**

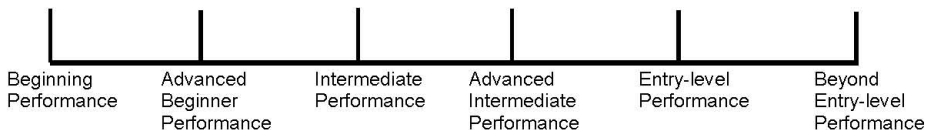
a. Performs interventions\* safely, effectively, efficiently, fluidly, and in a coordinated and technically competent\* manner.  
Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques\*: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).

b. Performs interventions consistent with the plan of care.  
 c. Utilizes alternative strategies to accomplish functional goals.  
 d. Follows established guidelines when implementing an existing plan of care.  
 e. Provides rationale for interventions selected for patients presenting with various diagnoses.  
 f. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.  
 g. Assesses patient response to interventions and adjusts accordingly.  
 h. Discusses strategies for caregivers to minimize risk of injury and to enhance function.  
 i. Considers prevention\*, health, wellness\* and fitness\* in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.  
 j. Incorporates the concept of self-efficacy in wellness and health promotion.\*

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

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

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



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

Midterm    
 Final

PATIENT MANAGEMENT  
**EDUCATIONAL INTERVENTIONS\***

**14. Educates\* others (patients, caregivers, staff, students, other health care providers\*, business and industry representatives, school systems) using relevant and effective teaching methods.**

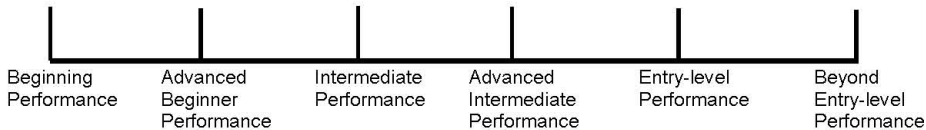
**SAMPLE BEHAVIORS**

- a. Identifies and establishes priorities for educational needs in collaboration with the learner.
- b. Identifies patient learning style (eg, demonstration, verbal, written).
- c. Identifies barriers to learning (eg, literacy, language, cognition).
- d. Modifies interaction based on patient learning style.
- e. Instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community.
- f. Ensures understanding and effectiveness of recommended ongoing program.
- g. Tailors interventions with consideration for patient family situation and resources.
- h. Provides patients with the necessary tools and education\* to manage their problem.
- i. Determines need for consultative services.
- j. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (eg, ergonomic evaluations, school system assessments\*, corporate environmental assessments\*).
- k. Provides education and promotion of health, wellness, and fitness.

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

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

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



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

**Midterm**      
 **Final**

PATIENT MANAGEMENT  
**DOCUMENTATION\***

**15. Produces quality documentation\* in a timely manner to support the delivery of physical therapy services.**

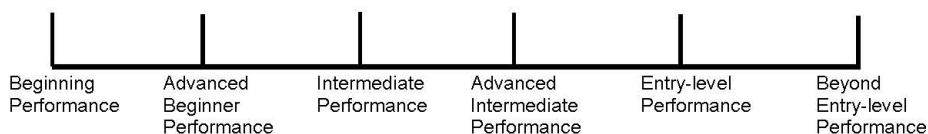
**SAMPLE BEHAVIORS**

- a. Selects relevant information to document the delivery of physical therapy care.
- b. Documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication\* with others involved in the delivery of care.
- c. Produces documentation (eg, electronic, dictation, chart) that follows guidelines and format required by the practice setting.
- d. Documents patient care consistent with guidelines and requirements of regulatory agencies and third-party payers.
- e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.
- f. Produces documentation that is accurate, concise, timely and legible.
- g. Utilizes terminology that is professionally and technically correct.
- h. Documentation accurately describes care delivery that justifies physical therapy services.
- i. Participates in quality improvement\* review of documentation (chart audit, peer review, goals achievement).

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

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

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



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

**Midterm** 
                 
 **Final**

PATIENT MANAGEMENT  
**OUTCOMES ASSESSMENT\***

**16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.\***

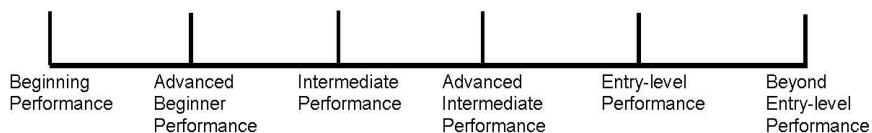
**SAMPLE BEHAVIORS**

- a. Applies, interprets, and reports results of standardized assessments throughout a patient's episode of care.
- b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.
- c. Seeks information regarding quality of care rendered by self and others under clinical supervision.
- d. Evaluates and uses published studies related to outcomes effectiveness.
- e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.
- f. Assesses the patient's response to intervention in practical terms.
- g. Evaluates whether functional goals from the plan of care have been met.
- h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).

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

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

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



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

Midterm 
     
 Final

PATIENT MANAGEMENT  
**FINANCIAL RESOURCES**

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

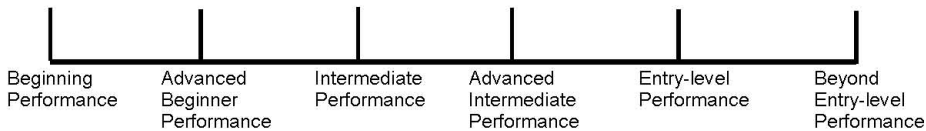
**SAMPLE BEHAVIORS**

- a. Schedules patients, equipment, and space.
- b. Coordinates physical therapy with other services to facilitate efficient and effective patient care.
- c. Sets priorities for the use of resources to maximize patient and facility outcomes.
- d. Uses time effectively.
- e. Adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements.
- f. Provides recommendations for equipment and supply needs.
- g. Submits billing charges on time.
- h. Adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility.
- i. Requests and obtains authorization for clinically necessary reimbursable visits.
- j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.
- k. Negotiates with reimbursement entities for changes in individual patient services.
- l. Utilizes the facility's information technology effectively.
- m. Functions within the organizational structure of the practice setting.
- n. Implements risk-management strategies (ie, prevention of injury, infection control, etc).
- o. Markets services to customers (eg, physicians, corporate clients\*, general public).
- p. Promotes the profession of physical therapy.
- q. Participates in special events organized in the practice setting related to patients and care delivery.
- r. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).

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

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

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



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

**Midterm** 
                 
 **Final**

PATIENT MANAGEMENT  
**DIRECTION AND SUPERVISION OF PERSONNEL**

**18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.**

**SAMPLE BEHAVIORS**

- a. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
- b. Applies time-management principles to supervision and patient care.
- c. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (eg, secretary, volunteers, PT Aides, Physical Therapist Assistants).
- d. Determines the amount of instruction necessary for personnel to perform directed tasks.
- e. Provides instruction to personnel in the performance of directed tasks.
- f. Supervises those physical therapy services directed to physical therapist assistants\* and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
- g. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.
- h. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.
- i. Demonstrates respect for the contributions of other support personnel.
- j. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant's ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
- k. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.

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

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

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

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

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

**Midterm** 
                 
 **Final**

## SUMMATIVE COMMENTS

Given this student's level of academic and clinical preparation and the objectives for this clinical experience, identify strengths and areas for further development. If this is the student's final clinical experience, comment on the student's readiness to practice as a physical therapist.

### AREAS OF STRENGTH

**Midterm:**

**Final:**

### AREAS FOR FURTHER DEVELOPMENT

**Midterm:**

**Final:**



**OTHER COMMENTS**

**Midterm:**

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**Final:**

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**RECOMMENDATIONS**

**Midterm:**

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**Final:**

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## EVALUATION SIGNATURES

### MIDTERM EVALUATION

#### ***For the Student***

I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I have completed the on-line training (website) prior to using this instrument and completed the PT CPI midterm self-assessment according to the training and directions. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Academic Institution

#### ***For the Evaluator(s)***

I/We, the evaluator(s), have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I/We have completed the on-line training (website) prior to using this instrument. I/We have completed this instrument, as the evaluator(s) according to the training and directions for the PT CPI. I/We have prepared, reviewed, and discussed the midterm completed PT CPI with the student with respect to his/her clinical performance.

