



University of Findlay®

**Doctor of Physical Therapy Program**  
**Traditional Physical Therapy Curriculum**  
*Weekend PTA to DPT Bridge Curriculum*

**Student Handbook**  
**Fall 2017/Winter 2018**  
**Class of 2020**

# 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, 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 Disability Services.

\_\_\_\_\_  
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.

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# **Chapter I: Introduction UF &COHP**

The University of Findlay

And

The College of Health Professions

## **Introduction**

The faculty of the Physical Therapy Program would like to welcome you to The University of Findlay. We are pleased that you have chosen to pursue your career goals in physical therapy with us in this unique program. We are certain that the next few years will prove to be both challenging and rewarding. This student handbook was developed to provide you with information about the University, the PT Program, academic life, student services and clinical education. We hope that it will serve you well throughout your tenure as a University of Findlay student. Within the Physical Therapy Program there are two curricular paths to graduation. One is the Traditional Physical Therapy Curriculum. The second is the Weekend PTA to DPT Bridge Curriculum. The majority of the information for both curricular paths is the same. The information that is unique to each curriculum will be clearly labeled and the information that is unique to the Weekend PTA to DPT Bridge Curriculum will be noted in italics. Additional information regarding student life and The University of Findlay policies and procedures can be found in the Undergraduate and Graduate Catalogs, both of which are available online through The University of Findlay home webpage.

If you have any questions, please call the Physical Therapy Program office at 419-434-4863. Office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m.

## **The University of Findlay**

### **Mission Statement**

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

### **Principles That Guide Our Work**

The trustees, faculty and staff of UF assert that:

- The University of Findlay is grounded in Christian faith, welcomes all people, and respects the roles of faith and reason in reflective study.  
Merging the best of education in professional preparation, the liberal arts, the natural sciences and experiential learning is the ideal preparation for 21<sup>st</sup>-century careers.
- We are all teachers. Teaching students is our most important responsibility; every trustee, professor and staff member should contribute to our students' learning.
- Together with our students, we will always engage in a caring, honest, respectful and reasoned exchange of ideas.
- As colleagues with our students, we will be prepared to serve others and to participate fully in a diverse, environmentally responsible, global society.

### **Vision Statement: The UF Distinction**

The University of Findlay will become a leading Midwestern University characterized by the following three watch phrases:

#### **Heartland Community**

In a university founded on the principles of personal faith, civic mindedness and scholarly achievement, we will advance our commitment to the personal attention essential to the development of our students as whole persons—knowledgeable, creative, ethical, and compassionate leaders in a global environment.

#### **Diverse Perspectives**

We will achieve a productive balance between innovative and time-tested approaches and programs in professional preparation, the liberal arts, and the natural sciences. We will embrace professional, cultural, and intellectual diversity that will distinguish our programs from those of other comprehensive institutions of higher education. We will model civil discourse.

#### **Transformative Experiences**

We will leverage our location, size and values to provide experiential learning for students in every program of study.

### **Benefits to Our Students of This Educational Approach**

The University of Findlay graduates will demonstrate the benefits of an education adaptive to the emerging needs of 21<sup>st</sup>-century students—in methods and locations of instruction; in experience-based curricula focused on their professions of choice and areas of intellectual interest at the undergraduate, graduate, and professional levels; and in broad exposure and experience designed to help them live honorably.

Those benefits will include:

- gainful employment or successful entry into a graduate program;
- long-term success in their professions of choice; and
- the knowledge, skills, and dispositions that UF believes important for all its graduates, regardless of the profession.

## **The College of Health Professions**

### **Mission Statement:**

The College of Health Professions is committed to preparing exemplary future professionals who are leaders in their chosen fields through collaboration, innovation, and experiential learning.

### **Vision Statement:**

The College of Health Professions will advance health care and human services through nationally distinguished programs with emphasis on health promotion, evidence-based practice, innovative education, scholarship, and service within the community.

# Chapter II:

## Physical Therapy Program

### The Physical Therapy Program

#### Mission – Physical Therapy Program

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.

#### Statement of Philosophy

Physical therapy is an essential component of any health care system. It is a profession whose primary purpose is the optimization of movement and function to improve the health and wellbeing of all people. It incorporates the following tenets:

1. The domain of physical therapy is focused on movement dysfunction as it relates to wellness, health conditions, impairments in body function and structure, functional limitations and disability as they relate to activity limitations and participation restrictions.

Definitions include:

Wellness: a condition of good mental and physical health as it relates to the maintenance of optimal human health and the prevention of movement dysfunction

Health Conditions:\* diseases, disorders, and injuries

Body Functions:\* are physiological functions of body systems (including psychological functions).

Body Structures:\* are anatomical parts of the body such as organs, limbs and their components.

Impairment:\* are problems in body function or structure such as a significant deviation or loss.

Activity:\* is the execution of a task or action by an individual.

Activity Limitations:\* are difficulties an individual may have in executing activities.

Participation:\* is involvement in a life situation.

Participation Restrictions:\* are problems an individual may experience in involvement in life situations.

Contextual Factors:\* Include both environmental and personal factors

*Environmental factors:*\* make up the physical, social and attitudinal environment in which people live and conduct their lives. factors that are not within the person's control, such as family, work, government agencies, laws, cultural beliefs, natural and man-made environment

Other definitions:

Active Pathology:\*\* Interruption or interference with normal processes, and effort of the organism to regain normal state

Impairment:\*\* Any loss or abnormality of anatomic, physiologic, mental, or psychological structure or function

Functional Limitation:\*\* Inability to perform a task or obligation of usual roles and typical daily activities as the result of impairment

Disability:\*\* Overall patterns of behavior that limit performance of socially defined roles and tasks within a sociocultural and physical environment.

2. Physical therapists have a responsibility to demonstrate leadership in education, scholarly activity and practice throughout the domain of physical therapy. They must also model the core values\*\*\* of altruism, excellence, caring, ethics, respect, communication and accountability.
3. Physical therapists may be called upon to function in a variety of roles. These roles may include service provision, client advocacy, research, education, consultation, referral, and administration.
- 4.
5. Physical therapists must be prepared to participate in a dynamic health care system with expanding technology and scientific knowledge, multiple roles, & multiple settings for practice.



\* The definitions of Body function/structure, Activity limitation/participation restriction and Disability are based on the ICF model found at:

World Health Organization. Towards a common language for functioning, disability and health ICF. 2002. Accessed June 29, 2015 at  
<http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf>

\*\*The definitions of Impairment, Functional Limitation, and Disability are based on the work of Nagi.

Nagi S. Some conceptual issues in disability and rehabilitation. In: Sussman M, ed. *Sociology and Rehabilitation*. Washington, DC: American Sociological Association; 1965:100–113.

\*\*\*APTA. Core Values. 2004. Accessed August 25, 2015 at:  
[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/BOD/Judicial/ProfessionalisminPT.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Judicial/ProfessionalisminPT.pdf)

## Curricular Objectives: Physical Therapy Program

### Curricular Goals

- 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.
- 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 or 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)

### **Accreditation Information: Physical Therapy Program**

Students must graduate from an accredited professional program in order to be eligible to sit for the required licensure examination.

The Doctor of Physical Therapy Program is fully accredited as a part of The University of Findlay and the College of Health Professions through the [\*\*Higher Learning Commission\*\*](#) (HLC).

The Doctor of Physical Therapy Program at the University of Findlay is accredited by the [\*\*Commission on Accreditation in Physical Therapy Education \(CAPTE\)\*\*](#), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: [\*\*accreditation@apta.org\*\*](mailto:accreditation@apta.org); website: [\*\*http://www.capteonline.org\*\*](http://www.capteonline.org) .

### **CAPTE Contact Information**

The University of Findlay is committed to providing a dynamic environment for community partnerships, student learning and faculty and staff interaction with all associated stake holders. Any individual stake holder (community member, student, clinical coordinator or instructor, etc.) may notify The Commission on Accreditation of Physical Therapy Education (CAPTE) about any issue involving the physical therapy program or the institution by phone, the internet, or mail service. The identification of the individual (s) making the complaint are identified as the program addresses the areas of concern. A complete outline of the process can be found on line at [www.capteonline.org/AccreditationHandbook/](http://www.capteonline.org/AccreditationHandbook/).

Commission on Accreditation in Physical Therapy Education of the  
American Physical Therapy Association (CAPTE)  
1111 North Fairfax Street,  
Alexandria, VA 22314

[accreditation@apta.org](mailto:accreditation@apta.org)

1-703-684-2782 or 1-703-706-3245.

## **Chapter III:**

# **Traditional Physical Therapy Curriculum**

## **Philosophy of Education: Traditional Physical Therapy Curriculum**

The Traditional Physical Therapy Curriculum's philosophy of education incorporates the following tenets:

- 1) A balanced curriculum of liberal arts, basic sciences, foundational sciences, clinical sciences and clinical education is necessary to produce a well-rounded graduate who possesses a global perspective of the factors which influence human function through the life span and which contribute to the quality of life.
- 2) A curricular emphasis on critical thinking and lifelong, self-directed learning is imperative for graduates to effectively function in the dynamic health care environment.
- 3) The environment for learning should be one that is mutually respectful, collaborative, and supportive.
- 4) An emphasis on service to profession and community should be incorporated into the curriculum to instill awareness of the importance and benefits of social responsibility.
- 5) The curriculum design and instructional strategies should facilitate the student's transition from undergraduate to graduate, adult, self-directed learner.
- 6) Academic and clinical faculty assessment and appropriate professional development activities are integral to provision of exemplary instruction.

## **Goals: Traditional Physical Therapy Curriculum**

Upon completion of the Traditional Physical Therapy Curriculum at The University of Findlay, the graduate will be prepared to:

- 1) Integrate theoretical knowledge and practical clinical skills to engage in the autonomous practice of physical therapy at the entry level.
- 2) Practice as a generalist practitioner with the ability to practice in a variety of settings, geographical locations and roles.
- 3) Engage in self-motivated, lifelong learning.
- 4) Exhibit professional behaviors, which include ethical conduct, professionalism, critical thinking and problem solving, safe performance, self-development and effective communication.
- 5) Demonstrate an awareness of the value of service to the profession and to the community.
- 6) Demonstrate an awareness of individual and cultural differences and psychosocial factors, which may affect human function and quality of life across the life span.
- 7) Use critical thinking and problem solving skills in clinical practice and research.

## **Curricular Planning Bases: Traditional Physical Therapy Curriculum**

Through the work of John Dewey, Hilda Taba and others, four major areas of concern, known as planning bases, for curriculum development have emerged. These include the learner, society, subject matter content, and teaching-learning theory (Wiles and Bondi, 1989, p. 9). Please refer to Figure 1. Based on this body of knowledge, the following set of beliefs were defined by the faculty for each area of concern:

### **The Learner**

- Should be actively engaged in all aspects of the teaching/learning process
- Desires and demonstrates a tendency toward self-directedness as he/she matures
- May be motivated intrinsically and/or extrinsically
- Will need to make a transition to an adult, self-directed, lifelong learner

### **Society**

- Climate of rapid change in health care
- Technology and scientific knowledge are increasing at an exponential rate
- Will continue to demand effective and cost-efficient medical treatment
- Because of the above, interprofessional collaboration will be a dominant theme for the future practice of all professionals
- As professionals, physical therapists must function in a variety of roles in order to meet the needs of society

### **Subject Matter Content**

- Balanced curriculum of liberal arts, basic sciences, foundational sciences, clinical sciences and clinical education
- Critical thinking and problem solving are essential for practice
- Theoretical foundations must be integrated with clinical reasoning skills
- Course content must emphasize the prevention and treatment of movement disorders across the lifespan
- Self-directed lifelong learning will be essential for future practice because of rapid changes in technology and scientific knowledge
- Professional behavior and socialization must be emphasized throughout the curriculum in order to assist students in making the transition from student to practicing physical therapist

### **Teaching/Learning Theory**

- Experiential/participatory learning is stressed
- Learning experiences need to facilitate transition in learning from teacher directed to student directed.
- Supportive environment (vs. competitive) is necessary



## Conceptual Framework: Traditional Physical Therapy Curriculum

### Basic Science and Liberal Arts Foundation

The faculty believes that a foundation in the basic sciences and liberal arts is an essential component of physical therapy education. Basic sciences are needed to provide the background necessary for many of the physical therapy foundational courses. A broad base in the liberal arts is necessary to develop an understanding of the implications of citizenship in the world, United States, local community, and professional community. It also provides the basis for examining and restructuring one's beliefs, for developing reflective thinking, and for realizing the intrinsic value of learning and self-development. In support of this, students are required to complete a number of prerequisites before entering the Traditional Physical Therapy Curriculum at The University of Findlay. These prerequisites include credits in the fine arts, humanities, social sciences, foreign language, reading, writing, speech, computer science, math, anatomy and physiology, exercise physiology, kinesiology, medical terminology, wellness, chemistry, and physics. In addition for those University of Findlay students who have not yet completed a bachelor's degree prior to entrance into the graduate program, a declared minor or second major area of study is required (beginning with entering Freshman Fall 2016).

### Content Areas of Physical Therapy

The content areas of physical therapy are organized into four categories. These are foundational sciences, clinical sciences, clinical education, and the roles of the physical therapist.

### Foundational Sciences

The foundation provided by the basic science prerequisites is further strengthened through courses in foundational sciences that are closely linked to the practice of physical therapy. These courses include Anatomy I and II, Functional Anatomy/Biomechanics, Applied Physiology, Pharmacology, Medical Diagnostics, Clinical Medicine I and II, Foundations in Neuroscience, Lifespan Development, Introduction to Physical Therapy, Motor Control, and Psychosocial Factors in Disability.

### Clinical Sciences

These are courses with content area directly related to patient care. This content is organized according to three guiding principles.

The **first** is the formation of a physical therapy diagnosis and plan of care. This includes screening, examination, evaluation, diagnosis, prognosis, designing and implementing a plan of care and re-evaluation and adjustment of the plan of care. Maintenance of health and prevention of illness and injury would be expansions of this principle. Students receive a grounding in the process of physical therapy diagnosis and the design of a plan of care in the courses Elements of PT Practice I, II, and III. Pathology related to differential diagnosis in physical therapy is included as integral content in the Clinical Medicine courses. Prevention and wellness is covered in several courses, such as Introduction to Physical Therapy Practice, Exercise in Physical Therapy, Musculoskeletal, Cardiopulmonary, Integumentary and Neuromuscular courses, as well as Community Health.

The **second** guiding principle is patient care according to body systems. Students take courses in which they apply knowledge of examination, evaluation, diagnosis and interventions for those patients/clients with musculoskeletal, neurologic, integumentary and cardiopulmonary disorders.

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These courses include Musculoskeletal System I, II, and III, Neuromuscular System I and II, Integumentary and Cardiopulmonary System.

The **final** guiding principle is practice adjuncts. Practice adjuncts are defined as those areas of physical therapy used across body systems to augment the accomplishment of physical therapy goals. The courses Exercise in Physical Therapy, Agents and Modalities, Community Health, Medical Diagnostics, Rehabilitation Technology, and Orthotics and Prosthetics are organized according to this principle. Please refer to Figure 2 for a diagrammatic representation of these three principles. The final courses Physical Therapy Seminar and Selected Topics in Physical Therapy represent an integration of all the clinical science principles.

### **Clinical Education**

Clinical Education is considered an integral component of the Traditional Physical Therapy Curriculum. It includes a series of four clinical experiences, ranging from seven to ten weeks. The practicum sequence is 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. There is a clinical experience at the end of the first year which then continues into the beginning of the second year (a seven-week acute care setting) to introduce students to patient care in the clinic, a clinical experience in the summer of the second year (an eight week outpatient setting experience) and two (an eight-week neurological setting and a ten week choice setting) experiences in the final year. The sequence is designed to give students experience in a variety of clinical settings, with each student completing at least one experience in an outpatient and one in an inpatient setting. In addition, we attempt to expose students to both large urban centers and small rural areas

### **Physical Therapist Roles**

As stated in the program's philosophy statement, physical therapists may be called on to function in a variety of roles. The curriculum must prepare students to be administrators, advocates, consultants, scholars, and educators in addition to clinical practitioners. Classes such as Management in a Changing Health Care Environment, Health Care Systems, Education in Physical Therapy, Research I and II, Faculty Directed Research or Case Reports I-III, and Professional Issues are designed to prepare the student to assume any of these additional roles.

It should be noted that there is considerable integration of content within and between each category of the "Content Areas of Physical Therapy". For example, within the body systems principle in the clinical sciences, the diagnostic, orthopedic, and neurologic course content is linked between pairs of courses. A specific example can be found in the Neuromuscular course sequence. In Motor Control students are introduced to the theories of neuroplasticity. The next term in Neuromuscular I, students are introduced to specific treatment techniques and apply these concepts to patients who have had a non-progressive upper motor neuron lesion. In Neuromuscular II, students apply these same concepts and techniques to more complex patient problems and/or diagnoses, such as multiple sclerosis or muscular dystrophy. Multiple examples of application of material between categories can also be found. For example, content such as the biomechanics of gait are introduced in the course, Functional Anatomy and Biomechanics, which is within the foundational science category. This content is then applied and expanded upon in relation to gait analysis by the physical therapist in the course, Elements of PT Practice III, which is in the clinical sciences category.

## **Cornerstones: Traditional Physical Therapy Curriculum**

The four cornerstones of the curriculum's conceptual framework are lifelong learning, the Nagi disablement model/ICF model, a supportive environment, and service to the community. These cornerstones exemplify the unique features of the Traditional Physical Therapy Curriculum at The University of Findlay.

### **Lifelong Learning**

The faculty believe that in a society with rapid technological and knowledge expansion, lifelong learning skills are essential for all future practitioners. In support of this belief, the curriculum is designed to assist in the progressive development of self-directed lifelong learning skills. Merriam (1991, 2001, 2007) and Blashke (2012) discuss the four stages to becoming a self-directed learner:

1. learners of low self-direction who need an authority figure (teacher) to tell them what to do;
2. learners of moderate self-direction who are motivated and confident but largely ignorant of the subject matter to be learned;
3. learners of intermediate self-direction who have both the skill and the basic knowledge and view themselves as being both ready and able to explore a specific subject area with a good guide; and
4. learners of high self-direction who are both willing and able to plan, execute, and evaluate their own learning with or without the help of an expert.

Assignments which incorporate activities such as literature searches, self-evaluation, independent projects, learning contract development, and self-reflection are used to support the development of these skills.

### **ICF Model of Enablement/Nagi Disablement Model**

The faculty believes that Nagi's model of disablement is still widely used throughout the clinical community. Previously it was an ideal framework for defining the domain of physical therapy practice and a focus for physical therapy education. However, the faculty also believe that the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) is a model of enablement and participation that will facilitate research, evidenced based practice and communication across disciplines and across the world.( Hurst 2003,Jette 2006, Veitch 2009, Martinuzzi 2010) Therefore, they have both been made an integral part of the program's mission and philosophy. Students are introduced to both models early in the curriculum in the courses Introduction to PT Practice and Elements of PT Practice I, II, and III. Following introduction to these models, students utilize the concepts of impairment, functional limitation, and disability as well as health condition, impairment, activity limitation, participation restriction to organize material and approach patient problems in courses such as Musculoskeletal System I, II and III, Neuromuscular System I and II, Integumentary and Cardiopulmonary System. Using both models facilitates not only the predominant clinical model but also weaves in the ICF model. The ICF model concentrates more on participation of the individual and facilitates the concepts of wellness and prevention. It is hoped that our students/graduates will be agents of change as they move into their final affiliations and professional careers.

## **Supportive Environment**

The University of Findlay takes pride in providing a supportive environment for the student. As such, all students are advised on a regular basis by a faculty member within the program. The program also endeavors to treat students with respect and there is an attempt to create a “family” or “community” atmosphere on campus. Faculty try to emphasize the student and faculty are a partnership in their education. The small size of the campus and friendly atmosphere provide for the student an environment conducive to learning.

## **Service to Community**

Because physical therapists practice within the context of their community and society as a whole, it is important that students and graduates understand their roles within that context and that they value a commitment to the overall health and welfare of the community. As such, the courses Introduction to Physical Therapy Practice, Community Health and Professional Issues facilitate the development of these attributes. In addition, all students demonstrate their achievement of objectives related to altruism, excellence, caring, ethics, respect, communication and accountability through APTA Core Values assessment and an annual professional development plan (APPENDIX GG PDP Adviser’s Form).

## **Cross Curricular Content**

The areas of critical analysis and problem solving, professionalism, and a lifespan approach to patient/client management are emphasized across the curriculum.

## **Critical Analysis and Problem Solving**

The PT Faculty at The University of Findlay has developed a definition of critical thinking for use throughout the curriculum. This definition states that the graduate is able to use a purposeful, self-regulatory process that includes interpretation, analysis, evaluation, and inference, and can explain the evidential, conceptual, methodological, criteriological, or contextual considerations on which judgments are based.

Critical analysis and problem solving are formally introduced in the first research course, which is offered in the first semester of the curriculum. There is also a unit on critical thinking in the - Introduction to PT Practice course in the first semester. This initial content is then reinforced and built upon throughout the curriculum through the use of teaching and evaluation techniques such as literature critiques, problem based case studies, analysis of guest lecturers and instructors, evaluation of physical therapy equipment, and pro bono clinic. The process of critical analysis is also continued through the five-course research sequence. In addition critical thinking is a component of all lab practical examinations. Please see Appendix A- Critical Thinking Outcome for the complete critical thinking definition and a copy of the scoring rubric to be used for laboratory examinations.

## **Professionalism**

Professionalism is formally introduced in the courses Introduction to Physical Therapy Practice and Professional Issues. Professional behaviors are then expected and evaluated throughout the curriculum through a professional development plan (Appendix GG- PDP Adviser’s Form), lab practical examinations, written papers, oral presentations, and clinical education.

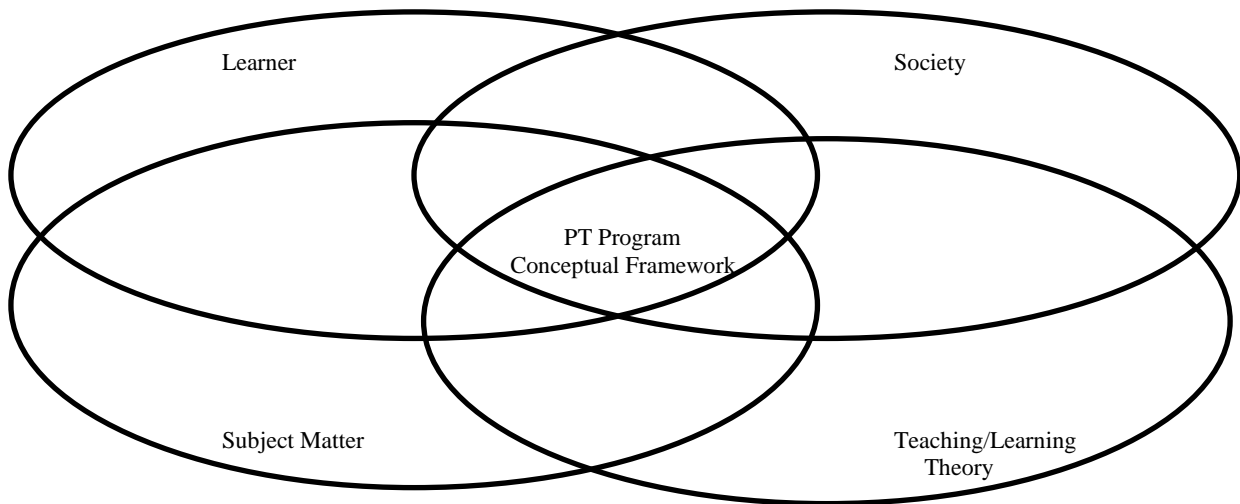
**Lifespan**

Finally, all courses, which focus on any aspect of physical therapy examination and intervention, emphasize a lifespan approach. The psychosocial and motor concepts related to lifespan development are introduced in the first year in the course, Lifespan Development and Physical Therapy. Each subsequent course then relates issues across the lifespan to the course content. For example, in Elements of Physical Therapy Practice II, students are introduced to basic assessment methodologies such as range of motion (ROM). Students specifically consider the differences in published normative values for ROM for both pediatric and geriatric clients. In addition, the faculty has adopted a pediatric text that can be used across the curriculum.

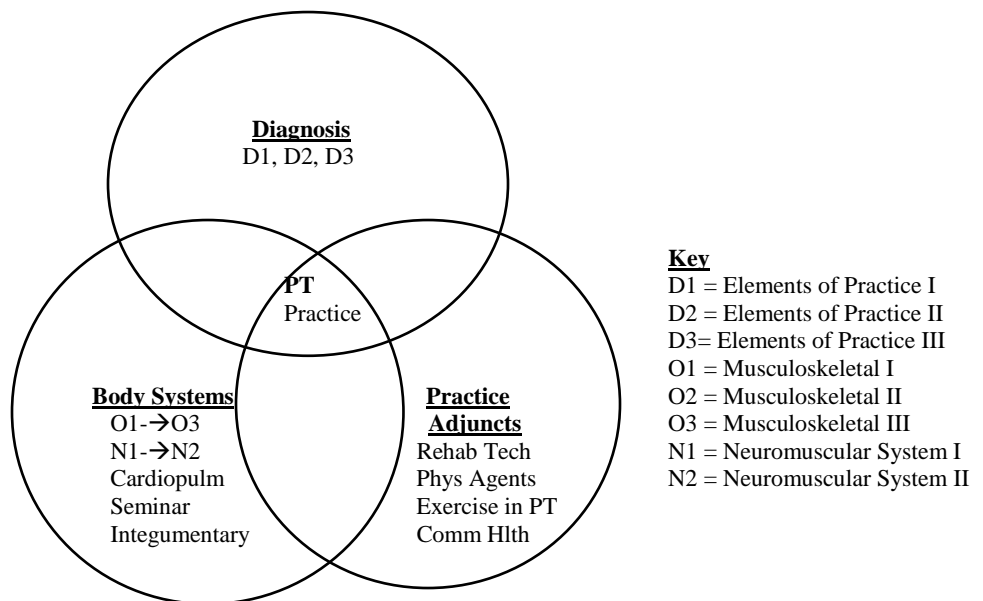
**Outcome**

The final outcome of the conceptual framework for the Traditional Physical Therapy Curriculum is a generalist practitioner who is able to effectively practice in a dynamic health care environment. Please see Figure 3 for a graphic representation of the conceptual framework.

