



University of Findlay®

Doctor of Physical Therapy Program

Traditional Physical Therapy Curriculum

Weekend PTA to DPT Bridge Curriculum

Student Handbook

Part II Clinical Education

Fall 2019/Winter 2020

Class of 2022

Student Handbook Acknowledgement Form

Student's Name (Please print): _____

Address: _____

Phone: _____

I acknowledge that I have received an electronic copy of *The University of Findlay Doctor of Physical Therapy Program Student Handbook, Part I and II* at orientation. I also acknowledge that it is available during my enrollment at UF. I understand that program faculty will inform me of any changes and those changes will be presented at communication hour and posted on the Cohort Blackboard Site. The student handbook also includes clinical education policies and procedures.

I have read or will read the material contained within this handbook. I have had the opportunity to ask questions about this handbook.

I understand that I will be held responsible to understand and abide by the policies in the University of Findlay Doctor of Physical Therapy Program Student Handbook and The University of Findlay Graduate Catalog for the duration of my enrollment at the university, both the academic and clinical education components.

Signature (Student)

Date

I further acknowledge that I have received a copy of the Technical Standards and Essential Functions required for the program. I understand that if I require reasonable accommodation to perform any of the required activities, it is my responsibility to contact the Office of Accommodation and Inclusion .

Signature (Student)

Date

The Student Handbook is intended only as a reference guide and does not constitute a contract between the student and The University of Findlay or its Physical Therapy Program. Addendums may be presented to students for acknowledgement throughout the program, Copies will be kept in the Cohort learning management system.

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Overview

The **Clinical Education portion, Part II of the Student Handbook** was developed to provide you with information about the clinical education component of the physical therapy curriculum. The University of Findlay has two physical therapy programs including the *Weekend PTA to DPT Bridge Program* and the Traditional DPT Program. **The sections that pertain uniquely to the weekend program will be in italics.** The full-time clinical affiliations are designed to provide the student with a supervised, concentrated course of study in which the student is given opportunities to apply theory and practice learned skills in the clinic setting.

Clinical education includes integrated clinical education experiences, intermediate full-time clinical education experiences, and a terminal full-time clinical education experience. Integrated clinical education (ICE) assignments and ICE courses are intended to assist the student with understanding the academic course work in the clinical setting, as well as demonstrate readiness for formal full-time clinical education experiences. For example, the ICE assignments may include observation of treatment/evaluation techniques, chart reviews, and data gathering. If clients are used in assignments, then the student is to obtain client consent and to maintain confidentiality of all information.

The ICE courses are developed in collaboration with the Director of Clinical Education, selected course instructor, and a community health care provider. An example of an ICE course would be the development of advanced wheelchair specifications for a geriatric patient.

In the Weekend PTA to DPT Bridge Program, three full-time clinical education experiences are required at the end of the student's academic course work. All three experiences are ten weeks in length. Experiences in inpatient (neuromuscular, cardiopulmonary, and integumentary emphasis) and outpatient (musculoskeletal emphasis) settings are obligatory. In addition, the student has the opportunity to continue with a general experience or to specialize in an area of their choice for the final clinical experience.

In the Traditional DPT Program, a series of four full-time clinical education experiences, ranging from seven weeks to ten weeks occurs throughout the curriculum. The clinical experiences begin with a seven-week clinical experience, commencing during the first summer, in the acute care setting. Upon completion of the second year of coursework, the students complete an eight week clinical in outpatient orthopedics. Upon completion of the remainder of the didactic portion, students complete another eight week and ten week experience. One of the settings must include patients with neurological limitations and the final rotation is one of the student's choice. The sequence is designed to give students experience in a variety of clinical settings. An effort is also made to expose them to physical therapy practice in small rural, suburban as well as large urban settings. Students are also strongly encouraged to participate in at least one out of state setting.

We hope that you will find it helpful with your clinical education experiences. If you have additional questions or concerns, please contact the ***DCE of the Weekend PTA to DPT Bridge Program at 419-434-5531; the DCE of the Traditional DPT Program at 419-434-5975; OR Experiential Educator 419-434-5743.***

Chapter I:

CE Definitions, Roles, and Responsibilities

Clinical Education Definitions

To ensure proper communication, several definitions concerning clinical education are listed:

1. Director of Clinical Education (DCE)

The individual employed by the academic facility that organizes, directs, supervises, coordinates, and assesses the effectiveness of the clinical education component of the physical therapy curriculum. The DCE shall utilize the document, *Clinical Education Guidelines and Self-Assessments*, published by the APTA and guidelines, established by the American Council of Academic Physical Therapy (ACAPT), when selecting and developing clinical education facilities.

2. Academic Institution (AI)

The academic institution provides the entry-level curriculum in the professional preparation of the physical therapy student leading to a doctoral degree.

3. Site Coordinator of Clinical Education (SCCE)

The individual employed and designated by the clinical education site to organize, direct, supervise, coordinate, and evaluate the activities of the physical therapy student assigned to that clinical education site by the program. The SCCE is encouraged to utilize the document, *Clinical Education Guidelines and Self-Assessments*, published by the APTA and guidelines established by ACAPT to enhance the student's clinical experience. The SCCE must complete training for the *Clinical Performance Instrument* (CPI) tool. Completion of the APTA Clinical Education Credentialing Program is also encouraged.

4. Clinical Education Site (CES)

An accredited or approved health care facility or agency that provides the physical therapy student with a learning environment and patient contact for the development and acquisition of the PT competencies.

5. Clinical Instructor (CI)

The licensed physical therapist employed by the clinical education site that is designated by the SCCE to supervise and evaluate the activities of the assigned PT students. The clinical instructor has at least one year of clinical experience. The CI is encouraged to utilize the document, *Clinical Education Guidelines and Self-Assessments*, published by the APTA and guidelines established by ACAPT to enhance the student's clinical experience. The CI must complete training for the CPI tool. Completion of the APTA Clinical Education Credentialing Program is also encouraged.

6. Experiential Educator (EE)

The individual employed by the academic institution that supports the duties of the Directors of Clinical Education. Besides supporting the DCE, the EE shall complete development of the CE contracts; coordinate the CPI tool; and compile CE statistics and surveys.

Roles and Responsibilities of Participants

1. **Director of Clinical Education**

Role:

The licensed physical therapist employed by the academic institution that organizes, directs, supervises, coordinates, and assesses the clinical education component of the curriculum.

Responsibilities:

The DCE is responsible for:

- selecting clinical sites that will provide quality clinical education experiences for the students enrolled in the PT Program.
- developing and coordinating the selected clinical sites with the SCCEs.
- developing, organizing, directing, supervising, coordinating, and evaluating the series of clinical education courses.
- assisting with the development, implementation, and evaluation of clinical education faculty development programs.
- ongoing assessment and professional development in clinical education.

2. **Site Coordinator of Clinical Education**

Role:

The licensed health professional (e.g. OT, PT, PTA) who is employed and designated by the clinical site to organize, direct, supervise, coordinate, and evaluate the clinical education program of the clinical site.

Responsibilities:

The SCCE is responsible for:

- identifying, organizing, and coordinating (e.g. confirmation form & CE contracts) the specific learning experiences within the clinical site.
- organizing, directing, supervising, coordinating, and evaluating the activities of the student assigned to the respective clinical site.
- participating in clinical education faculty development programs and the CPI training.
- maintaining communication with the DCE and the assigned student during the course of the clinical education experience (e.g. notification of progress and/or problems).
- abiding by the profession's *Code of Ethics*, and *Standards of Practice*, as published by the APTA and the *Physical Therapy Ohio Revised Code* (see **Appendix A**).
- evaluating, formally, the effectiveness of the DCE on a random basis.

3. **Clinical Instructor (CI)**

Role:

The licensed physical therapist who is employed and designated by the clinical site to directly organize, supervise, coordinate, and evaluate the activities to facilitate the assigned student's development.

Responsibilities:

The CI is responsible for:

- identifying, organizing, and coordinating (e.g. letter of intent) the specific learning experiences within the clinical site.
- organizing, directing, supervising, coordinating, and evaluating the activities of the student assigned to the respective clinical site.
- assessing personal strengths and weaknesses as a CI and participating in clinical education faculty development programs and the CPI training.
- maintaining communication with the DCE and the assigned student during the course of the clinical education experience (e.g. notification of progress and/or problems).
- abiding by the professions *Code of Ethics*, and *Standards of Practice*, as published by the APTA and the *Physical Therapy Ohio Revised Code* (see **Appendix A**).

4. **Experiential Educator (EE)**

Role:

The individual employed by the academic institution that supports the duties of the DCE. Besides supporting the DCE, the EE shall complete the development of the CE contracts; coordinate the CPI; and compile CE statistics and surveys.

Responsibilities:

The EE is responsible for:

- supporting the DCE duties of both programs.
- completion of CE contracts with advisement from the DCEs.
- coordination of the set-up of the CPI.
- compiling CE statistics, such as aggregation of Clinical Education Experiences Evaluation Report and CPI results, compilation of CI & clinical site demographics, and summary of DCE results.
- assisting with communication to clinical sites for clinical education placements.
- update database with information given from the clinical sites

5. **Student**

Role:

The individual who has successfully completed all designated Physical Therapy Program course work, has adhered to all policies and procedures of the academic institution and the clinical education site, and has completed the responsibilities required prior to the assignment.

Responsibilities:

PRIOR to the clinical site assignment,

The student is responsible for:

- reviewing the information concerning the assigned clinical site that is found within the Physical Therapy Program's electronic files.
- reviewing the responsibilities of the student, the academic institution, and the clinical site as stated in the agreement form.
- reviewing and adhering to the policies and procedures found within the Physical Therapy Program's Student Handbook, Part I and Part II.
- completing the Student Introduction Packet, having it approved by the DCE, and sending the packet to the assigned clinical sites by the assigned date.
- adhering to the policy regarding health and malpractice insurance.
- completing all medical tests, procedures, and other special requirements of the clinical site (e.g. interviews, CPR certification, rubella titer test).
- acquiring proper attire as required by the clinical sites (e.g. scrubs, student badges).
- successfully completing the CPI training.

DURING the clinical site assignment

The student is responsible for:

- designating and implementing an inservice education program for at least two affiliations.
- participating in professional activities of the clinical site, as requested by the clinical instructor and in accordance with the policy established between the clinical site and the academic institution.
- adhering to the rules and regulations of the clinical site and its Physical Therapy Department.
- adhering to the rules and regulations of The University of Findlay's PT program.
- arranging for health/medical service in the event of illness or accident according to the policy of The University of Findlay.
- participating with the midterm phone session, including both CI, DCE, & student.
- facilitating the return of the completed letter of intent **on letterhead**. See the Letter of Intent in **Appendix B**.
- participating with the completion of the minimum data set from the CSIF.
- participating in the evaluation of the physical therapist skills, as stated in the *Physical Therapist Clinical Performance Instrument (PT CPI)*. This includes a self-assessment component.
- completing the Clinical Education Data Collection Form and weekly reflections
- evaluating the effectiveness of the clinical experience at the clinical site and returning a signed copy of the Clinical Education Experience Evaluation Report to the DCE by the assigned date.
- evaluating the effectiveness of the DCE at the designated time.
- completing additional assignments as designated by the course syllabi. **See Syllabi in Appendix C.**

Chapter II:

Development of Clinical Education Sites

Selection/Establishment of Clinical Education Sites

Policy:

The DCE screens and classifies possible clinical sites to ensure high quality learning experiences for the student in a variety of settings. Other faculty also assist with the screening process of the clinical sites. In addition, the student may suggest potential sites by a set deadline date. However, it is the DCE's sole responsibility to select and classify the appropriate clinical sites.

Procedure:

The student is responsible for:

- reviewing the electronic clinical site files to determine the available sites.
- providing the DCE with a completed Potential Clinical Education Site (CES) Preference Form (see **Appendix D**) by the assigned date. This form includes the name of the potential clinical site, the name of the director or SCCE, the address, email address, FAX number, and the phone number. This form must be signed and dated by the student, including a brief explanation of choices.

The DCE is responsible for:

- determining the interest of potential clinical sites.
- screening potential clinical sites through the completed Clinical Site Information Form, adhering to the *Clinical Education Guidelines and Self-Assessments* published by the APTA, guidelines established by ACAPT, and utilizing the *Screening Tool for Clinical Education Facilities* to determine adequate adherence to APTA's guidelines (see **Appendix E**).
- coordinating the screening process with interested academic faculty.
- communicating the results of the screening process to all concerned parties.
- classifying the type of clinical site experience as being an inpatient with neuromuscular, cardiopulmonary, and integumentary emphasis, outpatient with musculoskeletal emphasis, or specialty experience (e.g. home health, sports medicine clinic, school system).
- organizing the information from the clinical sites into an electronic file system for the student.

The SCCE is responsible for:

- completing and updating the Clinical Site Information Form and all other necessary paperwork.
- organizing the information for the student in a designated place.

Agreement for Clinical Education

Policy:

A written agreement is made between the academic institution and the clinical education site for the clinical education of physical therapy students and other health professions students, as appropriate (see **Appendix F- Clinical Education Agreement form**). Within the agreement form, the responsibilities of the academic institution and the clinical education site are listed. The clinical education site may choose to use their agreement form or add an addendum to the agreement form provided by The University of Findlay. All forms are reviewed by the University's legal counsel.

Procedure:

The student is responsible for:

- reviewing the terms of the agreement form prior to his/her clinical education experience.
- adhering to the terms of the agreement form.

The academic institution is responsible for:

- completing the dates and the name of the clinical education site.

- acquiring the signatures of the designated administrators, the DCE, and other appropriate signatures.
- reviewing any modifications in the chosen agreement form to determine if the agreement is congruent with the university's policies through the university's lawyer.
- sending one completed agreement form to the clinical education site and maintaining a fully executed copy at the academic institution.

The clinical education site is responsible for:

- completing the clinical education site's address, the section that outlines additional benefits to the student, and the section that indicates the type of student accepted (e.g. physical therapy student or occupational therapy student).
- notifying the academic institution of any changes made in the agreement form.
- acquiring the authorizing signature(s).

Ongoing Support for the Clinical Education Sites

Policy:

Development of the selected clinical education sites results from interaction between the academic and clinical education faculty. The DCE and the SCCEs coordinate this process. The program of clinical education faculty development includes the following:

1. CE References

There is a list of references that is printed in the **Appendix G** and is available upon request. Requests should be made through the Director of Clinical Education or Experiential Educator.

2. Ohio/Kentucky Consortium of Physical Therapy Programs and Northwest Ohio Clinical Education Consortium

These organizations provide educational opportunities and support for Ohio and Kentucky academic and clinical education faculty. Meetings are held at least once/year for both consortia. Educational opportunities are offered yearly through these organizations. Additional information can be obtained from the DCE and the website, www.OKPTCE.com.

3. Grand Rounds

Mini lectures are provided twice a year, which are open to clinical education faculty, academic faculty, students, & community. Topics are related to issues concerning PT clinical practice.

4. Research Forum

The University of Findlay offers an opportunity for continuing education in which members of the district, faculty members and students present research endeavors.

Procedure:

The DCE is responsible for continual development of the clinical education program through:

- communicating with the SCCE and CI on an ongoing basis (e.g. informal phone calls, site visits, written comments made on the CEEER).
- organizing learning experiences at the academic institution for the clinical education and academic faculty.
- promoting the development of the references concerning clinical education.
- maintaining close contact with the members of the Ohio/Kentucky Consortium of Physical Therapy Programs.
- collecting data and providing feedback to the clinical education faculty with regards to the student's clinical education experience through the CEEER.

The SCCE is responsible for continual development of the clinical education program through:

- communicating with the DCE on an ongoing basis, as needed.
- participating in continuing education for the development of the CI and SCCE, such as the Clinical Education Faculty Development Seminar, the Ohio/Kentucky Consortium of Physical Therapy Programs.
- reviewing clinical performance assessments & other forms of feedback from the DCE and determining a plan of development for the clinical education program.

Chapter III:

Student Preparation & Assignments

Clinical Education Site Electronic Files

Policy:

Information concerning the approved clinical education facilities is found in an electronic file system. At a minimum the information includes the Agreement Form between the academic institution and the clinical education site; minimum data from the Clinical Site Information Form (CSIF); and copies of CEEER.

The clinical education information is found on google.docs. Permission is granted for access to this information by the Experiential Educator. You are encouraged to download any pertinent information for your clinical education learning experiences.

Student Introduction Packet

Policy:

The Student Introduction Packet is used to provide information to the assigned SCCE and the DCE about the individual student. The DCE is to approve the student introduction packet. All assigned SCCEs are to receive the packet from the student **AT LEAST TWO MONTHS** prior to the first clinical education affiliation.

The packet is to include:

- A cover letter
- Student Data Sheet (see **Appendix H**)
- Required medical tests/procedures (i.e., TB test; Hepatitis B vaccination or waiver (**see Appendix D**); surface antibody test-HBV; rubella titer test; & site-specific procedures)
- Physician's Exam Form (**see the Appendix J**)
- Personal resume
- Proof of malpractice liability insurance and health insurance (i.e., copy of card)
- Proof of CPR certification (i.e., copy of card), First Aid certification (if needed), OSHA/ HIPAA training, and CPI training certification
- Other facility required documents (e.g., criminal background check, drug screening).

Procedure:

The **student** is responsible for:

- completing a cover letter to all assigned SCCEs. At a minimum, the cover letter must include the dates of the clinical education affiliation, the type of clinical education experience, and the student's personal goals for that clinical education assignment.
- completing the Student Data Sheet which, includes general demographics, transportation status, health insurance, liability insurance, & other information.
- obtaining a physical examination, PPD Mantoux test, Hepatitis B vaccination (surface antibody test) or waiver, and rubella titer test. The Physician's Exam Form will be provided for the physician to complete. Any additional tests designated by the clinical education site on the CSIF or clinical site agreement are the responsibility of the student.
- providing the DCE one copy of the Student Data Sheet, the Physician's Exam Form, personal resume, proof of malpractice insurance, health insurance, PPD Mantoux test, Surface antibody test for the Hepatitis B vaccination or waiver, rubella titer test, CPR certification, First Aid certification (if needed), OSHA/HIPAA training, and other medical tests/procedures (if required). In addition, copies of the cover letters to each site are to be given to the DCE.
- sending the introduction packet to the SCCE/CI and notifying the SCCE/CI if certain pieces of information should not be shared with other parties.

The **DCE** is responsible for:

- providing the student with the Student Data Sheet, Physician's Exam Form, and other pertinent forms.
- filing a copy of the completed Student Introduction Packet and destroying the information upon student graduation.

The **SCCE** is responsible for:

- utilizing the provided information to organize and plan the clinical education experience for the student.
- sharing appropriate information with the CI, unless the student requests that certain pieces of information be withheld.

Required Physical Exam/Medical Tests and Procedures

Policy/Procedure:

A physical examination by a physician must be completed at least **two months** prior to the first clinical education experience. In addition to the physical examination, the student is required to complete the PPD Mantoux test, Hepatitis B vaccination (or waiver – **see Appendix I**), Hepatitis B surface antibody test, and the rubella titer test. Please refer to the Hepatitis B vaccination policy and procedure found in the *Student Handbook, Part I*. The results of these tests can be indicated on the Physician's Exam Form (**Appendix J**). Otherwise, proof of the medical tests and the results needs to be attached to the exam form. Physician's consent to practice as a student PT must be included on the physician's exam form.

Other tests and/or procedures (e.g. urinalysis, rubella vaccination) may be mandatory for certain clinical education sites. **Two months** prior to the first clinical education experience, these medical tests/procedures must be completed, unless specified by the clinical site. The specific information about mandatory medical tests/procedures for an individual clinical education site can be found in the Agreement Form and the Clinical Site Information Form.

The student has the right to keep medical information confidential between themselves and their physician. However, the physician still needs to verify that the student does not have any physical and/or emotional conditions, which may interfere with functioning as a physical therapy student.

Individuals who have any physical and/or mental condition, which may interfere with their ability to function as a student physical therapist, are advised to inform the Office of Accommodation and Inclusion and the DCE as early in the professional curriculum as possible. Such individuals may be asked to provide a medical release to facilitate participation, optimal benefits, and safety while participating in clinical education experiences. Please know that at any time when a student suffers an injury or condition that requires the student to limit their activities in classes/clinical education experiences, a release to return to normal student activities is necessary.

Students who are pregnant will also be required to provide a medical release relating to their participation in clinical education. Many of the activities and/or agents used in physical therapy are contraindicated in the event of pregnancy. If the student is pregnant or suspects pregnancy, it is the student's responsibility to contact the instructor, DCE, SCCE and CI so that accommodations can be made. See the policy on Disclosure of Information.

Students are responsible for accessing information in the electronic files to determine all immunizations and procedures required of their assigned clinical education sites and are responsible for any fees incurred as a result of completing the required health forms and immunizations.

Malpractice Insurance

Policy:

The University of Findlay has a blanket policy of student malpractice insurance. The individual is covered ONLY as a student and ONLY during the scheduled clinical education experience. The clinical education site occasionally requires a higher amount of coverage and in those circumstances it is the student's responsibility to acquire such insurance. Proof of your insurance and the blanket policy needs to be included in the Student Information Packet.

Health Insurance

Policy:

Students are expected to obtain personal health insurance coverage and must show proof of coverage with a copy of your card prior to being accepted for clinical education placement.

CPR & First Aid Certification

Policy:

It is mandatory for traditional students to receive both CPR and first aid training. *WEC students must have CPR training, but may have the first aide training, if the clinical education site requires it.* CPR and first aid certification should be at the Health Care Provider Level for all age levels. It is recommended that the CPR course is completed through the American Heart Association. The completion dates are to be entered into the student data form. In addition, a copy of your CPR and first aid cards are to be included in the Student Introduction Packet. These certifications are to be kept up to date and current for each clinical education experience, thereafter.

OSHA & HIPAA Certification

Policy:

It is mandatory for students to receive OSHA and HIPAA training. A copy of your OSHA/HIPAA training certificate is to be included in the Student Introduction Packet. In some cases, students may utilize proof of OSHA/HIPAA training through their employer. Otherwise training/testing may be accessed through CANVAS. Make sure to notify the Experiential Educator about its completion. In addition, this certification is to be kept up to date and current for each clinical education experience, thereafter. A sample *Certificate of Completion for OSHA/HIPAA training* is in **Appendix K**.

Criminal Background Check

Policy:

Weekend Students are not required to complete a background check since students are currently licensed and monitored in the state in which they practice. Weekend Students will only be required to complete a background check if required by the clinical education site. It is the students' responsibility to check the information that is required by the clinical education site and to adhere to the requirements.

Traditional students are required to obtain a background check prior to their first clinical education experience. Individual clinical education sites may have their own specifications of which you will need to comply. A copy of your verification of completion should be included in your Introduction Packet. Subsequent clinical education sites may require updated background checks that will need to be completed. It is the student's responsibility to review information provided by the clinical education site to ensure that all requirements are met.

The UF now offers Criminal History Record Check & Bureau of Criminal Investigation (BCI) background checks through the Office of Campus Security, which is located in Lovett Hall. UF Security is available for background checks Monday – Friday, 8am – 12pm and 1pm – 4pm. The students must FIRST make an ONLINE payment for the criminal record check; use the link, <https://commerce.cashnet.com/acpay?itemcode=AC-FBIBCI>. Once a receipt is received, take it to the

Security Office for completion of the process. In addition, the student must bring a valid driver's license and provide their Social Security Number. Any additional questions, contact the Office of Campus Security at [419-434-4601](tel:419-434-4601) or [419-434-4799](tel:419-434-4799).

Student Assignment/Readiness

Policy:

The student is to be assigned to the clinical education experiences by the DCE. The assignment shall be based on:

- Type of a clinical education site
- Successful completion of all course work (to date)
- Successful progress in the Core Values and Professional Development Plan
- Availability of the approved clinical education site (*As of January 1, 2016, MUST be located in a SARA approved state, as determined by the National Council for State Authorization Reciprocity Agreements; see <http://www.nc-sara.org/content/sara-state-status> or in a state where UF has obtained separate state authorization*)
- Student's preferences
- Type of student contact with the clinical education site (i.e. past/present employment, pre-employment agreement)
- Weaknesses, strengths, & goals of the student
- Variety & type of clinical education experiences to date

Both programs shall send out request/confirmation letters (see **Appendix L**).

Weekend PTA to DPT bridge program

Integrated clinical education (ICE) assignments and ICE courses are intended to assist the student with the application of academic course work in the clinical setting, as well as demonstrate readiness for formal full-time clinical education experiences. For example, the ICE assignments may include observation of treatment/evaluation techniques, chart reviews, and data gathering. If clients are used in assignments, then the student is to obtain client consent and to maintain confidentiality of all information.

The ICE courses are developed in collaboration with the Director of Clinical Education, selected course instructor, and a community health care provider. An example of an ICE course would be the development of advanced wheelchair specifications for a geriatric patient. Prior to the ICE course, students will develop a mini packet for the clinical site with a data sheet; PTA license; and OSHA/HIPPA certificate.

The first full-time clinical education experience is to be in an inpatient setting and is required to have an emphasis on neuromuscular, cardiopulmonary, and integumentary practice patterns. The second clinical education experience is to be in an outpatient setting and is required to have an emphasis on the musculoskeletal practice pattern. The third clinical education experience is designed for the student to specialize in an area of their choice such as the school system, MRDD facility, extended care facility, sports medicine clinic, industrial agency, or home health agency. Throughout the clinical education series the student MUST be exposed to all practice patterns and all age groups.

If the availability of the clinical education site is limited, the student may not receive his/her own preference. If more than one student chooses the same site, then a random selection process shall be used.

The student's preference for a particular site is considered by the DCE. The reasons for the preference are to be communicated to the DCE during a scheduled appointment. Appropriate reasons can include location, type of a clinical education site, or a particular clinical instructor with special skills. In

addition, the student who is a caretaker of an individual with special needs may be given special priority with the clinical education site location.

The student may be given the option of having two clinical education experiences within the same health care system (NOT the same site) as long as the student's needs are met. For example, the student may affiliate at a clinical education site that has general acute care and rehabilitation experiences for the first clinical education experience, followed by a satellite outpatient experience for the second affiliation. The clinical performance evaluation is continued with a midterm and a final of each type of clinical education experience.

The student may NOT be assigned to a clinical education site, in which the student has:

- 1. Past work experience greater than 2 months in length and that occurred less than five years ago*
- 2. Present employment, including sites involved with contract agencies*
- 3. Pre-employment agreement.*
- 4. A family member(s) working in the PT department*

However, students may select a clinical education site where the student had past volunteer or educational experiences (e.g., PTA program affiliations).

In addition, the program may initiate any NEW clinical education site agreements which are:

- 1. Practices not physician owned (as of May 1, 2005)*
- 2. Located in a SARA approved state as determined by the National Council for State Authorization Reciprocity Agreements; see <http://www.nc-sara.org/content/sara-state-status> or in a state where UF has obtained separate state authorization (as of October 1, 2015).*

Traditional DPT program

The first clinical education experience (seven weeks experience) is to be a general acute care site. Of the remaining the next is an orthopedic outpatient site, followed by a neurological site. The final clinical education experience can be a continuation of general experience or designated for a specialty area.

The student must successfully complete academic course work to date prior to the onset of the each clinical education experience. In addition, the student must successively complete each clinical education experience with a Satisfactory grade.

If the availability of the clinical education site is limited, the student may not receive his/her own preference for a site. If more than one student chooses the same site, then a random selection process shall be used.

The student's preference for a particular site is considered by the DCE. The reasons for the preference are to be communicated to the DCE during a scheduled appointment or other method of communication. Appropriate reasons can include location, type of a clinical education site, or a particular clinical instructor with special skills. In addition, the student who is a caretaker of an individual with special needs may be given special priority with the clinical education site location.

If you feel that there are extenuating circumstances that should be considered in determining your site assignment and/or change of site assignment over those of your peers, please put your reasons in writing and submit these to the DCE. The faculty will then meet to consider the aforementioned request.

The student may be given the option of having two clinical education experiences at the same site as long as the student's needs are met. For example, the student may affiliate at a single clinical education site that has general acute care experiences for the first clinical education experience, followed by rehabilitation experiences for the fourth clinical education experience. In order to do a second clinical

education experience at a clinical education site, the CIs for each experience must be different. The clinical performance evaluation is continued with a midterm and a final evaluation for each type of clinical education experience.

The student may NOT be assigned to a clinical education site in which the student has:

1. Past work experience greater than 2 months in length and that occurred less than five years ago
2. Present employment, including sites involved with contract agencies
3. Pre-employment agreement.
4. A family member(s) working in the PT department

This does not apply to past volunteer or educational experiences

In addition, the program may initiate any NEW clinical education site agreements, which are:

1. Practices not physician owned (as of May 1, 2005)
2. Located in a SARA approved state as determined by the National Council for State Authorization Reciprocity Agreements; see <http://www.nc-sara.org/content/sara-state-status> or in a state where UF has obtained separate state authorization (as of October 1, 2015).

Procedure:

The student is responsible for:

- reviewing the information in the student file cabinet.
- communicating with the DCE his/her preference for a particular clinical education site and reasons for that preference. This is to be done through the completion of the Potential CEF Preference Form (see the **Appendix D**), via email or a formal conference with the DCE.
- agreeing to the assignment through the completion of the Student Agreement Form to the clinical education site (see the **Appendix M**).

The DCE is responsible for:

- communicating general information about the clinical education experiences and the selected clinical education sites.
- listening to and considering the student's preferences, strengths, weaknesses, & goals through the scheduled conferences.
- communicating with the SCCE to determine the availability of the clinical education site.
- finalizing the clinical education assignments and relaying this information to the SCCEs through a written confirmation letter. In addition, this information shall be communicated to the students through a posting of a chart.

Disclosure of Information

Policy:

Due to the confidential nature of each student's counseling records, the DCE is unable to disclose any personal information. The DCE can recommend that the student give written permission (see **Appendix N-Release of Information for Accommodations**) to release the information to the SCCEs of the assigned clinical education site. The purpose of the release would be to maximize the clinical education experience.

CPI Training

Students and clinicians must complete the CPI training. Access to PT CPI Web will only be provided if you complete the training session and complete the PT CPI/WEB Assessment (*CPI Assessment*). You will only have to complete the CPI Assessment once. However, you are encouraged to review the freely- available training modules prior to each affiliation.

- The self-guided training includes PowerPoint modules to help you successfully use the CPI Web.

- You can complete the training module-by-module or all at once.
- They are accessible anytime and the training is FREE.

The *Training Modules* can be accessed in 2 ways:

- From the Home Page of the Clinical Assessment Suite Help Center:
 - Navigate to the Clinical Assessment Suite Help Center at: https://help.liaisonedu.com/Clinical_Assessment_Suite_Help_Center
 - Click on the “**Click here**” (for quick access to the CPI New User Training Modules)
- From the CPI New User Training Modules webpage:
 - Navigate to the CPI New User Training Modules at: https://help.liaisonedu.com/Clinical_Assessment_Suite_Help_Center/Customer_Support_and_Resources/Webinars_and_Downloads/CPI_Training_Files

The *Training Assessment* can be accessed in 2 ways:

- After clicking any of the access links described above, you will be taken to the first slide of the pdf file of the *Training Modules* where you can scroll to advance the slides.
 1. Once you have completed the *Training Module*, the link on the last slide will direct you to the Post-test on the APTA Learning Center.
 2. To be able to access the *CPI Assessment* on the Learning Center, :
 - a. Ensure that you are logged in (with APTA member #) **OR**
 - b. If you are NOT an APTA member, you will need to “Create an Account”
 - c. Navigate to: <http://learningcenter.apta.org/Student/Catalogue/BrowseCatalogue.aspx?query=CPI>
 - d. Choose the appropriate *CPI Assessment* (PTA or PT) by clicking “**More Info**”
 - e. To enroll in *CPI Assessment*, click on “**Start**”
 - f. You will be led to a webpage to “Purchase” the course. ***The course is free. You are not required to be an APTA member to complete the training.**
 - g. Then Click on “**SHOPPING CART**”
 - h. You will now be in the Check-out Screen. Click “**Proceed**”.
 - i. From the Confirmation Screen, click on the “**OK**” button.
 - j. After clicking on the “OK” command, you will be redirected to the APTA homepage. k. You can now return to the APTA Learning Center at: <http://learningcenter.apta.org/> to access the *CPI Assessment*. Click on “**My Learning Activities**”.
 - l. Click on “**My Courses**” then Select the CPI Web Assessment
 - m. Click on “Assessment” in the green menu bar to right (per instructions)
 - n. Complete the post-test (a score of at least 70% is required to receive a course completion certificate) ****Print and save a copy of your course completion certificate**

After taking the post-test, you may access your certificate at <http://learningcenter.apta.org/>. Click on the **MY LEARNING ACTIVITIES** tab and select **MY COURSES**. Under **MY COURSES**, you will view **COMPLETED COURSES** with a tab that is labeled “**CERTIFICATE**” under the CPI Assessment course. If you are having difficulty finding your certificate, please call 1-800-999-2782.

After being trained to use the CPI, the CI, SCCE and student can access the CPI at https://cpi2.amsapps.com/user_session/new ; the email address used to train is the user name and the password created is also used. If the password is forgotten, there is a link to request the password to be reset.

Chapter IV:

Clinical Education Experiences

A. Transportation and Lodging

Policy:

The student is responsible for providing his/her own transportation and lodging for all learning experiences associated with the clinical education component of the curriculum. The clinical education site will occasionally offer extra benefits, which are listed on the agreement form and the Clinical Site Information Form. Copies of the agreement form and the information form are found on google docs.

B. Hospitality House

Policy:

The university has two female, one male, and one overflow house, intended for short-term housing (about 10 weeks or less). It is a dorm room type housing of approximately 2 to 4 beds per room; a full kitchen (with appliances & dishware); bathroom; living room; and laundry area. If interested, first get approval through the DCE or EE and then the Administrative Assistant of the International Admissions & Student Immigration Services need to be contacted (Carmen Smith 419-434-4112; csmith2@findlay.edu). The cost is \$20/day, including utilities & housing; paid weekly. You will need to bring bed linens or purchase a complete set for one-time purchase of \$45.

C. Clinical Dress Code

Policy:

The student must follow the dress code at the assigned clinical education site and wear a name tag. The specific information about dress code may be found on the Clinical Site Information Form that is filed on google docs.

D. Clinical Attendance

Policy:

All students are required to be in attendance with the assigned clinical education site during regularly scheduled Clinical Instructor hours, 40 hours/week (minimum, as required by CAPTE accreditation) and for the designated time period, during the following courses:

Weekend PTA to DPT Bridge program

1. PHTH 720: Third Year Spring Term (ten weeks)
2. PHTH 726: Third Year Summer Term (ten weeks)
3. PHTH 730: Third Year Fall Term (ten weeks)

Traditional DPT program

1. PHTH 647: 3 weeks following Summer Term
2. PHTH 649: 4 weeks at the beginning of Second Fall Term
3. PHTH 668: 8 weeks at the beginning of Second Summer Term
4. PHTH 728: 8 weeks at the end of Third Spring Term
5. PHTH 746: 10 weeks at the beginning of Third Summer Term

The student is expected to follow the assigned site's schedule, with regards to attendance (e.g., holidays, snow days). The clinical experiences dates set forth by the program need strict adherence due to a variety of reasons including liability. In the extreme instance that a student must miss a day, notification should be given to the DCE and CI.

The student is allowed one missed day due to extreme instances, such as the death of an immediate family member, serious personal illness or injury, as documented by a physician, religious observances, weather emergencies, or natural disasters. For all absences, the student needs to make arrangements with the DCE, SCCE, and CI to make up the missed time.

Students are permitted to attend professional meetings, UF's Symposium of Scholarship and Creativity (SSC), and continuing education seminars during their clinical education experience, provided that the student meets the following conditions:

1. Acceptable performance and attendance at the clinical education site
2. Clinical Instructor approval
3. Clearance from DCE & SCCE

Attendance at professional meetings, university events (e.g., SSC), or continuing education seminars would be considered excused and not require make up provided the above conditions are satisfied. Travel time must be made up and approved by the DCE, CI, and SCCE.

Procedure:

The student is responsible for:

- notifying the DCE, CI, & SCCE prior to the absence, if possible. If contact prior to the absence is not possible, the student is responsible for obtaining permission from the DCE, CI, & SCCE immediately following the absence.
- communicating with the DCE, CI, & SCCE to make up any missed time.
- documenting missed time in the Physical Therapist CPI.

The SCCE is responsible for:

- coordinating with the student and the assigned CI arrangements for making up missed time.
- Notifying the DCE of any problems with adherence to this policy as soon as possible.

Failure to comply with this policy/procedure may result in disciplinary action.

E. Clinical Inservice

Policy:

A clinical inservice program is to be developed and presented by the student for at least two clinical education experiences. The specific sample behaviors are listed under the skill # 14 of *Physical Therapist CPI*. The topic and the audience are to be mutually agreed upon by the student and the SCCE. The topic may be specifically related to a particular case and may be presented in a peer review fashion. A sample *Inservice Evaluation Form* is provided for the student's use in **Appendix O**. This, along with a copy of your inservice, should be forwarded to the DCE at the end of the clinical education experience.

F. Backup Supervision

Policy:

A backup system must exist for the supervision of the physical therapy student at all clinical education sites that employ only one licensed physical therapist. This backup system is to be utilized only on a short-term basis (2 days) and only in an emergency situation when the SCCE/CI must be absent (e.g. illness, death in the family). An Agreement for Backup Supervision Form is utilized between the SCCE of the backup clinical education site, the SCCE/CI of the primary clinical education site, and the DCE (see **Appendix P**).

Procedure:

The SCCE/CI is responsible for:

- orienting the student to the backup procedure during the orientation.
- contacting the backup clinical instructor of the need to supervise the student for the involved day.
- notifying the student of the need to implement the backup procedure.
- notifying the DCE of the backup supervision and the outcome of the experience.

The backup CI is responsible for:

- organizing, directing, supervising, and evaluating the activities of the student for the involved day or two days.
- reporting to the SCCE/CI the outcome of the student's activities.

The student is responsible for:

- working under the supervision of the backup clinical instructor for the involved day or two days.
- communicating with the DCE of any problems, immediately.

G. Documentation

Policy:

The student must follow the documentation style that is utilized at the assigned clinical education site. In addition, the student may sign his/her name as Student PT or SPT. This is the position of the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainer's Board.

H. Clinical Education Data Collection Form

Policy:

Clinical Education Data Collection Form shall be used by the students to collect information about practice patterns, learning activities, and level of CI supervision (see **Appendix Q**). The collection of data should occur on a daily basis for all clinical education experiences.

Procedure:

The DCE is responsible for:

- compiling the data and relaying any necessary information to the SCCE/CI.
- sharing the trends of learning activities and the practice patterns with the academic faculty.

The student is responsible for:

- completing and turning in the Clinical Education Data Collection Form by **the end of each clinical education experience**.
- notifying the DCE of any concerns regarding supervision immediately.

I. Midterm Contact

Policy:

The DCE or a representative for the DCE shall make at least one contact per clinical education experience for each student. Contact will be made with the student and the CI and/or SCCE during the approximate midpoint of each clinical education experience. The representative for the DCE should be one of the academic faculty who understands the clinical education policies and procedures and is approved by the director of the Physical Therapy Program. The midterm contact can be made through a phone call or site visit (see **Appendix R-Midterm Contact form**).