\_\_\_\_\_  
Evaluator Name (1) (Print)

\_\_\_\_\_  
Position/title

\_\_\_\_\_  
Signature of Evaluator (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator Name (2) (Print)

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Signature of Evaluator (2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCCE Signature

\_\_\_\_\_  
Date

**FINAL EVALUATION**

***For the Student***

I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I have completed the on-line training (website) prior to using this instrument and completed the PT CPI final self-assessment according to the training and directions. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Academic Institution

***For the Evaluator(s)***

I/We, the evaluator(s), have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I/We have completed the on-line training (website) prior to using this instrument. I/We have completed this instrument, as the evaluator(s) according to the training and directions for the PT CPI. I/We have prepared, reviewed, and discussed the final completed PT CPI with the student with respect to his/her clinical performance.

\_\_\_\_\_  
Evaluator Name (1) (Print)

\_\_\_\_\_  
Position/title

\_\_\_\_\_  
Signature of Evaluator (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator Name (2) (Print)

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Signature of Evaluator (2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCCE Signature

\_\_\_\_\_  
Date

## GLOSSARY

**Academic coordinator/Director of clinical education (ACCE/DCE):** Individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating clinical site and clinical faculty development. This person also is responsible for the academic program and student performance, and maintaining current information on clinical sites.

**Accountability:** Active acceptance of responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society. (*Professionalism in Physical Therapy: Core Values*, August 2003.)

**Adaptive devices:** A variety of implements or equipment used to aid patients/clients in performing movements, tasks, or activities. Adaptive devices include raised toilet seats, seating systems, environmental controls, and other devices.

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

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

**Altruism:** The primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self interest. (*Professionalism in Physical Therapy: Core Values*, August 2003.)

**Assessment:** The measurement or quantification of a variable or the placement of a value on something. Assessment should not be confused with *examination* or *evaluation*.

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

**Beyond entry-level performance:** A student who requires no clinical supervision with simple, highly complex patients, and is able to function in unfamiliar or ambiguous situations. Student is capable of supervising others. At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others. Student is able to maintain 100% of a full-time physical therapist's caseload, seeks to assist others where needed. The student willingly assumes a leadership role for managing more difficult or complex cases. Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.

**Caring:** The concern, empathy, and consideration for the needs and values of others. (*Professionalism in Physical Therapy: Core Values*, August 2003.)

**Caregiver:** One who provides care, often used to describe a person other than a health care professional.

**Case management:** The coordination of patient care or client activities.

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

**Client:** An individual who is not necessarily sick or injured but who can benefit from a physical therapist's consultation, professional advice, or services. A client also is a business, a school system, or other entity that may benefit from specific recommendations from a physical therapist.

**Clinical decision making (CDM):** Interactive model in which hypotheses are generated early in an encounter based on initial cues drawn from observation of the patient or client, a letter of referral, the medical record, or other resources.

**Clinical education experiences:** These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge and skills in the clinical environment. Experiences would include those of short and long duration (eg, part-time, full-time, internships) and those that provide a variety of learning experiences (eg, rotations on different units within the same practice setting, rotations between different practice settings within the same health care system) to include comprehensive care of patients across the life span and related activities.

**Clinical indications:** The patient factors (eg, symptoms, impairments, deficits) that suggest that a particular kind of care (examination, intervention) would be appropriate.

**Clinical instructor (CI):** Individual at the clinical education site who directly instructs and supervises students during their clinical learning experiences. CIs are responsible for facilitating clinical learning experiences and assessing students' performance in cognitive, psychomotor, and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. (Syn: *clinical teacher, clinical tutor, and clinical supervisor.*)

**Clinical reasoning:** A systematic process used to assist students and practitioners in inferring or drawing conclusions about patient/client care under various situations and conditions.

**Cognitive:** Characterized by awareness, reasoning, and judgment.

**Communication:** A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.

**Compassion:** The desire to identify with or sense something of another's experience; a precursor of caring. ([Professionalism in Physical Therapy: Core Values](#), August 2003.)

**Competence:** The possession, application, and evaluation of requisite professional knowledge, skills, and abilities to meet or exceed the performance standards, based on the physical therapist's roles and responsibilities, within the context of public health, welfare, and safety.

**Competency:** A significant, skillful, work-related activity that is performed efficiently, effectively, fluidly, and in a coordinated manner.

**Complexity:** Multiple requirements of the tasks or environment (eg, simple, complex), or patient (see Complex patient). The complexity of the tasks or environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.

**Complex patient:** Refers to patients presenting with multiple co-morbidities, multi-system involvement, needs for extensive equipment, multiple lines, cognitive impairments, and multifaceted psychosocial needs. As a student progresses through clinical education experiences, the student should be able to manage patients with increasingly more complex conditions with fewer elements or interventions controlled by the CI.

**Conflict management:** The act, manner, or practice of handling or controlling the impact of disagreement, controversy, or opposition; may or may not involve resolution of the conflict.

**Consistency:** The frequency of occurrences of desired behaviors related to the performance criterion (eg, infrequently, occasionally, and routinely). As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

**Consultation:** The rendering of professional or expert opinion or advice by a physical therapist. The consulting physical therapist applies highly specialized knowledge and skills to identify problems, recommend solutions, or produce a specified outcome or product in a given amount of time. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Consumer:** One who acquires, uses, or purchases goods or services; any actual or potential recipient of health care.

**Cost-effectiveness:** Economically worthwhile in terms of what is achieved for the amount of money spent; tangible benefits in relation to expenditures.

**Critical inquiry:** The process of applying the principles of scientific methods to read and interpret professional literature, participate in research activities, and analyze patient care outcomes, new concepts, and findings.

**Cultural awareness:** Refers to the basic idea that behavior and ways of thinking and perceiving are culturally conditioned rather than universal aspects of human nature. (Pusch MD, ed. *Multicultural Education*. Yarmouth, Maine: Intercultural Press Inc; 1999.)

**Cultural competence:** Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups. "Competence" implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities. (Working definition adapted from *Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda*, Office of Minority Health, Public Health Service, U S Department of Health and Human Services; 1999.)

**Cultural sensitivity:** Awareness of cultural variables that may affect assessment and treatment. (Paniagua FA. *Assessing and Treating Culturally Diverse Clients*. Thousand Oaks, Calif: Sage Publications; 1994.)

**Diagnosis:** Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Diagnostic process:** The evaluation of information obtained from the patient examination organized into clusters, syndromes, or categories.

**Differential diagnosis:** The determination of which one of two or more different disorders or conditions is applicable to a patient or client.

**Direct access:** Practice mode in which physical therapists examine, evaluate, diagnose, and provide interventions to patients/clients without a referral from a gatekeeper, usually the physician.

**Disability:** The inability to perform or a limitation in the performance of actions, tasks, and activities usually expected in specific social roles that are customary for the individual or expected for the person's status or role in a specific sociocultural context and physical environment. ([Guide to Physical Therapist Practice](#), Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Disease:** A pathological condition or abnormal entity with a characteristic group of signs and symptoms affecting the body and with known or unknown etiology. ([Guide to Physical Therapist Practice](#), Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Discharge:** The process of ending physical therapy services that have been provided during a single episode of care, when the anticipated goals and expected outcomes have been achieved. Discharge does not occur with a transfer (that is, when the patient is moved from one site to another site within the same setting or across setting during a single episode of care). ([Guide to Physical Therapist Practice](#), Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Documentation:** All written forms of communication provided related to the delivery of patient care, to include written correspondence, electronic record keeping, and word processing.

**Dysfunction:** Disturbance, impairment, or abnormality of function of an organ. ([Guide to Physical Therapist Practice](#), Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Education:** Knowledge or skill obtained or developed by a learning process; a process designed to change behavior by formal instruction and/or supervised practice, which includes teaching, training, information sharing, and specific instructions.

**Efficiency:** The ability to perform in a cost-effective and timely manner (eg, inefficient/slow, efficient/timely). As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely.

