DPT Clinical Education Handbook 2017
Preface

Clinical education is an essential part of Physical Therapy education. Integration of the knowledge and abilities learned in the classroom happens most effectively when the student works with real patients/clients in an actual work situation.

The purpose of the Rocky Mountain University of Health Professions DPT Clinical Education Handbook is to inform all those directly involved with the clinical education process, namely academic faculty, clinical education faculty (CCCE's and CI's), and students, about the curriculum, expectations, rules, regulations, and policies governing and related to the clinical education component of the DPT Program. It also serves to clearly disseminate information and guidelines for use in decision-making and to provide a common frame of reference. This Handbook is intended to supplement, not replace, the RMUoHP University Handbook, catalog, the RMUoHP DPT Program Student Handbook, and any clinical affiliate’s published policy/procedures.

The student is expected to abide by the policies established by this program, rules and policies of each clinical affiliate, and the standards established by the physical therapy profession.

Please read this handbook carefully. Questions related to the content of this manual should be directed to Director of Clinical Education (DCE) or the Program Director:

**General University/ Program Contact Information:**
Phone Number: (801) 375-5125/ toll free (866)-780-4107 Fax (801) 375-2125

**DCE Information**

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Thank you in advance for your cooperation with the DPT Program at Rocky Mountain University of Health Professions in providing students the opportunity to learn in a variety of clinical settings and for providing clinical instruction for the Physical Therapy (PT) student.

*Revised April 2017*
# Table of Contents

**RMUoHP DPT Program Overview** ................................................. 1
  - Institution Mission ............................................................... 1
  - Program Mission ................................................................... 1
  - Program Philosophy ............................................................... 1
  - Goals and Expected Outcomes ............................................... 2
  - Accreditation .......................................................................... 4
  - Core Performance Standards .................................................. 5
    - Technical Standards for Admission, Promotion and Graduation ... 5
  - Professional Behaviors ............................................................ 9
  - Equal Access and Opportunity: Non-discrimination policies ............ 10
    - Learning Disabilities/Physical Challenges ............................... 11
  - Curriculum ............................................................................. 10
    - Clinical Education Curriculum ............................................. 11
    - Code of Ethics for the Physical Therapist ................................ 21
  - DPT Program and Clinical Site Roles ....................................... 25
    - Role of the Director of Clinical Education (DCE) ....................... 25
    - Role of the Clinical Coordinator of Clinical Education (CCCE) ..... 26
    - Role of the Clinical Instructor (CI) ......................................... 26
    - Role of the Student ............................................................. 27
  - Clinical Faculty Rights and Privileges ........................................ 28

**Clinical Education Process** ......................................................... 29
  - Clinical Education Design ....................................................... 29
  - Affiliation Agreements ............................................................ 30
  - Site selection and Clinical Faculty Qualifications ........................ 30
  - Procedures for Clinical Education Placement ................................ 30
    - Basic clinical education exposure requirements: ....................... 31
  - Information and Guidelines for Clinical Sites .............................. 32
    - Prior to Student Arrival and related information ....................... 32
    - At the clinical facility .......................................................... 32
  - Information and guidelines for Students ...................................... 36
    - Immunizations, Certifications, and Related Requirements .......... 36
    - Student Competence Assessment Prerequisite .......................... 36
    - Background Checks ................................................................ 38
    - Alcohol and drug awareness/screening .................................... 38
    - Liability Insurance .................................................................. 38
Additional Clinical Education Policies and Procedures

Disciplinary Action and Due Process ......................................................... 49
Procedure for Filing a Complaint .............................................................. 49
HIPAA and Related Policies .................................................................... 50
Safety of Student and Patient during Clinical Experiences .................... 50
  Student Safety/Injury during clinical experiences .................................. 50
  Patient/client injury during clinical experiences .................................... 51
Cell Phone Policy ...................................................................................... 51
Medical Conditions, including Pregnancy ............................................... 51
Licensure .................................................................................................... 52
Emergency Procedures ............................................................................ 52

Appendix.................................................................................................... A1

Student Agreement for Participation in Clinical Education Experiences .... A2
DPT Program Clinical Education Plan ..................................................... A3
Risk Management Information Form ..................................................... A4
Student Clinical Skills Self Assessment .................................................. A5
PHYSICAL THERAPIST STUDENT EVALUATION: ................................. A8
Clinical Performance Instrument Training Instructions .......................... A16
PT 738.2 Physical Therapy Experience .................................................... A18
  PT 738 Clinical project Assignment ....................................................... A26
  TIPS FOR MAKING A GOOD IN-SERVICE PRESENTATION .............. A27
Inservice Attendee Rating Form ............................................................. A28
Student’s Inservice Self-Evaluation Form ................................................. A29
PT 788 Clinical Internship 1 ................................................................. A30
PT 798 Clinical Internship 2 ............................................................................................................. A32
PT 799 Clinical Internship 3 ............................................................................................................. A46
Annual Clinical Site Assessment ....................................................................................................... A18
Clinical Instructor Self-assessment .................................................................................................. A20
Mid-clinical Conference/Evaluation ................................................................................................ A58
Suggestions for Clinical Teaching .................................................................................................. A25
IN-HOUSE ORIENTATION MANUAL ............................................................................................ A26
SAMPLE ORIENTATION SCHEDULE ............................................................................................ A27
ORIENTATION WORKSHEET ......................................................................................................... A28
Guidelines for Selection of New Clinical Education Facilities/Faculty* ....................................... A29
RMUoHP DPT Program Overview

Institution Mission
The mission of Rocky Mountain University of Health Professions is to educate current and future healthcare professionals for outcomes-oriented, evidence-based practice. The University demonstrates its mission fulfillment through the quality of its education and success of its students in academic programs that develop leaders skilled in clinical inquiry and prepared to effect healthcare change.

Program Mission
The mission of the Doctor of Physical Therapy program is to provide a student-centered education that prepares graduates for socially responsible, outcomes-oriented, evidence-based, autonomous and collaborative practice.

Program Philosophy
Rocky Mountain University of Health Professions (RMUoHP) has established itself as an innovative center of higher learning that is dedicated to providing a student-centered, outcomes-oriented education that threads the concepts of evidence-based practice throughout all of its programs. The DPT program strives to attract a dynamic and diverse faculty who possess a common desire to shape the physical therapists of tomorrow by modeling both clinical and teaching excellence. By design, the DPT program is expanding upon the progressive model of the University by incorporating advances in technology and educational theory in the development and implementation of the program.

RMUoHP recognizes that even with the best technology and curriculum, the heart and soul of the program is the student. Our program will cater to highly motivated students who wish to be active participants in their education.

In keeping with both the University and Program Missions, RMUoHP graduates will be prepared to enter the physical therapy work force as skilled and ethical members of the health care community.

The DPT curriculum foundationally rests in the current literature on adult learning, including:

- Learning is enhanced in a learner-centered model of education, where students are actively involved in the teaching/learning process. This model of education recognizes multiple methods for effectively engaging students in their learning. Curricular methods include internet learning, lecture, skills laboratories, group discussions and inquiry, case-studies, student presentations, independent study, writing components, and clinical experience.
- As the program progresses, teacher-student collaboration in the educational process increasingly encourages the student to take responsibility for their own learning, discovery, and application of new knowledge and skills.
- Practical application and clinical education occur at appropriate intervals throughout the curriculum. This sequencing of learning recognizes the importance of active and clinically relevant learning for the adult.
Student learning is enhanced when the faculty model and encourage critical reflection. In discussions of clinical cases, the faculty actively consider interpretations, develop hypotheses, and present intervention strategies that are integrated into existing or new cognitive frameworks or schemes. A balance of open-mindedness and questioning is demonstrated using varied teaching strategies and patient management approaches.

Course content builds on the student’s existing knowledge base, progressing from simple to complex conceptualization and advancing from concrete to abstract analysis.

Program activities and curricular content are not focused solely on technical skills and knowledge, but also facilitate the development of the student as a professional. Student development of core values and skills is enhanced through appropriate faculty interaction and modeling of professional behaviors and attitudes.

Assessment of student learning and preparation for clinical practice is an intentional and integrated component of student learning. Student assessment should evaluate understanding, application and synthesis, rather than rote memorization. A variety of evaluation methods help provide a more comprehensive understanding of student knowledge and skill, including ability-based assessment utilized to facilitate the use of knowledge and psychomotor skills.

**Goals and Expected Outcomes**

Our educational goals flow out of the DPT program’s Mission Statement and the University's Core Values.

Program level goals include the following:

1. Create a learning environment which will inform and enhance student understanding and application of professional and socially responsible attitudes and behaviors, both in school and in clinical practice.
2. Facilitate student ability to practice autonomous, collaborative physical therapy and provide service to health care consumers in a competent, caring, ethical, and legal manner.
3. Develop and integrate critical thinking and clinical reasoning skills into evidence-based Practice (EBP) learning activities.
4. Provide student-centered learning experiences in a variety of current and cutting edge methodologies containing content consistent with CAPTE accreditation expectations, current learning theory, APTA policies and documents, and both contemporary and best practice standards.
5. Utilize current technologies to enhance student learning, including opportunities for electronic media instruction and communication.
6. The program will be recognized as a leader in the state of Utah and the professional community in the provision of service and professional growth opportunities.

Program level outcomes related to these goals include:

1. Professional and socially responsible behaviors and attitudes are taught and assessed in the DPT program (Goal 1 and 2)
2. The curriculum consistently incorporates Evidence-based Practice principles and/or critical thinking skills (Goal 3)
3. The DPT curriculum incorporates innovative models, methodologies and delivery methods. (Goal 4)
4. Courses incorporate current technologies in the delivery and assessment of teaching and learning. (Goal 5)
5. Provide service and opportunities for growth to the local and professional communities. (Goal 6)

The faculty goals of RMUoHP are derived from the University's belief that all faculty members must facilitate active learning on the part of their students through modeling exemplary educational, clinical and leadership skills.

Therefore, the RMUoHP DPT faculty will:

1. participate in scholarly activities that result in publication, presentations or other products or activities that promote or enhance the field of physical therapy;
2. demonstrate service and leadership in the physical therapy profession;
3. include a mix of professionals that strive for excellence in academic teaching and clinical expertise;
4. model professional behaviors and attitudes such as lifelong learning and professional duty to students, colleagues, and the community.

Outcomes related to faculty goals include the following:

1. Faculty perform scholarly activities that enhance the field of physical therapy, including activities such as publishing in peer reviewed journals, contributing to text books, reviewing of professional journals, and developing new instructional techniques and technology. (Goal 1)
2. Faculty provide service and leadership in the profession by being active in professional and/or community organizations and by promoting physical therapy in the local community, instructing continuing education courses, acting as onsite reviewers for CAPTE, consulting with other PT and PTA programs or other such activities. (Goal 2)
3. Faculty credentials meet or exceed minimum levels for academic and clinical excellence established by the University and consistent with accreditation standards. (Goal 3)
4. Faculty incorporate current, appropriate methodologies into teaching that reflect a student-centered philosophy, while encouraging student responsibility for learning. (Goal 3)
5. Faculty improve their academic and/or clinical skills through professional development activities such as continuing education, specialty certification and clinical practice. (Goal 3)
6. Faculty model professional attitudes and behaviors. (Goal 4)

The Program goals for students and Expected Student Outcomes flow from our Mission Statement, philosophical base, and programmatic goals. They are a reflection of the practice management expectations found in the normative model of physical therapist professional education, version 2004, and the APTA Standards of Practice for Physical Therapy.
Goals:

Students graduating from the RMUoHP DPT program will:

1. Demonstrate a minimum of entry level skill in autonomous practice that includes: screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention, referral, and outcomes assessment activities.

2. Provide effectively managed physical therapy services to health care consumers in a socially responsible manner that demonstrates altruistic principles balanced with fiscal/fiduciary awareness.

3. Adhere to ethical standards of practice and legal/regulatory policies.

4. Demonstrate a commitment to excellence, lifelong learning, critical inquiry, and clinical reasoning by skillfully incorporating current evidence into physical therapy practice.

5. Demonstrate abilities to continue professional development and leadership.

Expected student outcomes related to the above goals include the following:

Students graduating from the RMUoHP DPT program will:

1. Demonstrate a minimum of entry level skill on the CPI for all Professional Practice and Practice Management performance criteria by the end of their terminal clinical internship. (Goals 1-5)

2. Pass National Physical Therapy Examination (NPTE) (Goals 1-4)

3. Be employed in the field of physical therapy within 6 months of passing the licensure exam. (Goals 1-5)

4. Demonstrate leadership in the field of physical therapy by participating in appropriate community and professional organizations and activities. (Goal 5)

Accreditation

Rocky Mountain University of Health Professions is accredited by the Northwest Commission on Colleges and Universities (8060 165th Avenue NE Ste 100, Redmond, WA 98052-3981), an institutional accrediting body recognized by the Secretary of the US Department of Education.

The entry-level Doctor of Physical Therapy Program at Rocky Mountain University of Health Professions is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245; email: accreditation@apta.org Website:Http://www.campteonline.org.

DPT Full-Time Faculty

Kaiwi Chung-Hoon, PT, PhD  Michael Bartholomew, PT, DPT, CSCS
Miriam Cortez-Cooper, PT, PhD  Steve Wilkinson, PT, PhD
Kevin Helgeson, PT, DHSc  Joel Tenbrink, PT, PhD, ATC
Misti Timpson, PT, DPT, NCS  Mark Walker, PT, PhD
Jeffery D. Lau, PT, DPT, OCS, CMPT  Hina Garg, PT, PhD
Ann Hoffman, PT, DScPT, PCS  Erin Faraclas, PT, DPT, MSCS
J. Wesley McWhorter, PT, MPT, PhD  Coleby Clawson, PT, DPT
Paul Stoneman, PT, PhD  Steven Janos, PT, DPT, MS, OCS
Core Performance Standards

Success in the DPT program at RMUoHP is most likely to be achieved when students come prepared to participate fully in the educational process. This preparation includes and assumes that students enter the program with a minimum level of ability in specific areas, termed “technical standards”, and will continue to develop those and additional skills and attitudes, called the Professional Behaviors. The combination of technical standards and professional behaviors is referred to as the Core Performance Standards. The Professional Behaviors in particular will be assessed periodically throughout the program. Inability to meet any of the Core Performance Standards may result in the need for remediation, probation, suspension or dismissal from the program. The Core Performance Standards are listed below.

Technical Standards for Admission, Promotion and Graduation

Physical therapy is an intellectually, physically, and psychologically demanding profession. Students acquire the foundation of knowledge, attitudes, skills and behaviors needed throughout a physical therapist’s career. Those abilities that physical therapists must possess to practice safely are reflected in the Technical Standards that follow.

For successful completion of degree requirements, students must be able to meet these minimum technical standards with or without reasonable accommodation.

Observation skills

Observation requires the functional use of vision, hearing, somatic sensations, and the use of common sense. Candidates must have visual perception which includes depth and acuity. A student must be able to observe lectures, laboratory-dissected cadavers, and lecture and laboratory demonstrations. The student must be able to observe a patient accurately, observe digital and waveform readings and other graphic images to determine a patient's condition. Candidates must be able to observe patients and be able to obtain an appropriate medical history directly from the patient or guardian. Examples in which these observational skills are required include: palpation of peripheral pulses, bony prominences and ligamentous structures; visual and tactile evaluation for areas of inflammation and visual and tactile assessment of the presence and degree of edema. A student must be able to observe a patient accurately at a distance and close at hand, noting nonverbal as well as verbal signals.

Communication skills

Communication includes: speech, language, reading, writing and computer literacy. Students must be able to communicate effectively, sensitively, and convey a sense of compassion and empathy with patients to elicit information regarding mood and activities, as well as perceive
non-verbal communications. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Students must be able to communicate quickly, effectively and efficiently in oral and written English with all members of the health care team. Students must be able to complete forms according to directions in a complete and timely fashion. Students must be able to use computer technology competently and in accordance with University standards (see University handbook).

Motor/Psychomotor skills

Students must possess sufficient motor function to elicit information from the patient examination, by palpation, auscultation, tapping and other evaluation maneuvers. Students must be able to execute movements required to provide general and therapeutic care, such as positioning large or immobile patients, gait training using therapeutic aids and orthotics, positioning, and performing manual mobilization techniques, performing non-surgical wound debridement, and placing electromyographic electrodes. Candidates must have the physical strength to perform cardiopulmonary resuscitation and emergency treatment to patients. These skills require coordination of both gross and fine muscular movement, equilibrium, and the integrated use of touch and vision.

Intellectual – Conceptual Integrative and Quantitative Analysis Abilities

To effectively solve problems, students must be able to measure, calculate, reason, analyze, integrate and synthesize information in a timely fashion. For example, the student must be able to synthesize knowledge and integrate the relevant aspects of a patient’s history, physical examination, and laboratory data, provide a reasoned explanation for likely therapy, recalling and retaining information in an efficient and timely manner. The ability to incorporate new information from peers, teachers, and the medical literature in formulating treatment and plans is essential. In addition, students must be able to comprehend three dimensional relationships and to understand spatial relationships of structures. Candidates must have the ability to use computers for searching, recording, storing, and retrieving information.

Behavioral/Social Attributes and Professionalism

A student must possess the psychological ability required for the full utilization of their intellectual abilities, for the exercise of good judgment, for the prompt completion of all responsibilities inherent to diagnosis and care of patients, and for the development of mature, sensitive, and effective relationships with patients. Students must be able to tolerate physically and mentally taxing workloads and function effectively under stress. They must be able to adapt to a changing environment, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of patients. As a component of their education, students must demonstrate ethical behavior.