Procedure:

The **DCE** or the representative is responsible for:

- communicating with the student at his/her assigned clinical education site:
 - Types of learning experiences (e.g. diagnoses seen, treatment techniques observed and practiced, evaluation techniques observed and practiced, and other specific learning experiences)
 - Degree and type of interaction with the CI (e.g. observation, supervised, independent)
 - The student's performance (i.e. strengths-vs.-weaknesses)
 - The student's academic preparation

- communicating with the CI and/or the SCCE:
 - The student's comments about the clinical education experiences
 - The strengths and weaknesses of the student's performance
 - Discussion about solutions to problems that might exist
 - CI's self-assessment of his / her skills
- documenting the contact through the use of the Midterm Contact Form (see **Appendix S**) or electronically on the Clinical performance Instrument.
- filing the Midterm Contact Form, if used, within the student's file.
- relaying any necessary information to the academic faculty.

The **CI and/or the SCCE** are responsible for:

- completing the Physical Therapist CPI at the midpoint of the clinical education experience.
- discussing with the DCE the strengths and weaknesses of the student's performance and the student's academic preparation.
- notifying the DCE of any problems **IMMEDIATELY** with a phone call. This includes but is not limited to any *Significant Concerns* checked on the CPI tool. The checked box indicates that the student's performance is unacceptable for this clinical experience. In addition, the CI/SCCE need to consider written comments to substantiate the concern, as well as additional documentation such as a critical incident form and/or learning contract.

The **student** is responsible for:

- completing the Physical Therapist CPI at the midpoint of the clinical education experience.
- initiating the midterm contact phone call on the scheduled date and time period.
- discussing with the DCE the types of learning experiences that he/she is having, the degree of interaction with his/her CI, his/her own performance level, and his/her academic preparation.

J. Grading for Clinical Education Experience

Policy:

The grading for the clinical education course series is based upon a Satisfactory/Unsatisfactory system.

Weekend PTA to DPT Bridge program

To obtain a satisfactory grade the student must have completed the following:

1. *Satisfactory attendance record (See the policy on attendance)*
2. *Timely completion of letter of intent (on letterhead); minimum data set from the CSIF; Weekly Reflections; Clinical Education Experience Evaluation Report (with CI signature); & Clinical Education Data Collection Forms.*
3. *Two Inservices minimum, however should all three clinical sites expect an inservice at all three sites then you must do three inservices. .*
4. *Satisfactory completion of clinical skills from Physical Therapist CPI with the following levels:*

FOR Clinical Education Experience ONE:

- *A MINIMUM of Intermediate to Advanced Intermediate Performance for ALL Skills*

FOR Clinical Education Experience TWO:

- *A MINIMUM of Advanced Intermediate to Entry-level Performance for ALL Skills*

FOR Clinical Education Experience THREE:

- *A MINIMUM of Entry-level Performance for ALL Skills*

*(See the Overview of Student Progress at Clinical Affiliations-WEC Form in **Appendix S and syllabi in Appendix C**).*

5. *No significant concerns noted from the CI either verbally or in writing.*

*ALL students must show **entry-level performance in ALL skills** by the end of the clinical education series. If there is no opportunity or minimal opportunity to work on a certain skill, then a mini-clinical or an extension of a clinical will need to occur.*

***Failure to complete** any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE, student advisor, and the Director have the right to review the requirements and make concessions on an individual basis.*

Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical education experience may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Education Experiences in the Student Handbook, Clinical Education section.

Procedure:

The weekend student is responsible for:

- *completing and sending in the Letter of Intent; minimum data set from the CSIF, Weekly reflections, Collection data forms, proof of inservices, and the Clinical Education Experience Evaluation Report by **the end of each clinical education experience**.*
- *completing and reviewing the Physical Therapist CPI with the assigned CI at the midpoint and end of the Term.*

The CI and/or the SCCE is responsible for:

- *completing and reviewing the Physical Therapist CPI with the student at the midpoint and the end of the Term.*
- *notifying the DCE of any problems IMMEDIATELY with a phone call. This includes but is not limited to any Significant Concerns checked on the CPI tool. The checked box indicates that the student's performance is unacceptable for this clinical experience. In addition, the CI/SCCE need to consider written comments to substantiate the concern, as well as additional documentation such as a critical incident form and/or learning contract.*
- *reviewing the Clinical Education Experience Evaluation Report.*

The weekend DCE is responsible for:

- *reviewing the results of the Physical Therapist CPI and the Clinical Education Experience Evaluation Report (CEEER).*
- *assigning either a Satisfactory, Unsatisfactory, or Extended Credit grade, based upon the requirements.*
- *sharing information about student performance with the academic faculty.*
- *utilizing the information from the CEEER to develop workshops for the clinical education site.*

Traditional DPT Program

To obtain a satisfactory grade the student must have completed the following:

1. Satisfactory attendance record (See the policy on attendance)
2. Timely completion of letter of intent (on letterhead); minimum data set from the CSIF; Weekly Reflections; Clinical Education Experience Evaluation Report; & Clinical Education Data Collection Forms.
3. Two Inservices minimum, however should all four clinical sites expect an inservice at all four sites then you must do four inservices.

4. Satisfactory completion of clinical skills from Physical Therapist CPI. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:
- FOR Clinical Education Experience ONE:**
 - A MINIMUM of Advanced Beginner Performance for ALL Skills
 - FOR Clinical Education Experience TWO:**
 - A MINIMUM of Intermediate for Performance for ALL Skills
 - FOR Clinical Education Experience THREE:**
 - A MINIMUM of Advanced Intermediate for Performance for ALL Skills
 - FOR Clinical Education Experience FOUR:**
 - A MINIMUM of Entry-Level Performance for ALL Skills
5. No significant concerns noted from the CI either verbally or in writing.

ALL students must show **entry-level performance in ALL skills** by the end of the clinical education series. If there is no opportunity or minimal opportunity to work on a certain skill, then a mini-clinical or an extension of a clinical will need to occur. See Syllabi in **Appendix C**

Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE, student advisor, and the Director have the right to review the requirements and make concessions on an individual basis.

Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical education experience may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Education Experiences in the Student Handbook, Clinical Education section.

Procedure:

The **traditional student** is responsible for:

- completing and sending in the Letter of Intent; minimum data set from the CSIF, Weekly reflections, Collection data forms, proof of inservices, and the Clinical Education Experience Evaluation Report **by the end of each clinical education experience.**
- completing and reviewing the Physical Therapist CPI with the assigned CI at the midpoint and end of the Term.

The **CI and/or the SCCE** is responsible for:

- completing and reviewing the Physical Therapist CPI with the student at the midpoint and the end of the Term.
- notifying the DCE of any problems **IMMEDIATELY** with a phone call. This includes but is not limited to any Significant Concerns checked on the CPI tool. The checked box indicates that the student's performance is unacceptable for this clinical experience. In addition, the CI/SCCE need to consider written comments to substantiate the concern, as well as additional documentation such as a critical incident form and/or learning contract.
- reviewing the Clinical Education Experience Evaluation Report.

The **traditional DCE** is responsible for:

- reviewing the results of the Physical Therapist CPI and the Clinical Education Experience Evaluation Report.

- assigning either a Satisfactory, Unsatisfactory, or Extended Credit grade based upon the requirements.
- sharing information about student performance with the academic faculty.
- utilizing the information to develop workshops for the clinical education faculty.

K. Clinical Education Experience Evaluation Report (CEEER)

Policy:

The student's Clinical Education Experience Evaluation Report is used to assist with the development of future clinical education experiences, the curriculum of the PT program, and the individual academic courses. The Ohio Consortium of Physical Therapy Programs (see **Appendix T**) has developed this form. The information within this form can be used to determine areas of concern within the clinical education sites and the academic program.

Procedure:

The physical therapy student is responsible for:

- completing the Clinical Education Experience Evaluation Report during the last week of the clinical education experience.
- reviewing the Clinical Education Experience Evaluation Report with the assigned CI, after the student's final CPI review is completed.
- obtaining the signature of the CI on the CEEER
- sending a copy of the signature page to the DCE at the end of the clinical education experiences. If the form is received late, then it will impact the grade.

The DCE is responsible for:

- filing the form in the electronic database.
- sharing information with the academic faculty relevant to the academic course work.
- utilizing the information to develop workshops for the clinical education faculty.

L. Evaluation of the Clinical Education Faculty (SCCE & CI)

Policy:

Clinical education faculty members are to receive feedback through the APTA's self-assessment tool and the Clinical Education Experience Evaluation Report. Both the SCCE and the CI are encouraged to self-assess with the use of the APTA's self-assessment tool. A copy of the APTA's self-assessment tool can be made available by the DCE.

In addition, the student shall assess the learning experience and the Clinical Instructor with the Clinical Education Experience Evaluation Report (see **Appendix T**). Based on the results of these assessment tools, the clinical education faculty shall further develop their clinical education programs. The DCE is available for consultation, as well.

M. Evaluation of the Director of Clinical Education

Policy:

The DCE is to be evaluated through the DCE's Assessment Form (see **Appendix U**) by students during designated time periods, a random sampling of the clinical education faculty from the assigned sites of that year, and a peer assessment. This feedback will be utilized to assist the DCE with development of communication abilities, knowledge of clinical education, knowledge of the PT program and students, interpersonal skills, organizational skills, and problem solving strategies.

Chapter V:

Intervention Strategies

A. Exceptional Student Situations

Policy:

The two Exceptional Student Situations include:

- Student Reassignment due to unsatisfactory grade in either clinical or academic coursework.
- Student Reset due to circumstances outside of the student's and DCE's control at the Clinical Site (e.g. lack of patients or resources.)

The DCE, CI, and student shall use strategies if the student fails to show adequate progress anytime during the clinical education experience. These strategies shall be developed with the assistance of the DCE and student and may involve the assistance of the SCCE and/or university accommodations officer. The strategies shall be documented in the form of a checked significant concerns box on the CPI; an incident report, a learning contract and/or letter of reinstatement that will be signed by all concerned parties. The Learning Contract Form is found in **Appendix V**.

If a student receives an unsatisfactory "U" grade in a clinical education course, the student may NOT proceed with coursework and may be suspended or dismissed from the DPT program pending review of the circumstances that warranted the unsatisfactory "U" grade. This is because the DPT program has a lockstep curriculum that prevents students from taking courses out of the designated order.

Procedure:

The student is responsible for:

- notifying the DCE of any problems (e.g. not challenged; supervision issues; performance difficulties) with the clinical education experience **IMMEDIATELY**.
- participating with a meeting to determine, the problems associated with the clinical education experience, possible solutions to change the experience, and the consequence of the request.
- completing a request letter to the DCE to remediate the clinical experience

The CI and/or the SCCE is responsible for:

- notifying the DCE of any problems **IMMEDIATELY** with a phone call.
- checking the *Significant Concerns* box on the CPI tool, if appropriate. The checked box indicates that the student's performance is unacceptable for this clinical experience.
- including written comments in the CPI to substantiate the concern.
- considering additional documentation such as a critical incident form and/or learning contract.
- participating with a meeting to determine the consequence of the request (i.e., goals & plan).

The DCE is responsible for:

- responding to the notification of an exceptional situation in a timely fashion.
- notifying the CI/SCCE **IMMEDIATELY**, if the clinical education experience does not meet the needs of the student.
- participating with a meeting to determine the consequence of the request from either the student or clinical faculty (i.e., goals & plan).
- considering the student's request for remediation with input from the DPT faculty. It should be noted that a remedial clinical is not guaranteed based on the circumstances of the unsatisfactory grade on the failed clinical experience. If the timing of the remedial clinical involves the student moving from his or her current cohort to the next available cohort, the admissions committee chair will be consulted to determine if space exists for the student to join the next available class due to class size limits.
- rescheduling the concerned clinical education experience, as appropriate. It should be noted that this is to be done at the **AVAILABILITY AND CONVENIENCE OF THE CLINICAL EDUCATION SITE AND THE ACADEMIC INSTITUTION**.

B. Student Withdrawal

Policy:

Student withdrawal from a clinical education site may occur for the following reasons:

1. Unsatisfactory student performance: According to the CI and the SCCE, the student's performance is detrimental to the clinical education site in fulfilling its own health care responsibilities.
2. Unsatisfactory clinical education experience: According to the DCE and the Associate Chair, the clinical education experience does not meet the educational needs of the student (e.g. not challenged; supervision issues; lack of clients/resources).

The student is required to make up the clinical education experience that she/he is withdrawn from. However, certain circumstances may lead to dismissal (see the policy on grading in Part 1 of the Student Handbook). In addition, if the student is withdrawn from more than one clinical education experience and receives an unsatisfactory grade, then they are to be dismissed from the program.

Procedure:

The student is responsible for:

- notifying the DCE of any problems with the clinical education experience **IMMEDIATELY**.
- participating with the withdrawal meeting to determine, the problems associated with the clinical education experience, possible solutions to change the experience, and the consequence of the request.

The CI and/or SCCE is responsible for:

- notifying the DCE of any problems **IMMEDIATELY** with a phone call.
- participating with the withdrawal meeting to determine the consequence of the request.
- documenting the student's actions that are detrimental to the clinical education site in fulfilling its health care responsibilities.

The DCE is responsible for:

- responding to the withdrawal request in a timely fashion.
- notifying the CI and or SCCE **IMMEDIATELY**, if the clinical education experience does not meet the needs of the student.
- participating with the withdrawal meeting to determine the consequence of the request from either the student or clinical faculty.
- rescheduling the concerned clinical education experience. It should be noted that this is to be done at the **AVAILABILITY AND CONVENIENCE OF THE CLINICAL EDUCATION SITE AND THE ACADEMIC INSTITUTION.**

C. Rescheduling of Clinical Education Experiences

Policy/Procedure:

If the student is withdrawn from a clinical education experience, then she/he is required to make up that clinical education experience. Rescheduling is dependent on the type of clinical education experience. Please note that any variation from the original clinical schedule may delay the student's progression in the curriculum and may also delay graduation.

Weekend PTA to DPT program

The type of clinical education experience that is rescheduled for the withdrawn student must be the same as the one that which the student is withdrawn from. For example, if the student is withdrawn from an inpatient clinical education experience then they must be rescheduled at that same type of clinical education experience. If there is a learning contract involved then the student will have until the end of the rescheduled clinical education experience to complete the learning contract. Rescheduling is to be at

the AVAILABILITY & CONVENIENCE OF THE CLINICAL EDUCATION SITE AND THE ACADEMIC INSTITUTION.

Traditional DPT program

The type of clinical education experience that is rescheduled for the withdrawn student must be the same as the one that which the student is withdrawn from. For example, if the student is withdrawn from an inpatient clinical education experience then they must be rescheduled at that same type of clinical education experience. If there is a learning contract involved then the student will have until the end of the rescheduled clinical education experience to complete the learning contract. Rescheduling is to be at the **AVAILABILITY & CONVENIENCE OF THE CLINICAL EDUCATION SITE AND THE ACADEMIC INSTITUTION.**

D. Clinical Education Experience Reassignment

Policy/Procedure:

If the student is withdrawn from the academic program due to a failed course and returns the following year, then she/he is required to meet with the DCE for reassignment of her/his clinical education experiences. The reassignment shall occur after the student shows successful progress at the midterm of the course. This may delay progression in the curriculum and as well as graduation.

E. Appealing the Clinical Education Portion of a Grade

Policy:

A student, who is unsatisfied with the clinical education course grade may appeal their grade.

Procedure:

A student, who is unsatisfied with the clinical education course grade should:

1. Discuss the situation and the earned grade with the DCE responsible for the clinical education evaluation.
2. If resolution is not achieved with the DCE, the student has opportunity to discuss the situation with the DCE, adviser, and the program chair/associate chair.
3. If resolution is not achieved with the DCE, adviser, and the program chair/associate chair, then the appeal goes to the Dean of the College of Health Professions. Please refer to the following appeal process to be followed after an experiential learning event:
<http://catalog.findlay.edu/en/current/Graduate-Catalog/Student-Rights-and-Responsibilities-Statement/IX-Policies-Regulating-Experiential-Learning/Process-to-Be-Followed-After-an-Experiential-Learning-Event>

F. Recruitment

Policy:

Career Services will post potential employment opportunities. If interested check out the website, <https://www.findlay.edu/offices/student-affairs/internships/job-listing>

Procedure:

The prospective employer of a clinical education site may:

- Contact the career placement office.
- Provide necessary information for the announcement, such as a) type of a position, b) job description, c) job requirements, d) deadline for application, e) person to contact, f) phone number, and g) address.

G. CI Certificate

Policy: Per Ohio laws and rules, serving as a clinical instructor will qualify for one contact hour for each eighty hours of clinical instruction. See www.otptat.gov for specific details. **Appendix W** contains the sample certificate that credentialed clinical instructors may use to claim continuing education.

Conclusion

The clinical education experience is a valuable opportunity for students to practice and develop their skills in a direct patient care environment; a privilege for students. The clinical education experience is an essential component of PT education for students to reach entry-level performance. Both Directors of Clinical Education and the academic faculty recognize and appreciate the commitment of time, resources, and efforts that our clinical affiliates extend in guiding and mentoring DPT students towards this outcome.

Most students have successful clinical education experiences and gain increased confidence and motivation. Faculty recognize the individual differences and encourage students to develop their own “style” within the accepted parameters of ethical and legal clinical practice, as well as the Essential Functions of this program. If a problem is identified early by any concerned party, it can be resolved appropriately and effectively through immediate communication and collaboration with the DCE. It takes the combined efforts of the student, the CI, the SCCE, the DCE, and the academic faculty to ensure a positive outcome.

The Student Handbook, Clinical Education section is intended as a reference guide and does not constitute a contract between the student and the university and Physical Therapy Program.

APPENDIX A

American Physical Therapy Association

Code of Ethics

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/CodeofEthics.pdf

Standards of Practice

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Practice/Standards.pdf

Ohio Physical Therapy Practice Act – Laws & Rules

<https://otptat.ohio.gov/Portals/0/laws/PT%20Laws%20and%20Rules%2005-15-2019.pdf?ver=2019-05-31-150441-073>

APPENDIX B

*Please use your facility letterhead OR tape your CI's card at the top
Email OR FAX with **419-434-4336**. Thank you!*

Letter of Intent

Date:

Clinical Site:

Address:

Dear XXXXXX,

I agree to mentor the physical therapy student, _ for a 202X clinical education experience.

My main responsibilities include:

- Coordination of the specific learning experiences within the clinical site.
- Communication, as appropriate, with the Director of Clinical Education and the assigned student.
- Supervision, instruction, and evaluation of the student's performance, including the web-based Clinical Performance Instrument (CPI) tool.
- Assessment of my own personal strengths and weaknesses as a Clinical Instructor.
- Participation with CPI training and other forms of professional development.
- View the student handbook, syllabus, and other clinical education documents found at the website:
<https://www.findlay.edu/health-professions/physical-therapy/>

My contact information is as follows:

Phone: _____

Email Address used with CPI web: _____

Sincerely,

Clinical Instructor signature

Clinical Instructor printed name

APPENDIX C

The University of Findlay
College of Health Professions
Doctor of Physical Therapy Program
SPRING Semester, 2022

**The mission of The University of Findlay is to equip our students for
meaningful lives and productive careers.**

Course Number/Title: PHTH 720 Clinical Education I, Inpatient

Credit Hours: 5 semester hours

Class Time/Place: Assigned Clinical sites (40 hours/week, AT A MINIMUM)

Contact Time: hours reflect per semester totals based on 15-week semesters

Prerequisites, Co-requisites and Course Description: Successful Completion of Term VII in the PT Program. Full-time, ten-week clinical experience, supervised by a licensed physical therapist in an inpatient setting with emphasis on integumentary, cardiopulmonary and neuromuscular practice patterns. Designed to provide students with the opportunity to analyze and synthesize current knowledge and experience with clinical practice. In addition, experience with education, management, and research is provided, as available.

Instructor: Deborah George, PhD, MS, PT, DCE

Instructor Contact Information: 349 Trenton Ave., Findlay; george@findlay.edu 419-434-5531(office); 419-434-4336 (FAX)

Office Hours: Mondays and Thursdays 1:00 to 3:30; Also by appointment throughout the week

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Relationship to the Conceptual Framework: Clinical education is considered an integral component of the Weekend PTA to DPT Bridge program curriculum. The clinical affiliations are designed to provide the student with a supervised, concentrated course of study in which he/she is given opportunities to apply theory and practice learned skills in the clinic setting. Three full-time clinical education experiences (total of 30 weeks) are required at the end of the student's academic course work. Experiences with all practice patterns, all age groups, and in both outpatient and inpatient settings are obligatory. In addition, the student has the opportunity to continue with a general experience or to specialize in an area of their choice for the final clinical experience.

PT Program Curricular Goals

Course meets the following curricular objectives in whole or in part:

Following completion of the PT program curriculum, the graduate PT will be a generalist who will be able to:
1.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy. (7A, 7B, 7C)

Course Objectives:

1. Applies current knowledge, theory, clinical judgment, skills, and the patient's values and perspective in patient management. [**CPI Skill #7**]
 - a. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
 - b. Assesses patient response to interventions using credible measures.
 - c. Integrates patient needs and values in making decisions in developing the plan of care.
 - d. Clinical decisions focus on the whole person rather than the disease.
 - e. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

2.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. (7D7, 7D8)

Course Objectives:

2. Communicates in ways that are congruent with situational needs. [CPI skill #4]
 - a. Communicates, verbally and nonverbally, in a professional and timely manner.
 - b. Initiates communication in difficult situations.
 - c. Selects the most appropriate person(s) with whom to communicate.
 - d. Communicates respect for the roles and contributions of all participants in patient care.
 - e. Listens actively and attentively to understand what is being communicated by others.
 - f. Demonstrates professionally and technically correct written and verbal communication without jargon.
 - g. Communicates using nonverbal messages that are consistent with intended message.
 - h. Engages in ongoing dialogue with professional peers or team members.
 - i. Interprets and responds to the nonverbal communication of others.
 - j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
 - k. Seeks and responds to feedback from multiple sources in providing patient care.
 - l. Adjust style of communication based on target audience.
 - m. Communicates with the patient using language the patient can understand (e.g., translator, sign language, level of education, cognitive impairment, etc.).
3. Produces quality documentation in a timely manner to support the delivery of physical therapy services. [CPI skill #15]
 - a. Selects relevant information to document the delivery of physical therapy patient care.
 - b. Documents all aspects of PT care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication with others involved in delivery of patient care.
 - c. Produces documentation (e.g., electronic, dictation, chart) that follows guidelines and format required by the practice setting.
 - d. Documents patient care consistent with guidelines & requirements of regulatory agencies & third-party payers.
 - e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.
 - f. Produces documentation that is accurate, concise, timely and legible.
 - g. Utilizes terminology that is professionally and technically correct.
 - h. Documentation accurately describes care delivery that justifies physical therapy services.
 - i. Participates in quality improvement review of documentation (chart audit, peer review).

3.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. (7D8)

Course Objectives:

4. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. [CPI skill #5]
 - a. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of PT services.
 - b. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status.
 - c. Provides care in a nonjudgmental manner when the patients' beliefs and values conflicts with the individual's belief system.
 - d. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.

- e. Values the socio-cultural, psychological, and economic influences on patients and clients and responds accordingly.
- f. Is aware of and suspends own social and cultural biases.

4.0 Complete **screening** activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. **(7D16)**

Course Objectives:

- 5. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional. **[CPI skill #8]**
 - a. Utilizes test and measures sensitive to indications for physical therapy intervention.
 - b. Advises practitioner about indications for intervention.
 - a. Reviews medical history from patients and other sources (e.g., medical records, family, other health care staff).
 - c. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
 - d. Selects the appropriate screening tests and measurements.
 - e. Conducts tests and measurements appropriately.
 - f. Interprets tests and measurements accurately.
 - g. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.
 - b. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary.
 - c. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.

5.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:

5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. **(7D17, 7D20)**

5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. **(7D18)**

5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes.

(7D11, 7D19)

5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. **(7D11, 7D19)**

Course Objectives:

- 6. Performs a physical therapy patient examination using evidence-based tests and measures. **[CPI skill #9]**
 - a. Obtains a history from patients and other sources as part of the examination.
 - b. Utilizes information from history and other data (e.g., laboratory, diagnostic tests & pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
 - c. Performs systems review.
 - d. Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening. Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function,

- m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q), posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
- e. Conducts tests and measures accurately and proficiently.
- f. Sequences tests and measures in a logical manner to optimize efficiency.
- g. Adjusts tests and measures according to patient's response.
- h. Performs regular reexaminations of patient status.
- i. Performs an examination using evidence based test and measures.

6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:

- 6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model. **(7D21, 7D22)**
- 6.2 Evaluate data from the examination to make clinical judgments. **(7D20)**
- 6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. **(7D16)**

Course Objectives:

- 7. Evaluates data from the patient examination (history, system review, and tests & measures) to make clinical judgments. **[CPI skill #10]**
 - a. Synthesizes examination data and identifies pertinent health disorder, body structure and function, activity and participation restrictions based on environmental and personal contextual factors.
 - b. Makes clinical judgments based on data from examination (history, system review, tests and measures)
 - c. Reaches clinical decisions efficiently.
 - d. Cites the evidence to support a clinical decision.

7.0 Efficiently establish a physical therapy **diagnosis** by:

- 7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. **(7D22)**
- 7.2 Considering the policies and procedures of the practice setting. **(7D28)**
- 7.3 Effectively communicating diagnostic results and clinical impressions with all stakeholders as appropriate. **(7D7, 7D22)**

Course Objectives:

- 8. Determines a diagnosis that guides future patient management. **[CPI skill #11]**
 - a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis.
 - b. Determines a diagnosis that is congruent with health disorder or disease, body structure and function, activity restrictions, participation restrictions and contextual factors (environmental and personal).

8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. **(7D23)**

Course Objectives:

- 9. Determines a diagnosis and prognosis that guides future patient management. **[CPI skill #11]**

- a. Integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status.
- b. Estimates the contribution of factors (e.g., preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
- c. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc.) that help predict patient outcomes.

9.0 Develop and execute a safe and effective **plan of care** by:

- 9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. **(7D23, 7D24, 7D26)**
- 9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. **(7D23, 7D24)**
- 9.3 Complying with the administrative policies and procedures of the practice environment. **(7D28)**
- 9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. **(7D24, 7D30, 7D31)**
- 9.5 Maintaining a fiduciary responsibility for all patients/clients. **(7D42)**

Course Objectives:

10. Establishes a physical therapy plan of care that is safe, effective, patient centered, and evidence-based. **[CPI skill #12]**

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

10.0 Competently provide physical therapy **intervention** by:

- 10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. **(7D27)**
- 10.2 Carrying out all physical therapy procedures safely. **(7D27)**
- 10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. **(7D12)**
- 10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. **(7D32)**
- 10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. **(7D33, 7D37)**

Course Objectives:

11. Practices in a safe manner that minimizes risk to patient, self, and others. **[CPI skill #1]**
 - a. Establishes & maintains safe working environment.
 - b. Recognizes physiological and psychological changes in patients and adjusts interventions, accordingly.
 - c. Demonstrates awareness of contraindications and precautions of patient intervention.

- d. Ensures the safety of self, patient and others throughout the clinical interaction (e.g., universal precautions, responding and reporting emergency situations etc.)
 - e. Requests assistance when necessary.
 - f. Uses acceptable techniques for safe handling of patients (e.g., body mechanics, guarding, level of assistance etc.).
 - g. Demonstrates knowledge of facility safety policies and procedures.
12. Performs physical therapy interventions in a competent manner. **[CPI skill #13]**
- a. Performs interventions safely, effectively, efficiently, fluidly, and in a coordinated and technically competent manner. Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).
 - b. Performs interventions consistent with the plan of care.
 - c. Utilizes alternative strategies to accomplish functional goals.
 - d. Follows established guidelines when implementing an existing plan of care.
 - e. Provides rationale for interventions selected for patients presenting with various diagnoses.
 - f. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.
 - g. Assesses patient response to interventions and adjusts accordingly.
- 11.0 Appropriately utilize **outcome assessment** data by:
- 11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. **(7D19)**
 - 11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(7D19)**
 - 11.3 Analyzing and applying results to allow for modification of the plan of care. **(7D31)**

Course Objectives:

13. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. **[CPI skill #16]**
- a. Applies, interprets, & reports results of standardized assessments throughout a patient's episode of care.
 - b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.
 - c. Seeks information regarding quality of care rendered by self and others under clinical supervision.
 - d. Evaluates and uses published studies related to outcomes effectiveness.
 - e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.
 - f. Assesses the patient's response to intervention in practical terms.
 - g. Evaluates whether functional goals from the plan of care have been met.
 - h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).

12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. (7D34)

Course Objectives:

14. Performs physical therapy interventions in a competent manner for the promotion of health wellness and fitness. [CPI skill #13]
- Discusses strategies for caregivers to minimize risk of injury and to enhance function.
 - Considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.
 - Incorporates the concept of self-efficacy in wellness and health promotion.

13.0 Provide and manage care in a variety of **care delivery systems** by:

13.1 Providing physical therapy through direct access or referral based on patient/client goals, expected functional outcomes, and knowledge of one's own and other's capabilities.

(7D34, 7D35)

13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care. (7D28, 7D29, 7D30, 7D31, 7D36, 7D42)

13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. (7D7, 7D34, 7D39)

13.4 Participate in patient centered interprofessional and collaborative practice with active participation from the patient in aspects of his/her care and treatment. (7D39)

Course Objectives:

15. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. [CPI skill #18]
- Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - Applies time-management principles to supervision and patient care.
 - Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (e.g., secretary, PT Aides, PT Assistants).
 - Determines the amount of instruction necessary for personnel to perform directed tasks.
 - Provides instruction to personnel in the performance of directed tasks.
 - Supervises those physical therapy services directed to physical therapist assistants and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.
 - Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.
 - Demonstrates respect for the contributions of other support personnel.
 - Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant's ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.

14.0 Demonstrate appropriate **professional behavior** by:

- 14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. (7D4, 7D5, 7D6)
- 14.2 Adhering to the standards of practice, state and federal laws. (7D1)
- 14.3 Reporting to appropriate authorities suspected cases of fraud and abuse. (7D2, 7D3)
- 14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. (7D5, 7D38)
- 14.5 Participating in both integrated and full-time terminal clinical education activities. (6L)
- 14.6 Formulating and implementing a plan for personal and professional career development. (7D15)
- 14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of society. (7D13, 7D14)
- 14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. (7D10, 7D11)
- 14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. (7D9)
- 14.10 Critically evaluating current literature and information sources related to contemporary physical therapy practice, research, administration, consultation, and education. (7D9, 7D11 7D40)
- 14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. (7D9, 7D15)

Course Objectives:

- 16. Demonstrates professional behavior in all situations. [CPI skill #2]
 - a. Demonstrates initiative (e.g., Arrives well prepared, offers assistance, and seeks learning opportunities).
 - b. Is punctual and dependable.
 - c. Wears attire consistent with expectations of the practice setting.
 - d. Demonstrates integrity in all interactions.
 - e. Exhibits caring, compassion, and empathy in providing services to patients.
 - f. Maintains productive working relationships with patients, families, CI and others.
 - g. Demonstrates behaviors that contribute to a positive work environment.
 - h. Accepts feedback without defensiveness.
 - i. Manages conflict in constructive ways.
 - j. Maintains patient privacy and modesty.
 - k. Values the dignity of patients as individuals.
 - l. Seeks feedback from CI related to clinical performance.
 - m. Provides effective feedback to CI related to clinical/teaching mentoring.

- 17. Practices in a manner consistent with established legal and professional standards & ethical guidelines. [CPI skill #3]
 - a. Places patient's needs above self-interests
 - b. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
 - c. Takes steps to remedy errors in a timely manner.
 - d. Abides by policies and procedures of the practice setting (e.g., OSHA, HIPAA etc.).
 - e. Maintains patient confidentiality.
 - f. Adheres to legal practice standards including all federal state/province, and institutional
 - g. regulations related to patient care and fiscal management.
 - h. Identifies ethical or legal concerns and initiates action to address the concerns.
 - i. Displays generosity as evidenced in the use of time and effort to meet patient needs.
 - j. Recognize the need for PT services to underserved and underrepresented populations.
 - k. Strive to provide patient/client services that go beyond expected standards of practice.

15.0 Function in the role of an **administrator** by:

- 15.1 Appropriately delegating to and supervising physical-therapy-related services to support

personnel, physical therapist assistants and caregivers. (7D25, 7D29)

15.2 Demonstrating understanding of the history, current status and future projections for health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. (7D41)

15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. (7D36, 7D43)

15.4 Participating in the financial management of practice settings including billing and payment for services. (7D42)

15.5 Establishing a business plan on a programmatic level within a practice. (7D43)

15.6 Participating in activities related to marketing and public relations. (7D43)

Course Objectives:

18. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines. [CPI skill #17]

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

16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities (7D12)

Course Objectives:

19. Educates others (patients, family, caregivers, staff, students, other health care providers, business and industry reps., school systems) using relevant and effective teaching methods. [CPI skill #14]

- a. Identifies and establishes priorities for educational needs in collaboration with the learner.
- b. Identifies patient learning style (e.g., demonstration, verbal, written).
- c. Identifies barriers to learning (e.g., literacy, language, cognition).

- d. Modifies interaction based on patient learning style.
- e. Instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community.
- f. Ensures understanding and effectiveness of recommended ongoing program.
- g. Tailors interventions with consideration for patient family situation and resources.
- h. Provides patients with the necessary tools and education to manage their problem.
- i. Provides education and promotion of health, wellness, and fitness.

17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. **(7D13)**

Course Objectives:

- 20. Provides consultation to individuals, businesses, schools, government agencies, or other organizations. **[CPI skill #14]**
 - a. Determines need for consultative services.
 - b. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (e.g., ergonomic evaluations, school system assessments, corporate environmental assessments).

18.0 Function as a **self-directed lifelong learner** by:

- 18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. **(7D9)**
- 18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. **(7D15)**
- 18.3 Seeking out new information regarding the practice of physical therapy. **(7D9)**

Course Objectives:

- 21. Participates in self-assessment to improve clinical and professional performance. **[CPI skill #6]**
 - a. Identifies strengths and limitations in clinical performance.
 - b. Seeks guidance as necessary to address limitations.
 - c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice & professional development.
 - d. Acknowledges and accepts responsibility and consequences of his or her actions.
 - e. Establishes realistic short and long-term goals in a plan for professional development.
 - f. Seeks out additional learning experiences to enhance clinical and professional performance.
 - g. Discusses progress of clinical and professional growth.
 - h. Accepts responsibility for continuous professional learning.
 - i. Discusses professional issues related to physical therapy practice.
 - j. Participates in professional activities beyond the practice environment.
 - k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
 - l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc.) to achieve optimal patient care.

19.0 Use **critical thinking skills** to:

- 19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. **(7D9, 7D10, 7D11)**
- 19.2 Explain one's reasoning and conclusions. **(7D10, 7D11)**
- 19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. **(7D38)**

Course Objectives:

22. Utilizes critical thinking skills in patient management. [**CPI Skill #7**]
- Presents a logical rationale (cogent and concise arguments) for clinical decisions.
 - Makes clinical decisions within the context of ethical practice and informed consent.
 - Utilizes information from multiple data sources to make clinical decisions (e.g., patient and caregivers, health care professionals, hooked on evidence, databases, and medical records).
 - Seeks disconfirming evidence in the process of making clinical decisions.
 - Recognizes when plan of care and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
 - Critically evaluates published research articles relevant to physical therapy and applies to clinical practice.
 - Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
 - Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

Required Textbooks and other materials:

Required:

American Physical Therapy Association. *Physical Therapist Clinical Performance Instrument*. 2nd ed. Alexandria, VA: American Physical Therapy Association; June 2006.
PT Faculty. *Student Handbook*. The University of Findlay; 2021.

Recommended:

Curricular Books

American College of Sports Medicine. ACSM's Guidelines for Exercise Testing and Prescription. 10th ed. Philadelphia, PA: Wolters Kluwers; 2018. ISBN: 978-1496339072.
American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015. ISBN: 978-1-931369-85-5. Available online at: <http://guidetoptpractice.apta.org/>
American Medical Association. *AMA Manual of Style*. 10th ed. Oxford, NY: Oxford University Press; 2007. ISBN: 978-0195176339.
Tecklin JS. *Pediatric Physical Therapy*. 5th ed. LWW; 2014. ISBN: 978-1451173451

Knowledge Base:

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Instructional Strategies:

Case Analysis		Library and Internet Research	
Debate		Practice/drill	
Discovery/Independent Research	X	Problem solving	X
Discussion/Questioning/Interviewing	X	Reading assignments	
Experiential Learning		Role playing/simulation games	
Field Experience	X	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

Methods of Assessment:

Method of Evaluation	Course Objective #	Points or Percentage
Abstracts		
Attendance		
Capstone Project		
Case Study		
Exams		
Group Projects		
Homework Assignments		
Internet Research		
Journaling		
Lab Performance		
Oral/written review of literature		
Participation		
Peer Evaluation		
Portfolio		
Portfolio Lab Performance		
Presentations		
Professional Evaluation		
Quizzes		
Research project		
Other : Clinical Performance Instrument (CPI)		
Method of Evaluation	Course Objective #	Points or Percentage
CPI skill #1	#11	N/A – Satisfactory grade
CPI skill #2	#16	N/A – Satisfactory grade
CPI skill #3	#17	N/A – Satisfactory grade
CPI skill #4	#2	N/A – Satisfactory grade
CPI skill #5	#4	N/A – Satisfactory grade
CPI skill #6	#21	N/A – Satisfactory grade
CPI skill #7	#1, #22	N/A – Satisfactory grade
CPI skill #8	#5	N/A – Satisfactory grade

CPI skill #9	#6	N/A – Satisfactory grade
CPI skill #10	#7	N/A – Satisfactory grade
CPI skill #11	#8, #9	N/A – Satisfactory grade
CPI skill #12	#10	N/A – Satisfactory grade
CPI skill #13	#12, #14	N/A – Satisfactory grade
CPI skill #14	#19, #20	N/A – Satisfactory grade
CPI skill #15	#3	N/A – Satisfactory grade
CPI skill #16	#13	N/A – Satisfactory grade
CPI skill #17	#18	N/A – Satisfactory grade
CPI skill #18	#15	N/A – Satisfactory grade

Description of Assignments:

To obtain a satisfactory grade the student must have completed the following assignments/activity:

1. Satisfactory attendance record – 40 hrs. per week **MINIMUM** & follows **CI SCHEDULE** (See the policy on attendance in *Student Handbook*)
2. Completion of Letter of Intent and minimum data set of CSIF
3. Completion of *Clinical Education Experience Evaluation Report*, online.
4. Completion of Clinical Education Data Collection Forms (and cover sheet) on a daily basis.
5. Completion of Weekly Reflection forms with CI.
6. Completion of two inservices.
7. Satisfactory completion of clinical skills from *Physical Therapist Clinical Performance Instrument*.
8. There must be **NO** evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:
 - a. **FOR Clinical Education Experience ONE: A MINIMUM** of Intermediate to Advanced Intermediate or Above Performance for **ALL** Skills
 - b. **ALL** students must show entry-level performance in **ALL** skills by the end of the clinical education series.
9. All practice patterns concerning clients across the lifespan also must be addressed. If there is no opportunity or minimal opportunity to work on a certain skill, practice pattern, or age group, then a mini-clinical or an extension of a clinical will need to occur.

Grading: Grading is satisfactory/unsatisfactory. Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE and the Director have the right to review the requirements and make concessions on an individual basis.