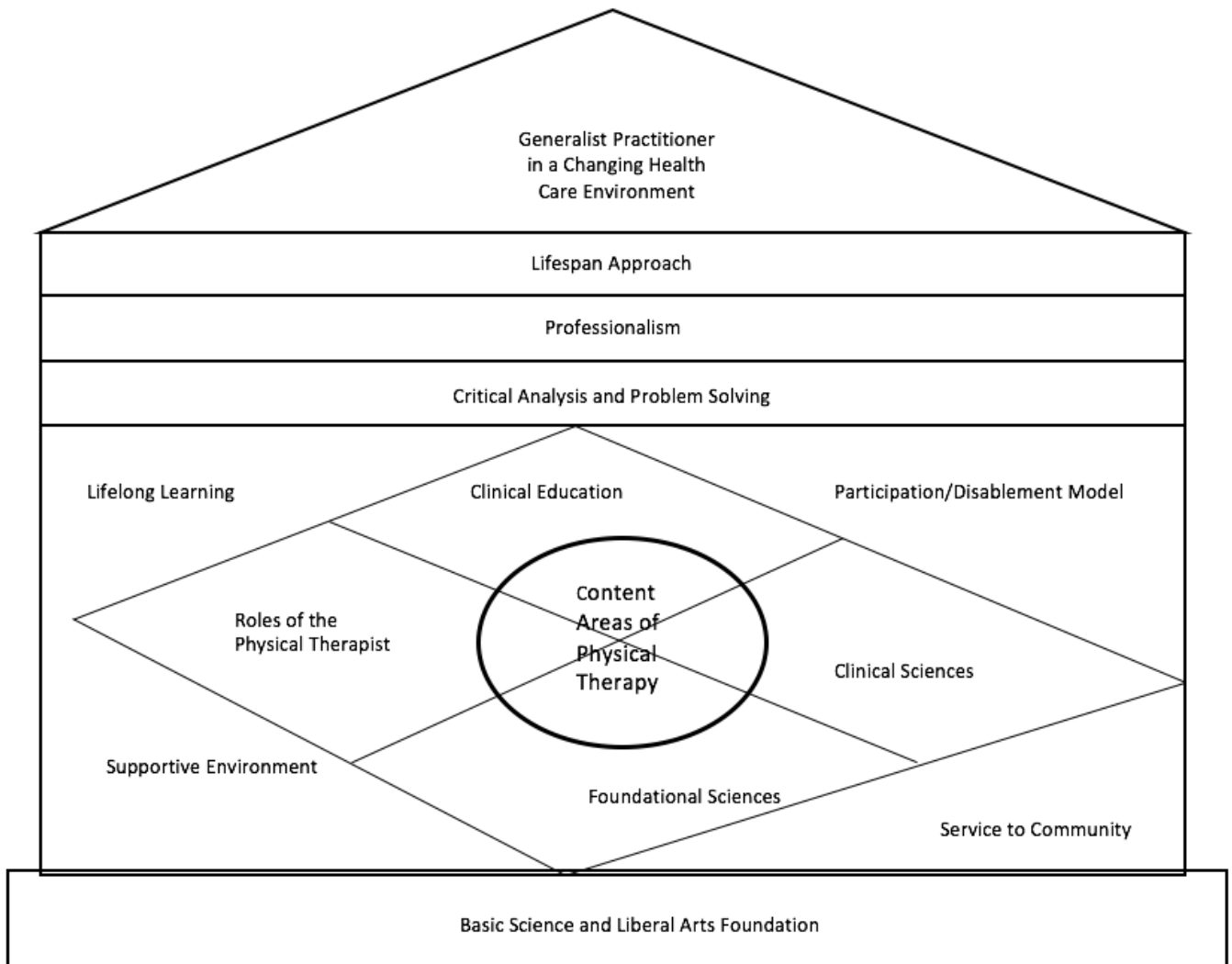
**Figure 3.1. PT Program Conceptual Framework**



**Figure 3.2. Traditional Curriculum Guiding Principles**



**Figure 3.3 Conceptual Framework Traditional Physical Therapy Curriculum:**



## References: Traditional Physical Therapy Curriculum Conceptual Framework

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## Traditional DPT Curricula Sequence

Fourth Year (Fall)		Fourth Year (Spring)		Fourth Year (Summer)	
	<u>Credit Hrs.</u>		<u>Credit Hrs.</u>		<u>Credit Hrs.</u>
PHTH 551 Elem of PT Prac I	3	PHTH 557 Functional Anat/Biomech	4	HEPR 549 Pharmacology	2
PHTH 564 Anatomy I	3	PHTH 565 Anatomy II	3	PHTH 581 Elem of PT Prac III	2
PHTH 520 Research I	2	PHTH 563 Foun. In Neuroscience	5	PHTH 579 Clin Medicine II	2
PHTH 545 Lifespan Devel. & PT	3	PHTH 561 Elem of PT Prac II	3	PHTH 522 Research II	2
PHTH 543 Intro to PT Practice	3	PHTH 559 Clin Medicine I	3	PHTH 647 Clinical Education 1a	1.5
PHTH 547 Applied Physiology	3				
<b>TOTAL</b>	<b>17</b>	<b>TOTAL</b>	<b>18</b>	<b>TOTAL</b>	<b>9.5</b>
Class for 16 weeks		Class for 15 wks then clinic for 1 wk		2, 4 wk sessions	
Fifth Year (Fall)		Fifth Year (Spring)		Fifth Year (Summer)	
	<u>Credit Hrs.</u>		<u>Credit Hrs.</u>		<u>Credit Hrs.</u>
PHTH 641 Musculoskeletal System I	2	PHTH 661 Musculoskeletal System II	7	PHTH 616 FDR I <i>or</i>	1
PHTH 643 Motor Control	2	PHTH 667 Neuromuscular System I	4	PHTH 628 Case Report I	
PHTH 649 Clin Ed Ib	2	PHTH 669 Agents & Modalities	3	PHTH 573 Education in PT	2
		PHTH 677 Community Health Experience	2	PHTH 526 Psychosocial Fac. In Dis.	2
PHTH 536 Exercise in PT I	1.5	PHTH 537 Exercise in PT II	1.5	PHTH 668 Clinical Ed II (8 wks)	4
PHTH 671 Integumentary	2				
HEPR 505 Professional Issues	3				
<b>Total</b>	<b>12.5</b>	<b>TOTAL</b>	<b>17.5</b>	<b>TOTAL</b>	<b>9</b>
Clinic for 6 wks then class for 10 wks		Class for 16 weeks		Class 4 weeks, Clinic for 8 weeks	
Sixth Year (Fall)		Sixth Year (Spring)		Sixth Year (Summer)	
	<u>Credit Hrs.</u>		<u>Credit Hrs.</u>		<u>Credit Hrs.</u>
PHTH 640 Cardiopulm System	3	PHTH 687 Health Care Systems	2	PHTH 746 Clin Ed IV (10 wks)	5
HEPR 507 Management Chang. Health	3	PHTH 658 Case Report III <i>or</i>	1	PHTH 731 PT Seminar	1
PHTH 685 Orthotics & Prost	2	PHTH 656 FDR III			
PHTH 727 Neuromuscular System II	4	PHTH 723 Med Diagnostics	2	<b>TOTAL</b>	<b>6</b>
PHTH 636 FDR II <i>or</i>	1	PHTH 735 Rehabilitation Technology	2		
PHTH 648 Case Report II		PHTH 739 Selected Topics	3		
		PHTH 728 Clin Ed III (8 wks)	4		
		PHTH 721 Musculoskeletal III	2		
<b>TOTAL</b>	<b>13</b>	<b>TOTAL</b>	<b>16</b>	<b>Graduate Hours Earned 116.5</b>	
Class for 16 wks		Class for 8 wks then Clinic for 8 wks		Clinic for 10 weeks	

## Course Descriptions: Traditional Physical Therapy Curriculum

### Fall Semester, First Year

#### **PHTH 564 ANATOMY I**

**3 semester hours**

*Prerequisite: admission into the Physical Therapy or Athletic Training Program*

This lecture/lab course consists of an in-depth study of the upper-extremity musculoskeletal and peripheral nervous systems of the human body as it relates to function. Viscera of the neck and cardiovascular system will also be covered. Surface anatomy lab will be incorporated throughout the course. Materials will be presented in lecture/lab format with the use of cadaver, anatomical models and human skeletal materials.

#### **PHTH 547 APPLIED PHYSIOLOGY**

**3 semester hours**

*Prerequisite: admission into the Physical Therapy or Athletic Training Program*

This lecture/lab course is a study of applied human physiology and physiology of exercise. It includes physiology of body systems with emphasis on metabolic, integumentary, neuromuscular, musculoskeletal and cardiopulmonary systems and also examines the effects of exercise on body systems throughout the lifespan.

#### **PHTH 551 ELEMENTS OF PHYSICAL THERAPY PRACTICE I**

**3 semester hours**

*Prerequisite: admission into the Physical Therapy program*

This lecture/lab course will introduce the student to selected examination and evaluation procedures. Specific tests and measures are presented as well as practiced in a laboratory format.

#### **PHTH 543 INTRODUCTION TO PHYSICAL THERAPY PRACTICE**

**3 semester hours**

*Prerequisite: admission into the Physical Therapy program*

This course provides an introduction to the practice of physical therapy. It includes an introduction to health care delivery systems, roles of health professionals, disability, professional behaviors and ethical principles, as well as a study of the verbal, non-verbal and written communication skills necessary for successful practice.

#### **PHTH 520 RESEARCH I**

**2 semester hours**

*Prerequisite: admission into the Physical Therapy program*

This lecture course is an introduction to the research process. Areas to be addressed include information searching, analysis of research literature, epidemiology, hypotheses, research design and an introduction to measurement theory. Students will select an area of research interest/topic.

#### **PHTH 545 LIFESPAN DEVELOPMENT AND PHYSICAL THERAPY**

**3 semester hours**

*Prerequisite: admission into the Physical Therapy program*

This lecture course is the study of normal development throughout the lifespan. Functional movement and implications for the physical therapist are stressed.

### Spring Semester, First Year

#### **PHTH 557 FUNCTIONAL ANATOMY AND BIOMECHANICS**

**4 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course is a study of functional anatomy and biomechanical principles as applied to human movement. This course examines surface anatomy and the functions of the musculoskeletal and peripheral nervous system as they relate to movement. Analysis of movement, gait, functional activities and posture is also incorporated.

#### **PHTH 559 CLINICAL MEDICINE I**

**3 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture course is the first of two with a focus on the etiology, pathology, epidemiology, course, duration, prognosis and clinical picture of common diseases and syndromes affecting the body systems, with emphasis on cardiovascular, pulmonary, gastrointestinal, immune and endocrine systems. This course also includes medical and

surgical interventions, as well as a discussion of impairments and functional limitations for those disorders commonly seen in physical therapy.

**PHTH 565 ANATOMY II**

**3 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course consists of an in-depth study of the lower extremity musculoskeletal and peripheral nervous systems of the human body as it relates to function. Viscera of the abdomen, pelvis and perineum will also be covered. Surface anatomy lab will be incorporated throughout the course. Materials will be presented in lecture/lab format with the use of cadaver, anatomical models and human skeletal materials.

**PHTH 561 ELEMENTS OF PHYSICAL THERAPY PRACTICE II**

**3 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course is a continuation of PHTH 551 with additional instruction in tests and measures that are used in the examination and evaluation process. Specific tests and measures are presented and practiced in a laboratory format.

**PHTH 563 FOUNDATIONS IN NEUROSCIENCE**

**5 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course represents an in-depth study of nervous system anatomy and physiology. It also includes pathology, clinical syndromes, plasticity and development of the nervous system. Concepts of sensory-motor integration and motor and postural control are considered. Emphasis is placed on application of neuroscience information to physical therapy practice.

**Summer Semester, First Year**

**PHTH 522 RESEARCH II**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture course is the second in a series of five research classes. This course focuses on statistical analyses and composition of components in the research process central to either the case report or the faculty-directed project.

**PHTH 581 ELEMENTS OF PHYSICAL THERAPY PRACTICE III**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course is a continuation of PHTH 561 with additional instruction in tests and measures that are used in the examination and evaluation process. Specific tests and measures are presented and practiced in a laboratory format.

**HEPR 549 PHARMACOLOGY**

**2 semester hours**

*Prerequisite: admission to a health professions program*

This lecture course will cover medications commonly encountered in the practice of physical medicine. It will include categories of drugs, generic and trade names of common drugs, the use, effects and precautions of common drugs and drug-drug interactions and pharmacokinetic principles. It will also focus on how various drugs affect the patient response to activity, exercise and other therapeutic interventions.

**PHTH 579 CLINICAL MEDICINE II**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course is a study of applied human physiology and physiology of exercise. It includes physiology of body systems with emphasis on metabolic, integumentary, neuromuscular, musculoskeletal and cardiopulmonary systems and also examines the effects of exercise on body systems throughout the lifespan.

**PHTH 647 CLINICAL EDUCATION Ia**

**1.5 semester hours**

*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.

## **Fall Semester, Second Year**

### **HEPR 505 PROFESSIONAL ISSUES**

**3 semester hours**

*Prerequisite: admission to a health professions program*

This lecture course provides an overview of issues related to practice for the health professional. It includes safe and ethical practice, legal and professional standards, ethical issues in the health professions, professional organizations and roles and responsibilities of the health professional.

### **PHTH 536 PRINCIPLES OF THERAPEUTIC EXERCISE I**

**1.5 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course covers the basic principles of therapeutic exercise for musculoskeletal pathologies and movement dysfunctions.

### **PHTH 641 MUSCULOSKELETAL SYSTEM I**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course is the first of 3 courses addressing patient/client management as it relates to the musculoskeletal system. This course focuses on the screening, examination, evaluation, diagnosis, prognosis and physical therapy interventions for selected conditions, which may cause body structure and function impairments, and activity limitations and participation restriction in the spine.

### **PHTH 643 MOTOR CONTROL**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture course involves an in-depth examination of motor control. Factors considered include the role of neural and musculoskeletal systems, sensation, perception, cognition, task and environment in the production of human movement. Also addressed are theories of motor control, neuroplasticity and principles of motor learning.

### **PHTH 671 INTEGUMENTARY**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course involves an in-depth study of the body structure and function impairments, activity limitations and participation restrictions related to the integumentary system. The emphasis is evaluation and treatment of those conditions affecting the normal function of the integumentary system that result in pathologies that lead to disabilities.

### **PHTH 649 CLINICAL EDUCATION Ib**

**2 semester hours**

*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.

## **Spring Semester, Second Year**

### **PHTH 537 PRINCIPLES OF THERAPEUTIC EXERCISE II**

**1.5 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course covers the basic principles of therapeutic exercise for musculoskeletal pathologies and movement dysfunctions.

### **PHTH 661 MUSCULOSKELETAL SYSTEM II**

**5 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course is the second of 3 courses addressing patient/client management as it relates to the musculoskeletal system. This course focuses on the screening, examination, evaluation, diagnosis, prognosis and physical therapy interventions for selected conditions, which may cause body structure and function impairments, activity limitations and participation restrictions in the upper and lower extremities.

**PHTH 667 NEUROMUSCULAR SYSTEM I****4 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course is the first of two courses addressing patient/client management as it relates to the neuromuscular system. Focus is on examination, evaluation, diagnosis, prognosis and intervention for individuals with non-progressive disorders of the central nervous system throughout the lifespan.

**PHTH 677 COMMUNITY HEALTH EXPERIENCE****2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course covers wellness, health, prevention and maintenance of fitness, community health needs, community resources and community service.

**PHTH 669 AGENTS AND MODALITIES****3 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course covers physical agents, electrotherapeutic modalities and mechanical modalities. It includes theoretical concepts, rationale for use, effects, indications and contraindications for each agent or modality. There will be supervised laboratory practice to ensure the student learns the safe and efficient use of each agent or modality.

**Summer Semester, Second Year****PHTH 616 FACULTY-DIRECTED RESEARCH I****1 semester hour**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This course is the first in a series of three research classes. Focus is on literature review, research design, methodology and data collection. This is a directed study under the supervision of a faculty adviser and will be graded S/U.

**OR****PHTH 628 CASE REPORT I****1 semester hour**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This course is the first in a series of three case report classes. The focus is on case selection, literature review and completion of necessary approval processes both internal and external to the institution. This course will be graded S/U.

**PHTH 526 PSYCHOSOCIAL FACTORS IN DISABILITY****2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture course covers the psychosocial factors that may influence the practice of physical therapy. Topics such as psychological and emotional reactions to disability, cultural differences, sexuality and gender issues are explored.

**PHTH 573 EDUCATION IN PHYSICAL THERAPY****2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture course emphasizes teaching and learning theories and principles, learning styles and collaborative learning as well as how to give and receive constructive feedback of education experiences.

**PHTH 668 CLINICAL EDUCATION II****4 semester hours**

*Prerequisite: successful completion of the previous DPT term or permission of the PT faculty*

This course is the second in a series of four clinical experiences. It includes an eight-week, full-time clinical affiliation under the supervision of a licensed physical therapist. Grading for this course is S/U.

**Fall Semester, Third Year****HEPR 507 MANAGEMENT IN A CHANGING HEALTH-CARE ENVIRONMENT****3 semester hours**

*Prerequisite: admission to a health professions program*

This lecture course provides an overview of the health care managerial and supervisory principles for the rehabilitative professional.

**PHTH 727 NEUROMUSCULAR SYSTEM II**

**4 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course is the second in a series addressing the management and treatment of clients with disorders of the neuromuscular system. Client screening, examination, evaluation, diagnosis, prognosis and intervention are considered within the context of a variety of neurological and associated orthopedic diagnoses seen throughout the lifespan.

**PHTH 648 CASE REPORT II**

**1 semester hour**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This course is the second in a series of three case report classes. Focus is on progressive development of the written case report with completion of the case description. This course will be graded S/U.

**OR**

**PHTH 636 FACULTY-DIRECTED RESEARCH II**

**1 semester hour**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This course is the second in a series of three research classes. The focus here is on the data analysis, results and discussion sections of the research paper. This is a directed study under the supervision of a faculty adviser and will be graded S/U.

**PHTH 640 CARDIOPULMONARY PHYSICAL THERAPY**

**3 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course covers the screening, examination, evaluation, diagnosis, prognosis and physical therapy intervention for conditions affecting the cardiovascular and pulmonary systems which may result in body structure and function impairments, activity limitations and participation restrictions.

**PHTH 685 ORTHOTICS AND PROSTHETICS**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture course considers the management of the individual with upper- or lower-extremity amputations. In addition, the orthotic and prosthetic management of patients with both neurologic and orthopedic difficulties across the lifespan will be addressed.

**Spring Semester, Third Year**

**PHTH 658 CASE REPORT III**

**1 semester hour**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This course is the third in a series of three case report classes. The focus is on case outcomes, writing the research paper and presentation of findings. This course will be graded S/U.

**OR**

**PHTH 656 FACULTY-DIRECTED RESEARCH III**

**1 semester hour**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This course is the third in a series of three research classes. Here students complete their research projects and make formal presentations, both oral and written, on their results. This is a directed study under the supervision of a faculty adviser and will be graded S/U.

**PHTH 721 MUSCULOSKELETAL SYSTEM III**

**2 semester hour**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course is the third of three courses addressing patient client management as it relates to the musculoskeletal system. This course will be an applied and integrative course. The student will have previously completed all foundational concepts related the musculoskeletal evaluation and assessment. The course will focus on

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in-depth coverage of advanced topics. It will also focus on application utilizing case scenarios and clinical cases. The student will advance his/her evaluation skills through critical thinking and selecting, demonstrating, and completing all aspects of an evaluation including documentation.

**PHTH 735 REHABILITATION TECHNOLOGY**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture/lab course examines rehabilitation technologies such as seating and wheelchair systems, assistive devices and computer technology.

**PHTH 723 MEDICAL DIAGNOSTICS**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture course will cover basic operational principles and clinical applications of contemporary medical imaging techniques. The course will discuss methods of evaluation medical diagnostics as they relate to clinical physical therapy practice, especially as it relates to differential diagnosis related to all major body systems. Additionally, this course will discuss common laboratory tests and the applications of these test results to physical therapy practice.

**PHTH 687 HEALTHCARE SYSTEMS**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This lecture course is a study of global health care structures and systems as they relate to physical therapy. The learner will also explore international health care models, economic issues, payment structures and challenges within the global health care system.

**PHTH 739 SELECTED TOPICS IN PHYSICAL THERAPY**

**3 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

This is a flexible elective given as a regular offering or independent study. It is an opportunity for students to engage in an in-depth exploration of an advanced topic or topics in physical therapy. Course is repeatable.

**PHTH 728 CLINICAL EDUCATION III**

**4 semester hours**

*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.

**Summer Semester, Third Year**

**PHTH 731 PHYSICAL THERAPY SEMINAR**

**1 semester hour**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

In this course the students reflect on their clinical affiliations and discuss a variety of topics related to professional practice. These topics may include difficult or complex patients, reimbursement issues, professional roles, professional development, delegation, risk management, consultation, health reform, managed care or other current topics. This course will also assist students in preparation for the National Physical Therapist Examination.

**PHTH 746 CLINICAL EDUCATION IV**

**5 semester hours**

*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.

Please note the FDR/Case Report Series will be scheduled at the discretion of the Instructor.



## **Chapter IV:**

# **Weekend PTA to DPT Bridge Curriculum**

## **Philosophy of Education: Weekend PTA to DPT Bridge Curriculum**

*The Weekend PTA to DPT Bridge Curricular philosophy of education incorporates the following tenets:*

- 1) A balanced curriculum of liberal arts, basic sciences and clinical sciences is necessary to produce a well- rounded graduate.*
- 2) A curricular emphasis on critical thinking and lifelong, self-directed learning is imperative for graduates to effectively function in the dynamic health care environment.*
- 3) The environment for learning should be one that is mutually respectful, collaborative and supportive.*
- 4) Students will be reflective practitioners who can think broadly and creatively.*
- 5) The needs of the working, adult learner will be incorporated in the curriculum design and instructional strategies.*
- 6) Collegial and close interaction with other health care professionals is needed to maximize the potential for collaboration in education, research and practice.*
- 7) Academic and clinical faculty professional development activities are integral to provide exemplary instruction.*

## **Program Goals: Weekend PTA to DPT Bridge Curriculum**

*Upon completion of the Weekend PTA to DPT Bridge Curriculum at The University of Findlay, the graduate will be prepared to:*

- 1) Integrate theoretical foundations with clinical reasoning skills and build upon their experiences in order to engage in autonomous practice.*
- 2) Practice as a generalist practitioner with the ability to practice in a variety of settings, geographical locations and roles.*
- 3) Engage in self-motivated, lifelong learning.*
- 4) Exhibit professional behaviors, which include ethical conduct, professionalism, critical thinking and problem solving, safe performance, self-development and effective communication.*
- 5) Demonstrate an awareness of individual and cultural differences and psychosocial factors, which may affect human function and quality of life across the life span.*
- 6) Use critical thinking and problem solving skills in clinical practice and research.*

## **Curricular Planning Bases: Weekend PTA to DPT Bridge Curriculum**

*Through the work of John Dewey, Hilda Taba and others, four major areas of concern, known as planning bases, for curriculum development have emerged. These include the learner, society, subject matter content, and teaching-learning theory (Wiles and Bondi, 1989, p. 9). Refer to Figure 1. Based on this body of knowledge, the following set of beliefs were defined by the faculty for each area of concern:*

### **The Learner**

- *Past learning and practice experiences provide a resource for future learning*
- *Should be actively engaged in all aspects of the teaching/learning process*
- *Desires and demonstrates a tendency toward self-directedness as he/she matures*
- *May be motivated intrinsically and/or extrinsically*
- *Will need to make a transition in terms of professional behavior from PTA to PT*

### **Society**

- *Climate of rapid change in health care*
- *Technology and scientific knowledge are increasing at an exponential rate*
- *Will continue to demand effective and cost-efficient medical treatment*
- *Because of the above, collaboration and team work will be a dominant theme for the future practice of all professionals*
- *As professionals, physical therapists must function in a variety of roles in order to meet the needs of society*

### **Subject Matter Content**

- *Balanced curriculum of liberal arts, basic sciences, foundational sciences, clinical sciences, and clinical education.*
- *Critical thinking and problem solving are essential for practice*
- *Theoretical foundations must be integrated with clinical reasoning skills*
- *Course content must emphasize the prevention & treatment of movement disorders across the lifespan*
- *Self-directed lifelong learning will be essential for future practice because of rapid changes in technology and scientific knowledge*
- *Professional behavior and socialization must be emphasized throughout the curriculum in order to assist students in making the transition from physical therapist assistant to physical therapist*

### **Teaching/Learning Theory**

- *Subscribe to the four assumptions of andragogy (Knowles, 1980, pp. 43-44)*
- *Adults both desire and enact a tendency toward self-directedness as they mature, though they may be dependent in certain situations.*
- *Adults' experiences are a rich resource for learning. Adults learn more effectively through experiential techniques of education such as discussion or problem-solving.*
- *Adults are aware of specific learning needs generated by real life tasks or problems. Adult education programs, therefore, should be organized around "life application" categories and sequenced according to learners' readiness to learn.*

- *Adults are competency based learners in that they wish to apply newly acquired skills or knowledge to their immediate circumstances.*
- *Adults are, therefore, “performance centered” in their orientation to learning.*
- *Supportive environment (vs. competitive)*
- *Experiential/participatory learning is stressed*

### **Conceptual Framework: Weekend PTA to DPT Bridge Curriculum**

- *Based on the mission, philosophy, goals and objectives of the Weekend PTA to DPT Bridge Curriculum at The University of Findlay*
- *Reflects the faculty’s beliefs regarding the learner, society, subject matter content and teaching-learning theory*
- *Serves as a unifying model for admissions, course work, assessment and feedback*

### **PTA Program Curriculum and Practice Experience**

*All students entering the Weekend PTA to DPT Bridge Curriculum at The University of Findlay must have a baccalaureate degree from an accredited, four-year institution and an associate degree from an accredited physical therapist assistant program. They must also have practiced as a PTA for a minimum of one year. This curricular and practice experience serves as the initial foundation for the professional program offered at The University of Findlay. In addition, students must successfully complete the course, Competencies in Physical Therapy, in order to ensure that they possess the necessary fundamental skills required for completion of the physical therapy program course content and objectives.*

### **Basic Science and Liberal Arts Foundation**

*The faculty believes that a foundation in the basic sciences and liberal arts is an essential component of physical therapy education. In support of this, students are required to complete a baccalaureate degree in addition to their physical therapist assistant curriculum before entering the Weekend PTA to DPT Bridge Curriculum at The University of Findlay. They must also complete prerequisites in math, anatomy and physiology, chemistry, and physics.*

### **Content Areas of Physical Therapy**

*The content areas of physical therapy are organized according to four principles. These are foundational science, physical therapy practice, clinical education, and the roles of the physical therapist.*

### **Foundational Sciences**

*The base provided by the basic science prerequisites is further strengthened through courses in foundational sciences that are closely linked to the practice of physical therapy. These courses include Anatomy I and II, Functional Anatomy/Biomechanics, Neuroscience, Exercise Physiology, Motor Control, Pathology, Psychosocial Considerations, Pharmacology, and Lifespan Development.*

## **Clinical Science**

*Physical therapy practice defines content area directly related to patient care. This content is organized according to three guiding principles. The **first** is physical therapy diagnosis. Students receive a grounding in physical therapy examination, evaluation, and diagnosis in the courses Pathology and Elements of Physical Therapy Practice I and II.*

*The **second** guiding principle is body systems. Students take courses in which they apply knowledge of examination, evaluation, diagnosis, and intervention to patients with musculoskeletal, neuromuscular, integumentary, and cardiopulmonary disorders. These courses include Musculoskeletal I, II and III, Medical Diagnostics, Neurotherapeutics I and II, Integumentary, and Cardiopulmonary Physical Therapy.*

*The **final** guiding principle is practice adjuncts. Practice adjuncts are defined as those areas of physical therapy used across body systems to augment the accomplishment of physical therapy goals. The courses Exercise in Physical Therapy, Physical Agents, Community Health and Wellness, and Rehabilitation Technology, Orthotics and Prosthetics are organized according to this principle. Please refer to Figure 4 for a graphic representation of the relationship between these three guiding principles.*

## **Clinical Education**

*The clinical education includes both integrated clinical assignments and the practicum course sequence. Integrated clinical assignments are intended to assist the student with understanding the academic course work in the clinical setting. For example, the assignments may include observation of treatment/evaluation techniques, chart reviews, and data gathering. The student is to obtain client consent and to maintain confidentiality of all cases. All clinical experiences are integrated with the academic portion of the curriculum.*

*In the Weekend PTA to DPT Bridge Program, three full-time clinical education experiences are required with one integrated between the second and third year and two at the end of the student's academic course work. The first two experiences are eight weeks in length and the final one is ten weeks long. 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.*

## **Physical Therapist Roles**

*As stated in the program's philosophy statement, physical therapists may be called on to function in a variety of roles. As such, they must demonstrate leadership in education, scholarly activity, and practice throughout the domain of physical therapy. Classes such as Management in a Changing Health Care Environment, Education in Physical Therapy, Professional Issues, PT Seminar, Health Care Systems, and the research course series are organized according to this principle.*

## **Cornerstones: Weekend PTA to DPT Bridge Curriculum**

*The four cornerstones of the program's conceptual framework are the Nagi disablement model/ICF model, praxis, leadership, and lifelong learning. These cornerstones exemplify the unique features of the Weekend PTA to DPT Bridge Curriculum at The University of Findlay.*

## **ICF Model of Enablement/ Nagi Principles of Disablement**

*The faculty believes that Nagi's model of disablement is still widely used throughout the clinical community. Previously it was an ideal framework for defining the domain of physical therapy practice and a focus for physical therapy education. However, the faculty also believe that the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) is a model of enablement and participation that will facilitate research, evidenced based practice and communication across disciplines and across the world.( Hurst 2003, Jette 2006, Veitch 2009, Martinuzzi 2010) Therefore, they have both been made an integral part of the program's mission and philosophy and integrated throughout our curriculum.*

## **Praxis**

*Brookfield defined praxis as "alternating and continuous engagements by teachers and learners in exploration, action, and reflection" (p. 15) and noted that this notion is central to adult learning. As such, the Weekend PTA to DPT Bridge Curriculum emphasizes the exploration of new knowledge, skills, and values within the context of learners' past experiences, present interests and needs, and future goals.*

## **Leadership**

*Practitioners of today perform multiple tasks and participate in a variety of interpersonal, informational, or decisional roles. This endeavor requires leadership skills and the acceptance of responsibility for the growth of the physical therapy profession and the health of the client it serves. The curriculum is designed to challenge our students to adopt this style of practice.*

## **Lifelong Learning**

*Rapid expansion of technology and knowledge requires lifelong learning skills for all practitioners. Adaptability and responsiveness to demands and changes in clinical practice depends on a wide range of professional skills and knowledge. In support of this belief, the curriculum is designed to assist in the progressive development of self-directed lifelong learning skills.*

## **Cross Curricular Content**

*The areas of critical analysis and problem solving, professionalism, and a lifespan approach to treatment and prevention are emphasized across the curriculum.*

## **Critical Analysis and Problem Solving**

*The physical therapy faculty at The University of Findlay developed a definition of critical thinking for use throughout the curriculum. This definition states that physical therapy graduates from The University of Findlay should be able to use a purposeful, self-regulatory process that includes interpretation, analysis, evaluation, and inference, and be able to explain the evidential, conceptual, methodological, criteriological, or contextual considerations on which judgments are based. Critical analysis and problem solving are formally introduced in Research I. This course is offered in the first term of the curriculum. This initial content is then*

*reinforced and built upon throughout the curriculum through the use of teaching and evaluation techniques such as literature critiques, problem based case studies, analysis of guest lecturers and instructors and evaluation of physical therapy equipment. The process of critical analysis is also continued through the program's research course sequence. In addition, critical thinking is a component of all lab practical examinations. Please see Appendix A-Critical Thinking Outcome for the complete critical thinking definition and a copy of the scoring rubric to be used for laboratory examinations.*