**Empathy:** The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.

**Entry-level performance:** A student who requires no guidance or clinical supervision with simple or complex patients. Consults with others and resolves unfamiliar or ambiguous situations. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. The student is able to maintain 100% of a full-time physical therapist's caseload in a cost effective manner.

**Episode of physical therapy prevention:** A series of occasional, clinical, educational, and administrative services related to primary prevention, wellness, health promotion, and to the preservation of optimal function. Prevention services and programs that promote health, wellness, and fitness are a vital part of the practice of physical therapy. No defined number or range of number of visits is established for this type of episode. ([Guide to Physical Therapist Practice](#), Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Evaluation:** A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. No defined number or range of number of visits is established for this type of episode. ([Guide to Physical Therapist Practice](#), Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Evidenced-based practice:** Integration of the best possible research evidence with clinical expertise and patient values, to optimize patient/client outcomes and quality of life to achieve the highest level of excellence in clinical practice. (Sackett DL, Haynes RB, Guyatt GH, Tugwell P. *Clinical Epidemiology: A Basic Science for Clinical Medicine*. 2nd ed. Boston: Little, Brown and Company; 1991:1.) Evidence includes randomized or nonrandomized controlled trials, testimony or theory, meta-analysis, case reports and anecdotes, observational studies, narrative review articles, case series in decision making for clinical practice and policy, effectiveness research for guidelines development, patient outcomes research, and coverage decisions by health care plans.

**Examination:** A comprehensive and specific testing process performed by a physical therapist that leads to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems reviews, and tests and measures. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Excellence:** Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. (*Professionalism in Physical Therapy: Core Values*, August 2003.)

**Fiscal management:** An ability to identify the fiscal needs of a unit and to manage available fiscal resources to maximize the benefits and minimize constraints.

**Fitness:** A dynamic physical state—comprising cardiovascular/pulmonary endurance; muscle strength, power, endurance, and flexibility; relaxation; and body composition—that allows optimal and efficient performance of daily and leisure activities. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Function:** The special, normal, or proper action of any part or organ; an activity identified by an individual as essential to support physical and psychological well-being as well as to create a personal sense of meaningful living; the action specifically for which a person or thing is fitted or employed; an act, process, or series of processes that serve a purpose; to perform an activity or to work properly or normally.

**Functional limitation:** A restriction of the ability to perform a physical action, activity, or task in a typically expected, efficient, or competent manner. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Functional outcomes:** The desired result of an act, process, or intervention that serves a purpose (eg, improvement in a patient's ability to engage in activities identified by the individual as essential to support physical or psychological well-being).

**Goals:** The intended results of patient/client management. Goals indicate changes in impairment, functional limitations, and disabilities and changes in health, wellness, and fitness needs that are expected as a result of implementing the plan of care. Goals should be measurable and time limited (if required, goals may be expressed as short-term and long-term goals.) ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Guide to Physical Therapist Practice:** Document that describes the scope of practice of physical therapy and assists physical therapists in patient/client management. Specifically, the *Guide* is designed to help physical therapists: 1) enhance quality of care, 2) improve patient/client satisfaction, 3) promote appropriate utilization of health care services, 4) increase efficiency and reduce unwarranted variation in the provision of services, and 5) promote cost reduction through prevention and wellness initiatives. The *Guide* also provides a framework for physical therapist clinicians and researchers as they refine outcomes data collection and analysis and develop questions for clinical research. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Health care provider:** A person or organization offering health services directly to patients or clients.



**Health promotion:** The combination of educational and environmental supports for actions and conditions of living conducive to health. The purpose of health promotion is to enable people to gain greater control over the determinants of their own health. (Green LW, Kreuter MW. *Health Promotion Planning*. 2nd ed. Mountain View, Calif: Mayfield Publishers; 1991:4.)

**Health status:** The level of an individual's physical, mental, affective, and social function: health status is an element of well-being.

**History:** An account of past and present health status that includes the identification of complaints and provides the initial source of information about the patient. The history also suggests the patient's ability to benefit from physical therapy services.

**Personnel management:** Selection, training, supervision, and deployment of appropriately qualified persons for specific tasks/functions.

**Impairment:** A loss or abnormality of physiological, psychological, or anatomical structure or function. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Integrity:** Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do. (*Professionalism in Physical Therapy: Core Values*, August 2003.)

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

**Intervention:** The purposeful interaction of the physical therapist with the patient/client, and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques to produce changes in the condition. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Manual therapy techniques:** Skilled hand movements intended to improve tissue extensibility; increase range of motion; induce relaxation; mobilize or manipulate soft tissue and joints; modulate pain; and reduce soft tissue swelling, inflammation, or restriction. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Mobilization/manipulation:** A manual therapy technique comprising a continuum of skilled passive movements to the joints and/or related soft tissues that are applied at varying speeds and amplitudes, including a small amplitude/high velocity therapeutic movement. ([Guide to Physical Therapist Practice](#). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Multicultural/multilingual:** Characteristics of populations defined by changes in the demographic patterns of consumers.

**Negotiation:** The act or procedure of treating another or others in order to come to terms or reach an agreement.

**Objective:** A measurable behavioral statement of an expected response or outcome; something worked toward or striven for; a statement of direction or desired achievement that guides actions and activities.

**Outcomes assessment of the individual:** Performed by the physical therapist and is a measure (or measures) of the intended results of patient/client management, including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are

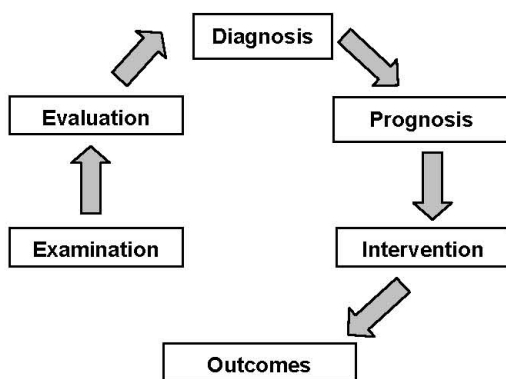
expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

**Outcomes assessment of groups of patients/clients:** Performed by the physical therapist and is a measure [or measures] of physical therapy care to groups of patients/clients including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are expected as the results of that physical therapy.

**Outcomes analysis:** A systematic examination of patient/client outcomes in relation to selected patient/client variables (eg, age, sex, diagnosis, interventions performed); outcomes analysis may be used in quality assessment, economic analysis of practice, and other processes.

**Patients:** Individuals who are the recipients of physical therapy and direct interventions.

**Patient/client management model:**



(Adapted from the [Guide to Physical Therapist Practice](#), Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Performance criterion:** A description of outcome knowledge, skills, and behaviors that define the expected performance of students. When criteria are taken in aggregate, they describe the expected performance of the graduate upon entry into the practice of physical therapy.

**Physical function:** Fundamental components of health status describing the state of those sensory and motor skills necessary for mobility, work, and recreation.

**Physical therapist:** A licensed health care professional who offers services designed to preserve, develop, and restore maximum physical function.

**Physical therapist assistant:** An educated health care provider who performs physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

**Plan of care:** (Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. ([Guide to Physical Therapist Practice](#), Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Practice management:** The coordination, promotion, and resource (financial and human) management of practice that follows regulatory and legal guidelines.

**Practitioner of choice:** Consumers choose the most appropriate health care provider for the diagnosis, intervention, or prevention of an impairment, functional limitation, or disability.

**Presenting problem:** The specific dysfunction that causes an individual to seek attention or intervention (ie, chief complaint).

**Prevention:** Activities that are directed toward 1) achieving and restoring optimal functional capacity, 2) minimizing impairments, functional limitations, and disabilities, 3) maintaining health (thereby preventing further deterioration or future illness), 4) creating appropriate environmental adaptations to enhance independent function. *Primary prevention:* Prevention of disease in a susceptible or potentially susceptible population through such specific measures as general health promotion efforts. *Secondary prevention:* Efforts to decrease the duration of illness, severity of diseases, and sequelae through early diagnosis and prompt intervention. *Tertiary prevention:* Efforts to limit the degree of disability and promote rehabilitation and restoration of function in patients/clients with chronic and irreversible diseases. ([Guide to Physical Therapist Practice](#), Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Professional duty:** Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society. ([Professionalism in Physical Therapy: Core Values](#), August 2003.)