Grading Scale/Distribution:

Grade	Points	Grading Scale
A	4.00	93-100
A-	3.67	90-92
B+	3.33	87-89
B	3.00	83-86
B-	2.67	80-82
C+	2.33	77-79
C	2.00	73-76
C-	1.67	70-72

D+	1.33	67-69
D	1.00	63-66
D-	0.67	62-60
F	0.00	below 60
U	0.00	

University Honor Code:

Each and every student of the University will adhere to the following Honor Code:

“I will not knowingly engage in any dishonorable behavior, cheat, steal, lie, or commit any act of plagiarism during any academic work, course, or endeavor. If I observe an act which I believe violates the University’s Honor Code, I may, at my discretion, report it to the appropriate personnel.”

Student Acknowledgement of University Honor Code:

“I acknowledge that I have fully complied or will comply with all aspects of the University’s Honor Code in submitting this work.”

Student Rights and Responsibilities Statement, Article VIII-Academic Integrity:

<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Student-Rights-and-Responsibilities-Statement/VIII-Academic-Integrity>

University Diversity Statement:

As part of our commitment to achieve excellence, the University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers.

Course Policies and Practices: (Please refer to the DPT Student Handbook for a complete list of policies)

Attendance

Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students’ progress. Excessive absence in a course can seriously threaten a student’s academic progress and may result in suspension from the program course. More importantly, however, every absence represents a risk to the student’s investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Email Etiquette

It is expected that all email correspondences to the instructor will be conducted in a professional manner. When utilizing email for this class, students should: (1) include the course name and number in the email subject heading, (2) address the recipient in an appropriate manner, (3) utilize proper spelling, grammar, and punctuation, (4) close with your full name, and (5) name file attachments by including the course name and number, student last name, and assignment/document title.

Minimum Competency:

For the purposes of this class on all exams, quizzes, papers, and projects, etc. **a grade of C must be earned to display competency.** If a student receives below a C, remediation will be required per the discretion of the instructor until competency is reached but the original grade will be the one used for determining the student’s grade for the course. For clinical science courses with a laboratory component, the Clinical Science Course Practical Examinations and Safety Errors policy will also be enforced to ensure minimum competency.

Clinical Science Course Practical Examinations and Safety Errors:

Practical examinations are important means of assessing clinical skills. While it is accepted that a student may occasionally have difficulty on a practical examination, it is important that the student be competent in clinical skills. Students must successfully pass the practical examination in accordance with the minimal passing score of 80%.

Procedure:

- Any student that commits a safety error or scores below 80%, will fail that practical examination. The student may repeat the practical if it is the first or second program practical failed. .
- The student will arrange with the instructor within one week, a plan of remediation and a time to retake the practical.
- The maximum grade earned for a retaken practical examination will be 80%.
 - If the student passes the practical retake, they may proceed in the course, however, the student will have the lab practical failure on record.
 - If during the practical retake a student commits a safety error or fails to obtain an 80% on the retake, they will receive a failing grade for the course, and the policy regarding 'Failure to Meet Minimum Academic Standards' will be followed.
- Faculty teaching clinical courses will monitor the performance of students on practical examinations. If a student fails the exam, the Associate Chair will be notified, so that the number of failed practicals can be tracked throughout the curriculum.
- If a student fails a third practical throughout the curriculum, the student will be dismissed from the

Videotaping

Video recording of classroom or laboratory demonstrations or activities is strictly prohibited. Under certain circumstances and with the expressed written or verbal consent of the course instructor for personal study and review, approval may be granted. Approved video recordings of classroom or laboratory activities shall not be disseminated to in any format to anyone other than the individual who took the video, unless given written or verbal consent of the course instructor.

Late Assignments:

Any student whose assignment is not received by the course instructor prior to the due date and time will have a **minimum 5% point reduction for EACH DAY LATE.**

Special Services: If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Accommodation and Inclusion (oai@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

Course and Instructor Evaluation: Each student is expected to complete the course and instructor evaluation which is sent electronically to the student by the Office of the Registrar. The electronic notification comes in the form of an e-mail from the UF Registrar's Office with the following subject line: Online survey for the designated course (e.g., BIOL 102).

Last Date of Attendance Policy: A student's last date of attendance is the date he/she was last present in class. If the student attends all classes, the official last date of the class, as determined by the institution, will be used for reporting purposes.

Tentative Course Outline:

Week One

- Completion of the letter of intent & FAX
- Email Experiential Educator (EE): CI email address, location, & full name

Week Four

- Completion of online self-assessment of CPI midterm & notify CI of its completion

Midterm, Week Five

- Completion of online CPI by the CI

- Call DCE for midterm contact
- Make sure the CPI is signed off on
- Completion of the CSIF minimum data & notify EE

Week Nine

- Completion of online self-assessment of CPI final & notify CI of its completion

Final, Week Ten

- Completion of online CPI by the CI
- Completion of online CEEER
- Make sure the CPI is signed off on by all parties
- Email DCE as ONE pdf document:
- Daily CEF data sheets & cover
- Weekly reflections;
- Inservice proof (needed for 2 clinicals)
- Signature page of the CEEER
- Completion of Certificate of supervision for the CI & turn in with TY note to the CI

Course Content is focused on the following CPI skills:

1. Safety
2. Professional Behavior
3. Accountability
4. Communication
5. Cultural Competence
6. Professional Development
7. Clinical Reasoning
8. Screening
9. Examination
10. Evaluation
11. Diagnosis/Prognosis
12. Plan of Care
13. Procedural Interventions
14. Educational Interventions
15. Documentation
16. Outcomes Assessment
17. Financial Resources
18. Direction & Supervision of Personnel

Note: This syllabus is subject to change at the discretion of the instructor.

Syllabus Template Approved by Faculty Senate 26 March 2018
Modified 12 June 2018

The University of Findlay
College of Health Professions
Doctor of Physical Therapy Program
SUMMER Semester, 2022

**The mission of The University of Findlay is to equip our students for
meaningful lives and productive careers.**

Course Number/Title: PHTH 726 Clinical Education II, Outpatient

Credit Hours: 5 semester hours

Class Time/Place: Assigned Clinical sites (40 hours/week, AT A MINIMUM)

Contact Time: hours reflect per semester totals based on 15-week semesters

Prerequisites, Co-requisites and Course Description: Successful Completion of Term VII in the PT Program. Full-time, ten-week clinical experience, supervised by a licensed physical therapist in an outpatient setting with emphasis on musculoskeletal practice patterns. Designed to provide students with the opportunity to analyze and synthesize current knowledge and experience with clinical practice. In addition, experience with education, management, and research is provided, as available.

Instructor: Deborah George, PhD, MS, PT, DCE

Instructor Contact Information: 349 Trenton Ave., Findlay; george@findlay.edu 419-434-5531(office); 419-434-4336 (FAX)

Office Hours: Mondays and Thursdays 1:00 to 3:30; Also by appointment throughout the week

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Relationship to the Conceptual Framework: Clinical education is considered an integral component of the Weekend PTA to DPT Bridge program curriculum. The clinical affiliations are designed to provide the student with a supervised, concentrated course of study in which he/she is given opportunities to apply theory and practice learned skills in the clinic setting. Three full-time clinical education experiences (total of 30 weeks) are required at the end of the student's academic course work. Experiences with all practice patterns, all age groups, and in both outpatient and inpatient settings are obligatory. In addition, the student has the opportunity to continue with a general experience or to specialize in an area of their choice for the final clinical experience.

PT Program Curricular Goals

Course meets the following curricular objectives in whole or in part:

Following completion of the PT program curriculum, the graduate PT will be a generalist who will be able to:

1.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy. (7A, 7B, 7C)

Course Objectives:

1. Applies current knowledge, theory, clinical judgment, skills, and the patient's values and perspective in patient management. [CPI Skill #7]
 - e. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
 - f. Assesses patient response to interventions using credible measures.
 - g. Integrates patient needs and values in making decisions in developing the plan of care.
 - h. Clinical decisions focus on the whole person rather than the disease.
 - e. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

2.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. (7D7, 7D8)

Course Objectives:

2. Communicates in ways that are congruent with situational needs. [CPI skill #4]
 - a. Communicates, verbally and nonverbally, in a professional and timely manner.
 - b. Initiates communication in difficult situations.
 - c. Selects the most appropriate person(s) with whom to communicate.
 - d. Communicates respect for the roles and contributions of all participants in patient care.
 - e. Listens actively and attentively to understand what is being communicated by others.
 - f. Demonstrates professionally and technically correct written and verbal communication without jargon.
 - g. Communicates using nonverbal messages that are consistent with intended message.
 - h. Engages in ongoing dialogue with professional peers or team members.
 - i. Interprets and responds to the nonverbal communication of others.
 - j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
 - k. Seeks and responds to feedback from multiple sources in providing patient care.
 - l. Adjust style of communication based on target audience.
 - m. Communicates with the patient using language the patient can understand (e.g., translator, sign language, level of education, cognitive impairment, etc.).
3. Produces quality documentation in a timely manner to support the delivery of physical therapy services. [CPI skill #15]
 - a. Selects relevant information to document the delivery of physical therapy patient care.
 - b. Documents all aspects of PT care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication with others involved in delivery of patient care.
 - c. Produces documentation (e.g., electronic, dictation, chart) that follows guidelines and format required by the practice setting.
 - d. Documents patient care consistent with guidelines & requirements of regulatory agencies & third-party payers.
 - e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.
 - f. Produces documentation that is accurate, concise, timely and legible.
 - g. Utilizes terminology that is professionally and technically correct.
 - h. Documentation accurately describes care delivery that justifies physical therapy services.
 - i. Participates in quality improvement review of documentation (chart audit, peer review).

3.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. (7D8)

Course Objectives:

4. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. [CPI skill #5]
 - g. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of PT services.
 - h. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status.
 - i. Provides care in a nonjudgmental manner when the patients' beliefs and values conflicts with the individual's belief system.
 - j. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.

- k. Values the socio-cultural, psychological, and economic influences on patients and clients and responds accordingly.
- l. Is aware of and suspends own social and cultural biases.

4.0 Complete **screening** activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. **(7D16)**

Course Objectives:

- 5. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional. **[CPI skill #8]**
 - j. Utilizes test and measures sensitive to indications for physical therapy intervention.
 - k. Advises practitioner about indications for intervention.
 - d. Reviews medical history from patients and other sources (e.g., medical records, family, other health care staff).
 - l. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
 - m. Selects the appropriate screening tests and measurements.
 - n. Conducts tests and measurements appropriately.
 - o. Interprets tests and measurements accurately.
 - p. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.
 - q. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary.
 - f. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.

5.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:

5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. **(7D17, 7D20)**

5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. **(7D18)**

5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes.

(7D11, 7D19)

5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. **(7D11, 7D19)**

Course Objectives:

- 6. Performs a physical therapy patient examination using evidence-based tests and measures. **[CPI skill #9]**
 - a. Obtains a history from patients and other sources as part of the examination.
 - b. Utilizes information from history and other data (e.g., laboratory, diagnostic tests & pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
 - c. Performs systems review.
 - d. Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening. Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function,

- m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q), posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
- e. Conducts tests and measures accurately and proficiently.
- f. Sequences tests and measures in a logical manner to optimize efficiency.
- g. Adjusts tests and measures according to patient's response.
- h. Performs regular reexaminations of patient status.
- i. Performs an examination using evidence based test and measures.

6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:

- 6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model. **(7D21, 7D22)**
- 6.2 Evaluate data from the examination to make clinical judgments. **(7D20)**
- 6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. **(7D16)**

Course Objectives:

- 7. Evaluates data from the patient examination (history, system review, and tests & measures) to make clinical judgments. **[CPI skill #10]**
 - c. Synthesizes examination data and identifies pertinent health disorder, body structure and function, activity and participation restrictions based on environmental and personal contextual factors.
 - b. Makes clinical judgments based on data from examination (history, system review, tests and measures)
 - e. Reaches clinical decisions efficiently.
 - f. Cites the evidence to support a clinical decision.

7.0 Efficiently establish a physical therapy **diagnosis** by:

- 7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. **(7D22)**
- 7.2 Considering the policies and procedures of the practice setting. **(7D28)**
- 7.3 Effectively communicating diagnostic results and clinical impressions with all stakeholders as appropriate. **(7D7, 7D22)**

Course Objectives:

- 8. Determines a diagnosis that guides future patient management. **[CPI skill #11]**
 - a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis.
 - d. Determines a diagnosis that is congruent with health disorder or disease, body structure and function, activity restrictions, participation restrictions and contextual factors (environmental and personal).

8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. **(7D23)**

Course Objectives:

- 9. Determines a diagnosis and prognosis that guides future patient management. **[CPI skill #11]**

- a. Integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status.
- b. Estimates the contribution of factors (e.g., preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
- c. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc.) that help predict patient outcomes.

9.0 Develop and execute a safe and effective **plan of care** by:

- 9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. **(7D23, 7D24, 7D26)**
- 9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. **(7D23, 7D24)**
- 9.3 Complying with the administrative policies and procedures of the practice environment. **(7D28)**
- 9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. **(7D24, 7D30, 7D31)**
- 9.5 Maintaining a fiduciary responsibility for all patients/clients. **(7D42)**

Course Objectives:

10. Establishes a physical therapy plan of care that is safe, effective, patient centered, and evidence-based. **[CPI skill #12]**
 - l. Establishes goals and desired functional outcomes that specify expected time durations.
 - m. Establishes a PT plan of care in collaboration with the patient family, caregiver, and others involved in the delivery of health care services.
 - n. Establishes a PT plan of care consistent with the examination and evaluation.
 - o. Selects interventions based on the best available evidence and patient preferences.
 - p. Follows established guidelines (e.g., best practice, clinical pathways, and protocol) when designing the plan of care.
 - q. Progresses and modifies plan of care and discharge planning based on patient responses.
 - r. Identifies the resources needed to achieve the goals included in the patient care.
 - s. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
 - t. Discusses the risks and benefits of the use of alternative interventions with the patient.
 - u. Identifies patients who would benefit from further follow-up.
 - v. Advocates for the patients' access to services.

10.0 Competently provide physical therapy **intervention** by:

- 10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. **(7D27)**
- 10.2 Carrying out all physical therapy procedures safely. **(7D27)**
- 10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. **(7D12)**
- 10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. **(7D32)**
- 10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. **(7D33, 7D37)**

Course Objectives:

11. Practices in a safe manner that minimizes risk to patient, self, and others. **[CPI skill #1]**
 - a. Establishes & maintains safe working environment.
 - b. Recognizes physiological and psychological changes in patients and adjusts interventions, accordingly.
 - c. Demonstrates awareness of contraindications and precautions of patient intervention.

- d. Ensures the safety of self, patient and others throughout the clinical interaction (e.g., universal precautions, responding and reporting emergency situations etc.)
 - e. Requests assistance when necessary.
 - f. Uses acceptable techniques for safe handling of patients (e.g., body mechanics, guarding, level of assistance etc.).
 - g. Demonstrates knowledge of facility safety policies and procedures.
12. Performs physical therapy interventions in a competent manner. **[CPI skill #13]**
- h. Performs interventions safely, effectively, efficiently, fluidly, and in a coordinated and technically competent manner. Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).
 - i. Performs interventions consistent with the plan of care.
 - j. Utilizes alternative strategies to accomplish functional goals.
 - k. Follows established guidelines when implementing an existing plan of care.
 - l. Provides rationale for interventions selected for patients presenting with various diagnoses.
 - m. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.
 - n. Assesses patient response to interventions and adjusts accordingly.
- 11.0 Appropriately utilize **outcome assessment** data by:
- 11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. **(7D19)**
 - 11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(7D19)**
 - 11.3 Analyzing and applying results to allow for modification of the plan of care. **(7D31)**

Course Objectives:

13. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. **[CPI skill #16]**
- a. Applies, interprets, & reports results of standardized assessments throughout a patient's episode of care.
 - b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.
 - c. Seeks information regarding quality of care rendered by self and others under clinical supervision.
 - d. Evaluates and uses published studies related to outcomes effectiveness.
 - e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.
 - f. Assesses the patient's response to intervention in practical terms.
 - g. Evaluates whether functional goals from the plan of care have been met.
 - h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).

12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. (7D34)

Course Objectives:

14. Performs physical therapy interventions in a competent manner for the promotion of health wellness and fitness. [CPI skill #13]
- a. Discusses strategies for caregivers to minimize risk of injury and to enhance function.
 - b. Considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.
 - c. Incorporates the concept of self-efficacy in wellness and health promotion.

13.0 Provide and manage care in a variety of **care delivery systems** by:

13.1 Providing physical therapy through direct access or referral based on patient/client goals, expected functional outcomes, and knowledge of one's own and other's capabilities.

(7D34, 7D35)

13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care. (7D28, 7D29, 7D30, 7D31, 7D36, 7D42)

13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. (7D7, 7D34, 7D39)

13.4 Participate in patient centered interprofessional and collaborative practice with active participation from the patient in aspects of his/her care and treatment. (7D39)

Course Objectives:

15. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. [CPI skill #18]
- l. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - m. Applies time-management principles to supervision and patient care.
 - n. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (e.g., secretary, PT Aides, PT Assistants).
 - o. Determines the amount of instruction necessary for personnel to perform directed tasks.
 - p. Provides instruction to personnel in the performance of directed tasks.
 - q. Supervises those physical therapy services directed to physical therapist assistants and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - r. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.
 - s. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.
 - t. Demonstrates respect for the contributions of other support personnel.
 - u. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant's ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - v. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.

14.0 Demonstrate appropriate **professional behavior** by:

- 14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. (7D4, 7D5, 7D6)
- 14.2 Adhering to the standards of practice, state and federal laws. (7D1)
- 14.3 Reporting to appropriate authorities suspected cases of fraud and abuse. (7D2, 7D3)
- 14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. (7D5, 7D38)
- 14.5 Participating in both integrated and full-time terminal clinical education activities. (6L)
- 14.6 Formulating and implementing a plan for personal and professional career development. (7D15)
- 14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of society. (7D13, 7D14)
- 14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. (7D10, 7D11)
- 14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. (7D9)
- 14.10 Critically evaluating current literature and information sources related to contemporary physical therapy practice, research, administration, consultation, and education. (7D9, 7D11 7D40)
- 14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. (7D9, 7D15)

Course Objectives:

- 16. Demonstrates professional behavior in all situations. [CPI skill #2]
 - a. Demonstrates initiative (e.g., Arrives well prepared, offers assistance, and seeks learning opportunities).
 - b. Is punctual and dependable.
 - c. Wears attire consistent with expectations of the practice setting.
 - d. Demonstrates integrity in all interactions.
 - e. Exhibits caring, compassion, and empathy in providing services to patients.
 - f. Maintains productive working relationships with patients, families, CI and others.
 - g. Demonstrates behaviors that contribute to a positive work environment.
 - h. Accepts feedback without defensiveness.
 - i. Manages conflict in constructive ways.
 - j. Maintains patient privacy and modesty.
 - k. Values the dignity of patients as individuals.
 - l. Seeks feedback from CI related to clinical performance.
 - m. Provides effective feedback to CI related to clinical/teaching mentoring.

- 17. Practices in a manner consistent with established legal and professional standards & ethical guidelines. [CPI skill #3]
 - l. Places patient's needs above self-interests
 - m. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
 - n. Takes steps to remedy errors in a timely manner.
 - o. Abides by policies and procedures of the practice setting (e.g., OSHA, HIPAA etc.).
 - p. Maintains patient confidentiality.
 - q. Adheres to legal practice standards including all federal state/province, and institutional
 - r. regulations related to patient care and fiscal management.
 - s. Identifies ethical or legal concerns and initiates action to address the concerns.
 - t. Displays generosity as evidenced in the use of time and effort to meet patient needs.
 - u. Recognize the need for PT services to underserved and underrepresented populations.
 - v. Strive to provide patient/client services that go beyond expected standards of practice.

15.0 Function in the role of an **administrator** by:

- 15.1 Appropriately delegating to and supervising physical-therapy-related services to support

personnel, physical therapist assistants and caregivers. (7D25, 7D29)

15.2 Demonstrating understanding of the history, current status and future projections for health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. (7D41)

15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. (7D36, 7D43)

15.4 Participating in the financial management of practice settings including billing and payment for services. (7D42)

15.5 Establishing a business plan on a programmatic level within a practice. (7D43)

15.6 Participating in activities related to marketing and public relations. (7D43)

Course Objectives:

18. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines. [CPI skill #17]

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

16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities (7D12)

Course Objectives:

19. Educates others (patients, family, caregivers, staff, students, other health care providers, business and industry reps., school systems) using relevant and effective teaching methods. [CPI skill #14]
- a. Identifies and establishes priorities for educational needs in collaboration with the learner.
 - b. Identifies patient learning style (e.g., demonstration, verbal, written).
 - c. Identifies barriers to learning (e.g., literacy, language, cognition).

- d. Modifies interaction based on patient learning style.
- e. Instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community.
- f. Ensures understanding and effectiveness of recommended ongoing program.
- g. Tailors interventions with consideration for patient family situation and resources.
- h. Provides patients with the necessary tools and education to manage their problem.
- i. Provides education and promotion of health, wellness, and fitness.

17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. **(7D13)**

Course Objectives:

- 20. Provides consultation to individuals, businesses, schools, government agencies, or other organizations. **[CPI skill #14]**
 - c. Determines need for consultative services.
 - d. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (e.g., ergonomic evaluations, school system assessments, corporate environmental assessments).

18.0 Function as a **self-directed lifelong learner** by:

- 18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. **(7D9)**
- 18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. **(7D15)**
- 18.3 Seeking out new information regarding the practice of physical therapy. **(7D9)**

Course Objectives:

- 21. Participates in self-assessment to improve clinical and professional performance. **[CPI skill #6]**
 - a. Identifies strengths and limitations in clinical performance.
 - b. Seeks guidance as necessary to address limitations.
 - c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice & professional development.
 - d. Acknowledges and accepts responsibility and consequences of his or her actions.
 - e. Establishes realistic short and long-term goals in a plan for professional development.
 - f. Seeks out additional learning experiences to enhance clinical and professional performance.
 - g. Discusses progress of clinical and professional growth.
 - h. Accepts responsibility for continuous professional learning.
 - i. Discusses professional issues related to physical therapy practice.
 - j. Participates in professional activities beyond the practice environment.
 - k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
 - l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc.) to achieve optimal patient care.

19.0 Use **critical thinking skills** to:

- 19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. **(7D9, 7D10, 7D11)**
- 19.2 Explain one's reasoning and conclusions. **(7D10, 7D11)**
- 19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. **(7D38)**

Course Objectives:

22. Utilizes critical thinking skills in patient management. [**CPI Skill #7**]
- Presents a logical rationale (cogent and concise arguments) for clinical decisions.
 - Makes clinical decisions within the context of ethical practice and informed consent.
 - Utilizes information from multiple data sources to make clinical decisions (e.g., patient and caregivers, health care professionals, hooked on evidence, databases, and medical records).
 - Seeks disconfirming evidence in the process of making clinical decisions.
 - Recognizes when plan of care and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
 - Critically evaluates published research articles relevant to physical therapy and applies to clinical practice.
 - Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
 - Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

Required Textbooks and other materials:

Required:

American Physical Therapy Association. *Physical Therapist Clinical Performance Instrument*. 2nd ed. Alexandria, VA: American Physical Therapy Association; June 2006.
PT Faculty. *Student Handbook*. The University of Findlay; 2021.

Recommended:

Curricular Books

American College of Sports Medicine. ACSM's Guidelines for Exercise Testing and Prescription. 10th ed. Philadelphia, PA: Wolters Kluwers; 2018. ISBN: 978-1496339072.
American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015. ISBN: 978-1-931369-85-5. Available online at: <http://guidetoptpractice.apta.org/>
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Instructional Strategies:

Case Analysis		Library and Internet Research	
Debate		Practice/drill	
Discovery/Independent Research	X	Problem solving	X
Discussion/Questioning/Interviewing	X	Reading assignments	
Experiential Learning		Role playing/simulation games	
Field Experience	X	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

Methods of Assessment:

Method of Evaluation	Course Objective #	Points or Percentage
Abstracts		
Attendance		
Capstone Project		
Case Study		
Exams		
Group Projects		
Homework Assignments		
Internet Research		
Journaling		
Lab Performance		
Oral/written review of literature		
Participation		
Peer Evaluation		
Portfolio		
Portfolio Lab Performance		
Presentations		
Professional Evaluation		
Quizzes		
Research project		
Other : Clinical Performance Instrument (CPI)		
Method of Evaluation	Course Objective #	Points or Percentage
CPI skill #1	#11	N/A – Satisfactory grade
CPI skill #2	#16	N/A – Satisfactory grade
CPI skill #3	#17	N/A – Satisfactory grade
CPI skill #4	#2	N/A – Satisfactory grade
CPI skill #5	#4	N/A – Satisfactory grade
CPI skill #6	#21	N/A – Satisfactory grade
CPI skill #7	#1, #22	N/A – Satisfactory grade
CPI skill #8	#5	N/A – Satisfactory grade

CPI skill #9	#6	N/A – Satisfactory grade
CPI skill #10	#7	N/A – Satisfactory grade
CPI skill #11	#8, #9	N/A – Satisfactory grade
CPI skill #12	#10	N/A – Satisfactory grade
CPI skill #13	#12, #14	N/A – Satisfactory grade
CPI skill #14	#19, #20	N/A – Satisfactory grade
CPI skill #15	#3	N/A – Satisfactory grade
CPI skill #16	#13	N/A – Satisfactory grade
CPI skill #17	#18	N/A – Satisfactory grade
CPI skill #18	#15	N/A – Satisfactory grade

Description of Assignments:

To obtain a satisfactory grade the student must have completed the following assignments/activity:

1. Satisfactory attendance record – 40 hrs. per week **MINIMUM** & follows **CI SCHEDULE** (See the policy on attendance in *Student Handbook*)
2. Completion of Letter of Intent and minimum data set of CSIF
3. Completion of *Clinical Education Experience Evaluation Report*, online.
4. Completion of Clinical Education Data Collection Forms (and cover sheet) on a daily basis.
5. Completion of Weekly Reflection forms with CI.
6. Completion of two inservices.
7. Satisfactory completion of clinical skills from *Physical Therapist Clinical Performance Instrument*.
8. There must be **NO** evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:
 - a. **FOR Clinical Education Experience ONE: A MINIMUM of Advanced Intermediate or Above Performance for ALL Skills**
 - b. **ALL students must show entry-level performance in ALL skills by the end of the clinical education series.**
9. All practice patterns concerning clients across the lifespan also must be addressed. If there is no opportunity or minimal opportunity to work on a certain skill, practice pattern, or age group, then a mini-clinical or an extension of a clinical will need to occur.

Grading: Grading is satisfactory/unsatisfactory. Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE and the Director have the right to review the requirements and make concessions on an individual basis.

Grading Scale/Distribution:

Grade	Points	Grading Scale
A	4.00	93-100
A-	3.67	90-92
B+	3.33	87-89
B	3.00	83-86
B-	2.67	80-82
C+	2.33	77-79
C	2.00	73-76
C-	1.67	70-72

D+	1.33	67-69
D	1.00	63-66
D-	0.67	62-60
F	0.00	below 60
U	0.00	

University Honor Code:

Each and every student of the University will adhere to the following Honor Code:

“I will not knowingly engage in any dishonorable behavior, cheat, steal, lie, or commit any act of plagiarism during any academic work, course, or endeavor. If I observe an act which I believe violates the University’s Honor Code, I may, at my discretion, report it to the appropriate personnel.”

Student Acknowledgement of University Honor Code:

“I acknowledge that I have fully complied or will comply with all aspects of the University’s Honor Code in submitting this work.”

Student Rights and Responsibilities Statement, Article VIII-Academic Integrity:

<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Student-Rights-and-Responsibilities-Statement/VIII-Academic-Integrity>

University Diversity Statement:

As part of our commitment to achieve excellence, the University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers.

Course Policies and Practices: (Please refer to the DPT Student Handbook for a complete list of policies)

Attendance

Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students’ progress. Excessive absence in a course can seriously threaten a student’s academic progress and may result in suspension from the program course. More importantly, however, every absence represents a risk to the student’s investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Email Etiquette

It is expected that all email correspondences to the instructor will be conducted in a professional manner. When utilizing email for this class, students should: (1) include the course name and number in the email subject heading, (2) address the recipient in an appropriate manner, (3) utilize proper spelling, grammar, and punctuation, (4) close with your full name, and (5) name file attachments by including the course name and number, student last name, and assignment/document title.

Minimum Competency:

For the purposes of this class on all exams, quizzes, papers, and projects, etc. **a grade of C must be earned to display competency.** If a student receives below a C, remediation will be required per the discretion of the instructor until competency is reached but the original grade will be the one used for determining the student’s grade for the course. For clinical science courses with a laboratory component, the Clinical Science Course Practical Examinations and Safety Errors policy will also be enforced to ensure minimum competency.

Clinical Science Course Practical Examinations and Safety Errors:

Practical examinations are important means of assessing clinical skills. While it is accepted that a student may occasionally have difficulty on a practical examination, it is important that the student be competent in clinical skills. Students must successfully pass the practical examination in accordance with the minimal passing score of 80%.

Procedure:

- Any student that commits a safety error or scores below 80%, will fail that practical examination. The student may repeat the practical if it is the first or second program practical failed. .
- The student will arrange with the instructor within one week, a plan of remediation and a time to retake the practical.
- The maximum grade earned for a retaken practical examination will be 80%.
 - If the student passes the practical retake, they may proceed in the course, however, the student will have the lab practical failure on record.
 - If during the practical retake a student commits a safety error or fails to obtain an 80% on the retake, they will receive a failing grade for the course, and the policy regarding 'Failure to Meet Minimum Academic Standards' will be followed.
- Faculty teaching clinical courses will monitor the performance of students on practical examinations. If a student fails the exam, the Associate Chair will be notified, so that the number of failed practicals can be tracked throughout the curriculum.
- If a student fails a third practical throughout the curriculum, the student will be dismissed from the

Videotaping

Video recording of classroom or laboratory demonstrations or activities is strictly prohibited. Under certain circumstances and with the expressed written or verbal consent of the course instructor for personal study and review, approval may be granted. Approved video recordings of classroom or laboratory activities shall not be disseminated to in any format to anyone other than the individual who took the video, unless given written or verbal consent of the course instructor.

Late Assignments:

Any student whose assignment is not received by the course instructor prior to the due date and time will have a **minimum 5% point reduction for EACH DAY LATE.**

Special Services: If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Accommodation and Inclusion (oai@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

Course and Instructor Evaluation: Each student is expected to complete the course and instructor evaluation which is sent electronically to the student by the Office of the Registrar. The electronic notification comes in the form of an e-mail from the UF Registrar's Office with the following subject line: Online survey for the designated course (e.g., BIOL 102).

Last Date of Attendance Policy: A student's last date of attendance is the date he/she was last present in class. If the student attends all classes, the official last date of the class, as determined by the institution, will be used for reporting purposes.

Tentative Course Outline:

Week One

- Completion of the letter of intent & FAX
- Email Experiential Educator (EE): CI email address, location, & full name

Week Four

- Completion of online self-assessment of CPI midterm & notify CI of its completion

Midterm, Week Five

- Completion of online CPI by the CI
- Call DCE for midterm contact
- Make sure the CPI is signed off on
- Completion of the CSIF minimum data & notify EE

Week Nine

- Completion of online self-assessment of CPI final & notify CI of its completion

Final, Week Ten

- Completion of online CPI by the CI
- Completion of online CEEER
- Make sure the CPI is signed off on by all parties
- Email DCE as ONE pdf document:
- Daily CEF data sheets & cover
- Weekly reflections;
- Inservice proof (needed for 2 clinicals)
- Signature page of the CEEER
- Completion of Certificate of supervision for the CI & turn in with TY note to the CI

Course Content is focused on the following CPI skills:

1. Safety
2. Professional Behavior
3. Accountability
4. Communication
5. Cultural Competence
6. Professional Development
7. Clinical Reasoning
8. Screening
9. Examination
10. Evaluation
11. Diagnosis/Prognosis
12. Plan of Care
13. Procedural Interventions
14. Educational Interventions
15. Documentation
16. Outcomes Assessment
17. Financial Resources
18. Direction & Supervision of Personnel

Note: This syllabus is subject to change at the discretion of the instructor.

Syllabus Template Approved by Faculty Senate 26 March 2018

Modified 12 June 2018

**The University of Findlay
College of Health Professions
Doctor of Physical Therapy Program
Fall Semester, 2022**

**The mission of The University of Findlay is to equip our students for
meaningful lives and productive careers.**

Course Number/Title: PHTH 730 Clinical Education III, Specialty

Credit Hours: 5 semester hours

Class Time/Place: Assigned Clinical sites (*40 hours/week, AT A MINIMUM*)

Prerequisites, Co-requisites and Course Description: Full-time, ten-week clinical experience supervised by a licensed physical therapist in a specialty setting chosen by the student (e.g. school system, MRDD facility, sports medicine clinic, home health agency, SNF). Designed to provide students with the opportunity to analyze and synthesize current knowledge and experience with clinical practice. In addition, experience with education, management, and research is provided, as available.

Instructor: Deborah George, PhD, MS, PT, DCE

Instructor Contact Information: 349 Trenton Ave., Findlay; george@findlay.edu 419-434-5531(office); 419-434-4336 (FAX)

Office Hours: Mondays and Thursdays 1:00 to 3:30; Also by appointment throughout the week.

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Relationship to the Conceptual Framework: Clinical education is considered an integral component of the Weekend PTA to DPT Bridge program curriculum. The clinical affiliations are designed to provide the student with a supervised, concentrated course of study in which he/she is given opportunities to apply theory and practice learned skills in the clinic setting. Three full-time clinical education experiences (total of 26 weeks) are required at the end of the student's academic course work. Experiences with all practice patterns, all age groups, and in both outpatient and inpatient settings are obligatory. In addition, the student has the opportunity to continue with a general experience or to specialize in an area of their choice for the final clinical experience.

PT Program Curricular Goals

Course meets the following curricular objectives in whole or in part:

Following completion of the physical therapy program curriculum, the graduate physical therapist will be a generalist who will be able to:

1.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy. (7A, 7B, 7C)

Course Objectives:

1. Applies current knowledge, theory, clinical judgment, skills, and the patient's values and perspective in patient management. [**CPI Skill #7**]
 - i. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
 - j. Assesses patient response to interventions using credible measures.
 - k. Integrates patient needs and values in making decisions in developing the plan of care.
 - l. Clinical decisions focus on the whole person rather than the disease.
 - e. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

- 2.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. (7D7, 7D8)

Course Objectives:

2. Communicates in ways that are congruent with situational needs. [**CPI skill #4**]
 - a. Communicates, verbally and nonverbally, in a professional and timely manner.
 - b. Initiates communication in difficult situations.
 - c. Selects the most appropriate person(s) with whom to communicate.
 - d. Communicates respect for the roles and contributions of all participants in patient care.
 - e. Listens actively and attentively to understand what is being communicated by others.
 - f. Demonstrates professionally and technically correct written and verbal communication without jargon.
 - g. Communicates using nonverbal messages that are consistent with intended message.
 - h. Engages in ongoing dialogue with professional peers or team members.
 - i. Interprets and responds to the nonverbal communication of others.
 - j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
 - k. Seeks and responds to feedback from multiple sources in providing patient care.
 - l. Adjust style of communication based on target audience.
 - m. Communicates with the patient using language the patient can understand (e.g., translator, sign language, level of education, cognitive impairment, etc.).

3. Produces quality documentation in a timely manner to support the delivery of physical therapy services. [**CPI skill #15**]
 - a. Selects relevant information to document the delivery of physical therapy patient care.
 - b. Documents all aspects of PT care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication with others involved in delivery of patient care.
 - c. Produces documentation (e.g., electronic, dictation, chart) that follows guidelines and format required by the practice setting.
 - d. Documents patient care consistent with guidelines & requirements of regulatory agencies & third-party payers.
 - e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.

- f. Produces documentation that is accurate, concise, timely and legible.
- g. Utilizes terminology that is professionally and technically correct.
- h. Documentation accurately describes care delivery that justifies physical therapy services.
- i. Participates in quality improvement review of documentation (chart audit, peer review, goals).

3.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. (7D8)

Course Objectives:

- 4. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. [CPI skill #5]
 - m. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of PT services.
 - n. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status.
 - o. Provides care in a nonjudgmental manner when the patients' beliefs and values conflicts with the individual's belief system.
 - p. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.
 - q. Values the socio-cultural, psychological, and economic influences on patients and clients and responds accordingly.
 - r. Is aware of and suspends own social and cultural biases.

4.0 Complete **screening** activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. (7D16)

Course Objectives:

- 5. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional. [CPI skill #8]
 - s. Utilizes test and measures sensitive to indications for physical therapy intervention.
 - t. Advises practitioner about indications for intervention.
 - g. Reviews medical history from patients and other sources (e.g., medical records, family, other health care staff).
 - u. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
 - v. Selects the appropriate screening tests and measurements.
 - w. Conducts tests and measurements appropriately.
 - x. Interprets tests and measurements accurately.
 - y. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.
 - h. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary.
 - z. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary.
 - i. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.

5.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:

5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. (7D17, 7D20)

5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. (7D18)

5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes.

(7D11, 7D19)

5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. **(7D11, 7D19)**

Course Objectives:

6. Performs a physical therapy patient examination using evidence-based tests and measures. [**CPI skill #9**]

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

6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:

6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model. **(7D21, 7D22)**

6.2 Evaluate data from the examination to make clinical judgments. **(7D20)**

6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. **(7D16)**

Course Objectives:

7. Evaluates data from the patient examination (history, system review, and tests & measures) to make clinical judgments. [**CPI skill #10**]

- a. Synthesizes examination data and identifies pertinent health disorder, body structure and function, activity and participation restrictions based on environmental and personal contextual factors.
- b. Makes clinical judgments based on data from examination (history, system review, tests and measures)
- g. Reaches clinical decisions efficiently.
- h. Cites the evidence to support a clinical decision.

7.0 Efficiently establish a physical therapy **diagnosis** by:

- 7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. (7D22)
- 7.2 Considering the policies and procedures of the practice setting. (7D28)
- 7.3 Effectively communicating diagnostic results and clinical impressions with all stakeholders as appropriate. (7D7, 7D22)

Course Objectives:

- 8. Determines a diagnosis that guides future patient management. [CPI skill #11]
 - a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis.
 - b. Determines a diagnosis that is congruent with health disorder or disease, body structure and function, activity restrictions, participation restrictions and contextual factors (environmental and personal).

8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. (7D23)

Course Objectives:

- 9. Determines a diagnosis and prognosis that guides future patient management. [CPI skill #11]
 - a. Integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status.
 - b. Estimates the contribution of factors (e.g., preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
 - c. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc.) that help predict patient outcomes.

9.0 Develop and execute a safe and effective **plan of care** by:

- 9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. (7D23, 7D24, 7D26)
- 9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. (7D23, 7D24)
- 9.3 Complying with the administrative policies and procedures of the practice environment. (7D28)
- 9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. (7D24, 7D30, 7D31)
- 9.5 Maintaining a fiduciary responsibility for all patients/clients. (7D42)

Course Objectives:

- 10. Establishes a physical therapy plan of care that is safe, effective, patient centered, and evidence-based. [CPI skill #12]
 - w. Establishes goals and desired functional outcomes that specify expected time durations.
 - x. Establishes a PT plan of care in collaboration with the patient family, caregiver, and others involved in the delivery of health care services.
 - y. Establishes a PT plan of care consistent with the examination and evaluation.
 - z. Selects interventions based on the best available evidence and patient preferences.
 - aa. Follows established guidelines (e.g., best practice, clinical pathways, and protocol) when designing the plan of care.
 - bb. Progresses and modifies plan of care and discharge planning based on patient responses.
 - cc. Identifies the resources needed to achieve the goals included in the patient care.
 - dd. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
 - ee. Discusses the risks and benefits of the use of alternative interventions with the patient.