### **Professionalism**

*Professionalism is formally introduced during the initial student orientation. Then, a format for assessing professional behavior and core values occurs through a professional development plan (Appendix GG- PDP Adviser's Form) introduced in P.T Competencies in the first term of the program and further developed throughout the entire curriculum. The theme of professionalism is then reinforced throughout the curriculum through activities such as reflective clinical observation assignments, check sheets, lab practical examinations, written papers, oral presentations, and clinical education.*

### **Lifespan**

*Finally, all courses that focus on any aspect of physical therapy examination and intervention emphasize a lifespan approach. The psychosocial and motor concepts related to lifespan development are introduced in the first year in the course, Lifespan Development. Subsequent courses then relate issues across the lifespan to the course content. For example, in Elements of PT Practice I, students are introduced to basic examination methodologies such as posture.*

### **Outcome**

*The final outcome of the conceptual framework for the Weekend PTA to DPT Bridge Curriculum is a generalist practitioner who is able to effectively practice in a dynamic health care environment. Please refer to Figure 5 for a graphic representation of the curriculum's conceptual framework.*

### **Approach to Learning/Instruction: Weekend PTA to DPT Bridge Curriculum**

*Our approach to learning/instruction is based on Knowles' andragogy (art and science of helping adults learn) versus pedagogy (education of children). The emphasis for the student is one of autonomy, trust, active cooperation, participation and self-directed learning. Their experiences will be resources for learning and experiential, participatory learning will be stressed.*

*The teacher/educator is that of a mentor who assists, helps, guides, encourages, consults, facilitates, and is a resource for the student. The learning environment will be supportive, cooperative rather than competitive, informal and formal, and respectful of the student.*

*The instruction will be based on the following principles:*

- 1. Learning objectives will be outlined.*
- 2. The learning tasks will be analyzed and the material sequenced in a logical progression.*
- 3. The entry behavior will be assessed as appropriate in order to determine the information the students already know.*
- 4. The students will play an integral role in planning and evaluating the learning process.*

*The student's intrinsic motivation for learning is generally based upon core values, which direct their expression of needs, interests, and satisfaction. As a student matures, his/her readiness to learn becomes increasingly oriented towards developmental tasks. The relevance of an activity will depend in part upon the current social roles, which a student must fulfill.*

*One of the student's extrinsic motivations for learning includes the goal of acquiring adequate knowledge through the education process in order to become an entry-level therapist.*

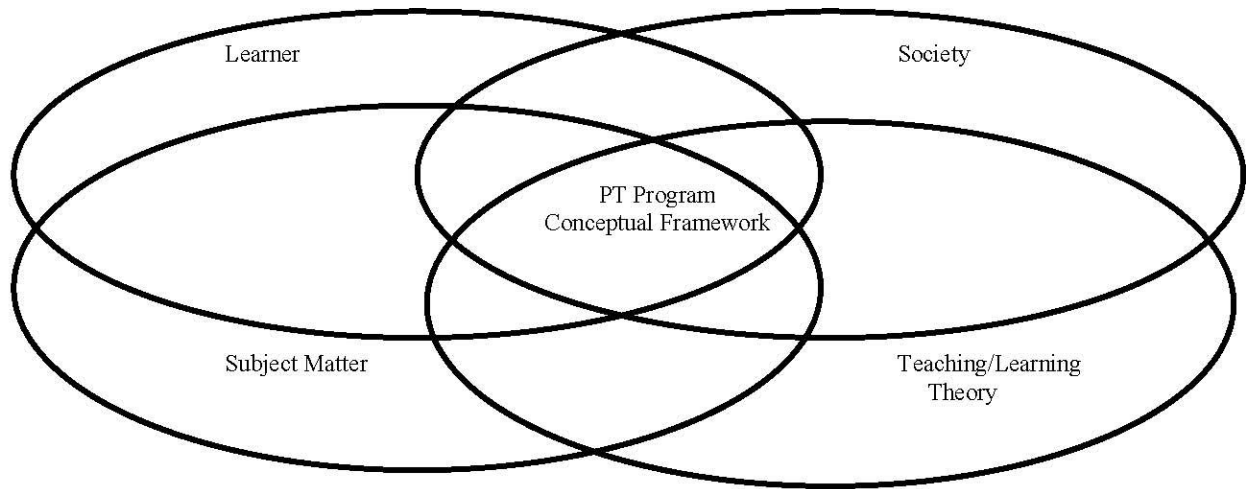
*The adult student's desire for immediate application of their knowledge will be satisfied through an emphasis on experiential learning. To support this, problem solving activities, fieldwork experiences and small group interactions will be stressed throughout the curriculum.*

*In summary "The student as center of the experience, the teacher as facilitator, the notion of learning as a personal, internal process, and the value of group activities all lead to the ultimate goal of humanistic education - the fully developed person" (Elias, 1980).*

*Elias, J. L., Merriam, S. (1980). Philosophical Foundations of Adult Education. Malabar, Florida: Robert E. Kreiger Publishing Co..*



**Figure 4.1: PT Program Conceptual Framework diagram**



**Figure 4.2 Weekend PTA To DPT Bridge Program Guiding Principles**

*Key*

*EOP1= Elements of PT Practice I*

*EOP2= Elements of PT Practice. II*

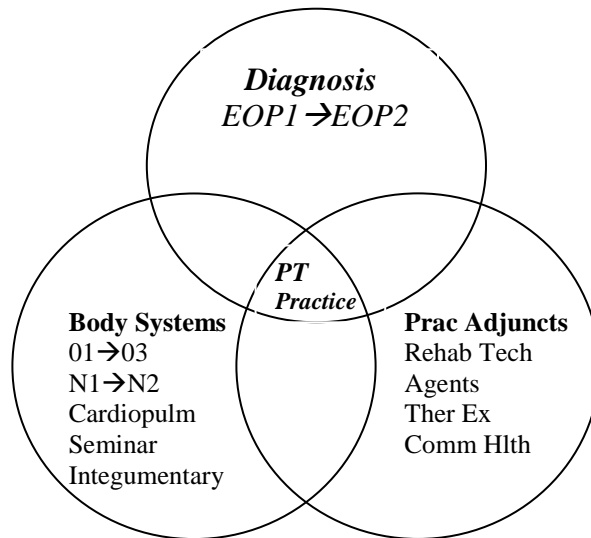
*O1 = Musculoskeletal I*

*O2 = Musculoskeletal II*

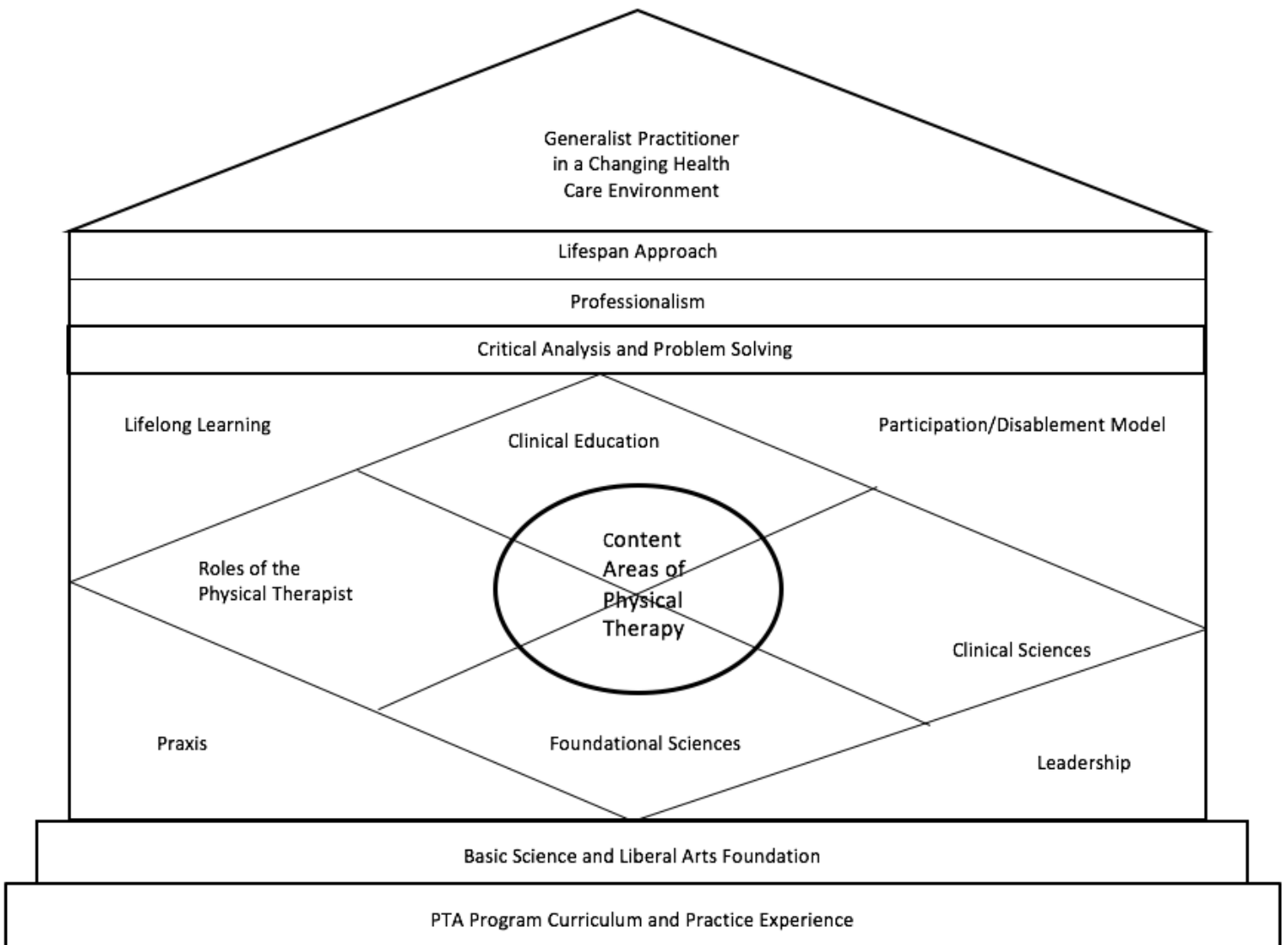
*O3 = Musculoskeletal III*

*N1 = Neurotherapeutics I*

*N2 = Neurotherapeutics II*



**Figure 4.3 Weekend PTA to DPT Bridge Curriculum Conceptual Framework**



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## Weekend PTA to DPT Bridge Program Curricular Sequence

<b>First Year (Winter)</b>	<i>Credit Hours</i>	<b>First Year (Spring)</b>	<i>Credit Hours</i>	<b>First Year (Summer)</b>	<i>Credit Hours</i>	<b>First Year (Fall)</b>	<i>Credit Hours</i>
PHTH 564 Anatomy I	3	PHTH 563 Foun. In Neurosci.	5	PHTH 528 Pathology	4	PHTH 557 Functional Anat/Bio	4
PHTH 504 Comp. in PT	1	PHTH 522 Research II	2	PHTH 545 Lifespan	3	PHTH 551 Elem. of PT Prac. I	3
PHTH 520 Research I	2	PHTH 565 Anatomy II	3	HEPR 549 Pharmacology	2	PHTH 560 Musculoskeletal I	5
PHTH 514 Ex. Physiology	3					PHTH 643 Motor Control	2
<b>Total</b>	<b>9</b>	<b>Total</b>	<b>10</b>	<b>Total</b>	<b>9</b>	<b>Total</b>	<b>14</b>
<b>Second Year (Winter)</b>	<i>Credit Hours</i>	<b>Second Year (Spring)</b>	<i>Credit Hours</i>	<b>Second Year (Summer)</b>	<i>Credit Hours</i>	<b>Second Year (Fall)</b>	<i>Credit Hours</i>
PHTH 532 Princ. of Ther. Ex.	3	PHTH 604 Neurotherapeutics II	4	PHTH 675 Comm. Health	2	PHTH 739 Select Topics in PT	3
PHTH 561 Elem. of PT Prac. II	3	PHTH 669 Agents & Modalities	3	PHTH 573 Education in PT	2	PHTH 671 Integumentary	2
PHTH 602 Neurotherapeutics I	3	PHTH 723 Medical Diagnostics	2	PHTH 526 Psych. Fac. In Dis.	2	PHTH 640 Cardiopulm System	3
PHTH 660 Musculoskeletal II	4	HEPR 505 Professional Issues	3			HEPR 507 Manage. in Chang.	3
PHTH 616 FDR I <i>or</i>		PHTH 636 FDR II <i>or</i>					
PHTH 628 Case Report I	1	PHTH 648 Case Reports II	1				
<b>Total</b>	<b>14</b>	<b>Total</b>	<b>13</b>	<b>Total</b>	<b>6</b>	<b>Total</b>	<b>11</b>
<b>Third Year (Winter)</b>	<i>Credit Hours</i>	<b>Third Year (Spring)</b>	<i>Credit Hours</i>	<b>Third Year (Summer)</b>	<i>Credit Hours</i>	<b>Third year Fall</b>	<i>Credit Hours</i>
PHTH 720 Clinical Ed I	4	PHTH 681 Musculoskeletal III	2	PHTH 726 Clinical Ed II	4	PHTH 730 Clinical Ed III	5
<i>Late Dec –Feb before trad spring break (8 wks)</i>		PHTH 687 Health Care Systems	2	June- July ( 8 wks)		<i>August-Oct (10 wks)</i>	
PHTH 656 FDR III <i>or</i>		PHTH 646 Rehab Technology	3	PHTH 731 PT Seminar	1	Total	5
PHTH 658 Case Report III	1	<i>Research forum TBA</i>		<b>Total</b>	<b>5</b>		
						<b>Graduate Hours Earned</b>	<b>108</b>
<b>Total</b>	<b>5</b>	<b>Total</b>	<b>7</b>				

## Course Descriptions: Weekend PTA to DPT Bridge Curriculum

### Winter Semester, First Year

#### **PHTH 504 COMPETENCIES IN PHYSICAL THERAPY**

**1 semester hour**

*Prerequisite: admission to the Physical Therapy program*

*This lecture course focuses on instruction in fundamental skills and assessment of students' entering competency level relative to range of motion assessment, functional training and assessment of vital signs. Grading for this course is S/U.*

#### **PHTH 514 EXERCISE PHYSIOLOGY FOR THE PHYSICAL THERAPIST** 3 semester hours

*Prerequisite: admission to the Physical Therapy program*

*This lecture/lab course will provide an in-depth study of the principles of exercise physiology of the normal individual across the lifespan, as well as consider how these change when pathology is present.*

#### **PHTH 520 RESEARCH I**

**2 semester hours**

*Prerequisite: admission to the Physical Therapy program*

*This lecture course is an introduction to the research process. Areas to be addressed include information searching, analysis of research literature, epidemiology, hypotheses, research design and an introduction to measurement theory. Students will select an area of research interest/topic.*

#### **PHTH 564 ANATOMY I**

**3 semester hours**

*Prerequisite: admission to the Physical Therapy or Athletic Training Program*

*This lecture/lab course consists of an in-depth study of the upper-extremity musculoskeletal and peripheral nervous systems of the human body as it relates to function. Viscera of the neck and cardiovascular system will also be covered. Surface anatomy lab will be incorporated throughout the course. Materials will be presented in lecture/lab format with the use of cadaver, anatomical models and human skeletal materials.*

### Spring Semester, First Year

#### **PHTH 563 FOUNDATIONS IN NEUROSCIENCE**

**5 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture/lab course represents an in-depth study of nervous system anatomy and physiology. It also includes pathology, clinical syndromes, plasticity and development of the nervous system. Concepts of sensory-motor integration and motor and postural control are considered. Emphasis is placed on application of neuroscience information to physical therapy practice.*

#### **PHTH 522 RESEARCH II**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty.*

*This lecture course is the second in a series of five research classes. This course focuses on statistical analyses and composition of components in the research process central to either the case report or the faculty-directed project.*

#### **PHTH 565 ANATOMY II**

**3 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture/lab course consists of an in-depth study of the lower extremity musculoskeletal and peripheral nervous systems of the human body as it relates to function. Viscera of the abdomen, pelvis and perineum will also be covered. Surface anatomy lab will be incorporated throughout the course. Materials will be presented in lecture/lab format with the use of cadaver, anatomical models and human skeletal materials.*

## **Summer Semester, First Year**

### **PHTH 528 PATHOLOGY**

**4 semester hours**

*Prerequisite: satisfactory completion of Term II of the WEC Physical Therapy program*

*This lecture course is a study of body system impairments from disease, injury or congenital abnormalities that relate to movement dysfunction and physical therapy. Systems review and consideration of those signs and symptoms that may require consultation with or referral to another health care provider are also included.*

### **PHTH 545 LIFESPAN DEVELOPMENT AND PHYSICAL THERAPY**

**3 semester hours**

*Prerequisite: admission into the Physical Therapy program*

*This lecture course is the study of normal development throughout the lifespan. Functional movement and implications for the physical therapist are stressed.*

### **HEPR 549 PHARMACOLOGY**

**2 semester hours**

*Prerequisites: admission to a health professions program*

*This lecture course will cover medications commonly encountered in the practice of physical medicine. It will include categories of drugs, generic and trade names of common drugs, the use, effects and precautions of common drugs and drug-drug interactions and pharmacokinetic principles. It will also focus on how various drugs affect the patient response to activity, exercise and other therapeutic interventions.*

## **Fall Semester, First Year**

### **PHTH 557 FUNCTIONAL ANATOMY AND BIOMECHANICS**

**4 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture/lab course is a study of functional anatomy and biomechanical principles as applied to human movement. This course examines surface anatomy and the functions of the musculoskeletal and peripheral nervous system as they relate to movement. Analysis of movement, gait, functional activities and posture is also incorporated.*

### **PHTH 560 MUSCULOSKELETAL I**

**5 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture/lab course covers the screening, examination, evaluation, diagnosis, prognosis and physical therapy interventions for selected conditions, which may cause impairments and functional limitations in the spine.*

### **PHTH 551 ELEMENTS OF PHYSICAL THERAPY PRACTICE I**

**3 semester hours**

*Prerequisite: admission into the Physical Therapy program*

*This lecture/lab course will introduce the student to selected examination and evaluation procedures. Specific tests and measures are presented as well as practiced in a laboratory format.*

### **PHTH 643 MOTOR CONTROL**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture course involves an in-depth examination of motor control. Factors considered include the role of neural and musculoskeletal systems, sensation, perception, cognition, task and environment in the production of human movement. Also addressed are theories of motor control, neuroplasticity and principles of motor learning.*

## **Winter Semester, Second Year**

### **PHTH 532 PRINCIPLES OF THERAPEUTIC EXERCISE**

**3 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture/lab course covers the basic principles of therapeutic exercise for musculoskeletal pathologies and movement dysfunctions.*

**PHTH 602 NEUROTHERAPEUTICS I****3 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture/lab course is a study of common neurological treatment approaches, including neurodevelopmental treatment (NDT), proprioceptive neuromuscular facilitator (PNF), Brunnstrom, Rood and motor control/motor learning theory. It also focuses on body structure and function impairments, activity limitations, participation restrictions and associated orthopedic and neurological diagnoses which may be addressed or alleviated by these approaches.*

**PHTH 561 ELEMENTS OF PHYSICAL THERAPY PRACTICE II****3 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture/lab course is a continuation of PHTH 551 with additional instruction in tests and measures that are used in the examination and evaluation process. Specific tests and measures are presented and practiced in a laboratory format.*

**PHTH 616 FACULTY-DIRECTED RESEARCH I****1 semester hour**

*Prerequisite: Successful completion of the previous term or permission from the PT faculty*

*This course is the first in a series of three research classes. Focus is on literature review, research design, methodology and data collection. This is a directed study under the supervision of a faculty adviser and will be graded S/U.*

**OR****PHTH 628 CASE REPORTS I****1 semester hour**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This course is the first in a series of three case report classes. The focus is on case selection, literature review and completion of necessary approval processes both internal and external to the institution. This course will be graded S/U.*

**PHTH 660 MUSCULOSKELETAL II****4 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture/lab course covers the screening, examination, evaluation, diagnosis, prognosis, and physical therapy interventions for selected conditions, which may cause body structure and function impairments, activity limitations and participation restriction of the extremities.*

**Spring Semester, Second Year****HEPR 505 PROFESSIONAL ISSUES****3 semester hours**

*Prerequisite: admission to a health professions program*

*This lecture course provides an overview of issues related to practice for the health professional. It includes safe and ethical practice, legal and professional standards, ethical issues in the health professions, professional organizations and roles and responsibilities of the health professional.*

**PHTH 604 NEUROTHERAPEUTICS II****4 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*In this lecture/lab course the student acquires the knowledge and selected skills necessary to solve selected neuromuscular problems. The assessment and treatment processes are presented for clients of any age with neuromuscular practice patterns.*

**PHTH 669 AGENTS AND MODALITIES****3 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture/lab course covers physical agents, electrotherapeutic modalities and mechanical modalities. It includes theoretical concepts, rationale for use, effects, indications and contraindications for each agent or modality. There will be supervised laboratory practice to ensure the student learns the safe and efficient use of each agent or modality.*



**PHTH 723 MEDICAL DIAGNOSTICS**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture course will cover basic operational principles and clinical applications of contemporary medical imaging techniques. The course will discuss methods of evaluation medical diagnostics as they relate to clinical physical therapy practice, especially as it relates to differential diagnosis related to all major body systems. Additionally, this course will discuss common laboratory tests and the applications of these test results to physical therapy practice.*

**PHTH 648 CASE REPORT II**

**1 semester hour**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This course is the second in a series of three case report classes. Focus is on progressive development of the written case report with completion of the case description. This course will be graded S/U.*

**OR**

**PHTH 636 FACULTY-DIRECTED RESEARCH II**

**1 semester hour**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This course is the second in a series of three research classes. The focus here is on the data analysis, results and discussion sections of the research paper. This is a directed study under the supervision of a faculty adviser and will be graded S/U.*

**Summer Semester, Second Year**

**PHTH 526 PSYCHOSOCIAL FACTORS IN DISABILITY**

**2 semester hours**

*Prerequisite: Successful completion of the previous term or permission of the PT faculty*

*This lecture course covers the psychosocial factors that may influence the practice of physical therapy. Topics such as psychological and emotional reactions to disability, cultural differences, sexuality and gender issues are explored.*

**PHTH 675 COMMUNITY HEALTH**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture course covers wellness, health, prevention and maintenance of fitness, community health needs, community resources and community service.*

**PHTH 573 EDUCATION IN PHYSICAL THERAPY**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture course emphasizes teaching and learning theories and principles, learning styles and collaborative learning as well as how to give and receive constructive feedback of education experiences.*

**Fall Semester, Second Year**

**PHTH 739 SELECTED TOPICS IN PHYSICAL THERAPY**

**3 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This is a flexible elective given as a regular offering or independent study. It is an opportunity for students to engage in an in-depth exploration of an advanced topic or topics in physical therapy. Course is repeatable.*

**HEPR 507 MANAGEMENT IN A CHANGING HEALTH-CARE ENVIRONMENT**

**3 semester hours**

*Prerequisite: admission to a health professions program*

*This lecture course provides an overview of the health care managerial and supervisory principles for the rehabilitative professional.*

**PHTH 671 INTEGUMENTARY**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture/lab course involves an in-depth study of the body structure and function impairments, activity limitations and participation restrictions related to the integumentary system. The emphasis is evaluation and treatment of those conditions affecting the normal function of the integumentary system that result in pathologies that lead to disabilities.*

**PHTH 640 CARDIOPULMONARY PHYSICAL THERAPY**

**3 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture/lab course covers the screening, examination, evaluation, diagnosis, prognosis and physical therapy intervention for conditions affecting the cardiovascular and pulmonary systems which may result in body structure and function impairments, activity limitations and participation restrictions.*

**Winter Semester, Third Year**

**PHTH 720 CLINICAL EDUCATION I, INPATIENT**

**4 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This course is a full-time, eight-week clinical experience supervised by a licensed physical therapist in an inpatient setting with emphasis on integumentary, cardiopulmonary and neuromuscular practice patterns. 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. This course will be graded S/U.*

**PHTH 658 CASE REPORT III**

**1 semester hour**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This course is the third in a series of three case report classes. The focus is on case outcomes, writing the research paper and presentation of findings. This course will be graded S/U.*

**OR**

**PHTH 656 FACULTY-DIRECTED RESEARCH III**

**1 semester hour**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This course is the third in a series of three research classes. Here students complete their research projects and make formal presentations, both oral and written, on their results. This is a directed study under the supervision of a faculty adviser and will be graded S/U.*

**Spring Semester, Third Year**

**PHTH 681 MUSCULOSKELETAL III**

**2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture/lab course covers the screening, examination, evaluation, diagnosis, prognosis and physical therapy interventions for selected conditions, which may cause body structure and function impairments, activity functional limitations and participation restrictions in the spine and extremities.*

**PHTH 646 REHABILITATION TECHNOLOGY, ORTHOTICS AND PROSTHETICS**

**3 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*In this lecture/lab course, the student acquires the knowledge base and selected skills necessary for the management of orthotics, prosthetics, wheelchair-seating systems, environmental control devices, driver simulators, communication devices, assistive devices and other adaptive equipment. The assessment and treatment processes are presented for clients of any age with specific rehabilitation technology needs.*

**PHTH 687 HEALTH CARE SYSTEMS****2 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture course is a study of global health care structures and systems as they relate to physical therapy. The learner will also explore international health care models, economic issues, payment structures and challenges within the global health care system.*

**Summer Semester, Third Year****PHTH 731 PHYSICAL THERAPY SEMINAR****1 semester hour**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This lecture course will cover basic operational principles and clinical applications of contemporary medical imaging techniques. The course will discuss methods of evaluation medical diagnostics as they relate to clinical physical therapy practice, especially as it relates to differential diagnosis related to all major body systems. Additionally, this course will discuss common laboratory tests and the applications of these test results to physical therapy practice.*

**PHTH 726 CLINICAL EDUCATION II, OUTPATIENT****4 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This course is a full-time, eight-week clinical experience supervised by a licensed physical therapist in an outpatient setting with emphasis on musculoskeletal practice patterns. 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. This course will be graded S/U.*

**Fall Semester, Third Year****PHTH 730 CLINICAL EDUCATION III, SPECIALITY****5 semester hours**

*Prerequisite: successful completion of the previous term or permission of the PT faculty*

*This course is a full-time, 10-week clinical experience supervised by a licensed physical therapist in a specialty setting chosen by the student (e.g., school system, mental retardation and developmental disabilities (MRDD) facility, sports medicine clinic, skilled nursing facility (SNF), home health agency). 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. This course will be graded S/U.*

Please note the FDR/Case Report Series will be scheduled at the discretion of the Instructor.

# **Chapter V: Academic Policies and Procedures**

## **A. Admissions Maximum Class Size Policy**

In order to assure the continued quality of The University of Findlay Doctor of Physical Therapy Programs, maximum class size must be assured. This is done in several ways.

### **Traditional Doctor of Physical Therapy Program:**

- \* Maximum Class Size is 36 students
- \* No greater than 16 qualified applicants are offered Early Assurance spots each fall.
- \* When determining how many students to accept from each year's application pool, the calculation consists of:  
$$36 - \# \text{ of Early Assurance students who qualify and are planning to matriculate into the graduate program the following fall} - \# \text{ of deferrals from the previous application pool} - \# \text{ of students possibly returning from the previous cohort} = \text{number accepted from qualifying application pool}$$

### **Weekend PTA to DPT Bridge Program**

- \* *Maximum Class Size is 36 students*
- \* *When determining how many students to accept from each year's application pool, the calculation consists of:*  
$$36 - \# \text{ of students possibly returning from the previous cohort} - \# \text{ of deferrals from the previous application pool} = \text{number accepted from qualifying application pool}$$

## **B. Academic Advising**

Policy:

The University of Findlay is committed to personalized academic advising and the delivery of an effective orientation, counseling and support network for each student. As such, the physical therapy program is dedicated to providing effective individualized academic advising.

Procedure:

1. After a student has been accepted into the physical therapy program, he/she will be assigned a faculty advisor. If the student was advised during the pre-professional program by a physical therapy faculty member, efforts will be made to maintain continuity by assigning the same advisor for the professional program.
2. Students will be notified of their advisor assignment during orientation prior to beginning the professional program.
3. Faculty advisors will meet with each student during the first term of enrollment in the physical therapy program. Starfish software will be utilized as a communication tool regarding student progress during the program and will allow course instructors to notify the student and advisor of concerns with student performance.
4. Faculty and advisees will meet and review the student's Core Values self-assessment and Professional Development Plan (Appendix GG-PDP Adviser's Form) once per year. This is done through Taskstream on Blackboard.
5. Each student is also responsible for seeking academic advisement as needed.
6. Faculty advisors are required to keep posted office hours and be available at additional times by appointment.

*Physical Therapy Program Student Handbook 5/31/17*

7. Should students wish to change faculty advisors, they must submit a written request to the Office of the Registrar. The appropriate forms may be obtained from the Office of the Registrar webpage.

### **C. Deferment**

#### Policy:

The program understands that it is often difficult to foresee circumstances that might result in the need to delay admission for the start of the anticipated academic term. In an effort to assist students and to accommodate the sheer numbers of qualified applicants the following procedure will be followed.