Specifically, students must be able to:

1. Attend and participate in classes for 30 or more hours per week during each academic semester. Classes consist of a combination of lecture, discussion, laboratory, and clinical activities.
2. Use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat patients.
3. Read, write, speak, and understand English at a level consistent with successful course completion and development of positive patient-therapist relationships.
4. Complete readings, assignments, and other activities outside of class hours.
5. Apply critical thinking processes to their work in the classroom and the clinic.
6. Exercise sound judgment in class and in the clinic.
7. Participate in Clinical Experiences which typically require students to be present 40 or more hours per week on a schedule that corresponds to the operating hours of the clinic.
8. Gather decision-making pieces of information during patient assessment activities in class or in the clinical setting without the use of an intermediary (classmate, aide, etc.).
9. Perform treatment activities in class or in the clinical setting by direct performance or by instruction and supervision of intermediaries.
10. Sit for two to 10 hours daily, stand for one to two hours daily, and walk or travel for two hours daily. In clinical situations, alternately sit, stand, and walk up to 10 hours daily.
11. Frequently lift weights less than 10 pounds and occasionally lift weights between 10 and 100 pounds.
12. Occasionally carry up to 25 pounds while walking up to 50 feet.
13. Frequently exert 75 pounds of push/pull forces to objects up to 50 feet and occasionally exert 150 pounds of push/pull forces for this distance.
15. Occasionally squat, crawl, climb stools, reach above shoulder level, and kneel.
16. Frequently move from place to place and position to position at a speed that permits safe handling of classmates and patients.
17. Frequently stand and walk while providing support to a classmate simulating a disability or while supporting a patient with a disability.
18. Occasionally climb stairs and negotiate uneven terrain.
19. Frequently use their hands repetitively with a simple grasp and frequently use a firm grasp and manual dexterity skills.
20. Frequently coordinate verbal and manual activities with gross motor activities.

If a student cannot demonstrate the skills and abilities outlined in this document, it is the responsibility of the student to request reasonable accommodation. Reasonable accommodation refers to ways in which the University can assist students with disabilities to accomplish these tasks (for example, providing extra time to complete an examination or enhancing the sound system in a classroom). Reasonable accommodation does not mean that students with disabilities will be exempt from completing certain tasks; it does mean that the DPT Program will work with students with disabilities to determine whether there are ways that we can assist the student toward successful completion of the tasks.

Candidates for admission with a disability are not required to disclose the specifics of their disabilities, but prior to the start of DPT classes, they must indicate that they can complete these tasks, with or without reasonable accommodation. Students who cannot complete these tasks, even with accommodation, are ineligible for admission. Any previously made offer of admission will be withdrawn. An offer of admission may be withdrawn if it becomes apparent that the student cannot complete essential tasks even with accommodation, or that the accommodations needed are not reasonable and would cause undue hardship to the institution, or that fulfilling the functions would create a significant risk of harm to the health or safety of others.
Candidates for admission who have questions about this document or who would like to discuss potential accommodations/program modifications should contact the Program Director of the Doctor of Physical Therapy Program. The specific process is outlined in the University Handbook.

**Professional Behaviors**

The program expects DPT students to develop and demonstrate 10 professional behaviors important to the practice of physical therapy. These are adopted from the work of Warren May, PT, and colleagues. “In addition to a core of cognitive knowledge and psychomotor skills, it has been recognized by educators and practicing professionals that a repertoire of behaviors is required for success in any given profession (Alverno College Faculty, Assessment at Alverno, 1979). The identified repertoire of behaviors that constitute professional behavior reflect the values of any given profession and, at the same time, cross disciplinary lines (May et. al., 1991). Visualizing cognitive knowledge, psychomotor skills and a repertoire of behaviors as the legs of a three-legged stool serves to emphasize the importance of each. Remove one leg and the stool loses its stability and makes it very difficult to support professional growth, development, and ultimately, professional success. (May et. al., Opportunity Favors the Prepared: A Guide to Facilitating the Development of Professional Behavior, 2002)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>1. Critical Thinking</td>
<td>The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.</td>
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<tr>
<td>2. Communication</td>
<td>The ability to communicate effectively (i.e. verbal, non-verbal, Written, etc…)</td>
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<tr>
<td>3. Problem Solving</td>
<td>The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</td>
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<td>4. Interpersonal Skills</td>
<td>The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.</td>
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<td>5. Responsibility</td>
<td>The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.</td>
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<td>6. Professionalism</td>
<td>The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.</td>
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<tr>
<td>7. Use of Constructive Feedback</td>
<td>The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.</td>
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</table>
8. **Effective Use of Time and Resources**
   The ability to manage time and resources effectively to obtain the maximum possible benefit.

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

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

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

**Equal Access and Opportunity: Non-discrimination policies**

Administrators, faculty, and staff at RMUoHP are committed to providing equal access to education and employment opportunities to all regardless of age, race, religion, color, national and ethnic origin, gender, sexual orientation, disability, and military status. The University is also committed to providing equal access/opportunity in admissions, recruitment, course offerings, facilities, counseling, guidance, advising, and employment and retention of personnel and students. The administration is committed to implementing federal and state laws and regulations governing equal access/opportunity. It further extends its commitment to fulfilling the provisions of Title IX, Section 504 of the Rehabilitation Act, and the American with Disabilities Act (ADA). These non-discriminatory policies and practices are an integral part of the mission of the University, and the Diversity and Disabilities Advisory Committee helps ensure that equal access and opportunity policies are followed.

Additionally, the University complies with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973. Inquiries regarding these policies, the filing of grievances or grievance procedures on these matters may be directed to the director of admissions. Inquiries regarding federal laws and regulations concerning nondiscrimination in education or RMUoHP compliance with those provisions may be directed to the Office of Civil Rights, U.S. Department of Education, 221 Main Street, Suite 1020, San Francisco, California 94105.

RMUoHP adheres to the principles of Section 504 of the Rehabilitation Act of 1973, which provides that no otherwise qualified student with a disability shall solely for reason of his or her disability be excluded from the participation in, be denied benefits of, or be subjected to discrimination in the program. RMUoHP does not exclude qualified persons with disabilities from any course of study, or any other part of the program (refer to skills section for further explanation of what essentials are necessary to function within a given health science discipline). RMUoHP’s students with disabilities must meet the requirements and levels of competency required of all students in the program. To assist students with disabilities in fulfilling these responsibilities of the program, every reasonable effort is made to accommodate special needs of such students. All applicants with disabilities are advised of this policy at the time of their application and/or acceptance to the University.
The RMUoHP campus has wheelchair access to all areas, including the student lounge, conference rooms, classrooms, laboratories, and main lobbies. Restrooms are equipped for individuals with mobility-challenges.

Students requiring special considerations during laboratory exercises will be required to pay for any extra expenses incurred by the University to meet these special needs. For example, if a female student’s religious beliefs require that she perform the laboratory exercise isolated from the male students and male faculty, the student will be responsible for paying the rent on the extra room, the female lab instructor and any other additional costs.

Learning Disabilities/Physical Challenges
RMUoHP adheres to the Americans with Disabilities Act of 1990 that provides comprehensive civil rights protection for “qualified individuals with disabilities.” Please refer to the University Handbook for additional information.

Curriculum
The program is a traditional campus-based program consisting of 8 semesters. Learning experiences will include classroom, laboratory, online, and off-site clinical education. There are a total of 133 credit hours required for successful completion of the program, including the credits earned for the 51 weeks of clinical education. By design, the DPT program relies on the progressive clinical and academic model demonstrated in current University programs. The DPT program incorporates technological and clinical advances as well as contemporary educational theory. RMUoHP, acknowledged for its excellence in faculty and educational programming, recognizes that even with the best technology and curriculum the heart and soul of the program is its students. The DPT program caters to highly motivated students who wish to be active participants in their education.

The DPT program is committed to the development of an individual who can:

- Demonstrate a minimum of entry-level skill in autonomous provision of services including screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention, and outcomes assessment activities.

- Provide effectively managed physical therapy services to healthcare consumers in a caring manner that demonstrates altruistic principles balanced with fiscal/fiduciary awareness.

- Adhere to ethical standards of practice and legal/regulatory policies.

- Provide leadership in the field of physical therapy.

- Demonstrate a commitment to excellence, lifelong learning, critical inquiry, and clinical reasoning by skillfully incorporating current evidence into physical therapy practice.

- Demonstrate abilities to continue professional development, including self- and peer evaluation.
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<thead>
<tr>
<th>Number</th>
<th>Course Title</th>
<th>Credits</th>
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<tr>
<td>PT 700</td>
<td>Physical Therapy and Professionalism</td>
<td>3</td>
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<tr>
<td>PT 701</td>
<td>Foundational Sciences 1: Human Anatomy</td>
<td>5</td>
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<tr>
<td>PT 704</td>
<td>Intervention 1: Physical Therapy Procedures</td>
<td>2</td>
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<tr>
<td>PT 705</td>
<td>Critical Inquiry 1: Introduction to Research Methods</td>
<td>2</td>
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<tr>
<td>PT 711</td>
<td>Foundational Sciences 2: Kinesiology/Pathomechanics 1</td>
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<td>PT 707</td>
<td>Physical Therapy Evaluation</td>
<td>2</td>
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<td>PT 714</td>
<td>Intervention 2: Physical Agents</td>
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<td>PT 715</td>
<td>Critical Inquiry 2: Biostatistics</td>
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<td>PT 721</td>
<td>Foundational Sciences 3: Physiology/Histology</td>
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<td>PT 724</td>
<td>Intervention 3: Therapeutic Exercise</td>
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<td>PT 720.2</td>
<td>The Socio-cultural Aspects of Human Interaction</td>
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<td>PT 725</td>
<td>Evidence-based Practice 1</td>
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<td>PT 727</td>
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<td>PT 733</td>
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<td>PT 734</td>
<td>Musculoskeletal Physical Therapy 1</td>
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<td>PT 741</td>
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<td>Physical Therapy and the Integument</td>
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<td>Introduction to Health Promotion and Wellness</td>
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Year 1, Semester 1, Summer 2016
(16 credits)

PT 700  Physical Therapy and Professionalism  (3 credits)
An overview of the healthcare delivery system and of the professional roles of doctorally-prepared physical therapists is presented. Students evaluate the interdisciplinary roles of medical and rehabilitation co-professionals and extenders, including, among others, medical doctors, nurses, physical, occupational and speech therapists, chiropractors, social workers, and physical therapist assistants. The history and development of modern-day physical therapy in the United States is examined in depth and includes the study of the collaborative nature of twenty first century healthcare practice. (Lecture 3)

PT 701  Foundational Sciences 1: Human Anatomy  (5 credits)
The study of human anatomical structures as they relate to movement and the physiological demands of activity and exercise. A regional approach to the study of structures is aided by specimens, models, and multimedia. The course is projected to have a strong interactive, online component. (Lecture 4/Lab 2)

PT 704  Intervention 1: Physical Therapy Procedures  (2 credits)
The first in a series of clinical skill courses; this introductory course focuses on basic principles and the development of psychomotor skills related to palpation, infection control, vital signs, clinical emergencies, body mechanics, positioning and draping, therapeutic massage, basic wheelchair prescription, transfers, bed mobility, and gait training of patients and clients. (Lecture 1/Lab 2)

PT 705  Critical Inquiry 1: Introduction to Research Methods  (2 credits)
This course will present an introduction to general research principles and research ethics. The student will be introduced to the following topics in the research process: question formulation, principles of measurement, basic research design and methodological features, issues of reliability and validity, and fundamentals of conducting a literature review. This course will also serve as an introduction to evidence-based practice. (Lecture 2)

PT 711  Foundational Sciences 2: Kinesiology/Pathomechanics 1  (4 credits)
This course will examine the study of human movement including selected anatomical, structural, and functional properties of human connective tissues, muscular tissues, nervous tissues, and skeletal structures. Focus will be on the lower quarter. Emphasis will be placed on mechanical, neuroregulatory, and muscular influences upon normal and pathological motion. (Lecture 3/Lab 2)
PT 707 Physical Therapy Evaluation (2 credits)
This course will cover the elements of patient/client management with a focus on components of an examination and the development of the evaluation/diagnosis/prognosis process. Laboratory sessions emphasize examination skills with refinement of psychomotor skills learned during the first semester. The evaluative process will utilize the International Classification of Functioning and Disability (ICF) as the primary process for making a diagnosis and developing the prognosis/plan of care. The course also includes: introduction to documentation, history taking, examination tests and measures, outcome tools, and outcome assessments. (Lecture 1/Lab 2)

PT 714 Intervention 2: Physical Agents (2 credits)
The second in the intervention series, this course focuses on the theory and physiological effects of selected physical agents/modalities, including indications and contraindications relevant to specific conditions. Biophysical Technologies include heat, cold, electrical current, light, sound, and other electromagnetic spectrum modalities, as well as intermittent compression and traction. (Lecture 1/Lab 2)

PT 715 Critical Inquiry 2: Biostatistics (2 credits)
The purpose of this course is to introduce the student to biostatistics, the science of evaluating information in a biological setting. This course will cover such topics as simple descriptive statistics, basic probability concepts, probability distributions (normal & binomial), sampling distributions, interval estimation, confidence intervals, hypothesis tests, and one and two-sample t-tests. (Lecture 2)

PT 721 Foundational Sciences 3: Physiology/Histology (5 credits)
A clinical approach to physiological systems most relevant to the practice of physical therapy. Content relates to the normal and abnormal muscle and nerve physiological function, growth and repair of bone and soft tissue, cardiopulmonary system functions, nutrition and digestion, endocrine regulation of metabolism, homeostasis and kidney function. Content includes the microscopic and submicroscopic structure of mammalian tissue. The course is projected to have a strong interactive, online component. (Lecture 5)

PT 724 Intervention 3: Therapeutic Exercise (3 credits)
The third course in the intervention series, this course is designed to provide students with an overview of basic principles related to exercise, including acute and chronic physiologic adaptation to aerobic and anaerobic exercise. The impact various disease states have on exercise capacity will also be explored. In addition, the application of therapeutic exercise prescription and medical documentation will be emphasized as relates to pathologic conditions commonly seen in physical therapy practice. (Lecture 2/Lab 2)
PT 731  Foundational Sciences 4: Kinesiology/Pathomechanics 2  (4 credits)
This course is a continuation of Kinesiology/Pathomechanics 1, and includes the study of human movement, including selected anatomical, structural, and functional properties of human connective tissues, muscular tissues, nervous tissues, and skeletal structures. Focus is on the upper quarter and spine. Emphasis will be placed on mechanical, neuroregulatory, and muscular influences upon normal and pathological motion. (Lecture 3/Lab 2)

Year 1, Semester 3, Winter 2017
(18 credits)

PT 716  Pharmacotherapy  (1 credit)
This course will introduce basic pharmacological concepts such as pharmacotherapeutics, dynamics, and kinetics and their application to physical therapy practice. The impact of prescribed and over the counter (OTC) drugs on the outcome of therapy interventions will be explored. The course also emphasizes current evidence regarding medication/drugs and their relation to physical therapy practice. (Lecture 2)

PT 720.2  The Socio-cultural Aspects of Human Interaction  (1 credit)
General principles of human interaction, communication, and relationships are presented, including self, professional-patient, and interdisciplinary strategies for understanding adaptations to disease and disability. The development of skills to prepare students to be culturally competent in physical therapy practice is emphasized. (Lecture 1)

PT 725  Evidence-based Practice 1  (2 credits)
This is the first in a four-course sequence in evidence-based practice that provides students with the foundational knowledge and skills necessary to conscientiously, explicitly, and judiciously use current best evidence in making clinical decisions. This course builds on the information from the critical inquiry series. The course focuses on the components of evidence-based practice, formulating answerable clinical questions, and accessing and performing critical appraisals of evidence relevant to clinical practice. (Lecture 2)

PT 727  Current Concepts in Rehabilitation  (2 credits)
This course focuses on current and evidence-based concepts in rehabilitation, including motor control, motor learning, exercise prescriptions, issues of wellness and health promotion, and the effects of aging. (Lecture 2)

PT 733  Cardiopulmonary Physical Therapy and Exercise Science  (3 credits)
This course will prepare the student to effectively manage patients with cardiovascular and/or pulmonary impairments and disability. Emphasis is placed on the elements of patient client management in physical therapy practice, including screening, examination, evaluation, diagnosis, prognosis, development of a plan of care, intervention, and outcomes assessment and evaluation. Concepts of exercise
physiology and practical application in physical therapy are addressed. (Lecture 2/Lab 2)

PT 734  Musculoskeletal Physical Therapy 1  (5 credits)
The first of two courses in this series, this course prepares the student to practice entry-level physical therapy relative to the management of musculoskeletal conditions. Information related to common orthopaedic conditions and diagnoses is presented. This course will concentrate on the lower extremities and the spine. Information regarding evidence-based approaches in critical thinking and application of psychomotor skills related to examination, evaluation, diagnosis, prognosis, intervention, and outcomes assessment is emphasized. A primer on differential diagnosis and evaluation tools is presented to help students recognize problems that are beyond the physical therapy scope of practice and when/how to refer appropriately within the healthcare community. (Lecture 4/Lab 2)

PT 741  Foundational Sciences 5: Neuroscience  (4 credits)
This course includes the study of human neuroanatomy and neurophysiology, with emphasis on the relationship between structure, function, and control of the human nervous system in normal and diseased states. (Lecture 4)

Year 2, Semester 1, Summer 2017
(16 credits)

PT 736  Prosthetics, Orthotics and Amputee Training  (2 credits)
This course focuses on care of the patient who has had an amputation or condition that requires external support, including care related to underlying conditions and comorbidities. Topics such as care of residual limb, prosthetics and orthotics, and associated care and training will be discussed. (Lecture 2)

PT 737  Current Concepts in Rehabilitation 2  (2 credits)
The second of two current concepts courses, this course focuses on varying topics related to current practice and technology, emerging issues, and future opportunities in Physical Therapy including but not limited to teaching and learning, clinical education, professional and interprofessional responsibilities, and specialty practice.