- ff. Identifies patients who would benefit from further follow-up.
- gg. Advocates for the patients' access to services.

10.0 Competently provide physical therapy **intervention** by:

- 10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. **(7D27)**
- 10.2 Carrying out all physical therapy procedures safely. **(7D27)**
- 10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. **(7D12)**
- 10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. **(7D32)**
- 10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. **(7D33, 7D37)**

Course Objectives:

- 11. Practices in a safe manner that minimizes risk to patient, self, and others. **[CPI skill #1]**
 - a. Establishes & maintains safe working environment.
 - b. Recognizes physiological and psychological changes in patients and adjusts interventions, accordingly.
 - c. Demonstrates awareness of contraindications and precautions of patient intervention.
 - d. Ensures the safety of self, patient and others throughout the clinical interaction (e.g., universal precautions, responding and reporting emergency situations etc.)
 - e. Requests assistance when necessary.
 - f. Uses acceptable techniques for safe handling of patients (e.g., body mechanics, guarding, level of assistance etc.).
 - g. Demonstrates knowledge of facility safety policies and procedures.

- 12. Performs physical therapy interventions in a competent manner. **[CPI skill #13]**
 - o. Performs interventions safely, effectively, efficiently, fluidly, and in a coordinated and technically competent manner. Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).
 - p. Performs interventions consistent with the plan of care.
 - q. Utilizes alternative strategies to accomplish functional goals.
 - r. Follows established guidelines when implementing an existing plan of care.
 - s. Provides rationale for interventions selected for patients presenting with various diagnoses.
 - t. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.
 - u. Assesses patient response to interventions and adjusts accordingly.

- 11.0 Appropriately utilize **outcome assessment** data by:
 - 11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. **(7D19)**
 - 11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(7D19)**
 - 11.3 Analyzing and applying results to allow for modification of the plan of care. **(7D31)**

Course Objectives:

13. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. **[CPI skill #16]**
 - a. Applies, interprets, & reports results of standardized assessments throughout a patient's episode of care.
 - b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.
 - c. Seeks information regarding quality of care rendered by self and others under clinical supervision.
 - d. Evaluates and uses published studies related to outcomes effectiveness.
 - e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.
 - f. Assesses the patient's response to intervention in practical terms.
 - g. Evaluates whether functional goals from the plan of care have been met.
 - h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).

12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. **(7D34)**

Course Objectives:

14. Performs physical therapy interventions in a competent manner for the promotion of health wellness and fitness. **[CPI skill #13]**
 - a. Discusses strategies for caregivers to minimize risk of injury and to enhance function.
 - b. Considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.
 - c. Incorporates the concept of self-efficacy in wellness and health promotion.

13.0 Provide and manage care in a variety of **care delivery systems** by:

13.1 Providing physical therapy through direct access or referral based on patient/client goals, expected functional outcomes, and knowledge of one's own and other's capabilities.

(7D34, 7D35)

13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care. **(7D28, 7D29, 7D30, 7D31, 7D36, 7D42)**

13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. **(7D7, 7D34, 7D39)**

13.4 Participate in patient centered interprofessional and collaborative practice with active participation from the patient in aspects of his/her care and treatment. **(7D39)**

Course Objectives:

15. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. **[CPI skill #18]**
 - w. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - x. Applies time-management principles to supervision and patient care.
 - y. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (e.g., secretary, PT Aides, PT Assistants).

- z. Determines the amount of instruction necessary for personnel to perform directed tasks.
- aa. Provides instruction to personnel in the performance of directed tasks.
- bb. Supervises those physical therapy services directed to physical therapist assistants and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
- cc. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.
- dd. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.
- ee. Demonstrates respect for the contributions of other support personnel.
- ff. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant's ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
- gg. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.

14.0 Demonstrate appropriate **professional behavior** by:

- 14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. (7D4, 7D5, 7D6)
- 14.2 Adhering to the standards of practice, state and federal laws. (7D1)
- 14.3 Reporting to appropriate authorities suspected cases of fraud and abuse. (7D2, 7D3)
- 14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. (7D5, 7D38)
- 14.5 Participating in both integrated and full-time terminal clinical education activities. (6L)
- 14.6 Formulating and implementing a plan for personal and professional career development. (7D15)
- 14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of society. (7D13, 7D14)
- 14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. (7D10, 7D11)
- 14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. (7D9)
- 14.10 Critically evaluating current literature and information sources related to contemporary physical therapy practice, research, administration, consultation, and education. (7D9, 7D11 7D40)
- 14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. (7D9, 7D15)

Course Objectives:

- 16. Demonstrates professional behavior in all situations. [CPI skill #2]
 - a. Demonstrates initiative (e.g., Arrives well prepared, offers assistance, and seeks learning opportunities).
 - b. Is punctual and dependable.
 - c. Wears attire consistent with expectations of the practice setting.
 - d. Demonstrates integrity in all interactions.
 - e. Exhibits caring, compassion, and empathy in providing services to patients.
 - f. Maintains productive working relationships with patients, families, CI and others.
 - g. Demonstrates behaviors that contribute to a positive work environment.
 - h. Accepts feedback without defensiveness.
 - i. Manages conflict in constructive ways.
 - j. Maintains patient privacy and modesty.
 - k. Values the dignity of patients as individuals.
 - l. Seeks feedback from CI related to clinical performance.
 - m. Provides effective feedback to CI related to clinical/teaching mentoring.

17. Practices in a manner consistent with established legal and professional standards & ethical guidelines. **[CPI skill #3]**
- w. Places patient's needs above self-interests
 - x. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
 - y. Takes steps to remedy errors in a timely manner.
 - z. Abides by policies and procedures of the practice setting (e.g., OSHA, HIPAA etc.).
 - aa. Maintains patient confidentiality.
 - bb. Adheres to legal practice standards including all federal state/province, and institutional
 - cc. regulations related to patient care and fiscal management.
 - dd. Identifies ethical or legal concerns and initiates action to address the concerns.
 - ee. Displays generosity as evidenced in the use of time and effort to meet patient needs.
 - ff. Recognize the need for PT services to underserved and underrepresented populations.
 - gg. Strive to provide patient/client services that go beyond expected standards of practice.

15.0 Function in the role of an **administrator** by:

15.1 Appropriately delegating to and supervising physical-therapy-related services to support personnel, physical therapist assistants and caregivers. **(7D25, 7D29)**

15.2 Demonstrating understanding of the history, current status and future projections for health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. **(7D41)**

15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. **(7D36, 7D43)**

15.4 Participating in the financial management of practice settings including billing and payment for services. **(7D42)**

15.5 Establishing a business plan on a programmatic level within a practice. **(7D43)**

15.6 Participating in activities related to marketing and public relations. **(7D43)**

Course Objectives:

18. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines. **[CPI skill #17]**
- a. Schedules patients, equipment, and space.
 - b. Coordinates physical therapy with other services to facilitate efficient and effective patient care.
 - c. Sets priorities for the use of resources to maximize patient and facility outcomes.
 - d. Uses time effectively.
 - e. Adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements.
 - f. Provides recommendations for equipment and supply needs.
 - g. Submits billing charges on time.
 - h. Adheres to reimbursement guidelines established by regulatory agencies, payers, & facility.
 - i. Requests and obtains authorization for clinically necessary reimbursable visits.
 - j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.
 - k. Negotiates with reimbursement entities for changes in individual patient services.
 - l. Utilizes the facility's information technology effectively.
 - m. Functions within the organizational structure of the practice setting.
 - n. Implements risk-management strategies (ie, prevention of injury, infection control, etc).
 - o. Markets services to customers (eg, physicians, corporate clients*, general public).

- p. Promotes the profession of physical therapy.
- q. Participates in special events organized in the practice setting related to patients and care delivery.
- t. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).

16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities
(7D12)

Course Objectives:

- 19. Educates others (patients, family, caregivers, staff, students, other health care providers, business and industry reps., school systems) using relevant and effective teaching methods. [CPI skill #14]
 - a. Identifies and establishes priorities for educational needs in collaboration with the learner.
 - b. Identifies patient learning style (e.g., demonstration, verbal, written).
 - c. Identifies barriers to learning (e.g., literacy, language, cognition).
 - d. Modifies interaction based on patient learning style.
 - e. Instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community.
 - f. Ensures understanding and effectiveness of recommended ongoing program.
 - g. Tailors interventions with consideration for patient family situation and resources.
 - h. Provides patients with the necessary tools and education to manage their problem.
 - i. Provides education and promotion of health, wellness, and fitness.

17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. (7D13)

Course Objectives:

- 20. Provides consultation to individuals, businesses, schools, government agencies, or other organizations. [CPI skill #14]
 - e. Determines need for consultative services.
 - f. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (e.g., ergonomic evaluations, school system assessments, corporate environmental assessments).

18.0 Function as a **self-directed lifelong learner** by:

18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. (7D9)

18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. (7D15)

18.3 Seeking out new information regarding the practice of physical therapy. (7D9)

Course Objectives:

- 21. Participates in self-assessment to improve clinical and professional performance. [CPI skill #6]
 - a. Identifies strengths and limitations in clinical performance.
 - b. Seeks guidance as necessary to address limitations.
 - c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice & professional development.
 - d. Acknowledges and accepts responsibility and consequences of his or her actions.
 - e. Establishes realistic short and long-term goals in a plan for professional development.

- f. Seeks out additional learning experiences to enhance clinical and professional performance.
- g. Discusses progress of clinical and professional growth.
- h. Accepts responsibility for continuous professional learning.
- i. Discusses professional issues related to physical therapy practice.
- j. Participates in professional activities beyond the practice environment.
- k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
- l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc.) to achieve optimal patient care.

19.0 Use **critical thinking skills** to:

19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. **(7D9, 7D10, 7D11)**

19.2 Explain one's reasoning and conclusions. **(7D10, 7D11)**

19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. **(7D38)**

Course Objectives:

- 22. Utilizes critical thinking skills in patient management. [**CPI Skill #7**]
 - a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
 - b. Makes clinical decisions within the context of ethical practice and informed consent.
 - c. Utilizes information from multiple data sources to make clinical decisions (e.g., patient and caregivers, health care professionals, hooked on evidence, databases, and medical records).
 - d. Seeks disconfirming evidence in the process of making clinical decisions.
 - e. Recognizes when plan of care and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
 - f. Critically evaluates published research articles relevant to physical therapy and applies to clinical practice.
 - g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
 - l. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

Required Textbooks and other materials:

Required:

American Physical Therapy Association. *Physical Therapist Clinical Performance Instrument*. 2nd ed.

Alexandria, VA: American Physical Therapy Association; June 2006.

PT Faculty. *Student Handbook*. The University of Findlay; 2019.

Recommended:

Curricular Books

American College of Sports Medicine. *ACSM's Guidelines for Exercise Testing and Prescription*. 10th ed. Philadelphia, PA: Wolters Kluwers; 2018. ISBN: 978-1496339072.

American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015. ISBN: 978-1-931369-85-5. Available online at: <http://guidetoptpractice.apta.org/>

American Medical Association. *AMA Manual of Style*. 10th ed. Oxford, NY: Oxford University Press; 2007. ISBN: 978-0195176339.

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Knowledge Base:

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Deusinger S. Establishing clinical education programs: a practical guide. *Journal of Physical Therapy Education*. 1990; 4(2): 58-61.

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Jette DU, Portney LG. Construct validation of a model for professional behavior in physical therapist student. *Phys Ther*. 2003; 83: 432-443.

Ladyshevsky RK. Enhancing service productivity in acute care inpatient settings using a collaborative clinical education model. *Phys Ther*. 1995; 75:503-510.

Ladyshevsky RK, Barrie SC, Drake VM. A comparison of productivity and learning outcome in individual and cooperative physical therapy clinical education models. *Phys Ther*. 1998; 78:1288-1298.

Laitinen-Vaananen S, Talttie U. (2007). Clinical supervision as an interaction between the clinical educator and the student. *Physiother Theory Pract*. 2007; 23: 95-103.

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Rindfleisch A, Hoversten K, Patterson B, Thomas L, et al. Students' description of factors contributing to a meaningful clinical experience in entry-level physical therapist professional education. *Work*. 2013; 44: 265-274.

Roach KE, Frost JS, Francis NJ, Giles S, et al. Validation of the revised physical therapist Clinical Performance Instrument (PT CPI): Version 2006. *Phys Ther*. 2012; 92: 416-428.

Roach K, Gandy J, Deusinger SS, Clark S, Gramet P et al. The Development and Testing of APTA Clinical Performance Instruments. *Phys Ther*. 2008; 82: 329-353.

School of Allied Health, Seminar 1 - *Teaching Guide and Learner's Workbook*.

Stith JS, Butterfield WH, Strube MJ, Deusinger SS, Gillespie DF. (1998). Personal, interpersonal, and organizational influences on student satisfaction with clinical education. *Phys Ther.* 1998; 78: 635-645.

Strohschein J, Hagler P, May L. Assessing the need for change in clinical education practices. *Phys Ther.* 2002; 82: 160-172.

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Vendrely A, Carter R. The influence of training on the rating of physical therapist student performance in the clinical setting. *J Allied Health.* 2004; 33: 62-69.

Wolff-Burke M. Clinical instructors' descriptions of physical therapist student professional behaviors. *J Phys Ther Educ.* 2005; 19: 67-76.

Instructional Strategies:

Case Analysis		Library and Internet Research	
Debate		Practice/drill	
Discovery/Independent Research	X	Problem solving	X
Discussion/Questioning/Interviewing	X	Reading assignments	
Experiential Learning		Role playing/simulation games	
Field Experience	X	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

Methods of Assessment:

Method of Evaluation	Course Objective #	Points or Percentage
Abstracts		
Attendance		
Capstone Project		
Case Study		
Exams		
Group Projects		
Homework Assignments		
Internet Research		
Journaling		
Lab Performance		
Oral/written review of literature		
Participation		
Peer Evaluation		
Portfolio		

Portfolio Lab Performance		
Presentations		
Professional Evaluation		
Quizzes		
Research project		
Other: Clinical Performance Instrument (CPI)		
Method of Evaluation	Course Objective #	Points or Percentage
CPI skill #1	#11	N/A – Satisfactory grade
CPI skill #2	#16	
CPI skill #3	#17	
CPI skill #4	#2	
CPI skill #5	#4	
CPI skill #6	#21	
CPI skill #7	#1, #22	
CPI skill #8	#5	
CPI skill #9	#6	
CPI skill #10	#7	
CPI skill #11	#8, #9	
CPI skill #12	#10	
CPI skill #13	#12, #14	
CPI skill #14	#19, #20	
CPI skill #15	#3	
CPI skill #16	#13	
CPI skill #17	#18	
CPI skill #18	#15	

Description of Assignments:

Grading is satisfactory/unsatisfactory. To obtain a satisfactory grade the student must have completed the following assignments/activity:

1. Satisfactory attendance record (See the policy on attendance in *Student Handbook*)
2. Completion of Letter of Intent and minimum data set
3. Completion of Clinical Education Experience Evaluation Report, online.
4. Completion of Clinical Education Data Collection Forms (and cover sheet) on a daily basis.
5. Completion of Weekly Reflection forms with CI.
6. Completion of two inservices.
7. Satisfactory completion of clinical skills from Physical Therapist Clinical Performance Instrument.
8. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:
 - FOR Clinical Education Experience THREE: A MINIMUM of Entry-level Performance for ALL Skills

- ALL students must show entry-level performance in ALL skills by the end of the clinical education series.
9. All practice patterns concerning clients across the lifespan also must be addressed. If there is no opportunity or minimal opportunity to work on a certain skill, practice pattern, or age group, then a mini-clinical or an extension of a clinical will need to occur.

Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE and the Director have the right to review the requirements and make concessions on an individual basis.

Grading Scale/Distribution:

Grade	Points	Grading Scale
A	4.00	93-100
A-	3.67	90-92
B+	3.33	87-89
B	3.00	83-86
B-	2.67	80-82
C+	2.33	77-79
C	2.00	73-76
C-	1.67	70-72
D+	1.33	67-69
D	1.00	63-66
D-	0.67	62-60
F	0.00	below 60
U	0.00	

University Honor Code:

Each and every student of the University will adhere to the following Honor Code:

“I will not knowingly engage in any dishonorable behavior, cheat, steal, lie, or commit any act of plagiarism during any academic work, course, or endeavor. If I observe an act which I believe violates the University’s Honor Code, I may, at my discretion, report it to the appropriate personnel.”

Student Acknowledgement of University Honor Code:

“I acknowledge that I have fully complied or will comply with all aspects of the University’s Honor Code in submitting this work.”

Student Rights and Responsibilities Statement, Article VIII-Academic Integrity:

<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Student-Rights-and-Responsibilities-Statement/VIII-Academic-Integrity>

University Diversity Statement:

As part of our commitment to achieve excellence, the University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers.

Course Policies and Practices: (Please refer to the DPT Student Handbook for a complete list of policies)

Attendance: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students' progress. Excessive absence in a course can seriously threaten a student's academic progress and may result in suspension from the program course. More importantly, however, every absence represents a risk to the student's investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Email Etiquette: It is expected that all email correspondences to the instructor will be conducted in a professional manner. When utilizing email for this class, students should: (1) include the course name and number in the email subject heading, (2) address the recipient in an appropriate manner, (3) utilize proper spelling, grammar, and punctuation, (4) close with your full name, and (5) name file attachments by including the course name and number, student last name, and assignment/document title.

Failed technical skill: Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical affiliation may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Affiliations in the Student Handbook, Clinical Education section.

Late Assignments:

Any student whose assignment is not received by the course instructor prior to the due date and time will have a minimum 5% point reduction for EACH DAY LATE.

Special Services: If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Accommodation and Inclusion (oai@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

Course and Instructor Evaluation: Each student is expected to complete the course and instructor evaluation which is sent electronically to the student by the Office of the Registrar. The electronic notification comes in the form of an e-mail from the UF Registrar's Office with the following subject line: Online survey for the designated course (e.g., BIOL 102).

Last Date of Attendance Policy: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students' progress. Excessive absence in a course can seriously threaten a student's academic progress and may result in suspension from the program course.

More importantly, however, every absence represents a risk to the student's investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Tentative Course Outline:

Week One

- Completion of the letter of intent & FAX
- Email Experiential Educator (EE): CI email address, location, & full name

Week Four

- Completion of online self-assessment of CPI midterm & notify CI of its completion

Midterm, Week Five

- Completion of online CPI by the CI

- Call DCE for midterm contact
- Make sure the CPI is signed off on
- Completion of the CSIF minimum data & notify EE

Week Nine

- Completion of online self-assessment of CPI final & notify CI of its completion

Final, Week Ten

- Completion of online CPI by the CI
- Completion of online CEEER
- Make sure the CPI is signed off on by all parties
- Email DCE as ONE pdf document:
 - Daily CEF data sheets & cover
 - Weekly reflections;
 - Inservice proof (needed for 2 clinicals)
 - and the signature page of the CEEER
- Completion of Certificate of supervision for the CI & turn in with TY note to the CI

Course Content:

Course content is focused on the following CPI skills:

1. Safety
2. Professional Behavior
3. Accountability
4. Communication
5. Cultural Competence
6. Professional Development
7. Clinical Reasoning
8. Screening
9. Examination
10. Evaluation
11. Diagnosis/Prognosis
12. Plan of Care
13. Procedural Interventions
14. Educational Interventions
15. Documentation
16. Outcomes Assessment
17. Financial Resources
18. Direction & Supervision of Personnel

Note: This syllabus is subject to change at the discretion of the instructor.

Syllabus Template Approved by Faculty Senate 26 March 2018
Modified 12 June 2018

The University of Findlay
College of Health Professions
Traditional Physical Therapy Program
Summer 2020

*The mission of The University of Findlay is to equip our students for
meaningful lives and productive careers.*

Course Number/Title: PHTH 647 Clinical Education Ia
Credit Hours: 1.5 Semester Hours

Class Time/Place: Assigned Clinical sites (40 hours/week, AT A MINIMUM); 3 weeks at clinical sites as assigned by DCE during the first professional year, second summer semester. This course occurs at the end of the semester commencing July 27, 2020. Successful completion of this class requires successful completion of PHTH 649 Clinical Education Ib which will occur in the 4 weeks immediately following the conclusion of this course.

Prerequisites, Co-requisites and Course Description: Prerequisite: successful completion of the previous DPT term or permission of the PT faculty. This is the first section of the first of four clinical education experiences. This course includes a three-week, full-time clinical affiliation under the supervision of a licensed physical therapist. It is designed to allow students to gain practical experience related to classroom learning. Course is graded S/U.

Instructor: Allison Durham, PT, DPT, RN, Interim DCE

Instructor Contact Information: 349 Trenton Ave, Findlay, OH 45840, Office phone: 419-434-5975, Cell phone: 419-966-2722; email: durham@findlay.edu ; FAX: 419-434-4336

Office Hours: DCE: Available on campus or by phone as posted; CI: available daily

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Relationship to the Conceptual Framework: This is a clinical education course. It is designed to provide students with the opportunity to analyze and synthesize current knowledge and experience with clinical practice. In addition, experience with education, management, and research is provided as available.

PT Program Curricular Goals

Course meets the following curricular objectives in whole or in part:

Following completion of the physical therapy program curriculum, the graduate physical therapist will be a generalist who will be able to:

- 1.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy **(7A, 7B, 7C)**
- 2.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. **(7D7, 7D8)**
- 3.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. **(7D8)**
- 4.0 Complete **screening** activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. **(7D16)**

- 5.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:
- 5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. (7D17, 7D20)
 - 5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. (7D18)
 - 5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes. (7D11, 7D19)
 - 5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. (7D11, 7D19)
- 6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:
- 6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model. (7D21, 7D22)
 - 6.2 Evaluate data from the examination to make clinical judgments. (7D20)
 - 6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. (7D16)
- 7.0 Efficiently establish a physical therapy **diagnosis** by:
- 7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. (7D22)
 - 7.2 Considering the policies and procedures of the practice setting. (7D28)
 - 7.3 Effectively communicating diagnostic results and clinical impressions with all stakeholders as appropriate. (7D7, 7D22)
- 8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. (7D23)
- 9.0 Develop and execute a safe and effective **plan of care** by:
- 9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. (7D23, 7D24, 7D26)
 - 9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. (7D23, 7D24)
 - 9.3 Complying with the administrative policies and procedures of the practice environment. (7D28)
 - 9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. (7D24, 7D30, 7D31)
 - 9.5 Maintaining a fiduciary responsibility for all patients/clients. (7D42)
- 10.0 Competently provide physical therapy **intervention** by:
- 10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. (7D27)
 - 10.2 Carrying out all physical therapy procedures safely. (7D27)
 - 10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. (7D12)
 - 10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. (7D32)
 - 10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. (7D33, 7D37)
- 11.0 Appropriately utilize **outcome assessment** data by:

- 11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. **(7D19)**
- 11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(7D19)**
- 11.3 Analyzing and applying results to allow for modification of the plan of care. **(7D31)**
- 12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. **(7D34)**
- 13.0 Provide and manage care in a variety of **care delivery systems** by:
- 13.1 Providing physical therapy through direct access or referral based on patient/client goals, expected functional outcomes, and knowledge of one's own and other's capabilities. **(7D34, 7D35)**
- 13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care. **(7D28, 7D29, 7D30, 7D31, 7D36, 7D42)**
- 13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. **(7D7, 7D34, 7D39)**
- 13.4 Participate in patient centered interprofessional and collaborative practice with active participation from the patient in aspects of his/her care and treatment. **(7D39)**
- 14.0 Demonstrate appropriate **professional behavior** by:
- 14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. **(7D4, 7D5, 7D6)**
- 14.2 Adhering to the standards of practice, state and federal laws. **(7D1)**
- 14.3 Reporting to appropriate authorities suspected cases of fraud and abuse. **(7D2, 7D3)**
- 14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. **(7D5, 7D38)**
- 14.5 Participating in both integrated and full-time terminal clinical education activities. **(6L)**
- 14.6 Formulating and implementing a plan for personal and professional career development. **(7D15)**
- 14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of society. **(7D13, 7D14)**
- 14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. **(7D10, 7D11)**
- 14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. **(7D9)**
- 14.10 Critically evaluating current literature and information sources related to contemporary physical therapy practice, research, administration, consultation, and education. **(7D9, 7D11 7D40)**
- 14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. **(7D9, 7D15)**
- 15.0 Function in the role of an **administrator** by:
- 15.1 Appropriately delegating to and supervising physical-therapy-related services to support personnel, physical therapist assistants and caregivers. **(7D25, 7D29)**
- 15.2 Demonstrating understanding of the history, current status and future projections for health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. **(7D41)**
- 15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. **(7D36, 7D43)**

15.4 Participating in the financial management of practice settings including billing and payment for services. (7D42)

15.5 Establishing a business plan on a programmatic level within a practice. (7D43)

15.6 Participating in activities related to marketing and public relations. (7D43)

16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities (7D12)

17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. (7D13)

18.0 Function as a **self-directed lifelong learner** by:

18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. (7D9)

18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. (7D15)

18.3 Seeking out new information regarding the practice of physical therapy. (7D9)

19.0 Use **critical thinking skills** to:

19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. (7D9, 7D10, 7D11)

19.2 Explain one's reasoning and conclusions. (7D10, 7D11)

19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. (7D38)

Course Objectives:

1. Applies current knowledge, theory, clinical judgment, skills, and the patient's values and perspective in patient management. **CPI skill #7 (7D9-11,7D34,7D36,7D40)**
 - m. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
 - n. Assesses patient response to interventions using credible measures.
 - o. Integrates patient needs and values in making decisions in developing the plan of care.
 - p. Clinical decisions focus on the whole person rather than the disease.
 - e. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.
2. Communicates in ways that are congruent with situational needs. **CPI skill #4 (7D7,7D21)**
 - a. Communicates, verbally and nonverbally, in a professional and timely manner.
 - b. Initiates communication in difficult situations.
 - c. Selects the most appropriate person(s) with whom to communicate.
 - d. Communicates respect for the roles and contributions of all participants in patient care.
 - e. Listens actively and attentively to understand what is being communicated by others.
 - f. Demonstrates professionally and technically correct written and verbal communication without jargon.
 - g. Communicates using nonverbal messages that are consistent with intended message.
 - h. Engages in ongoing dialogue with professional peers or team members.
 - i. Interprets and responds to the nonverbal communication of others.
 - j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
 - k. Seeks and responds to feedback from multiple sources in providing patient care.
 - l. Adjust style of communication based on target audience.
 - m. Communicates with the patient using language the patient can understand (e.g., translator, sign language, level of education, cognitive impairment, etc.).

3. Produces quality documentation in a timely manner to support the delivery of physical therapy services. **CPI skill #15 (7D32,7D38)**
 - a. Selects relevant information to document the delivery of physical therapy patient care.
 - b. Documents all aspects of PT care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication with others involved in delivery of patient care.
 - c. Produces documentation (e.g., electronic, dictation, chart) that follows guidelines and format required by the practice setting.
 - d. Documents patient care consistent with guidelines & requirements of regulatory agencies & third-party payers.
 - e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.
 - f. Produces documentation that is accurate, concise, timely and legible.
 - g. Utilizes terminology that is professionally and technically correct.
 - h. Documentation accurately describes care delivery that justifies physical therapy services.
 - i. Participates in quality improvement review of documentation (chart audit, peer review, goals).
4. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. **CPI skill #5 (7D8)**
 - s. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of PT services.
 - t. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status.
 - u. Provides care in a nonjudgmental manner when the patients' beliefs and values conflicts with the individual's belief system.
 - v. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.
 - w. Values the socio-cultural, psychological, and economic influences on patients and clients and responds accordingly.
 - x. Is aware of and suspends own social and cultural biases.
5. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional. **CPI skill #8 (7D16,7D34-35)**
 - bb. Utilizes test and measures sensitive to indications for physical therapy intervention.
 - cc. Advises practitioner about indications for intervention.
 - j. Reviews medical history from patients and other sources (e.g., medical records, family, other health care staff).
 - dd. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
 - ee. Selects the appropriate screening tests and measurements.
 - ff. Conducts tests and measurements appropriately.
 - gg. Interprets tests and measurements accurately.
 - hh. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.
 - k. examination or referral to other services.
 - ii. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary.
 - l. consultation is deemed necessary.
 - jj. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.
6. Performs a physical therapy patient examination using evidence-based tests and measures. **CPI skill #9 (7D17-19, 7D35)**
 - a. Obtains a history from patients and other sources as part of the examination.
 - b. Utilizes information from history and other data (e.g., laboratory, diagnostic tests & pharmacological information) to formulate initial hypothesis and prioritize selection of

- test and measures.
- c. Performs systems review.
- d. Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening. Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q), posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
- e. Conducts tests and measures accurately and proficiently.
- f. Sequences tests and measures in a logical manner to optimize efficiency.
- g. Adjusts tests and measures according to patient's response.
- h. Performs regular reexaminations of patient status.
- i. Performs an examination using evidence based test and measures.
- 7. Evaluates data from the patient examination (history, system review, and tests & measures) to make clinical judgments. **CPI skill #10 (7D20, 7D35, 7D40)**
 - a. Synthesizes examination data and identifies pertinent health disorder, body structure and function, activity and participation restrictions based on environmental and personal contextual factors.
 - b. Makes clinical judgments based on data from examination (history, system review, tests and measures)
 - i. Reaches clinical decisions efficiently.
 - j. Cites the evidence to support a clinical decision.
- 8. Determines a diagnosis that guides future patient management. **CPI skill #11 (7D22-23, 7D35, 7D40)**
 - a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis.
 - b. Determines a diagnosis that is congruent with health disorder or disease, body structure and function, activity restrictions, participation restrictions and contextual factors (environmental and personal).
- 9. Determines a diagnosis and prognosis that guides future patient management. **CPI skill #11 (7D22-23, 7D35, 7D40)**
 - a. Integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status.
 - b. Estimates the contribution of factors (e.g., preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
 - c. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc.) that help predict patient outcomes.
- 10. Establishes a physical therapy plan of care that is safe, effective, patient centered, and evidence-based. **CPI skill #12 (7D24, 7D26, 7D28, 7D30, 7D35-36, 7D39-40)**
 - hh. Establishes goals and desired functional outcomes that specify expected time durations.
 - ii. Establishes a PT plan of care in collaboration with the patient family, caregiver, and others involved in the delivery of health care services.
 - jj. Establishes a PT plan of care consistent with the examination and evaluation.
 - kk. Selects interventions based on the best available evidence and patient preferences.
 - ll. Follows established guidelines (e.g., best practice, clinical pathways, and protocol) when designing the plan of care.

- mm. Progresses and modifies plan of care and discharge planning based on patient responses.
 - nn. Identifies the resources needed to achieve the goals included in the patient care.
 - oo. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
 - pp. Discusses the risks and benefits of the use of alternative interventions with the patient.
 - qq. Identifies patients who would benefit from further follow-up.
 - rr. Advocates for the patients' access to services.
11. Practices in a safe manner that minimizes risk to patient, self, and others. **CPI skill #1 (7D33, 7D37)**
- a. Establishes & maintains safe working environment.
 - b. Recognizes physiological and psychological changes in patients and adjusts interventions, accordingly.
 - c. Demonstrates awareness of contraindications and precautions of patient intervention.
 - d. Ensures the safety of self, patient and others throughout the clinical interaction (e.g., universal precautions, responding and reporting emergency situations etc.)
 - e. Requests assistance when necessary.
 - f. Uses acceptable techniques for safe handling of patients (e.g., body mechanics, guarding, level of assistance etc.).
 - g. Demonstrates knowledge of facility safety policies and procedures.
12. Performs physical therapy interventions in a competent manner. **CPI skill #13 (7D27, 7D34-35)**
- v. Performs interventions safely, effectively, efficiently, fluidly, and in a coordinated and technically competent manner. Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).
 - w. Performs interventions consistent with the plan of care.
 - x. Utilizes alternative strategies to accomplish functional goals.
 - y. Follows established guidelines when implementing an existing plan of care.
 - z. Provides rationale for interventions selected for patients presenting with various diagnoses.
 - aa. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.
 - bb. Assesses patient response to interventions and adjusts accordingly.
13. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. **CPI skill #16 (7D31, 7D38, 7D40)**
- a. Applies, interprets, & reports results of standardized assessments throughout a patient's episode of care.
 - b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.
 - c. Seeks information regarding quality of care rendered by self and others under clinical supervision.
 - d. Evaluates and uses published studies related to outcomes effectiveness.
 - e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.
 - f. Assesses the patient's response to intervention in practical terms.
 - g. Evaluates whether functional goals from the plan of care have been met.
 - h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).

14. Performs physical therapy interventions in a competent manner for the promotion of health wellness and fitness. **CPI skill #13 (7D27, 7D34-35)**
 - a. Discusses strategies for caregivers to minimize risk of injury and to enhance function.
 - b. Considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.
 - c. Incorporates the concept of self-efficacy in wellness and health promotion.
15. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. **CPI skill #18 (7D25, 7D29)**
 - hh. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - ii. Applies time-management principles to supervision and patient care.
 - jj. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (e.g., secretary, PT Aides, PT Assistants).
 - kk. Determines the amount of instruction necessary for personnel to perform directed tasks.
 - ll. Provides instruction to personnel in the performance of directed tasks.
 - mm. Supervises those physical therapy services directed to physical therapist assistants and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - nn. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.
 - oo. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.
 - pp. Demonstrates respect for the contributions of other support personnel.
 - qq. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant's ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - rr. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.
16. Demonstrates professional behavior in all situations. **CPI skill #2 (7D1, 7D4-6, 7D14)**
 - a. Demonstrates initiative (e.g., Arrives well prepared, offers assistance, and seeks learning opportunities).
 - b. Is punctual and dependable.
 - c. Wears attire consistent with expectations of the practice setting.
 - d. Demonstrates integrity in all interactions.
 - e. Exhibits caring, compassion, and empathy in providing services to patients.
 - f. Maintains productive working relationships with patients, families, CI and others.
 - g. Demonstrates behaviors that contribute to a positive work environment.
 - h. Accepts feedback without defensiveness.
 - i. Manages conflict in constructive ways.
 - j. Maintains patient privacy and modesty.
 - k. Values the dignity of patients as individuals.
 - l. Seeks feedback from CI related to clinical performance.
 - m. Provides effective feedback to CI related to clinical/teaching mentoring.
17. Practices in a manner consistent with established legal and professional standards & ethical guidelines. **CPI skill #3 (7D2-3, 7D41)**
 - hh. Places patient's needs above self-interests
 - ii. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
 - jj. Takes steps to remedy errors in a timely manner.
 - kk. Abides by policies and procedures of the practice setting (e.g., OSHA, HIPAA etc.).
 - ll. Maintains patient confidentiality.
 - mm. Adheres to legal practice standards including all federal state/province, and institutional

- nn. regulations related to patient care and fiscal management.
 - oo. Identifies ethical or legal concerns and initiates action to address the concerns.
 - pp. Displays generosity as evidenced in the use of time and effort to meet patient needs.
 - qq. Recognize the need for PT services to underserved and underrepresented populations.
 - rr. Strive to provide patient/client services that go beyond expected standards of practice.
18. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines. **CPI skill #17 (7D35-36, 7D38, 7D40-42)**
- a. Schedules patients, equipment, and space.
 - b. Coordinates physical therapy with other services to facilitate efficient and effective patient care.
 - c. Sets priorities for the use of resources to maximize patient and facility outcomes.
 - d. Uses time effectively.
 - e. Adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements.
 - f. Provides recommendations for equipment and supply needs.
 - g. Submits billing charges on time.
 - h. Adheres to reimbursement guidelines established by regulatory agencies, payers, & facility.
 - i. Requests and obtains authorization for clinically necessary reimbursable visits.
 - j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.
 - k. Negotiates with reimbursement entities for changes in individual patient services.
 - l. Utilizes the facility's information technology effectively.
 - m. Functions within the organizational structure of the practice setting.
 - n. Implements risk-management strategies (ie, prevention of injury, infection control, etc).
 - o. Markets services to customers (eg, physicians, corporate clients*, general public).
 - p. Promotes the profession of physical therapy.
 - q. Participates in special events organized in the practice setting related to patients and care delivery.
 - u. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).
19. Educates others (patients, family, caregivers, staff, students, other health care providers, business and industry reps., school systems) using relevant and effective teaching methods. **CPI skill #14 (7D12, 7D34-35)**
- a. Identifies and establishes priorities for educational needs in collaboration with the learner.
 - b. Identifies patient learning style (e.g., demonstration, verbal, written).
 - c. Identifies barriers to learning (e.g., literacy, language, cognition).
 - d. Modifies interaction based on patient learning style.
 - e. Instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community.
 - f. Ensures understanding and effectiveness of recommended ongoing program.
 - g. Tailors interventions with consideration for patient family situation and resources.
 - h. Provides patients with the necessary tools and education to manage their problem.
 - i. Provides education and promotion of health, wellness, and fitness.
20. Provides consultation to individuals, businesses, schools, government agencies, or other organizations. **CPI skill #14 (7D12, 7D34-35)**
- h. Determines need for consultative services.
 - i. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (e.g., ergonomic evaluations, school system assessments, corporate environmental assessments).

21. Participates in self-assessment to improve clinical and professional performance. **CPI skill #6 (7D13, 7D15)**
 - a. Identifies strengths and limitations in clinical performance.
 - b. Seeks guidance as necessary to address limitations.
 - c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice & professional development.
 - d. Acknowledges and accepts responsibility and consequences of his or her actions.
 - e. Establishes realistic short and long-term goals in a plan for professional development.
 - f. Seeks out additional learning experiences to enhance clinical and professional performance.
 - g. Discusses progress of clinical and professional growth.
 - h. Accepts responsibility for continuous professional learning.
 - i. Discusses professional issues related to physical therapy practice.
 - j. Participates in professional activities beyond the practice environment.
 - k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
 - l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc.) to achieve optimal patient care.
22. Utilizes critical thinking skills in patient management. **CPI Skill #7 (7D9-11, 7D34, 7D36, 7D40)**
 - a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
 - b. Makes clinical decisions within the context of ethical practice and informed consent.
 - c. Utilizes information from multiple data sources to make clinical decisions (e.g., patient and caregivers, health care professionals, hooked on evidence, databases, and medical records).
 - d. Seeks disconfirming evidence in the process of making clinical decisions.
 - e. Recognizes when plan of care and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
 - f. Critically evaluates published research articles relevant to physical therapy and applies to clinical practice.
 - g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
 - l. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

Required Textbooks and other materials:

Required:

American Physical Therapy Association. *Physical Therapist Clinical Performance Instrument*. 2nd ed. Alexandria, VA: American Physical Therapy Association; June 2006.

DPT *Student Handbook*. The University of Findlay; 2017.