#### Procedure:

All candidates offered admission into the traditional or weekend PTA to PT bridge physical therapy curriculum have the opportunity to request to defer their admission/enrollment for one calendar year. This deferment is a one-time request and must be made prior to the date indicated below in writing for consideration. Any request made after the date indicated below will be considered on an individual basis for merit; the prospective student is advised that the possibility of a positive outcome after the deadline is unlikely.

- Traditional Deadline for Deferment: July 1st
- Weekend Deadline for Deferment: September 30

If circumstances arise that prohibit a student from following the above policy and procedure, the physical therapy program reserves the right to review those cases on an individual basis.

### **D. Course Transfer Policy**

#### Policy:

The PT faculty members are very sensitive to the high cost of education and the potential benefit for students to receive credit for previously taken physical therapy coursework. The Graduate and Professional Studies at The University of Findlay will only consider accepting coursework that has been completed in the last seven years.

In order for previously taken coursework to be considered for transfer into the UF DPT program, all of the following must occur. The course must be no more than 5 years old as determined by the student's graduation date from the UF DPT program.

1. The student must request evaluation of the course work prior to the first class day of the professional program.
2. The student must submit a syllabus and official transcript for the coursework to both the UF Registrar's Office and the Associate Chairs of Physical Therapy.
3. The PT Faculty must agree that the course is at a doctoral level and commensurate in content with the substituted course within the UF DPT curriculum.
4. The student must have earned at least a grade of B in the course under consideration.
5. The faculty reserve the right to limit the number of courses transferred into the PT curriculum.

Procedure:

1. The student must submit a written request for transfer consideration to the PT Program to the Associate Chairs noting the courses in question and providing the documentation as noted above.
2. The course will be evaluated by the PT Faculty and a decision will be rendered at the next scheduled PT Faculty Meeting.
3. The Associate Chairs will notify the student of the decision in a timely manner.

### **E. Other Course Enrollment Policy**

The DPT program is rigorous and full-time in nature. As such, students may not enroll in any coursework outside of the DPT program without obtaining prior written approval from DPT faculty.

### **F. Student equipment kit:**

Students entering the DPT program are required to purchase a kit of PT supplies. This kit includes equipment that will be used throughout the curriculum for patient/client examination and treatment. In order to ensure that students are obtaining the correct supplies required by the program we have collaborated with a company that prepares a kit with the needed supplies. Information regarding purchasing the kit is made available at orientation. Traditional students are required to purchase a full kit. Given that Weekend students are PTAs and may already have some of the supplies, they have the option to purchase a full kit or purchase the equivalent pieces separately on their own.

### **G. Background Check:**

A background check may be required prior to clinical education experiences. Students are encouraged to read and understand the Background Check policy in the Graduate catalog regarding potential implications of misdemeanor or felony charges or convictions. This is particularly relevant to the ability to progress in the program and obtain professional licensure. <http://catalog.findlay.edu/en/current/Graduate-Catalog/Student-Rights-and-Responsibilities-Statement/IX-Policies-Regulating-Experiential-Learning/Background-Check>

### **H. Faculty/Course Evaluation**

Policy:

The goals of The University of Findlay include a dedication to providing exemplary instruction and to evaluating our institution's performance in providing quality education. The University is committed to continuously improving our institution. In support of this, the physical therapy program believes that student participation in this process is critical.

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**Procedure:**

Students will be asked to evaluate each course/faculty member in the curriculum near the completion of the course in two formats. During the last weeks of each course, each student will be receiving an email link to complete the UF Online Course Survey. It is strongly encouraged that students participate in this survey as valuable university wide information is gathered to improve the quality of our programs.

In addition, the PT Faculty may do a hard copy paper course survey at the end of each course to assist us in our curricular development. Forms will be distributed and collected in an anonymous fashion. Faculty members will not review end-term course evaluations until after final grades have been submitted.

Lab assistants will be evaluated at the end of each term. Guest lecturers will be evaluated by students at the time of their presentation. See Appendix B

## **I. Remediation/Minimum Competency**

For the purposes of DPT coursework, 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.

**Policy:**

At any time during the semester, students who are in jeopardy of receiving a course grade of "B- or below" or who receive a low score on a major test or assignment in the physical therapy curriculum may be asked by the instructor to undertake a formal program of remediation in order to raise their grade to a passing level, optimally a grade of "B" or better and to assure mastery of the course objectives. As part of the retention program, Starfish is being used to help the student and adviser with monitoring progress and recommending support.

**Procedure:**

1. Faculty will monitor student performance throughout each term. Students will be notified by the instructor about their performance (through Blackboard etc.). The faculty member will notify the student's adviser and Associate chair of their performance through Starfish.
2. Any student who finds him/herself in academic difficulty will contact the course instructor for additional assistance and will also contact their faculty advisor.
3. At any time during the semester, students who are in jeopardy of receiving a "B-" or below in a course may be asked by the course instructor to undertake a formal program of remediation. This notification will occur through Starfish.
4. Remediation programs will be designed collaboratively by the instructor and the student.
5. It may be necessary to develop a learning contract (Appendix C) which includes:
  - a. Student name
  - b. Date



- c. Goals
- d. Required learning activities
- e. Evaluation methodology
- f. Criteria for successful completion / consequences for unsuccessful completion.
- g. Time frame for completion.
- h. Signature of the student, advisor or Program Chair, Associate Chair and the instructor.

## **J. Program Retention/Dismissal**

### **Policy:**

The criteria for the physical therapy program are designed to provide for the selection of candidates who are most likely to succeed in the academic environment provided by The University of Findlay. The physical therapy program is dedicated to retaining those students who have been accepted into the program. However, certain circumstances may result in dismissal from the physical therapy program. These circumstances include:

### **Failure to meet minimum academic standards**

#### **Policy:**

In order to remain in good academic standing in the physical therapy program students must fulfill the following conditions:

- I. A cumulative grade point average (GPA) of 3.0 (on a scale of 4.0);
- II. Earn a “C” or better in all required courses in the curriculum; and
- III. Earn no more than two grades of “C” or “C+” over the length of the curriculum.
- IV. Earn a failing grade for no more than two clinical practical exams.
- V. Students must be in good academic standing in order to participate in their full-time clinical affiliations/fieldwork.

#### *Details regarding I-V:*

##### **I. GPA Requirement:**

If a student is not able to meet the cumulative GPA requirement it could result in the following consequences.

- 1. The student will receive written notification from his/her Program Associate Chair that he/she is on probation until the cumulative GPA is above a 3.0 and that eligibility for clinical affiliations is in jeopardy.
- 2. The student must receive a minimum of a 3.0 GPA in the following term to be removed from probation and remain in the program.
- 3. A student may raise his/her cumulative GPA by retaking up to two courses for which they have earned a grade less than a “B”. The first grade will not be used to calculate the new GPA when determining full-time clinical affiliation eligibility.
- 4. Only one term of probation is acceptable. Any subsequent semester where a student earns below a 3.0 GPA will result in dismissal.

II. If one grade of “C-“ or below, or “U”

is received the student will be **suspended**.

Students interested in reentering the program will be reviewed by the Physical Therapy Program. The course must be successfully repeated and a grade of B or better achieved. The student may not enroll in any subsequent required course until this course is completed successfully.

Procedure:

1. Course Instructors will notify faculty and the Physical Therapy Program Chair and Associate Chair if a student is in jeopardy of receiving a C- or below in their course.
2. A student who finds him/herself in academic difficulty will contact the course instructor for additional assistance and will also contact his/her faculty advisor.
3. The student must withdraw from all courses for the following term **prior to** the start of that term in order to receive a full tuition refund.
4. The student must submit a request to the Associate Chair of the Physical Therapy Program detailing their understanding of the policy, their plan to successfully retake the coursework in question, and their desire to reenter the program the subsequent year. The request must be received within 2 months of receipt of the grades for the courses in question.
5. The request and plan will be considered by the Physical Therapy Faculty and Admissions Committee. Students reentering will be notified of the faculty decision within 30 days of receipt of their plan.
6. Please note, that a spot is not guaranteed in the subsequent cohort. Reinstatement will be determined by the student's professional behavior in the physical therapy program, previous coursework, a plan that successfully integrates the reentry with the physical therapy curriculum and a plan for successful completion of the coursework.
7. The maximum a student can sit out and be eligible to reenter the program is 1 year. At reinstatement, the faculty may require evidence of continued competence in previously taken coursework.
8. Reinstatement is not guaranteed and will be made on a space available basis.
9. If upon repeating a course, a student is still unable to meet the minimum standards as outlined above, dismissal from the program will occur.
10. After remediating one unacceptable grade, if a student receives a 2<sup>nd</sup> grade of “C-“ or below or a “U” in a subsequent term, the student will be dismissed from the program.

III. If a student receives a third grade of “C”, “C+”, or a “U” in combination with 2 grades of “C” or “C+”,

during the physical therapy curriculum the student will be **suspended**.

Students interested in reentering the program will be reviewed by the Physical Therapy Program. The student must re-take one of the three courses for which a grade of “C+” or lower was achieved and earn a “B” or better. The student may not enroll in any subsequent required course until this course is completed successfully.

Procedure:

1. The student must withdraw from all courses for the following term **prior to** the start of that term in order to receive a full tuition refund.
2. The student must submit a request to the Associate Chair of the PT Program detailing their understanding of the policy, their plan to successfully retake the coursework in question, & their desire to reenter the program the subsequent year. The request must be received within 2 months of receipt of the grades for the courses in question.
3. The request will be considered by the Physical Therapy Faculty and Admissions Committee. Students will be notified of the decision within 30 days of receipt of their plan.
4. Please note, that a spot is not guaranteed in the subsequent cohort. Reinstatement will be determined by the student’s professional behavior in the physical therapy program, previous coursework, a plan that successfully integrates the reentry with the physical therapy curriculum and a plan for successful completion of the coursework.
5. The maximum a student can sit out and be eligible to reenter the program is 1 year. At reinstatement, the faculty may require evidence of continued competence in previously taken coursework.
6. Reinstatement is not guaranteed and will be made on a space available basis. Decisions made by the Physical Therapy Faculty are final.
7. If upon repeating a course, a student is still unable to meet the above minimum standards as outlined above, dismissal from the program will occur.
8. If after a student successfully remediates a 3<sup>rd</sup> “C” or “C+”, he/she achieves a fourth grade of C+ or below, the student will be dismissed from the program.

**IV. Clinical Science Course Practical Examinations and Safety Errors:**

Policy: 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:

1. 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. .
2. The student will arrange with the instructor within one week, a plan of remediation and a time to retake the practical.
3. 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.
4. 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.
5. If a student fails a third practical throughout the curriculum, the student will be dismissed from the program.

PLEASE NOTE:

No more than two courses may be re-taken.

Students are responsible for being aware that the physical therapy program is sequential in nature and courses are offered only one time per year. Thus, a student may not be able to repeat a course until the following academic year.

## **K. Appeal Process**

Decisions made by the Physical Therapy Faculty are final. However, students do have the right to appeal to the Graduate Student Academic Standards Committee: This committee is chaired by the Registrar and processes student appeals in several academic areas. Typical appeals include appeals concerning withdrawals from classes. Appeals are to be submitted in writing to the Registrar with a clear explanation of what is being requested and reasons for the request and must include a statement from the student's faculty adviser concerning the appeal. The [course withdrawal appeal form](#) should be used for a request for late withdrawal. The [general appeal form](#) should be used for all other appeals. The [Application for Formal Inquiry](#) is to be completed by students who wish to contest a charge of academic dishonesty or their final grade for a course and is submitted to the instructor of the course.

For program retention and dismissal policies during the clinical education sequence, please refer to the Clinical Education section.

## **L. Attendance**

Policy: In order to maintain the integrity of each student's academic experience, all students are required to be in attendance at each class session throughout the professional curriculum. A petition procedure is available to students who may need to miss a class or weekend college session for a non-emergency reason. Students who do not follow the procedures below for emergency or non-emergency absences may be subject to dismissal from the program.

Procedure:

### **Emergency Absences**

1. Emergency circumstances for which a student may be excused from class include the following: death of an immediate family member, serious personal illness or injury as documented by a physician, religious observances or natural disasters.
2. In cases such as those above, the student must make a reasonable effort to notify the Associate Program Chair, their academic advisor, and the course instructor prior to the absence.
3. If contact prior to the absence is not possible, the student is responsible for notifying the Associate Program Chair immediately following the absence.
4. The student must make arrangements for making up any missed course work within one week of the absence.

### **Other Absences**

1. Non-emergency absences must be submitted, in writing, to the Associate Chair/Academic Advisor, 30 days in advance of the planned absence. This request will, in turn, be presented by the Associate Chair/Academic Advisor at the next scheduled program faculty meeting. Final approval, rejection of the request, or request for additional information will occur at that time. All requests will be considered. However, it is the practice of the program faculty to grant approval to those requests that show substantial need.
2. The following documentation must be included in all petitions:
  - a. Date class or classes will be missed
  - b. Title of class or classes to be missed
  - c. Reason for missing class or classes
  - d. Plan of action for completing missed course
3. It is the student's responsibility to make arrangements for any missed course activities, examinations, or assignments.

### **Tardiness**

Students may not arrive late or leave early as these behaviors disrupt the learning environment.

1. Any student arriving after the start of class, arriving late to class after breaks and/or leaving before the end of class will be considered tardy.
2. As soon as a student knows they will be tardy, he/she should notify the faculty member (preferably prior to the scheduled start time).

### **Consequences**

Failure to follow the above procedures and/or greater than two unexcused absences or tardies

per class per semester in the Traditional Program or *one unexcused weekend absence in the entirety of the PTA to DPT Bridge Program* require the course instructor to contact the academic advisor/Associate Program Chair, through Starfish, for consideration and follow-up by the program faculty. Corrective action may include a learning contract for professional behavior and/or suspension or dismissal.

### **M. APTA Membership Policy**

Policy:

The American Physical Therapy Association (APTA) is a community of more than 90,000 physical therapists, physical therapist assistants, and students who care about the future of physical therapy (APTA, 2016). Student membership in the APTA will be a valuable resource as you matriculate throughout the DPT program. It is a requirement that students obtain an APTA membership for use in the first semester and maintain it throughout the DPT program. Many of the courses in the DPT program will require students to access the APTA website for using the Guide to PT Practice, completing literature searches in research projects, and for various course assignments throughout the curriculum.

In addition, there are student membership benefits which include: Insurance benefits, employment resources, evidence/research publications, and news/involvement opportunities. To sign up for APTA membership, search the APTA website: [www.apta.org](http://www.apta.org) and download the student enrollment application. The program or associate chair will sign it to verify your enrollment so that you can obtain the student rate.

### **N. Student Grievances**

Policy:

The physical therapy program abides by the policies of the College of Health Professions and the University of Findlay in cases of student grievances. It is the policy of the physical therapy program to support each student's right to a fair and impartial evaluation of their academic work and to petition for redress of grievances. Please note that the policy below does not apply to grievances concerning sexual harassment, final course grades, or clinical concerns.

Procedure:

A student wishing to resolve grievances concerning policies or practices in classes or other issues not covered by other University policies shall proceed as follows:

1. For concerns related to specific academic courses, the student shall talk first with the instructor, although the faculty advisor may also be consulted.
2. In all other matters the student shall consult first with the faculty advisor. (In cases where the student has communicated his or her grievance to anyone else in the University community, such as another faculty member or someone in academic support services, the formal grievance shall in turn be channeled through the faculty advisor).
3. If, after talking with the instructor and/or faculty advisor, a solution satisfactory to the student cannot be agreed upon, the student shall present a written, signed, and dated statement of grievance to the program chair or associate chair if the program chair is unavailable. It is strongly recommended that this statement of grievance be presented during

- the term in which the course is taken unless extenuating circumstances exist. This statement should contain (1) an explanation of the student's concern, and (2) an explanation of the resolution she/he is seeking.
4. Within one week of receiving a written concern from a student, the program chair shall (1) submit a copy of the student's written statement to the faculty member and (2) request that the faculty member submit a written response within one week.
  5. The faculty member's response should include (1) the faculty member's own explanation of issues concerning the student's concern, and (2) a statement of the resolution that the faculty member suggests.
  6. Within one week of receiving the faculty member's response, the program chair shall schedule a meeting to be attended by the student, the faculty member, the program chair, and the student's advisor (if the student and faculty member agree to the advisor's presence). During that meeting each of the parties involved in the grievance will be invited to present their testimonies. Within four working days of the meeting a formal written decision shall be submitted to the student and instructor. This decision, if agreed upon, shall be signed by the student and instructor with copies to all involved parties and to the Vice President for Academic Affairs within four working days.
  7. The student or instructor must appeal any unsatisfactory decision within four working days excluding weekends and holidays or the decision is assumed to be satisfactory. This appeal is to be made to the Dean of the College, the Graduate Dean, then to the Vice President for Academic Affairs and then to the President of the University.

## **O. Final Course Grade Challenges**

### **Policy:**

The following procedure is provided to students who believe they have been treated unfairly by a faculty member in the final grade given for the course. The physical therapy program abides by the policies of The University of Findlay in cases of final course grade challenges. It is the policy of the Physical Therapy Program to support each student's right to a fair and impartial evaluation of their academic work and to petition for redress of grievances.

**Procedure:** The student may initiate consideration of the challenged grade with the faculty member who gave the grade. The grade challenge must occur within four weeks after grades were posted on the student's academic record. If the issue isn't resolved during informal discussions with the faculty member, the student must start the Application for Formal Inquiry. The Application for Formal Inquiry is available in the Office of the Registrar or on the University's Oiler Nation Website. (keyword: Grade Challenge)

### **Step One:**

The student and the faculty member will provide a brief summary of their discussion(s) regarding the student's request for a change of grade. The faculty member will sign the Application for Formal Inquiry before the student continues the process by meeting with the faculty member's department chair/program director. Note: The faculty member must sign the Application for Formal Inquiry within four weeks of when grades were posted to the student's academic record. If a faculty member is unavailable at the time of the appeal a student may move to Step Two without obtaining the faculty member's signature. The student must provide

written documentation (e.g., e-mail) showing that he/she attempted to contact the faculty member.

**Step Two:**

If the student's request is not resolved with the faculty member's department chair/program director, the student and the faculty member's department chair/program director will provide a brief summary of their discussion(s) regarding the student's request for a change of grade. The faculty member's department chair/program director will sign the Application for Formal Inquiry before the student continues the process by meeting with the associate vice president for academic affairs and institutional effectiveness.

**Step Three:**

If the student's request is not resolved with the associate vice president for academic affairs and institutional effectiveness, the student and the associate vice president for academic affairs and institutional effectiveness provide a brief summary of their discussion(s) regarding the student's request for a change of grade. The associate vice president for academic affairs and institutional effectiveness will sign the Application for Formal Inquiry before the student submits the Application for Formal Inquiry to the Office of the Registrar for review by the appropriate Student Academic Standards Committee. The appropriate college dean will be notified when the Application for Formal Inquiry reaches Step Three.

**Step Four:**

The Application for Formal Inquiry will be reviewed by the Graduate/Undergraduate Student Academic Standards Committee. The final grade will be determined by the Committee which will then report the grade to the student, the faculty member, the student's adviser and the vice president of academic affairs and dean of the faculty.

If at any time during steps 1-3 all parties are satisfied with the outcome, a change of grade form can be filed along with the Application for Formal Inquiry in the Office of the Registrar. The Office of the Registrar will process the change of grade form and will then report the grade to the student, the faculty member, the student's adviser and the vice president of academic affairs and dean of the faculty.

If the University representative is associated with multiple roles within these steps, the lower of the two steps will be considered complete. Faculty response is expected unless the faculty member has left the institution.

**P. Student Professional and Academic Conduct/Student Code of Ethics**

Code of Ethics and Standards of Practice

Policy:

Every student is expected to abide by the code of ethics and standards of practice established by the American Physical Therapy Association (APTA) as well as the Ohio Physical Therapy Practice Act. The web site for these documents is referenced in Appendix D. In addition,

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students are expected to demonstrate exemplary professional and ethical academic conduct while enrolled in their education program at The University of Findlay. This conduct includes, but is not limited to:

1. Demonstrating honesty and integrity in completing all academic assignments and exams. For example, students are expected to do their own work and appropriately cite the work of others.
2. Respecting the dignity and rights of colleagues, faculty and patients.
3. Conducting oneself in a manner that helps to create and maintain a positive and cooperative learning atmosphere.
4. Demonstrating a commitment to the mission and philosophy of The University of Findlay and the academic program in which the student is enrolled.

#### Professional Development

##### Policy:

The Professional Development Plan (Appendix GG) is integrated within the didactic coursework and is designed to assist the PT student with the overall development of professional behavior skills throughout the curriculum and is done through self-assessment of the student's Core Values. All students must be at, or making good progress toward completion of the requirements in order to remain in the program. Lack of progress or consistent performance below expected levels may result in the student not progressing to the next semester/term or clinical rotation or being dismissed from the program.

#### **Q. Academic Misconduct**

##### Policy:

As stated previously, students are expected to abide by the code of ethics and standards of practice established by the APTA and the program guidelines for professional and ethical academic conduct. Unethical academic conduct includes but is not limited to:

1. Receiving credit for any work that is not one's own.
2. Offering information to another student during an exam that is intended to be completed individually.
3. Receiving information from another student during an exam that is intended to be completed individually.
4. Using crib notes, class notes, textbooks or previous exams during an exam when use of these has not been authorized by the instructor.
5. Plagiarism, which is defined as using someone else's work without giving proper credit.
6. Selling, lending or giving away to any unauthorized person any questions of, or answers to a quiz or exam if these are not publicly available to all students.
7. Failure to uphold the ethical principles of one's respective professional organization or the University.

##### Procedure:

1. When, in the opinion of a faculty member, a student is guilty of academic misconduct, the faculty member must first notify the student(s) involved, the Program Chair and the

Associate Chair of his/her intent to take action. In addition, the Assistant Vice President for Instruction must be notified in writing of the incident. For reporting purposes, an Academic Dishonesty Form is available in the Office of the Registrar or online in Oiler Nation. A copy of the form will be forwarded to the college dean, area chair, registrar and the student. Cases will be handled in a timely manner.

2. The faculty member may do one of the following:
  - a. grant the student an "F" in the course
  - b. grant the student an "F" on the project or exam or
  - c. mutually agree with the student to another appropriate disciplinary action.

Upon notification from the faculty member, the Assistant Vice President for Instruction will notify the student in writing that he or she is charged with academic dishonesty. This written notification will include what course of action the faculty member has chosen. The student may appeal the charge of academic dishonesty to the Graduate Student Academic Standards committee, by starting the Application for Formal Inquiry, within five working days of the receipt of the letter of notification from the Dean. The Application for Formal Inquiry is available in the Office of the Registrar or online in Oiler Nation.

3. If a student is given an "F" for the course, he or she may not continue to attend the course.
4. Upon submitting the Application for Formal Inquiry, the student may resume attending class pending final disposition of the matter by the Graduate Student Academic Standards Committee.
5. If found guilty, a student accused of academic dishonesty a second time during his or her college career at The University of Findlay may be dismissed or suspended for a period of time as determined by the Graduate Student Academic Standards Committee.
6. When a student is guilty of academic dishonesty to a degree which merits a grade of "F", the student will not be permitted to withdraw from the course.

## **R. Withdrawal/Readmission**

Policy: The Physical Therapy Program Curriculum is sequential and integrated in nature. For this reason, withdrawal from one course (with the exception of clinical education) requires complete withdrawal from the program. The faculty recognizes that various circumstances may result in a student needing to withdraw from the program.

► *Students wishing to withdraw from the program and reenter at a later date must comply with the following procedure:*

Procedure:

1. Students must be in **good academic standing** in order to apply for academic leave.
2. In order to receive a full tuition refund, the student should withdraw prior to the first day of the new academic term. Withdrawals after that date are subject to the tuition refund rules as stated in the UF Graduate Catalog and can be verified by the UF Registrar's Office.
3. The student is responsible for submitting a letter requesting temporary leave to the faculty.
4. This letter should include the following: name, address, phone, discipline in which the student is enrolled, reasons for requesting academic leave and expected length of the academic leave.
5. The student must agree to abide by the decision of the faculty.
6. If the student's request for academic leave was accepted, they are eligible for reinstatement.

7. Students wishing to be reinstated must write a letter to the Associate Chair of the Physical Therapy Program. This must be received prior to **May 1st** if reentering winter session. If the intent is to reenter during spring, summer, or fall session the letter must be received **at least 3 months in advance** of the start date.
8. Reinstatement is not guaranteed and will be made on a space available basis.
9. As a condition of reinstatement faculty may require evidence of continued competence in the previously taken coursework. Reinstatement after one year is unlikely.
10. Decisions made by the Physical Therapy Faculty are final.

Please refer to the Clinical Education section for a description of the policies and procedures related to withdrawal from clinical affiliations.

► *For cases in which a student wishes to permanently withdraw from the program/university, he/she must comply with the following procedure:*

1. To withdraw from the University students should obtain a withdrawal form in the Office of the Registrar.
2. Students should complete this form, obtain the necessary signatures, and return it to the Office of the Registrar.
3. Withdrawals must be made prior to the first day of the next term to receive a full refund of tuition. Please see the UF Graduate Catalog or the UF Registrar's Office for tuition refund policies if the withdrawal is made after the first day of any term.
4. Withdrawals made after the first day of the term but prior to the last withdrawal date are recorded as a non-pejorative "W" on the transcript, but tuition will not be refunded. Please see the UF Academic Calendar for these dates in any session, the UF Graduate Catalog or the Registrar's Office for verification.
5. Students may petition for withdrawal after the official withdrawal date of any term.
6. If the petition is denied and students fail to complete the term, they will receive "F" grades for unfinished courses.
7. The Graduate Student Academic Standards Committee reviews all petitions for withdrawal made after eight weeks.
8. If a student leaves a course without following withdrawal procedures, he/she automatically receives an "F" grade.

## **S. Student Rights/Responsibilities**

Policy:

The Physical Therapy Program supports the guidelines for student rights and responsibilities set forth by The University of Findlay in the Graduate Catalog.

The following is an excerpt taken from The University of Findlay Graduate Catalog. Please refer to the Graduate Catalog for a complete description of student rights and responsibilities.

The following particular rights of the student are recognized as among those which the University has a duty to foster and protect:

1. The right to pursue educational, recreational, social, religious, cultural & residential activities.
2. The right to maintenance of a campus environment characterized by safety and good order.

3. The right to organize, join and maintain membership in associations to promote reasonable and non-discriminatory University regulations.
4. The equal right with others to appropriate available services of the faculty, administrative offices and counseling agencies of the University.
5. The right to fair and impartial evaluation of the student's academic work.
6. The right to have complete and accurate records kept by the University of the student's own academic performance and equally accurate records of fellow students with whom he or she is compared for grading and awarding of degrees.
7. The right through Student Government Association of the student's choice to voice his or her opinion and to participate in the formulation of regulations affecting student affairs.
8. The right within lawful bounds, individually and in association with others, to express dissent, to protest, to petition for redress of grievances or to demonstrate in support of or against University, city, state or national policy in a manner not infringing on the rights of others, but subject to the condition that demonstrations staged on campus or University-controlled property must conform to University regulations concerning prior notice of time, place and purpose filed by persons who acknowledge responsibility for leadership of the activity in question
9. The right to have the University maintain and protect the confidential status of the student's academic conduct and counseling records. Except under legal compulsion, information contained in such records with the exception of name, address, dates of attendance and degrees obtained will not be released to agencies outside the University without the express consent of the student. The student shall specify what categories, if any, of his or her records are excluded from such permission; otherwise the permission will be deemed to be general. If the permission is limited, this fact may be noted on the release. Recognition of this right of confidence shall not, however, infringe on the right of an individual to express his or her unofficial personal judgment within a professional framework as to the ability and character of a student based on personal knowledge and the public reputation the student has made for himself or herself in the university community. A copy of the Family Educational Rights and Privacy Act (FERPA) may be requested through the Student Services Office.

## **T. Grading**

Policy:

The academic standards of the University are expressed in terms of grades that are worth points. Each semester hour of credit for each letter grade carries the number of quality points indicated:

<b>Grade</b>	<b>Points</b>
A	= 4.00
A-	= 3.67
B+	= 3.33
B	= 3.00
B-	= 2.67
C+	= 2.33
C	= 2.00
C-	= 1.67
D+	= 1.33
D	= 1.00
D-	= .67

F = 0

Other symbols recorded on the academic record are as follows: "X"=incomplete; "W"=withdrawal; "S"=satisfactory ("C" or better); "U"=unsatisfactory ("D" or poorer); "EC"=extended course; "NR"=no grade received. The grades of "S", "P" and "U" are used in selected courses.

## U. Extended Credit

Policy/Procedure:

The grade of "EC" is used for courses, such as clinicals, internships, capstone courses, and band (undergraduate only) that extend more than one semester. The grade "EC" will be replaced by the grade finally reported for the completed course work. A student must complete the course work within the semester (or a shorter time period based on the discretion of the instructor with documentation on file in the Office of the Registrar) immediately following the end of the course session in which the "EC" was given. If a student does not complete the required course work within the prescribed time period, the "EC" grade will automatically convert to an "F."

## V. Incomplete Grades

Policy:

The grade of "X" will be approved only when circumstances beyond a student's control (such as serious illness) have prevented that student from completing work.