PT 738.2  Physical Therapy Experience (6 weeks)  (5 credits)
The first of four clinical education courses, this course is designed to facilitate socialization of DPT students to the clinical environment and to apply knowledge and basic skills developed up to this point in the curriculum in a real world setting. Students will participate in direct patient care while being instructed and supervised by clinical faculty members. Student activities may include, but are not limited to, patient examination, patient treatment, patient and family education, article presentations, and aspects of patient care. (Clinical Experience)
PT 742  Pathophysiology (2 credits)
This course expands on concepts introduced in anatomy and physiology and focuses on pathophysiology and disease frequently seen in physical therapy practice. (Lecture 2)

PT 754  Neuromuscular Physical Therapy (5 credits)
The first of two courses in this series, this course prepares the future physical therapist to effectively manage patients with neuromuscular dysfunction. Students will apply the elements of patient/client management in physical therapy practice, including screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention, and outcomes assessment to the patient with neuromuscular dysfunction. The emphasis in this first course will be on the pediatric patients developing toward adulthood. (Lecture 4/Lab 2)

Year 2, Semester 2, Fall 2017 (16 credits)

PT 710  Ethics in Physical Therapy Practice (2 credits)
This course provides a comprehensive overview of physical therapy ethics. Students define and distinguish moral, ethical and legal duties in practice, analyze the APTA’s core values, Code of Ethics and Guide for Professional Conduct, and compare and contrast professional association ethical standards and state licensing board ethical standards. The four foundational biomedical ethical principles of beneficence, non-maleficence, autonomy and justice are examined and applied to practice. (Lecture 2)

PT 726  Physical Therapy and the Integument (2 credits)
This course focuses on the care of the integumentary system, including burns, wounds, and decubitus ulcers, and underlying diseases which can lead to these conditions. Special attention is given to the care of individuals with insensitive limbs, and other comorbidities. (Lecture 1/Lab 2)

PT 730  Introduction to Health Promotion and Wellness (2 credits)
This course will provide an overview of the concepts of health promotion, health education, public health, primary prevention, lifestyle, behavior, and wellness and, based on evidence, their relationships to each other and to secondary and tertiary care. The historical relevance of and evidence for focusing on individual and social determinants of health will be explored and an ecological model combining both approaches will be introduced. Typical intervention sites for effective health promotion programs will be discussed as well as a framework for implementing programs. (Lecture 2)

PT 744  Musculoskeletal Physical Therapy 2 (5 credits)
The second of two courses in this series, this course prepares the student to practice entry-level physical therapy relative to the management of the
musculoskeletal conditions. This course will concentrate on the upper extremities, trunk and the cervical spine. Information related to common orthopaedic conditions and diagnoses is presented. Information regarding an evidence-based approach in critical thinking and application of psychomotor skills related to examination, evaluation, diagnosis, prognosis, intervention, and outcomes assessment is emphasized. A primer on differential diagnosis and evaluation tools is presented to help students recognize problems that are beyond the physical therapy scope of practice and how/when to refer appropriately within the healthcare community. (Lecture 4/Lab 2)

**PT 764  Neuromuscular Physical Therapy 2** (5 credits)
The second of two courses in this series, this course prepares the future physical therapist to effectively manage patients with neuromuscular dysfunction. Students will incorporate and build upon concepts and skills developed in the first course. Students will learn to effectively manage adult patients with specific neurological diagnoses. Emphasis will be placed on using an evidence-based approach to developing knowledge and skills in managing a variety of common conditions, including spinal cord injury, cerebrovascular accident, vestibular dysfunction, traumatic brain injury, and multi-system neurologic conditions. The effects of aging and Geriatric neurological conditions will also be considered. (Lecture 4/Lab 2)

**Year 2, Semester 3, Winter 2018**
(17 credits)

**PT 735  Evidence-based Practice 2** (2 credits)
The second in a four course series, this course builds on all previous course work in EBP and is designed to prepare physical therapy students with the knowledge, skills and abilities necessary to make independent judgments about the validity of clinical research and to implement evidence-based clinical practice in their clinical rotations. This course will focus on the concepts of evidence-based practice, with emphasis on forming answerable clinical questions and effective literature search strategies. The EBP approach will prepare students to find, appraise, and integrate evidence for clinical decision-making, with particular emphasis in this course on: 1) prognosis for a given patient; and 2) the effectiveness of clinical interventions. Based on presentation of case scenarios, students will be able to formulate the key question(s), rapidly search medical and health-related databases, select best available evidence, appraise the evidence using the EBP approach, and describe application of the evidence in a clinical context. (Lecture 2)

**PT 740  Management Sciences in Physical Therapy** (2 credits)
This course examines current issues and trends in physical therapy clinical management. Specific topics include: (1) leadership and management principles; (2) human resource management issues, including: recruitment, selection, and retention of staff and managerial human resources; leadership; supervision, and
delegation; performance appraisal; training and development activities; compensation issues; management-labor relations; grievance and discipline; workplace safety; and employment law and regulations; (3) health care finance, including clinical budgeting, financial statements and ratios, and reimbursement issues; (4) marketing of PT professional services; and (5) information, quality, and risk management.

PT 788 Clinical Internship 1 (15 weeks) (13 credits)
The second of four clinical education courses, this course is designed to incorporate knowledge and skills obtained and enhanced during the first short term clinical experience and synthesize information and skills developed in the final didactic portion of the curriculum. Students will participate in direct patient care while being instructed and supervised by clinical faculty members. Student activities may include, but are not limited to, patient examination, patient treatment, patient and family education, article presentations, and all aspects of patient care and most aspects of patient/client management. It is anticipated that the student PT should be able to carry a caseload and work independently (with appropriate supervision) with most simple and many complex patient types by the end of this clinical experience.

Year 3, Semester 1, Summer 2018 (17 credits)

PT 712 Evidence-based Concepts of Musculoskeletal Imaging (1 credit)
This course presents the latest concepts in musculoskeletal imaging as related to evidence-based diagnosis in physical therapy practice. Methods of image acquisition and the appearance of normal anatomy and pathology are presented for a spectrum of musculoskeletal imaging modalities. Clinical application and case examples of the imaging procedures are presented. (Lecture 1)

PT 745 Evidence-based Practice 3 (1 credit)
The third of four courses in this series, this is a distance education course performed in conjunction with a clinical internship. The student will employ evidence-based practice (EBP) methods learned in earlier EBP courses to direct patient care. Students will further enhance their ability to ask relevant clinical questions, explore different sources of evidence, and make evidence-based decisions related to patient management in the clinic.

PT 746 Differential Diagnosis/Physical Assessment (2 credits)
This course builds on examination, evaluation, and screening knowledge and skills introduced in previous courses focusing on differential diagnosis/physical assessment as it applies to physical therapy. This course covers concepts of probability-based differential diagnosis and presents the evidence for diagnosis using properties of diagnostic tests such as sensitivity, specificity, likelihood ratios,
and predictive values. Pathology of the major body systems and regions will be covered with current evidence-based practice diagnostic standards as they are available in the professional literature. (Lecture 2)

PT 798  Clinical Internship 2 (15 weeks)  
(13 credits)
The third of four clinical education courses, this course is designed to incorporate knowledge and skills obtained and enhanced during the first two clinical experiences and synthesize/appraise information and skills developed in the final didactic portion of the curriculum. Students will participate in direct patient care while being instructed and supervised by clinical faculty members. Student activities may include, but are not limited to, patient examination, patient treatment, patient and family education, article presentations, and all aspects of the patient/client management model appropriate to the setting. It is anticipated that the student PT will be able to demonstrate entry-level performance by the end of this clinical experience, for many of the criteria. (Clinical Experience)

Year 3, Semester 2, Fall 2018  
(15 credits)

PT 755  Evidence-based Practice 4  
(2 credits)
The final course in the evidence-based practice series, this is a limited residency course that includes distance and online coursework while students are on a clinical internship, as well as on-campus presentation and evaluation activities. Students will develop and present evidence of their knowledge, skills, and abilities in applying evidence-based practice to patient management in a clinical setting.

PT 799  Clinical Internship 3 (15 weeks)  
(13 credits)
This final clinical education course is designed to incorporate knowledge and skills obtained and enhanced during the first three clinical experiences and synthesize/appraise information and skills developed in the final didactic portion of the curriculum. Students will participate in direct patient care while being instructed and supervised by clinical faculty members. Student activities may include, but are not limited to, patient examination, patient treatment, patient and family education, article presentations, and all aspects of the patient/client management model appropriate to the setting. It is anticipated that the student PT will be able to demonstrate entry-level performance by the end of this clinical experience. (Clinical Experience)

Clinical Education Curriculum
As noted the clinical education portion of the RMUoHP DPT program consists of four separate clinical experiences totaling 51 weeks. These weeks are divided among the following courses as follows:
- PT 738 Physical therapy Experience (6 weeks)-40 hrs/week
- PT 788 Clinical Internship 1 (15 weeks)-40 hrs/week
- PT 798 Clinical Internship 2 (15 weeks)-40 hrs/week
- PT 799 Clinical internship 3 (15 weeks)-40 hrs/week
The option to combine the terminal three internship experiences into a single, year-long clinical experience at a facility that has the resources to provide an appropriate depth and breadth of content and experience is encouraged and is the preferred model.
APTA Code of Ethics
It is expected that RMUoHP students and faculty will comply with the ethical standards of the profession. These are as follows:

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 (e.g., patients/clients, students, supervisees, research participants, or employees).
4C. Physical therapists shall discourage misconduct by healthcare 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 access to health care services, and address the health, wellness, and preventive health care needs of people.
8C. Physical therapists shall be responsible stewards of healthcare 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.
DPT Program and Clinical Site Roles

To facilitate a smooth and effective clinical education process, RMUoHP DPT program has adopted/modified the following roles and responsibilities which should be adhered to by all parties in the clinical education process.

Role of the Director of Clinical Education (DCE)

The DCE is the academic faculty member who carries the primary responsibility for overseeing and coordinating the clinical education component of the program. The DCE works directly with the other program academic faculty, clinical faculty, and students to provide a variety of structured clinical learning experiences designed to facilitate clinical competence. As DCE, he or she represents the University, provides indirect supervision of students in the clinic, and works directly with the Center Coordinator of Clinical Education (CCCE) and/or Clinical Instructor (CI) as appropriate. The DCE may be assisted by an Academic Coordinator of Clinical Education/Assistant DCE, or other faculty members/administrative assistant in these responsibilities.

Below are some of the key responsibilities of the DCE. For a complete listing of responsibilities, refer to the RMUoHP job description for the DCE. This is available from the RMUoHP program director or the DCE and located in the DPT Program Policy and Procedure manual.

Responsibilities:
1. Serves as the key contact person/liaison between the Program and clinical sites/faculty.
2. Recruits, evaluates, and retains clinical affiliating sites.
3. Communicates regularly with clinical sites and clinical instructors in planning for student affiliations.
4. Works with the facility and the University’s legal counsel to establish affiliation agreements that meet the needs of the University, student and facility.
5. Schedules the dates and assignments for clinical education experience, including special scheduling (i.e., holidays, atypical arrangements, missed clinical educational time).
6. Assigns students to sites for clinical experiences.
7. Provides or facilitates continuing education and training of clinical instructors in collaboration with the facility CCCE.
8. Monitors and facilitates student progress toward individual and course goals/objectives during clinical experiences.
9. Counsels students individually on clinical performance and professional behavior issues.
10. Determines the grades for clinical practice courses.
11. Evaluates the effectiveness of clinical instructors, clinical facilities, student programs, and the Program’s clinical education component.
12. Communicates information related to student clinical performance to Program core faculty.
13. Maintains necessary/appropriate documentation related to student clinical performance and the Program’s clinical education courses.
14. Addresses any changes within the clinical education site that may affect students’ clinical educational experiences.
15. Provides intervention, guidance, and problem-solving strategies for both the student and clinical instructor, when necessary. Determines an action plan when issues of student performance and/or conduct arise.
Role of the Clinical Coordinator of Clinical Education (CCCE)
This individual is usually a physical therapist or physical therapist assistant employed by the clinical facility. It is desirable for the individual serving in this capacity to have two or more years of actual clinical experience. The CCCE is the staff member at the facility responsible for the development and coordination of clinical education at that clinical site. It is recommended that the CCCE have completed the APTA CI Certification Course and be a member of the APTA.

Responsibilities:
1. Serves as the key contact person for the Program DCE in planning for upcoming clinical education rotations/experiences.
2. Facilitates the completion of the Affiliation Agreement with the University.
3. Assures the Program is provided with current clinical site and clinical instructor information through the completion and update of the Clinical Site Information Form (CSIF) and/or other relevant documents.
4. Provides the Program with current information regarding student prerequisite requirements (immunizations, laboratory tests, certifications, screenings, etc...).
5. Selects Clinical Instructors (CI) to supervise and educate physical therapy students based on the Program’s criteria for CI’s and delegates clinical supervision of students to approved physical therapy CI’s.
6. Provides or arranges for education and training of CI’s in collaboration with Program DCE.
7. Informs the clinical instructor of all pertinent information from the Program.
8. Oversees the orientation of the student to the clinical facility.
9. Acts as a liaison between the student and clinical instructor.
10. Supervises the performance assessment of the student.
11. Evaluates, in consultation with the DCE, the effectiveness of the clinical education program and the facility’s clinical instructors.
12. Maintains necessary/appropriate documentation related to the site’s clinical education program.

Role of the Clinical Instructor (CI)
The Clinical Instructor (CI) is a licensed physical therapist with one or more years of clinical experience who is selected by the CCCE to directly supervise the affiliating student. This individual provides direct supervision to the student in the clinic and delivers the data for assessment of student performance. The CI must be willing to work with students and be able to develop an appropriate environment for learning in the clinic. It is recommended that the CI have completed the APTA CI Certification Course and be a member of the APTA.

Responsibilities:
1. Meet requisite qualifications for serving as a clinical instructor as required by the University and/or the facility. See “Guidelines for Selection of New Clinical Education Facilities/Faculty” in the appendix for full list of qualifications.
2. Collaborates with the DCE, CCCE, and with the student to identify appropriate objectives for the clinical experience within the specific setting, identifies unique learning experiences, and provides the student with “hands on” learning opportunities.
3. Supervises the student appropriately in order to provide quality learning experiences in all appropriate areas of the patient management experience as well as research and administration as applicable.
4. Ensure that student learning does not compromise the delivery or safety of patient/client care.
5. Provides both formal and informal feedback to the student regarding his/her performance on a regular basis, including the completion of a midterm and final evaluation using the web based Clinical Performance Instrument (CPI) or other University approved assessment tool.
6. Communicates with the CCCE and DCE regarding student performance; Identify problems in student’s performance and conduct, communicate with the student regarding these issues and plan remedial activities in collaboration with the CCCE, DCE and the student, if necessary.
7. Completes Program required documentation in a timely manner.
8. Makes an effort to address the varying needs of clinical students in terms of experience, learning style, progress within the curriculum and interpersonal communication characteristics.
9. Models professional behaviors including, but not limited to, legal and ethical physical therapy practice.

Role of the Student

The student is responsible for taking an active role in directing his or her own learning.

Responsibilities:
1. Submit to the DCE preferences and all other required paperwork for clinical education placements by appropriate deadlines.
2. Plan for transportation, food, housing and other necessities associated with clinical education. It is against policy for students to be working at any employment during clinical experiences that would interfere with the clinical education process.
3. Secure and wear appropriate uniform/dress designated by each site.
4. Read and abide by the policies, procedures and standards of the University, the Program, the clinical facility and the profession. This includes following facility/school policies and procedures regarding such items as confidentiality, conduct, dress, hours of attendance, etc.
5. Notify the CI and DCE when unable to attend clinic (this includes late arrival and early departure).
6. Make arrangements with the CI to make up missed clinical educational time and notify the DCE of these arrangements.
7. Demonstrate appropriate technical competence for the level of professional education achieved prior to a clinical education experience.
8. Participate actively in the clinical education process, develop both technical and professional skills, behaviors and attitudes.
9. Exhibit behaviors commensurate with professional behaviors and core performance standards as noted in the student handbook.
10. Communicate any issues or concerns during the clinical education experience to the appropriate individual (CI, CCCE, DCE).
11. Complete any and all assignments during the clinical education experience.
12. Provide formal and informal feedback to the clinical instructor and DCE regarding the learning experience.
13. Complete self-assessments of clinical performance and affective/professional skills.
Clinical Faculty Rights and Privileges

The Clinical Education Faculty of the RMUoHP DPT Program have rights and privileges commensurate with those of similar appointments within the institution. Those rights and privileges include:

▪ Right to request a conference or to have a student removed from a clinical rotation at any time.
▪ Right to provide feedback on the curriculum and the performance of program students and to have that feedback documented.
▪ Opportunity to request individual training and/or information related to clinical instruction.
▪ Right to provide input on future program applicants.
▪ Invitation to attend yearly student presentations.
▪ Opportunities to attend selected continuing education programs at a reduced or free rate when sponsored by the University.
▪ Opportunity to take one free approved course offered by the university for every 15 weeks of full time clinical education provided to RMUoHP DPT program students.
▪ Opportunity to attend selected guest lectures in the DPT program curriculum.
▪ Opportunity to attend APTA Clinical Instructor Certification Course at a reduced rate (with APTA membership) when sponsored by the University.
▪ Free attendance at the Annual Evidence Based Symposium sponsored by the University.
▪ Access to online and onsite library holdings
▪ Recognition/appointment as official clinical education faculty for RMUoHP
▪ Opportunities for collaboration in clinical research
Clinical Education Process

Clinical Education Design

The clinical education portion of the curriculum consists of 51 weeks of clinical experiences distributed across the curriculum as follows:

- PT 738 Physical Therapy Experience. 6 weeks/40 hours per week. Occurs during the first half of the 4th semester. This is the first full time clinical experience.
- PT 788 Physical Therapy Internship 1. 15 weeks/40 hours per week concurrently with online courses administered through the RMUoHP learning management system.
- PT 798 Physical Therapy Internship 2. 15 weeks/40 hours per week concurrently with online courses administered through the RMUoHP learning management system.
- PT 799 Physical Therapy Internship 3. 15 weeks/40 hours per week.