**Professionalism:** The conduct, aims, or qualities that characterize or mark a profession or a professional person; A systematic and integrated set of core values that through assessment, critical reflection, and change, guides the judgment, decisions, behaviors, and attitudes of the physical therapist, in relation to patients/ clients, other professionals, the public, and the profession. (APTA Consensus Conference to Develop Core Values in Physical Therapy, July 2002, Alexandria, Va)

**Prognosis:** The determination by the physical therapist of the predicted optimal level of improvement in function and the amount of time needed to reach that level. ([Guide to Physical Therapist Practice](#), Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Quality:** The degree of skill or competence demonstrated (eg, limited skill, high skill), the relative effectiveness of the performance (eg, ineffective, highly effective), and the extent to which outcomes meet the desired goals. A continuum of quality might range from demonstration of limited skill and effectiveness to a highly skilled and highly effective performance.

**Quality improvement (QI):** A management technique to assess and improve internal operations. Quality improvement focuses on organizational systems rather than individual performance and seeks to continuously improve quality rather than reacting when certain baseline statistical thresholds are crossed. The process involves setting goals, implementing systematic changes, measuring outcomes, and making subsequent appropriate improvements. ([www.tmc.org/other\\_resources/glossaryquality.html#quality](http://www.tmc.org/other_resources/glossaryquality.html#quality))

**Role:** A behavior pattern that defines a person's social obligations and relationships with others (eg, father, husband, son).

**Reexamination:** The process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions. ([Guide to Physical Therapist Practice](#), Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Screening:** Determining the need for further examination or consultation by a physical therapist or for referral to another health professional. ([Guide to Physical Therapist Practice](#), Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.) (See also: [Cognitive screening](#).)

**Social responsibility:** The promotion of a mutual trust between the physical therapist as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. ([Professionalism in Physical Therapy: Core Values](#), August 2003.)

**Supervision/guidance:** Level and extent of assistance required by the student to achieve clinical performance at entry-level. As a student progresses through clinical education experiences, the degree of monitoring needed is expected to progress from full-time monitoring/direct supervision or cuing for assistance to initiate, to independent performance with consultation. The degree of supervision and guidance may vary with the complexity of the patient or environment.

**Technically competent:** Correct performance of a skill.

**Tests and measures:** Specific standardized methods and techniques used to gather data about the patient/client after the history and systems review have been performed. ([Guide to Physical Therapist Practice](#), Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Treatment:** The sum of all interventions provided by the physical therapist to a patient/client during an episode of care. ([Guide to Physical Therapist Practice](#), Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Wellness:** An active process of becoming aware of and making choices toward a more successful existence. (National Wellness Organization. *A Definition of Wellness*. Stevens Point, Wis: National Wellness Institute Inc; 2003.)

**APPENDIX A  
EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Competent)**

**EXAMINATION\***

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

**SAMPLE BEHAVIORS**

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

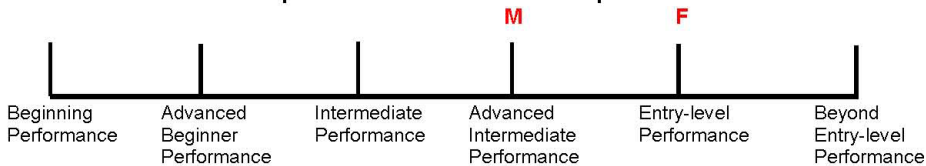
**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including *supervision/guidance, quality, complexity, consistency, and efficiency.*)

This student requires guidance 25% of the time in selecting appropriate examination methods based on the patient's history and initial screening. Examinations are performed consistently, accurately, thoroughly, and skillfully. She almost always is able to complete examinations in the time allotted, except for patients with the most complex conditions. She manages a 75% caseload of the PT with some difficulty and requires assistance in completing the examination for a patient with a complex condition of dementia and multiple diagnoses. Overall she has achieved a level of performance consistent with advanced intermediate performance for this criterion and continues to improve in all areas.

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

This student requires no guidance in selecting appropriate examination methods for patients with complex conditions and with multiple diagnoses. Examinations are performed consistently and skillfully. She consistently selects all appropriate examination methods based on the patient's history and initial screening. She consistently completes examinations in the time allotted and manages a 100% caseload of the PT. She is able to examine a number of patients with complex conditions and with multiple diagnoses with only minimal input from the CI. Overall this student has improved across all performance dimensions to achieve entry-level clinical performance.

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



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

Midterm 
                 
 Final

**APPENDIX A**  
**EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Not Competent)**  
**EXAMINATION\***

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

**SAMPLE BEHAVIORS**

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

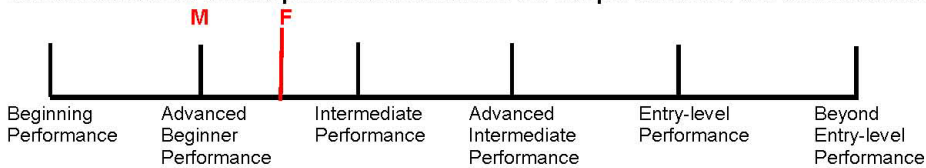
**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including *supervision/guidance, quality, complexity, consistency, and efficiency\**.)

This student requires guidance 75% of the time to select relevant tests and measures and does not ask relevant background questions to identify tests and measures needed. Tests and measures selected are inappropriate for the patient's diagnosis and condition. When questioned, he is unable to explain why specific tests and measures were selected. He is not accurate in performing examination techniques (eg, fails to correctly align the goniometer, places patients in uncomfortable examination positions) and requires assistance when completing exams on all patients with complex conditions and with 75% of patients with simple conditions. He is unable to complete 60% of the exams in the time allotted and demonstrates difficulty across all performance dimensions for the final clinical experience.

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

This student requires guidance 50% of the time to select relevant tests and measures. He selects tests and measures that are appropriate for patients with simple conditions 50% of the time, however 50% of the time is unable to explain the tests and measures selected. Likewise, 50% of the time, he selects tests and measures that are inappropriate for the patient's diagnosis. He demonstrates 50% accuracy in performing the required examination techniques, including goniometry and requires assistance to complete examinations on 95% of patients with complex conditions and 50% of patients with simple conditions. He is unable to complete 50% of the exams in the time allotted. Although some limited improvement has been shown, performance across all performance dimensions for the final clinical experience is still in the advanced beginner performance interval, which is below expected performance of entry-level on this criterion for a final clinical experience.

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



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

Midterm       Final

**APPENDIX A  
COMPLETED FOR INTERMEDIATE EXPERIENCE (COMPETENT)**

**EXAMINATION\***

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

**SAMPLE BEHAVIORS**

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

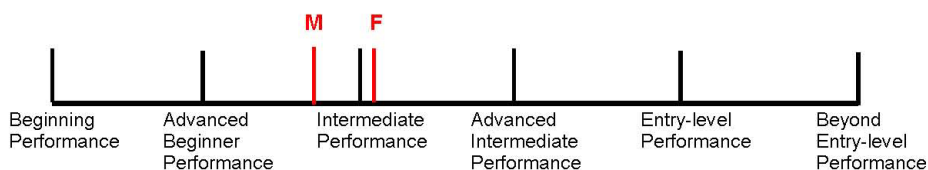
**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including *supervision/guidance, quality, complexity, consistency, and efficiency\**.)

This student requires supervision for managing patients with simple conditions 50% of the time and managing patients with complex neurological conditions 95% of the time. He selects relevant examination methods for patients with simple conditions 85% of the time, however sometimes over tires patients during the examination. He requires limited assistance to perform examination methods accurately (sensory testing) and completes examinations in the time allotted most of the time. He carries a 25% caseload of the PT and is able to use good judgment in the selection and implementation of examinations for this level of clinical experience.