Procedure:

1. Mere inability to get work in on time will not constitute a reason for the grade of "X".
2. To remove the "X" a student must complete the course work within ten weeks (or a shorter time period based on the discretion of the instructor) of the semester immediately following the one in which the "X" was given.
3. The time limit may be extended, up to one year following the end of a course session in which the "X" was given, at the discretion of the instructor and the dean of the college in which the course was taken.
4. Incompletes given in the summer term will be made up in the fall semester.
5. If a student does not complete the required course work within the prescribed time period, the "X" grade will automatically convert to an "F".

## W. Graduation and Records

Policy:

To graduate, a student must declare his or her intention to graduate and show the approval of the program chair or college dean by completing a declaration of candidacy form and turning it in to the Office of the Registrar or on-line under advising forms on the Office of the Registrar Web site. This form **MUST** be received six months prior to the expected graduation date.

The University of Findlay has one commencement each year in May. Students who have completed all degree requirements; who are in the process of completing all degree requirements; or those who are within two courses of completion of their degree program, have a cumulative 3.0 grade point average and have registered for Findlay classes in the following semester may participate in graduation ceremonies.

Students who do not complete graduation requirements by the date for which they applied MUST re-file a graduation application. An application is not automatically considered for the next graduation date.

The University of Findlay confers degrees three times each year, December, May, and August. The degree is posted after successful completion of all degree requirements. Please refer to The University of Findlay's academic calendar in the Graduate Catalog or on The University of Findlay's Web site, [www.findlay.edu](http://www.findlay.edu) for specific conferral dates.

## **X. PEAT Policy Throughout the Curriculum**

### **Traditional Program**

The Traditional Program at The University of Findlay is a comprehensive curriculum, that requires content taught early in the curriculum be available for coursework and patient treatment later in the curriculum. In order to facilitate this, students will take the Academic PEAT **three** times throughout the PT Programs at The University of Findlay.

The **first** time will be during the first week on campus after Clinical Ib. There will be no required score. Students will take the PEAT as part of Musculoskeletal I. Students will need to complete the PEAT and provide a written score report to the instructor to complete this requirement. Failure to comply may result in delayed progression in the program.

The **second** time will be during the first week on campus after Clinical II. There will be no required score. Students will take the PEAT as part of Neuromuscular Systems II. Students will need to complete the PEAT and provide a written score report to the instructor to complete this requirement. Failure to comply may result in delayed progression in the program.

The **third time** will be during PT Seminar during final clinical affiliations. In order to move forward to the NPTE a score of 70% or 600 is required by the dates noted in the syllabus of PHTH 731, PT Seminar. The PEAT can be taken a second time in order to meet the 70% or 600 score. Evidence of passing scores must be received no later than the date noted in the PT Seminar syllabus in order for permission to test documentation to be submitted to the state or NPTE. This may delay scheduling of the NPTE until the next available testing date. Remediation with the course instructor will be required if the PEAT score does not meet these standards on either attempt.

### **Weekend PTA to DPT Bridge Program**

*The Weekend PTA to DPT Bridge Program at The University of Findlay is a comprehensive curriculum that requires content taught early in the curriculum be available for coursework and patient treatment later in the curriculum. In order to facilitate that, students will take the Academic PEAT **three** times throughout the curriculum.*

*The **first** time will be submitted during the first week of Winter 2. There will be no required score. Students will take the PEAT as part of Winter 2 Elements II. Students will need to*

*complete the PEAT and provide a written score report to the instructor to complete this requirement. Failure to comply may result in delayed progression in the program.*

*The **second** time will be during the first week of Fall 2. There will be no required score. Students will take the PEAT as part of Cardiopulmonary. Students will need to complete the PEAT and provide a written score report to the instructor to complete this requirement. Failure to comply may result in delayed progression in the program.*

*The **third** time will be during PT Seminar (PHTH 731) during final clinical affiliations. In order to move forward to the NPTE a score of 70% or 600 is required by the date noted in the syllabus for PHTH 731. The PEAT can be taken a second time in order to meet the 70% or 600 score. Evidence of passing scores must be received no later than the date noted in the PT Seminar syllabus (PHTH 731) in order for permission to test documentation to be submitted to the state or NPTE. This may delay scheduling of the NPTE until the next available testing date. Remediation with the course instructor will be required if the PEAT score does not meet these standards on either attempt.*

## **Y. Equal Opportunity Statement**

Policy:

No student shall be subject to discrimination in violation of state or federal law.

## **Z. Americans with Disabilities Act**

Policy:

Students with handicapping conditions are entitled to request reasonable accommodation within both the academic and clinical/fieldwork portions of the program.

Procedure:

If you are a student with a disability, it is your responsibility to register with the Office of Disability Services and contact your instructor at least two weeks prior to a needed service so reasonable accommodations can be made. In addition, students with disabilities, which may impact clinical performance are encouraged to contact the Director of Clinical Education, as soon as possible. This notification will facilitate the provision of appropriate accommodations and opportunities for meaningful participation in clinical education.

## **AA. Technical Standards and Essential Functions**

Policy/Procedure:

The technical standards and essential functions for the Physical Therapy Program are distributed to all individuals requesting application materials and included in Appendix E-Technical Standards and Essential Functions of this document for review. Students are expected to complete the tasks articulated in this document independently either with or without reasonable accommodation. Decisions and subsequent action regarding the need for reasonable accommodations are the responsibility of the student. If a student determines that he or she requires reasonable accommodations to assist in completing the essential tasks of this program, that student must request this assistance through the Office of Disability Services.

## **BB. Financial Aid**

### Policy:

The University of Findlay believes that families are the first source of funds for college costs. Most financial aid is awarded on the basis of financial aid eligibility and the student's academic record.

### Procedure:

1. To apply for financial aid, students must complete the Free Application for Federal Student Aid (FAFSA). This form is available in the financial aid office.
2. Upon the student's admission to the University and the University's receipt of the FAFSA, the financial aid office will determine the student's financial aid award and notify the student in writing with an official financial aid award letter.
3. For further information regarding financial aid, students should contact the financial aid office.

## **CC. Confidentiality of Student Records**

### Policy/Procedure:

The Physical Therapy Program and the Office of the Registrar maintain academic and personal records on all students. Except under legal compulsion, information contained in such records, with the exception of name, address, dates of attendance and degrees obtained, will not be released to agencies outside the University without written consent of the student.

Students are permitted, under supervision, to examine their permanent academic records. All persons handling the permanent records are instructed concerning the confidential nature of such information and their responsibility regarding it.

## **DD. Sexual Harassment Policy**

### Policy/Procedure:

Sexual harassment of any member of the University community by another member of the University community is inconsistent with the principles and mission of The University of Findlay.

The Equal Employment Opportunity Commission offers the following definitions. "Harassment on the basis of sex is a violation of Sec. 703 of Title VII of the Civil Rights Act of 1964.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individuals, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment." [C.F.R. sec. 1604]

In the context of higher education, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature also constitutes sexual harassment when (1) submission to or rejection of such conduct is made either explicitly or implicitly a term or



condition of instruction or participation in University activities, (2) submission to or rejection of such conduct by an individual is used as the basis for evaluation in academic or other University activities affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with a student's academic performance or creating an intimidating, hostile, or offensive University environment. (Sexual harassment of any student by another student of the University community should be reported to the Vice President of Student Services.)

A student or faculty member should notify the Vice President for Academic Affairs and Dean of the Faculty of any complaints (or if the complaint is against the Vice President for Academic Affairs, the President should be notified). If the matter cannot be resolved by informal counseling by the Vice President of Academic Affairs, the Vice President for Academic Affairs will refer the matter to the Faculty Judicial Committee which will be guided by the rules of fair play in its deliberations. The committee will report its findings as a recommendation to the President who will take the final action for the institution. The final actions may range from reprimand to dismissal.

## **EE. Programmatic Concerns and Complaints**

### **Policy:**

The Physical Therapy Program at The University of Findlay wishes to be responsive to concerns that may be raised by students, faculty, or outside constituencies such as clinical education facilities and the public. Every attempt will be made to resolve such issues through appropriate discussion, education, and action. This policy and procedure does not apply to student grievances or faculty grievances surrounding tenure, promotion, suspension, or termination for cause.

### **Procedures:**

1. Anyone receiving a concern or complaint should refer that issue to the PT Program Chair or Associate Chair.
  - a. Approach your faculty advisor for issues related to specific academic concerns, resources, accommodations.
  - b. Approach the Associate Chairs for issues related to enrollment/attendance in the program or program related concerns
  - c. Approach the Program chair for specific faculty related concerns or concerns about the Associate Chairs.
  - d. In instances in which the PT Program Chair is the source of the concern or complaint, issues should be referred to the Dean of the College of Health Professions
2. The PT Program Chair or Dean will follow-up with all the parties concerned in order to gain a full understanding of the issue at hand.
3. Issues not directly involving the Physical Therapy Program will be referred to the appropriate area chair or Dean.
4. Attempts will be made to resolve the concern through discussion, mediation, education, and/or appropriate action.

5. Those issues which cannot be resolved through the above processes shall be referred to the Dean of the College of Health Professions or the Vice President for Academic Affairs as appropriate.
6. The PT Program Chair will maintain documentation of such concerns or complaints and their resolution.

#### **FF. Informed Consent**

Policy:

Written consent must be obtained prior to patient or client participation in videotape, remote viewing through telemedicine, recording, photographs, and/or classroom demonstrations/practice sessions. Please refer to the sample consent forms provided in Appendix F-Consent Forms .

#### **GG. Human Subjects Research**

The University of Findlay has established a Research Review Committee to review and approve all research involving human and animal subjects. All human and animal subjects research conducted at the University must be reviewed and approved by an Institutional Review Board (IRB) prior to the start of the research.

Based on these federal regulations, it is the responsibility of the investigator to refer his or her project to the IRB for review whenever human and animal subjects are being considered for research, even if the investigator does not consider the subjects to be at risk. The Review Board will have the responsibility for determining what does or does not meet the criteria for exempt, expedited review or full review. A yearly progress update must be submitted to the IRB by the investigator for any research project that is approved by the IRB, which is not completed within one calendar year. Please refer to the detailed IRB guidelines available on Blackboard.

#### **HH. Hepatitis B Vaccination**

Policy:

All students admitted to the Physical Therapy Program are required to receive the Hepatitis B vaccination and surface antibody test or sign the waiver form declining the procedure (Appendix G). The vaccination is strongly recommended due to possible contact with body fluids during anatomy cadaver laboratories and required clinical affiliations.

Procedure:

1. The series of injections should be initiated upon notice of each student's acceptance into the physical therapy program. The series must be initiated with one shot completed prior to the first day of class. The dates of the vaccination series of shots are to be indicated on the Vaccination History Form in Appendix G-Vaccination and Waiver Forms and will be collected the first week of class.
2. Six to eight weeks after the last vaccination shot, the antibody test is to be completed. This test will show whether or not the vaccination has been effective. Proof of completion of the surface antibody test and a positive result is to be noted on the Vaccination History Form.
3. If a student chooses to decline the vaccination, a written waiver form must be completed and attached to the Vaccination History Form. Waiver forms may be obtained through the PT

program office or found in Appendix G-Vaccination and Waiver Forms. All waiver forms must be signed, dated and cosigned by a witness.

## **II. Health Forms**

Policy/Procedure:

The student must submit the proof of Hepatitis B vaccination or waiver form (Appendix G) before entering into the professional program.

## **JJ. Exposure to Potential Health Risks**

Policy/Procedure:

Students should be aware that they may be exposed to a variety of potential health risks throughout the educational program and clinical practice. Please See Appendix H for a detailed description of Infection Control Policies, Anatomy Lab Procedures, and Procedures in Case of Exposure. These include, but are not limited to:

1. Laboratory sessions in which students work with each other to practice various procedures including exercise, functional activities, physical agents and mechanical modalities, manual therapy and the use of assistive and adaptive devices.
2. Clinical experiences in which students perform various procedures including exercise, functional activities, physical agents and mechanical modalities, manual therapy and the use of assistive and adaptive devices.

## **KK. Infection Control**

Policy/Procedure:

All faculty and students are to comply with infection control guidelines during laboratory sessions:

1. Wash hands thoroughly with soap and water or use hand sanitizer before and after each contact.
2. Standard precautions should be used for contact with blood or body fluids.
3. Contaminated materials are to be kept in a covered receptacle.
4. Equipment and materials should be cleaned and disinfected at the end of each use or as is in keeping with established equipment-specific policies.
5. If a student contracts an infectious disease and is likely to put others at risk of contracting the disease, the student is to stay out of classes until a physician gives written approval for the student to return to class.

## **LL. Pregnancy**

Policy/Procedure:

Students who are pregnant or become pregnant while in the program must notify the Program Chair and the Disabilities Service Office immediately and must have a letter from the physician approving continuance in the program. They must also sign a form releasing the PT Program and The University of Findlay from responsibility for any medical problems incurred by the student or fetus. Since many procedures used in physical therapy are contraindicated during pregnancy, it is the student's responsibility to notify instructors of the pregnancy so proper precautions may be taken. Also be advised that pregnancy may limit some activities on clinical affiliations and clinical facilities may refuse to take pregnant students.

## **MM. Illnesses or Surgeries**

Policy/Procedure:

Students who are absent due to an injury, an illness requiring a doctor's care, or surgery will be required to obtain a medical release to come back to classes and continue participation in the program. Any limitations due to physical or mental illness will require the student to register through the UF Office of Disabilities.

## **NN. Bad Weather/Snow Emergency**

Policy: Students are not expected to travel to class when the University is officially closed or in instances when roads or airports are closed due to poor weather conditions.

Procedure:

1. All University closings are announced on local radio and television.
2. Students should check the University home page for the most up to date information regarding the status of the University.
3. Students who are unable to travel to class due to closed roads or airports are to call and notify the Program Office.

## **OO. Transportation**

Policy/Procedure:

Students must provide their own transportation to and from all program related activities.

## **PP. Liability Insurance**

Policy/Procedure: Policy:

The University of Findlay has a blanket policy of student liability insurance. The individual is covered **ONLY** as a student and only during the scheduled coursework.

## **QQ. Computer Access/Email**

Policy/Procedure:

All students will be required to have access to a computer and the Internet. Faculty will sometimes need to communicate with students via e-mail or may put portions of the courses on-line. Students will be required to check their email **at least three times per week** to keep abreast of new information. Students are also required to notify the Administrative Assistant of any changes in contact information.

Students may use the university computer labs if they do not own a personal computer. In addition, there are several computers in the Physical Therapy Student Resource Room at 340 West Foulke Ave. that are accessible 24 hrs/day.

## **RR. Program Communication**

Policy:

PT Faculty and Staff have the need to communicate with students on a regular basis. To insure that this can occur in an efficient and effective manner, students will attend the designated Communication Hour as scheduled each term. It is the responsibility of the student to obtain information given at communication hour if unable to attend. Students are required to check their email **at least three times per week** to keep abreast of new information.

## **SS. Food and Drink in the Classroom**

Policy:

The University of Findlay policy is that there is to be no food or drink in the classrooms. Food and drink will be allowed in the PT classroom (BCHS 209) and lab (BCHS 211). Drinks must be contained in a closed spill-proof container. Each student is expected to clean up after him/herself and be responsible for keeping the lab and refrigerator clean. As long as there is good cooperation we can continue this policy. However, if the lab and classroom are not kept clean, the faculty will need to re-evaluate this policy and food and drink privileges may be withdrawn. No food or drink are permitted near any powered/electrical equipment (powered on or off), this includes the forceplate platform in BCHS 109.

## **TT. Emergency Situations**

Policy/Procedure: The University of Findlay has a Crisis Response Plan which addresses potential emergencies on campus. It can be downloaded from:

<https://www.findlay.edu/offices/student/safetysecurity/Crisis-Response>. The PT program MSDS binder is located in BCHS 211.

## **UU. Style of Referencing**

Policy:

Unless otherwise noted by a faculty member, students will utilize the reference method of the American Medical Association (AMA) for all written assignments. Please see Appendix I for brief guidelines to AMA Style.

## **VV. Open Lab Policy**

Policy:

It is the policy of the program to facilitate growth and development of psychomotor skills of the physical therapy students by making the PT Lab, BCHS 10, and the OT/PT Skills Practice lab available for student use. The lab is available **ONLY** for UF students currently in the professional phase of the Physical Therapy Program.

Procedure:

1. At the beginning of each semester, the program will provide a list of current physical therapy students with ID numbers, along with a Permit for the Use of Facilities Form for the PT Lab & BCHS 10, to the Facilities and Scheduling Office. This form will

designate the most likely times and dates open lab will occur. This will include each Friday 8:00 – 11:00 a.m. and each Thursday 6:00-10:00 p.m., during both standard semesters and weekend college sessions. This list of dates and students will be shared with the Campus Security Office by the Facilities and Scheduling Office.

2. UF will provide a working phone in the PT lab and the basement and first floor hallways for any emergencies which may occur. The PT office will provide a phone list near the phone in the PT lab, in BCHS 10 & the Skills Lab, along with directions to the labs, that can be used in case of emergency. Students will be provided with an access code for each lab.
3. PT students are not given permission to work alone in the lab. There must be at least 2 students in the lab during any open lab use. The access codes are not to be shared with anyone not in the Physical Therapy Program.

### **PT Lab & BCHS 10**

- If current physical therapy students wish to use the PT lab during the above designated times, they will enter the access code into the key pad and use the lab. When they are finished using the facilities, all equipment should be stored in its proper place, lights turned out, and the door locked. If any equipment is damaged or broken during the open lab, the students engaged in the open lab are responsible for contacting the PT office.
- Students will be able to use all equipment that is not secured in the lab. Any equipment that is typically kept in locked cabinets or closets must be discussed and made available at the discretion of the course instructor.
- Only activities that are currently being explored within the students' coursework or activities which they have had in previous courses can be practiced in the PT lab. Students are not to engage in activities they have learned off campus or think they will learn in future coursework.
- If PT students wish to have an open lab during other previously undesignated times, they must contact the PT office with the times they wish to use it. Office staff will contact the Facilities and Scheduling Office with the date and time.

## OT/PT Skills Practice Lab- BCHS 222

- Any OT or PT student may use this space for practice with their peers during normal operation time of BCHS. After hours access must be done by contacting Security for admission into the building.
- Time is limited to no more than one hour, unless no one is waiting for the room.
- Please sign your name on the clipboard and indicate the time in/out of the room.
- Please leave the room in good order- replace any materials you use from the cupboards/draws.
- Access is by entrance code. This code will be given to you during orientation and can be obtained from either administrative assistant if you forget it.

## Research Lab

- Access to the Research Lab (BCHS 113) will be restricted. Students must be directly supervised by faculty except for special cases that will be brought before faculty to approve by consensus.

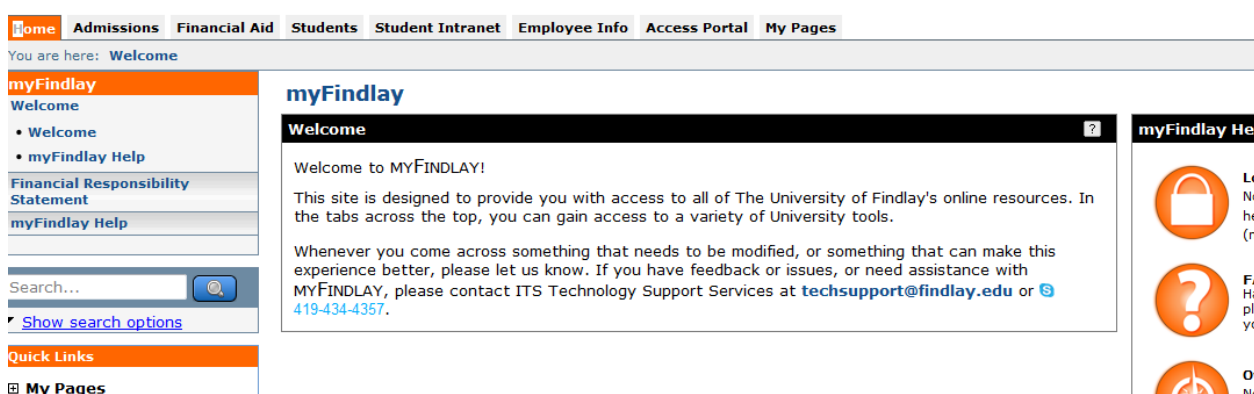
## WW. Registration

### Policy:

Students will be responsible for registering for physical therapy courses that begin the second semester of the year they begin as graduate students. A reminder email will be sent to the students from the registrar. Registration typically occurs twice/year. In the fall semester, students will register for spring classes. In the spring semester, students will register for summer and fall classes.

### Procedure:

1. Go to MY FINDLAY and Click on FINANCIAL RESPONSIBILITY STATEMENT on the left column.



The screenshot displays the myFindlay website interface. At the top, there is a navigation bar with tabs for Home, Admissions, Financial Aid, Students, Student Intranet, Employee Info, Access Portal, and My Pages. Below the navigation bar, the main content area is divided into several sections. On the left, there is a sidebar with a search bar and a list of links including Welcome, myFindlay Help, Financial Responsibility Statement, and myFindlay Help. The main content area features a large welcome message: "Welcome to MYFINDLAY! This site is designed to provide you with access to all of The University of Findlay's online resources. In the tabs across the top, you can gain access to a variety of University tools. Whenever you come across something that needs to be modified, or something that can make this experience better, please let us know. If you have feedback or issues, or need assistance with MYFINDLAY, please contact ITS Technology Support Services at [techsupport@findlay.edu](mailto:techsupport@findlay.edu) or 419-434-4357." On the right side of the main content area, there is a vertical sidebar with icons for a lock, a question mark, and a power button, each with a corresponding label: "myFindlay Hel", "Lo No he (n", "FA Ha pla yo", and "On No".

- Note exactly how your name is entered at the top of document. Scroll down and choose the correct term by the drop down arrow. Enter your name exactly as it is at the top of the page,

- Click on COURSE SCHEDULE in the left column. And this is what should show up. You can add courses by using either tab by **course search** or **add by course code** See next image for the course code image. Add by course code probably easier, as we will send you course codes.

Add by course code image....this is probably the easiest as we will send you the course codes on the schedules we send to you three times yearly.



As you complete the registration process if you have questions or problems please contact your physical therapy faculty advisor.

#### Case Report Series and Faculty Directed Research

For Case Reports and Faculty Directed Research, it is essential that the student register with the correct research advisor. Course coordinators will notify students of assigned research advisors. It is the responsibility of the student to assure he/she is in the correct section when registering.

### **XX. DPT Student Funds for Research**

#### Policy:

The Physical Therapy program supports student presentations, as completed as a part of the doctoral program at venues outside the University of Findlay. In order to help facilitate this, the program has dedicated funds to help offset the cost of such presentations.

#### Procedure:

1. Once acceptance at a peer-reviewed conference is received, the student (or student representative, if it is a group presentation), may submit to the chair an expense report (available at the program office and in Appendix FF-DPT Student Fund Request of Student Handbook) for the cost of their poster which must include the receipt. The expense form must also include evidence of acceptance (an email or verification by faculty instructor is sufficient).
2. If the presentation does not include a poster (as in a platform presentation), the student (or student representative, if it is a group presentation), may submit to the chair an expense report for the cost of their travel to and from the presentation. The expense form must also include evidence of acceptance as noted above.
3. A maximum amount that will be awarded is \$70.
4. Awarded funds will be provided to the applicant once the expense receipts and confirmation of conference acceptance is received.
5. Only one funding award per academic year will be provided per project. The project must be completed as a part of the doctoral program and presented within one year post conferral date.

### **YY. Student Funds for Professional Activities**

#### Policy:

The Physical Therapy program supports student participation at professional conferences, such as National APTA, National Student Conclave, Ohio (and other states) Annual Conference, etc... In order to help facilitate this, the program has dedicated funds to help offset the cost. The student first needs to apply for University of Findlay student development funding, as well as, available employer funding.

Procedure:

1. Once registered at a professional conference is received, the student may submit a request to the Chair of the DPT program. The request form (available from PT Office and included in Student Handbook Appendix FF-DPT Student Fund Request) must include evidence of registration (e.g. electronic confirmation), and a copy of application to the University of Findlay student development fund.
2. A maximum amount that will be awarded is dependent on number of applicants received by the last Friday in October for all activities taking place between August 1 and December 31 AND by the last Friday in February for all activities taking place between January 1 and July 31.
3. Awarded funds will be provided to the applicant once the expense receipts and confirmation of conference acceptance is received.
4. Only one funding award per academic year will be provided.
5. Additional funding is available for presenters; see the policy on *DPT Student Fund for Research*.

## **ZZ. Class Videotaping**

Policy:

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.

## **AAA. Gross Anatomy Laboratory Guidelines**

### **Introduction**

Gross anatomy is the study of anatomical structures, their relationships, and their functions. A functional knowledge of the structures of the body cannot be obtained from lectures, books, and software alone, although these can be essential guides. Through the gross anatomy laboratory, the student can obtain first-hand information from seeing and handling anatomical specimens and appreciating interrelationships. This is accomplished by dissection, the art of removing surface coverings exposing body parts and separating them from one another. Dissection requires careful, accurate, and meticulous work.

### **Purpose**

The purpose of this document is to inform you of the hazardous chemicals and conditions to which you may be exposed to in the Gross Anatomy laboratory. Exposure is defined as personal contact with the hazardous or potentially hazardous chemical at levels with an average eight hour time

weighted average, set for by the American Conference of Governmental Industrial Hygienist or OSHA's Permissible Exposure Limit (PEL) when used in a manner consistent with usual laboratory procedures. This includes both inhalation of the ambient laboratory air and incidental skin contact as the anatomical specimens are handled.

### **Hazardous Chemicals**

The hazardous or potentially hazardous chemicals to which you are exposed in the Gross Anatomy Laboratories are the components of the embalming fluid and the wetting solution. A list of these components follows. The MSDS sheets are available to you pursuant to 29 CFR, 1910.1200, the OSHA Hazard Communication Standard and are housed in the Gross Anatomy Laboratory.

1. Embalming Fluid- The fluid contains formaldehyde, glutaraldehyde, glycerine, alcohol, and water. Formaldehyde is a suspected carcinogen and respiratory irritant. In addition, skin irritation may occur with prolonged exposure.
2. Phenol- This chemical is used on occasions for fungicidal purposes, and is a respiratory toxin and skin irritant.
3. LpHse One-Step Germacidal- This detergent is used for fungicidal purposes and the active ingredients are o-phenylphenol and p-tertiary amylphenol. These chemicals are known skin and respiratory irritants.
4. Mold-X- This detergent is used for fungicidal purposes and the active ingredients are formaldehyde and methanol. Foramaldehyde is a suspected carcinogen and respiratory irritant.

### **Student Considerations**

Skin Protective clothing such as hospital scrubs or a laboratory coat is required for work in the laboratory. The use of latex or non-latex gloves is required for long term handling of the cadaver structures. A student who has or develops a skin sensitivity should also wear long sleeved garments at all times.

In addition, the student should notify the instructor and their physician so that appropriate procedures can be implemented. Students exhibiting contact sensitivity should consult a physician regarding type of gloves, garments, or other items that may cause irritability.

Wounds Minor cuts and abrasions from laboratory cutting instruments or bone edges should be washed thoroughly with soap and water. Contact a course instructor for antiseptic and dressing materials. Any serious wound should be treated by a physician immediately. Any time a student receives a minor cut or abrasion from laboratory cutting instruments or bone edges in the gross anatomy lab, he/she must complete an incident report form under the supervision of the course instructor. The student is required to report the incident to the course instructor and request the incident report form from the course instructor.

Eyes Accidental fluid splashed into the eyes should be flushed immediately using the eye wash station located in the laboratory, and a physician consulted. For the safety of the student, contact lenses are not permitted to be worn in the gross anatomy lab at any time.

Respiratory Individual students may have or develop sensitivity to any of the chemicals used in the laboratory, in particular formaldehyde or phenol. In order to obtain a respiratory protective device (respirator), a student must have a respiratory evaluation by a physician, after which s/he is fitted and trained in its proper care by their physician. A particle filter mask provides no protection for formaldehyde or phenol sensitivity.

Pregnancy Students who are or who learn they are pregnant or who are nursing newborn infants while using Gross Anatomy Laboratories should consult their obstetrician immediately regarding recommended precautions.

### **Visitors**

Only students enrolled in the Gross Anatomy course are authorized to enter a Gross Anatomy Laboratory (BCHS #09). The no visitor rule is designed to prevent exposure of visitors to hazardous or potentially hazardous chemicals, as well as donor respect and public relations. Infants, minor-age children, and pets are not permitted in the laboratories at any time.

### **Food, Beverages, Smoking**

Food and beverages are not permitted in the gross anatomy laboratory at any time. This area is also designated as a no smoking area.

### **Observed Violations**

Students observing violations or deviations from these guidelines and other laboratory policies are expected to report these violations to laboratory staff or faculty member at their discretion, and without penalty. This responsibility is considered part of your professional development as a health care provider.