The first physical therapy clinical experience is integrated into the didactic curriculum and is designed as an introductory experience for students to practice skills developed in university courses/labs and apply knowledge from initial coursework related to the patient management process from examination through discharge planning. This is expected to be completed in a setting different from that of the terminal internships. The three, 15 week long internships are designed to incorporate all core skills and knowledge while integrating information from integrated didactic online coursework during the first two 15 week periods into patient care. These three terminal internships are designed in such a manner as to accommodate placement in a single, multidisciplinary facility to not only gain exposure to a variety of diagnoses and types of patients, but to enhance depth of knowledge and skill to facilitate graduates ability to enter the profession with truly at or beyond entry level professional skill. This is often referred to as the “yearlong” internship. This is the preferred model for RMUoHP. It is expected that the majority of students will participate in this model.

Affiliation Agreements

Prior to a student participating in an internship/externship in a clinical facility, an Affiliation Agreement must be completed/executed with the site. The DCE forwards clinical site/contact information to the office of the Vice President of Academic Affairs for approval, legal review, and signatures. Occasionally clinical facilities require completion of their own version of contracts with academic programs either in lieu of or in addition to the RMUoHP Program’s agreement. In such cases, the facility’s contract should be reviewed by the DCE, appropriate administrators, and legal counsel if needed, prior to completion.

The DPT Program maintains current information on clinical sites with “active” affiliation agreements in place in the DPT Program’s administrative offices. The DCE references this information prior to and in preparation for placing students in appropriate facilities for clinical experiences. Copies of the fully-executed agreements are kept on file in the DPT program offices.

Site selection and Clinical Faculty Qualifications

Clinical education is carried out in facilities that meet the qualifications established by RMUoHP. This includes standards and criteria for the clinical facility and the clinical faculty that participate in the process at those sites. The facility representative (usually the CCCE) certifies that the site and personnel meet the standard when they agree on the student commitment form (see below) to take a student. They are also required to provide evidence in the form of the Clinical Site Information Form, and subsequent Facility, CCCE and CI assessments. The DCE verifies this information to assure that standards are being upheld by the clinical education faculty and facilities. These standards are found in the appendix in the document “Guidelines for Selection of New Clinical Education Facilities/Faculty.”

Procedures for Clinical Education Placement

The DCE solicits “available slots” for student placement with clinical education facilities annually during the first quarter of the year. Whenever possible, this should be done in March in accordance with the Voluntary Uniform Mailing Date established by the Clinical Education Special Interest Group (CESIG) of the Education Section of the APTA of 1999. See http://www.aptaeducation.org/m/sigs/ce/index.cfm#m.

The DPT program maintains a record of the “available” clinical placements/slots for each clinical experience. This record is updated regularly through (1) returned Student Commitment Forms (annual request for placements) and (2) informal communications with sites regarding available student placements (email, phone calls).

The following process, then, is used in scheduling students for clinical internship/externships:

Students are assigned by the DCE to appropriate clinical facilities, with student input, based upon availability of clinical sites with additional consideration by the DCE of:
   a) Students’ prior experiences before entering DPT program;
   b) Clinical education program goal of providing experiences in a variety of practice settings;
   c) Location of the clinical facility;
   d) Type of facility and expectations/considerations of the clinical faculty;
   e) Educational and personal goals of the student;
   f) Consideration of student requests.
Each student is asked to review the list of available clinical education sites and the *Clinical Site Folders* (containing the facility CSIF and other information) and CPIweb, and turn in their top site/location preferences for each clinical experience using the *Clinical Site Preference Form (online survey)*. The DCE leans heavily on considerations for the best fit for student/site/CI and educational learning needs. When several students are requesting the same site, decisions are made either by draw or collaboration with students on alternative placements.

### Basic clinical education exposure requirements:

Clinical placement decisions are guided by an effort to assure that student experiences address the following:

1. Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
2. Practice in settings representative of those in which physical therapy is commonly practiced;
3. Interaction with physical therapist role models whose practice is consistent with the program’s philosophy of practice;
4. Opportunities for involvement in interdisciplinary care; and
5. Other experiences that lead to the achievement of expected student outcomes.

Students will plan with the DCE (and academic advisors as necessary) for these types of experiences. Students are generally required to participate in clinical education in an outpatient setting and at an in-patient setting. Examples of settings that may assist in accomplishing these goals may include at least two or more of the following:

- A **hospital setting** (inpatient acute, inpatient rehab, or long term acute care)
- An **outpatient setting** (with primary caseload of orthopedic diagnoses)
- A **rehabilitation setting** (Inpatient or outpatient, skilled nursing facilities-considered to be inpatient, or other similar types of facilities.)
- A **specialty area** (pediatrics, geriatrics, sports medicine, aquatics, women’s health, wound care, etc.)
Information and Guidelines for Clinical Sites

Prior to Student Arrival and related information

Information Packet
The clinical facility will receive a packet of information from the Program approximately one month prior to the beginning of each clinical experience. This packet will contain the STUDENT CLINICAL PASSPORT including the student’s name, some background information about the student (Emergency Information and Student Profile Form, see Appendix), various other forms and instructions. The most current version of the clinical education handbook with all relevant policies and procedures will be available on the RMUoHP web page online at www.rmuohp.edu.

Student Phone Call/Email
The student will contact the clinical site a few weeks before the clinical begins. At that time, the student will ask about hours, who to report to the first day, directions to the facility, dress code, and any other necessary information.

Student Immunization
All RMUoHP DPT students must provide proof of immunizations (see Clinical Prerequisites section) prior to beginning a clinical. A copy of documentation of these immunizations is maintained on campus. If required by the facility, students are responsible for providing this information to clinical sites.

CPR and First Aid
All students are required to be certified in cardiopulmonary resuscitation (BLS through American Heart Association) and first aid (through the American Red Cross). In some limited cases professional rescuer certification through the American Red Cross may be acceptable. Certification must be current during all clinical periods. Verification of certification is maintained on campus and students are responsible for providing this information to clinical sites if required by the facility.

Student Health Insurance
The DPT Program requires that students carry their own health insurance while enrolled in the program. Documentation is maintained on campus. Students are responsible for providing this information to clinical sites if required by the facility.

Liability Insurance
Professional liability insurance will be provided by the University for all students in the amount of $2,000,000 per incident and $5,000,000 in the annual aggregate.

At the clinical facility

Orientation
The student should have an adequate orientation to the clinical site. Orientation is one of the most important aspects of a positive and productive experience for the students, as well as the CI. Please see page A-59 in the appendix of this handbook for further information about what should be included in the student's orientation.
Clinical Experience

Affiliating clinical facilities are expected to provide educational experiences consistent with Physical Therapist professional education for any student accepted for a clinical rotation. This includes all aspects of patient care and practice management as is appropriate to the unique clinical facility and to the student’s level of education and experience.

Supervision

A physical therapist must be on the premises for any student to perform direct patient care. All supervision of student education must be performed in accordance with state law and applicable state, federal, payer and university policies. For clinical education purposes, RMUoHP has adopted the APTA policy as follows:

**STUDENT PHYSICAL THERAPIST PROVISION OF SERVICES**  
HOD P06-00-18 30  
(Program 32) [Amended HOD 06-96-20-33; HOD 06-95-20-11] [Previously titled: Position on the Provision of Physical Therapy and Physiotherapy Services by Student Physical Therapists] [Position]

Student physical therapists, when participating as part of a physical therapist professional education curriculum and when acting in accordance with the American Physical Therapy Association policy and applicable state laws and regulations, are qualified to provide services only under the direction and direct supervision of the physical therapist, who is responsible for patient/client management. Direct supervision means the physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the Guide to Physical Therapist Practice, as all encounters with a patient/client in a 24-hour period. Telecommunications does not meet the requirement of direct supervision.  
(Program 32 – Practice, ext 3176)


Student competence

Prior to clinical placement, students are expected to demonstrate safety and competence in appropriate lab and simulated patient evaluation/ intervention skills and knowledge. Clinical instructors are to be aware of this information so as to assist them in the educational process. Only those skills and knowledge which have been covered prior to clinical placement are covered under the liability policy. If the CI teaches a skill or procedure not addressed in prior academic coursework, the clinician does so at his/her own risk and assumes responsibility and/or liability for such instruction and student performance of those specific tasks. See Guidelines for students section of this handbook, and course descriptions for more specific information on specific topics covered prior to specific clinical affiliations.

Unique Learning Opportunities

The student should be provided with opportunities to participate in learning experiences unique to the clinical site. These opportunities may include, but are not limited to, involvement in:

- Surgery observation
- Physician's rounds
- Quality improvement procedures/projects
- Patient care/family conferences
- Department staff meetings and in-services
- Special diagnostic tests
- Interaction with other specialty departments (OT, speech, prosthetics, orthotics, ICU, etc.)

Patient/Client Participation

Patients and clients are to be notified of student participation in their care and that they have a risk-free right not to participate in the clinical education process.

Documentation

Any documentation written by the student must be in accordance with facility, policy, local state or federal regulations, and/or payer policy. When included in the medical record, documentation should be signed with the student’s full name, followed by the abbreviation “Student Physical Therapist” (SPT) unless policy or regulation denotes otherwise. ALL student documentation must be read and co-signed by a physical therapist.

In the event that facility policy or other regulation does not allow for student documentation in the medical record, students are required to practice documentation regarding patient encounters and have it reviewed by the physical therapist. If necessary, all such documentation should be disposed appropriately according to facility policy to protect patient privacy in accordance with HIPAA rules.

Communication with the DCE

The DCE or another DPT faculty/staff member will contact the CI by phone or email to arrange a mid-point visit or phone call to discuss student progress and to answer any questions the CI might have. The CI and/or the CCCE are encouraged to contact the DCE at ANY TIME if questions or concerns arise. They are encouraged to contact the CI immediately at the first sign of any concerns regarding student performance that concerns critical skills, patient safety, or other performance/behaviors that would indicate a student may not pass a given clinical experience.

Student Attendance/Promptness

Student attendance is required and promptness is expected during the entire clinical experience. The student is expected to comply with the schedule of the facility. The facility may consider special accommodations with notification of the program, assuming that the required hours and experiences can be met within the allotted time frame. The program does not provide the student with “time off” or “days off” during the clinical.

When illness or emergency results in the student being absent or unavoidably late, the student is expected to contact the CI at least thirty minutes prior to the scheduled arrival time. It is expected that ALL absences and ANY time missed be made up. It is the student’s responsibility to make arrangements with the CI on how and when the time will be made up. If the student is in the clinic during a holiday period, the student will follow the same holiday schedule as the rest of the clinic staff.

In the event that the student is ill and misses two (2) consecutive clinical days, a note from a physician or primary health care provider must be submitted to the clinical site and to the DPT Program DCE. Should a student miss more than one-quarter of the scheduled clinical education days, the student will need to repeat that specific clinical rotation.
Failure to notify the clinical instructor or the University of an absence is a serious breach of professional conduct and will not be tolerated. If this situation occurs, the first instance will result in a written warning to the student, placing him or her on probation for the remainder of his or her clinical experience. Subsequent violations may result in the suspension of the student from the clinical education experience. If this action occurs, the student will need to petition the DCE and the DPT Program Director for re-entry into the clinical experience.

Student Progress during the clinical experience
In the event that a student is dissatisfied or is having difficulty at his/her clinical site, the following steps must be taken:

The student should first express his or her concerns to the Clinical Instructor. Most problems will be resolved by this approach. If the difficulties persist, the student should contact the DCE in a timely manner. When the student contacts the DCE, the DCE will document in writing the time, date, and concerns as well as recommendations made to the student. A summary statement will be placed in the student’s file. If necessary, the DCE will arrange a meeting with the student, the CI, and/or CCCE to attempt resolving any issues and to develop a plan for a successful clinical experience. That plan/strategy will be documented and placed in the student's file.

In the event that a CI has concerns about the performance of a student, the CI should address them with the student. The date, time, and areas discussed, as well as recommendations made should be written and signed by the clinical instructor and student. The CI should contact the DCE immediately to share the considerations and the agreed upon performance expectations. The DCE may choose to visit the clinical site to observe the student directly. In most instances, a plan will be developed and implemented to address concerns and help the student successfully complete the clinical education experience. A written summary of the meeting and the action plan should be signed by all in attendance and placed in the student's file. The Program Administrator will also be informed of the meeting resolution. If after intervention, the student does not meet the specific goals and objectives of the clinical education experience, successful completion of a remediation assignment may be required. See remediation policy later in this document. If the student’s clinical performance has endangered the welfare of a patient/client, the DCE or Program Administrator may act to withdraw the student immediately and issue a failing grade.

Facility Rules and Regulations
Students are expected to comply with the rules and regulations of the clinical site. The clinical site must inform the student of these rules and regulations.

Student’s Relationship to Facility
Any clinical site accepting a PT student for a clinical experience agrees not to hire the student to work at the same clinical site during the clinical course. The student should NOT be substituted for paid staff during the experience. The student may NOT assume the responsibility or place of a qualified staff person. However, as the student demonstrates proficiency in clinical skills, she/he should be permitted to perform with less, but still appropriate, supervision.

Early Termination of the Clinical Experience
Following consultation with the CCCE and the CI, the DCE and the PT faculty may remove a student from the clinical site if, in their judgment, the student is performing incompetently or
poses a safety threat to the patients or staff of the facility. The clinical site supervisor and the CI may immediately remove any student from the premises who poses an immediate threat or danger, or for just cause under the clinical site’s disciplinary policy.

**Evaluation**

See the evaluation section of this document.

**Information and guidelines for Students**

Students are expected to familiarize themselves with the contents of this handbook, including the guidelines for clinical facilities and all policies related to clinical education. In addition related below are some specifics that students need to accomplish and/or be aware of:

**Immunizations, Certifications, and Related Requirements**

Prior to being allowed to participate in any clinical experience, students are required to submit or meet the following:

- **Immunization/Laboratory test results** – must submit official immunization records and laboratory test reports to include:
  1. Hepatitis B series and/or titer (Booster or additional series may be required if immunity not achieved)
  2. Tdap or qualified waiver-current within the last 2 years
  3. 2 MMR (only 1, if born before 1957)
  4. 2 separate TB skin tests or negative chest radiograph (current for each year)
  5. Varicella Zoster titer or history of disease documented by health care professional (vaccine may be required if immunity not achieved)
  6. Current Year Influenza Shot

- **Health Insurance documentation** – must be maintained while in program
- **Cardioulmonary Resuscitation (CPR) through the American Heart Association (BLS)** – must be maintained while in program
- **OSHA training** (Part of PT 704 Intervention 1)
- **HIPAA training** (Part of PT 700 Physical therapy and professionalism)
- **Absence of problematic criminal history or record**
- **Negative drug/alcohol screen** as requested by facility

Additional Criminal background checks, laboratory testing, screenings and/or certifications may be required by individual clinical facilities. If required, it is the responsibility of the student to fulfill and cover the cost of such.