Recommended: Rothstein JM, Roy SH, Wolf SL. *The Rehabilitation Specialist's Handbook*. 2nd ed. Philadelphia, PA: F.A. Davis Co.; 1998

Curricular Books

American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015. Available online at:

<http://guidetoptpractice.apta.org/>

Instructional Strategies:

Case Analysis		Library and Internet Research	
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Debate		Practice/drill	X
Discovery/Independent Research	X	Problem solving	X
Discussion/Questioning/Interviewing	X	Reading assignments	
Experiential Learning	X	Role playing/simulation games	X
Field Experience	X	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

Methods of Assessment:

Method of Evaluation	Course Objective #	Points or Percentage
Abstracts		
Attendance	#16	N/A –Satisfactory grade
Capstone Project		
Case Study		
Exams		
Group Projects		
Homework Assignments (reflections)	#21, #22	N/A –Satisfactory grade
Internet Research		
Journaling		
Lab Performance		
Oral/written review of literature		
Participation		
Peer Evaluation		
Portfolio		
Portfolio Lab Performance		
Presentations		
Professional Evaluation	#21, #22	N/A –Satisfactory grade
Quizzes		
Research project		
Other: Clinical Performance Instrument (CPI)		
Method of Evaluation	Course Objective #	Points or Percentage
CPI skill #1	#11	N/A – Satisfactory grade
CPI skill #2	#16	
CPI skill #3	#17	

CPI skill #4	#2	
CPI skill #5	#4	
CPI skill #6	#21	
CPI skill #7	#1, #22	
CPI skill #8	#5	
CPI skill #9	#6	
CPI skill #10	#7	
CPI skill #11	#8, #9	
CPI skill #12	#10	
CPI skill #13	#12, #14	
CPI skill #14	#19, #20	
CPI skill #15	#3	
CPI skill #16	#13	
CPI skill #17	#18	
CPI skill #18	#15	

Description of Assignments:

Grading is satisfactory/unsatisfactory. To obtain a satisfactory grade the student must have completed the following assignments/activity:

1. Satisfactory attendance record (See the policy on attendance in *Student Handbook*)
2. Completion of Clinical Education Experience Evaluation Report, online.
3. Completion of Clinical Reflection Forms (and cover sheet) at the end of week 1, 3, and 6/7.
4. Completion of Weekly Reflection with CI.
5. Completion of two inservices over the course of 4 clinical education experiences.
6. Satisfactory completion of clinical skills from Physical Therapist Clinical Performance Instrument (CPI) and updating the minimum data required for the Clinical Site Information Form (accessed online through the CPI).
7. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:
 - FOR Clinical Education Ia: A MINIMUM of Advanced Beginner or above performance for ALL Skills
 - ALL students must show entry-level performance in ALL skills by the end of the clinical education series.
8. All body systems concerning client co-morbidities across the lifespan and in rural, suburban, and urban geographic locations must be addressed. If there is no opportunity or minimal opportunity to work on a certain skill, practice pattern, or age group, then a mini-clinical or an extension of a clinical will need to occur.

Grading Scale: This course is grade satisfactory or unsatisfactory. Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE and the Director have the right to review the requirements and make concessions on an individual basis.

Grading is satisfactory or unsatisfactory and is assigned by the DCE with input from the CI's CPI and feedback at the midterm phone call. Students will be given an Extended Credit until the completion of Clinical Ib. At that time, the same grade will be issued for Clinical Ia and Clinical Ib.

University Honor Code:

Each and every student of the University will adhere to the following Honor Code:

“I will not knowingly engage in any dishonorable behavior, cheat, steal, lie, or commit any act of plagiarism during any academic work, course, or endeavor. If I observe an act which I believe violates the University’s Honor Code, I may, at my discretion, report it to the appropriate personnel.”

Student Acknowledgement of University Honor Code:

“I acknowledge that I have fully complied or will comply with all aspects of the University’s Honor Code in submitting this work.”

Student Rights and Responsibilities Statement, Article VIII-Academic Integrity:

<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Student-Rights-and-Responsibilities-Statement/VIII-Academic-Integrity>

University Diversity Statement:

As part of our commitment to achieve excellence, the University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers.

Course Policies and Practices: (Please refer to the DPT Student Handbook for a complete list of policies)

Attendance: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students’ progress. Excessive absence in a course can seriously threaten a student’s academic progress and may result in suspension from the program course. More importantly, however, every absence represents a risk to the student’s investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Email Etiquette: It is expected that all email correspondences to the instructor will be conducted in a professional manner. When utilizing email for this class, students should: (1) include the course name and number in the email subject heading, (2) address the recipient in an appropriate manner, (3) utilize proper spelling, grammar, and punctuation, (4) close with your full name, and (5) name file attachments by including the course name and number, student last name, and assignment/document title.

Failed technical skill: Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical affiliation may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Affiliations in the Student Handbook, Clinical Education section.

Special Services: If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Accommodation and Inclusion (oai@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

Course and Instructor Evaluation: Each student is expected to complete the course and instructor evaluation which is sent electronically to the student by the Office of the Registrar. The electronic notification comes in the form of an e-mail from the UF Registrar’s Office with the following subject line: Online survey for the designated course (e.g., BIOL 102).

Last Date of Attendance Policy: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students' progress. Excessive absence in a course can seriously threaten a student's academic progress and may result in suspension from the program course.

More importantly, however, every absence represents a risk to the student's investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Tentative Course Outline:

1. Affiliation: First Professional Year, second summer session
2. All assignments, forms etc. due to DCE by first day of class fall term.

Week One

- Completion of the letter of intent & FAX
- Complete clinical experience reflection and cover page

Week Three

- Completion of online self-assessment of CPI midterm & notify CI of its completion
- Complete clinical experience reflection

Course Content:

Course content is focused on the following CPI skills:

1. Safety
2. Professional Behavior
3. Accountability
4. Communication
5. Cultural Competence
6. Professional Development
7. Clinical Reasoning
8. Screening
9. Examination
10. Evaluation
11. Diagnosis/Prognosis
12. Plan of Care
13. Procedural Interventions
14. Educational Interventions
15. Documentation
16. Outcomes Assessment
17. Financial Resources
18. Direction & Supervision of Personnel

Note: This syllabus is subject to change at the discretion of the instructor.

Syllabus Template Approved by Faculty Senate 26 March 2018
Modified 12 June 2018

**College of Health Professions
Traditional Physical Therapy Program
Fall 2020**

*The mission of The University of Findlay is to equip our students for
meaningful lives and productive careers.*

Course Number/Title: PHTH 649 Clinical Education Ib

Credit Hours: 2.0 Semester Hours

Class Time/Place: Assigned Clinical sites (40 hours/week, AT A MINIMUM); 4 weeks at clinical sites as assigned by DCE during the second professional year, fall semester. This course occurs at the beginning of the semester commencing August 17, 2020. Successful completion of this class requires successful completion of PHTH 647 Clinical Education Ia which occurred in the 3 weeks immediately preceding this course.

Prerequisites, Co-requisites and Course Description: Prerequisite: successful completion of the previous DPT term or permission of the PT faculty. This is the last section of the first of four clinical education experiences. This course includes a four-week, full-time clinical affiliation under the supervision of a licensed physical therapist. It is designed to allow students to gain practical experience related to classroom learning. Course is graded S/U.

Instructor: Allison Durham, PT, DPT, RN, DCE

Instructor Contact Information: 349 Trenton Ave, #124, Findlay, OH 45840, Office phone: 419-434-5975, Cell phone: 419-966-2722; email: durham@findlay.edu ; FAX: 419-434-4336

Office Hours: DCE: Available on campus or by phone as posted; CI: available daily

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Relationship to the Conceptual Framework: This is a clinical education course. It is designed to provide students with the opportunity to analyze and synthesize current knowledge and experience with clinical practice. In addition, experience with education, management, and research is provided as available.

PT Program Curricular Goals

Course meets the following curricular objectives in whole or in part:

Following completion of the physical therapy program curriculum, the graduate physical therapist will be a generalist who will be able to:

- 6.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy **(7A, 7B, 7C)**
- 7.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. **(7D7, 7D8)**
- 8.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. **(7D8)**
- 9.0 Complete **screening** activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. **(7D16)**
- 10.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:

5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. (7D17, 7D20)

5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. (7D18)

5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes. (7D11, 7D19)

5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. (7D11, 7D19)

6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:

6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model. (7D21, 7D22)

6.2 Evaluate data from the examination to make clinical judgments. (7D20)

6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. (7D16)

7.0 Efficiently establish a physical therapy **diagnosis** by:

7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. (7D22)

7.2 Considering the policies and procedures of the practice setting. (7D28)

7.3 Effectively communicating diagnostic results and clinical impressions with all stakeholders as appropriate. (7D7, 7D22)

8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. (7D23)

9.0 Develop and execute a safe and effective **plan of care** by:

9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. (7D23, 7D24, 7D26)

9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. (7D23, 7D24)

9.3 Complying with the administrative policies and procedures of the practice environment. (7D28)

9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. (7D24, 7D30, 7D31)

9.5 Maintaining a fiduciary responsibility for all patients/clients. (7D42)

10.0 Competently provide physical therapy **intervention** by:

10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. (7D27)

10.2 Carrying out all physical therapy procedures safely. (7D27)

10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. (7D12) 10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. (7D32)

10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. (7D33, 7D37)

11.0 Appropriately utilize **outcome assessment** data by:

11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. (7D19)

11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(7D19)**

11.3 Analyzing and applying results to allow for modification of the plan of care. **(7D31)**

12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. **(7D34)**

13.0 Provide and manage care in a variety of **care delivery systems** by:

13.1 Providing physical therapy through direct access or referral based on patient/client goals, expected functional outcomes, and knowledge of one's own and other's capabilities. **(7D34, 7D35)**

13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care. **(7D28, 7D29, 7D30, 7D31, 7D36, 7D42)**

13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. **(7D7, 7D34, 7D39)**

13.4 Participate in patient centered interprofessional and collaborative practice with active participation from the patient in aspects of his/her care and treatment. **(7D39)**

14.0 Demonstrate appropriate **professional behavior** by:

14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. **(7D4, 7D5, 7D6)**

14.2 Adhering to the standards of practice, state and federal laws. **(7D1)**

14.3 Reporting to appropriate authorities suspected cases of fraud and abuse. **(7D2, 7D3)**

14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. **(7D5, 7D38)**

14.5 Participating in both integrated and full-time terminal clinical education activities. **(6L)**

14.6 Formulating and implementing a plan for personal and professional career development. **(7D15)**

14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of society. **(7D13, 7D14)**

14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. **(7D10, 7D11)**

14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. **(7D9)**

14.10 Critically evaluating current literature and information sources related to contemporary physical therapy practice, research, administration, consultation, and education. **(7D9, 7D11 7D40)**

14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. **(7D9, 7D15)**

15.0 Function in the role of an **administrator** by:

15.1 Appropriately delegating to and supervising physical-therapy-related services to support personnel, physical therapist assistants and caregivers. **(7D25, 7D29)**

15.2 Demonstrating understanding of the history, current status and future projections for health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. **(7D41)**

15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. **(7D36, 7D43)**

15.4 Participating in the financial management of practice settings including billing and payment for services. **(7D42)**

15.5 Establishing a business plan on a programmatic level within a practice. (7D43)

15.6 Participating in activities related to marketing and public relations. (7D43)

16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities (7D12)

17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. (7D13)

18.0 Function as a **self-directed lifelong learner** by:

18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. (7D9)

18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. (7D15)

18.3 Seeking out new information regarding the practice of physical therapy. (7D9)

19.0 Use **critical thinking skills** to:

19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. (7D9, 7D10, 7D11)

19.2 Explain one's reasoning and conclusions. (7D10, 7D11)

19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. (7D38)

Course Objectives:

1. Applies current knowledge, theory, clinical judgment, skills, and the patient's values and perspective in patient management. **CPI skill #7 (7D9-11,7D34,7D36,7D40)**
 - q. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
 - r. Assesses patient response to interventions using credible measures.
 - s. Integrates patient needs and values in making decisions in developing the plan of care.
 - t. Clinical decisions focus on the whole person rather than the disease.
 - e. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.
2. Communicates in ways that are congruent with situational needs. **CPI skill #4 (7D7,7D21)**
 - a. Communicates, verbally and nonverbally, in a professional and timely manner.
 - b. Initiates communication in difficult situations.
 - c. Selects the most appropriate person(s) with whom to communicate.
 - d. Communicates respect for the roles and contributions of all participants in patient care.
 - e. Listens actively and attentively to understand what is being communicated by others.
 - f. Demonstrates professionally and technically correct written and verbal communication without jargon.
 - g. Communicates using nonverbal messages that are consistent with intended message.
 - h. Engages in ongoing dialogue with professional peers or team members.
 - i. Interprets and responds to the nonverbal communication of others.
 - j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
 - k. Seeks and responds to feedback from multiple sources in providing patient care.
 - l. Adjust style of communication based on target audience.
 - m. Communicates with the patient using language the patient can understand (e.g., translator, sign language, level of education, cognitive impairment, etc.).
3. Produces quality documentation in a timely manner to support the delivery of physical therapy services. **CPI skill #15 (7D32,7D38)**

- a. Selects relevant information to document the delivery of physical therapy patient care.
 - b. Documents all aspects of PT care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication with others involved in delivery of patient care.
 - c. Produces documentation (e.g., electronic, dictation, chart) that follows guidelines and format required by the practice setting.
 - d. Documents patient care consistent with guidelines & requirements of regulatory agencies & third-party payers.
 - e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.
 - f. Produces documentation that is accurate, concise, timely and legible.
 - g. Utilizes terminology that is professionally and technically correct.
 - h. Documentation accurately describes care delivery that justifies physical therapy services.
 - i. Participates in quality improvement review of documentation (chart audit, peer review, goals).
4. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. **CPI skill #5 (7D8)**
- y. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of PT services.
 - z. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status.
 - aa. Provides care in a nonjudgmental manner when the patients' beliefs and values conflicts with the individual's belief system.
 - bb. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.
 - cc. Values the socio-cultural, psychological, and economic influences on patients and clients and responds accordingly.
 - dd. Is aware of and suspends own social and cultural biases.
5. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional. **CPI skill #8 (7D16,7D34-35)**
- kk. Utilizes test and measures sensitive to indications for physical therapy intervention.
 - ll. Advises practitioner about indications for intervention.
 - m. Reviews medical history from patients and other sources (e.g., medical records, family, other health care staff).
 - mm. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
 - nn. Selects the appropriate screening tests and measurements.
 - oo. Conducts tests and measurements appropriately.
 - pp. Interprets tests and measurements accurately.
 - qq. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.
 - n. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary.
 - rr. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.
 - o. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.
 - ss. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.
6. Performs a physical therapy patient examination using evidence-based tests and measures. **CPI skill #9 (7D17-19, 7D35)**
- a. Obtains a history from patients and other sources as part of the examination.
 - b. Utilizes information from history and other data (e.g., laboratory, diagnostic tests & pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
 - c. Performs systems review.

- d. Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening. Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
 - e. Conducts tests and measures accurately and proficiently.
 - f. Sequences tests and measures in a logical manner to optimize efficiency.
 - g. Adjusts tests and measures according to patient's response.
 - h. Performs regular reexaminations of patient status.
 - i. Performs an examination using evidence based test and measures.
7. Evaluates data from the patient examination (history, system review, and tests & measures) to make clinical judgments. **CPI skill #10 (7D20, 7D35, 7D40)**
- a. Synthesizes examination data and identifies pertinent health disorder, body structure and function, activity and participation restrictions based on environmental and personal contextual factors.
 - b. Makes clinical judgments based on data from examination (history, system review, tests and measures)
 - k. Reaches clinical decisions efficiently.
 - l. Cites the evidence to support a clinical decision.
8. Determines a diagnosis that guides future patient management. **CPI skill #11 (7D22-23, 7D35, 7D40)**
- a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis.
 - b. Determines a diagnosis that is congruent with health disorder or disease, body structure and function, activity restrictions, participation restrictions and contextual factors (environmental and personal).
9. Determines a diagnosis and prognosis that guides future patient management. **CPI skill #11 (7D22-23, 7D35, 7D40)**
- a. Integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status.
 - b. Estimates the contribution of factors (e.g., preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
 - c. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc.) that help predict patient outcomes.
10. Establishes a physical therapy plan of care that is safe, effective, patient centered, and evidence-based. **CPI skill #12 (7D24, 7D26, 7D28, 7D30, 7D35-36, 7D39-40)**
- ss. Establishes goals and desired functional outcomes that specify expected time durations.
 - tt. Establishes a PT plan of care in collaboration with the patient family, caregiver, and others involved in the delivery of health care services.
 - uu. Establishes a PT plan of care consistent with the examination and evaluation.
 - vv. Selects interventions based on the best available evidence and patient preferences.
 - ww. Follows established guidelines (e.g., best practice, clinical pathways, and protocol) when designing the plan of care.
 - xx. Progresses and modifies plan of care and discharge planning based on patient responses.
 - yy. Identifies the resources needed to achieve the goals included in the patient care.

- zz. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
 - aaa. Discusses the risks and benefits of the use of alternative interventions with the patient.
 - bbb. Identifies patients who would benefit from further follow-up.
 - ccc. Advocates for the patients' access to services.
11. Practices in a safe manner that minimizes risk to patient, self, and others. **CPI skill #1 (7D33, 7D37)**
- a. Establishes & maintains safe working environment.
 - b. Recognizes physiological and psychological changes in patients and adjusts interventions, accordingly.
 - c. Demonstrates awareness of contraindications and precautions of patient intervention.
 - d. Ensures the safety of self, patient and others throughout the clinical interaction (e.g., universal precautions, responding and reporting emergency situations etc.)
 - e. Requests assistance when necessary.
 - f. Uses acceptable techniques for safe handling of patients (e.g., body mechanics, guarding, level of assistance etc.).
 - g. Demonstrates knowledge of facility safety policies and procedures.
12. Performs physical therapy interventions in a competent manner. **CPI skill #13 (7D27, 7D34-35)**
- cc. Performs interventions safely, effectively, efficiently, fluidly, and in a coordinated and technically competent manner. Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).
 - dd. Performs interventions consistent with the plan of care.
 - ee. Utilizes alternative strategies to accomplish functional goals.
 - ff. Follows established guidelines when implementing an existing plan of care.
 - gg. Provides rationale for interventions selected for patients presenting with various diagnoses.
 - hh. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.
 - ii. Assesses patient response to interventions and adjusts accordingly.
13. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. **CPI skill #16 (7D31, 7D38, 7D40)**
- a. Applies, interprets, & reports results of standardized assessments throughout a patient's episode of care.
 - b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.
 - c. Seeks information regarding quality of care rendered by self and others under clinical supervision.
 - d. Evaluates and uses published studies related to outcomes effectiveness.
 - e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.
 - f. Assesses the patient's response to intervention in practical terms.
 - g. Evaluates whether functional goals from the plan of care have been met.
 - h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).
14. Performs physical therapy interventions in a competent manner for the promotion of health wellness and fitness. **CPI skill #13 (7D27, 7D34-35)**

- a. Discusses strategies for caregivers to minimize risk of injury and to enhance function.
 - b. Considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.
 - c. Incorporates the concept of self-efficacy in wellness and health promotion.
15. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. **CPI skill #18 (7D25, 7D29)**
- ss. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - tt. Applies time-management principles to supervision and patient care.
 - uu. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (e.g., secretary, PT Aides, PT Assistants).
 - vv. Determines the amount of instruction necessary for personnel to perform directed tasks.
 - ww. Provides instruction to personnel in the performance of directed tasks.
 - xx. Supervises those physical therapy services directed to physical therapist assistants and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - yy. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.
 - zz. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.
 - aaa. Demonstrates respect for the contributions of other support personnel.
 - bbb. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant's ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - ccc. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.
16. Demonstrates professional behavior in all situations. **CPI skill #2 (7D1, 7D4-6, 7D14)**
- a. Demonstrates initiative (e.g., Arrives well prepared, offers assistance, and seeks learning opportunities).
 - b. Is punctual and dependable.
 - c. Wears attire consistent with expectations of the practice setting.
 - d. Demonstrates integrity in all interactions.
 - e. Exhibits caring, compassion, and empathy in providing services to patients.
 - f. Maintains productive working relationships with patients, families, CI and others.
 - g. Demonstrates behaviors that contribute to a positive work environment.
 - h. Accepts feedback without defensiveness.
 - i. Manages conflict in constructive ways.
 - j. Maintains patient privacy and modesty.
 - k. Values the dignity of patients as individuals.
 - l. Seeks feedback from CI related to clinical performance.
 - m. Provides effective feedback to CI related to clinical/teaching mentoring.
17. Practices in a manner consistent with established legal and professional standards & ethical guidelines. **CPI skill #3 (7D2-3, 7D41)**
- ss. Places patient's needs above self-interests
 - tt. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
 - uu. Takes steps to remedy errors in a timely manner.
 - vv. Abides by policies and procedures of the practice setting (e.g., OSHA, HIPAA etc.).
 - ww. Maintains patient confidentiality.
 - xx. Adheres to legal practice standards including all federal state/province, and institutional
 - yy. regulations related to patient care and fiscal management.
 - zz. Identifies ethical or legal concerns and initiates action to address the concerns.

- aaa. Displays generosity as evidenced in the use of time and effort to meet patient needs.
 - bbb. Recognize the need for PT services to underserved and underrepresented populations.
 - ccc. Strive to provide patient/client services that go beyond expected standards of practice.
18. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines. **CPI skill #17 (7D35-36, 7D38, 7D40-42)**
- a. Schedules patients, equipment, and space.
 - b. Coordinates physical therapy with other services to facilitate efficient and effective patient care.
 - c. Sets priorities for the use of resources to maximize patient and facility outcomes.
 - d. Uses time effectively.
 - e. Adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements.
 - f. Provides recommendations for equipment and supply needs.
 - g. Submits billing charges on time.
 - h. Adheres to reimbursement guidelines established by regulatory agencies, payers, & facility.
 - i. Requests and obtains authorization for clinically necessary reimbursable visits.
 - j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.
 - k. Negotiates with reimbursement entities for changes in individual patient services.
 - l. Utilizes the facility's information technology effectively.
 - m. Functions within the organizational structure of the practice setting.
 - n. Implements risk-management strategies (ie, prevention of injury, infection control, etc).
 - o. Markets services to customers (eg, physicians, corporate clients*, general public).
 - p. Promotes the profession of physical therapy.
 - q. Participates in special events organized in the practice setting related to patients and care delivery.
 - v. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).
19. Educates others (patients, family, caregivers, staff, students, other health care providers, business and industry reps., school systems) using relevant and effective teaching methods. **CPI skill #14 (7D12, 7D34-35)**
- a. Identifies and establishes priorities for educational needs in collaboration with the learner.
 - b. Identifies patient learning style (e.g., demonstration, verbal, written).
 - c. Identifies barriers to learning (e.g., literacy, language, cognition).
 - d. Modifies interaction based on patient learning style.
 - e. Instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community.
 - f. Ensures understanding and effectiveness of recommended ongoing program.
 - g. Tailors interventions with consideration for patient family situation and resources.
 - h. Provides patients with the necessary tools and education to manage their problem.
 - i. Provides education and promotion of health, wellness, and fitness.
20. Provides consultation to individuals, businesses, schools, government agencies, or other organizations. **CPI skill #14 (7D12, 7D34-35)**
- j. Determines need for consultative services.
 - k. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (e.g., ergonomic evaluations, school system assessments, corporate environmental assessments).
21. Participates in self-assessment to improve clinical and professional performance. **CPI skill #6 (7D13, 7D15)**

- a. Identifies strengths and limitations in clinical performance.
 - b. Seeks guidance as necessary to address limitations.
 - c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice & professional development.
 - d. Acknowledges and accepts responsibility and consequences of his or her actions.
 - e. Establishes realistic short and long-term goals in a plan for professional development.
 - f. Seeks out additional learning experiences to enhance clinical and professional performance.
 - g. Discusses progress of clinical and professional growth.
 - h. Accepts responsibility for continuous professional learning.
 - i. Discusses professional issues related to physical therapy practice.
 - j. Participates in professional activities beyond the practice environment.
 - k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
 - l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc.) to achieve optimal patient care.
22. Utilizes critical thinking skills in patient management. **CPI Skill #7 (7D9-11, 7D34, 7D36, 7D40)**
- a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
 - b. Makes clinical decisions within the context of ethical practice and informed consent.
 - c. Utilizes information from multiple data sources to make clinical decisions (e.g., patient and caregivers, health care professionals, hooked on evidence, databases, and medical records).
 - d. Seeks disconfirming evidence in the process of making clinical decisions.
 - e. Recognizes when plan of care and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
 - f. Critically evaluates published research articles relevant to physical therapy and applies to clinical practice.
 - g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
 - l. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

Required Textbooks and other materials:

Required:

American Physical Therapy Association. *Physical Therapist Clinical Performance Instrument*. 2nd ed. Alexandria, VA: American Physical Therapy Association; June 2006.

DPT *Student Handbook*. The University of Findlay; 2017.

Recommended: Rothstein JM, Roy SH, Wolf SL. *The Rehabilitation Specialist's Handbook*. 2nd ed. Philadelphia, PA:F.A. Davis Co.;1998

Curricular Books

American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015. Available online at:

<http://guidetoptpractice.apta.org/>

Instructional Strategies:

Case Analysis		Library and Internet Research	
Debate		Practice/drill	X
Discovery/Independent Research	X	Problem solving	X
Discussion/Questioning/Interviewing	X	Reading assignments	

Experiential Learning	X	Role playing/simulation games	X
Field Experience	X	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

Methods of Assessment:

Method of Evaluation	Course Objective #	Points or Percentage
Abstracts		
Attendance	#16	N/A –Satisfactory grade
Capstone Project		
Case Study		
Exams		
Group Projects		
Homework Assignments (reflections)	#21, #22	N/A –Satisfactory grade
Internet Research		
Journaling		
Lab Performance		
Oral/written review of literature		
Participation		
Peer Evaluation		
Portfolio		
Portfolio Lab Performance		
Presentations		
Professional Evaluation	#21, #22	N/A –Satisfactory grade
Quizzes		
Research project		
Other: Clinical Performance Instrument (CPI)		
Method of Evaluation	Course Objective #	Points or Percentage
CPI skill #1	#11	N/A – Satisfactory grade
CPI skill #2	#16	
CPI skill #3	#17	
CPI skill #4	#2	
CPI skill #5	#4	
CPI skill #6	#21	

CPI skill #7	#1, #22	
CPI skill #8	#5	
CPI skill #9	#6	
CPI skill #10	#7	
CPI skill #11	#8, #9	
CPI skill #12	#10	
CPI skill #13	#12, #14	
CPI skill #14	#19, #20	
CPI skill #15	#3	
CPI skill #16	#13	
CPI skill #17	#18	
CPI skill #18	#15	

Description of Assignments:

Grading is satisfactory/unsatisfactory. To obtain a satisfactory grade the student must have completed the following assignments/activity:

1. Satisfactory attendance record (See the policy on attendance in *Student Handbook*)
2. Completion of Clinical Education Experience Evaluation Report, online.
3. Completion of Clinical Reflection Forms (and cover sheet) at the end of week 1, 3, and 6/7.
4. Completion of Weekly Reflection with CI.
5. Completion of two inservices over the course of 4 clinical education experiences.
6. Satisfactory completion of clinical skills from Physical Therapist Clinical Performance Instrument (CPI) including the minimum data required for the Clinical Site Information Form (accessed online via the CPI).
7. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:
 - FOR Clinical Education Ib: A MINIMUM of Advanced Beginner or above performance for ALL Skills
 - ALL students must show entry-level performance in ALL skills by the end of the clinical education series.
8. All body systems concerning client co-morbidities across the lifespan and in rural, suburban, and urban geographic locations must be addressed. If there is no opportunity or minimal opportunity to work on a certain skill, practice pattern, or age group, then a mini-clinical or an extension of a clinical will need to occur.

Grading Scale: This course is grade satisfactory or unsatisfactory. Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE and the Director have the right to review the requirements and make concessions on an individual basis.

Grading is satisfactory or unsatisfactory and is assigned by the DCE with input from the CI's CPI and feedback at the midterm phone call. Students will be given an Extended Credit until the completion of Clinical Ib. At that time, the same grade will be issued for Clinical Ia and Clinical Ib.

University Honor Code:

Each and every student of the University will adhere to the following Honor Code:

“I will not knowingly engage in any dishonorable behavior, cheat, steal, lie, or commit any act of plagiarism during any academic work, course, or endeavor. If I observe an act which I believe violates the University’s Honor Code, I may, at my discretion, report it to the appropriate personnel.”

Student Acknowledgement of University Honor Code:

“I acknowledge that I have fully complied or will comply with all aspects of the University’s Honor Code in submitting this work.”

Student Rights and Responsibilities Statement, Article VIII-Academic Integrity:

<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Student-Rights-and-Responsibilities-Statement/VIII-Academic-Integrity>

University Diversity Statement:

As part of our commitment to achieve excellence, the University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers.

Course Policies and Practices: (Please refer to the DPT Student Handbook for a complete list of policies)

Attendance: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students’ progress. Excessive absence in a course can seriously threaten a student’s academic progress and may result in suspension from the program course. More importantly, however, every absence represents a risk to the student’s investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Email Etiquette: It is expected that all email correspondences to the instructor will be conducted in a professional manner. When utilizing email for this class, students should: (1) include the course name and number in the email subject heading, (2) address the recipient in an appropriate manner, (3) utilize proper spelling, grammar, and punctuation, (4) close with your full name, and (5) name file attachments by including the course name and number, student last name, and assignment/document title.

Failed technical skill: Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical affiliation may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Affiliations in the Student Handbook, Clinical Education section.

Special Services: If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Accommodation and Inclusion (oai@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

Course and Instructor Evaluation: Each student is expected to complete the course and instructor evaluation which is sent electronically to the student by the Office of the Registrar. The electronic notification comes in the form of an e-mail from the UF Registrar’s Office with the following subject line: Online survey for the designated course (e.g., BIOL 102).

Last Date of Attendance Policy: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students’ progress. Excessive absence in a

course can seriously threaten a student's academic progress and may result in suspension from the program course.

More importantly, however, every absence represents a risk to the student's investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Tentative Course Outline:

Week One: Midterm, Week Four of affiliation

- Completion of online CPI by the CI
- Call DCE for midterm contact
- Make sure the CPI is signed off on
- Completion of the CSIF minimum data & notify EE

Week Three: Week Six of affiliation

- Completion of online self-assessment of CPI final & notify CI of its completion
- Complete clinical experience reflection

Final, Week Seven of affiliation

- Completion of online CPI by the CI
- Completion of online CEEER
- Make sure the CPI is signed off on by all parties
- Email DCE
 - Inservice proof (needed for 2 clinicals)
 - and the signature page of the CEEER
- Completion of Certificate of supervision for the CI & turn in with TY note to the CI

Course Content:

Course content is focused on the following CPI skills:

1. Safety
2. Professional Behavior
3. Accountability
4. Communication
5. Cultural Competence
6. Professional Development
7. Clinical Reasoning
8. Screening
9. Examination
10. Evaluation
11. Diagnosis/Prognosis
12. Plan of Care
13. Procedural Interventions
14. Educational Interventions
15. Documentation
16. Outcomes Assessment
17. Financial Resources
18. Direction & Supervision of Personnel

Note: This syllabus is subject to change at the discretion of the instructor.

**The University of Findlay
College of Health Professions
Doctor of Physical Therapy Program
Summer 2021**

**The mission of The University of Findlay is to equip our students for
meaningful lives and productive careers.**

Course Number/Title: PHTH 668 Clinical Education II

Credit Hours: 4

Class Time/Place: Assigned Clinical sites (40 hours/week, AT A MINIMUM); Eight weeks at clinical sites as assigned by DCE. Second professional year, summer semester. This course occurs at the beginning of the semester commencing June 7, 2021.

Contact Time: hours reflect per semester totals based on 15 week semesters

Lecture (face-to-face, seat time)		Lab Hours (face-to-face, seat time)	
Study <ul style="list-style-type: none"> • <i>test preparation</i> • <i>lab preparation</i> 		Clinical Cases	
Homework <ul style="list-style-type: none"> • <i>Assignment One</i> • <i>Assignment Two</i> 		On-line (Comtasia/Screencast, asynchronous)	
		Total	See above under Class Time/Place

Prerequisites, Co-requisites and Course Description: Prerequisite: successful completion of the previous DPT term or permission of the PT faculty. This is the SECOND of four clinical education experiences. It includes an 8-week, full-time clinical affiliation under the supervision of a licensed physical therapist. Grading for this course is S/U.

Instructor: Allison Durham, PT, DPT, RN, DCE

Instructor Contact Information: 349 Trenton Ave, #124, Findlay, OH 45840, Office phone: 419-434-5975, Cell phone: 419-966-2722; email: durham@findlay.edu ; FAX: 419-434-4336

Office Hours: DCE: Available on campus or by phone as posted; CI: available daily

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Relationship to the Conceptual Framework: This is a clinical education course. It is designed to provide students with the opportunity to analyze and synthesize current knowledge and experience with clinical practice. In addition, experience with education, management, and research is provided as available.

PT Program Curricular Goals

Course meets the following curricular objectives in whole or in part:

Following completion of the physical therapy program curriculum, the graduate physical therapist will be a generalist who will be able to:

- 11.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy **(7A, 7B, 7C)**
- 12.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. **(7D7, 7D8)**
- 13.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. **(7D8)**
- 14.0 Complete **screening** activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. **(7D16)**
- 15.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:
 - 5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. **(7D17, 7D20)**
 - 5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. **(7D18)**
 - 5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes. **(7D11, 7D19)**
 - 5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. **(7D11, 7D19)**
- 6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:
 - 6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model. **(7D21, 7D22)**
 - 6.2 Evaluate data from the examination to make clinical judgments. **(7D20)**
 - 6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. **(7D16)**
- 7.0 Efficiently establish a physical therapy **diagnosis** by:
 - 7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. **(7D22)**
 - 7.2 Considering the policies and procedures of the practice setting. **(7D28)**
 - 7.3 Effectively communicating diagnostic results and clinical impressions with all stakeholders as appropriate. **(7D7, 7D22)**
- 8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. **(7D23)**
- 9.0 Develop and execute a safe and effective **plan of care** by:
 - 9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. **(7D23, 7D24, 7D26)**

- 9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. (7D23, 7D24)
- 9.3 Complying with the administrative policies and procedures of the practice environment. (7D28)
- 9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. (7D24, 7D30, 7D31)
- 9.5 Maintaining a fiduciary responsibility for all patients/clients. (7D42)

10.0 Competently provide physical therapy **intervention** by:

- 10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. (7D27)
- 10.2 Carrying out all physical therapy procedures safely. (7D27)
- 10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. (7D12)
- 10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. (7D32)
- 10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. (7D33, 7D37)

11.0 Appropriately utilize **outcome assessment** data by:

- 11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. (7D19)
- 11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. (7D19)
- 11.3 Analyzing and applying results to allow for modification of the plan of care. (7D31)

12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. (7D34)

13.0 Provide and manage care in a variety of **care delivery systems** by:

- 13.1 Providing physical therapy through direct access or referral based on patient/client goals, expected functional outcomes, and knowledge of one's own and other's capabilities. (7D34, 7D35)
- 13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care. (7D28, 7D29, 7D30, 7D31, 7D36, 7D42)
- 13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. (7D7, 7D34, 7D39)
- 13.4 Participate in patient centered interprofessional and collaborative practice with active participation from the patient in aspects of his/her care and treatment. (7D39)

14.0 Demonstrate appropriate **professional behavior** by:

- 14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. (7D4, 7D5, 7D6)
- 14.2 Adhering to the standards of practice, state and federal laws. (7D1)
- 14.3 Reporting to appropriate authorities suspected cases of fraud and abuse. (7D2, 7D3)
- 14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. (7D5, 7D38)
- 14.5 Participating in both integrated and full-time terminal clinical education activities. (6L)
- 14.6 Formulating and implementing a plan for personal and professional career development. (7D15)
- 14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of society. (7D13, 7D14)

14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. (7D10, 7D11)

14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. (7D9)

14.10 Critically evaluating current literature and information sources related to contemporary physical therapy practice, research, administration, consultation, and education. (7D9, 7D11, 7D40)

14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. (7D9, 7D15)

15.0 Function in the role of an **administrator** by:

15.1 Appropriately delegating to and supervising physical-therapy-related services to support personnel, physical therapist assistants and caregivers. (7D25, 7D29)

15.2 Demonstrating understanding of the history, current status and future projections for health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. (7D41)

15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. (7D36, 7D43)

15.4 Participating in the financial management of practice settings including billing and payment for services. (7D42)

15.5 Establishing a business plan on a programmatic level within a practice. (7D43)

15.6 Participating in activities related to marketing and public relations. (7D43)

16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities (7D12)

17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. (7D13)

18.0 Function as a **self-directed lifelong learner** by:

18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. (7D9)

18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. (7D15)

18.3 Seeking out new information regarding the practice of physical therapy. (7D9)

19.0 Use **critical thinking skills** to:

19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. (7D9, 7D10, 7D11)

19.2 Explain one's reasoning and conclusions. (7D10, 7D11)

19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. (7D38)

Course Objectives:

1. Applies current knowledge, theory, clinical judgment, skills, and the patient's values and perspective in patient management. **CPI skill #7 (7D9-11, 7D34, 7D36, 7D40)**
 - a. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
 - b. Assesses patient response to interventions using credible measures.
 - c. Integrates patient needs and values in making decisions in developing the plan of care.
 - d. Clinical decisions focus on the whole person rather than the disease.

- e. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.
2. Communicates in ways that are congruent with situational needs. **CPI skill #4 (7D7,7D21)**
 - a. Communicates, verbally and nonverbally, in a professional and timely manner.
 - b. Initiates communication in difficult situations.
 - c. Selects the most appropriate person(s) with whom to communicate.
 - d. Communicates respect for the roles and contributions of all participants in patient care.
 - e. Listens actively and attentively to understand what is being communicated by others.
 - f. Demonstrates professionally and technically correct written and verbal communication without jargon.
 - g. Communicates using nonverbal messages that are consistent with intended message.
 - h. Engages in ongoing dialogue with professional peers or team members.
 - i. Interprets and responds to the nonverbal communication of others.
 - j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
 - k. Seeks and responds to feedback from multiple sources in providing patient care.
 - l. Adjust style of communication based on target audience.
 - m. Communicates with the patient using language the patient can understand (e.g., translator, sign language, level of education, cognitive impairment, etc.).
 3. Produces quality documentation in a timely manner to support the delivery of physical therapy services. **CPI skill #15 (7D32,7D38)**
 - a. Selects relevant information to document the delivery of physical therapy patient care.
 - b. Documents all aspects of PT care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication with others involved in delivery of patient care.
 - c. Produces documentation (e.g., electronic, dictation, chart) that follows guidelines and format required by the practice setting.
 - d. Documents patient care consistent with guidelines & requirements of regulatory agencies & third-party payers.
 - e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.
 - f. Produces documentation that is accurate, concise, timely and legible.
 - g. Utilizes terminology that is professionally and technically correct.
 - h. Documentation accurately describes care delivery that justifies physical therapy services.
 - i. Participates in quality improvement review of documentation (chart audit, peer review, goals).
 4. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. **CPI skill #5 (7D8)**
 - ee. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of PT services.
 - ff. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status.
 - gg. Provides care in a nonjudgmental manner when the patients' beliefs and values conflicts with the individual's belief system.
 - hh. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.
 - ii. Values the socio-cultural, psychological, and economic influences on patients and clients and responds accordingly.
 - jj. Is aware of and suspends own social and cultural biases.
 5. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional. **CPI skill #8 (7D16,7D34-35)**
 - tt. Utilizes test and measures sensitive to indications for physical therapy intervention.
 - uu. Advises practitioner about indications for intervention.
 - vv. Reviews medical history from patients and other sources (e.g., medical records, family,

- other health care staff).
 - ww. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
 - xx. Selects the appropriate screening tests and measurements.
 - yy. Conducts tests and measurements appropriately.
 - zz. Interprets tests and measurements accurately.
 - aaa. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.
 - bbb. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary.
 - ccc. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.
6. Performs a physical therapy patient examination using evidence-based tests and measures. **CPI skill #9 (7D17-19, 7D35)**
- a. Obtains a history from patients and other sources as part of the examination.
 - b. Utilizes information from history and other data (e.g., laboratory, diagnostic tests & pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
 - c. Performs systems review.
 - d. Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening. Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q), posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
 - e. Conducts tests and measures accurately and proficiently.
 - f. Sequences tests and measures in a logical manner to optimize efficiency.
 - g. Adjusts tests and measures according to patient's response.
 - h. Performs regular reexaminations of patient status.
 - i. Performs an examination using evidence based test and measures.
7. Evaluates data from the patient examination (history, system review, and tests & measures) to make clinical judgments. **CPI skill #10 (7D20, 7D35, 7D40)**
- a. Synthesizes examination data and identifies pertinent health disorder, body structure and function, activity and participation restrictions based on environmental and personal contextual factors.
 - b. Makes clinical judgments based on data from examination (history, system review, tests and measures)
 - c. Reaches clinical decisions efficiently.
 - d. Cites the evidence to support a clinical decision.
8. Determines a diagnosis that guides future patient management. **CPI skill #11 (7D22-23, 7D35, 7D40)**
- a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis.
 - b. Determines a diagnosis that is congruent with health disorder or disease, body structure and function, activity restrictions, participation restrictions and contextual factors (environmental and personal).