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

The student requires supervision for managing patients with simple conditions 25% of the time and managing patients with complex conditions 75% of the time. He selects relevant examination methods for patients with simple conditions 100% of the time and consistently monitors the patient's fatigue level during the examination. He performs complete and accurate examinations of patients with simple orthopedic conditions and is beginning to describe movement patterns in patients with complex neurological conditions. However, he continues to require frequent input to complete a neurological examination and is unable to consistently complete examinations in the time allotted. He carries a 50% caseload of the PT and has shown improvement in advancing from advanced beginner performance to intermediate performance for this second clinical experience.

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



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

 Midterm

 Final

**APPENDIX B**  
**PT CPI Performance Criteria Matched with Evaluative Criteria for PT Programs**

This table provides the physical therapist academic program with a mechanism to relate the performance criteria from the *Physical Therapist Clinical Performance Instrument* with the *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*.<sup>1</sup>

Evaluative Criteria for Accreditation of Physical Therapist Programs	Physical Therapist Clinical Performance Instrument Performance Criteria (PC)
Accountability (5.1-5.5)	Accountability (PC #3; 5.1-5.3) Professional Development (PC #6; 5.4, 5.5)
Altruism (5.6, 5.7)	Accountability (PC #3; 5.6 and 5.7)
Compassion/Caring (5.8, 5.9)	Professional Behavior (PC #2; 5.8) Plan of Care (PC #12; 5.9)
Integrity (5.10)	Professional Behavior (PC #2; 5.10)
Professional Duty (5.11-5.16)	Professional Behavior (PC #2; 5.11, 5.15, 5.16) Professional Development (PC #6, 5.12, 5.13, 5.14, 5.15)
Communication (5.17)	Communication (PC #4; 5.17)
Cultural Competence (5.18)	Cultural Competence (PC #5, 5.18)
Clinical Reasoning (5.19, 5.20)	Clinical Reasoning (PC #7; 5.19, 5.20)
Evidenced-Based Practice (5.21-5.25)	Clinical Reasoning (PC #7; 5.21, 5.22, 5.23) Professional Development (PC #6; 5.24, 5.25)
Education (5.26)	Educational Interventions (PC #14; 5.26)
Screening (5.27)	Screening (PC #8; 5.27)
Examination (5.28-5.30)	Examination (PC #9; 5.28, 5.29, 5.30)
Evaluation (5.31)	Evaluation (PC #10; 5.31)
Diagnosis (5.32)	Diagnosis and Prognosis (PC #11; 5.32)
Prognosis (5.33)	Diagnosis and Prognosis (PC #11; 5.33)
Plan of Care (5.34-5.38)	Plan of Care (PC #12; 5.34, 5.35, 5.36, 5.37, 5.38) Safety (PC #1; 5.35)
Intervention (5.39-5.44)	Procedural Interventions (PC #13; 5.39) Direction and Supervision of Personnel (PC #18; 5.40) Educational Interventions (PC #14; 5.41) Documentation (PC #15; 5.42) Financial Resources (PC #17; 5.43) Safety (PC #1; 5.44)
Outcomes Assessment (5.45-5.49)	Outcomes Assessment (PC #16; 5.45, 5.46, 5.47, 5.48, 5.49)
Prevention, Health Promotion, Fitness, and Wellness (5.50-5.52)	Procedural Interventions (PC #13; 5.50, 5.52) Educational Interventions (PC #14; 5.51, 5.52)
Management in Care Delivery (5.53-5.56)	Screening (PC #8; 5.53; 5.54, 5.55) Plan of Care (PC #12; 5.55, 5.56 [however not specifically stated as case management*]) Financial Resources (PC #17; 5.55)
Practice Management (5.57-5.61)	Financial Resources (PC #17; 5.58, 5.60, 5.61) Direction and Supervision of Personnel (PC #18; 5.57) Not included: 5.59
Consultation (5.62)	Screening (PC #8; 5.62) Educational Interventions (PC #14; 5.62)
Social Responsibility and Advocacy (5.63-5.66)	Accountability (PC #2; 5.63-5.66)

<sup>1</sup>*Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists (Draft 3)*. Commission on Accreditation in Physical Therapy Education, APTA: Alexandria, VA; 2004:7-10.



**APPENDIX C**  
**DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS**

CATEGORY	DEFINITIONS
<b><i>Performance Dimensions</i></b>	
<b>Supervision/ Guidance</b>	<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <ul style="list-style-type: none"> <li>▪ As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.</li> </ul>
<b>Quality</b>	<p>Degree of knowledge and skill proficiency demonstrated.</p> <ul style="list-style-type: none"> <li>▪ As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.</li> </ul>
<b>Complexity</b>	<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <ul style="list-style-type: none"> <li>▪ As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.</li> </ul>
<b>Consistency</b>	<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <ul style="list-style-type: none"> <li>▪ As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.</li> </ul>
<b>Efficiency</b>	<p>Ability to perform in a cost-effective and timely manner.</p> <ul style="list-style-type: none"> <li>▪ As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.</li> </ul>
<b><i>Rating Scale Anchors</i></b>	
<b>Beginning performance</b>	<ul style="list-style-type: none"> <li>• A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.</li> <li>• At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.</li> <li>• Performance reflects little or no experience.</li> <li>• The student does not carry a caseload.</li> </ul>
<b>Advanced beginner performance</b>	<ul style="list-style-type: none"> <li>• A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.</li> <li>• At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.</li> <li>• The student may begin to share a caseload with the clinical instructor.</li> </ul>
<b>Intermediate performance</b>	<ul style="list-style-type: none"> <li>• A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.</li> <li>• At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.</li> <li>• The student is <b>capable of</b> maintaining 50% of a full-time physical therapist's caseload.</li> </ul>
<b>Advanced intermediate performance</b>	<ul style="list-style-type: none"> <li>• A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.</li> <li>• At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.</li> <li>• The student is <b>capable of</b> maintaining 75% of a full-time physical therapist's caseload.</li> </ul>
<b>Entry-level performance</b>	<ul style="list-style-type: none"> <li>• A student who is <b>capable of</b> functioning without guidance or clinical supervision managing patients with simple or complex conditions.</li> <li>• At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.</li> <li>• Consults with others and resolves unfamiliar or ambiguous situations.</li> <li>• The student is <b>capable of</b> maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.</li> </ul>
<b>Beyond entry-level performance</b>	<ul style="list-style-type: none"> <li>• A student who is <b>capable of</b> functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.</li> <li>• At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others.</li> <li>• The student is <b>capable of</b> maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.</li> <li>• The student is capable of supervising others.</li> <li>• The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.</li> </ul>

**PHYSICAL THERAPIST STUDENT  
EVALUATION:  
  
CLINICAL EXPERIENCE  
AND  
CLINICAL INSTRUCTION**

June 12, 2003



**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

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**GENERAL INFORMATION AND SIGNATURES**

General Information

Student Name \_\_\_\_\_  
Academic Institution \_\_\_\_\_  
Name of Clinical Education Site \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Clinical Experience Number \_\_\_\_\_ Clinical Experience Dates \_\_\_\_\_

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements for clinical instructor qualifications for students supervised in this academic program. I understand that my personal information will not be available to students in our 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 information and resources that you would need for the experience?     Yes     No
6. What else could have been provided during the orientation? \_\_\_\_\_

### Patient/Client Management and the Practice Environment

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

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

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

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

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	0	Diagnosis	0
• Screening	0	Prognosis	0
• History taking	0	Plan of Care	0
• Systems review	0	Interventions	0
• Tests and measures	0	Outcomes Assessment	0
Evaluation	0		

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

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	0
Providing effective role models for problem solving, communication, and teamwork.	0
Demonstrating high morale and harmonious working relationships.	0
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	0
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	0
Using evidence to support clinical practice.	0
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	0
Being involved in district, state, regional, and/or national professional activities.	0

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
- from other disciplines or service departments (Please specify \_\_\_\_\_)