**Student Competence Assessment Prerequisite**

RMUoHP DPT courses are designed and sequenced in a progressive and logical manner. Each clinical education course should be taken during the semester designated in the curriculum plan in order to assure that the appropriate didactic material has been covered and/or is in progress at the time of the clinical experience. As an additional prerequisite to placement in a clinical facility, students must have demonstrated **competence and safety** with the application of clinical skills in the laboratory setting as evaluated by the faculty member coordinating/instructing the course. Program faculty will communicate with the DCE regarding student successful demonstration of safety and competence with skill application prior to clinical placement.
<table>
<thead>
<tr>
<th>Clinical Experience</th>
<th>Pre-requisite competence/safety</th>
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<tbody>
<tr>
<td>PT 738 Physical Therapy Experience</td>
<td><strong>PT 704 Intervention 1</strong>: Mobility, transfers, gait training with AD, WC parts and mobility, Vital signs and rule out catastrophic conditions, patient safety, universal precautions, basic patient care and interaction</td>
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<td></td>
<td><strong>PT 707 PT Evaluation</strong>: Patient screening and basic evaluation techniques, development goal and plan of care</td>
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<td><strong>PT 711/731, Kinesiology, PT 734/744 Musculoskeletal PT</strong>: assess and measure joint ROM, muscle length and strength; Introduction to PT safety in assessing joint mobility and applying manual techniques to the extremities</td>
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<td><strong>PT 714 Intervention 2</strong>: Physical agents: application, safety, and competence with indications, precautions, and contraindications for physical agents</td>
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<td></td>
<td><strong>PT 724 Therapeutic Exercise</strong>: monitors for signs to modify or terminate exercise, competence with exercise precautions</td>
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<td></td>
<td><strong>PT 727 Current Concepts in Rehabilitation</strong>: use of outcome assessment tools</td>
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<td><strong>PT 733 Cardiopulmonary PT</strong>: cardiopulmonary conditions and rehabilitation</td>
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<td></td>
<td><strong>PT 734/744 Musculoskeletal PT</strong>: rules out catastrophic conditions and safely establishes a POC for musculoskeletal conditions; PT safety in patient management for musculoskeletal conditions including; assessing joint mobility and applying manual techniques to the extremities, spine, rules out red flags for spinal manipulation</td>
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<td></td>
<td><strong>PT 736 Prosthetics and orthotics</strong>: competence and safety with application and monitoring of orthotic and prosthetic devices</td>
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<td></td>
<td><strong>PT 754 Neuromuscular PT 1</strong>: rules out catastrophic conditions and safely establishes a POC for Neurological conditions, primarily pediatrics ; PT safety in patient management for pediatric neurological conditions including safely assesses gait and balance disturbances; application,</td>
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<tr>
<td>PT 788 Clinical Internship 1 and PT 798 Clinical Internship 2</td>
<td>Meet all professionalism and safety expectations in Physical Therapy Experience plus:</td>
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<tr>
<td></td>
<td><strong>PT 726 PT and the Integument</strong>: wound care principles</td>
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<td></td>
<td><strong>PT 730 Introduction to Health promotion and wellness</strong>: learner appropriate education skills</td>
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<tr>
<td></td>
<td><strong>PT 764 Neuromuscular PT</strong>: competence and safety with selection of assessment tools for neurologically impaired; safe handling skills with neurologically compromised patients</td>
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<td></td>
<td><strong>PT 716 Pharmacotherapy</strong>: assesses pharmacologic effects on rehabilitation</td>
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<tr>
<td>PT 799 Clinical internship 3</td>
<td><strong>PT 740 Management Sciences for PT</strong>: competence with ethical billing practices</td>
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</table>
Background Checks

Background checks are a required prerequisite for students to participate in clinical affiliations. Students are required to consent to have a background check performed and for the results to be shared with school administration, clinical faculty, and clinical affiliates. Findings/results of checks will be released if requested to the above named parties. Although positive findings do not immediately interfere with the student’s standing in the program, clinical affiliates may refuse to permit a student to perform a clinical rotation in their facility based on this information.

Should a student be unable to complete all required rotations or assignments due to refusal of a clinical affiliate to accept the student, the student may be unable to complete the clinical course and may ultimately be unable to complete the program.

Students should also be aware that clinical facilities may also require additional background screening to be done by an investigating agency of the facility’s choosing at the student’s expense.

Alcohol and drug awareness/screening

RMUoHP abides by the Drug-Free Schools and Communities Act of 1989 (Public Law 101-226). RMUoHP is committed to maintaining an alcohol and drug-free environment. The PT Program adheres to the policy as stated in the University Handbook. This policy pertains to both academic and clinical education. At the request of the clinical facility, students may have to participate in voluntary drug testing. A clinical site/clinical instructor with suspicions related to student substance use should contact the DCE immediately who will advise a course of action and/or follow their facility-specific policies regarding this issue.

Any students in violation of this policy may be terminated from their clinical education experience and suspended from the DPT Program. A positive drug/alcohol test will result in possible disciplinary action in conjunction with the Office of the Academic Dean. The student will be withheld from beginning or removed from their current clinical site/rotation pending the decision/action by the Dean per the University policy on conduct and behavior, noted in the University Handbook and clarified in the DPT Program Student Handbook. Possible sanctions include dismissal from the Program.

Liability Insurance

Students are provided malpractice insurance while enrolled in the PT Program. Coverage terminates when a student graduates or is no longer enrolled. This policy covers students only while enrolled at RMUoHP and participating in education related activities including during assigned clinical practice experiences. The amount of coverage is at least equal to minimum amounts stipulated in affiliation agreements with clinical facilities.

Sharing of Student Information with Clinical Sites

Students are required to sign an information release waiver upon initial entrance into the Program. This allows RMUoHP 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
- Letter of verification related to background check and drug screen pre-requisites
- Health information
• OSHA & HIPAA training/certification
• Health Insurance Information
• Applicable academic and clinical performance and status
• Emergency contact information
• Vehicle registration information

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. Students should also be aware that clinical facilities will be providing information to RMUoHP regarding all aspects of the student’s performance while participating in clinical experiences.

Clinical Facilities and those involved with the clinical education process (such as, but not limited to CCCEs and CIs) are also required to protect student information according to University and FERPA guidelines; thus, only student information needed to assist in the affiliation should be shared, and only shared with those to whom the information is pertinent.

Attendance during Clinical Experiences
Because clinical faculty/instructors are charged not only with instructing students but also with providing assessment, including documenting of proficiency and safety of student performance across a wide spectrum of care, there is a limit to both the quantity and quality of “make-up” hours/days available for missed clinical time (even “excused” time). The PT program has the following expectations regarding student attendance for all clinical education courses: (PT 738, PT 788, PT 798, and PT 799)

Definitions

“Excused Absence” - An absence can be excused ONLY if the student has requested permission from the DCE and clinical instruction/facility prior to the scheduled beginning of the missed day. Excused absences could include illness, ill family member, death of immediate family member, jury duty, military duty, car trouble, doctor appointments, dentist appointments, job interviews, child care issues, or other circumstance with prior approval by the DCE.

Excused absences require documentation at the discretion of the DCE. If an absence is due to an illness and necessitates missing more than 2 consecutive days of in-clinic time, a note from a primary care provider (physician, NP, PA-C) indicated that absences were justified must be submitted to the DCE.

If a day is missed due to an excused absence, make up time must be completed with the clinic as available or in the form of extra assignments at the discretion of the clinical education faculty of RMUoHP. Any evidence obtained demonstrating reasonable doubt of accuracy of the provided excused absence will result in referral to the student progression committee.

If student feels they have the need for a scheduled excused absence, he/she must follow the below procedure for approval:
1- Obtain documented approval from DCE. The student should not discuss potential time off with clinical site.
2- If approved by the DCE, the DCE will send a request to the host site about the need for time off
3- If clinic is able to approve AND provides adequate IN-CLINIC make-up days, then it can be approved

If a student attempts to discuss time off with the host clinic prior to obtaining approval from the DCE the request will be denied.

Extended time-off will not be approved during clinical education rotations. A commitment has been made by the University, the host clinic, and the student has been made to fulfill the required hours for clinical education. Students should demonstrate sound discretion when submitting time-off requests to the DCE.

“Unexcused Absence” - An absence which does not meet the definition of excused absence or one in which the DCE and clinical instructor were not contacted prior to the scheduled clinical time is considered unexcused.

PT Program Clinical Education Policy regarding unexcused absences:
Unexcused absences are unacceptable during clinical practice/rotations. Violation of this policy may result in written counseling and/or a failing grade for the course.

PT Program Clinical Education Policy regarding excused absences:
Excessive excused absences may result in an inability to successfully complete/pass the clinical experience if those absences put the student at risk for not meeting the total number of required clinical hours in the course and/or clinical education component of the Program. Students will receive a written warning/counseling from the DCE when their number of excused absences places them in that “at risk” category.
• All clinical hours missed due to excused absences must be made up by the end of the semester.
• Students who are tardy may be considered absent and the same procedures and policies apply.

Students should plan to be engaged in clinical education full time and therefore, employment during clinical experiences is unfeasible. Be aware that if a student attempts to work during clinical experiences and employment interferes with attendance and participation in clinical classes/externships, these absences will be unexcused and students will be subject to disciplinary action or dismissal from the program.

Students are expected, as a general rule, to work the “schedule” of the clinical instructor, during full-time experiences. This may include (but is not limited to) alternate weekly schedules (four 10-hour days vs. five 8-hour days) and weekend/after-hours coverage.

The holiday schedule of the facility applies for clinical courses.
**Dress Code**

PT students must follow the facility-specific dress code policies of each clinical site to which they are assigned. If lab coats and/or scrubs are required by the facility, then the student will be responsible for securing those items. Students should be well groomed. Dress and appearance should reflect modesty and cleanliness. No tank tops, shorts or short skirts will be allowed. Hair must be clean and neat, and must be fashioned as to not fall forward or over the sides of the face when working with patients/clients or otherwise interfere with patient care. If worn, beards and mustaches must be clean and neatly trimmed. Nails will be kept short in order to enable easy cleaning, prevent puncture of gloves, and prevent injury to the patient/client. Students should not wear excessive fragrance, makeup, or jewelry. Body art such as facial/body piercings or easily visible tattoos may be required to be camouflaged, covered or removed.

If the facility has no specific dress code, students must conform to the standard dress code established by the RMUoHP PT program:

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dress shirt or polo shirt (tie optional) (no T-shirts)</td>
<td>Modest blouse/shirt long enough to tuck in (no T-shirts and no low-cut necklines)</td>
</tr>
<tr>
<td>Dress pants (no jeans)</td>
<td>Dress slacks (no jeans, yoga pants, leggings etc..)</td>
</tr>
<tr>
<td>Dress shoes (no sneakers, boots or sandals)</td>
<td>Enclosed low-heeled shoes (no sneakers, boots, sandals)</td>
</tr>
</tbody>
</table>

All students are required to wear a nametag identifying them as a student. Students may also need to purchase a lab coat. Nametags are provided to student by the DCE prior to their clinical affiliation. Certain facilities may require you wear identification provided by them.

Any student who is in violation of any of the above dress code items may be sent home and instructed to return to the facility dressed in accordance with the University or facility dress code. At the first violation, the student will receive a written warning. A second infraction of the dress code will result in disciplinary action up to and including termination of the clinical experience and dismissal from the program.

**Professional Conduct**

The development of professional behaviors is an essential part of the integration of students into a profession. Development and assessment of professional behaviors for students in the professional DPT program occurs through:

A. Self-assessment of DPT students during the 1st semester of the professional curriculum using the Professional Self-Assessment.

B. Assessment of students in the program by clinicians during the required clinical experiences using the Professional Practice section of the Clinical Performance Instrument.

C. Additional self-assessment during student advisement and use of the Professional behaviors self-assessment at mid-way and end of the program.
D. Monitoring of professional behaviors and feedback occurs on a regular basis through meetings between the student/faculty advisor and student/DCE, based on feedback from clinical instructors, program faculty and ongoing student self-assessment.

Students are expected to conduct themselves in a professional manner at all times during clinical experiences. The policies and procedures of the Program and of the Clinical Facility must be adhered to and additionally the student should conform to the principles outlined in the APTA Guide for Professional Conduct and the APTA Code of Ethics, and any legal guidelines and/or statues.

Feedback to the student regarding affective/behavioral skills should be given by the Clinical Instructor (CI) both verbally and in writing using the Professional Practice sections of the Clinical Performance Instrument (sections 1-6). The CI should also contact the DCE regarding any concerns related to student conduct/behavior. The DCE will respond immediately to gather information, initiate documentation of the behavior and the action plan, (if the CI has not already done so) and help guide the clinical instructor in facilitating progression toward entry-level affective skill achievement.

Clinical facilities do have the right to request the removal of a student from the site at any time due to behavior or performance deficits.

**Other Clinical Placement Policies/Guidelines**

Students should be aware that any or all of their clinical experiences may be scheduled outside of the local (Utah/Salt lake Valley) or out of state. Potential hardships related to travel should be presented to the DCE who may factor in those circumstances when making placement considerations. However, depending on the circumstances, there is no guarantee that allowances for personal preferences or special accommodations will be made. Students need to plan and make preparations for relocation as necessary to complete their clinical education experiences. Students will be responsible for all associated costs.

Students are typically not placed in facilities in which they are (or have been) employed, in which a family member is employed, or in other settings in which the DCE deems there is a conflict of interests.

Students are responsible for the arrangement and cost of transportation and housing for each clinical practice course.

**Change in or Cancellation of Clinical Placement**

Clinical sites occasionally cancel clinical placements if circumstances (staffing, caseload, facility ownership, etc.) change to the extent that they are unable to provide a learning environment for the student. In the event of cancellation by the facility, the student is notified by the DCE immediately. In most cases, the DCE is able to find an alternate placement without a significant loss of clinical clock hours or internship/externship “continuity” for the student. In certain cases, however, depending upon the timeline of the cancellation and other specific circumstances, student placement into an alternate facility may require the re-scheduling or addition of clinical practice hours.

Students are not allowed to change their own clinical site assignments. A student wishing to appeal a placement decision should submit an appeal in writing to the DCE (Please see the
Clinical Site Change Appeal form in the appendix). The resulting decision will be based on the information provided. Situations such as weddings, employment opportunities or other circumstances that existed before the clinical site was selected usually do not warrant the DCE to change the clinical placement.

Clinical sites also have the right to request the removal of a student from the site. Further discussion of this policy can be found under Disciplinary Action and Due Process later in this document.

**Clinical Education Course Syllabi**

The clinical education course syllabi are found in the appendix. These may be subject to change and revision. Students should supply clinical instructors with the most current versions of syllabi.

**Evaluation**

**Assessment of the Student**

**Grading of Clinical Practice Courses**

RMUoHP students are required to complete four clinical practice courses consisting of 51 total weeks of clinical experience. Each of these courses is “Pass/Fail” in nature. The syllabus for each course describes the criteria for earning a “passing” grade. These criteria include:

- Completing the required number of clinical practice hours for the course

- Demonstrating acceptable affective skill development/achievement related to safety, communication and professionalism (Professional behaviors/Professional Practice skills)

- Performing at appropriate levels on selected skills from the CPI

- Maintaining currency and submitting appropriate documentation to DCE by the established deadline of prerequisite clinical placement requirements (CPR certification, vaccinations/laboratory tests, personal health insurance coverage, etc…)

- Submission of any & all assignments/forms/documentation required by the ACCE preceding or following the clinical practice rotation (evaluation of the clinical site/experience, evaluation of the clinical instructor, written case study assignment, etc..)

- Compliance with all Program, University and facility policies and procedures during clinical experience (attendance, behavior, dress, etc...)

Formal evaluations of the student by the clinical instructor in consultation with the DCE should occur at “midterm” and at/near the end of each clinical rotation. Identified deficits in student performance occurring during these assessments may result in the addition of student assignments, the extension of clinical practice hours, and/or the establishment of additional goals/expectations for student performance.
While information related to student performance is gathered from the clinical instructor’s comments, documentation and grading/scoring, the responsibility for assigning the clinical education course grade ultimately lies with the DCE, who uses that input to objectively assign the pass or fail grade as appropriate.

Remediation

The student may be required to take remediation courses or demonstrate specific clinical competencies prior to requesting a new clinical education experience. This may, and most likely would result in the dismissal of a student from the program and requirement of readmission to the program with clinical placement during the normal scheduled clinical rotations if deemed appropriate by the faculty. Requirements will be given in writing and a contract established between the University and the student. After fulfillment of the requirements, the student may request a new clinical assignment. The time and placement will be determined by the DCE.

Withdrawal from a Clinical Education Experience

In the rare instance when all parties agree that a withdrawal from a particular clinical site is in the best interest of the student, a written report of this agreement with signatures of all parties involved will be executed and submitted to the Program Director. The appropriate status will be assigned. (See “incomplete” or “in-progress” policy in the University Handbook and course syllabus). The student will then need to request a new clinical site from the DCE. Depending on the circumstances, this may result in the student being delayed in their progress and potentially require the student to repeat the course and re-apply for admission to the program to begin courses with the following cohort. The time and place of a repeat clinical education experience will be determined by the DCE. The student reserves the right to utilize the appeal process as outlined in the University Handbook.

Remediation of Non-Acceptable Clinical Performance

The consequences of non-acceptable clinical performance may be: repeating the clinical experience, remediation, or dismissal from the program. Generally, if a student fails a clinical course, they are dismissed from the program and are subject to readmission requirements.

However, repeating a clinical course or remediation of unacceptable clinical performance may be allowed if the consensus of the clinical education faculty, in conjunction with the student progression committee and program director, is that the student has demonstrated significant progress toward acceptable performance or if there are other extenuating circumstances that would justify repetition or remediation. This applies only to the final year of clinical courses and not to integrated clinical courses prior to the final year. The clinical education faculty and/or the student progression committee reserve the right to deny a student the opportunity to remediate or repeat a course without being dismissed.

1. Repeating Clinical Courses: Following unacceptable performance in any of the clinical courses, the DPT faculty may allow the student to repeat a clinical experience without being dismissed, if there is sufficient evidence to believe the student would be successful and should repeat the entire course to fully demonstrate the required level of performance. Students would be assigned an “F” grade, and be required to re-enroll in another section of that particular course, and would be required to pay tuition and associated fees. The student would be on academic probation until they met the terms for removing that status, including any stipulations put in place by the student progression committee or clinical instructors.
2. *Remediation of Clinical Performance*: If the consensus is that the unsatisfactory clinical performance may be improved to the required level by a remedial clinical experience that could be completed in a time frame no longer than 55% of the original length (typically a maximum of 8 weeks), a grade of IP (in progress) will be assigned and a remedial clinical placement will be arranged. The student would be placed on academic probation throughout the courses during that semester. The IP grade will be changed after completion of the make-up experience to a P or F grade. If the student's performance in the make-up experience is still unsatisfactory, a grade of F will be assigned and the student will be dismissed from the program.