## **Specific Guidelines for the Use of the Gross Anatomy Laboratory at The University of Findlay**

1. Through collaboration with medical universities and the Ohio Donor Program, the University of Findlay has obtained cadavers for anatomic study. These were unselfish and concerned individuals that had foresight to contribute to educate clinicians. The anatomical specimens studied must be handled with respect and dignity at all times. Violation of this policy will result in immediate and permanent removal from the laboratory.
2. No cell-phone or camera, photos or video recording of a specimen is allowed at any time.
3. No cadaver tissues, models, bones, radiologic films, etc. are to be taken outside of the laboratory at any time.
4. Eating or drinking is not permitted in the laboratory. The Brewer Center for Health Sciences is a smoke free building.
5. If there is a suspicion that a donor may be a relative or acquaintance of a student, the student should contact the course instructor. If the suspicion is confirmed, the cadaver will be returned to the medical university.

6. The cadavers are identified by numbers and those numbers correspond to their dissection table. The anatomical specimens should never be removed from their corresponding bin. The specimens are initially brought to the university in bags and those bags should remain with the cadaver throughout the course of study.
7. Anatomical structures can be pointed to or moved using dissecting instruments provided by the laboratory or purchased through the university bookstore. Instruments such as pens, pencils, or markers are not permitted. In addition, there should be no dissection equipment left on the dissection tables when the specimen is not in use. All instruments should be cleaned with soap and water following a laboratory session, or if the instruments are dropped onto the floor.
8. Paper toweling, used gloves, and disposable pointing instruments are to be deposited in the appropriate trash containers, not left in the specimen trays or bins. The used dissection blades should be placed in the biohazard container and never deposited into trash containers.
9. Instruments dropped on the floor must be washed immediately with soap and water before being used for further dissection work.
10. Anatomical tissue is susceptible to mold growth if the above sanitary procedures are not followed, and this may lead to withdrawal of specimens as study resources. Students are requested to bring to the attention of the course instructor, any unusual or suspicious conditions on a specimen.
11. The anatomical specimens should be covered when not in use. The students are requested to clean the area surrounding the bin and to cover the specimen at the end of laboratory sessions, evenings, and weekend open lab hours.
12. Fluid must be drained from the dissecting tables as it accumulates. Please wipe up any spills on the floor immediately, as this fluid makes the floor very slippery and hazardous, and housekeeping is not permitted to perform this task.
13. Students are not permitted to wear “street clothes” in the laboratory. In an attempt to limit exposure of others to the potentially hazardous chemicals present in the gross laboratory, students are required to wear surgical “scrubs” or similar garments at all times while in the lab. Garments worn in the laboratory must be washed at frequent intervals. Shoes worn in the lab must adequately protect the top of the foot. All persons handling cadavers are required to wear gloves and protective eyewear. For the safety of the student, contact lenses are not permitted to be worn in the gross anatomy lab at any time.
14. Report immediately any injuries incurred in the laboratory to the course instructor, and if necessary, seek medical treatment from the university student health center, an urgent care center or a hospital Emergency Room for proper treatment.
15. Anatomical models are not to be removed from BCHS 09 unless permission has been granted by the instructor.
16. No radios are allowed in the lab during class hours.

### **BBB. Proctored Examinations**

#### Policy:

Students may be asked to take examinations outside of scheduled class time.

#### Procedure:

1. The method of proctoring of examinations will be determined by the Course Instructor. These methods may include an online proctoring program or a live proctor.

2. Students must identify a minimum of one licensed physical therapist to serve as the primary examination proctor. A licensed physical therapist, speech therapist, athletic trainer, occupational therapist or testing center may be identified to serve as a secondary examination proctor. It is acceptable for students to have more than one identified proctor. No relative may serve as a proctor.
3. A completed Proctor Agreement Form (provided in Appendix J) must be submitted by the student to the class instructor for each live proctored examination.
4. A student may elect to take written examinations in an official testing center such as a College or University Testing Center or a commercial testing center such as Prometric Testing Center. If utilizing a testing center, the student must return the proctor form indicating what testing center will be utilized. At the beginning of each term, the student must inform the instructor. The student must also present to the course instructor the testing center policies and procedures for providing the exam to the Testing Center.

### **CCC. Work Requirement Policy Specific to the Weekend PTA to DPT Bridge Program**

#### *Policy:*

*Work experience within the profession as physical therapy assistants serves to provide invaluable experiences and contacts which will enhance the student's educational processes. Therefore, students are required to work a minimum of 80 hrs per month as a physical therapist assistant during the didactic portion of the curriculum.*

#### *Procedure:*

*Students will be required to submit an Employer Work Verification Form to the PT Program Office every third term.*

1. *Appropriate forms are provided in Appendix K-Work Verification Form of the PT Program Student Handbook. They can also be obtained from the PT Program Office.*
2. *Students who make employment changes must notify the Program Office within 10 days of the change.*
3. *A new Work Verification Form must be completed within 30 days of the date of hire in the new work setting.*

**CHAPTER VI:**

**STUDENT SERVICES**

### **A. Lodging**

Lodging is available for college students in the Physical Therapy Program at a reduced rate. This is only a portion of those hotels/motels available

Findlay Inn and Conference Center 419-422-5682 ~ Super 8 Motel 419-422-8863 ~ Fairfield Inn by Marriott 419-424-9940 ~ Quality Inn 419-423-4303 ~ Country Inn & Suites 419-422-4200 ~ Drury Inn & Suites 419-422-9700 ~ Hampton Inn 419-422-5252 ~ Econo Lodge 419-422-0154

Students are responsible for processing their own reservations. In order to receive the discounted rate, students should mention that they are enrolled at The University of Findlay.

### **B. Meals**

Lunch and dinner may be brought in or bought on campus. There is a refrigerator available for food storage. The cafeteria at Henderson Hall is available to students, faculty and guests and can accommodate seventy students in five to ten minutes. The cost of lunches is approximately \$6.99. They have a buffet line with soup, salad, sandwich, hot entrees, dessert and beverage area. Meals can also be purchased at the Cave. The Cave is a snack bar with cooked to order meals and beverages. Serving time may be fifteen minutes or more.

### **C. Change of Name/Address**

Students are **required** to notify the department of their respective programs of any changes in name or address. In addition students must notify the Office of the Registrar.

### **D. Photocopying**

Xerox machines are available for student use in the Brewer Center for the Health Sciences and Shafer Library. Students may purchase a copy card at the front desk of Shafer Library. Students may print from the computers located in the student resource room at 340 West Foulke Ave or the basement of Brewer Center for Health Sciences. To do so, please log into the computer using your UF account name and password. The copies made will then be deducted from the 750 page/semester limit. Remember to log out of the computer after you are finished printing. For class related copies, with instructor approval, students may use the copier located at 349 Trenton Ave. Example: copies of presentations to hand out to classmates.

### **E. Academic Assistance**

The University of Findlay provides complete academic support services through the Academic Support Center. Offices for the Academic Support Center are located on the first floor of Old Main. Specific services offered through this office include help with test taking, study skills, and specific academic areas. For further information, the Academic Support Center offices can be reached at 419-434-4697.

### **F. Student Health Services**

When students are in didactic courses the following applies: The Cosiano Health Center provides first aid and referral for all students of The University of Findlay. The center is staffed by a registered nurse and is open from 9:00 a.m. to noon and 1:00 to 3:00 p.m. Monday through Friday. The University nurse is on call for weekends and holidays.



When students are on clinical affiliations the following applies: Students should check with affiliation site to determine what medical/health services are available to them. Unless otherwise provided by clinical affiliation site, students are financially responsible for medical care occurred including emergency room services

### **G. Career Planning and Placement**

The University of Findlay Career Services Office, located in the Oiler Success Center of Old Main, is available to provide students assistance with resume writing, interviewing and all aspects of seeking potential employment upon graduation and as an alumnus. To contact this office, call 419-434-4665.

### **H. Library Resources**

Shafer Library contains provides access to millions of print and electronic journals, books, and government publications. Shafer Library is open 8 am until 12 midnight Mondays through Thursday, 8 am to 6 pm Friday, 11 am to 6 pm Saturday, and 12 Noon until 12 Midnight Sunday during the regular academic semester. Hours change during breaks and during the summer. You can always check for the most current hours information by visiting the Library's website on Findlay.edu. Study rooms are available for 2 hour use during regular Library hours. Guyer Lounge is available 24/7 and includes vending machines, collaboration space, and some soft seating. Access to Guyer Lounge is available through the main front door of the Library and then through the door in the vestibule.

The Library is a member of the Ohio Private Academic Libraries (OPAL) and Ohio Library and Information Network (OhioLINK) academic library consortia, which allows the ability to borrow books from other academic libraries in Ohio. The library provides access to a variety of indexing and abstracting tools and full-text journals that support the Physical Therapy curriculum, These resources can be accessed both on and off-campus through the Library's website on Findlay.edu or by going to <http://findlay.libguides.com/physicaltherapy> . Recommended research databases to find scholarly article citations for physical therapy include CINHALL Complete, PubMed, ProQuest Health and Medical, PsycINFO, and SPORTDiscus.

### **I. Security**

The University of Findlay campus is patrolled 24 hours a day by a contracted security firm in order to provide for safety on campus. They will escort students or faculty who may need to walk through campus alone. To contact a security officer, dial extension 4799.

### **J. Parking**

University parking permits are available through the Office of Security in Lovett Hall or online under Offices /Safety and Security, then follow the instructions on the webpage.

### **K. Computer Services**

Computer labs are located in Old Main, Davis Street Building, and on the first floor of Brewer Center for Health Sciences. Computer terminals are available with Internet access on the 2nd floor of Brewer Center for Health Sciences, the Alumni Memorial Union, at Shafer Library, and in the Physical Therapy Student Resource Room at 340 West Foulke Ave. Computer software can be purchased at the university bookstore. Printing can be done in any of the computer labs, Shafer Library, Alumni Memorial Union, Physical Therapy Student Resource Room or in the basement of Brewer Center for Health Sciences.

### **L. Check Cashing**

Check cashing services are available to students in the business office during regular business hours. An automatic teller machine (ATM) is also available to students 24 hours/day in the Alumni Memorial Union.

# **Clinical Education Section**

**Deborah George, PT, PhD, MS  
DCE of Weekend PTA to DPT Bridge program**

**Jean Weaver, PT, MBA**

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# **Chapter VII:**

## **CE Roles and Responsibilities**

## A. Overview

The Clinical Education portion 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 both integrated clinical assignments and the practicum course sequence. Integrated clinical assignments are intended to assist the student with understanding the academic course work in the clinical setting. For example, the assignments may include observation of treatment/evaluation techniques, chart reviews, and data gathering. The student is to obtain client consent and to maintain confidentiality of all cases. All clinical experiences are integrated with the academic portion of the curriculum. Please refer to the clinical education syllabi in **Appendix L**.

*In the Weekend PTA to DPT Bridge Program, three full-time clinical education experiences are required with one integrated between the second and third year and two at the end of the student's academic course work. The first two experiences are eight weeks in length and the final one is ten weeks long. 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 clinical 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 settings as well as large urban areas. 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 experience. 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 419-434-6943**; OR **Experiential Educator 419-434-4641**.

## **B. 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 when selecting and developing clinical education facilities.
2. **Academic Education Facility (AEF)**  
The educational institution that provides the entry level curriculum in the professional preparation of the physical therapy student leading to a Doctor's degree.
3. **Center Coordinator of Clinical Education (CCCE)**  
The individual employed and designated by the clinical education facility to organize, direct, supervise, coordinate, and evaluate the activities of the physical therapy student assigned to that clinical education facility by the program. The CCCE is encouraged to utilize the document, *Clinical Education Guidelines and Self-Assessments*, published by the APTA to enhance the student's clinical experience. The CCCE must complete training for the CPI tool. Completion of the APTA Clinical Education Credentialing Program is also encouraged.
4. **Clinical Education Facility (CEF)**  
An accredited or approved health care facility that provides the physical therapy student with a learning environment and patient contact for the development and acquisition of the physical therapy competencies.
5. **Clinical Instructor (CI)**  
The licensed physical therapist employed by the clinical education facility that is designated by the CCCE to supervise and evaluate the activities of the assigned physical therapy 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 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 facility 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 Clinical Performance Instrument; and compile CE statistics and surveys.

## C. Roles and Responsibilities of Participants

### 1. Director of Clinical Education

#### Role:

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

#### Responsibilities:

The DCE is responsible for:

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

### 2. Center Coordinator of Clinical Education

#### Role:

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

#### Responsibilities:

The CCCE is responsible for:

- identifying, organizing, and coordinating (e.g. confirmation form & CE contracts) the specific learning experiences within the clinical education facility.
- organizing, directing, supervising, coordinating, and evaluating the activities of the student assigned to the respective CEF.
- participating in clinical 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 D**).
- 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 CEF 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 education facility.
- organizing, directing, supervising, coordinating, and evaluating the activities of the student assigned to the respective CEF.
- assessing personal strengths and weaknesses as a CI and participating in clinical 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 D**).

### 4. **Experiential Educator (EE)**

#### Role:

The individual employed by the academic facility that supports the duties of the Directors of Clinical Education. Besides supporting the DCE, the EE shall complete the development of the CE contracts; coordinate the Clinical Performance Instrument; 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 Clinical Performance Instrument.
- compiling CE statistics, such as aggregation of Clinical Education Experiences Evaluation Report and CPI results, compilation of CI & CEF demographics, and summary of DCE results.
- assisting with communication to CEFs for clinical affiliation placements.
- update database with information given from the CEF.

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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 education facility and the clinical education facility, and has completed the responsibilities required prior to the assignment.

**Responsibilities:**

**PRIOR to the CEF assignment,**

The student is responsible for:

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

**DURING the CEF assignment**

The student is responsible for:

- designating and implementing an inservice education program for at least two affiliations.
- participating in professional activities of the CEF, as requested by the clinical instructor and in accordance with the policy established between the clinical education facility and the academic education facility.
- adhering to the rules and regulations of the CEF and the 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 Appendix U- Letter of Intent.**
- participating with the completion of the minimum data set from the CSIF.
- participating in the evaluation of the Doctor of the physical therapy 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 education facility 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.

## **Chapter VIII:**

# **Development of Clinical Education Facilities**

## A. Selection/Establishment of Clinical Education Facilities

### Policy:

The DCE screens and classifies possible clinical education facilities 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 CEFs.

### Procedure:

The student is responsible for:

- reviewing the electronic CEF files to determine the available sites.
- providing the DCE with a completed Potential CEF Preference Form (see **Appendix M**) or providing similar information via email, by the assigned date. This form includes the name of the potential clinical education facility, the name of the director or CCCE, the address, email address, and the phone number.

The DCE is responsible for:

- determining the interest of potential CEFs.
- screening potential CEFs through the completed Clinical Site Information Form, adhering to the *Clinical Education Guidelines and Self-Assessments* published by the APTA and utilizing the *Screening Tool for Clinical Education Facilities* to determine adequate adherence to APTA's guidelines (see **Appendix N**).
- coordinating the screening process with interested academic faculty.
- communicating the results of the screening process to all concerned parties.
- classifying the type of CEF 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 CEFs into an electronic file system for the student.

The CCCE 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.

## **B. Agreement for Clinical Education**

### Policy:

A written agreement is made between the AEF and the CEF for the clinical education of physical therapy students and other health professions students as appropriate (see **Appendix O- Clinical Education Agreement form**). Within the agreement form, the responsibilities of the AEF and the CEF are listed. The CEF 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 AEF is responsible for:

- completing the dates and the name of the CEF.
- 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 facility and maintaining the second original at the academic education facility.

The CEF is responsible for:

- completing the clinical education facility'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 education facility of any changes made in the agreement form.
- acquiring the authorizing signature(s). If the CEF utilizes only one authorizing signature, then the signature of a witness is required.

## **C. Ongoing Support for the Clinical Education Facilities**

### Policy:

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

#### 1. CE References

There is a list of references that is printed in the **Appendix P- References on Adult Learning** and is available. 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

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These organizations provide educational opportunities and support for Ohio and Kentucky academic and clinical 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](http://www.OKPTCE.com).

### 3. Grand Rounds

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

### 4. Research Forum

The University of Findlay, with support of the NW district OPTA, 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 CCCE and CI on an ongoing basis (e.g. informal phone calls, site visits, written comments made on the CEEER).
- organizing learning experiences at the AEF for the clinical 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 and/or the Northwest Ohio Clinical Education Consortium.
- collecting data and providing feedback to the clinical faculty with regards to the student's clinical education experience through the student's evaluation form.

The CCCE 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 CCCE, such as the Clinical Faculty Development Seminar, the Ohio/Kentucky Consortium of Physical Therapy Programs and/or the Northwest Ohio Clinical Education Consortium.
- reviewing student assessments & other forms of feedback from the DCE and determining a plan of development for the clinical education program.

# **Chapter IX:**

## **Student Preparation & Assignments**

## A. Clinical 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 AEF and the CEF; minimum data from the Clinical Site Information Form (CSIF); and copies of Clinical Education Experience Evaluation Report.

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 learning experiences.

## B. Student Introduction Packet

### Policy:

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

The packet is to include:

- A cover letter
- Student Data Sheet (see **Appendix Q**)
- Physician's Exam Form (see the **Appendix R**)
- Other required medical tests/procedures
- 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 (this may include a criminal background check and /or fingerprinting, nicotine screening as well as drug screening).

### Procedure:

The **student is** responsible for:

- completing a cover letter to all assigned CCCEs. At a minimum, the cover letter must include the dates of the affiliation, the type of clinical experience, and the student's personal goals for that clinical 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 CEF on the CSIF are the responsibility of the student.

*Continued next page*



- The **student is** responsible for: continued from previous page 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 CCCE and notifying the CCCE 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 **CCCE is** responsible for:

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

### C. **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), 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*. The results of these tests can be indicated on the Physician's Exam Form (**Appendix R**). 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 CEFs. **Two months** prior to the first clinical education experience, these medical tests/procedures must be completed, as well. The specific information about mandatory medical tests/procedures for an individual clinical 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 Disability Services 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 affiliations. Please know that at any time when a student suffers an injury or condition that requires him to limit his activities in class/clinical, a release to return to normal student activities may be 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, 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 or fieldwork sites and are responsible for any fees incurred as a result of completing the required health forms and immunizations.

#### **D. 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 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.

#### **E. 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 placement. In the absence of other possibilities for health insurance, supplemental insurance may be available through the University upon request. Inquiries should be directed to the Manager, Accounts Receivable, and The University of Findlay.

#### **F. CPR certification, OSHA, and HIPAA training**

Policy:

It is mandatory for students to receive CPR, OSHA, and HIPAA training. CPR certification should be at the Health Care Provider Level for all age levels. The completion dates are to be entered into the student data form. In addition, a copy of your CPR card and the OSHA/HIPAA training certificate is to be included in the Student Introduction Packet. These certifications are to be kept up to date and current for each clinical thereafter. A sample *Certificate of Completion for OSHA/HIPAA training* is in **Appendix S**. All students are expected to follow OSHA & HIPAA regulations. For example with regards to HIPAA, if a patient should refuse working with a student, then the student would respect the patient's

rights and immediately notify the Clinical Instructor. Another example related to OSHA, is that each student is familiar with the location of the facility's Material Safety Data Sheets and their usage.

### **G. First Aid Certification**

Policy:

It is mandatory for the traditional students to receive first aid certification. A copy of your First Aid card is to be included in the Student Introduction Packet. In addition, this certification is to be kept up to date and current for each clinical thereafter. *WEC students may have to receive this training, if the clinical site requires it.*

### **H. 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 site. It is the students' responsibility to check the information that is required by the CEF and to adhere to the requirements.*

Traditional students are required to obtain a background check prior to their first clinical experience. Individual clinical 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 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 site to ensure that all requirements are met.

The UF now offers FBI & BCI Criminal Background Checks through the Office of Campus Security, which is located in Lovett Hall. The students must FIRST make an ONLINE payment for the FBI and BCI 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.

Any additional questions, contact the Office of Campus Security at 419-434-4601 or 419-434-4799.

### **I. Student Assignment/Readiness**

Policy:

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

1. Type of a clinical education facility
2. Successful completion of all course work (to date)
3. Successful progress in the Core Values and Professional Development Plan
4. Availability of the approved CEF (*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*)

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5. Student's preferences
6. Type of student contact with the CEF (i.e. past/present employment, pre-employment agreement)
7. Weaknesses, strengths, & goals of the student
8. Variety & type of clinical experiences to date

The weekend program shall send out confirmation letters and the traditional program shall utilize a request form followed by a confirmation (see Appendix T).

### **Weekend PTA to DPT program**

*The first 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 CEF 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 CEF, 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 CEF 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 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 evaluation process is continued with a midterm and a final of each type of experience.*

The student may NOT be assigned to a clinical education facility, 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

However, students may select a 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 facility contracts 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 affiliation (seven weeks experience) is to be a general acute care facility. Of the remaining the next is an orthopedic facility, followed by a rehabilitation/subacute site. Note that a skilled nursing facility that functions similar to a subacute care facility may be considered for the rehabilitation/subacute care facility affiliation. The final affiliation 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 CEF 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 CEF, 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 CEF 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 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 affiliation at a clinical site, the CI s for each affiliation must be different. The evaluation process is continued with a midterm and a final evaluation for each type of experience.

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

- Past work experience greater than 2 months in length and that occurred less than five years ago
- Present employment, including sites involved with contract agencies
- Pre-employment agreement.
- 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 facility contracts which are:

1. Practices which are 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 CEF and reasons for that preference. This is to be done through the completion of the CEF Preference Form (see the **Appendix M**), via email or a formal conference with the DCE.
- agreeing to the assignment through the completion of the Student Agreement to the CEF Form (see the **Appendix V**) or via email.

The DCE is responsible for:

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

#### J. **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 W-Release of Information for Accommodations**) to release the information to the CCCEs of the assigned CEFs. The purpose of the release would be to maximize the clinical experience at the assigned CEFs.

#### K. **CPI Training**

Clinicians and students may access the Learning Center through the APTA to obtain their free purchase of the CPI training module. The website is:

<http://www.apta.org/PTCPI/TrainingAssessment/> Upon completion the student and clinician will be certified to access the CPI during the clinical education experience.

After being trained to use the CPI, the CI, CCCE and student can access the CPI at [https://cpi2.amsapps.com/user\\_session/new](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 X:**

## **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 facility 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 in the student clinical computer file.

## **B. Clinical Dress Code**

Policy:

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

## **C. Attendance**

Policy:

All students are required to be in attendance with the assigned CEF during regularly scheduled hours, 40 hours/week (**minimum**) and for the designated time period, during the following courses:

### **Weekend PTA to DPT Bridge program**

1. PHTH 720: Third Year Winter Term (eight weeks)
2. PHTH 726: Third Year Summer Term (eight 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 2<sup>nd</sup> Fall Term
3. PHTH 668: 8 weeks at the beginning of 2<sup>nd</sup> Summer Term
4. PHTH 728: 8 weeks at the end of 3<sup>rd</sup> Spring Term
5. PHTH 746: 10 weeks at the beginning of 3<sup>rd</sup> Summer Term

The student is expected to follow the assigned facility's schedule with regards to attendance (e.g. holidays, snow days). The dates set forth by the program need strict adherence due to a variety reasons including liability. At no time is the student expected to drive to clinical if the student considers road conditions unsafe. In addition, if the student is commuting from Findlay and The University of Findlay cancels school due to extreme weather conditions, the student is encouraged to contact their CI and request an absence day secondary to weather. In the extreme instance that a student must miss a day, notification should be given to the CI or the CCCE.

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. If there is more than one missed day, then the student needs to make arrangements with the CCCE 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 affiliation provided that the student meets the following conditions:

1. Acceptable performance and attendance at the clinical affiliation
2. Clinical Instructor approval
3. Clearance from DCE

Attendance at a 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 requires clearance from DCE.

Procedure:

The student is responsible for:

- notifying the CCCE prior to the absence, if possible. If contact prior to the absence is not possible, the student is responsible for obtaining permission from the CCCE immediately following the absence.
- communicating with the CCCE to make up any missed time more than one day.
- documenting missed time in the *Physical Therapist CPI*.
- notifying the DCE of the missed time and arrangements for making up missed time within one week of the absence.

The CCCE is responsible for:

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

#### **D. Clinical Inservice**

Policy:

A clinical inservice program is to be developed and presented by the student for at least two clinical affiliations. 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 CCCE. 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 X. This, along with a copy of your inservice, should be forwarded to the DCE at the end of the affiliation.

#### **E. Backup Supervision**

Policy:

A backup system must exist for the supervision of the physical therapy student at all clinical education facilities 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 CCCE must be absent (e.g. illness, death in the family). An Agreement for Backup Supervision Form is utilized between the CCCE of the backup CEF, the CCCE of the primary CEF, and the DCE (see **Appendix Y**).

Procedure:

**The CCCE** 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 CCCE 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.

## **F. Documentation**

Policy:

The student must follow the documentation style that is utilized at the assigned clinical education facility. 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.

## **G. 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 Z**). 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 CCCE/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.

## H. 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 CCCE and/or CI 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 AA- Midterm Contact form**).

### Procedure:

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

- communicating with the student at his/her assigned CEF:
  - 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 CCCE and/or the CI:
  - 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 AA) 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 **CCCE and/or the CI** 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**. This includes but is not limited to any Significant Concerns checked on the CPI.

The **student** is responsible for:

- completing the Physical Therapist CPI at the midpoint of the clinical 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.

## **I. 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; & Clinical Education Data Collection Forms.*
- 3. 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 (See the Overview of Student Progress at Clinical Affiliations-WEC Form in Appendix **BB**).*
- 4. No significant concerns noted from the CI either verbally or in writing.*

### **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

*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 Affiliations 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 CCCE or the CI is responsible for:*

- *completing and reviewing the Physical Therapist CPI with the student at the midpoint and the end of the Term.*
- *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.*
- *assigning either a Satisfactory, Unsatisfactory, or Incomplete grade based upon the requirements.*
- *sharing information about student performance with the academic faculty.*
- *utilizing the information to develop workshops for the clinical faculty.*

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

**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

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 Affiliations 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 **CCCE or the CI** is responsible for:

- completing and reviewing the Physical Therapist CPI with the student at the midpoint and the end of the Term.
- 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 Incomplete grade based upon the requirements.
- sharing information about student performance with the academic faculty.
- utilizing the information to develop workshops for the clinical faculty.

## **J. Clinical Education Experience Evaluation Report**

### **Policy:**

The student's Clinical Education Experience Evaluation Report is used to assist with the development of future clinical affiliations, the curriculum of the PT program, and the individual academic courses. The Ohio Consortium of Physical Therapy Programs (see **Appendix CC-CEEER**) has developed this form. The information within this form can be used to determine areas of concern within the clinical education facilities 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 review is completed.
- sending a copy of the signature page to the DCE at the end of the affiliation. If the form is received late, then the student will receive an Incomplete 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 faculty.

## **K. Evaluation of the Clinical Faculty (CCCE & CI)**

### **Policy:**

Clinical faculty members are to receive feedback through the APTA's self-assessment tool and the Clinical Education Experience Evaluation Report. Both the Center Coordinator and the Clinical Instructor 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 CC-CEEER**). Based on the results of these assessment tools, the clinical faculty shall further develop their clinical education programs. The DCE is available for consultation, as well.

## **L. Evaluation of the Director of Clinical Education**

### **Policy:**

The DCE is to be evaluated through the DCE's Assessment Form (see **Appendix DD**) by students during designated time periods, a random sampling of the clinical 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 XI:**

## **Intervention Strategies**

## A. Exceptional Student Strategies

### Policy:

The CI shall use strategies for the exceptional student if the student fails to show adequate progress anytime during the affiliation. These strategies shall be developed with the assistance of the DCE and student and may involve the assistance of the CCCE. The strategies shall be documented in the form of a learning contract that will be signed by all concerned parties. The Learning Contract Form is found in **Appendix C**.

## B. Student Withdrawal

### Policy:

Student withdrawal from a CEF may occur for the following reasons:

1. Unsatisfactory student performance: According to the CI and the CCCE, the student's performance is detrimental to the clinical site in fulfilling its own health care responsibilities.
2. Unsatisfactory clinical education experience: According to the DCE and the Director, the clinical education experience does not meet the educational needs of the student.

The student is required to make up the affiliation that she/he is withdrawn from. However, certain circumstances may lead to dismissal (see the policy on grading). In addition, if the student is withdrawn from more than one affiliation 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 conference to determine, the problems associated with the clinical education experience, possible solutions to change the experience, and the consequence of the request .

The CCCE is responsible for:

- notifying the DCE of any problems **IMMEDIATELY**.
- participating with the withdrawal conference to determine the consequence of the request from either parties.
- documenting the student's actions that are detrimental to the CEF in fulfilling its health care responsibilities.

The DCE is responsible for:

- responding to the withdrawal request in a timely fashion.
- notifying the CCCE **IMMEDIATELY**, if the clinical experience does not meet the needs of the student.
- participating with the withdrawal conference to determine the consequence of the request from either parties.
- rescheduling the concerned affiliations. it should be noted that this is to be done at the **AVAILABILITY AND CONVENIENCE OF THE CEF AND THE AEF**.

### **C. Rescheduling Of Clinical Affiliations**

Policy/Procedure:

If the student is withdrawn from a clinical affiliation, then she/he is required to make up that affiliation. Rescheduling is dependent on the type of clinical affiliation.