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

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe \_\_\_\_\_

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

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

- Attended in-services/educational programs
- Presented an in-service
- Attended special clinics
- Attended team meetings/conferences/grand rounds
- Directed and supervised physical therapist assistants and other support personnel
- Observed surgery
- Participated in administrative and business 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	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.	0	0
The clinical education site had written objectives for this learning experience.	0	0
The clinical education site's objectives for this learning experience were clearly communicated.	0	0
There was an opportunity for student input into the objectives for this learning experience.	0	0
The CI provided constructive feedback on student performance.	0	0
The CI provided timely feedback on student performance.	0	0
The CI demonstrated skill in active listening.	0	0
The CI provided clear and concise communication.	0	0
The CI communicated in an open and non-threatening manner.	0	0
The CI taught in an interactive manner that encouraged problem solving.	0	0
There was a clear understanding to whom you were directly responsible and accountable.	0	0
The supervising CI was accessible when needed.	0	0
The CI clearly explained your student responsibilities.	0	0
The CI provided responsibilities that were within your scope of knowledge and skills.	0	0
The CI facilitated patient-therapist and therapist-student relationships.	0	0
Time was available with the CI to discuss patient/client management.	0	0
The CI served as a positive role model in physical therapy practice.	0	0
The CI skillfully used the clinical environment for planned and unplanned learning experiences.	0	0
The CI integrated knowledge of various learning styles into student clinical teaching.	0	0
The CI made the formal evaluation process constructive.	0	0
The CI encouraged the student to self-assess.	0	0

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

Midterm Evaluation     Yes  No    Final Evaluation     Yes  No



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

Midterm Evaluation \_\_\_\_\_

Final Evaluation \_\_\_\_\_

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

Midterm Comments \_\_\_\_\_

Final Comments \_\_\_\_\_

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

Midterm Comments \_\_\_\_\_

Final Comments \_\_\_\_\_

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

**Appendix F**  
**New Affiliation Policy**  
**New Affiliation Request Form**  
**Contract**  
**Clinical Site Information Form**  
**Placement Request Form**

## DEVELOPMENT OF A NEW CLINICAL AFFILIATION

**POLICY:** A student, faculty member, or clinician may request that a clinical affiliation be developed at a new clinical facility.

### **PROCEDURE:**

1. Students recommending the development of a new clinical affiliation must set up a meeting with the DCE and review the files (*Clinical Site Information Form – CSIF*) to determine if the site is new to the Department of Physical Therapy, School of Allied Health Professions. New means that SAHP does not have a contract with the facility, system, group of facilities, etc. If there is any confusion as to whether the proposed site already has a contract with SAHP-PT, the student should discuss the matter with the DCE prior to continuing with this process. The DCE will also contact the SAHP contract manager to inquire if a contract is in progress with this clinical site. The meeting and discussion takes place prior to any direct contact with the proposed clinical facility. The student will be provided with one of the following decisions:
  - a. The SAHP-PT has an active clinical affiliation agreement with clinical site.
  - b. The location and/or type of facility may not be appropriate for SAHP-PT program at this time.
  - c. The student may contact the clinical site.
2. If the DCE has determined that the proposed facility will be a new affiliation site for SAHP-PT, a *Request for New Affiliation Form* will be sent to the contact person of the proposed clinical facility.
3. The *Request for New Affiliation Form* must be completed and returned to DCE within 2 weeks.
4. The DCE will evaluate the information on the *Request for New Affiliation Form* and will contact the potential clinical site. If the proposed facility is determined to meet the requirements of the Physical Therapy Education Program, the form will be sent to SAHP contract manager seeking a formal clinical affiliation agreement. The SAHP contract manager will complete all paperwork and send the clinical site a clinical affiliation agreement. After, the DCE will send the clinical site a CSIF to complete and the APTA SCCE Manual.

Note: Efforts will be made to establish the new affiliation. There is no guarantee that the site will be available for the student during the affiliation period or the contract will be Accepted. Due to a variety of reasons, clinical facilities may be unable to develop a new affiliation.
5. If a new affiliation is established at the request of a student, the student will be assigned to the requested for an affiliation. Students must participate in an affiliation that was established at their request.
6. The DCE will maintain documentation on all meetings with students regarding the establishment of new affiliations.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER  
SCHOOL OF ALLIED HEALTH PROFESSIONS  
DEPARTMENT OF PHYSICAL THERAPY

NEW AFFILIATION REQUEST FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

1. Name and Address of Facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Phone and fax number:

\_\_\_\_\_

3. Name of Clinical Coordinator:

\_\_\_\_\_

4. Clinical Coordinator's phone number and email address:

\_\_\_\_\_

5. Does the facility have a student program? Yes \_\_\_\_\_ No \_\_\_\_\_

6. How many employee are Physical Therapists? \_\_\_\_\_  
Physical Therapists Assistants? \_\_\_\_\_  
Aides? \_\_\_\_\_

7. What type of physical therapy services does this facility offer? Acute, Cardiopulmonary, Rehab, Outpatient, Pediatric, Industrial Rehab, Home Care, Skilled-Nursing, etc.

\_\_\_\_\_  
\_\_\_\_\_

8. Does this facility take first time affiliating students? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Does this facility have interest in taking more than one student? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Does this facility offer free housing? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Name of student making inquiry (if applicable), clinical rotation, and type of affiliation:

\_\_\_\_\_

## **AGREEMENT FOR CLINICAL EDUCATION**

THIS AGREEMENT, effective Date by and between the Board of Supervisors of the Louisiana State University and Agricultural and Mechanical College, on behalf of the Louisiana State University Health Sciences Center, School of Allied Health Professions (LSUHSC) and Facility ("Facility") for the purpose of establishing a clinical education program.

### **MUTUAL BENEFIT**

IT IS AGREED to be of mutual benefit and advantage that LSUHSC and the FACILITY establish a Clinical Education Program to provide clinical instruction and experience to students enrolled in the School of Allied Health Professions.

The following provisions shall govern this agreement:

### **ACADEMIC PREPARATION, ASSIGNMENT, SUPERVISION, RULES**

LSUHSC agrees that the students shall have completed academics appropriate to the level of clinical training prior to assignment to the clinical experience. The clinical coordinator for the department of LSUHSC shall make assignment of its students with mutual agreement of and advance notice to the FACILITY. When at the FACILITY the students shall observe and act in accordance with the policies and procedures set forth by the FACILITY.

## **EVALUATION, WITHDRAWAL**

FACILITY shall evaluate the performance of each student subject to final evaluation by LSUHSC. In addition, the FACILITY may request LSUHSC to withdraw any student whose appearance, conduct, or work with patients or personnel is not in accordance with hospital policies or other acceptable standards of performance and such request shall be granted by LSUHSC. Final action of student's evaluation and/or withdrawal is the responsibility of LSUHSC.

## **STUDENT HEALTH, CPR, OSHA**

Prior to clinical education all students are required to have (and to show proof on site of):

- 1) Health insurance; (except that FACILITY shall provide emergency care at student's expense)
- 2) Hepatitis B vaccine (or signed waiver);
- 3) Negative TB/PPD skin test or Negative chest X-ray;
- 4) Current certification in CPR,
- 5) OSHA training in universal precautions.
- 6) Proof of MMR

## **LIABILITY**

LSUHSC provides professional liability insurance for students in accordance with the provisions of the Louisiana Health Care Provider Act No. 660 of 1976. In addition, each student is required to purchase (and to show proof on site) independent liability insurance in the amounts of \$1,000,000 per occurrence and \$3,000,000 aggregate.

In addition, it is understood and agreed that neither of the parties to this agreement shall be liable for any negligent or wrongful act chargeable to the other and this agreement shall not be

construed as seeking to either enlarge or diminish any obligation or duty owed by one party against the other or against third parties. In the event of a claim for any wrongful or negligent act, each party shall bear the cost of its own defense.

### **NONDISCRIMINATION**

Parties agree not to discriminate under this agreement and to render services without regard to race, color, religion, sex, national origin, veterans status, political affiliation, disabilities, or sexual orientation in accordance with all state and federal law.

### **CONFIDENTIALITY**

To the extent allowed by the law, LSUHSC and its agents, students or representatives agree to keep strictly confidential all confidential information of FACILITY and/or FACILITY'S patients.

### **ENTIRE AGREEMENT, REVISIONS, ADDITIONS, EXTENSIONS**

This agreement is strictly an agreement for student clinical education. It does not create an employment relationship. This agreement together with provisions (a,b,c,d), infra, constitute the entire agreement between parties and supersedes all previous agreements.