### Failure of a Clinical Course

A Clinical Internship is treated just as any other course in the PT curriculum. Clinical experiences must be successfully completed in their entirety as described in the course syllabus and *DPT Student Handbook* in order to progress within the Program. Failure to successfully complete a clinical experience with a passing grade may result in the student being delayed in their progress and potentially require the student to repeat the course and re-apply for admission to the program to begin courses with the following cohort. See the due process section later in this document for details.

### Clinical Performance Instrument

The primary tool utilized by the RMUoHP PT Program for the evaluation of student clinical performance is Clinical performance Instrument (CPI) developed by the APTA. During PT 538: Physical Therapy Experience, the CPI is utilized as a mechanism for facilitating student self-assessment and progress toward entry-level clinical skill development. Students use feedback from the CPI to generate goals for upcoming clinical experiences.

<table>
<thead>
<tr>
<th>Course</th>
<th>Expectations</th>
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| PT 738 Physical Therapy Experience | Student is expected to achieve a minimum of “Advanced beginner” skill with:  
  - Skills 1-6: Professional Practice  
  - Skills 7-18 Patient Management |
| PT 788 Clinical Internship 1 | Student is expected to achieve a minimum of “Intermediate” skill with:  
  - Skills 1-6: Professional Practice  
  - Skills 7-18: Patient Management |
| PT 798 Clinical Internship 2 | Student is expected to achieve a minimum of “Advanced Intermediate” skill:  
  - Skills 1-6: Professional Practice  
  - Skills 7-18: Patient Management |
| PT 799 Clinical Internship 3 | Student is expected achieve “Entry Level” ratings on the CPI with:  
  - Skills 1-6: Professional Practice  
  - Skills 7-18: Patient Management |

At the conclusion of a clinical experience, grading decisions made by the 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 performance dimensions and the ratings provided.

RMUoHP uses the Clinical Performance Instrument as its main evaluation tool for assessing clinical competence of students. It is now available online. All students and Clinical Instructors (CIs) must complete the CPI web training through the APTA online learning center. This will allow you to access the instrument once a CI is registered by the university as a clinical instructor using CPI web. The course is located on the APTA Learning Center at http://learningcenter.apta.org/free_membercourses.aspx.

If anyone attempting to complete the training is having issues with the PT CPI training, the APTA Learning Center, receiving CEUs, or with receiving the Certificate of Completion, they can contact the APTA directly at 1-800-999-2782 x 3395 or at learningcenteradmin@apta.org.

Directions are found in the appendix of the Clinical Education Handbook related to how to access this training and utilize the APTA learning center for the CPI web. Questions related to student assessment using the CPI should be directed to the DCE.

The CPI web is to be completed by the both the student (self-assessment) and the Clinical Instructor (evaluation of the student) both at midterm and final as needed. This is to be completed online through the CPI Web website. The CCCE should also sign off as applicable. The DCE will have access to see when these are completed.

Other tools for Student Assessment

In addition to data collected from the CPI, information from student self-assessment and other feedback mechanisms are utilized. In particular, the Midterm conference/communication between DCE, CI and student during the clinical experience provides qualitative information regarding student performance.

Assessment of the Clinical Facility, CCCE, and CI

As a component of the overall Clinical Education Program Assessment, the DCE utilizes review of the CSIF, communications with the facility CCCE and staff (email, phone calls), review of student evaluations of the clinical education site/experience, and on-site visits to gather information and plan the management, performance, and development of clinical sites and faculty.

The DCE utilizes information from the following sources in the evaluation of clinical instructors:

• The Clinical Site Information Form (CSIF) (requested upon initial completion of affiliation agreement and updated as needed) provides information on clinical faculty:
  o Experience
  o Licensure/certifications

• Physical Therapist student evaluation: Clinical experience and clinical instruction (completed by students following every clinical education course) provides information on clinical faculty:
• Communication and instruction style
• Availability and organization
• CI development needs (student assessed)

- Self assessments from the *Guidelines and Self-Assessments for Clinical Education* (completed by CCCEs and CIs annually) provides information on:
  - CI development needs (self-assessed)
  - CCCE development
  - Clinical facility development

- Mid-rotation conferences/communication between the DCE and the CI provides information on:
  - Student perceived clinical instructor strengths/weaknesses
  - CI development needs (student assessed and self-assessed)

As a component of the overall *Clinical Education Program Assessment*, feedback from these sources is reviewed by the DCE in order to plan for future clinical instructor training presentations/modules based on identified individual CI development needs and facility specific clinical faculty development needs. Information regarding clinical instructor strengths and development needs is also shared with facility CCCEs as requested and/or needed.

**Assessment of the DCE**

Each academic year, clinical instructors, CCCE’s, Program students, and Program core faculty are asked to complete *DPT Program DCE Performance Assessment forms*, providing feedback related to following performance indicators:

- Development of student clinicians
- Development of clinical education faculty
- Development and assessment of Program
- Management and Coordination
- Leadership and Collaboration
- Communication
- Professional Behaviors
- Overall DCE strengths/weaknesses

As a component of the overall *Clinical Education Program Assessment*, feedback from this instrument is reviewed by the DCE in order to (1) establish personal/professional development goals (2) evaluate the current policies and processes utilized in the clinical education program (3) plan future clinical faculty development and (4) identify resource needs for the clinical education program. These forms are available for preview from the APTA at [http://www.apta.org/Educators/Assessments/ACCE/DCE/](http://www.apta.org/Educators/Assessments/ACCE/DCE/) and the University will make them available to appropriate persons for assessment as needed.

**Assessment of the Clinical Education Program:**

The DCE solicits input from students, clinical sites/instructors, and core faculty to review the Program’s clinical education curriculum/program. This is an ongoing process with formal reports to the core faculty annually. Specific sources/tools utilized for assessment include the following:

- Program faculty meeting minutes
- Summary data from *Physical Therapist student evaluation: Clinical experience and clinical instruction form*
• Summary data from *Guidelines and Self-Assessments for Clinical Education* assessment forms
• Data from Clinical Site/Student Commitment Database
• *Clinical Site Information Forms* (CSIFs)
• Summary data from *DPT Program DCE Performance Assessment* by clinical faculty, students and self-assessment forms
• Information from midterm and other communications
• Summary data from the CPI regarding student performance

This data is used to respond to the following questions:

• Is there an identified need for a change in any **Program policies or procedures** related to the clinical education program?
• Does feedback indicate that the **quality of student clinical learning experiences** is adequate/appropriate?
• Are there any **consistent patterns of deficit** (academic or clinical) in student performance that could be addressed by a change in an individual Program course, the whole curriculum or the way the curriculum is administered?
• Has the RMUoHP, CAPTE, APTA or other **governing/advising body** suggested or mandated changes that should/will impact the clinical education program?
• Are there adequate/sufficient **variety and availability** of clinical education placements?
• In what particular areas is there an indicated need for further **clinical faculty development**?
• Is there an identified need for any **additional resources/support** for the clinical education program (supplies, equipment, technology, etc...)?
• Were all Clinical Education Program **measurable goals** achieved this year?
• What are the **overall strengths/weaknesses** of the clinical education program and what strategies **for ongoing improvement** for the next academic year are indicated?
**Additional Clinical Education Policies and Procedures**

**Disciplinary Action and Due Process**

If unsatisfactory behavior in the clinical setting occurs or persists, *depending upon the quality and quantity of the infraction(s)*, the DCE may:

- Counsel the student directly (verbally and/or in writing) and document (outline) expectations for future behavior/performance.
- Give the student a failing grade for the clinical course which would result in the student needing to repeat the course and may result in the student being dismissed from the program and/or delayed from progression in the program.
- Refer the student to the office of the academic dean for University disciplinary action as described in the RMUoHP University Handbook. This course of action typically leads to sanctions by the University ranging from a written warning to dismissal from the Program/School.

Certain behaviors as they relate specifically to clinical education, including but not limited to the following, may result in an immediate assignment of "F" to the clinical course and/or referral for University Disciplinary action:

- Violation of patients right/confidentiality
- Falsifying data and records
- Illegal behavior or act
- Possession or use of intoxicants or narcotics or a positive drug/alcohol test result
- Failure to follow the instructions of employees of the facility
- Jeopardizing patient safety
- Any conduct that results in dismissal/a request for removal from a clinical site

**Appeals**

Any petition to change a decision rendered by University Personnel about an academic matter is considered an academic appeal. The process for academic appeals is outlined in the university handbook.

**Procedure for Filing a Complaint**

The Program encourages and solicits ongoing feedback from enrolled students, faculty members, patients, clinical faculty, and employers of our graduates. When there is a specific complaint about a student, faculty member, or the program in general, it should be documented in writing and discussed first with the person involved, then with the Program Director, the Academic Dean, or other administrative personnel. If this series of action does not bring about a satisfactory resolution, complaints about the Program should be directed to the Commission on Accreditation in Physical Therapy Education (CAPTE). Contact information for CAPTE can be accessed through the APTA website at [www.apta.org](http://www.apta.org) or by calling the Department of Accreditation of APTA at 703-706-3245.
HIPAA and Related Policies

In the course clinical training students have access to confidential information related to patients/clients of the facilities they enter. PT students receive training in protecting patient/client confidentiality and HIPAA guidelines. It is the responsibility of the student to maintain confidential any information related to patients and/or clients. Specifically, per HIPAA guidelines, the following behaviors are prohibited:

- Releasing confidential patient/client information by any means (i.e., verbally, electronically, or in print) to any individual/agency who does not have the legitimate, legal or clinical right to the information
- Unauthorized use, copying, or reading of patient medical records
- Unauthorized use, copying or reading of employee/hospital records
- Taking patient records outside the clinical facility
- Any tampering of patient information

This policy applies not only to patients/clients with whom the student has direct contact, but to any personal/confidential information the student may have access to while in the clinical setting.

The student is also to use discretion when discussing patient/client information with other appropriate individuals to assure that the nature of the discussion remains professional, pertains only to information clinically relevant, and cannot easily be overheard by those not involved in the patient’s care.

Additionally, some clinical facilities will have their own published policies/procedures related to protecting patient/client information that students are expected to follow.

Any other information available at the clinic, particularly that which could be considered proprietary, (e.g. treatment protocols, administrative information, etc...) is only to be used with the express consent of the facility.

Violations of this policy may result in sanctions and may be grounds for dismissal from the clinical program.

Safety of Student and Patient during Clinical Experiences

Student Safety/Injury during clinical experiences

One purpose of clinical education is to acquaint students with the reality of clinical practice of a healthcare profession. During clinical placement, students are subject to the known and unknown risks those members of the physical therapy profession experience in the provision of health care. These may include exposure to people with infectious and communicable diseases, chronic and degenerative diseases, mental illness, and risks attendant to the work environment. The Program makes every effort to protect the safety and interests of the student. Basic instruction in prevention procedures and in the application of reasonable and prudent clinical practices is provided, which can serve to limit unnecessary exposure and constitute a measure of safety for students and for the patients they treat. Ultimately, it is the student’s
responsibility to apply these procedures and to take appropriate steps to protect patients and themselves.

As a condition of placement in a clinical affiliation, students are required by the facility and the University to show proof of health insurance. Another condition of placement in a clinical affiliation is completion and submission of immunizations and laboratory testing. Further, students are expected to abide by whatever policies the facility has regarding risk exposure management for its employees, even though they are not considered by the University or the facility to be an employee of the facility. Additionally, students should be aware that they are not eligible for coverage under the University’s or facility’s workmen’s compensation insurance, and there is no mechanism for compensation in the event of student injury during a clinical experience.

During PT clinical experiences, in the event of an accident resulting in student injury, the student should immediately notify the clinical instructor of the accident and follow the policies of the facility including completing the appropriate incident report/documentation. Expenses related to student illnesses or injuries occurring during a clinical rotation are covered by the student’s personal health insurance, which must be maintained throughout the clinical program.

Patient/client injury during clinical experiences

Students are required to wear a school or facility name badge, identifying them as a student and introduce themselves as such when working with a patient/client. Patients have the risk-free right to refuse treatment/participation in student training.

In the event of an accident resulting in patient injury during a clinical experience, the student should immediately notify the clinical instructor of the accident and follow the policies of the facility including completing the appropriate incident report/documentation. The student is also required to notify the PT Program DCE, who will determine what documentation the student/CI must submit to the school related to the incident. Students are provided malpractice/professional liability insurance while enrolled in the PT clinical program. Coverage terminates when a student graduates or is no longer enrolled. This policy covers students only during assigned clinical practice.

Cell Phone Policy

Students are not allowed to use cellular phones, beepers, or text messaging during their clinical education experience during clinical hours in any manner that interferes with the clinical education process. Any use of such technology to facilitate the clinical education experience is allowed solely according to facility policy and CI discretion.

Medical Conditions, including Pregnancy

Immediately upon medical confirmation, any medical condition that may impact the ability of a student to safely and fully participate in the educational experience should be reported to the student’s advisor, DCE, and/or Program Administrator. This will allow planning of a learning experience that will ensure maximum safety to all concerned. Any condition that impairs a student from being able to meet the requirements of the clinical education course may result in a delay in progression in the program.
Licensure

Licensure or registration is not required for student clinical education experiences. Upon graduation, students are required to submit evidence of successful completion of a licensure exam in order to comply with individual state legislation and practice acts. Complete information on practice acts and regulations can be obtained from the individual state licensing boards.

Emergency Procedures

It is the student’s responsibility to become familiar with and follow the emergency procedures outlined by each clinical facility where the student is affiliating. However, in the absence of specific guidelines, do the following:

Emergency evacuation instructions

If it becomes necessary to evacuate the building due to a power failure, threat of fire, smoke or other dangerous situations do the following:

- Refer to the evacuation map(s) posted in the clinic
- Move carefully and calmly to the nearest exit.
- Alert others and take them with you.
- Do not use the elevators.
- Do not attempt to re-enter the building until told to do so.

What to do in the event of a fire

1. Pull the nearest fire alarm
2. Call or alert the front desk or dial 911 and report the exact location of the fire.
3. Inform others in the immediate area.

*If it is safe to do so*, attempt to put the fire out using the nearest fire extinguisher. There are generally three types of extinguishers:

- Type A is used for ordinary combustibles such as paper, wood and fabric.
- Type B is used for flammable liquids such as gasoline or alcohol.
- Type C is used for all electrical fires

Before deploying, hold the extinguisher upright and follow the directions on the side of the extinguisher. In general:

- P - Pull the pin
- A - Aim the nozzle at the base of the fire
- S - Squeeze the trigger
- S - Sweep from side to side at the base of the fire

**CAUTION:**

- Fight only small fires and those with limited smoke and fumes.
- Make sure you have access to a safe and quick exit.
• If you have the slightest doubt about whether or not you should fight the fire, DON’T! Close the door to contain the fire and leave immediately. If you can’t leave, line the cracks around the door with wet towels and wait for the Fire Department.

What to do in the event of clinic equipment failure or malfunction

- Unplug or turn off equipment immediately.
- Place an “Out of Order” sign on the equipment.
- Inform your supervisor.

What to do in the event of a liquid spill

1. Alert others in the immediate area.
2. Inform your supervisor.
3. Don appropriate protection e.g. gloves, mask and eye wear.
4. Place appropriate absorbing material over spill and allow to absorb.
5. Place saturated material in plastic bag and place bag in proper waste receptacle.
6. Clean area with appropriate cleaning agent and wipe dry.
7. Properly dispose of cleaning materials and gloves in waste receptacle.

What to do in the event of a medical emergency

1. Call for help, alert your supervisor, have someone call 911
2. If you are trained, follow basic First Aid procedures:
3. Is the person breathing? If not, tilt the head, clear the airway and breathe for them.
4. Is the heart beating? If not, begin CPR.
5. Elevate the legs and support the neck, keep them warm.
6. Reassure them while you wait for medical help.

What to do if you are injured

1. Immediately inform your supervisor.
2. Seek medical care if necessary.
3. If you are injured but choose not to seek professional care, you must sign the Waiver of Medical Care Form in the Student Handbook Appendix.
4. The clinical facility should help you secure and fill out an incident report.

STUDENT BLOOD BORNE PATHOGEN PROGRAM

All DPT students receive training in Universal Precautions/Blood Borne Pathogens in the first semester PT 704 intervention 1. It is the responsibility of the student and clinical instructor to ensure that any applicable facility policies or procedures are followed.

FAILURE TO COMPLY

All of the above guidelines, policies and procedures, and expectations are designed to foster each student’s sense of responsibility in preparation for employment as an entry-level physical therapist. Failure to comply with these guidelines and policies and procedures or failure to meet these expectations may result in failure of the clinical course and subsequent dismissal from the Program.
Appendix
Doctor of Physical Therapy Program
STUDENT AGREEMENT FOR PARTICIPATION
IN CLINICAL EDUCATION EXPERIENCES

The Student agrees to the following:

1. Participate fully in clinical education during hours that the facility designates and arrange for personal schedules to allow for regular/required hours as required by the facility/Clinical Instructor (CI).

2. Notify the University and the CI in advance of the time the student is scheduled to arrive for work if the student will be unable to report as scheduled.

3. Conform to the policies, procedures, rules and regulations of the facility and the University.

4. Maintain professional behavior at all times including taking responsibility for their own learning, seeking opportunities and taking initiative for educational experiences, accept and implement feedback; to be honest, courteous, cooperative and punctual, and to exhibit proper dress, grooming and health habits.