9. Determines a diagnosis and prognosis that guides future patient management. **CPI skill #11 (7D22-23, 7D35, 7D40)**
 - a. Integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status.
 - b. Estimates the contribution of factors (e.g., preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
 - c. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc.) that help predict patient outcomes.
10. Establishes a physical therapy plan of care that is safe, effective, patient centered, and evidence-based. **CPI skill #12 (7D24, 7D26, 7D28, 7D30, 7D35-36, 7D39-40)**
 - ddd. Establishes goals and desired functional outcomes that specify expected time durations.
 - eee. Establishes a PT plan of care in collaboration with the patient family, caregiver, and others involved in the delivery of health care services.
 - fff. Establishes a PT plan of care consistent with the examination and evaluation.
 - ggg. Selects interventions based on the best available evidence and patient preferences.
 - hhh. Follows established guidelines (e.g., best practice, clinical pathways, and protocol) when designing the plan of care.
 - iii. Progresses and modifies plan of care and discharge planning based on patient responses.
 - jjj. Identifies the resources needed to achieve the goals included in the patient care.
 - kkk. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
 - lll. Discusses the risks and benefits of the use of alternative interventions with the patient.
 - mmm. Identifies patients who would benefit from further follow-up.
 - nnn. Advocates for the patients' access to services.
11. Practices in a safe manner that minimizes risk to patient, self, and others. **CPI skill #1 (7D33, 7D37)**
 - a. Establishes & maintains safe working environment.
 - b. Recognizes physiological and psychological changes in patients and adjusts interventions, accordingly.
 - c. Demonstrates awareness of contraindications and precautions of patient intervention.
 - d. Ensures the safety of self, patient and others throughout the clinical interaction (e.g., universal precautions, responding and reporting emergency situations etc.)
 - e. Requests assistance when necessary.
 - f. Uses acceptable techniques for safe handling of patients (e.g., body mechanics, guarding, level of assistance etc.).
 - g. Demonstrates knowledge of facility safety policies and procedures.
12. Performs physical therapy interventions in a competent manner. **CPI skill #13 (7D27, 7D34-35)**
 - jj. Performs interventions safely, effectively, efficiently, fluidly, and in a coordinated and technically competent manner. Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).
 - kk. Performs interventions consistent with the plan of care.
 - ll. Utilizes alternative strategies to accomplish functional goals.
 - mm. Follows established guidelines when implementing an existing plan of care.

- nn. Provides rationale for interventions selected for patients presenting with various diagnoses.
 - oo. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.
 - pp. Assesses patient response to interventions and adjusts accordingly.
13. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. **CPI skill #16 (7D31, 7D38, 7D40)**
 - a. Applies, interprets, & reports results of standardized assessments throughout a patient's episode of care.
 - b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.
 - c. Seeks information regarding quality of care rendered by self and others under clinical supervision.
 - d. Evaluates and uses published studies related to outcomes effectiveness.
 - e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.
 - f. Assesses the patient's response to intervention in practical terms.
 - g. Evaluates whether functional goals from the plan of care have been met.
 - h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).
 14. Performs physical therapy interventions in a competent manner for the promotion of health wellness and fitness. **CPI skill #13 (7D27, 7D34-35)**
 - a. Discusses strategies for caregivers to minimize risk of injury and to enhance function.
 - b. Considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.
 - c. Incorporates the concept of self-efficacy in wellness and health promotion.
 15. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. **CPI skill #18 (7D25, 7D29)**
 - a. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - b. Applies time-management principles to supervision and patient care.
 - c. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (e.g., secretary, PT Aides, PT Assistants).
 - d. Determines the amount of instruction necessary for personnel to perform directed tasks.
 - e. Provides instruction to personnel in the performance of directed tasks.
 - f. Supervises those physical therapy services directed to physical therapist assistants and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - g. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.
 - h. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.
 - i. Demonstrates respect for the contributions of other support personnel.
 - j. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant's ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - k. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.
 16. Demonstrates professional behavior in all situations. **CPI skill #2 (7D1, 7D4-6, 7D14)**
 - a. Demonstrates initiative (e.g., Arrives well prepared, offers assistance, and seeks learning opportunities).
 - b. Is punctual and dependable.

- c. Wears attire consistent with expectations of the practice setting.
 - d. Demonstrates integrity in all interactions.
 - e. Exhibits caring, compassion, and empathy in providing services to patients.
 - f. Maintains productive working relationships with patients, families, CI and others.
 - g. Demonstrates behaviors that contribute to a positive work environment.
 - h. Accepts feedback without defensiveness.
 - i. Manages conflict in constructive ways.
 - j. Maintains patient privacy and modesty.
 - k. Values the dignity of patients as individuals.
 - l. Seeks feedback from CI related to clinical performance.
 - m. Provides effective feedback to CI related to clinical/teaching mentoring.
17. Practices in a manner consistent with established legal and professional standards & ethical guidelines. **CPI skill #3 (7D2-3, 7D41)**
- ddd. Places patient's needs above self-interests
 - eee. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
 - fff. Takes steps to remedy errors in a timely manner.
 - ggg. Abides by policies and procedures of the practice setting (e.g., OSHA, HIPAA etc.).
 - hhh. Maintains patient confidentiality.
 - iii. Adheres to legal practice standards including all federal state/province, and institutional
 - jjj. regulations related to patient care and fiscal management.
 - kkk. Identifies ethical or legal concerns and initiates action to address the concerns.
 - lll. Displays generosity as evidenced in the use of time and effort to meet patient needs.
 - mmm. Recognize the need for PT services to underserved and underrepresented populations.
 - nnn. Strive to provide patient/client services that go beyond expected standards of practice.
18. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines. **CPI skill #17 (7D35-36, 7D38, 7D40-42)**
- a. Schedules patients, equipment, and space.
 - b. Coordinates physical therapy with other services to facilitate efficient and effective patient care.
 - c. Sets priorities for the use of resources to maximize patient and facility outcomes.
 - d. Uses time effectively.
 - e. Adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements.
 - f. Provides recommendations for equipment and supply needs.
 - g. Submits billing charges on time.
 - h. Adheres to reimbursement guidelines established by regulatory agencies, payers, & facility.
 - i. Requests and obtains authorization for clinically necessary reimbursable visits.
 - j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.
 - k. Negotiates with reimbursement entities for changes in individual patient services.
 - l. Utilizes the facility's information technology effectively.
 - m. Functions within the organizational structure of the practice setting.
 - n. Implements risk-management strategies (ie, prevention of injury, infection control, etc).
 - o. Markets services to customers (eg, physicians, corporate clients*, general public).
 - p. Promotes the profession of physical therapy.
 - q. Participates in special events organized in the practice setting related to patients and care delivery.
 - r. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).
19. Educates others (patients, family, caregivers, staff, students, other health care providers, business and industry reps., school systems) using relevant and effective teaching methods. **CPI skill #14 (7D12, 7D34-35)**

- a. Identifies and establishes priorities for educational needs in collaboration with the learner.
 - b. Identifies patient learning style (e.g., demonstration, verbal, written).
 - c. Identifies barriers to learning (e.g., literacy, language, cognition).
 - d. Modifies interaction based on patient learning style.
 - e. Instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community.
 - f. Ensures understanding and effectiveness of recommended ongoing program.
 - g. Tailors interventions with consideration for patient family situation and resources.
 - h. Provides patients with the necessary tools and education to manage their problem.
 - i. Provides education and promotion of health, wellness, and fitness.
20. Provides consultation to individuals, businesses, schools, government agencies, or other organizations. **CPI skill #14 (7D12, 7D34-35)**
- l. Determines need for consultative services.
 - m. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (e.g., ergonomic evaluations, school system assessments, corporate environmental assessments).
21. Participates in self-assessment to improve clinical and professional performance. **CPI skill #6 (7D13, 7D15)**
- a. Identifies strengths and limitations in clinical performance.
 - b. Seeks guidance as necessary to address limitations.
 - c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice & professional development.
 - d. Acknowledges and accepts responsibility and consequences of his or her actions.
 - e. Establishes realistic short and long-term goals in a plan for professional development.
 - f. Seeks out additional learning experiences to enhance clinical and professional performance.
 - g. Discusses progress of clinical and professional growth.
 - h. Accepts responsibility for continuous professional learning.
 - i. Discusses professional issues related to physical therapy practice.
 - j. Participates in professional activities beyond the practice environment.
 - k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
 - l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc.) to achieve optimal patient care.
22. Utilizes critical thinking skills in patient management. **CPI Skill #7 (7D9-11, 7D34, 7D36, 7D40)**
- a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
 - b. Makes clinical decisions within the context of ethical practice and informed consent.
 - c. Utilizes information from multiple data sources to make clinical decisions (e.g., patient and caregivers, health care professionals, hooked on evidence, databases, and medical records).
 - d. Seeks disconfirming evidence in the process of making clinical decisions.
 - e. Recognizes when plan of care and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
 - f. Critically evaluates published research articles relevant to physical therapy and applies to clinical practice.
 - g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
 - h. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

Required Textbooks and other materials:

Required: American Physical Therapy Association. *Physical Therapist Clinical Performance Instrument*. 2nd ed. Alexandria, VA: American Physical Therapy Association; June 2006.

Student Handbook. The University of Findlay; 2019.

Recommended: Rothstein JM, Roy SH, Wolf SL. *The Rehabilitation Specialist's Handbook*. 2nd ed. Philadelphia, PA:F.A. Davis Co.;1998

Curricular Books

- American College of Sports Medicine. *ACSM's Guidelines for Exercise Testing and Prescription*. 9th ed. Baltimore, MD: Lippincott, Williams and Williams; 2014. ISBN: 978-1609139551.
- American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015. ISBN: 978-1-931369-85-5. Available online at: <http://guidetoptpractice.apta.org/>
- American Medical Association. *AMA Manual of Style*. 10th ed. Oxford, NY: Oxford University Press; 2007. ISBN: 978-0195176339.
- Tecklin JS. *Pediatric Physical Therapy*. 5th ed. LWW; 2014. ISBN: 978-1451173451

Knowledge Base: DPT Didactic Curriculum

Instructional Strategies:

Case Analysis		Library and Internet Research	
Debate		Practice/drill	
Discovery/Independent Research	X	Problem solving	X
Discussion/Questioning/Interviewing	X	Reading assignments	
Experiential Learning		Role playing/simulation games	
Field Experience	X	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

Methods of Assessment:

Method of Evaluation	Course Objective #	Points or Percentage
Abstracts		
Attendance	#16	N/A –Satisfactory grade
Capstone Project		
Case Study		
Exams		
Group Projects		
Homework Assignments (reflections)	#21, #22	N/A –Satisfactory grade
Internet Research		
Journaling		
Lab Performance		
Oral/written review of literature		
Participation		
Peer Evaluation		

Portfolio		
Portfolio Lab Performance		
Presentations		
Professional Evaluation	#21, #22	N/A –Satisfactory grade
Quizzes		
Research project		
Other: Clinical Performance Instrument (CPI)		
Method of Evaluation	Course Objective #	Points or Percentage
CPI skill #1	#11	N/A – Satisfactory grade
CPI skill #2	#16	
CPI skill #3	#17	
CPI skill #4	#2	
CPI skill #5	#4	
CPI skill #6	#21	
CPI skill #7	#1, #22	
CPI skill #8	#5	
CPI skill #9	#6	
CPI skill #10	#7	
CPI skill #11	#8, #9	
CPI skill #12	#10	
CPI skill #13	#12, #14	
CPI skill #14	#19, #20	
CPI skill #15	#3	
CPI skill #16	#13	
CPI skill #17	#18	
CPI skill #18	#15	

Description of Assignments:

Grading is satisfactory/unsatisfactory. To obtain a satisfactory grade the student must have completed the following assignments/activity:

1. Satisfactory attendance record (See the policy on attendance in *Student Handbook*)
2. Completion of Clinical Education Experience Evaluation Report, online.
3. Completion of Clinical Reflection Forms (and cover sheet) at the end of week 1, 3, and 6/7.
4. Completion of Weekly Reflection with CI.
5. Completion of two inservices over the course of 4 clinical education experiences.
6. Satisfactory completion of clinical skills from Physical Therapist Clinical Performance (CPI) Instrument and update the minimum data required of the Clinical Site Information Form accessed online through the CPI.

7. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:
 - FOR Clinical Education II: A MINIMUM of Intermediate Level Performance for ALL Skills
 - ALL students must show entry-level performance in ALL skills by the end of the clinical education series.
8. All body systems concerning client co-morbidities across the lifespan and in rural, suburban, and urban geographic locations must be addressed. If there is no opportunity or minimal opportunity to work on a certain skill, practice pattern, or age group, then a mini-clinical or an extension of a clinical will need to occur.

Grading: This course is grade satisfactory or unsatisfactory. Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE and the Director have the right to review the requirements and make concessions on an individual basis.

University Honor Code:

Each and every student of the University will adhere to the following Honor Code:

“I will not knowingly engage in any dishonorable behavior, cheat, steal, lie, or commit any act of plagiarism during any academic work, course, or endeavor. If I observe an act which I believe violates the University’s Honor Code, I may, at my discretion, report it to the appropriate personnel.”

Student Acknowledgement of University Honor Code:

“I acknowledge that I have fully complied or will comply with all aspects of the University’s Honor Code in submitting this work.”

Student Rights and Responsibilities Statement, Article VIII-Academic Integrity:

<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Student-Rights-and-Responsibilities-Statement/VIII-Academic-Integrity>

University Diversity Statement:

As part of our commitment to achieve excellence, the University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers.

Course Policies and Practices: (Please refer to the DPT Student Handbook for a complete list of policies)

Attendance

Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students’ progress. Excessive absence in a course can seriously threaten a student’s academic progress and may result in suspension from the program course. More importantly, however, every absence represents a risk to the student’s investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Email Etiquette

It is expected that all email correspondences to the instructor will be conducted in a professional manner. When utilizing email for this class, students should: (1) include the course name and number in the email subject heading, (2) address the recipient in an appropriate manner, (3) utilize proper spelling, grammar, and

punctuation, (4) close with your full name, and (5) name file attachments by including the course name and number, student last name, and assignment/document title.

Failed technical skill: Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical affiliation may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Affiliations in the Student Handbook, Clinical Education section.

Special Services: If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Accommodation and Inclusion (oai@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

Course and Instructor Evaluation: Each student is expected to complete the course and instructor evaluation which is sent electronically to the student by the Office of the Registrar. The electronic notification comes in the form of an e-mail from the UF Registrar's Office with the following subject line: Online survey for the designated course (e.g., BIOL 102).

Last Date of Attendance Policy: A student's last date of attendance is the date he/she was last present in class. If the student attends all classes, the official last date of the class, as determined by the institution, will be used for reporting purposes.

Tentative Course Outline:

Week One

- Completion of the letter of intent & FAX
- Complete clinical experience reflection and cover page

Week Four

- Completion of online self-assessment of CPI midterm & notify CI of its completion
- Complete clinical experience reflection

Midterm, Week Four

- Completion of online CPI by the CI
- Call DCE for midterm contact
- Make sure the CPI is signed off on
- Completion of the CSIF minimum data & notify EE

Week Six/Seven

- Complete clinical experience reflection
- Completion of online self-assessment of CPI final & notify CI of its completion

Final, Week Eight

- Completion of online CPI by the CI
- Send final reflection of all weeks
- Completion of online CEEER
- Make sure the CPI is signed off on by all parties
- Email DCE
 - Inservice proof (needed for 2 clinicals)
 - and the signature page of the CEEER
- Completion of Certificate of supervision for the CI & turn in with TY note to the CI

Course Content:

Course content is focused on the following CPI skills:

1. Safety
2. Professional Behavior
3. Accountability
4. Communication
5. Cultural Competence
6. Professional Development
7. Clinical Reasoning
8. Screening
9. Examination
10. Evaluation
11. Diagnosis/Prognosis
12. Plan of Care
13. Procedural Interventions
14. Educational Interventions
15. Documentation
16. Outcomes Assessment
17. Financial Resources
18. Direction & Supervision of Personnel

Note: This syllabus is subject to change at the discretion of the instructor.

Syllabus Template Approved by Faculty Senate 26 March 2018
Modified 12 June 2018

The University of Findlay
College of Health Professions
Traditional Physical Therapy Program
Spring 2022

*The mission of The University of Findlay is to equip our students for
meaningful lives and productive careers.*

Course Number/Title: PHTH 728 Clinical Education III
Credit Hours: 4 Semester Hours

Class Time/Place: Assigned Clinical sites (40 hours/week, AT A MINIMUM); Eight weeks at clinical sites as assigned by DCE. Third professional year, spring semester. This course occurs at the end of the semester commencing TBD.

Prerequisites, Co-requisites and Course Description: Prerequisite: successful completion of the previous DPT term or permission of the PT faculty. This is the third clinical education experience. It consists of an eight-week, full-time clinical affiliation under the supervision of a licensed physical therapist. Grading for this course is S/U.

Instructor: Allison Durham, PT, DPT, RN, DCE

Instructor Contact Information: 349 Trenton Ave, #124, Findlay, OH 45840, Office phone: 419-434-5975, Cell phone: 419-966-2722; email: durham@findlay.edu ; FAX: 419-434-4336

Office Hours: DCE: Available on campus or by phone as posted; CI: available daily

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Relationship to the Conceptual Framework: This is a clinical education course. It is designed to provide students with the opportunity to analyze and synthesize current knowledge and experience with clinical practice. In addition, experience with education, management, and research is provided as available.

PT Program Curricular Goals

Course meets the following curricular objectives in whole or in part:

Following completion of the physical therapy program curriculum, the graduate physical therapist will be a generalist who will be able to:

- 16.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy **(7A, 7B, 7C)**
- 17.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. **(7D7, 7D8)**
- 18.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. **(7D8)**
- 19.0 Complete **screening** activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. **(7D16)**
- 20.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:

5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. (7D17, 7D20)

5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. (7D18)

5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes. (7D11, 7D19)

5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. (7D11, 7D19)

6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:

6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model. (7D21, 7D22)

6.2 Evaluate data from the examination to make clinical judgments. (7D20)

6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. (7D16)

7.0 Efficiently establish a physical therapy **diagnosis** by:

7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. (7D22)

7.2 Considering the policies and procedures of the practice setting. (7D28)

7.3 Effectively communicating diagnostic results and clinical impressions with all stakeholders as appropriate. (7D7, 7D22)

8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. (7D23)

9.0 Develop and execute a safe and effective **plan of care** by:

9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. (7D23, 7D24, 7D26)

9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. (7D23, 7D24)

9.3 Complying with the administrative policies and procedures of the practice environment. (7D28)

9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. (7D24, 7D30, 7D31)

9.5 Maintaining a fiduciary responsibility for all patients/clients. (7D42)

10.0 Competently provide physical therapy **intervention** by:

10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. (7D27)

10.2 Carrying out all physical therapy procedures safely. (7D27)

10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. (7D12) 10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. (7D32)

10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. (7D33, 7D37)

11.0 Appropriately utilize **outcome assessment** data by:

11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. (7D19)

11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(7D19)**

11.3 Analyzing and applying results to allow for modification of the plan of care. **(7D31)**

12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. **(7D34)**

13.0 Provide and manage care in a variety of **care delivery systems** by:

13.1 Providing physical therapy through direct access or referral based on patient/client goals, expected functional outcomes, and knowledge of one's own and other's capabilities. **(7D34, 7D35)**

13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care. **(7D28, 7D29, 7D30, 7D31, 7D36, 7D42)**

13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. **(7D7, 7D34, 7D39)**

13.4 Participate in patient centered interprofessional and collaborative practice with active participation from the patient in aspects of his/her care and treatment. **(7D39)**

14.0 Demonstrate appropriate **professional behavior** by:

14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. **(7D4, 7D5, 7D6)**

14.2 Adhering to the standards of practice, state and federal laws. **(7D1)**

14.3 Reporting to appropriate authorities suspected cases of fraud and abuse. **(7D2, 7D3)**

14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. **(7D5, 7D38)**

14.5 Participating in both integrated and full-time terminal clinical education activities. **(6L)**

14.6 Formulating and implementing a plan for personal and professional career development. **(7D15)**

14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of society. **(7D13, 7D14)**

14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. **(7D10, 7D11)**

14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. **(7D9)**

14.10 Critically evaluating current literature and information sources related to contemporary physical therapy practice, research, administration, consultation, and education. **(7D9, 7D11 7D40)**

14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. **(7D9, 7D15)**

15.0 Function in the role of an **administrator** by:

15.1 Appropriately delegating to and supervising physical-therapy-related services to support personnel, physical therapist assistants and caregivers. **(7D25, 7D29)**

15.2 Demonstrating understanding of the history, current status and future projections for health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. **(7D41)**

15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. **(7D36, 7D43)**

15.4 Participating in the financial management of practice settings including billing and payment for services. **(7D42)**

15.5 Establishing a business plan on a programmatic level within a practice. (7D43)

15.6 Participating in activities related to marketing and public relations. (7D43)

16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities (7D12)

17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. (7D13)

18.0 Function as a **self-directed lifelong learner** by:

18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. (7D9)

18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. (7D15)

18.3 Seeking out new information regarding the practice of physical therapy. (7D9)

19.0 Use **critical thinking skills** to:

19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. (7D9, 7D10, 7D11)

19.2 Explain one's reasoning and conclusions. (7D10, 7D11)

19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. (7D38)

Course Objectives:

1. Applies current knowledge, theory, clinical judgment, skills, and the patient's values and perspective in patient management. **CPI skill #7 (7D9-11,7D34,7D36,7D40)**
 - u. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
 - v. Assesses patient response to interventions using credible measures.
 - w. Integrates patient needs and values in making decisions in developing the plan of care.
 - x. Clinical decisions focus on the whole person rather than the disease.
 - e. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.
2. Communicates in ways that are congruent with situational needs. **CPI skill #4 (7D7,7D21)**
 - a. Communicates, verbally and nonverbally, in a professional and timely manner.
 - b. Initiates communication in difficult situations.
 - c. Selects the most appropriate person(s) with whom to communicate.
 - d. Communicates respect for the roles and contributions of all participants in patient care.
 - e. Listens actively and attentively to understand what is being communicated by others.
 - f. Demonstrates professionally and technically correct written and verbal communication without jargon.
 - g. Communicates using nonverbal messages that are consistent with intended message.
 - h. Engages in ongoing dialogue with professional peers or team members.
 - i. Interprets and responds to the nonverbal communication of others.
 - j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
 - k. Seeks and responds to feedback from multiple sources in providing patient care.
 - l. Adjust style of communication based on target audience.
 - m. Communicates with the patient using language the patient can understand (e.g., translator, sign language, level of education, cognitive impairment, etc.).
3. Produces quality documentation in a timely manner to support the delivery of physical therapy services. **CPI skill #15 (7D32,7D38)**

- a. Selects relevant information to document the delivery of physical therapy patient care.
 - b. Documents all aspects of PT care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication with others involved in delivery of patient care.
 - c. Produces documentation (e.g., electronic, dictation, chart) that follows guidelines and format required by the practice setting.
 - d. Documents patient care consistent with guidelines & requirements of regulatory agencies & third-party payers.
 - e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.
 - f. Produces documentation that is accurate, concise, timely and legible.
 - g. Utilizes terminology that is professionally and technically correct.
 - h. Documentation accurately describes care delivery that justifies physical therapy services.
 - i. Participates in quality improvement review of documentation (chart audit, peer review, goals).
4. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. **CPI skill #5 (7D8)**
- kk. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of PT services.
 - ll. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status.
 - mm. Provides care in a nonjudgmental manner when the patients' beliefs and values conflicts with the individual's belief system.
 - nn. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.
 - oo. Values the socio-cultural, psychological, and economic influences on patients and clients and responds accordingly.
 - pp. Is aware of and suspends own social and cultural biases.
5. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional. **CPI skill #8 (7D16,7D34-35)**
- ddd. Utilizes test and measures sensitive to indications for physical therapy intervention.
 - eee. Advises practitioner about indications for intervention.
 - p. Reviews medical history from patients and other sources (e.g., medical records, family, other health care staff).
 - fff. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
 - ggg. Selects the appropriate screening tests and measurements.
 - hhh. Conducts tests and measurements appropriately.
 - iii. Interprets tests and measurements accurately.
 - jjj. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.
 - q. examination or referral to other services.
 - kkk. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary.
 - r. consultation is deemed necessary.
 - lll. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.
6. Performs a physical therapy examination and evaluation using evidence based tests and measure appropriate for the patient's age, diagnosis and health status including: **CPI skill #9 (7D17-19, 7D35)**
- a. Obtains a history from patients and other sources as part of the examination.
 - b. Utilizes information from history and other data (e.g., laboratory, diagnostic tests & pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
 - c. Performs systems review.

- d. Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening. Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
- e. Conducts tests and measures accurately and proficiently.
- f. Sequences tests and measures in a logical manner to optimize efficiency.
- g. Adjusts tests and measures according to patient's response.
- h. Performs regular reexaminations of patient status.
- i. Performs an examination using evidence based test and measures.
- 7. Evaluates data from the patient examination (history, system review, and tests & measures) to make clinical judgments. **CPI skill #10 (7D20, 7D35, 7D40)**
 - a. Synthesizes examination data and identifies pertinent health disorder, body structure and function, activity and participation restrictions based on environmental and personal contextual factors.
 - b. Makes clinical judgments based on data from examination (history, system review, tests and measures)
 - m. Reaches clinical decisions efficiently.
 - n. Cites the evidence to support a clinical decision.
- 8. Determines a diagnosis that guides future patient management. **CPI skill #11 (7D22-23, 7D35, 7D40)**
 - a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis.
 - b. Determines a diagnosis that is congruent with health disorder or disease, body structure and function, activity restrictions, participation restrictions and contextual factors (environmental and personal).
- 9. Determines a diagnosis and prognosis that guides future patient management. **CPI skill #11 (7D22-23, 7D35, 7D40)**
 - a. Integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status.
 - b. Estimates the contribution of factors (e.g., preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
 - c. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc.) that help predict patient outcomes.
- 10. Establishes a physical therapy plan of care that is safe, effective, patient centered, and evidence-based. **CPI skill #12 (7D24, 7D26, 7D28, 7D30, 7D35-36, 7D39-40)**
 - ooo. Establishes goals and desired functional outcomes that specify expected time durations.
 - ppp. Establishes a PT plan of care in collaboration with the patient family, caregiver, and others involved in the delivery of health care services.
 - qqq. Establishes a PT plan of care consistent with the examination and evaluation.
 - rrr. Selects interventions based on the best available evidence and patient preferences.
 - sss. Follows established guidelines (e.g., best practice, clinical pathways, and protocol) when designing the plan of care.
 - ttt. Progresses and modifies plan of care and discharge planning based on patient responses.
 - uuu. Identifies the resources needed to achieve the goals included in the patient care.

- vvv. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
 - www. Discusses the risks and benefits of the use of alternative interventions with the patient.
 - xxx. Identifies patients who would benefit from further follow-up.
 - yyy. Advocates for the patients' access to services.
11. Practices in a safe manner that minimizes risk to patient, self, and others. **CPI skill #1 (7D33, 7D37)**
- a. Establishes & maintains safe working environment.
 - b. Recognizes physiological and psychological changes in patients and adjusts interventions, accordingly.
 - c. Demonstrates awareness of contraindications and precautions of patient intervention.
 - d. Ensures the safety of self, patient and others throughout the clinical interaction (e.g., universal precautions, responding and reporting emergency situations etc.)
 - e. Requests assistance when necessary.
 - f. Uses acceptable techniques for safe handling of patients (e.g., body mechanics, guarding, level of assistance etc.).
 - g. Demonstrates knowledge of facility safety policies and procedures.
12. Performs physical therapy interventions in a competent manner. **CPI skill #13 (7D27, 7D34-35)**
- qq. Performs interventions safely, effectively, efficiently, fluidly, and in a coordinated and technically competent manner. Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).
 - rr. Performs interventions consistent with the plan of care.
 - ss. Utilizes alternative strategies to accomplish functional goals.
 - tt. Follows established guidelines when implementing an existing plan of care.
 - uu. Provides rationale for interventions selected for patients presenting with various diagnoses.
 - vv. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.
 - ww. Assesses patient response to interventions and adjusts accordingly.
13. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. **CPI skill #16 (7D31, 7D38, 7D40)**
- a. Applies, interprets, & reports results of standardized assessments throughout a patient's episode of care.
 - b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.
 - c. Seeks information regarding quality of care rendered by self and others under clinical supervision.
 - d. Evaluates and uses published studies related to outcomes effectiveness.
 - e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.
 - f. Assesses the patient's response to intervention in practical terms.
 - g. Evaluates whether functional goals from the plan of care have been met.
 - h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).
14. Performs physical therapy interventions in a competent manner for the promotion of health wellness and fitness. **CPI skill #13 (7D27, 7D34-35)**

- a. Discusses strategies for caregivers to minimize risk of injury and to enhance function.
 - b. Considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.
 - c. Incorporates the concept of self-efficacy in wellness and health promotion.
15. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. **CPI skill #18 (7D25, 7D29)**
- ddd. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - eee. Applies time-management principles to supervision and patient care.
 - fff. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (e.g., secretary, PT Aides, PT Assistants).
 - ggg. Determines the amount of instruction necessary for personnel to perform directed tasks.
 - hhh. Provides instruction to personnel in the performance of directed tasks.
 - iii. Supervises those physical therapy services directed to physical therapist assistants and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - jjj. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.
 - kkk. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.
 - lll. Demonstrates respect for the contributions of other support personnel.
 - mmm. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant's ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - nnn. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.
16. Demonstrates professional behavior in all situations. **CPI skill #2 (7D1, 7D4-6, 7D14)**
- a. Demonstrates initiative (e.g., Arrives well prepared, offers assistance, and seeks learning opportunities).
 - b. Is punctual and dependable.
 - c. Wears attire consistent with expectations of the practice setting.
 - d. Demonstrates integrity in all interactions.
 - e. Exhibits caring, compassion, and empathy in providing services to patients.
 - f. Maintains productive working relationships with patients, families, CI and others.
 - g. Demonstrates behaviors that contribute to a positive work environment.
 - h. Accepts feedback without defensiveness.
 - i. Manages conflict in constructive ways.
 - j. Maintains patient privacy and modesty.
 - k. Values the dignity of patients as individuals.
 - l. Seeks feedback from CI related to clinical performance.
 - m. Provides effective feedback to CI related to clinical/teaching mentoring.
17. Practice in a manner consistent with established legal and professional standards & ethical guidelines including reporting to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services. **CPI skill #3 (7D2-3, 7D41)**
- ooo. Places patient's needs above self-interests
 - ppp. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
 - qqq. Takes steps to remedy errors in a timely manner.
 - rrr. Abides by policies and procedures of the practice setting (e.g., OSHA, HIPAA etc.).
 - sss. Maintains patient confidentiality.
 - ttt. Adheres to legal practice standards including all federal state/province, and institutional
 - uuu. regulations related to patient care and fiscal management.

- vvv. Identifies ethical or legal concerns and initiates action to address the concerns.
 - www. Displays generosity as evidenced in the use of time and effort to meet patient needs.
 - xxx. Recognize the need for PT services to underserved and underrepresented populations.
 - yyy. Strive to provide patient/client services that go beyond expected standards of practice.
18. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines. **CPI skill #17 (7D35-36, 7D38, 7D40-42)**
- a. Schedules patients, equipment, and space.
 - b. Coordinates physical therapy with other services to facilitate efficient and effective patient care.
 - c. Sets priorities for the use of resources to maximize patient and facility outcomes.
 - d. Uses time effectively.
 - e. Adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements.
 - f. Provides recommendations for equipment and supply needs.
 - g. Submits billing charges on time.
 - h. Adheres to reimbursement guidelines established by regulatory agencies, payers, & facility.
 - i. Requests and obtains authorization for clinically necessary reimbursable visits.
 - j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.
 - k. Negotiates with reimbursement entities for changes in individual patient services.
 - l. Utilizes the facility's information technology effectively.
 - m. Functions within the organizational structure of the practice setting.
 - n. Implements risk-management strategies (ie, prevention of injury, infection control, etc).
 - o. Markets services to customers (eg, physicians, corporate clients*, general public).
 - p. Promotes the profession of physical therapy.
 - q. Participates in special events organized in the practice setting related to patients and care delivery.
 - w. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).
19. Educates others (patients, family, caregivers, staff, students, other health care providers, business and industry reps., school systems) using relevant and effective teaching methods. **CPI skill #14 (7D12, 7D34-35)**
- a. Identifies and establishes priorities for educational needs in collaboration with the learner.
 - b. Identifies patient learning style (e.g., demonstration, verbal, written).
 - c. Identifies barriers to learning (e.g., literacy, language, cognition).
 - d. Modifies interaction based on patient learning style.
 - e. Instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community.
 - f. Ensures understanding and effectiveness of recommended ongoing program.
 - g. Tailors interventions with consideration for patient family situation and resources.
 - h. Provides patients with the necessary tools and education to manage their problem.
 - i. Provides education and promotion of health, wellness, and fitness.
20. Provides consultation to individuals, businesses, schools, government agencies, or other organizations. **CPI skill #14 (7D12, 7D34-35)**
- n. Determines need for consultative services.
 - o. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (e.g., ergonomic evaluations, school system assessments, corporate environmental assessments).
21. Participates in self-assessment to improve clinical and professional performance. **CPI skill #6 (7D13,**

7D15)

- a. Identifies strengths and limitations in clinical performance.
 - b. Seeks guidance as necessary to address limitations.
 - c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice & professional development.
 - d. Acknowledges and accepts responsibility and consequences of his or her actions.
 - e. Establishes realistic short and long-term goals in a plan for professional development.
 - f. Seeks out additional learning experiences to enhance clinical and professional performance.
 - g. Discusses progress of clinical and professional growth.
 - h. Accepts responsibility for continuous professional learning.
 - i. Discusses professional issues related to physical therapy practice.
 - j. Participates in professional activities beyond the practice environment.
 - k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
 - l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc.) to achieve optimal patient care.
22. Utilizes critical thinking skills in patient management. **CPI Skill #7 (7D9-11, 7D34, 7D36, 7D40)**
- a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
 - b. Makes clinical decisions within the context of ethical practice and informed consent.
 - c. Utilizes information from multiple data sources to make clinical decisions (e.g., patient and caregivers, health care professionals, hooked on evidence, databases, and medical records).
 - d. Seeks disconfirming evidence in the process of making clinical decisions.
 - e. Recognizes when plan of care and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
 - f. Critically evaluates published research articles relevant to physical therapy and applies to clinical practice.
 - g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
 - l. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

Required Textbooks and other materials:**Required:**

American Physical Therapy Association. *Physical Therapist Clinical Performance Instrument*. 2nd ed. Alexandria, VA: American Physical Therapy Association; June 2006.

George, D. and Elchert, L. *Student Handbook*. The University of Findlay; 2016.

Recommended: Rothstein JM, Roy SH, Wolf SL. *The Rehabilitation Specialist's Handbook*.

Curricular Books

American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015. Available online at:

<http://guidetoptpractice.apta.org/>

Instructional Strategies:

Case Analysis		Library and Internet Research	
Debate		Practice/drill	
Discovery/Independent Research	X	Problem solving	X
Discussion/Questioning/Interviewing	X	Reading assignments	

Experiential Learning		Role playing/simulation games	
Field Experience	X	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

Methods of Assessment:

Method of Evaluation	Course Objective #	Points or Percentage
Abstracts		
Attendance	#16	N/A –Satisfactory grade
Capstone Project		
Case Study		
Exams		
Group Projects		
Homework Assignments (reflections)	#21, #22	N/A –Satisfactory grade
Internet Research		
Journaling		
Lab Performance		
Oral/written review of literature		
Participation		
Peer Evaluation		
Portfolio		
Portfolio Lab Performance		
Presentations		
Professional Evaluation	#21, #22	N/A –Satisfactory grade
Quizzes		
Research project		
Other: Clinical Performance Instrument (CPI)		
Method of Evaluation	Course Objective #	Points or Percentage
CPI skill #1	#11	N/A – Satisfactory grade
CPI skill #2	#16	
CPI skill #3	#17	
CPI skill #4	#2	
CPI skill #5	#4	
CPI skill #6	#21	

CPI skill #7	#1, #22	
CPI skill #8	#5	
CPI skill #9	#6	
CPI skill #10	#7	
CPI skill #11	#8, #9	
CPI skill #12	#10	
CPI skill #13	#12, #14	
CPI skill #14	#19, #20	
CPI skill #15	#3	
CPI skill #16	#13	
CPI skill #17	#18	
CPI skill #18	#15	

Description of Assignments:

Grading is satisfactory/unsatisfactory. To obtain a satisfactory grade the student must have completed the following assignments/activity:

1. Satisfactory attendance record (See the policy on attendance in *Student Handbook*)
2. Completion of Clinical Education Experience Evaluation Report, online.
3. Completion of Clinical Reflection Forms (and cover sheet) at the end of week 1, 3, and 6/7.
4. Completion of Weekly Reflection with CI.
5. Completion of two inservices over the course of 4 clinical education experiences.
6. Satisfactory completion of clinical skills from Physical Therapist Clinical Performance Instrument (CPI) with updating minimum data required for the Clinical Site Information Form online (accessed via the CPI).
7. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:
 - FOR Clinical Education III: A MINIMUM of Advanced Intermediate to Entry-level Performance for ALL Skills
 - ALL students must show entry-level performance in ALL skills by the end of the clinical education series.
8. All body systems concerning client co-morbidities across the lifespan and in rural, suburban, and urban geographic locations must be addressed. If there is no opportunity or minimal opportunity to work on a certain skill, practice pattern, or age group, then a mini-clinical or an extension of a clinical will need to occur.

Grading Scale: This course is grade satisfactory or unsatisfactory. Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE and the Director have the right to review the requirements and make concessions on an individual basis.

University Honor Code:

Each and every student of the University will adhere to the following Honor Code:

“I will not knowingly engage in any dishonorable behavior, cheat, steal, lie, or commit any act of plagiarism during any academic work, course, or endeavor. If I observe an act which I believe violates the University’s Honor Code, I may, at my discretion, report it to the appropriate personnel.”

Student Acknowledgement of University Honor Code:

“I acknowledge that I have fully complied or will comply with all aspects of the University’s Honor Code in submitting this work.”