- a) This agreement shall continue until terminated by either party.
- b) Revisions may be recommended by either party which becomes effective upon written approval of both parties.
- c) More specific letter agreements with specific programs may be entered into as needed.
- d) This agreement may be renewed by letter agreement signed by both parties or terminated by either party with sixty (60) days prior written notice, provided any student currently in clinical training at the time of notice be permitted to complete the program.

**IN WITNESS WHEREFORE:**

**APPROVED FOR:**

**Louisiana State University  
Health Sciences Center  
School of Allied Health Professions  
1900 Gravier Street, Suite 6B16  
New Orleans, LA 70112  
Tel: (504) 568-4246**

\_\_\_\_\_  
J. M. Cairo, Ph.D.                      Date  
Dean  
School of Allied Health Professions  
LSU Health Sciences Center

\_\_\_\_\_  
Larry Hollier, M.D.                      Date  
Chancellor  
LSU Health Sciences Center

**APPROVED FOR:**

Name  
Address  
City,ST,Zipcode

**Tel:**

\_\_\_\_\_  
(Signature)                                      Date  
Title:

\_\_\_\_\_  
(Signature)                                      Date  
Title:



# 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.



**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.
3. **Save the completed CSIF.**
4. **E-mail** the completed CSIF to each academic program with whom the clinic affiliates (accepts students).
5. In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, **e-mail** a copy of the completed CSIF Word document to the Department of Physical Therapy Education at [kristinestoneley@apta.org](mailto:kristinestoneley@apta.org).
6. **Update the CSIF on an annual basis** to assist in maintaining accurate and relevant information about your physical therapy service for academic programs, students, and the national database.

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

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

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

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

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### 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:	<input type="checkbox"/> Proof of student health clearance <input type="checkbox"/> Criminal background check <input type="checkbox"/> Child clearance <input type="checkbox"/> Drug screening <input type="checkbox"/> First Aid and CPR <input type="checkbox"/> HIPAA education <input type="checkbox"/> OSHA education <input type="checkbox"/> Other: Please list			

**Information About Multi-Center Facilities**

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

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

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

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

**Clinical Site Accreditation/Ownership**

Yes	No		Date of Last Accreditation/Certification
<input type="checkbox"/>	<input type="checkbox"/>	Is your clinical site certified/ accredited? If no, go to #3.	
		If yes, has your clinical site been certified/accredited by:	
<input type="checkbox"/>	<input type="checkbox"/>	JCAHO	
<input type="checkbox"/>	<input type="checkbox"/>	CARF	
<input type="checkbox"/>	<input type="checkbox"/>	Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	Other	
		Which of the following best describes the ownership category for your clinical site? (check all that apply)	
		<input type="checkbox"/> Corporate/Privately Owned <input type="checkbox"/> Government Agency <input type="checkbox"/> Hospital/Medical Center Owned <input type="checkbox"/> Nonprofit Agency <input type="checkbox"/> Physician/Physician Group Owned <input type="checkbox"/> PT Owned <input type="checkbox"/> PT/PTA Owned <input type="checkbox"/> Other (please specify)	

**Clinical Site Primary Classification**

To complete this section, please:

- A. Place the number 1 (1) beside the category that best describes how your facility functions the majority (≥ 50%) of the time. Click on the drop down box to the left to select the number 1.
- B. Next, if appropriate, check (√) up to four additional categories that describe the other clinical centers associated with your facility.

<input type="checkbox"/>	Acute Care/Inpatient Hospital Facility	<input type="checkbox"/>	Industrial/Occupational Health Facility	<input type="checkbox"/>	School/Preschool Program
<input type="checkbox"/>	Ambulatory Care/Outpatient	<input type="checkbox"/>	Multiple Level Medical Center	<input type="checkbox"/>	Wellness/Prevention/Fitness Program
<input type="checkbox"/>	ECF/Nursing Home/SNF	<input type="checkbox"/>	Private Practice	<input type="checkbox"/>	Other: Specify
<input type="checkbox"/>	Federal/State/County Health	<input type="checkbox"/>	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.*

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

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		

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

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO







**Clinical Instructors**

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

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

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

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

**Information About the Physical Therapy Service**

**Number of Inpatient Beds**

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

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

**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
	<b>Total patient/client visits per day</b>		<b>Total patient/client visits per day</b>

**Patient/Client Lifespan and Continuum of Care**

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

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

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

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

**Patient/Client Diagnoses**

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

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

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

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

(1-5)	<b>Musculoskeletal</b>	
<input type="checkbox"/>	Acute injury	<input type="checkbox"/>
<input type="checkbox"/>	Amputation	<input type="checkbox"/>
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>
<input type="checkbox"/>	Bone disease/dysfunction	<input type="checkbox"/>
<input type="checkbox"/>	Connective tissue disease/dysfunction	<input type="checkbox"/>
(1-5)	<b>Neuro-muscular</b>	
<input type="checkbox"/>	Brain injury	<input type="checkbox"/>
<input type="checkbox"/>	Cerebral vascular accident	<input type="checkbox"/>
<input type="checkbox"/>	Chronic pain	<input type="checkbox"/>
<input type="checkbox"/>	Congenital/developmental	<input type="checkbox"/>
<input type="checkbox"/>	Neuromuscular degenerative disease	<input type="checkbox"/>
(1-5)	<b>Cardiovascular-pulmonary</b>	
<input type="checkbox"/>	Cardiac dysfunction/disease	<input type="checkbox"/>
<input type="checkbox"/>	Fitness	<input type="checkbox"/>
<input type="checkbox"/>	Lymphedema	<input type="checkbox"/>
<input type="checkbox"/>	Pulmonary dysfunction/disease	<input type="checkbox"/>
(1-5)	<b>Integumentary</b>	
<input type="checkbox"/>	Burns	<input type="checkbox"/>
<input type="checkbox"/>	Open wounds	<input type="checkbox"/>
<input type="checkbox"/>	Scar formation	<input type="checkbox"/>
(1-5)	<b>Other (May cross a number of diagnostic groups)</b>	
<input type="checkbox"/>	Cognitive impairment	<input type="checkbox"/>
<input type="checkbox"/>	General medical conditions	<input type="checkbox"/>
<input type="checkbox"/>	General surgery	<input type="checkbox"/>
<input type="checkbox"/>	Oncologic conditions	<input type="checkbox"/>

**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.

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

***Specialty Clinics***

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

<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Orthopedic clinic	<input type="checkbox"/>	Screening clinics
<input type="checkbox"/>	Balance	<input type="checkbox"/>	Pain clinic	<input type="checkbox"/>	Developmental
<input type="checkbox"/>	Feeding clinic	<input type="checkbox"/>	Prosthetic/orthotic clinic	<input type="checkbox"/>	Scoliosis
<input type="checkbox"/>	Hand clinic	<input type="checkbox"/>	Seating/mobility clinic	<input type="checkbox"/>	Preparticipation sports
<input type="checkbox"/>	Hemophilia clinic	<input type="checkbox"/>	Sports medicine clinic	<input type="checkbox"/>	Wellness
<input type="checkbox"/>	Industry	<input type="checkbox"/>	Women's health	<input type="checkbox"/>	Other (specify below)
<input type="checkbox"/>	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.

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



**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. <input type="checkbox"/> Half days <input type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)		First experience: Check all that apply. <input type="checkbox"/> Half days <input type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	
Intermediate experiences: Check all that apply. <input type="checkbox"/> Half days <input type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)		Intermediate experiences: Check all that apply. <input type="checkbox"/> Half days <input type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	
<input type="checkbox"/> Final experience		<input type="checkbox"/> Final experience	
<input type="checkbox"/> Internship (6 months or longer)			
<input type="checkbox"/> 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 per year. Clarify if multiple sites.		

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	Is your clinical site willing to offer reasonable accommodations for students under ADA?	

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

Box will expand to accommodate response.

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

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

Box will expand to accommodate response.