5. Consult the CI, CCCE, or DCE about any difficulties arising at the Facility.

6. Submit promptly to the DCE all information and reports required by the University.

7. Indemnify and hold harmless the Facility and its officers, employees, agents and other representatives from and against liability for damages, claims, lawsuit, judgments, expenses and attorney’s fees which may be incurred by the Facility or the CI resulting from any acts or omissions of the Student.

8. Maintain individual health insurance to cover any injuries or illnesses that might arise as a direct or indirect result of your work at the Facility.

9. Strictly protect the confidentiality of all records and information belonging to the Facility, its personnel and patients, including its methods of operation and business and all information that could be considered proprietary or that might be contrary to HIPAA policies.

10. Inform all patients that you are a physical therapist student from RMUoHP and that the patients have a risk free right not to participate in clinical education.

Printed Name

___________________________________________

Student’s Signature: __________________________ Date: ________________________
DPT Program Clinical Education Plan

Per program policy, each student is required to participate in the clinical education program to facilitate the breadth and depth of experiences to allow students to meet the expected student outcomes of the program. This includes generalist PT practice. To achieve these outcomes, students must have a variety of clinical experiences.

Variety:
Clinical placement decisions are guided, in part, by an effort to assure that student experiences address the following:

- Diversity of ages in patient populations
- Exposure to diagnoses for different systems (musculoskeletal, neuromuscular, cardiovascular, integumentary)
- Opportunities for the development of practice management (administrative) and specialty (site-specific) skills

In order, therefore, to meet the requirements of the clinical education component of the Program, students must have documented experiences in each of the following areas:

a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
b) Practice in settings representative of those in which physical therapy is commonly practiced;
c) Interaction with physical therapist role models whose practice is consistent with the program’s philosophy of practice;
d) Opportunities for involvement in interdisciplinary care; and
e) Other experiences that lead to the achievement of expected student outcomes.

Students will plan with their advisors and the DCE for these types of experiences. The settings that may assist in accomplishing these goals may include at least two or more of the following settings:

- A hospital setting (inpatient acute, inpatient rehab, or long term acute care)
- An outpatient setting (with primary caseload of orthopedic diagnoses)
- A rehabilitation setting (Nursing facilities, rehabilitation hospitals/centers, etc…)

Other specialty settings may be selected as long as students have met criterion for variety to accomplish breadth and depth of exposure.

Student Name ____________________

A-3
DPT Program
Risk Management Information Form

Student Name _______________________________________

<table>
<thead>
<tr>
<th>Type of</th>
<th>Date</th>
<th>Expires (If applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR Certification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Aid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B- #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B #3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or Hepatitis Titer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chicken Pox)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza shot- Minimum of 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap or Qualified Waiver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB Test (PPD)- Minimum of two</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health status/Insurance information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSHA Training</td>
<td>PT 704 Semester 1</td>
<td></td>
</tr>
<tr>
<td>HIPAA Training</td>
<td>PT 700 Semester 1</td>
<td></td>
</tr>
<tr>
<td>IRB Training</td>
<td>PT 705 Semester 1</td>
<td></td>
</tr>
<tr>
<td>Criminal Background Check</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Screen (If applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Immunizations as required</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify this information is correct and true according to information supplied by the above named student and verified by documentation. Supporting documentation is on file at the educational institution named above and available upon request.

Director of Clinical Education________________________ Date_____________
# Doctor of Physical Therapy

## Student Clinical Skills Self Assessment

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Site Attended:</td>
<td></td>
</tr>
<tr>
<td>Type of Affiliation (Orthopedic, Neurological Rehab, etc.):</td>
<td></td>
</tr>
</tbody>
</table>

**Key:**
- 1: Not observed or experienced
- 2: Observed or assisted activity with supervision
- 3: Performed activity independently with supervision, but need more practice
- 4: Performed activity and feel comfortable

## COMMUNICATION

<table>
<thead>
<tr>
<th>Use Key 1-4</th>
<th>COMMENTS (If Needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient documentation</td>
<td></td>
</tr>
<tr>
<td>Patient &amp; family/caregiver education</td>
<td></td>
</tr>
<tr>
<td>Interaction with other health professionals</td>
<td></td>
</tr>
</tbody>
</table>

## EXAMINATION & MEASUREMENT

<table>
<thead>
<tr>
<th>Use Key 1-4</th>
<th>COMMENTS (If Needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerobic Capacity/Endurance</td>
<td></td>
</tr>
<tr>
<td>Anthropometric Characteristics (height, weight, girth, etc...)</td>
<td></td>
</tr>
<tr>
<td>Arousal, Attention, Cognition</td>
<td></td>
</tr>
<tr>
<td>Assistive and adaptive devices</td>
<td></td>
</tr>
<tr>
<td>Circulation (arterial, venous, lymphatic) e.g. vital signs</td>
<td></td>
</tr>
<tr>
<td>Cranial and Peripheral Nerve Integrity</td>
<td></td>
</tr>
<tr>
<td>Environmental/accessibility assessment</td>
<td></td>
</tr>
<tr>
<td>Ergonomics and body mechanics</td>
<td></td>
</tr>
<tr>
<td>Gait, Locomotion and balance</td>
<td></td>
</tr>
<tr>
<td>Integumentary integrity</td>
<td></td>
</tr>
<tr>
<td>Joint Integrity and Mobility</td>
<td></td>
</tr>
<tr>
<td>Motor Function (control and learning)</td>
<td></td>
</tr>
<tr>
<td>Muscle performance (strength, power, endurance)</td>
<td></td>
</tr>
<tr>
<td>Neuromotor development/sensorimotor integration</td>
<td></td>
</tr>
<tr>
<td>Orthotic, protective, supportive devices</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Pain</td>
<td></td>
</tr>
<tr>
<td>Posture</td>
<td></td>
</tr>
<tr>
<td>Prosthetic requirements</td>
<td></td>
</tr>
<tr>
<td>ROM, including Muscle Length, Goniometry etc…</td>
<td></td>
</tr>
<tr>
<td>Self care and home management (ADL/IADL)</td>
<td></td>
</tr>
<tr>
<td>Sensory integrity</td>
<td></td>
</tr>
<tr>
<td>Ventilation and respiration/gas exchange</td>
<td></td>
</tr>
<tr>
<td>Work (job/School/Play), community and leisure integration/reintegration</td>
<td></td>
</tr>
</tbody>
</table>

**INTERVENTION**

<table>
<thead>
<tr>
<th>Therapeutic Exercise (e.g. AROM, PROM, AAROM, Resistive-isometric, concentric, eccentric, isokinetic-, cardiovascular, pulmonary, postural, stabilization etc..)</th>
<th>Use Key 1-4</th>
<th>Comments/examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional training in self care/home management (including transfers, etc…)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional training in work (job, school play) community, and leisure integration/reintegration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manual Therapy Techniques (including joint and soft tissue mobilization/manipulation thrust and non-thrust techniques)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription, application and as appropriate fabrication of devices and equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Airway clearance techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integumentary repair and protection techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrotherapeutic modalities (including biofeedback and iontophoresis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Agents and mechanical modalities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electromagnetic radiation (laser UV, diathermy etc..)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumatic/manual/garment Compression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermal- hot/cold pack, ice, fluidotherapy, parafin etc…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultrasound/phonophoresis-thermal/non-thermal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Positioning, Posture, and Balance

Gait (with/without assistive devices)

Sterile/aseptic techniques

Orthotic/prosthetic management/gait

Bowel and Bladder management

**OTHER:** List additional skills that you have learned applied during this/other clinical experiences.

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>
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. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature)  Date

Primary Clinical Instructor Name (Print name)  Date

Primary Clinical Instructor Name (Provide signature)

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

Additional Clinical Instructor Name (Print name)  Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned
Highest degree earned  Degree area
Years experience as a CI
Years experience as a clinician
Areas of expertise
Clinical Certification, specify area
APTA Credentialed CI  □ Yes  □ No
Other CI Credential  State  □ Yes  □ No
Professional organization memberships  □ APTA  □ Other
SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

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

1. Name of Clinical Education Site
   Address     City     State

2. Clinical Experience Number

3. Specify the number of weeks for each applicable clinical experience/rotation.
   - Acute Care/Inpatient Hospital Facility
   - Ambulatory Care/Outpatient
   - ECF/Nursing Home/SNF
   - Federal/State/County Health
   - Industrial/Occupational Health Facility
   - Private Practice
   - Rehabilitation/Sub-acute Rehabilitation
   - School/Preschool Program
   - Wellness/Prevention/Fitness Program
   - 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.

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

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

<table>
<thead>
<tr>
<th>Components Of Care</th>
<th>Rating</th>
<th>Components Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Screening</td>
<td>Prognosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• History taking</td>
<td>Plan of Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Systems review</td>
<td>Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tests and measures</td>
<td>Outcomes Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

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

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

**Clinical Experience**

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

- [ ] Physical therapist students
- [ ] Physical therapist assistant students
- [ ] Students from other disciplines or service departments (Please specify  )

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

- [ ] 1 student to 1 CI
- [ ] 1 student to greater than 1 CI
- [ ] 1 CI to greater than1 student; Describe

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

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

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

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

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

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

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

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

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

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

21. What curricular suggestions do you have that would have prepared you better for this clinical experience?
SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

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

Assessment of Clinical Instruction

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

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

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

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

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

Midterm Evaluation
Final Evaluation

25. What did your CI(s) do well to contribute to your learning?
   Midterm 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.
Clinical Performance Instrument Training Instructions

Thanks for joining us for the new PT CPI Web. You must complete the training on the newly revised CPI through the APTA Learning Center first before you will be allowed access to PT CPI Web and you do not have to be an APTA member to access the training. The training includes view a 5-module power point presentation and a post training quiz. You can complete it in sections as it works for your schedule and can log in anytime. After passing the test with at least a 70%, you will be allowed access to login to PT CPI Web. You only have to complete the training for the new CPI once.

To access the PT CPI Launch page where you can register for the course, please go to the following website and “purchase” (no cost) the course. learningcenteradmin@apta.org. The following “quick Click” document on the next page details the process for accessing the training. Additional information can be found at http://www.apta.org/PTCPI/TrainingAssessment/ regarding the CPI Web assessment tool.

Once you have completed the training, you can login to PT CPI Web 2.0 to evaluate your student at https://cpi2.amsapps.com. You can obtain your username and password from the University DCE if you have not already received it. It is highly-recommended that you change your password after you log in. Note that your password is case sensitive and must be typed in exactly as it appears in the information box. In addition, your assigned login and password for PT CPI Web are different than those used to take the APTA training program.

Thank you,

Michael Bartholomew, PT, DPT

Director of Clinical Education

Rocky Mountain University of Health Professions
Getting Started With the APTA Learning Center
For PT CPI Course Participants

APTA Members/Current or Former APTA Customers

1. Login to www.apta.org
   - Enter your username and password and select "click here to continue!"
     (http://www.apta.org/login)
   - Under http://www.apta.org/myAPTA make note of the email address
     associated with your apta.org account. You will need to use the same address
     to verify your training completion in PT CPI Web.

2. Important! It is essential that you do not purchase or register for courses in
   the APTA Learning Center using more than one account number. If you’ve
   forgotten your password or were at one time an APTA member, click here to have it
   emailed to you OR contact 800/999-2782, ext 3395 for assistance.

3. Set up your computer
   - Enable pop-ups for http://www.apta.org and
     http://learningcenter.apta.org. (Make sure pop-ups are enabled both in
     your Internet browser and in your Google/Yahoo/AOL toolbar, if installed.
     Learn how: http://learningcenter.apta.org/ohf.aspx#q1).

4. "Purchase" the free PT CPI online course
   - To access the PT CPI online course, go to:
     http://learningcenter.apta.org/free_membercourses.aspx (this is the “Free
     Member” course catalog, accessible from the public course catalog) in the
     APTA Learning Center, then “purchase” the free course through the online
     shopping cart.

5. Take the PT CPI online course
   - After purchasing the course, go to My Courses
     http://learningcenter.apta.org/My_Courses.aspx within the APTA Learning
     Center.

6. Print CEU certificate
   - Claim credit and print your 0.2 CEU certificate through My Courses
     http://learningcenter.apta.org/My_Courses.aspx at the APTA Learning Center.

7. Access the PT CPI Web site
   - To access PT CPI Web 2.0, please click: https://cpt2.apsapps.com.
     The academic program with whom you affiliate can provide you with your
     username (the email address provided to them). If you do not have a
     password, you will need to use the ‘I forgot or do not have a password’ link to
     establish a password. The password to login to PT CPI Web 2.0 is NOT the
     same as the password used to login to the APTA Web site.

New Customers/Never Been an APTA Member

1. Create an account at www.apta.org
   - Register at apta.org: http://www.apta.org/login. Complete the required
     information and write down your username and password.
   - Please make a note of the e-mail address that you use when completing this
     registration information as you will need to use the same email address to
     verify your training completion in PT CPI Web.

2. Set up your computer
   - Enable pop-ups for http://www.apta.org and
     http://learningcenter.apta.org. (Make sure pop-ups are enabled both in
     your Internet browser and in your Google/Yahoo/AOL toolbar, if installed.
     Learn how: http://learningcenter.apta.org/ohf.aspx#q1).
   - Important! You are now ready to purchase the free online course.

3. "Purchase" the free PT CPI online course
   - To access the PT CPI online course, go to:
     http://learningcenter.apta.org/free_membercourses.aspx (this is the “Free
     Member” course catalog, accessible from the public course catalog) in the
     APTA Learning Center, then “purchase” the free course through the online
     shopping cart.

4. Take the PT CPI online course
   - After purchasing the course, go to My Courses
     http://learningcenter.apta.org/My_Courses.aspx within the APTA Learning
     Center.

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     The academic program with whom you affiliate can provide you with your
     username (the email address provided to them). If you do not have a
     password, you will need to use the ‘I forgot or do not have a password’ link to
     establish a password. The password to login to PT CPI Web 2.0 is NOT the
     same as the password used to login to the APTA Web site.
# The Clinical Education Site offers the following:

<table>
<thead>
<tr>
<th>Ask about</th>
<th>YES</th>
<th>NO</th>
<th>General Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Written policies for ethical standards of practice</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>(2) A current copy of the state practice act and interpretive rules and regulations</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>(3) Written policies that protect patients' rights, confidentiality; standards for clinical research, and photographic permission</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>(4) A written policy which prohibits discrimination of any sort in the recruiting, hiring, promoting, retaining, training, and recommending benefit of its employees</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>(5) A written policy which prohibits student discrimination of any sort in learning opportunities and experiences, performance evaluations, issues of cultural diversity</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>(6) Support of professional development through release time for in-services, and financial support and release time for external seminars, etc.</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td><strong>2. Clinical Education Objectives</strong></td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>(1) Written objectives for clinical education</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>(2) Learning experiences adapted to the needs, objectives, and interests of the students</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>(3) Ongoing communication channel with the DPT academic program</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>(4) Objectives which accommodate the expectations that the DPT academic program has for specific clinical experiences</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td><strong>3. Student Guidance, Feedback, and Educational Support</strong></td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>(1) Student orientation manual</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>(2) Initial student orientation which includes:</td>
<td>□</td>
<td>□</td>
<td></td>
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<tr>
<td>(a) a tour of the facility</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>(b) information on dress code guidelines</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>(c) documentation and scheduling procedures</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>(d) site-specific relevant policies and procedures</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Ask about</td>
<td>The Clinical Education Site offers the following:</td>
<td>YES</td>
<td>NO</td>
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<td>-------------------------------------------------</td>
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<tr>
<td></td>
<td>(3) Support services such as emergency health care</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>(4) Support services such as computer and duplicating services, parking, etc.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Physical Therapy Personnel: Size and Responsibilities</td>
<td>(1) Clinical education personnel have time to dedicate to clinical education</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>(2) Contingency plan in place for the potential absence of the CI</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. CCCE and CI Selection and Continuing Education</td>
<td>(1) CI has at least one year of clinical experience and wants to plan, conduct, and evaluate clinical education on the basis of sound principles</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>(2) PT personnel participate in professional self-improvement activities through professional organizations, committees, etc.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Internal Evaluation Procedures</td>
<td>(1) Clinical program is reviewed and revised on a regular basis</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>(2) Mechanism is in place to communicate changes to academic DPT program</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

7. Would you be interested in more information about any of the above topics? Please specify.
Clinical Instructor: ___________________________ Clinical Education Site: ___________________________

Date: ___________________________

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I have been a physical therapist for at least a year.</td>
<td></td>
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<tr>
<td>2.</td>
<td>I have reviewed the RMUoHP Clinical Education Handbook of the DPT clinical education program.</td>
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<tr>
<td>3.</td>
<td>My suggestions for review of the clinical education’s curriculum and objectives are encouraged and welcomed.</td>
<td></td>
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<tr>
<td>4.</td>
<td>The objectives of the program are flexible enough to accommodate my objectives as a clinical educator.</td>
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<tr>
<td>5.</td>
<td>I give feedback and evaluate my students’ performance both on an ongoing basis and at the end of their clinical experience.</td>
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<tr>
<td>6.</td>
<td>I stay abreast of new techniques and literature in the field of physical therapy.</td>
<td></td>
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<tr>
<td>7.</td>
<td>I am as objective and impartial as possible when I am documenting my students’ performance.</td>
<td></td>
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<tr>
<td>8.</td>
<td>I follow the principles of nondiscrimination and confidentiality in all my interactions with the students.</td>
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<tr>
<td>9.</td>
<td>I have received formal training to be a clinical educator.</td>
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<tr>
<td>10.</td>
<td>My job as a physical therapist and as a clinical educator is evaluated periodically.</td>
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<tr>
<td>11.</td>
<td>I seek my students’ input when I am defining what performance expectations we should have for their clinical education.</td>
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<tr>
<td>12.</td>
<td>I treat my clinical education students as future professionals.</td>
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</table>

13. How can the DPT program assist you in your role as a clinical education provider?
14. In what ways has your affiliation with RMUoHP helped you professionally?