Student Rights and Responsibilities Statement, Article VIII-Academic Integrity:

<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Student-Rights-and-Responsibilities-Statement/VIII-Academic-Integrity>

University Diversity Statement:

As part of our commitment to achieve excellence, the University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers.

Course Policies and Practices: (Please refer to the DPT Student Handbook for a complete list of policies)

Special Services: If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Accommodation and Inclusion (oai@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

Attendance: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students’ progress. Excessive absence in a course can seriously threaten a student’s academic progress and may result in suspension from the program course. More importantly, however, every absence represents a risk to the student’s investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Email Etiquette: It is expected that all email correspondences to the instructor will be conducted in a professional manner. When utilizing email for this class, students should: (1) include the course name and number in the email subject heading, (2) address the recipient in an appropriate manner, (3) utilize proper spelling, grammar, and punctuation, (4) close with your full name, and (5) name file attachments by including the course name and number, student last name, and assignment/document title.

Failed technical skill: Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical affiliation may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Affiliations in the Student Handbook, Clinical Education section.

Course and Instructor Evaluation: Each student is expected to complete the course and instructor evaluation which is sent electronically to the student by the Office of the Registrar. The electronic notification comes in the form of an e-mail from the UF Registrar’s Office with the following subject line: Online survey for the designated course (e.g., BIOL 102).

Last Date of Attendance Policy: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students’ progress. Excessive absence in a course can seriously threaten a student’s academic progress and may result in suspension from the program course.

More importantly, however, every absence represents a risk to the student’s investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Tentative Course Outline:

Week One

- Completion of the letter of intent & FAX
- Complete clinical experience reflection and cover page (continue to complete practice patterns, learning activities, and reflections each week)

Week Three

- Completion of online self-assessment of CPI midterm & notify CI of its completion
- Turn in clinical experience reflection of first three weeks

Midterm, Week Four

- Completion of online CPI by the CI
- Call DCE for midterm contact
- Make sure the CPI is signed off on
- Completion of the CSIF minimum data & notify EE

Week Seven

- Completion of online self-assessment of CPI final & notify CI of its completion

Final, Week Eight

- Completion of online CPI by the CI
- Completion of online CEEER
- Make sure the CPI is signed off on by all parties
- Email DCE
 - Inservice proof (needed for 2 clinicals)
 - and the signature page of the CEEER
 - Final reflection document of all 8 weeks
- Completion of Certificate of supervision for the CI & turn in with TY note to the CI

Course Content:

Course content is focused on the following CPI skills:

1. Safety
2. Professional Behavior
3. Accountability
4. Communication
5. Cultural Competence
6. Professional Development
7. Clinical Reasoning
8. Screening
9. Examination
10. Evaluation
11. Diagnosis/Prognosis
12. Plan of Care
13. Procedural Interventions
14. Educational Interventions
15. Documentation
16. Outcomes Assessment
17. Financial Resources
18. Direction & Supervision of Personnel

Note: This syllabus is subject to change at the discretion of the instructor.

The University of Findlay
College of Health Professions
Doctor of Physical Therapy Program
Summer 2022

**The mission of The University of Findlay is to equip our students for
 meaningful lives and productive careers.**

Course Number/Title: PHTH 746 Clinical Education IV

Credit Hours: 5

Class Time/Place: Assigned Clinical sites (40 hours/week, AT A MINIMUM); Ten weeks at clinical sites as assigned by DCE. Third professional year, summer semester. This course occurs at the beginning of the semester commencing TBD.

Contact Time: hours reflect per semester totals based on 15 week semesters

Lecture (face-to-face, seat time)		Lab Hours (face-to-face, seat time)	
Study <ul style="list-style-type: none"> • <i>test preparation</i> • <i>lab preparation</i> 		Clinical Cases	
Homework <ul style="list-style-type: none"> • <i>Assignment One</i> • <i>Assignment Two</i> 		On-line (Comtasia/Screencast, asynchronous)	
		Total	See above under Class Time/Place

Prerequisites, Co-requisites and Course Description: Prerequisite: successful completion of the previous DPT term or permission of the PT faculty. This is the fourth of four clinical education experiences. It includes a 10-week, full-time clinical affiliation under the supervision of a licensed physical therapist. Grading for this course is S/U.

Instructor: Allison Durham, PT, DPT, RN, DCE

Instructor Contact Information: 349 Trenton Ave, #124, Findlay, OH 45840, Office phone: 419-434-5975, Cell phone: 419-966-2722; email: durham@findlay.edu; FAX: 419-434-4336

Office Hours: DCE: Available on campus or by phone as posted; CI: available daily

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Relationship to the Conceptual Framework: This is a clinical education course. It is designed to provide students with the opportunity to analyze and synthesize current knowledge and experience with clinical practice. In addition, experience with education, management, and research is provided as available.

PT Program Curricular Goals

Course meets the following curricular objectives in whole or in part:

Following completion of the physical therapy program curriculum, the graduate physical therapist will be a generalist who will be able to:

- 21.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy **(7A, 7B, 7C)**
- 22.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. **(7D7, 7D8)**
- 23.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. **(7D8)**
- 24.0 Complete **screening** activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. **(7D16)**
- 25.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:
 - 5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. **(7D17, 7D20)**
 - 5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. **(7D18)**
 - 5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes. **(7D11, 7D19)**
 - 5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. **(7D11, 7D19)**
- 6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:
 - 6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model. **(7D21, 7D22)**
 - 6.2 Evaluate data from the examination to make clinical judgments. **(7D20)**
 - 6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. **(7D16)**
- 7.0 Efficiently establish a physical therapy **diagnosis** by:
 - 7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. **(7D22)**
 - 7.2 Considering the policies and procedures of the practice setting. **(7D28)**
 - 7.3 Effectively communicating diagnostic results and clinical impressions with all stakeholders as appropriate. **(7D7, 7D22)**
- 8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. **(7D23)**
- 9.0 Develop and execute a safe and effective **plan of care** by:
 - 9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. **(7D23,**

7D24, 7D26)

9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. **(7D23, 7D24)**

9.3 Complying with the administrative policies and procedures of the practice environment. **(7D28)**

9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. **(7D24, 7D30, 7D31)**

9.5 Maintaining a fiduciary responsibility for all patients/clients. **(7D42)**

10.0 Competently provide physical therapy **intervention** by:

10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. **(7D27)**

10.2 Carrying out all physical therapy procedures safely. **(7D27)**

10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. **(7D12)**

10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. **(7D32)**

10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. **(7D33, 7D37)**

11.0 Appropriately utilize **outcome assessment** data by:

11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. **(7D19)**

11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(7D19)**

11.3 Analyzing and applying results to allow for modification of the plan of care. **(7D31)**

12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. **(7D34)**

13.0 Provide and manage care in a variety of **care delivery systems** by:

13.1 Providing physical therapy through direct access or referral based on patient/client goals, expected functional outcomes, and knowledge of one's own and other's capabilities.

(7D34, 7D35)

13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care. **(7D28, 7D29, 7D30, 7D31, 7D36, 7D42)**

13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. **(7D7, 7D34, 7D39)**

13.4 Participate in patient centered interprofessional and collaborative practice with active participation from the patient in aspects of his/her care and treatment. **(7D39)**

14.0 Demonstrate appropriate **professional behavior** by:

14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. **(7D4, 7D5, 7D6)**

14.2 Adhering to the standards of practice, state and federal laws. **(7D1)**

14.3 Reporting to appropriate authorities suspected cases of fraud and abuse. **(7D2, 7D3)**

14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. **(7D5, 7D38)**

14.5 Participating in both integrated and full-time terminal clinical education activities. **(6L)**

14.6 Formulating and implementing a plan for personal and professional career development. **(7D15)**

14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of

society. (7D13, 7D14)

14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. (7D10, 7D11)

14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. (7D9)

14.10 Critically evaluating current literature and information sources related to contemporary physical therapy practice, research, administration, consultation, and education. (7D9, 7D11 7D40)

14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. (7D9, 7D15)

15.0 Function in the role of an **administrator** by:

15.1 Appropriately delegating to and supervising physical-therapy-related services to support personnel, physical therapist assistants and caregivers. (7D25, 7D29)

15.2 Demonstrating understanding of the history, current status and future projections for health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. (7D41)

15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. (7D36, 7D43)

15.4 Participating in the financial management of practice settings including billing and payment for services. (7D42)

15.5 Establishing a business plan on a programmatic level within a practice. (7D43)

15.6 Participating in activities related to marketing and public relations. (7D43)

16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities (7D12)

17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. (7D13)

18.0 Function as a **self-directed lifelong learner** by:

18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. (7D9)

18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. (7D15)

18.3 Seeking out new information regarding the practice of physical therapy. (7D9)

19.0 Use **critical thinking skills** to:

19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. (7D9, 7D10, 7D11)

19.2 Explain one's reasoning and conclusions. (7D10, 7D11)

19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. (7D38)

Course Objectives:

23. Applies current knowledge, theory, clinical judgment, skills, and the patient's values and perspective in patient management. **CPI skill #7 (7D9-11,7D34,7D36,7D40)**

a. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.

b. Assesses patient response to interventions using credible measures.

c. Integrates patient needs and values in making decisions in developing the plan of care.

- d. Clinical decisions focus on the whole person rather than the disease.
 - e. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.
24. Communicates in ways that are congruent with situational needs. **CPI skill #4 (7D7,7D21)**
- a. Communicates, verbally and nonverbally, in a professional and timely manner.
 - b. Initiates communication in difficult situations.
 - c. Selects the most appropriate person(s) with whom to communicate.
 - d. Communicates respect for the roles and contributions of all participants in patient care.
 - e. Listens actively and attentively to understand what is being communicated by others.
 - f. Demonstrates professionally and technically correct written and verbal communication without jargon.
 - g. Communicates using nonverbal messages that are consistent with intended message.
 - h. Engages in ongoing dialogue with professional peers or team members.
 - i. Interprets and responds to the nonverbal communication of others.
 - j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
 - k. Seeks and responds to feedback from multiple sources in providing patient care.
 - l. Adjust style of communication based on target audience.
 - m. Communicates with the patient using language the patient can understand (e.g., translator, sign language, level of education, cognitive impairment, etc.).
25. Produces quality documentation in a timely manner to support the delivery of physical therapy services. **CPI skill #15 (7D32,7D38)**
- a. Selects relevant information to document the delivery of physical therapy patient care.
 - b. Documents all aspects of PT care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication with others involved in delivery of patient care.
 - c. Produces documentation (e.g., electronic, dictation, chart) that follows guidelines and format required by the practice setting.
 - d. Documents patient care consistent with guidelines & requirements of regulatory agencies & third-party payers.
 - e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.
 - f. Produces documentation that is accurate, concise, timely and legible.
 - g. Utilizes terminology that is professionally and technically correct.
 - h. Documentation accurately describes care delivery that justifies physical therapy services.
 - i. Participates in quality improvement review of documentation (chart audit, peer review, goals).
26. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. **CPI skill #5 (7D8)**
- qq. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of PT services.
 - rr. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status.
 - ss. Provides care in a nonjudgmental manner when the patients' beliefs and values conflicts with the individual's belief system.
 - tt. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.
 - uu. Values the socio-cultural, psychological, and economic influences on patients and clients and responds accordingly.
 - vv. Is aware of and suspends own social and cultural biases.
27. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional. **CPI skill #8 (7D16,7D34-35)**
- mmm. Utilizes test and measures sensitive to indications for physical therapy intervention.
 - nnn. Advises practitioner about indications for intervention.

- ooo. Reviews medical history from patients and other sources (e.g., medical records, family, other health care staff).
 - ppp. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
 - qqq. Selects the appropriate screening tests and measurements.
 - rrr. Conducts tests and measurements appropriately.
 - sss. Interprets tests and measurements accurately.
 - ttt. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.
 - uuu. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary.
 - vvv. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.
28. Performs a physical therapy patient examination using evidence-based tests and measures. **CPI skill #9 (7D17-19, 7D35)**
- a. Obtains a history from patients and other sources as part of the examination.
 - b. Utilizes information from history and other data (e.g., laboratory, diagnostic tests & pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
 - c. Performs systems review.
 - d. Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening. Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
 - e. Conducts tests and measures accurately and proficiently.
 - f. Sequences tests and measures in a logical manner to optimize efficiency.
 - g. Adjusts tests and measures according to patient's response.
 - h. Performs regular reexaminations of patient status.
 - i. Performs an examination using evidence based test and measures.
29. Evaluates data from the patient examination (history, system review, and tests & measures) to make clinical judgments. **CPI skill #10 (7D20, 7D35, 7D40)**
- a. Synthesizes examination data and identifies pertinent health disorder, body structure and function, activity and participation restrictions based on environmental and personal contextual factors.
 - b. Makes clinical judgments based on data from examination (history, system review, tests and measures)
 - c. Reaches clinical decisions efficiently.
 - d. Cites the evidence to support a clinical decision.
30. Determines a diagnosis that guides future patient management. **CPI skill #11 (7D22-23, 7D35, 7D40)**
- a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis.
 - b. Determines a diagnosis that is congruent with health disorder or disease, body structure and function, activity restrictions, participation restrictions and contextual factors (environmental

- and personal).
31. Determines a diagnosis and prognosis that guides future patient management. **CPI skill #11 (7D22-23, 7D35, 7D40)**
 - a. Integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status.
 - b. Estimates the contribution of factors (e.g., preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
 - c. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc.) that help predict patient outcomes.
 32. Establishes a physical therapy plan of care that is safe, effective, patient centered, and evidence-based. **CPI skill #12 (7D24, 7D26, 7D28, 7D30, 7D35-36, 7D39-40)**
 - zzz. Establishes goals and desired functional outcomes that specify expected time durations.
 - aaaa. Establishes a PT plan of care in collaboration with the patient family, caregiver, and others involved in the delivery of health care services.
 - bbbb. Establishes a PT plan of care consistent with the examination and evaluation.
 - cccc. Selects interventions based on the best available evidence and patient preferences.
 - dddd. Follows established guidelines (e.g., best practice, clinical pathways, and protocol) when designing the plan of care.
 - eeee. Progresses and modifies plan of care and discharge planning based on patient responses.
 - ffff. Identifies the resources needed to achieve the goals included in the patient care.
 - gggg. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
 - hhhh. Discusses the risks and benefits of the use of alternative interventions with the patient.
 - iiii. Identifies patients who would benefit from further follow-up.
 - jjjj. Advocates for the patients' access to services.
 33. Practices in a safe manner that minimizes risk to patient, self, and others. **CPI skill #1 (7D33, 7D37)**
 - a. Establishes & maintains safe working environment.
 - b. Recognizes physiological and psychological changes in patients and adjusts interventions, accordingly.
 - c. Demonstrates awareness of contraindications and precautions of patient intervention.
 - d. Ensures the safety of self, patient and others throughout the clinical interaction (e.g., universal precautions, responding and reporting emergency situations etc.)
 - e. Requests assistance when necessary.
 - f. Uses acceptable techniques for safe handling of patients (e.g., body mechanics, guarding, level of assistance etc.).
 - g. Demonstrates knowledge of facility safety policies and procedures.
 34. Performs physical therapy interventions in a competent manner. **CPI skill #13 (7D27, 7D34-35)**
 - xx. Performs interventions safely, effectively, efficiently, fluidly, and in a coordinated and technically competent manner. Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).
 - yy. Performs interventions consistent with the plan of care.
 - zz. Utilizes alternative strategies to accomplish functional goals.

- aaa. Follows established guidelines when implementing an existing plan of care.
 - bbb. Provides rationale for interventions selected for patients presenting with various diagnoses.
 - ccc. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.
 - ddd. Assesses patient response to interventions and adjusts accordingly.
35. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. **CPI skill #16 (7D31, 7D38, 7D40)**
- a. Applies, interprets, & reports results of standardized assessments throughout a patient's episode of care.
 - b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.
 - c. Seeks information regarding quality of care rendered by self and others under clinical supervision.
 - d. Evaluates and uses published studies related to outcomes effectiveness.
 - e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.
 - f. Assesses the patient's response to intervention in practical terms.
 - g. Evaluates whether functional goals from the plan of care have been met.
 - h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).
36. Performs physical therapy interventions in a competent manner for the promotion of health wellness and fitness. **CPI skill #13 (7D27, 7D34-35)**
- a. Discusses strategies for caregivers to minimize risk of injury and to enhance function.
 - b. Considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.
 - c. Incorporates the concept of self-efficacy in wellness and health promotion.
37. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. **CPI skill #18 (7D25, 7D29)**
- a. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - b. Applies time-management principles to supervision and patient care.
 - c. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (e.g., secretary, PT Aides, PT Assistants).
 - d. Determines the amount of instruction necessary for personnel to perform directed tasks.
 - e. Provides instruction to personnel in the performance of directed tasks.
 - f. Supervises those physical therapy services directed to physical therapist assistants and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - g. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.
 - h. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.
 - i. Demonstrates respect for the contributions of other support personnel.
 - j. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant's ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - k. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.
38. Demonstrates professional behavior in all situations. **CPI skill #2 (7D1, 7D4-6, 7D14)**
- a. Demonstrates initiative (e.g., Arrives well prepared, offers assistance, and seeks learning opportunities).

- b. Is punctual and dependable.
 - c. Wears attire consistent with expectations of the practice setting.
 - d. Demonstrates integrity in all interactions.
 - e. Exhibits caring, compassion, and empathy in providing services to patients.
 - f. Maintains productive working relationships with patients, families, CI and others.
 - g. Demonstrates behaviors that contribute to a positive work environment.
 - h. Accepts feedback without defensiveness.
 - i. Manages conflict in constructive ways.
 - j. Maintains patient privacy and modesty.
 - k. Values the dignity of patients as individuals.
 - l. Seeks feedback from CI related to clinical performance.
 - m. Provides effective feedback to CI related to clinical/teaching mentoring.
39. Practices in a manner consistent with established legal and professional standards & ethical guidelines. **CPI skill #3 (7D2-3, 7D41)**
- zzz. Places patient's needs above self-interests
 - aaaa. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
 - bbbb. Takes steps to remedy errors in a timely manner.
 - cccc. Abides by policies and procedures of the practice setting (e.g., OSHA, HIPAA etc.).
 - dddd. Maintains patient confidentiality.
 - eeee. Adheres to legal practice standards including all federal state/province, and institutional
 - ffff. regulations related to patient care and fiscal management.
 - gggg. Identifies ethical or legal concerns and initiates action to address the concerns.
 - hhhh. Displays generosity as evidenced in the use of time and effort to meet patient needs.
 - iiii. Recognize the need for PT services to underserved and underrepresented populations.
 - jjjj. Strive to provide patient/client services that go beyond expected standards of practice.
40. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines. **CPI skill #17 (7D35-36, 7D38, 7D40-42)**
- a. Schedules patients, equipment, and space.
 - b. Coordinates physical therapy with other services to facilitate efficient and effective patient care.
 - c. Sets priorities for the use of resources to maximize patient and facility outcomes.
 - d. Uses time effectively.
 - e. Adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements.
 - f. Provides recommendations for equipment and supply needs.
 - g. Submits billing charges on time.
 - h. Adheres to reimbursement guidelines established by regulatory agencies, payers, & facility.
 - i. Requests and obtains authorization for clinically necessary reimbursable visits.
 - j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.
 - k. Negotiates with reimbursement entities for changes in individual patient services.
 - l. Utilizes the facility's information technology effectively.
 - m. Functions within the organizational structure of the practice setting.
 - n. Implements risk-management strategies (ie, prevention of injury, infection control, etc).
 - o. Markets services to customers (eg, physicians, corporate clients*, general public).
 - p. Promotes the profession of physical therapy.
 - q. Participates in special events organized in the practice setting related to patients and care delivery.
 - r. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).
41. Educates others (patients, family, caregivers, staff, students, other health care providers, business and industry reps., school systems) using relevant and effective teaching methods. **CPI skill #14**

(7D12, 7D34-35)

- a. Identifies and establishes priorities for educational needs in collaboration with the learner.
 - b. Identifies patient learning style (e.g., demonstration, verbal, written).
 - c. Identifies barriers to learning (e.g., literacy, language, cognition).
 - d. Modifies interaction based on patient learning style.
 - e. Instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community.
 - f. Ensures understanding and effectiveness of recommended ongoing program.
 - g. Tailors interventions with consideration for patient family situation and resources.
 - h. Provides patients with the necessary tools and education to manage their problem.
 - i. Provides education and promotion of health, wellness, and fitness.
42. Provides consultation to individuals, businesses, schools, government agencies, or other organizations. **CPI skill #14 (7D12, 7D34-35)**
- p. Determines need for consultative services.
 - q. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (e.g., ergonomic evaluations, school system assessments, corporate environmental assessments).
43. Participates in self-assessment to improve clinical and professional performance. **CPI skill #6 (7D13, 7D15)**
- a. Identifies strengths and limitations in clinical performance.
 - b. Seeks guidance as necessary to address limitations.
 - c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice & professional development.
 - d. Acknowledges and accepts responsibility and consequences of his or her actions.
 - e. Establishes realistic short and long-term goals in a plan for professional development.
 - f. Seeks out additional learning experiences to enhance clinical and professional performance.
 - g. Discusses progress of clinical and professional growth.
 - h. Accepts responsibility for continuous professional learning.
 - i. Discusses professional issues related to physical therapy practice.
 - j. Participates in professional activities beyond the practice environment.
 - k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
 - l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc.) to achieve optimal patient care.
44. Utilizes critical thinking skills in patient management. **CPI Skill #7 (7D9-11, 7D34, 7D36, 7D40)**
- a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
 - b. Makes clinical decisions within the context of ethical practice and informed consent.
 - c. Utilizes information from multiple data sources to make clinical decisions (e.g., patient and caregivers, health care professionals, hooked on evidence, databases, and medical records).
 - d. Seeks disconfirming evidence in the process of making clinical decisions.
 - e. Recognizes when plan of care and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
 - f. Critically evaluates published research articles relevant to physical therapy and applies to clinical practice.
 - g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
 - h. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

Required Textbooks and other materials:

Required: American Physical Therapy Association. *Physical Therapist Clinical Performance Instrument*. 2nd ed. Alexandria, VA: American Physical Therapy Association; June 2006.

Student Handbook. The University of Findlay; 2018.

Recommended: Rothstein JM, Roy SH, Wolf SL. *The Rehabilitation Specialist's Handbook*. 2nd ed. Philadelphia, PA:F.A. Davis Co.;1998

Curricular Books

- American College of Sports Medicine. *ACSM's Guidelines for Exercise Testing and Prescription*. 9th ed. Baltimore, MD: Lippincott, Williams and Williams; 2014. ISBN: 978-1609139551.
- American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015. ISBN: 978-1-931369-85-5. Available online at: <http://guidetoptpractice.apta.org/>
- American Medical Association. *AMA Manual of Style*. 10th ed. Oxford, NY: Oxford University Press; 2007. ISBN: 978-0195176339.
- Tecklin JS. *Pediatric Physical Therapy*. 5th ed. LWW; 2014. ISBN: 978-1451173451

Knowledge Base: DPT Didactic Curriculum

Instructional Strategies:

Case Analysis		Library and Internet Research	
Debate		Practice/drill	
Discovery/Independent Research	X	Problem solving	X
Discussion/Questioning/Interviewing	X	Reading assignments	
Experiential Learning		Role playing/simulation games	
Field Experience	X	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

Methods of Assessment:

Method of Evaluation	Course Objective #	Points or Percentage
Abstracts		
Attendance	#16	N/A –Satisfactory grade
Capstone Project		
Case Study		
Exams		
Group Projects		
Homework Assignments (reflections)	#21, #22	N/A –Satisfactory grade
Internet Research		
Journaling		
Lab Performance		
Oral/written review of literature		
Participation		

Peer Evaluation		
Portfolio		
Portfolio Lab Performance		
Presentations		
Professional Evaluation	#21, #22	N/A –Satisfactory grade
Quizzes		
Research project		
Other: Clinical Performance Instrument (CPI)		
Method of Evaluation	Course Objective #	Points or Percentage
CPI skill #1	#11	N/A – Satisfactory grade
CPI skill #2	#16	
CPI skill #3	#17	
CPI skill #4	#2	
CPI skill #5	#4	
CPI skill #6	#21	
CPI skill #7	#1, #22	
CPI skill #8	#5	
CPI skill #9	#6	
CPI skill #10	#7	
CPI skill #11	#8, #9	
CPI skill #12	#10	
CPI skill #13	#12, #14	
CPI skill #14	#19, #20	
CPI skill #15	#3	
CPI skill #16	#13	
CPI skill #17	#18	
CPI skill #18	#15	

Description of Assignments:

Grading is satisfactory/unsatisfactory. To obtain a satisfactory grade the student must have completed the following assignments/activity:

1. Satisfactory attendance record (See the policy on attendance in *Student Handbook*)
2. Completion of Clinical Education Experience Evaluation Report, online.
3. Completion of Clinical Reflection Forms (and cover sheet) at the end of week 1, 3, and 6/7.
4. Completion of Weekly Reflection with CI.
5. Completion of two inservices over the course of 4 clinical education experiences.
6. Satisfactory completion of clinical skills from Physical Therapist Clinical Performance (CPI) Instrument and update the minimum data required of the Clinical Site Information Form accessed online through the CPI.

7. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:
 - FOR Clinical Education IV: A MINIMUM of Entry-level Performance for ALL Skills
 - ALL students must show entry-level performance in ALL skills by the end of the clinical education series.
8. All body systems concerning client co-morbidities across the lifespan and in rural, suburban, and urban geographic locations must be addressed. If there is no opportunity or minimal opportunity to work on a certain skill, practice pattern, or age group, then a mini-clinical or an extension of a clinical will need to occur.

Grading: This course is grade satisfactory or unsatisfactory. Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE and the Director have the right to review the requirements and make concessions on an individual basis.

University Honor Code:

Each and every student of the University will adhere to the following Honor Code:

“I will not knowingly engage in any dishonorable behavior, cheat, steal, lie, or commit any act of plagiarism during any academic work, course, or endeavor. If I observe an act which I believe violates the University’s Honor Code, I may, at my discretion, report it to the appropriate personnel.”

Student Acknowledgement of University Honor Code:

“I acknowledge that I have fully complied or will comply with all aspects of the University’s Honor Code in submitting this work.”

Student Rights and Responsibilities Statement, Article VIII-Academic Integrity:

<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Student-Rights-and-Responsibilities-Statement/VIII-Academic-Integrity>

University Diversity Statement:

As part of our commitment to achieve excellence, the University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers.

Course Policies and Practices: (Please refer to the DPT Student Handbook for a complete list of policies)

Special Services: If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Accommodation and Inclusion (oai@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

Attendance

Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students’ progress. Excessive absence in a course can seriously threaten a student’s academic progress and may result in suspension from the program course. More importantly, however, every absence represents a risk to the student’s investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Email Etiquette

It is expected that all email correspondences to the instructor will be conducted in a professional manner. When utilizing email for this class, students should: (1) include the course name and number in the email subject heading, (2) address the recipient in an appropriate manner, (3) utilize proper spelling, grammar, and punctuation, (4) close with your full name, and (5) name file attachments by including the course name and number, student last name, and assignment/document title.

Failed technical skill: Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical affiliation may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Affiliations in the Student Handbook, Clinical Education section.

Special Services: If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Disability Services (ods@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

Course and Instructor Evaluation: Each student is expected to complete the course and instructor evaluation which is sent electronically to the student by the Office of the Registrar. The electronic notification comes in the form of an e-mail from the UF Registrar's Office with the following subject line: Online survey for the designated course (e.g., BIOL 102).

Last Date of Attendance Policy: A student's last date of attendance is the date he/she was last present in class. If the student attends all classes, the official last date of the class, as determined by the institution, will be used for reporting purposes.

Tentative Course Outline:

Week One

- Completion of the letter of intent & FAX
- Complete clinical experience reflection and cover page

Week Four

- Completion of online self-assessment of CPI midterm & notify CI of its completion
- Complete clinical experience reflection

Midterm, Week Five

- Completion of online CPI by the CI
- Call DCE for midterm contact
- Make sure the CPI is signed off on
- Completion of the CSIF minimum data & notify EE

Week Six/Seven

- Complete clinical experience reflection

Week Nine

- Completion of online self-assessment of CPI final & notify CI of its completion

Final, Week Ten

- Completion of online CPI by the CI
- Send final reflection of all weeks
- Completion of online CEEER
- Make sure the CPI is signed off on by all parties
- Email DCE

- Inservice proof (needed for 2 clinicals)
- and the signature page of the CEEER
- Completion of Certificate of supervision for the CI & turn in with TY note to the CI

Course Content:

Course content is focused on the following CPI skills:

1. Safety
2. Professional Behavior
3. Accountability
4. Communication
5. Cultural Competence
6. Professional Development
7. Clinical Reasoning
8. Screening
9. Examination
10. Evaluation
11. Diagnosis/Prognosis
12. Plan of Care
13. Procedural Interventions
14. Educational Interventions
15. Documentation
16. Outcomes Assessment
17. Financial Resources
18. Direction & Supervision of Personnel

Note: This syllabus is subject to change at the discretion of the instructor.

Syllabus Template Approved by Faculty Senate 26 March 2018
Modified 12 June 2018

APPENDIX D

THE UNIVERSITY OF FINDLAY – PT PROGRAM
Potential CEF Preference Form

When determining a clinical site in which you would like to attend, please use the process detailed below. Please understand that we are not asking you to set up an initial clinical contract; that is our responsibility. Your responsibility is to contact the clinical site of your choice and determine if they are amenable to being contacted from the DCE.

FIRST, you add in name of site & exact address.

Second, call the clinical site following the script below:

Hello, my name is _____; I am a PTA to DPT bridge student from The University of Findlay, located in Ohio. However, I have been practicing as a PTA for _____ number of years and have a home in this community. I would like to stay in my hometown for my clinical affiliations. Would it be possible for our Director of Clinical Education to contact you about setting up a clinical affiliation?

If YES.....What is the name of the Site Coordinator of CE? What is the phone number, fax number, & email best to use?

If NO or NO ANSWER.....move on.

FIRST AFFILIATION - Inpatient (<i>Neuromuscular; Cardiopulmonary; Integumentary</i>)	
<i>First Choice</i>	
Name of CEF	
Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	
<i>Second Choice</i>	
Name of CEF	
Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	
<i>Third Choice</i>	
Name of CEF	
Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	
SECOND AFFILIATION - Outpatient (<i>Musculoskeletal</i>)	

First Choice	
Name of CEF	
Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	
Second Choice	
Name of CEF	
Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	
Cont. of 2nd Affiliation - Third Choice	
Name of CEF	
Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	
THIRD AFFILIATION – SPECIALTY (Any setting; Designed for further DEPTH)	
First Choice	
Name of CEF	
Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	

Second Choice	
Name of CEF	

Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	
<i>Third Choice</i>	
Name of CEF	
Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	

INDICATE SETTING & AREA THAT YOU WANT TO FURTHER DEVELOP FOR CLINICAL THREE:

—

ANY REASONS FOR YOUR CHOICES?

—

—

[] I understand that **NONE** of the above mentioned sites are physician owned practices, nor sites that I currently work at, including the **CORPORATE**.

Student's Signature/Date _____

APPENDIX E

The University of Findlay, Physical Therapy Program
SCREENING TOOL FOR CLINICAL EDUCATION FACILITIES

Name of Clinical Site _____

Date of Clinical Site visit/ review _____

1) **GENERAL DESCRIPTION** of Clinical Site (*Referral for practice/Physician owned clinic?*)

2) Clinical Site's **PHILOSOPHY** COMPATIBLE WITH the University (*Clinical education philosophy, written policies & procedures, P. T. service philosophy*)

3) **OBJECTIVES** OF STUDENT, Clinical Site, and University COMPATIBLE (*Student manual, student objectives, communication about objectives between all parties, student orientation, method of feedback, midterm & final evaluations*)

4) **ETHICAL AND LEGAL PRACTICES** (*Code of ethics & standards of practice, policy on pts. rights, method of reporting unethical practice, licenses displayed*)

5) **EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION** (*Policies on prohibiting discrimination*)

6) **ADMINISTRATIVE SUPPORT** OF CLINICAL EDUCATION (*Formal agreement form, mission statement, continuing education, other disciplines involved with clinical ed., allows job flexibility to work with students*)

7) **VARIETY OF LEARNING EXPERIENCES** (*Check items as they apply to this setting*)

- | | |
|--|---|
| <input type="checkbox"/> observations | <input type="checkbox"/> rounds |
| <input type="checkbox"/> screenings | <input type="checkbox"/> observation of other disciplines |
| <input type="checkbox"/> evaluations | <input type="checkbox"/> surgery |
| <input type="checkbox"/> planning | <input type="checkbox"/> use of library & resources |
| <input type="checkbox"/> treating | <input type="checkbox"/> appropriate up-to-date equipment |
| <input type="checkbox"/> educating | <input type="checkbox"/> management skills |
| <input type="checkbox"/> follow up | <input type="checkbox"/> supervision skills |
| <input type="checkbox"/> documentation | <input type="checkbox"/> teaching skills |
| <input type="checkbox"/> conferences | <input type="checkbox"/> other scholarly activities |

8) **ACTIVE STIMULATING ENVIRONMENT** (*Flexible, positive relationships, high morale, effective management & communication, appropriate space*)

9) **SUPPORT SERVICE AVAILABILITY** (*Advance notification, provide for special learning needs*)

10) **P. T. PERSONNEL ROLES** (*Job descriptions, roles and responsibilities of SCCE, CI, and other staff, organizational chart*)

11) **ADEQUATE NUMBER OF P. T. STAFF** (*Consistent with state practice act, adequate time, back up plans, student:staff ratio*)

12) **SCCE WITH SPECIFIC QUALIFICATIONS** (*Criteria for SCCE is based on APTA guidelines, if SCCE is not a PT, the direct CI is a PT*)

13) **CI WITH SPECIFIC QUALIFICATIONS** (*Criteria for CI is based on APTA guidelines, clin. ed. training*)

14) **SPECIAL EXPERTISE**

15) **CLINICAL EDUCATION TRAINING AND DEVELOPMENT**

16) **ACTIVE SUPPORT STAFF DEVELOPMENT PROGRAM** (*Inservices, cont. ed., on-the-job training, mandatory student inservice*)

17) **P. T. STAFF ACTIVE WITH PROFESSIONAL ACTIVITIES?**

18) **ACTIVE PROCESS OF INTERNAL EVALUATION** (*Staff evaluations, service evaluations, accredited by external agencies, CE prog. evaluations*)

19) **OTHER COMMENTS:**

Name of REVIEWER/ Date _____

Developed by D. George 1999; Revised 2/22/19

APPENDIX F

AGREEMENT BETWEEN THE UNIVERSITY OF FINDLAY AND

THIS AGREEMENT is entered into on the day of _____, 2019, between THE UNIVERSITY OF FINDLAY, College of Health Professions, (hereinafter, the University), including the Occupational Therapy and/or Physical Therapy Programs and (hereinafter, the Facility),

WHEREAS, the University offers professional education programs, including occupational therapy and physical therapy, requires the use of clinical facilities for comprehensive clinical/fieldwork experiences; and

WHEREAS, the Facility operates clinical/fieldwork facilities, including occupational and physical therapy clinical/fieldwork services, and desires to make available its clinical/fieldwork and educational resources to the University's professional educational programs for clinical/fieldwork experiences; and

WHEREAS, the University and the Facility mutually desire to develop and implement clinical/fieldwork experiences at the Facility for students enrolled in the University's professional education programs and to set forth the terms and conditions for the clinical/fieldwork educational program.

NOW, THEREFORE, in consideration of the foregoing promises and mutual agreements set forth herein, the parties agree as follows:

I. CLINICAL/FIELDWORK EXPERIENCE.

- a. The University, in collaboration with the Facility, shall plan and administer a clinical/fieldwork educational experience which will satisfy the requirements of all applicable laws, regulations, and licensing or supervisory agencies.
- b. The Facility shall provide appropriate professional staff to supervise the clinical/fieldwork activities of the University students (hereinafter the "students") in collaboration with the University's faculty (hereinafter the "faculty").
- c. The Facility shall cooperate with the University in planning and administering a professional educational program for clinical/fieldwork experience. The Facility shall provide clinical/fieldwork experiences and the use of its facilities in accordance with the curricular goals of the professional education program and shall assist the University in evaluating the clinical/fieldwork performance of the students. The University shall cooperate and consult with the Facility as necessary regarding the clinical/fieldwork experience.
- d. Disciplinary proceedings involving students shall be conducted by the University in accordance with its policies and procedures according to the "Student Rights and Responsibilities Statement" (in The University of Findlay Undergraduate and/or Graduate Catalog), as it currently exists or is hereafter amended, and this Agreement.
- e. After consultation with the University, the Facility reserves the right to terminate participation in the clinical/fieldwork education experience of any student who is not performing according to standards acceptable to the clinical/fieldwork educator. Any requests for student withdrawal shall be directed to the academic coordinator at the University. The Facility agrees to cooperate fully in the investigation and resolution of the student status, including the provision of written documentation of the student's unsatisfactory performance.
- f. Any member of the Facility's professional staff shall have the right to temporarily relieve a student from a specific assignment or require that the student step aside in the procedure when that student's behavior poses an immediate threat to the safety and well-being of the Facility's patients and/or employees, or that student fails to follow the Facility's policies, procedures, rules or regulations or where continued student presence is inconsistent with the operations of the Facility.

2. THE UNIVERSITY agrees:

- a. To designate a faculty member as academic coordinator to serve as liaison to the Facility.
- b. To notify the clinical/fieldwork educator at the Facility of the schedule of student assignments.
- c. To recommend for clinical/fieldwork experiences only those students who meet the requirements for participation in clinical/fieldwork education as established by the University, the Facility, and appropriate accreditation agencies.
- d. To maintain a policy of professional liability insurance for students with single limit of not less than one million (\$1,000,000) dollars per occurrence and three million (\$3,000,000) dollars in the aggregate. A certificate of insurance confirming professional liability coverage will be supplied upon request.
- e. To advise students of their responsibility to comply with the Policies, Procedures, Bylaws, and Rules and Regulations of the Facility.

- f. To advise students of their responsibility to obtain health insurance coverage for the entire term of their clinical/fieldwork experience. Neither the University nor the Facility are obligated to furnish students such coverage.
- g. To advise students of their responsibility to provide documentation of mandatory health requirements prior to their clinical/fieldwork experience. These requirements may include, but are not limited to, CPR certification, blood borne pathogens and Health Insurance Portability and Accountability Act training, TB skin test, and immunizations and vaccinations as specified by the Facility.
- h. To provide student evaluation forms and other forms necessary for the clinical/fieldwork education program.