**Clinical Site's Learning Objectives and Assessment**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Does your clinical site provide written clinical education objectives to students? If no, go to # 3.
<input type="checkbox"/>	<input type="checkbox"/>	2. Do these objectives accommodate:
<input type="checkbox"/>	<input type="checkbox"/>	• The student's objectives?
<input type="checkbox"/>	<input type="checkbox"/>	• Students prepared at different levels within the academic curriculum?
<input type="checkbox"/>	<input type="checkbox"/>	• The academic program's objectives for specific learning experiences?
<input type="checkbox"/>	<input type="checkbox"/>	• Students with disabilities?
<input type="checkbox"/>	<input type="checkbox"/>	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)**

<input type="checkbox"/>	Beginning of the clinical experience	<input type="checkbox"/>	At mid-clinical experience
<input type="checkbox"/>	Daily	<input type="checkbox"/>	At end of clinical experience
<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Other

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

<input type="checkbox"/>	Written and oral mid-evaluation	<input type="checkbox"/>	Ongoing feedback throughout the clinical
<input type="checkbox"/>	Written and oral summative final evaluation	<input type="checkbox"/>	As per student request in addition to formal and ongoing written & oral feedback
<input type="checkbox"/>	Student self-assessment throughout the clinical	<input type="checkbox"/>	

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

Box will expand to accommodate response.

**Part II. Information for Students**

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

***Arranging the Experience***

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	1. Do students need to contact the clinical site for specific work hours related to the clinical experience?	
<input type="checkbox"/>	<input type="checkbox"/>	2. Do students receive the same official holidays as staff?	
<input type="checkbox"/>	<input type="checkbox"/>	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.	
<input type="checkbox"/>	<input type="checkbox"/>	5. Is a Mantoux TB test (PPD) required? a) one step _____ (✓ check) b) two step _____ (✓ check) If yes, within what time frame?	
<input type="checkbox"/>	<input type="checkbox"/>	6. Is a Rubella Titer Test or immunization required?	
<input type="checkbox"/>	<input type="checkbox"/>	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?	
<input type="checkbox"/>	<input type="checkbox"/>	10. Are any other health tests or immunizations required on-site? If yes, please specify:	
<input type="checkbox"/>	<input type="checkbox"/>	11. Is the student required to provide proof of OSHA training?	
<input type="checkbox"/>	<input type="checkbox"/>	12. Is the student required to provide proof of HIPAA training?	
<input type="checkbox"/>	<input type="checkbox"/>	13. Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.	
<input type="checkbox"/>	<input type="checkbox"/>	14. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
<input type="checkbox"/>	<input type="checkbox"/>	15. Is the student required to have proof of health insurance?	
<input type="checkbox"/>	<input type="checkbox"/>	16. Is emergency health care available for students?	
<input type="checkbox"/>	<input type="checkbox"/>	a) Is the student responsible for emergency health care costs?	
<input type="checkbox"/>	<input type="checkbox"/>	17. Is other non-emergency medical care available to students?	
<input type="checkbox"/>	<input type="checkbox"/>	18. Is the student required to be CPR certified? (Please note if a specific course is required).	

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	a) Can the student receive CPR certification while on-site?	
<input type="checkbox"/>	<input type="checkbox"/>	19. Is the student required to be certified in First Aid?	
<input type="checkbox"/>	<input type="checkbox"/>	a) Can the student receive First Aid certification on-site?	
<input type="checkbox"/>	<input type="checkbox"/>	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.	
<input type="checkbox"/>	<input type="checkbox"/>	21. Is a child abuse clearance required?	
<input type="checkbox"/>	<input type="checkbox"/>	22. Is the student responsible for the cost or required clearances?	
<input type="checkbox"/>	<input type="checkbox"/>	23. Is the student required to submit to a drug test? If yes, please describe parameters.	
<input type="checkbox"/>	<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	26. Is housing provided for male students? (If no, go to #32)	
<input type="checkbox"/>	<input type="checkbox"/>	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 <b>not</b> provided for either gender:	
<input type="checkbox"/>	<input type="checkbox"/>	a) Is there a contact person for information on housing in the area of the clinic? Please list contact person and phone #.	
<input type="checkbox"/>	<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	33. Will a student need a car to complete the clinical experience?	
<input type="checkbox"/>	<input type="checkbox"/>	34. Is parking available at the clinical center?	
		a) What is the cost for parking?	
<input type="checkbox"/>	<input type="checkbox"/>	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. <b>Travel directions can be obtained from several travel directories on the internet.</b> (e.g., <a href="#">Google Maps</a> , <a href="#">Yahoo</a> , <a href="#">MapQuest</a> , <a href="#">Expedia</a> ).	

**Meals**

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	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)	
<input type="checkbox"/>	<input type="checkbox"/>	40. Are facilities available for the storage and preparation of food?	

**Stipend/Scholarship**

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	41. Is a stipend/salary provided for students? If no, go to #43.	
		a) How much is the stipend/salary? (\$ / week)	
<input type="checkbox"/>	<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	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:	
<input type="checkbox"/>	<input type="checkbox"/>	45. Do you require a case study or inservice from all students (part-time and full-time)?	
<input type="checkbox"/>	<input type="checkbox"/>	46. Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?	
<input type="checkbox"/>	<input type="checkbox"/>	47. Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.	
<input type="checkbox"/>	<input type="checkbox"/>	48. Will the student have access to the Internet at the clinical site?	

**Other Student Information**

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

***In appreciation...***

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

LSUHSC-NO PT Program  
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 Director of Clinical Education  
 1900 Gravier Street, 7D2  
 New Orleans, LA 70112  
 Email:  
[hhoang@lsuhsc.edu](mailto:hhoang@lsuhsc.edu)



Facility Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

No Change In Contact Information

CCCE \_\_\_\_\_

If you are accepting students in multiple settings, please write in the number next to the setting (ie Acute care 1, SNF 2 Total Students=3)

Clinical Experience Number	Notes from School	Dates	Number of Weeks	Setting (Indicate a number next to the setting)	Experience Type ( Circle all that apply)	Total Number of Students
7280: Clinical Experience	1 <sup>st</sup> year PT student	Summer 2019 (May 20- July 12, 2019)	8	Acute Care Rehab SNF Home Health Outpatient Other _____	Orthopedic Cardiopulmonary Neuromuscular Pediatrics Integumentary Other _____	
7381: Clinical Internship I	2 <sup>nd</sup> year PT student	Summer 2019 (May 20- July 26, 2019)	10	Acute Care Rehab SNF Home Health Outpatient Other _____	Orthopedic Cardiopulmonary Neuromuscular Pediatrics Integumentary Other _____	
7382: Clinical Internship II	3 <sup>rd</sup> year PT student	Fall 2018 (October 1- December 6, 2018)	10	Acute Care Rehab SNF Home Health Outpatient Other _____	Orthopedic Cardiopulmonary Neuromuscular Pediatrics Integumentary Other _____	
7383: Clinical Internship III (Final Internship)	3 <sup>rd</sup> year PT student	Late Dec. 2018- Spring 2019 (December 26, 2018- March 5, 2019)	10	Acute Care Rehab SNF Home Health Outpatient Other _____	Orthopedic Cardiopulmonary Neuromuscular Pediatrics Integumentary Other _____	

Reserved for University Students

First Come- First Serve

Interview Required

Application required

No opening contact us in the future

Contact us closer to the date

No openings do not contact us in future

CCCE (or person completing form) \_\_\_\_\_ Date \_\_\_\_\_

Complete and return via e-mail, [hhoang@lsuhsc.edu](mailto:hhoang@lsuhsc.edu), or fax 504-568-6552 to Ha Hoang by April 30, 2018

# Appendix G



**Bylaws and Regulations of the Board of Supervisors for Louisiana State University and Agricultural and Mechanical College** <http://www.lsuohsc.edu/administration/subscriptions/>

**LSU System Permanent Memoranda** <http://www.lsuohsc.edu/administration/pm/>

**LSUHSC-New Orleans Chancellor Memoranda** <http://www.lsuohsc.edu/administration/cm/>

**Office of Compliance Programs** <http://www.lsuohsc.edu/no/administration/ocp/>

**LSUHSC Calendar – PM 5:** <http://www.lsuohsc.edu/administration/pm/>

**SAHP Academic Calendar:** <http://alliedhealth.lsuohsc.edu/Admin/academicaffairs.aspx>