15. What suggestions do you have for improving the clinical education component, curriculum, the RMUoHP DPT program, or University?
Mid-clinical Conference/Evaluation

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Clinical Instructor name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Course #:</td>
<td>Facility Name:</td>
<td>Call or</td>
</tr>
<tr>
<td>Evaluator:</td>
<td>Week of Affiliation:</td>
<td>Visit</td>
</tr>
</tbody>
</table>

**Learning Experience Exposure (Obtain from student and/or CI)**

- **Clinical Setting(s)**
  - Inpatient
  - Outpatient
  - Acute
  - Neuro
  - Ortho
  - Peds
  - Other_______________________________________

**Patient populations**

<table>
<thead>
<tr>
<th>Ages</th>
<th>Systems</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youngest</td>
<td>Cardiopulmonary</td>
<td></td>
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<tr>
<td>Oldest</td>
<td>Integumentary (Scars, wounds, other)</td>
<td></td>
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<tr>
<td>Average</td>
<td>Musculoskeletal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neurological</td>
<td></td>
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<tr>
<td></td>
<td>Other (endocrine, GI, Genitourinary, multisystem, other)</td>
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</table>

**Sample Diagnoses:**

- Surgeries
- Care conferences
- Family trainings
- Public education,
- In-service
- Grand rounds
- Other

**With each call, please ask the STUDENT the following questions:**

1. Are you in a place where we can talk privately? (If applicable)  □Yes □No
   (If not, offer an opportunity for the student to call you back when able to talk privately)

2. How are feeling about your own:
   - Foundation knowledge/Skills (How well has the school prepared you for clinical experience/any deficits?)
   - Patient Management skills (how well have you developed these while on clinical?)
   - Professional abilities (how well prepared were you by the school and how have these developed?)

3. Has the following been appropriate for you?
   - Level of supervision provided  □Yes □No Comments
   - Feedback amount  □Yes □No Comments
   - Feedback timing  □Yes □No Comments
4. Have you completed the midterm assessment? (If applicable) □ Yes □ No Date/Expected Date__________

5. How did the CI’s assessment compare/contrast with yours? □ Similar □ Varied in ________________________________

6. Are there any items in the CPI about which you are concerned or need to talk about how to demonstrate?
□ Yes □ No

7. Is there anything you need from RMUoHP Physical Therapy Program?

Summary of Student Assessment (check box)
Additional concerns or comments:

<table>
<thead>
<tr>
<th>Concerns about student progress</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Student progressing adequately</td>
<td></td>
</tr>
<tr>
<td>Student performing beyond expectations</td>
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</tbody>
</table>

CLINICAL INSTRUCTOR
With each visit/call ask the CLINICAL INSTRUCTOR the following questions:

How is the student performing with regard to:

a. **Foundation knowledge**/any evident deficits in curriculum/preparation?

b. **Patient Interaction** expectations, COMMENTS

   - Safety/ethics/legal
   - Examination/intervention
   - Evaluation/assessment/Critical Thinking
   - Goals/plan of care
   - Communication-staff, patients, others
   - Documentation
   - Use of assistive personnel (if applicable)
   - General amount of supervision required

<table>
<thead>
<tr>
<th>C= Concern</th>
<th>N= No Concern</th>
<th>B= Beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>N</td>
<td>B</td>
</tr>
</tbody>
</table>

   a. **Professional abilities**

   - punctuality/attendance
   - appearance
   - interaction skills
   - ability to solicit/use feedback
   - other

<table>
<thead>
<tr>
<th>C</th>
<th>N</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>N</td>
<td>B</td>
</tr>
</tbody>
</table>

2. Have you completed the midterm CPI assessment? (if applicable) □ Yes □ No □ N/A Date Planned______

   a. How did the student’s assessment compare/contrast with your assessment?
3. Are there any areas in expectations (such as items on the CPI) in which the student is at risk for performing below required threshold by the end of the rotation?  
   Yes________________________________________  □ None

4. How do you feel you are doing as a CI? any areas for improvement?  
   Plans to meet those needs:

5. Areas suggested by CI for development/continuing education:

6. How has the communication with RMUoHP been?  
   □ Appropriate  □ Could improve in__________________

7. Additional Comments, suggestions etc... from the CI

Summary of CI Assessment

1. Assessment of CI performance/needs for development:

2. Suggestions from CI for needed clinical faculty development:

3. Professional Development provided:

   □ Follow Up? (if needed)
Suggestions for Clinical Teaching

Orientation

General Suggestions:

1. Put the student at ease. Be friendly.

2. Provide an orientation schedule. Include times, and name(s) of person responsible.

3. Provide handouts and include:
   a. A written list of staff with whom the student will have frequent contact. Include telephone extension numbers for quick reference.
   b. Location of work areas, offices of instructors, supervisors, restrooms, etc.
   c. Expectations of free time (coffee breaks, lunch).
   d. Important information for easy reference. The student cannot retain everything at once. *See below.

4. Introduce staff, referring to a list when appropriate. Help the student to take particular notice of individuals who may be able to provide future assistance. Be personable and include items of interest: hobbies, personalities, strengths.

5. Reassure the student that although grades are given, evaluations are used to determine strengths and weaknesses with the emphasis on learning rather than on grading.

6. Encourage the student to feel comfortable about asking questions. Solicit questions from the student from time to time throughout the first few days.

*You may want to develop an in-house student orientation manual for the student’s reference. See next page for ideas of what to include in such a manual.
IN-HOUSE ORIENTATION MANUAL

Once the student has arrived, the challenge of trying to organize a very confusing day begins. A written in-house orientation manual may help by providing the student with concrete written and visual examples of how they are to function in your facility and of important policies, procedures, and philosophies of your department. Possible items to include are:

1. Expectations of the student; behavioral objectives
2. Emergency procedures
3. Telephone and paging system (with numbers)
4. Patient charging system
5. Documentation: completed forms, samples of progress notes, any unique requirements
6. Approved medical abbreviation list
7. Accident/incident report forms
8. Policies and procedures
9. Facility organization chart
10. Location of equipment and supplies available
11. Chain of command – who is responsible to whom
12. Patient scheduling system
13. Learning experiences available in your facility
14. Responsibilities and training background of supportive personnel

Try to arrange these items in order of exposure. Detail the components with examples and/or samples. This manual should be available for reference throughout the clinical experience to answer student’s questions.

Do you have any special features in your department which should be mentioned in this manual? For example; information on referring physicians, (i.e., specialty area, how and when to contact, etc.) or current research projects, specialty areas of the staff, etc.
SAMPLE ORIENTATION SCHEDULE

WEEK ONE
(Day 1)
1. Cordial Greeting student.
2. Tour department- define student area/desk/personal items
3. Introduce student to each staff member.
4. Discuss expectations of student and clinical instructor (CI).
5. Discuss learning/supervisory styles of student and CI.
7. Lunch – make sure someone invites him/her to lunch.
8. Observe treatments (preferable of CI) – assist as appropriate.
9. May begin patient assignment.

WEEK ONE
(Day 2-5)
1. Tour facility.
2. Confirm special opportunities to be experienced (if appropriate) – schedule times
3. Arrange conference and evaluation sessions (daily, weekly, etc.) to review patients, answer questions, or address problems.
4. Issue checklist of available procedures, modalities, and techniques with which the student should become familiar. Make them responsible for completion.
5. May have a welcome luncheon – depending on the length of the clinical experience.
ORIENTATION WORKSHEET

A good orientation is critical to the success of any clinical education experience. The student and the CI (or someone designated by the CI, in some cases) should cover the following by the third or fourth day of the affiliation.

- A 30-60 minute meeting between the student and CI to discuss:
  - Phone number of the person the student should call if he/she will be unable to arrive at the clinic on time due to illness or emergency
  - If someone needs to get emergency information to the student while they are at the facility, what number should they call
  - Emergency weather plan of facility (who to call, will a closing be announced on the radio?)
  - The CI should have the student’s emergency medical information
  - Learning style preferences of the student and teaching style preferences of the CI
  - Feedback and supervision – discuss student’s and CI’s preferences
  - Student’s goals (see Student Profile Form) and expectations
  - Expectations that the CI has of the student
  - Observational opportunities available (surgery, OT, Speech, clinics, specialty areas) and how these will be scheduled

- Tour of facility
- Emergency policies within facility – FIRE, MEDICAL EMERGENCY, EVACUATION
- How to use phones
- Where to keep valuables
- Restrooms
- Know working and lunch hours
- Documentation and patient charging system (including confidentiality procedures)
- Review Policies and Procedures Manual (including handling of linen, color coding systems for infectious waste, proper cleaning of body fluid spills, proper waste disposal)
- Patient scheduling system
- Introductions to personnel student will be working with
- Location of equipment and supplies – including emergency and safety equipment (protective garments, CPR mask, first aid kit, transfer belts, etc.)
- Other:
DPT Program: 
Guidelines for Selection of New Clinical Education Facilities/Faculty*

1.0 The philosophy of the clinical education site and provider of physical therapy for patient/client care and clinical education is compatible with that of the academic program.

1.1 The philosophies of the clinical education site and the academic program must be compatible, but not necessarily identical or in complete accord.

2.0 Clinical education experiences for students are planned to meet specific objectives of the academic program, the provider of physical therapy, and the individual student.

2.1 Planning for students should take place through communication among the center coordinator of clinical education (CCCE), the clinical instructors (CIs), and the academic coordinator/director of clinical education (ACCE/DCE).

3.0 Physical therapy personnel provide services in an ethical and legal manner.

3.1 All physical therapists and physical therapist assistants provide services in an ethical and legal manner, at minimum, as outlined by the standards of practice, the state/jurisdictional practice act, clinical education site policy, and ideally aligned with APTA positions, policies, standards, codes, and guidelines.

4.0 The clinical education site is committed to the principle of equal opportunity and affirmative action as required by federal legislation.

4.1 The clinical education site does not discriminate on the basis of race, creed, color, gender, age, national or ethnic origin, sexual orientation, disability or health status. These policies apply to recruiting, hiring, promoting, retaining, training, or recommending benefits for all personnel.

5.0 The clinical education site demonstrates administrative support of physical therapy clinical education.

5.1 A written clinical education agreement, in a format acceptable to both parties, exists between each academic program and each clinical education site.

5.1.1 A corporate clinical education agreement with an academic program may exist to cover multiple clinical education sites.

6.0 The clinical education site has a variety* of learning experiences available to students.

6.1 Students in clinical education are primarily concerned with delivery of services to patients/clients; therefore, the provider of physical therapy must have an adequate number and variety of patients/clients.

6.1.1 The primary commitment of students is to patient/client care, including when appropriate, screening, examination, evaluation, diagnosis,* prognosis,* intervention, outcomes, and reexamination (see Guide to Physical Therapist Practice).
6.1.2 Provision of a “variety of learning experiences” may include, but should not be limited to, patient/client acuity, continuum of care, presence of a PT working with a PTA, complexity of patient/client diagnoses and environment, health care systems, and health promotion.

6.1.3 The clinical education site provides a clinical experience appropriate to the students’ level of education and prior experiences.

6.1.4 The clinical education site will provide, if available and appropriate, opportunities for students to participate in other patient/client-related experiences, including, but not limited to, attendance on rounds, planning conferences, observation of other health professionals and medical procedures, and health promotion, prevention, and wellness programs.

6.1.5 The provider of physical therapy has adequate equipment to provide contemporary services to conduct screenings, perform examinations, and provide interventions.

6.1.6 The provider of physical therapy indicates the types of clinical learning experiences that are offered (e.g., observational, part-time, full-time).

6.2 Other learning experiences should include opportunities in practice management (eg, indirect patient/client care). For physical therapist students, these opportunities may include consultation, education, critical inquiry, administration,* resource (financial and human) management, public relations and marketing, and social responsibility and advocacy.

6.2.1 The clinical education site will expose students to various practice management opportunities, if available and appropriate, such as resource utilization, quality improvement, reimbursement, cost containment, scheduling, and productivity.

6.2.2 The clinical education site will expose students to various direction and supervision experiences, if available and appropriate, such as appropriate utilization of support personnel.

6.2.3 The clinical education site will expose students to teaching experiences, if available and appropriate, such as in-service programs and patient/client, family, caregiver, and consumer education.

6.2.4 The clinical education site will expose students to various scholarly activities, if available and appropriate, such as journal clubs, continuing education/in-services, literature review, case studies, and clinical research.

7.0 The clinical education site provides an active, stimulating environment appropriate to the learning needs of students.

7.1 The desirable learning environment in the clinical education site demonstrates characteristics of effective management, positive morale, collaborative working relationships, professionalism, and interdisciplinary patient/client management procedures.

7.1.1 Less tangible characteristics of the site’s personnel include receptiveness, a variety of expertise, interest in and use of evidence-based interventions, and involvement with care providers outside of physical therapy.

7.2 There is evidence of continuing and effective communication within the clinical education site.
7.3 The learning environment need not be elaborate, but should be organized, dynamic, and challenging.

8.0 Selected support services are available to students.

8.1 Evidence exists that, prior to arrival, students are advised in writing of the availability of support services within the clinical education site and procedures for access to such services.

8.1.1 Support services may include, but are not limited to: health care, emergency medical care, and pharmaceutical supplies; library facilities, educational media and equipment, duplicating services, and computer services; support for conducting critical inquiry; and room and board, laundry, parking, special transportation, and recreational facilities.

8.1.2 Support services will be provided for special learning needs of students within reasonable accommodations and in accordance with ADA guidelines.

9.0 The physical therapy personnel are adequate in number to provide an educational program for students.

9.1 Comprehensive clinical education can be planned for students in a clinical education site with at least one physical therapist in accordance with APTA positions, policies, standards, codes, and guidelines.

9.2 Student-personnel ratio can vary according to the provision of physical therapy services, the composition and expertise of the personnel, the educational preparation of students, the type (PT or PTA) of students, the learning needs of students, the state/jurisdictional practice act, and the length of the clinical education assignments.

9.3 Physical therapist responsibilities for patient/client care, teaching, critical inquiry, and community service permit adequate time for supervision of physical therapy students.

10.0 A center coordinator of clinical education is appointed and is selected based on specific criteria.

10.1 To qualify as a center coordinator of clinical education (CCCE), the individual should meet the Guidelines for Center Coordinators of Clinical Education. Preferably, a physical therapist and/or a physical therapist assistant are designated as the CCCE. Various alternatives may exist, including, but not limited to, non–physical therapy professionals who possess the skills to organize and maintain an appropriate clinical education program.*

10.1.1 If the CCCE is a physical therapist or physical therapist assistant, the CCCE should be experienced as a clinician, be experienced in clinical education, be interested in students, possess good interpersonal communication and organizational skills, be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process of students.

10.1.2 If the CCCE is not from the physical therapy profession, the CCCE should be experienced in clinical education, be interested in students, possess good interpersonal communication and organizational skills, be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist assistant who is experienced as a clinician must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of physical therapist students is delegated to a physical therapist.
10.2 Planning and implementing the clinical education program in the clinical education site should be a joint effort among all physical therapy personnel with the CCCE serving as the key contact person for the clinical education site with academic programs.

11.0 Physical therapy clinical instructors are appointed by the CCCE and are selected based on specific criteria.

11.1 To qualify as a clinical instructor (CI), individuals should meet the Guidelines for Clinical Instructors.

11.1.1 One year of clinical experience with demonstrated clinical competence is preferred as the minimal criteria for serving as a CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.

11.1.2 CI’s demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.

11.2 CI’s should preferably complete a clinical instructor credentialing program such as the APTA Clinical Instructor Education and Credentialing Program.

11.3 CI’s should be able to plan, conduct, and evaluate a clinical education experience based on sound educational principles.

*Adapted from “Guidelines and Self Assessments for Clinical Education, rev. 4.” American Physical Therapy Association.
Clinical Site Change Appeal Form

Considerations:

1) Changing a commitment to a clinical site affects the site. They have reserved a spot for a student from RMUoHP, often declining a spot for students from another school. Cancelling may affect the sites willingness to accept commitments in the future.
2) Accommodating late requests is unfair to students who abided by the preference selection process. Many students made requests that were not granted based on preferences of all students.
3) Feasibility-Late requests to new locations often result in clinical site that have a low demand for student presence. These sites are open for a reason and may not produce a learning situation that is ideal for student.

Please read the considerations above. Indicate with your signature below that you have read and understand these considerations.

Student Signature: ____________________________
Student Name(printed):________________________

RMUoHP Policy found in Clinical Education Handbook, pg. 41, paragraph 4.

“Students are not allowed to change their own clinical site assignments. A student wishing to appeal a placement decision should submit an appeal in writing to the All members of the clinical education team. The resulting decision will be based on the information provided. Situations such as weddings, employment opportunities or other circumstances that did or did not exist before the clinical site was selected usually do not warrant the DCE to change the clinical placement.”

Please describe your current circumstance and why you wish to make a change to your assigned clinical internship sites. Please provide as much detail as possible, including dates and which clinical internship(s) would be affected. Please attach another sheet if needed.

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