3. THE FACILITY agrees:

- a. To designate a clinical/fieldwork educator who will be responsible for the planning and implementation of the clinical/fieldwork educational experience. The clinical/fieldwork coordinator shall designate at least one qualified therapist as a clinical/fieldwork educator for backup purposes. Staff members providing supervision shall be identified in writing by name and academic credentials and shall meet the standards for supervision of clinical/fieldwork students as set forth by the appropriate accrediting agency.
- b. To provide clinical/fieldwork educators with time required to plan and implement the clinical/fieldwork experience and act as liaison to the University, including when feasible, time to attend relevant meetings and conferences.
- c. To have available a written description of the clinical/fieldwork experiences being offered.
- d. To provide orientation to the Facility, including: pertinent Policies, Procedures, Bylaws, Rules and Regulations, and work schedules with which the students are expected to comply.
- e. To provide clinical/fieldwork experiences to permit the students to participate in professional services under the supervision of the appropriate professional staff of the Facility. The scope of the students' participation shall be determined by the applicable policies of the Facility and in accordance with the pertinent laws.
- f. To evaluate the performance of assigned students on a regular basis using designated evaluation forms supplied by the University. The completed evaluations shall be forwarded to the University within one (1) week from the last day of the clinical/fieldwork experience.
- g. To provide first aid and/or emergency care relating to student injuries occurring at the Facility. The student is responsible for all related costs.
- h. To provide the student with assistance in the form of _____

4. RECORDS. The University shall maintain all students' educational records relating to the clinical/fieldwork education program at the Facility. The Facility shall have custody and control of all medical records and charts contained in patient files. The University and students shall not remove or copy such records except pursuant to a specific request in writing. The identity of patients, the nature of procedures or services provided to patients and information included in the patients' medical records shall be confidential and shall not be disclosed by the University or students other than for use in direct patient care by authorized personnel during the current or future hospital admissions, or as necessary to determine and fulfill the obligations of the parties to this Agreement, or as may be required by law.

5. RISK MANAGEMENT. The Facility agrees to notify the University's academic coordinator of all actual, potential and/or alleged claims regarding the student's participation in the clinical/fieldwork education program. The University agrees to notify the Facility of all actual, potential and/or alleged claims regarding the student's participation in the Facility's clinical/fieldwork education program. Both the Facility and the University will collaborate in claims management, which includes but is not limited to, risk identification, claims investigation, and control process.

6. LEGAL STATUS. It is understood and agreed that the students are enrolled in a professional education program offered by The University of Findlay. It is understood and agreed that while participating in clinical/fieldwork educational experiences under appropriate supervision at the Facility, the students shall not be deemed or considered to be employees of the Facility or its corporate affiliates for any purposes as a result of their participation in the clinical/fieldwork educational experience and shall remain at all times students of the University. Nothing in this Agreement is intended or shall be deemed or construed to create any relationship between the parties other than that of educational affiliation.

To the extent permitted by Ohio law, the University agrees to indemnify and hold harmless the Facility and its respective officers, trustees, members, agents and employees, from and against any and all claims, costs, actions, causes of actions,

losses or expenses (including reasonable attorney fees) caused by or arising out of the acts or omissions of the University, its employees, agents or students while they are on the Facility's premises.

To the extent permitted by Ohio law, the Facility shall indemnify and hold harmless the University and its respective officers, trustees, members agents and employees, from and against any and all claims, costs, actions, losses or expenses (including reasonable attorney fees) caused by or arising out of the acts or omissions of the Facility, its agents or employees, when acting within the scope of their employment with the Facility and under the terms of this Agreement.

7. **TERM AND TERMINATION.** Provided this Agreement has been properly executed on behalf of the University and the Facility, this Agreement shall commence on _____, 2019, and continue in effect for one (1) year with automatic annual renewal unless terminated earlier in accordance with this Paragraph. This Agreement may be terminated upon the happening of any of the following events:
 - a. By any party in the event that another party shall default in the performance of its material obligation under this Agreement or shall breach any material provision of this Agreement, provided that the defaulting party shall fail to cure its default or breach within sixty (60) days after receiving written notice of default or breach from the terminating party;
 - b. At any time, with or without cause, by any party upon one (1) year written notice;
 - c. Whenever the parties shall mutually agree in writing.
8. **DISPUTE RESOLUTION.** Any dispute, controversy or claim arising out of, or relating to, this Agreement, or the breach thereof, which cannot be settled between the parties shall be referred for decision and determination to a committee consisting of two (2) individuals designated by the Facility, two (2) individuals designated by the University and another individual mutually agreed upon by the individuals designated by the Facility and the University. The parties must reach their final decision in this dispute resolution process within a reasonable period of time. Each such designation may be changed by the designating party from time to time and may be either by name or ex-officio.
9. **AMENDMENT.** This Agreement may be amended at any time and from time to time by written instrument executed by both parties.
10. **SURVIVAL.** This Agreement shall survive for the purpose of enforcing any remaining duties and obligations of the respective parties subsequent to termination of this Agreement as provided in "Term and Termination" of this Agreement.
11. **BINDING EFFECT.** This Agreement shall be binding upon, and the benefits inure to, the parties and their respective successors and permitted assigns.
12. **SEVERANCE.** If any term of this Agreement shall be determined unenforceable, such terms shall not affect the enforceability of the other terms of this Agreement which can be given effect without the unenforceable provision.
13. **ENTIRE AGREEMENT.** This Agreement constitutes the entire agreement between the parties and supersedes any and all prior written or oral statements, understandings or agreements.
14. **NONEXCLUSIVE.** Both parties reserve the right to enter into similar Agreements with other institutions.
15. **NONDISCRIMINATION CLAUSE.** No student shall be subject to discrimination in violation of State or Federal Law.
16. **NOTICES.** Under this Agreement, any notice required or permitted shall be in writing and shall be personally delivered or sent by certified mail, return receipt requested, addressed to:

ADDRESS OF UNIVERSITY:

Academic Coordinator of Clinical/Fieldwork Education
Occupational and/or Physical Therapy Program

THE UNIVERSITY OF FINDLAY

1000 North Main Street
Findlay, Ohio 45840

ADDRESS OF FACILITY:

Clinical/Fieldwork Coordinator of Student Education
Occupational and/or Physical Therapy Department

I agree to act as a site for:

- The Physical Therapy Program
- The Occupational Therapy Program

IN WITNESS WHEREOF, the parties have caused this Agreement to be signed by their authorized representatives on the day and year first written above.

AGREED: THE UNIVERSITY OF FINDLAY

 Darin Fields, PhD Date
 Vice President for Academic Affairs

 Occupational Therapy, AFWC Date

 Physical Therapy, DCE Date

AGREED:

 Authorizing Signature, Title Date

 Signature, Title Date

 Witness (*required if only one signature*) Date

APPENDIX G

References on Adult Learning/General Education

The following references may be accessed through the Experiential Educator or the Directors of Clinical Education:

American Physical Therapy Association. *Advanced Credentialing Program and Manual*. Alexandria, VA: American Physical Therapy Association, 2008. www.apta.org/ACIECP

American Physical Therapy Association. *Clinical Instructor Education and Credentialing Program and Manual*. Alexandria, VA: American Physical Therapy Association, 2009. www.apta.org/CIECP

American Physical Therapy Association. Minimum Required Skills of Physical Therapist Graduates at Entry-level. November 2005.
http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Education/MinReqSkillsPTGrad.pdf

American Physical Therapy Association. Physical Therapist Clinical Education Principles. Alexandria, VA: March 2010.
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- Jette DU, Bertoni A, Coots R, Johnson H, et al. Clinical Instructors' Perceptions of Behaviors That Comprise Entry-Level Clinical Performance in Physical Therapist Students: A Qualitative Study. *Phys Ther*. 2007; 87: 833-843.
- Jette DU, Portney LG Construct validation of a model for professional behavior in physical therapist student. *Phys Ther*. 2003; 83: 432-443.
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APPENDIX H

The University of Findlay
College of Health Professions
Physical Therapy Program
STUDENT DATA SHEET

General Information

Name: _____ Birthdate: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Local (Findlay) Address: _____

Local (Findlay) Phone: _____

Marital Status: _____

Emergency Information:

■ First Person to be notified in Case of Illness or Accident:

Name: _____

Address: _____

Telephone: _____ Relationship: _____

■ Second Person to be notified in Case of Illness or Accident:

Name: _____

Address: _____

Telephone: _____ Relationship: _____

Certification/Training:

CPR Certification Date: _____

First Aid Certification Date: _____

OSHA/HIPPA Training Date: _____

Criminal Background Date: _____

PTA licensure Date: _____

Health/Medical Information:

Date of last Physical Examination: _____

PPD Mantoux test (2 step) date: _____

Rubella titer test date: _____

Hepatitis B vaccination/or waiver: _____

Completion date of other required tests/procedures: _____

Insurance:

Health Insurance Company: _____

Group Number: _____ Policy Number: _____

Liability Insurance Company: _____

Policy Number: _____ Date: _____

Other:

■ Car that will be used on affiliation/campus:

Make: _____ Model: _____

Year: _____ License Number: _____

■ Information which would be helpful for the facility (organization memberships, special interests, foreign language, etc):

<p>Student Signature: _____</p> <p>Date: _____</p>
--

APPENDIX I

**THE UNIVERSITY OF FINDLAY
PHYSICAL THERAPY PROGRAM**

HEPATITIS B VACCINATION WAIVER FORM

The Hepatitis B vaccination is strongly encouraged by most health care facilities in order to immunize employees and students against the possibility of infection related to exposure to blood and/or body fluids. Students may also be at risk for exposure to body fluids during anatomy cadaver laboratory sessions.

Hepatitis B infection involves inflammation of the liver and may result in symptoms ranging from no symptoms to jaundice, joint pain, rash, and internal bleeding.

I understand that due to my possible exposure to blood and/or body fluids during my education through The University of Findlay, I may be at risk of acquiring Hepatitis B virus (HBV) infection. After consultation with my physician, Dr. _____, I have decided to decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Name: _____

Signature/Date: _____

Witness/Date: _____

APPENDIX J

The University of Findlay
College of Health Professions

PHYSICIAN'S EXAMINATION FORM

PART ONE: TO BE COMPLETED BY THE STUDENT PRIOR TO THE EXAM

General Information:

Name: _____ Gender: _____ Birth date: _____

Address: _____ Phone _____

City: _____ State: _____ Zip: _____

UF ID# _____ Today's Date: _____

Health Professions Program: _____

History:

Do you have, or have you had any of the following illnesses or conditions?

- | | | | | | |
|-----------------------|------------------------------|-----------------------------|---------------|------------------------------|-----------------------------|
| Asthma | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| High Blood Pressure | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Heart Disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cancer | Yes <input type="checkbox"/> | No <input type="checkbox"/> | TB | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Seizures | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Hepatitis | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other serious illness | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
- or condition currently

Details of any "Yes" answers from above:

Previous Injuries: _____

Previous Surgeries: _____

Allergies: _____

Current Medications: _____

PART TWO: TO BE COMPLETED BY THE PHYSICIAN

Physical Examination:

Vital Signs: Ht: _____ (inches) Wt: _____ (lbs.) BP _____ / _____ Pulse _____

	Normal	Abnormal	Comments
General Appearance			
HEENT			
Lungs			
Heart			
Abdomen			
Back			
Extremities			
Neurologic			

Are there any conditions, physical and/or emotional, which may interfere with functioning as a health professional student in the classroom or clinic?

Yes No If yes, please describe on a separate sheet.

Physician's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Physician's Signature: _____ Date: _____

Appendix I

Consent:

I direct that a copy of this exam form, including laboratory results, be sent to my assigned clinical centers and coordinators.

Student Signature: _____ **Date:** _____

Practitioner Contact:

If you are currently in treatment for any condition, physical or emotional, may we contact your practitioner in an emergency? Yes No

Student Signature: _____ **Date:** _____

If yes, please provide us with the following information:

Practitioner's Name: _____ Specialty: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

NAME _____ ID# _____ DOB _____

PHONE# _____ Health Science Major _____

****ALL STUDENTS MUST PROVIDE A COPY OF YOUR ORIGINAL IMMUNIAATION RECORD****

REQUIRED:	Date Completed/Given	<u>Cosiano Health Center Staff</u> Signature
Primary DPT series completion Tetanus Booster (Tdap/Td) (Substitute 1 dose Tdap for Td)	_____ _____	_____ _____
MMR Born before 1/1/57 or Vaccine- Dose # 1 Dose # 2 or MMR titers	_____ _____ _____ Date _____ Results _____	_____ _____ _____ _____ _____
Hepatitis B Vaccine First Injection Second Injection: (1 month after first injection) Third Injection: (5 months after second injection) Surface Antibody Test: (6-8 weeks after last injection)	_____ _____ _____ Date _____ Results _____	_____ _____ _____ _____ _____
PPD (tuberculin skin test) Step 1: Step 2: (7-14 days after step 1) Yearly follow ups: If positive—Quantiferon Gold Test required yearly thereafter	_____ Given _____ Read _____ mm Results _____ _____ Given _____ Read _____ mm Results _____ Given _____ Read _____ mm Results _____ Given _____ Read _____ mm Results _____ Given _____ Read _____ mm Results _____ Given _____ Read _____ mm Results	_____ _____ _____ _____ _____

Varicella Varicella titer or Vaccine-	Date _____ Results _____ Date _____ Dose 1 Date _____ Dose 2	_____ _____ _____
Flu Vaccine (yearly)	_____ _____ _____	_____ _____ _____ _____ _____

APPENDIX K

The University of Findlay
Certificate of Training



this certifies that

XXXX XXXXX

has successfully completed
the OSHA/HIPAA testing

Signed Allison Durham, PT, DPT, RN, DCE

Date _____

APPENDIX L

The University of Findlay
Traditional Doctor of Physical Therapy Program
1000 N. Main Street Findlay, OH 45840
Fax: 419-434-4336

2020 Clinical Education Request Form

Address

Dear _____, CCCE

I am sending you a REQUEST for the traditional DPT student from the COHORT of 2020. Please complete this form and return it by email to Allison Durham, Director of Clinical Education, at durham@findlay.edu or Aaron Jay Wright, Experiential Educator, at wrighta4@findlay.edu; fax to 419-434-4336; or mail back. If you have questions about the placement(s), please contact Allison via email or by calling 419-434-5975. Thank you!

Please select the placement(s) that you will be able to accommodate and fill in the information for that placement.

Please confirm by checking the box below.	Clinical Request Traditional DPT with dates	Student Name	Type of Experience	Clinical Instructor (if known please fill in)	Comments (Special Requests)
<input type="checkbox"/>	NEURO March 9-May 1, 2020		NEURO		
<input type="checkbox"/>	Student CHOICE May 4-July 10, 2020				
<input type="checkbox"/>	OUTPATIENT ORTHOPEDIC June 8-July 31, 2020		OUTPATIENT ORTHOPEDIC		
<input type="checkbox"/>	ACUTE CARE July 27-September 11, 2020		ACUTE CARE		

We are unable to take students during these times.

This form serves as a **FINAL CONFIRMATION** that you are taking our student in 2020.

CCCE Print Name

CCCE Signature

CCCE email address

CI Name

CI email address

<input type="checkbox"/>	YES Contact me for additional affiliations or types not noted above if requested by a student.
<input type="checkbox"/>	NO Do NOT contact me for additional affiliations.

APPENDIX M

**THE UNIVERSITY OF FINDLAY
WEEKEND PHYSICAL THERAPY PROGRAM
Student Agreement to the CEF**

I **AGREE** to the following clinical assignments:

TERM	DATES	NAME OF THE CEF
Clinical One PHTH 720	XXXX – XXXX, 2022 (10 weeks)	
Clinical Two PHTH 726	XXXX – XXXX, 2022 (10 weeks)	
Clinical Three PHTH 730	XXXX – XXXX, 2022 (10 weeks)	

[] I understand & agree that NONE of the above mentioned sites are physician owned practices.

[] I understand & agree that it's my responsibility to determine & abide by ALL of the clinical site requirements and costs.

Student's
Signature/Date _____

APPENDIX N

The University of Findlay
College of Health Professions

Request for Release of Information

Nondiscrimination Clause : No student shall be subject to discrimination in violation of State or Federal Law.

As a student at The University of Findlay applying for clinical experiences, please complete the following form.

Yes No

Registration at The University of Findlay's Disability Services Office.

Yes No

Medical documentation supporting the health limitation or disability.

Yes No

Permission for release of information from Disability Services to Academic Coordinator of Clinical/Fieldwork Education due to a health limitation or a disability.

Yes No

Permission for the Academic Coordinator of Clinical/Fieldwork Education to discuss reasonable accommodations for health limitation or disability with the Clinical Coordinator of Student Education at a potential or assigned clinical site.

Signed:

(Student name/date)

Reasonable accommodations discussed:

Signed:

(Student name/date)

Signed:

(Academic Coordinator of Clinical/Fieldwork Education name/date)

Developed by George & Colchacoff, 9/04; Approved by lawyer, 9/10/04

APPENDIX O

INSERVICE EVALUATION FORM

Date: _____

Facility: _____ Presenter: _____

Topic: _____

Instructions:

Please check the BEST response and comment on your response.

1. The objectives were clearly indicated to the audience:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____
Comment:

2. The presenter was prepared and knowledgeable about this topic:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____
Comment:

3. The method (e.g. demonstration, lecture, laboratory) of the presentation was appropriate:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____
Comment:

4. The use of audiovisuals/other materials was helpful:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____
Comment:

5. The presenter showed good communication skills:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____
Comment:

6. Overall, this inservice was helpful for me:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____
Comment:

7. General Comments:

Thank you for taking the time to complete this form!

APPENDIX P

The University of Findlay
Physical Therapy Program
Agreement for Backup Supervision Form

I. The SCCE of the Backup Clinical Site

I, the undersigned, agree to act as the backup clinical site and follow the backup policy and procedure for:

I understand that it is to be utilized only on a short-term basis (1-2 days) & only in an emergency situation when the SCCE of the primary clinical site must be absent.

The **SCCE of the Backup Clinical Site** is responsible for:

1. Organizing, directing, supervising, & evaluating activities of the student for the involved 1 to 2 days.
2. Reporting to the SCCE of the primary clinical site the outcome of the student's activities.

Signed:

(Name of SCCE of the backup clinical site/Date)

II. The SCCE of the Primary Clinical Site

I, the undersigned, agree to follow the backup policy and procedure with:

I understand that it is to be utilized only on a short-term basis (1-2 days) and only in an emergency situation when the SCCE of the primary clinical site must be absent.

The **SCCE of the Primary Clinical Site** is responsible for:

1. Orienting the student to the backup procedure during the orientation.
2. Contacting SCCE of the backup clinical site of the need to supervise the student for the involved day.
3. Notifying the student of the need to implement the backup procedure.
4. Notifying the DCE of the backup supervision and the outcome of the experience.

Signed:

(Name of SCCE of the primary clinical site/Date)

III. Director of Clinical Education

I, the undersigned, agree to act as the mediator between both parties, as well as an advocate for the student.

Signed:

(DCE/Date)

APPENDIX Q

Student Name: _____ **Clinical Affiliation**

#: _____

DATE	MAJOR PRACTICE PATTERN	SUPERVISION LEVEL					TYPE OF L ACTIVITY
		Total Control	Direct	Distant	Consult Only	None	

KEY:

I. Abbreviations for Patterns of practice

<p><u>Musculoskeletal Patterns</u> M/S A: Primary Prevention/Risk Reduction for Skeletal Demineralization Disorder M/S B: Impaired Posture M/S C: Impaired Muscle Performance M/S D: Impaired Joint Mobility, Motor Function, Muscle Performance, & ROM Associated with Connective Tissue Dysfunction M/S E: Impaired Joint Mobility, Motor Function, Muscle Performance, & ROM Associated with Localized Inflammation M/S F: Impaired Joint Mobility, Motor Function, Muscle Performance, & ROM Associated with Spinal Disorders M/S G: Impaired Joint Mobility, Muscle Performance, & ROM Associated with Fracture M/S H: Impaired Joint Mobility, Motor Function, Muscle Performance, & ROM Associated with Joint Arthroplasty M/S I: Impaired Joint Mobility, Motor Function, Muscle Performance, & ROM Associated with Bony or Soft Tissue Surgery M/S J: Impaired Motor Function, Muscle Performance, ROM, Gait, Locomotion, & Balance Associated with Amputation</p>	<p><u>Neuromuscular Patterns</u> N A: Primary Prevention/Risk Reduction for Loss of Balance & Falling N B: Impaired Neuromotor Development N C: Impaired Motor Function & Sensory Integrity Associated with Nonprogressive Disorders of CNS-Congenital or Acquired in Infancy or Childhood N D: Impaired Motor Function & Sensory Integrity Associated with Nonprogressive Disorders of CNS-Acquired in Adolescence or Adulthood N E: Impaired Motor Function & Sensory Integrity Associated with Progressive Disorders of CNS N F: Impaired Peripheral Nerve Integrity & Muscle Performance Associated with PN Injury N G: Impaired Motor Function & Sensory Integrity Associated with Acute or Chronic Polyneuropathies N H: Impaired Motor Function, Peripheral Nerve Integrity, & Sensory Integrity Associated with Nonprogressive Disorders of the Spinal Cord N I: Impaired Arousal, Range of Motion, & Motor Control Associated with Coma, Near Coma, or Vegetative State</p>
<p><u>Cardiovascular/Pulmonary Patterns</u> C/P A: Primary Prevention/Risk Reduction for Cardiovascular/Pulmonary Disorders C/P B: Impaired Aerobic Capacity/Endurance Associated with Deconditioning C/P C: Impaired Ventilation, Respiration/Gas Exchange, and Aerobic Capacity/Endurance Associated with Airway Clearance Dysfunction C/P D: Impaired Aerobic Capacity/Endurance Associated with Cardiovascular Pump Dysfunction or Failure C/P E: Impaired Ventilation & Respiration/Gas Exchange Associated with Ventilatory Pump Dysfunction or Failure C/P F: Impaired Ventilation & Respiration/Gas Exchange Associated with Respiratory Failure C/P G: Impaired Ventilation, Respiration/Gas Exchange, and Aerobic Capacity/Endurance Associated with Respiratory Failure in the Neonate C/P H: Impaired Circulation & Anthropometric Dimensions Associated with Lymphatic System Disorders</p>	<p><u>Integumentary Patterns</u> I A: Primary Prevention/Risk Reduction for Integumentary Disorders I B: Impaired Integumentary Integrity Associated with Superficial Skin Involvement I C: Impaired Integumentary Integrity Associated with Partial thickness Skin Involvement & Scar Formation I D: Impaired Integumentary Integrity Associated with Full thickness Skin Involvement & Scar Formation I E: Impaired Integumentary Integrity Associated with Skin Involvement Extending Into Fascia, Muscle, or Bone and Scar Formation</p>

II. Supervision Level

1. **Total Control/Direction** - CI performs all of the learning activity, student only observes
2. **Direct Supervision** - CI supervises the learning activity with physical presence, 15 feet or less
3. **Distant Supervision** - CI supervises the learning activity with physical presence, greater than 15 feet
4. **Consultation Only** - CI provides only consultation/support, student performs at entry level
5. **No Supervision** - CI provides no consultation/support, student performs independently

III. Code for Type of Learning Activity

1-Administrative Activity	27-Client Intervention - Facilitation/Inhibition
2-Documentation	28-Client Intervention - Functional/ADL Training
3-Inservice Presentation	29-Client Intervention - Integumentary repair/protection
4-Client Examination – History (self-care, social etc.)	30-Client Intervention - Manual therapy techniques
5-Client Examination - Systems review (i.e., screening)	31-Client Intervention - Motor function training (balance, gait)
6-Client Examination - Whole process	32-Client Intervention - Static/dynamic Positioning
7-Tests & Measures - Aerobic Capacity/Endurance	33-Client Intervention - Therapeutic exercise
8-Tests & Measures - Anthropometric Characteristics	34-Client Intervention - Wellness/Prevention
9-Tests & Measures - Balance	35-Management - Assistive technology
10-Tests & Measures - Circulation	36-Management - Client/caregiver education
11-Tests & Measures - Cranial & Peripheral nerve	37-Management - Consultant Activity
12-Tests & Measures - Gait	38-Management - Delegation of Duties
13-Tests & Measures - Integumentary integrity	39-Management - Orthosis
14-Tests & Measures - Joint/Skeletal integrity/mobility	40-Management - Prosthesis
15-Tests & Measures - Mental Functions	41-Management - Environmental Factors (home, work etc.)
16-Tests & Measures - Mobility/Self Care/Functional Activities	42-Management - Referral Activity
17-Tests & Measures - Motor Function/Performance	43-Management - Research/QA Activity
18-Tests & Measures - Neuromotor/Sensory development	44-Management - Specialized Class/Clinic
19-Tests & Measures - Pain	45-Management - Surgery Observation
20-Tests & Measures - Posture	46-Management - Team meetings/Conferences/Rounds
21-Tests & Measures - Range of Motion	
22-Tests & Measures - Reflex/Sensory integrity	
23-Tests & Measures - Ventilation& Respiration	
24-Client Intervention - Airway Clearance/Pulmonary	
25-Client Intervention - Aquatic therapy	
26-Client Intervention - Biophysical agents	

Student Name: _____ Clinical Affiliation #: _____

Weekly Reflections (/Week Number/ _____)

Areas of Strength:

Areas Needing Improvement:

Short Term Goals (*at least 2 – 3*):

Plans (*correlate with STGs*):

Student Signature: _____ *CI Signature:* _____

APPENDIX R

**The University of Findlay
Physical Therapy Program
Midterm Contact Form**

Date/Type of contact: _____

Student: _____

Clinical Instructor: _____

Reviewer: _____

A. Student's Comments

1) Types of learning experiences

(What type of learning experiences do you have? Inter professional? Client Specifics?)

- General Acute Care Facility
- Rehabilitation Facility
- SNF/ECF/Subacute Care Facility
- Outpatient Clinic
- Other: _____

Specify special learning experiences: _____

2) Degree/type of interaction with CI

(What type of supervision are you given by your CI? Communication?)

- Excellent to Good communication/supervision
- Fair communication/supervision
- Poor communication/supervision

Specify type of **progression**: _____

3) Assessment of own performance

(How well do you believe you are doing?)

- Excellent to Good performance (beyond entry level)
- Fair performance (but should complete the minimum)
- Poor performance (difficulties with completion of the min.)

Individual concerns: _____

4) Assessment of academic preparation

(Were you were prepared for this clinical experience? Any academic problems?)

- Excellent to Good preparation
- Fair performance preparation
- Poor performance preparation

Individual concerns: _____

5) Other comments: _____

B. Clinical Instructors Comments

1) Student's strengths (*What do you believe are the student's strengths?*)

2) Student's weaknesses (*What do you believe are the student needs to work on?*)

3) Assessment of academic preparation (*How well do you believe that the student was prepared? Any academic problems?*)

- Excellent to Good preparation
- Fair performance preparation
- Poor performance preparation

Individual concerns: _____

4) Assessment of own performance

(*How well do you believe you are doing as a CI?*)

5) Other comments: _____

APPENDIX S

Name/Class _____

Overview of Student Progress at Clinical Affiliations (Weekend PT program)

	<i>PHTH720 Intermediate to Advanced Intermediate</i>	<i>PHTH726 Advanced Intermediate to Entry-level</i>	<i>PHTH730 Entry-level</i>
1. Safety			
2. Responsible Behavior			
3. Accountability			
4. Communication			
5. Cultural Competence			
6. Professional Development			
7. Clinical Reasoning			
8. Screening			
9. Examination			
10. Evaluation			
11. Diagnosis/Prognosis			
12. Plan of Care			
13. Procedural Interventions			
14. Educational Interventions			
15. Documentation			
16. Outcomes Assessment			
17. Financial Resources			
18. Direction & Supervision of Personnel			

	<i>PHTH720</i> <i>Intermediate to Advanced Intermediate</i>	<i>PHTH726</i> <i>Advanced Intermediate to Entry-level</i>	<i>PHTH730</i> <i>Entry-level</i>
<i>Letter of Intent</i>			
<i>CEEER Form (Online/ signature)</i>			
<i>INSERVICE (2X)</i>			
<i>CSIF submission</i>			
<i>CEF Data Booklet & Data</i> (Cover			
<i>Weekly Reflections</i>			
<i>Practice Patterns</i>	M/S N/M C/P I	M/S N/M C/P I	M/S N/M C/P I
<i>Age Groups</i>	< 18 yrs. 19 yrs. to 64 yrs. 65 yrs. to 84 yrs. > 85 yrs.	< 18 yrs. 19 yrs. to 64 yrs. 65 yrs. to 84 yrs. > 85 yrs.	< 18 yrs. 19 yrs. to 64 yrs. 65 yrs. to 84 yrs. > 85 yrs.
<i>SETTING</i>	Rural Urban Suburban	Rural Urban Suburban	Rural Urban Suburban

COMMENTS:

PHTH720

PHTH726

PHTH730

Other

APPENDIX T

The University of Findlay
PHYSICAL THERAPY PROGRAMS
CLINICAL EDUCATION EXPERIENCE EVALUATION REPORT

Facility: _____ Clinical Instructor: _____

Center Coordinator of Clinical Education: _____

Student: _____

Affiliation Number: _____ Year: _____

Directions for completion of the Clinical Education Experience Evaluation Report

The Clinical Education Experience Evaluation Report (CEEER) is to be completed at the end of the clinical education experience. The evaluation should be shared with your clinical instructor(s) and signed by you and your clinical instructor(s). Please provide objective comments to support your rating response.

I. EVALUATION OF THE CLINICAL INSTRUCTOR(S)

Please use the following scale to identify the frequency in which your clinical instructor(s) displayed the following behaviors:

- A Nearly always
- MT Most of the time
- ST Some of the time
- R Rarely
- N Never
- NA Not applicable

1. Professional Behavior

▪ Demonstrated effective time management skills	A	MT	ST	R	N	NA
▪ Adapted to change/unexpected events easily	A	MT	ST	R	N	NA
▪ Managed conflict in constructive ways	A	MT	ST	R	N	NA
▪ Contributed to a positive work environment	A	MT	ST	R	N	NA

Comments:

2. Interpersonal Skills

▪ Promoted the student as a professional to others	A	MT	ST	R	N	NA
▪ Displayed a sense of humor	A	MT	ST	R	N	NA
▪ Was approachable by the student	A	MT	ST	R	N	NA
▪ Exhibited sensitivity to multicultural differences	A	MT	ST	R	N	NA

Comments:

3. **Communication Skills**

▪ Communicated thoughts and expectations clearly	A	MT	ST	R	N	NA
▪ Demonstrated active/reflective listening	A	MT	ST	R	N	NA
▪ Initiated communication at times of concern	A	MT	ST	R	N	NA
▪ Was receptive to discussing viewpoint of others	A	MT	ST	R	N	NA

Comments:

4. **Teaching/Instructional Skills**

▪ Encouraged discussions of concepts and ideas	A	MT	ST	R	N	NA
▪ Utilized planned/unplanned experiences to enhance learning	A	MT	ST	R	N	NA
▪ Integrated knowledge of learning styles into instruction methods	A	MT	ST	R	N	NA
▪ Sequenced learning experiences	A	MT	ST	R	N	NA

Comments:

5. **Evaluative/Supervisory Skills**

▪ Evaluated student progress on clinical/program goals objectively	A	MT	ST	R	N	NA
▪ Discussed preferred supervision style/methods with student	A	MT	ST	R	N	NA
▪ Provided formal and informal feedback timely and effectively	A	MT	ST	R	N	NA
▪ Encouraged/solicited constructive feedback from the student	A	MT	ST	R	N	NA

Comments:

II. EVALUATION OF THE CLINICAL EDUCATION PROGRAM

Please use the following scale to describe your agreement with the following statements:

- SA Strongly Agree
- A Agree
- D Disagree
- SD Strongly Disagree
- NA Not Applicable

1. Orientation

▪ The facility was prepared for student arrival	SA	A	D	SD	NA
▪ Provided opportunity to become familiar with the physical facilities and equipment	SA	A	D	SD	NA
▪ Introduced student to personnel	SA	A	D	SD	NA
▪ Policies and procedures were reviewed to ensure a safe and effective working environment	SA	A	D	SD	NA

Comments:

2. Physical Facilities

▪ Space provided was sufficient and conducive to delivery of safe, effective patient care	SA	A	D	SD	NA
▪ Sufficient treatment materials were available to you	SA	A	D	SD	NA
▪ Sufficient administrative and clerical materials were available to you	SA	A	D	SD	NA

Comments:

3. Interpersonal Relationships

▪ Desirable and harmonious intra-departmental interpersonal relationships existed	SA	A	D	SD	NA
▪ Desirable and harmonious inter-departmental interpersonal relationships existed	SA	A	D	SD	NA
▪ Desirable & harmonious interpersonal relationships were established between yourself and the departmental personnel	SA	A	D	SD	NA

Comments:

4. Supervisory Environment

▪ The supervising therapist(s) were clearly identified to you	SA	A	D	SD	NA
▪ Supervision was appropriately available on a regular basis throughout the affiliation period	SA	A	D	SD	NA

▪ Additional professional staff were made available to help with supervision in appropriate instances	SA	A	D	SD	NA
---	----	---	---	----	----

Comments:

5. Professional Learning Opportunities

▪ The facility provided you an active, stimulating environment conducive to learning	SA	A	D	SD	NA
▪ A variety of patients and diagnoses were available for learning opportunities	SA	A	D	SD	NA
▪ A variety of professional growth opportunities were available that were educational & informative	SA	A	D	SD	NA
▪ Expertise of various staff members were shared with you when appropriate	SA	A	D	SD	NA

Comments:

III. OVERALL EVALUATION

1. What were the overall strengths of this facility and staff?

2. What constructive recommendations would you make to improve this affiliation?

IV. EVALUATION OF ACADEMIC PREPARATION AND CURRICULUM

1. What academic coursework do you believe most prepared you for this clinical education experience?

2. What academic coursework do you believe least prepared you for this clinical education experience?

3. What new information that you did not have in your academic preparation was introduced to you during this clinical education experience?

4. What curricular changes would you suggest that would better prepare you for this clinical education experience?
(Please base your answer on the information provided above)

Student Signature

Clinical Instructor(s) Signature

Date

C:\ClinEdExperEvalForm\DG/1/30/13; Revised 3-25-19

APPENDIX U

**The University of Findlay
DCE Assessment Questionnaire**

Instructions:

A. Purpose:

The **Director of Clinical Education (DCE) Assessment Form** is designed to provide feedback to the DCE regarding specific behavioral skills needed to fulfill the responsibilities of this position. The ultimate aim is to improve the overall quality of the clinical experience for the student, the clinical faculty, and the client.

B. Format:

The assessment is completed on an annual basis by all the students and a random portion of the clinical faculty (from the assigned sites of that year). Specific behavioral skills of the DCE are rated on a numerical basis. If the chosen rating requires clarification, then the comment section may be utilized. The objective rating section is followed by a general comment section which may be used to provide specific information about the DCE and/or the clinical education program.

C. Ratings:

The ratings are:

- [5] The DCE performs at a **SUPERIOR** level. This individual **goes beyond** the above average level.
 - [4] The DCE performs at an **ABOVE AVERAGE** level. This individual **consistently** exhibits behavior that is **above average** for the fulfillment of the responsibilities of the DCE.
 - [3] The DCE performs at an **AVERAGE** level. This individual **consistently** exhibits behavior that is **adequate** for the fulfillment of the responsibilities of the DCE.
 - [2] The DCE performs at a **BELOW AVERAGE** level. This individual **inconsistently** exhibits behavior that is adequate for the fulfillment of the responsibilities of the DCE **OR** exhibits behavior at a **minimally acceptable** level.
 - [1] The DCE performs at a **POOR** level. This individual exhibits behavior that is **inadequate** for the fulfillment of the responsibilities of the DCE.
- [NO] **No opportunity** to assess this behavioral skill.

1. The DCE **accurately communicates** and **coordinates** the dissemination of appropriate and necessary activities, news, and other current information (e.g. student information, clinical site facts etc.) to both the student and the clinical faculty.

- 5 SUPERIOR
- 4 ABOVE AVERAGE
- 3 AVERAGE
- 2 BELOW AVERAGE
- 1 POOR
- NO Opportunity

Comments: _____

2. The DCE **accurately manages** or maintains the academic program's clinical education records (e.g. current database of clinical sites).

- 5 SUPERIOR
- 4 ABOVE AVERAGE
- 3 AVERAGE
- 2 BELOW AVERAGE
- 1 POOR
- NO Opportunity

Comments: _____

Cont. of DCE Assessment

3. The DCE completes the clinical **placements** in an **appropriate manner**.

- 5 SUPERIOR

- 4 ABOVE AVERAGE
- 3 AVERAGE
- 2 BELOW AVERAGE
- 1 POOR
- NO Opportunity

Comments: _____

4. The DCE **oversees** the clinical experiences with **appropriate guidance/support** as needed for the challenging student.

- 5 SUPERIOR
- 4 ABOVE AVERAGE
- 3 AVERAGE
- 2 BELOW AVERAGE
- 1 POOR
- NO Opportunity

Comments: _____

5. The DCE demonstrates an **adequate level of knowledge** concerning clinical education.

- 5 SUPERIOR
- 4 ABOVE AVERAGE
- 3 AVERAGE
- 2 BELOW AVERAGE
- 1 POOR
- NO Opportunity

Comments: _____

6. The DCE promotes the **overall development** of the clinical faculty & sites through organized mechanisms such as Grand Rounds, Consortium meetings, and other communications.

- 5 SUPERIOR
- 4 ABOVE AVERAGE
- 3 AVERAGE
- 2 BELOW AVERAGE
- 1 POOR
- NO Opportunity

Comments: _____

7. Please comment on the **strengths and weaknesses** of the DCE and the PT program:

8. Please list any suggestions that you may have for the improvement of the clinical education component of the curriculum:

Please return this survey to Aaron Wright **by October XXXXX**. Thanks!

APPENDIX V

THE UNIVERSITY OF FINDLAY
COLLEGE OF HEALTH PROFESSIONS
PHYSICAL THERAPY PROGRAM

Sample Learning Contract

Student Name: XXXX

Date: XXXX

I agree to complete the following learning goal, activities, and associated evaluation measures by the end of this XXXX affiliation:

GOALS:

SKILL # 6 Communication

I will communicate in ways that are congruent with situational needs, including:

- Demonstration of nonverbals (e.g. gesturing, facial expressions) appropriate to the situation

SKILL # 15 Documentation

I will produce quality documentation in a timely manner to support the delivery of PT services, including:

- Selection of relevant, accurate information to document the delivery of physical therapy care.
- Completion of each progress note within 15 minutes & assessment note within 60 minutes.

Learning Activities:

- Continued practice of care and documentation for all types of assigned patients
- Development of a checklist of “documentation tips”
- Use of a quiet room for documentation purposes
- Weekly Reflections on strengths/limitations, goals, and progress completed in detail; discussed with the DCE first; and then reviewed with the CI
- Ongoing informal feedback from CI, including positive reinforcements

Evaluation Methods and Criteria for Successful Completion:

There needs to be evidence of improvement for the concerned skills (#6 & 15) each week.

Then, INTERMEDIATE level performance must be demonstrated for ALL SKILLS by the end of the extended affiliation.

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

Failure to meet this criterion will result in unsatisfactory grade for PHTH 720.

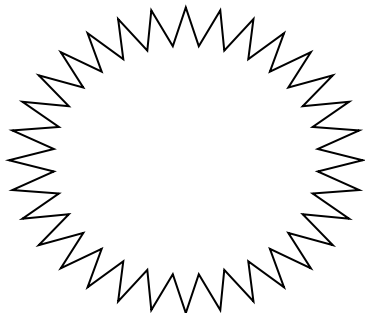
Student Signature/Date

Clinical Faculty Signature/Date

Director of Clinical Education Signature/Date

Associate Director of PT Program Signature/Date

APPENDIX W



**The University of Findlay
Physical Therapy Program**

Hereby awards this certificate
to
'First Name' 'Last Name'

In recognition of service as a voluntary
Clinical Instructor
PHTH 720 XXXXXX to XXXXXX, 10
weeks
'Student Name'
_____ Hours of Clinical Instruction*
Awarded XXXX 2022

Deborah George

Deborah George, PT PhD, MS
Director of Clinical Education

*self-reported by the Clinical Instructor

*CEUs can be earned if you are an APTA Credentialed CI, please
refer to the Ohio Laws and Rules