#### **Weekend PTA to DPT program**

*The type of an affiliation 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 affiliation then they must be rescheduled at that same type of an affiliation. If there is a learning contract involved then the student will have until the end of the following Term to complete the learning contract. Otherwise, the incomplete grade will become an unsatisfactory grade. Rescheduling is to be at the **AVAILABILITY & CONVENIENCE OF THE CEF AND THE AEF.***

#### **Traditional DPT program**

If the student is withdrawn from an affiliation, the subsequent action and grade for that clinical will be determined by the Clinical Education Team. If an incomplete is given for the course, a learning contract is developed and if it is not completed in a satisfactory fashion, the incomplete grade will become an unsatisfactory grade. The next affiliation will not be rescheduled until the previous one is completed satisfactorily. Rescheduling is to be at the **AVAILABILITY & CONVENIENCE OF THE CEF AND THE AEF.**

Please note that any variation from the original clinical schedule may delay the student's progression in the curriculum and may also delay graduation.

### **D. Clinical Affiliation 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 affiliations. 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 Portion of a Grade**

Policy/Procedure:

A student wishing to appeal the clinical portion of the clinical grade should:

1. Discuss the coursework and the earned grade with the DCE responsible for the clinical evaluation.
2. If resolution is not achieved with the DCE, the appeal goes to the DCE and the program chair/department chair.

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3. If resolution is not achieved with the program chair/department chair and the DCE, 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:

Internships and Placements ([hammer@findlay.edu](mailto:hammer@findlay.edu)) can be utilized as a means of communication between students and prospective employers for future employment possibilities. Employment announcements are posted weekly by this department.

Procedure:

The prospective employer of a CEF may:

- Contact the career placement director at 419-434-4665
- 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](http://www.otptat.gov) for specific details.

**Appendix EE** 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. 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 CCCE, 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

## **Critical Thinking - Outcome**

The graduate is able to use a purposeful, self-regulatory process that includes interpretation, analysis, evaluation, and inference, and can explain the evidential, conceptual, methodological, criteriological, or contextual considerations on which judgments are based (Dexter et al, 1997).

## **Operational Definitions/Defining Characteristics of the Critical Thinking Competencies (Adapted from Dexter et al, 1997):**

### Interpretation

- To understand, comprehend, or decipher written materials, verbal or nonverbal communications, empirical data, theoretical formulations, graphics, questions, etc.
- To explain the meaning of or to make understandable
- To identify physical therapy problems in a clinical situation
- To place in the context of a situation or one's own experience
- To paraphrase, summarize, clarify meaning of written material or verbal communications
- To define terms in written material
- To identify purpose, theme, or point of view
- To recognize one's own interpretations and distinguish them from evidence/raw data
- To avoid reading into data meaning that confirms one's own convictions (or to recognize that one may be doing this)
- To recognize and consider alternative explanations

### Analysis

- To examine, organize, classify, categorize, or prioritize variables (e.g., signs and symptoms, evidence, facts, research findings, concepts, ideas, beliefs, views, elements)
- To identify elements of an argument: assumptions, premises, theories, principles, steps, conclusions
- To identify implications, possible consequences, cost versus benefit of alternative decisions
- To differentiate among empirical, conceptual, and evaluative questions
- To differentiate fact from opinion
- To examine ideas/arguments/situations/data to identify essential elements/factors and their possible relationships

### Evaluation

- To assess the credibility of sources of information
- To assess the strength of evidence/inferences to support conclusions
- To assess claims/arguments in relation to the evidential, conceptual, methodological, or contextual considerations on which the claims/arguments were based
- To assess information for bias, stereotypes, clichés, or loaded language
- To apply relationships criteria appropriate to particular situations (eg, statistical, ethical/moral, semantic)

### Inference

- To conjecture alternatives, formulate hypotheses, or draw conclusions based on premises/evidence
- To differentiate between conclusions/hypotheses that are logically or evidentially necessary and those that are merely possible or to whatever degree, probably
- To demonstrate knowledge of syllogistic reasoning, principles of logic, logical fallacies, and rules for induction and deduction
- To identify knowledge gaps or needs

### Explanation

- To explicate, in writing or orally, the assumptions and reasoning processes followed in reaching conclusions
- To justify one's reasoning/conclusions in terms of evidential, conceptual, methodological, or contextual considerations
- To construct graphic representations of the relationships among variables (e.g., tables, graphs)

### Self-regulation

- To continually monitor, reflect on, and question one's own thinking in relation to all of the foregoing steps in the reasoning process
- To examine one's own views with sensitivity to the possible influence of personal biases or self-interest
- To review and confirm or reformulate one's previous understandings/explanations/inferences in relation to a particular situation
- To demonstrate the "dispositional skills" (Facione and Facione, 1992) of truth-seeking, open-mindedness, "analyticity", "systematicity", self-confidence, inquisitiveness, and maturity.

### Rubric for Scoring Laboratory Examinations

Score Range	Scores may range from <b>Excellent</b> (A = Consistently does all of the following) to <b>Above Average</b> (B = Consistently does most of the following)	<b>Average</b> (C = Consistently does most of the following)	Scores may range from <b>Poor</b> (D = On occasion does some of the following) to <b>Failure</b> (F = Consistently does most of the following)
<b>Body Mechanics</b>	Demonstrates correct body mechanics in all activities.	Demonstrates correct body mechanics in most activities. Minor errors in body mechanics may be present.	Significant errors in body mechanics noted that may put the individual (patient or therapist) at risk.
<b>Safety</b>	Applies knowledge of contraindications/precautions. Appropriately adjusts patient examination/intervention in response to potential safety issues.	Recognizes and states most, but not all, relevant contraindications and precautions. Incompletely adjusts patient examination/intervention in response to potential safety issues.	Fails to recognize, articulate or address relevant contraindications and precautions. Acts in a manner that jeopardizes patient safety.



<b>Communication</b>	Communicates in a manner congruent with situational needs and with appropriate sensitivity to issues of diversity. Demonstrates technically correct oral and written communication skills, including the use of appropriate terminology, active listening, and appropriate body language. Establishes appropriate patient-PT rapport.	In most situations, communicates in a manner consistent with situational needs and with appropriate sensitivity to issues of diversity. Demonstrates some incorrect oral and written communication skills, including occasional inappropriate use of terminology, lapses in active listening, and occasional inappropriate body language.	Fails to communicate in a manner consistent with situational needs or with sensitivity to issues of diversity. Demonstrates significant errors in oral and written communication including inappropriate use of terminology, failure to actively listen, and inappropriate body language.
<b>Critical Thinking</b>	Accurately identifies relevant problems, interprets and weighs evidence, statements, and physical findings; selects and justifies and appropriate course of action	Partially identifies relevant problems; incompletely interprets and weighs evidence, statements, and physical findings; selects a less than optimal course of action; incompletely justifies selected action.	Fails to identify relevant problems; inappropriately interprets and weighs evidence, statements, and physical findings; incorrectly selects a course of action; fails to justify selected action.

# **APPENDIX B**

## Guest Lecturer Evaluation

The University of Findlay  
Occupational and Physical Therapy Program  
Guest-Lecturer Evaluation

Name of Course \_\_\_\_\_

Guest Lecturer \_\_\_\_\_

Directions: **DO NOT WRITE ON THIS FORM**  
Use **SCANTRON SHEET** provided  
Use **PENCILS**

SA (A) = Strongly Agree  
A (B) = Agree  
D (C) = Disagree  
SD (D) = Strongly Disagree  
NA (E) = Not Applicable or Don't Know

		<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>NA</b>
1.	Material presented was consistent with course objectives.	A	B	C	D	E
2.	Subject matter was sequenced in a logical manner.	A	B	C	D	E
3.	The material presented was appropriate in breadth & depth.	A	B	C	D	E
4.	Handouts/lecture outlines were helpful.	A	B	C	D	E
5.	The guest lecturer made appropriate use of teaching media.	A	B	C	D	E
6.	Lab experiences were appropriate and helpful.	A	B	C	D	E
7.	The guest lecturer seemed prepared for class.	A	B	C	D	E
8.	The guest lecturer facilitated and encouraged my learning.	A	B	C	D	E
9.	I would recommend that this guest lecturer return next year.	A	B	C	D	E
10.	Comments: <b>Write all comments on the back of the Scantron Sheet.</b>					

## **Physical Therapy Program Lab Assistant Evaluation**

1. The lab assistant facilitated & encouraged my learning.
2. The lab assistant seemed prepared for class.
3. The lab assistant was available for questions and discussion.
4. The lab assistant was capable of providing explanations that were clear & concise.
5. The lab assistant was concerned about my progress in this course.

### **Additional Comments:**

# APPENDIX C



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 # 1 Safe Practice**

The learner shall practice in a safe manner that minimizes risk to more complicated patients. Uses acceptable techniques for transferring of patients that are at a more dependent level.

**SKILL # 6 Communication**

The learner shall communicate in ways that are congruent with situational needs  
Initiates communication in difficult situations with Clinical Instructor, as appropriate

**Learning Activities:**

- For #1: Continued experiential learning activities with more complicated patients (that require a greater degree of assistance) and equipment (as needed for transfers, such as sliding board).
- For #6: Open communication with Clinical Instructor, as appropriate

**Evaluation Methods and Criteria for Successful Completion:**

Entry level performance (100% accomplishment) for **SKILLS # 1 and 6** by the end of the third affiliation **AND continued progress** with accomplishment of SKILLS as outlined in the *Clinical Education Manual* for clinical affiliation # 3

---

*Student Signature/Date*

---

*Clinical Faculty Signature/Date*

---

*Director of Clinical Education Signature/Date*

# **APPENDIX D**



**American Physical Therapy Association**

**Code of Ethics**

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/HOD/Ethics/CodeofEthics.pdf](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](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Practice/Standards.pdf)

**State of Ohio Laws & Rules**

**Ohio Physical Therapy Practice Act**

<http://www.otptat.ohio.gov/PracticeActs.aspx>

# APPENDIX E

THE UNIVERSITY OF FINDLAY  
COLLEGE OF HEALTH PROFESSIONS  
PHYSICAL THERAPY PROGRAM

**Technical Standards and Essential Functions**

**INTRODUCTION**

Performing successfully as a student physical therapist involves completing significant intellectual, social, and physical tasks throughout the curriculum. <sup>1-3</sup> Both the Traditional and Weekend PTA to DPT Bridge Programs are rigorous. *The Weekend PTA to DPT Bridge Program in particular is rigorous; fast paced and has less time on campus than the Traditional program. The students in the Weekend PTA to DPT Bridge Program are expected to be able to manage full time coursework with a significantly reduced face-to-face component along with maintaining clinical work as a PTA.*

Upon graduation, students from this program are expected to deliver entry-level clinical services in a safe and ethical manner. Successful entry-level practice requires a broad array of basic knowledge, skills, and behaviors, including abilities in the areas of judgment, integrity, character, professional attitude, and demeanor. The purpose of this document is to delineate the specific demands of this professional education program so that students may compare their own capabilities with these educational challenges.

**REASONABLE ACCOMMODATION**

Students are expected to complete the tasks articulated in this document independently either with or without reasonable accommodation. The university can assist students who have disabilities to accomplish the essential tasks necessary to complete this educational program by reasonably accommodating their needs. For example the university can provide extra time to complete an examination. Providing reasonable accommodation does not imply that a student will be exempt from performing any tasks essential to completion of the program. Reasonable accommodation does mean, however, that the university will do its best to cooperate with any student who has a disability to determine if it can assist the student to successfully complete the necessary tasks.

**IMPLICATION FOR ADMISSION**

After reading this document, students must decide whether or not they are able to complete the essential tasks required for this program either with or without reasonable accommodation. They are not required to disclose the presence of a disability prior to a decision being made with regard to their admission to the program. Students should be realistic and recognize that they are ineligible for admission if they are unable to complete these tasks with reasonable accommodation. Students are encouraged to discuss any questions they have with regard to this document with the Office of Disability Services prior to admission.

If an offer of admission to the program is made to a student who has a disability and that student desires reasonable accommodation to assist in completing the essential tasks of this program, he or she must request this assistance from the Office of Disability Services. This Office, in consultation with the program director and other physical therapy faculty members, will decide whether the student will be able to perform the essential tasks with reasonable accommodation. An offer of admission may be withdrawn in any of the following circumstances:

*Physical Therapy Program Student Handbook 5/31/17*

- It becomes apparent that a student is unable to complete essential tasks even when reasonable accommodation is made.
- The accommodations required by the student are not reasonable and would cause undue hardship to the University.
- Attempting to perform the essential functions with reasonable accommodation would create a risk to the health and safety of the student with the disability or to the health and safety of others with whom the student would interact.

**FIVE AREAS IN WHICH STUDENTS MUST POSSESS APTITUDES, ABILITIES, AND SKILLS:**

**I. OBSERVATION – use of visual system**

Specific examples of requirements related to use of the visual system include:

- Observing demonstrations in basic science classes, in clinical lab courses, and in clinical experiences; using these demonstrations as the basis for performance.
- Observing students in the laboratory and observing patients accurately both at a distance and when close at hand; noting both verbal and non-verbal signals.
- Observing skin integrity.
- Observing findings on imaging tests.
- Reading written material; observing illustrated and graphic material in texts, handouts, and in visual displays presented in class.
- Observing anatomic structures.
- Observing body movement; differentiating changes in body movement.
- Observing changes in mood or affect.
- Discriminating numbers and patterns associated with instruments used for examination of patients and for treatment intervention.

**II. COMMUNICATION – specific communication requirements include:**

- Using verbal and nonverbal communication orally and in writing to convey and receive communication.

B. Reading, writing legibly, and speaking standard English at a level consistent with successful course completion and development of positive personal and therapeutic relationships.

1. Communication must be quick, effective, and efficient to handle the volume and breadth of required reading and to impart information to others
2. Written communication must be possible both by manual technique and computer technique
3. Computer literacy is required

### **III. SENSORY AND MOTOR COORDINATION AND FUNCTION**

A. Students must be able to use their senses to perform a physical examination and to provide physical therapy intervention for standard treatment, as well as to provide care during emergency situations. Using the following specific sensory abilities is required:

1. Touch
2. Pain
3. Temperature
4. Position sense
5. Pressure sense
6. Movement sense
7. Ability to discern the shape and type of object by feeling it without using the sense of vision
8. Vibratory sense

B. Students must be able to use their abilities to move to successfully complete classroom requirements, perform a physical examination, and provide physical therapy intervention for standard treatment, as well as to provide care during emergency situations. The following specific movement abilities are required<sup>1</sup>. Please note that the terms “frequently” (frequent repetition for 1/3 to 2/3 of a full work shift) and “occasionally” (repetition for up to 1/3 of a full work shift) have been used in the context of their definitions from the ERGOS job description program<sup>1</sup>:

1. When not participating in clinical education, ability to sit between two to 10 hours daily.
2. When not participating in clinical education, ability to stand for one to two hours daily.
3. When not participating in clinical education, ability to walk intermittently for up to two hours daily.
4. When participating in clinical education, ability to stand or walk for at least seven hours daily and to sit for at least one hour daily – modifiable according to the schedule of the specific facility to which the student is assigned.

5. Ability to relocate living arrangements outside the area in which the student customarily lives to complete one or more clinical rotations of up to ten weeks in duration.
6. Frequently lift items less than 10 pounds and occasionally lift items between 10 and 50 pounds.
7. Carry up to 25 pounds while walking up to 50 feet.
8. Frequently exert 14 pounds of push/pull forces to objects up to 50 feet and occasionally exert 27 pounds of push/pull forces for up to 50 feet.
9. Frequently twist, bend, stoop, and squat.
10. Depending on what class is being taken, or depending on what setting a student is placed in for clinical rotation, either occasionally or frequently kneel, crawl, climb stools, reach above shoulder level.
11. Frequently move from one location to another and from one position to another at a speed that permits safe handling of classmates and patients. Handling a workload efficiently and safely requires the ability to respond promptly with appropriate movement patterns.
12. In most cases, when required to travel from one floor to another in a building, a student will have access to an elevator. However, students must have the ability to negotiate stairs and uneven terrain when elevators are not available (for example, when participating in clinical assignments in patient homes), or when assisting patients to learn how to safely negotiate stairs.
13. Frequently use the hands with repetitive motions using a simple grasp and using a firm grasp and manual dexterity skills.
14. Frequently coordinate verbal and manual activities with large movement activities.

#### **IV. CONCEPTUALIZATION, INTEGRATION, AND QUANTIFICATION**

A. Students must be able to interpret what they read, see, and hear. For example, they must be able to:

1. Extract pertinent facts from readings; interpret their meaning.
2. Summarize and interpret the communications of others.
3. Collate data obtained from patient examinations into clear and concise written summaries following standard documentation protocols.
4. Interpret the data to provide a likely explanation for identified patient problems and justification for recommended therapeutic interventions based on clinical judgment and evidence based practice.
5. Interpret graphs and charts and use the information appropriately in both learning and in planning therapeutic interventions.

B. Students must demonstrate a high level of problem solving and critical thinking skill.

C. Students must be able to recall previously presented information as well as retain and incorporate new information when communicating and when formulating therapeutic plans of intervention.

D. Students must exercise good judgment in all encounters.

E. Students must be able to identify and communicate the limits of their knowledge to others when appropriate. They must be able to refer others to professionals with other spheres of reference when appropriate.

## **V. BEHAVIORAL AND SOCIAL SKILLS, ABILITIES, APTITUDES, AND GENERAL HEALTH**

A. Students must possess and exhibit a level of emotional health that allows:

1. Using their intellectual abilities to the fullest.
2. Developing mature, sensitive, and effective professional relationships.
3. Exercising good judgment.
4. Completing all classroom and clinical responsibilities promptly and effectively.
5. Accurately recognizing, describing, and responding to changes of emotional communication or other nonverbal behavior.
6. Recognizing and appropriately reacting to one's own immediate emotional responses to allow maintenance of a professional demeanor.
7. Tolerating physically and emotionally taxing workloads.
8. Functioning in the face of uncertainty and ambiguity inherent in the learning of and practice of physical therapy.
9. Accepting constructive comments and suggestions for behavioral changes as well as modifying behavior is needed.

B. Students must possess a general health status congruent with:

1. Completion of all functions noted in this document.
2. Ability to withstand exposure to microorganisms present in the environment of anyone working in health care.
  - i. Depending on what setting a student is placed in for clinical rotation, either occasionally or frequently students will be exposed to open wounds, blood, and other body fluids.
  - ii. Although students are taught every appropriate measure to protect themselves from microorganisms associated with such exposure, students should be aware that an intact immune system enhances the ability to withstand such exposure.

### References:

- 1 O\*NET/ERGOS Web site. Available at: <http://online.onetcenter.org>. Accessed July 17, 2001.
- 2 US Dept of Labor Web site. Available at: <http://www.bls.gov>. Accessed July 17, 2001.

American Physical Therapy Association Web site. Available at:  
<http://www.apta.org>. Accessed July 17, 2001.



# **APPENDIX F**

## Physical Therapy Program

### **Consent and Release -Participation in Demonstrations or Practice Sessions**

I, \_\_\_\_\_(name), am willing to participate in physical therapy demonstrations or supervised practice sessions. I understand that these demonstrations may involve the actual application of physical therapy through necessary physical contact with me by the course instructors and/or students under the supervision of the instructors. I also understand that the techniques included in these demonstrations are not experimental nor unusual, but are routinely used in physical therapy.

I understand that there is no charge for the treatment that I will receive nor is there any compensation to me for participating in the demonstration. I agree not to make any claims against the faculty, students or The University of Findlay because of my participation in demonstrations or practice sessions.

Signed,

(Participant) (Date)

(Witness) (Date)

The University of Findlay  
College of Health Professions  
Physical Therapy Program

**Consent Form for Information/Images**

I, \_\_\_\_\_, hereby grant permission for The University of Findlay Physical Therapy Program instructor/student to obtain and use for educational purposes that information that I have identified below by my initials.

_____ Medical/Physical history	_____ Treatment interventions
_____ Digital/Film images/recordings	_____ Audio/Video tape recordings
_____ Evaluation documentation	_____ Other _____

\_\_\_\_\_ The intended use of such information/recordings has been explained to me and I have been made aware of any associated risks and/or benefits.

\_\_\_\_\_ I understand that I will not receive compensation in any form, monetary or material, for granting permission to obtain and use the above indicated information/images.

\_\_\_\_\_ I further acknowledge that I will not make claims against the University of Findlay and/or its designee for use of the above information/images.

\_\_\_\_\_ I grant permission for educational use of the above information/images.

\_\_\_\_\_ I do not grant permission for educational use of the above information/images.

\_\_\_\_\_ I grant permission for commercial use of the above information/images.

\_\_\_\_\_ I do not grant permission for commercial use of the above information/images.

\_\_\_\_\_ I understand that I am able to withdraw my participation at any time.

(Consent form continued)

If the preceding information is to be used in conjunction with a specific class project the supervising instructor and or physical therapist(s) must complete this section and provide a copy of the completed for to the participant. [*Students must also attach the following: statement of the assignment purpose, description of assignment and how information is to be used, what is expected of the participant, potential risks and benefits associated with participation.*]

Course Name and Number: \_\_\_\_\_

Academic Term Offered: \_\_\_\_\_

Project or Activity Title: \_\_\_\_\_

**Academic Instructor Contact  
Information:**

**Supervising Therapist(s) Contact  
Information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

**Signatures:**

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Physical Therapist's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Physical Therapist's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant/Parent's Signature

\_\_\_\_\_  
Date

# APPENDIX G



**Vaccination Form**

NAME \_\_\_\_\_ ID# \_\_\_\_\_

DOB \_\_\_\_\_ PHONE# \_\_\_\_\_

Health Science Major \_\_\_\_\_

REQUIRED:	Date Completed/Given	<u>Cosiano Health Center Staff Signature</u>
<b>Primary DPT series completion</b> <b>Tetanus Booster (Tdap/Td)</b> (Substitute 1 dose Tdap for Td)	_____ _____	_____ _____
<b>MMR Born before 1/1/57</b> <b>OR</b> <b>Vaccine- Dose # 1</b> <b>Dose # 2</b> <b>OR</b> <b>MMR titers</b>	_____ _____ _____ Date _____ Results _____	_____ _____ _____ _____
<b>Hepatitis B Vaccine</b> 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 _____	_____ _____ _____ _____
<b>PPD (tuberculin skin test)</b> Step 1:  Step 2: (7-14 days after step 1) <b>Yearly follow ups:</b>  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 _____	_____ _____ _____ _____ _____ _____
<b>Varicella</b> Varicella titer  <b>OR</b> <b>Vaccine</b>	Date _____ Results _____  Date _____ Dose 1  Date _____ Dose 2	_____ _____ _____
<b>Flu Vaccine (yearly)</b>	_____ _____	_____ _____

Signature

Program

Date

**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 H



## Infection Control Plan

### Possible Risks

Although the risk of becoming infected with a communicable disease during classroom and laboratory experiences in the physical therapy program should be minimal, the possibility of exposure to blood-borne or other pathogens does exist. Close proximity to other students in classroom and lab may mean exposure to certain communicable diseases. A student might become injured or ill and thus expose others to blood, vomit or other body fluids. There may be times when patients are brought into the classrooms. Finally, in the anatomy laboratory there is the possibility of exposure to contaminated human remains.

In order to minimize the exposure to blood-borne pathogens and other potential infections for students, faculty, and staff participating in the physical therapy program, an infection control plan for the academic portion of the program has been developed and is outlined in the pages that follow.

While students are on clinical affiliations, they will face the same risks as the physical therapists at the various facilities. Policies relating to infection control for those students on affiliations are also included at the end of this document.

### Methods of Infection Control:

#### A. Hand hygiene

Hand washing is a very important means of preventing the spread of infections. Vigorous hand washing with soap and water will remove or reduce the number of pathogens on the skin.

#### When to perform hand hygiene:

1. before and after using hands-on techniques in the laboratory or classroom
2. after coughing, sneezing, blowing or wiping of the nose
3. before and after handling food
4. after using toilet facilities
5. whenever hands appear visibly soiled
6. following the removal of gloves used for standard precautions
7. after any procedure or activity involving exposure to blood or other body fluids
8. before and after contacting an open area on the skin

#### Hand washing technique:

1. Remove all jewelry (flat, band type ring may be worn).
2. Avoid touching the sink with your hands
3. Turn on the water and adjust it to a warm temperature.
4. Moisten hands, wrists, and distal forearm, and apply soap. Keep fingers pointing down.
5. Use rotary or rubbing motions to apply friction to all surfaces for at least 30 seconds.
6. Pay special attention to the area around the nails, between the fingers, and the knuckles.
7. Rinse thoroughly with your hands directed downward, but do not rinse the skin proximal to where you washed.
8. Dry your hands thoroughly and dispose of the towel.
9. Use a paper towel to touch the faucet to turn the water off. Dispose of the towel
10. Hand sanitizer can be used when hands are not visibly soiled. Sanitizer is to be applied to all surfaces of the hands and rubbed in until dry

REFERENCES:

- A. Minor MAD, Minor SD. *Patient Care Skills*. 4th Ed. Stamford, CT: Appleton & Lange; 1999.
- B. Pierson, FM. *Principles and Techniques of Patient Care*. 2nd Ed. Philadelphia, PA: W.B. Saunders Company; 1999.
- C. *Infection Control Guidelines*. Findlay, OH: Blanchard Valley Regional Health Center.

**B. Standard Precautions**

Standard precautions is a system of infection control in which all body fluids are considered to be potentially infectious and are handled as though they were contaminated.

Complete descriptions of standard precautions guidelines for the workplace can be found in the references listed below. The guidelines have been adapted for the PT lab including emergency situations were considered in formulating the policies below and in the following sections.

Standard precautions shall be used in any contact with blood or body fluids. Specifically the use of standard precautions while in the PT program requires:

1. Non-sterile gloves shall be used to clean up blood or other body fluids or in cases where there is a potential for coming into contact with body fluids.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or body fluids. Hands will be washed after the removal of gloves.
3. Any sharp items such as broken glass or needles should be handled with care and disposed of properly in a “sharps” container.
4. A face shield will be available in case of spurting or splashing blood.
5. Mouthpieces, resuscitation bags or similar equipment will be available for use with mouth to mouth resuscitation.
6. Contaminated waste shall be disposed of in separate, marked containers.
7. Contaminated linen shall be placed in separate containers or bags.

REFERENCES

1. Pierson, FM. *Principles and Techniques of Patient Care*. 2nd Ed. Philadelphia, PA: W.B. Saunders Company; 1999.
2. *Infection Control Guidelines*. Findlay, OH: Blanchard Valley Regional Health Center.
3. Department of Labor, Occupational Safety and Health Administration. 29 CFR Part 1910.1030: *Occupational Exposure to Bloodborne Pathogens; Final Rule*. Federal Register. 1991; 56(235)

**C. Procedure in Case of Exposure**

In case of a needle stick or other exposure to blood or body fluids, the following procedures should be followed:

1. The exposed individual should immediately wash the skin with soap and water or flush contaminated mucous membrane with water.
2. Any contaminated clothing should be removed and placed in the proper contaminated linen receptacle.
3. The exposed individual should report to the Blanchard Valley Regional Health Center (BVRHC). Treatment and follow-up will be in accordance with the policies and procedures of the BVRHC. The

student will be responsible for complying with treatment procedures and for the timely payment of any or all expenses incurred.

4. Any areas in the lab, plinths, floor, etc. which may have been contaminated by the fluids should be cleaned immediately with disinfectant. The person doing the cleaning must wear gloves. All contaminated materials should be placed in the appropriate, marked receptacles.
5. The incident should be reported to the Program Director as soon as possible.
6. The person who was the source of the body fluid(s) is encouraged to accompany the exposed individual to BVRHC so that appropriate testing can be done.
7. In the case of accidental exposure to infections while on clinical affiliations, the student should inform the clinical instructor immediately and follow the infection control policies of the facility. The DCE also needs to be informed of the incident and any medical treatment or follow-up required. The student assumes financial responsibility for any necessary treatment. It is the responsibility of the student to inquire about infection control policies at the beginning of the affiliation.

#### **D. Physical Therapy Lab**

To maintain cleanliness and reduce the risk of spreading infections, the following policies are in effect for students and faculty involved in the physical therapy courses.

1. Hands are to be washed before and after hands-on contact as outlined in the hand washing policy.
2. A clean sheet is to be used on the plinth for each person. Folded sheets may be used and, if they are not soiled, they may be turned over and re-used. In the event a sheet is not used to cover the plinth, the surface will be cleaned after each use.
3. If a sheet covers the pillowcases, they do not need changing unless they become soiled, but otherwise should be changed for each person.
4. Clean towels and washcloths should be used for each person.
5. Plinths are to be cleaned with disinfectant after each class session.
6. If re-usable electrodes are used in laboratory procedures, they are to be covered with a gauze pad or other disposable material.
7. The earpieces of stethoscopes used in class are to be cleaned with alcohol before and after each use.
8. Equipment is to be cleaned and disinfected at the end of each use or as is in keeping with established equipment specific policies that will be explained in class.
9. To facilitate maintaining the cleanliness of the lab, the application of standard precautions and the proper handling of contaminated materials, the following are to be available in the physical therapy laboratory:
  - a. face shield or eyewear
  - b. mouthpiece or resuscitation bag for mouth to mouth resuscitation
  - c. non-sterile gloves
  - d. disinfectant
  - e. container for disposal of sharp materials
  - f. container for disposal of contaminated linen
  - g. hamper for ordinary soiled linen
  - h. container for disposal of contaminated gloves, blood or other contaminated materials

## **E. Anatomy Lab Procedures**

### **Introduction**

Gross anatomy is the study of structures, their relationships, and functions. A working knowledge of the structure of the body cannot be obtained from lectures, books, and software alone, although these are essential guides. Through the gross anatomy laboratory, the student can obtain first-hand skills, seeing and handling anatomical specimens and appreciating their interrelationships. This is accomplished by dissection, the art of removing surface coverings exposing body parts and separating them from one another. Dissection requires careful, accurate, and meticulous work.

### **Purpose**

The purpose of this document is to inform you of the potentially hazardous chemicals and conditions to which you will be exposed in the Gross Anatomy laboratory. Exposure is defined as personal contact with the hazardous or potentially hazardous chemicals at levels with an average eight hour time weighted average, set for by the American Conference of Governmental Industrial Hygienist or OSHA's Permissible Exposure Limit (PEL) when used in a manner consistent with usual laboratory procedures. This includes inhalation of the ambient laboratory air and skin contact as the anatomical specimens are handled.

### **Hazardous Chemicals**

The potentially hazardous chemicals to which you are exposed in the Gross Anatomy Laboratories are the components of the embalming fluid and the wetting solution. A list of these components follows. The MSDS sheets are available to you pursuant to 29 CFR, 1910.1200, the OSHA Hazard Communication Standard and are available electronically.

1. Embalming Fluid- The fluid contains formaldehyde, glycerine, alcohol, and water. Formaldehyde is a suspected carcinogen and respiratory irritant. In addition, skin irritation may occur with prolonged exposure.
2. Phenol- This chemical is used on occasions for fungicidal purposes, and is a respiratory toxin and skin irritant.
3. Mold-X- This detergent is used for fungicidal purposes and the active ingredients are formaldehyde and methanol. Foramaldehyde is a suspected carcinogen and respiratory irritant.

### **Student Considerations**

**Skin:** Protective clothing such as hospital scrubs is required. The use of non-latex gloves is required for handling of the cadaver structures. A student who has or develops a skin sensitivity should use gloves and wear long sleeved garments at all times. In addition, students with skin sensitivities should notify the instructor and personal physician so that appropriate protective and treatment procedures can be implemented. Students exhibiting contact sensitivity should consult a physician regarding type of gloves, garments, or other items that may cause irritability. Minor cuts and abrasions from cutting instruments or bone edges should be washed thoroughly with soap and water. Contact the instructor antiseptic and dressing materials. Any serious wound should be treated by a physician immediately.

**Eyes:** Accidental fluid splashed into the eyes should be flushed immediately using the eye wash station located in the laboratory, and a physician consulted. Contact lenses are not allowed while in the laboratory.

## **The University of Findlay**

**Respiratory:** Individual students may have or develop sensitivity to any of the chemicals used in the laboratory, in particular formaldehyde or phenol. In order to obtain a respiratory protective device (respirator), a student must have a respiratory evaluation by a physician, after which s/he is fitted and trained in its proper care by their physician. A particle filter mask provides no protection for formaldehyde or phenol sensitivity.

**Pregnancy:** Students who are or who learn they are pregnant or who are nursing newborn infants while in the Gross Anatomy Laboratory should consult their obstetrician immediately regarding recommended precautions.

### **Alternatives to Gross Anatomy Laboratory**

Alternatives to Gross Anatomy Laboratory studies will be explored on an individual need basis for students unable to use the laboratory for documented medical conditions. Alternatives will be developed by the course coordinator in consultation with appropriate academic administrators and/or committees of the student's college.

### **Visitors**

Only students enrolled in Clinical Anatomy or Neuroscience courses are authorized to enter the Gross Anatomy Laboratory (BCHS #09). The no visitor rule is designed to prevent exposure of visitors to hazardous or potentially hazardous chemicals, as well as donor respect and public relations. Infants, children, and pets are not permitted in the laboratories at any time. Every student will be required to enter his or her University issued ID number upon entering the laboratory each time.

### **Food, Beverages, Smoking**

Food and beverages are not permitted in the gross anatomy laboratory per OSHA guidelines. This area is also designated as a no smoking area.

### **Observed Violations**

Students observing violations or deviations from these guidelines and other laboratory policies are expected to report these violations to laboratory staff or faculty member in a timely manner. This responsibility is considered part of your professional development as a health care provider.

### **Specific Guidelines for the Use of the Gross Anatomy Laboratory at University of Findlay:**

1. Through collaboration with medical universities and the Ohio Donor Program, the University of Findlay has obtained cadavers for anatomy study. These were unselfish and concerned individuals that had foresight to contribute to educate clinicians. The anatomical specimens studied must be handled with respect and dignity at all times.
2. No cameras or video of a specimen is allowed.
3. No cadaver tissues are to be taken outside of the laboratory at any time.
4. Eating or drinking is not permitted in the laboratory. The Brewer Center for Health Sciences is a smoke free building.
5. If there is a suspicion that a donor may be a relative or acquaintance of a student, the student should contact Dr. Davies x5640 [davies@findlay.edu](mailto:davies@findlay.edu) . If the suspicion is confirmed, the cadaver will be returned to the medical university.

6. The cadavers are identified by numbers and those numbers correspond to their dissection table. The anatomical specimens should never be removed from their corresponding bin. The specimens are initially brought to the university in bags and those bags should remain with the cadaver throughout the course of study.
7. Anatomical structures can be pointed to or moved using dissecting instruments provided by the laboratory. Instruments such as pens, pencils, or markers are not permitted at dissection tables. In addition, there should be no dissection equipment left on the dissection tables when the specimen is not in use. All instruments and trays should be cleaned with soap and water following a laboratory session.
8. Paper toweling, used gloves, and disposable pointing instruments are to be deposited in the appropriate trash containers, not left in the specimen trays or bins. The used dissection blades should be placed in the biohazard container and never deposited into trash containers.
9. Instruments dropped on the floor must be washed immediately with soap and water before returning to the table to continue dissection.
10. Fixed tissue is susceptible to mold growth if the above sanitary procedures are not followed, and this may lead to withdrawal of specimens as study resources. Students are requested to bring to the attention of the lab technician or a faculty member, any unusual or suspicious conditions on a specimen.
11. The anatomical specimens should be covered when not in use. The students are requested to clean the area surrounding the bin and to cover the specimen at the end of laboratory sessions, evenings, and weekend open lab hours.
12. Fluid must be drained from the dissecting tables as it accumulates. Please wipe up any spills on the floor immediately, as this fluid makes the floor very slippery and hazardous.
13. Garments worn in the laboratory must be washed at frequent intervals. Shoes worn in the lab must adequately protect the top of the foot. All persons handling cadavers are required to wear gloves and protective eyewear.
14. Report immediately any injuries incurred in the laboratory to a staff member, Student Health or Emergency Room for the proper treatment. Incident forms need to be completed and submitted to the student's program following treatment of the injury.
15. iPads provided for student use are to be cleaned following laboratory use, and used only for viewing of materials pertaining to laboratory materials. iPads should be plugged in following use so they will be charged for the next laboratory group.
16. Anatomical models are not to be removed from BCHS 09.
17. No radios are allowed in the lab during class hours.

## Gross Anatomy Laboratory Student Safety Agreement

The anatomical specimens found in the Gross Anatomy Laboratory contain potentially hazardous chemicals within the embalming fluids which may potentially expose a person to the risk of injury and illness. The risks associated with study of anatomical specimens in Brewer Center for Health Science 09 have been explained to my satisfaction and I have had an opportunity to ask questions about them.

While regulations and guidelines are essential for operation of a gross anatomy laboratory, they may not be sufficient to achieve safe laboratory practice. It is the skill, knowledge, and common sense of the individual student that is essential for a safe program. Thus, each student using a laboratory assumes the following responsibilities:

1. To familiarize him/herself with the rules and regulations concerning laboratory use, noting especially the information provided regarding hazardous or potentially hazardous chemicals used for embalming. Should any hazardous condition come to his/her attention, these should be communicated to Health Science faculty or the laboratory staff members at once.
2. To comply fully with all established rules and regulations, and to consult with faculty and laboratory personnel for advice in circumstances where safe practice is in doubt.
3. To limit laboratory use to study only in approved University courses.
4. To refrain from bringing visitors to the laboratory and thus exposing them to hazardous materials.

I have read and understand and the above responsibilities and agree to observe them in my use of the Gross Anatomy Laboratory. I recognize that I will be studying in an environment containing potentially hazardous chemicals, and I am aware of the consent to the potential risks associated with exposure to these materials. The exposure to materials means personal contact with hazardous or potentially hazardous chemicals at levels that are within established eight hour time weighted averages.

Signing this student safety agreement is not a waiver of individual rights to redress in case of injury.

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

The above student is duly enrolled in a University of Findlay course which requires use of a Gross Anatomy laboratory, and thereby is authorized to use such facility. I have identified the hazardous or potentially hazardous chemicals to which the above student will be exposed while utilizing the laboratory for study, and have provided this student with a copy of the rules and regulations for laboratory use.

\_\_\_\_\_ Date \_\_\_\_\_ Gross Anatomy Laboratory  
Director

# APPENDIX I



**THE UNIVERSITY OF FINDLAY  
COLLEGE OF HEALTH PROFESSIONS  
PHYSICAL THERAPY PROGRAM**

**Quick Reference: AMA Manual of Style**

**INTRODUCTION:**

This reference sheet is intended to assist all people affiliated with the University of Findlay Physical Therapy Program to use the AMA Manual of Style more effectively. For purposes of this reference sheet, page numbers are referenced with each citation from the Manual to enable the reader to easily find the section in the book that contains more information about the given topic. This technique of referencing page numbers is an optional rule listed on page 31 of the Manual that some authors use when citing multiple page numbers from the same reference source.

**I. CREATING A REFERENCE LIST:**

- A.** When writing a paper, you should compile into a list all sources cited for information in that paper.
- B.** Compile the sources on a separate page from the text of the paper and label this page, REFERENCES. The reference page(s) is (are) numbered sequentially after the last narrative page of the paper.
- C.** List the references in the order in which they are cited in the text of the paper. Precede each reference entry by an Arabic numeral of appropriate sequential order.1(p30)
- D.** Separate each reference entry from the next by a double space.
- E.** See sections III -VI for specifics on how to cite particular types of references. Also see the reference page at the end of this document.

**II. CITING REFERENCES WITHIN THE BODY OF A WRITTEN PAPER**

- A. Paraphrasing:** When writing a paper, paraphrasing of the words written by other author(s) is preferable to direct quoting whenever possible, because paraphrasing indicates thought and synthesis of material. However, when paraphrasing the works of other authors, give credit to those authors by noting a citation in superscript after the body of material paraphrased. The following is intended to be only an example of the citation method, not an example of how to paraphrase effectively.

EXAMPLE: Stubbs and associates, studying nurses in England, found that 43.1% of nurses had incurred one episode of back pain in the previous year.<sup>2</sup> (Please see the noted source for information on the placement of in text citations in relation to various types of punctuation.)<sup>1</sup>(p30)

- B. Short quotes: (four written lines or less)** Occasionally, the author of a source has phrased a concept in such a succinct or interesting manner that the concept deserves a direct quote. If this is the case, copy the original author's words precisely and surround them by quotes, followed by a citation.

EXAMPLE: Bork and colleagues astutely observed that, "although physical therapists have knowledge and clinical expertise in musculoskeletal injuries, these proficiencies do not constitute an immunity to their own work-related musculoskeletal disorders." 3

- C. Long quotes: (greater than four written lines)** This type of quotation is set off in a block in the text. Blocked text is defined as a segment of text being written with a reduced font size and without quotation marks. Please see the noted source for further information on specifics of the mechanics of citing quotations in block format.1(p221)

EXAMPLE: In a study of health practices of nursing students, Dittmar and colleagues found that large numbers of nursing students reported poor health practices. The authors state:

Nursing students are expected to act as role models for patients they care for, yet the authors' data indicate their own health practices overall are not exemplary. These findings suggest that faculty teaching in all three types of nursing education programs might well take a more active role in promoting positive health behaviors among nursing students, both within courses on lifestyles and health and throughout the curriculum. Finally, if models truly influence others, nursing faculty themselves need to be more active exemplars in discussing and demonstrating positive health practices.4

### III. CITING A JOURNAL ARTICLE: (fewer than seven authors)

Stubbs DA, Buckle PN, Hudson MP, Rivers PM, Worringham CJ. Back pain in the nursing profession -epidemiology and pilot methodology. *Ergonom.* 1983;26:755765.

#### RATIONALE:

**A. Author citation:** If there are six or fewer authors, write out the surname of the first author, followed by first and middle name initials with no intervening punctuation. Succeeding authors follow in similar manner, each individual name separated by a comma from each additional name. Do not use the word "and" preceding the last name in the series of authors.1(p32)

**B. Article title:** Except for proper nouns, capitalize only the first word in the article title. Do not italicize article titles. Separate the article title from the journal title by a period.1(p30) See also the additional pages in the source noted for further information. 1(p33-34)

**C. Journal title:** Italicize and capitalize all words. List the journal title by the appropriate abbreviation noted in the Index Medicus.1(p297-303) Separate the journal title from the year of publication by a period.. 1(p30) See also the additional pages in the source noted for further information.1 (p33-35)

**D. Year of publication:** Note all four numerals in Arabic format. Separate the year from the journal volume number by a semicolon.1(p30) See also the additional page in the source noted for further information.1(p35)

**E. Volume number:** Note the volume in Arabic numerals. Separate the volume from the page numbers by a colon.1(p30) See also the additional page in the source noted for further information.1 (p35)

**F. Page numbers:** Note the page numbers from which a citation is taken as the first and the last page of the entire article separated by a hyphen. Then follow the pages by a period.1(p30) See also the additional page in the source noted for further information.1(p35)

#### IV. CITING A JOURNAL ARTICLE: (more than six authors)

Bork BE, Cook TM, Rosecrance JC, et al. Work-related musculoskeletal disorders among physical therapists. *Phys Ther.* 1996;76:835-841.

##### **RATIONALE:**

**A. Author citation:** Works authored by more than six individuals should be cited by noting only the first three authors, followed by the Latin phrase, "et al".1(p33)

**B. Remainder of citation:** same as noted above for fewer than seven authors.

#### V. CITING A TEXT (EITHER REFERENCING THE ENTIRE BOOK OR REFERENCING SPECIFIC PAGES OF THE BOOK):

Perry J. *Gait Analysis*. Thorofare, NJ: Slack, Inc; 1992.

##### **RATIONALE:**

**A. Author citation:** see above notations regarding citing journal articles.

**B. Title citation:** Italicize and capitalize all major words of the title.1(p30) Separate the title from the city of publication by a period. See also the additional pages in the source noted for further information.1(p33-34)

**C. Place of publication:** Use the city and state (abbreviated) or country (if the city is outside the US).1(p30) Separate the place of publication from the publisher by a colon. See also the additional page in the source noted for further information.1(p41)

**D. Publisher:** List the full name of the publisher and separate it from the year of publication by a semicolon.1(p30) See also the additional page in the source noted for further information.1(p41)

**E. Page numbers:**

1. Often, texts are cited on the REFERENCE page without page numbers as noted above.
2. If you desire to direct the reader to a specific section of the text, note the page numbers from which a citation is taken as the first and the last inclusive page of that section separated by a hyphen. Then follow the pages by a period.1(p30) See also the additional page in the source noted for further information.1(p41)

#### VI. CITING A CHAPTER OF A TEXT (edited or unedited):

Saunders HD, Stultz MR, Saunders, R, Anderson M. Back injury prevention. In: Key GL, ed. *Industrial Therapy*. Chicago, IL.: Mosby; 1994:123-147.

**A. Author citation:** see above notations regarding citing journal articles. Separate the name(s) of the author(s) from the title of the text with a period.

**B. Chapter title citation:** Except for proper nouns, capitalize only the first word in the chapter title. Do not italicize chapter titles. Separate the article title from the text title by a period.1(p39)

**C. Text title citation:** Italicize and capitalize all major words of the text title.1(p39) Separate the text title from the city of publication by a period.

**D. Place of publication:** Same as in V above

**E. Publisher:** Same as in V above. See also the additional page in the source noted for further information.1(p39,41)

**F. Page numbers:** Note the page numbers (inclusive of the whole chapter) from which a

citation is taken as the first and the last page separated by a hyphen. Then follow the pages by a period.1(p30) See also the additional page in the source noted for further information.1(p39,41)

## REFERENCES

1. Iverson C, Flanagan A, Fontanarosa PB, Glass RM, Glitman P, Lantz JC, et al. *American Medical Association, Manual of Style*. 9th ed. Baltimore, Maryland: Williams and Wilkins; 1999.
2. Stubbs DA, Buckle PN, Hudson MP, Rivers PM, Worringham CJ. Back pain in the nursing profession - epidemiology and pilot methodology. *Ergonom*. 1983;26:755-765.
3. Bork BE, Cook TM, Rosecrance JC, et al. Work-related musculoskeletal disorders among physical therapists. *Phys Ther*. 1996;76:835.
4. Dittmar SS, Haughey BP, O'Shea RM, Brashure J. Health practices of nursing students: a survey. *Health Values*. 1989;13:30.

# APPENDIX J

**PROCTOR AGREEMENT FORM**

Students enrolled in our program may be asked to take exams outside of scheduled class time. In order to ensure test integrity, students are asked to find at least one licensed physical therapist, speech therapist, athletic trainer, or occupational therapist, who will agree to serve as their examination proctor. In addition, students may as a backup option utilize a testing center for proctored exam. A testing center is defined as a commercial testing center such as Prometric, a university or college testing center OR a library testing center. **NO RELATIVE MAY SERVE AS A PROCTOR.**

**STUDENTS MUST PROVIDE THIS FORM FOR EACH PROCTORED EXAM**

**Examination proctors and students must agree to follow the guidelines listed below:**

PAPER EXAM	ONLINE EXAM
1. Ensure that the student who is taking the exam is the student name on the exam packet	1. Supervise the student logging onto Blackboard and ensure that the student who is logging on to the Blackboard site is the person whose name is on the Blackboard site.
2. Open the examination envelope (it should be provided to you in a UF envelope and sealed with a signature stamp or label across the seal)	2. Supervise the student opening the exam, and look for directions regarding use of supplemental materials ie open/closed book.
3. Document testing date and start time on Page 2 of this Proctor Agreement Form	3. Document testing date and start time on Page 2 of this Proctor Agreement Form
4. Ensure that the student follows the enclosed instructions (i.e., open/closed book).	4. Ensure that the student follows the enclosed instructions (i.e., open/closed book).
5. Supervise the student throughout the exam. <i>No resources to be utilized unless specified by the instructor. Assume closed book/note unless specified.</i> [In the case of practical skills check off, (PTs only) administer the check off as per course instructor’s instructions.]	5. Supervise the student throughout the exam, until they log off. <i>No resources to be utilized unless specified by the instructor. Assume closed book/note unless specified.</i>
6. Sign page 2 of this Proctor Agreement Form <b>AND</b> sign the exam document.	6. Sign page 2 of this Proctor Agreement Form and give to student.
7. <b>Insert this Page 2 of this document and the written exam in the return envelope AND sign your name across the return envelope SEAL</b> , verifying your supervision during the exam.	7. <b>Student is responsible</b> to scan or take a readable photo of page 2 of this document and upload that document to the appropriate BLACKBOARD ASSIGNMENT location.
8. Mail the examination packet/envelope back to The University of Findlay in the provided envelope (a “must be postmarked by” deadline will be provided) or give to the student (sealed with your signature across the seal) to hand deliver.	

If you have any questions about this procedure, please call the PT program at 419-434-4863

If you agree to follow the above guidelines **and you serve as an examination proctor**, please complete the form on page 2.

**Student Name:** \_\_\_\_\_ **Class of 20** \_\_\_\_\_

**Course Name** \_\_\_\_\_

**EXAM DATE AND START TIME** \_\_\_\_\_

Please Check Type of proctor:

- PRIMARY proctor (practical); MUST be a licensed Physical Therapist)
- SECONDARY proctor (only written/online exams; May be licensed PT, SP, AT, OT or testing center)

ONE OF THE FOLLOWING SECTIONS MUST BE COMPLETED FOR EACH PROCTORED EXAM/ASSIGNMENT

**LICENSED PROFESSIONALS INFORMATION NEEDED**

Proctor Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Profession/Discipline: \_\_\_\_\_

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

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

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

I agreed to serve as an examination proctor for the student above. I have followed the guidelines provided to the best of my ability.

Signature of Proctor/credential: \_\_\_\_\_ Date \_\_\_\_\_

*~ Thank you for your service to our University of Findlay students~*

**TESTING CENTER INFORMATION NEEDED**

***Commercial or Official Testing Center in Library or College/University***

Proctor Name \_\_\_\_\_

Facility Name \_\_\_\_\_

Department: \_\_\_\_\_

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

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

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

I agreed to serve as an examination proctor for the student above. I have followed the guidelines provided to the best of my ability.

Signature of Proctor/credential: \_\_\_\_\_ Date \_\_\_\_\_

*~ Thank you for your service to our University of Findlay students~*

**THIS PAGE NEEDS TO BE RETURNED TO PROFESSOR per instructions on page 1**

# APPENDIX K



The University of Findlay, College of Health Professions  
Physical Therapy Program

**Work Verification Form**

**Year I/II/III**

Students in the Physical Therapy Program at The University of Findlay are required to work a minimum of 80 hours per month as physical therapist assistants. This provides each student with a clinical resource with which to supplement his or her academic course work.

In order to verify that each student is fulfilling this requirement, please assist us by signing this form.

The student should complete the name, facility, address and phone portion. If you worked in more than one facility, complete a form for each facility.

Student Name:
Facility:
Facility Address
Facility Phone Number:

**Student complete this section**

*(Please indicate the appropriate time frame by checking the blank and filling in the year):*

During the following time frame:

\_\_\_\_\_ January, 20 through May 20

(3<sup>rd</sup> year students January, 20 through March 20 for Winter term)

\_\_\_\_\_ June, 20 through November, 20

**Supervisor complete this section**

*Signature of Supervisor License Number: Discipline of licensee Date:*

*Notes:*

I supervise the above mentioned student in his/her place of employment as a physical therapist assistant and verify that he/she has:	
<b>Check one</b>	
<input type="checkbox"/>	Worked an average of 80 hours per month during the above noted months
<input type="checkbox"/>	Worked an average of (_____) hours per month during the above noted months <i>If the student worked more than or less than 80 hrs per month, please check this box and fill in the number our hours worked.</i>

# APPENDIX L

**The University of Findlay**

**Traditional Clinical Education Syllabi**

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

*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 XX, XXXX. 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:** Jean Weaver, PT, MBA, DCE

**Instructor Contact Information:** 349 Trenton Ave, #124, Findlay, OH 45840, Office phone: 419-434-6943, Cell phone: 419-348-1683; email: [jweaver@findlay.edu](mailto:jweaver@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**)

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- 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)**
  - 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)**
- 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.
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)**
- 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.
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)**
- 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.
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)**
  - 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.
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)**
- 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.
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)**
- 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).
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

- d. 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*. 2<sup>nd</sup> ed.

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

George, D, Walsh, S, and Weaver, J. *Student Handbook*. The University of Findlay; 2020.

**Recommended:** Rothstein JM, Roy SH, Wolf SL. *The Rehabilitation Specialist's Handbook*. 2<sup>nd</sup> ed.

Philadelphia, PA:F.A. Davis Co.;1998

**Curricular Books**

American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3<sup>rd</sup> 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

**The University of Findlay**

Field Experience	<b>X</b>	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

**Methods of Assessment:**

<b>Method of Evaluation</b>	<b>Course Objective #</b>	<b>Points or Percentage</b>
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		
<b>Other: Clinical Performance Instrument (CPI)</b>		
<b>Method of Evaluation</b>	<b>Course Objective #</b>	<b>Points or Percentage</b>
<b>CPI skill #1</b>	#11	N/A – Satisfactory grade
<b>CPI skill #2</b>	#16	
<b>CPI skill #3</b>	#17	
<b>CPI skill #4</b>	#2	
<b>CPI skill #5</b>	#4	
<b>CPI skill #6</b>	#21	
<b>CPI skill #7</b>	#1, #22	

<b>CPI skill #8</b>	#5	
<b>CPI skill #9</b>	#6	
<b>CPI skill #10</b>	#7	
<b>CPI skill #11</b>	#8, #9	
<b>CPI skill #12</b>	#10	
<b>CPI skill #13</b>	#12, #14	
<b>CPI skill #14</b>	#19, #20	
<b>CPI skill #15</b>	#3	
<b>CPI skill #16</b>	#13	
<b>CPI skill #17</b>	#18	
<b>CPI skill #18</b>	#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 7.
4. Completion of Weekly Reflection with CI and facilitation of the return of the Letter of Intent.
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:**



## The University of Findlay

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>

**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 Disability Services ([ods@findlay.edu](mailto: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:** 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,

## **The University of Findlay**

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 each week and submit this week

### **Week Three**

- Completion of online self-assessment of CPI midterm & notify CI of its completion
- Complete clinical experience reflection and cover page each week and submit this week

### **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  
Traditional Physical Therapy Program  
Fall XXXX**

*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 XX, XXXX. 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:** Jean Weaver, PT, MBA, DCE

**Instructor Contact Information:** 349 Trenton Ave, #124, Findlay, OH 45840, Office phone: 419-434-6943, Cell phone: 419-348-1683; email: [jweaver@findlay.edu](mailto:jweaver@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**)

## The University of Findlay

- 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)**
  - 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)**
- 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,

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

- 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.
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)**
- 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.
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.
  - s. 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)**
- 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).
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.

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- 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*. 2<sup>nd</sup> ed. Alexandria, VA: American Physical Therapy Association; June 2006.

George, D, Walsh, S, and Weaver, J. *Student Handbook*. The University of Findlay; 2019.

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

**Curricular Books**

American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3<sup>rd</sup> 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	

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Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

**Methods of Assessment:**

<b>Method of Evaluation</b>	<b>Course Objective #</b>	<b>Points or Percentage</b>
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		
<b>Other: Clinical Performance Instrument (CPI)</b>		
<b>Method of Evaluation</b>	<b>Course Objective #</b>	<b>Points or Percentage</b>
<b>CPI skill #1</b>	#11	N/A – Satisfactory grade
<b>CPI skill #2</b>	#16	
<b>CPI skill #3</b>	#17	
<b>CPI skill #4</b>	#2	
<b>CPI skill #5</b>	#4	

<b>CPI skill #6</b>	#21	
<b>CPI skill #7</b>	#1, #22	
<b>CPI skill #8</b>	#5	
<b>CPI skill #9</b>	#6	
<b>CPI skill #10</b>	#7	
<b>CPI skill #11</b>	#8, #9	
<b>CPI skill #12</b>	#10	
<b>CPI skill #13</b>	#12, #14	
<b>CPI skill #14</b>	#19, #20	
<b>CPI skill #15</b>	#3	
<b>CPI skill #16</b>	#13	
<b>CPI skill #17</b>	#18	
<b>CPI skill #18</b>	#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 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.

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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>

**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 Disability Services ([ods@findlay.edu](mailto: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).



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**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

#### **Final, Week Seven of affiliation**

- Completion of online CPI by the CI
- Complete clinical experience reflection and cover page each week and submit this week
- 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  
Traditional Physical Therapy Program  
Summer XXXX

*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 Semester Hours

**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 5, 2017.

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

**Instructor:** Jean Weaver, PT, MBA, DCE

**Instructor Contact Information:** 349 Trenton Ave, #124, Findlay, OH 45840, Office phone: 419-434-6943, Cell phone: 419-348-1683; email: [jweaver@findlay.edu](mailto:jweaver@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)**
  - 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. 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)**
- 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.
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)**
- 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.
6. Performs a physical therapy examination and evaluation using evidence based tests and measures appropriate for a 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)
  - g. Reaches clinical decisions efficiently.
  - h. 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)**
- 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.
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)**
- 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.
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)**
- 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.
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)**
- 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.
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.
  - t. 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)**
- 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).
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.

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- 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*. 2<sup>nd</sup> 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*. 2<sup>nd</sup> ed. Philadelphia, PA:F.A. Davis Co.;1998

**Curricular Books**

American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3<sup>rd</sup> 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	<b>X</b>	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

**Methods of Assessment:**

<b>Method of Evaluation</b>	<b>Course Objective #</b>	<b>Points or Percentage</b>
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		
<b>Other: Clinical Performance Instrument (CPI)</b>		
<b>Method of Evaluation</b>	<b>Course Objective #</b>	<b>Points or Percentage</b>
<b>CPI skill #1</b>	#11	N/A – Satisfactory grade
<b>CPI skill #2</b>	#16	
<b>CPI skill #3</b>	#17	
<b>CPI skill #4</b>	#2	
<b>CPI skill #5</b>	#4	
<b>CPI skill #6</b>	#21	
<b>CPI skill #7</b>	#1, #22	
<b>CPI skill #8</b>	#5	
<b>CPI skill #9</b>	#6	

<b>CPI skill #10</b>	#7	
<b>CPI skill #11</b>	#8, #9	
<b>CPI skill #12</b>	#10	
<b>CPI skill #13</b>	#12, #14	
<b>CPI skill #14</b>	#19, #20	
<b>CPI skill #15</b>	#3	
<b>CPI skill #16</b>	#13	
<b>CPI skill #17</b>	#18	
<b>CPI skill #18</b>	#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 to update 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 II: A MINIMUM of Intermediate 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.

**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:**

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“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>

**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 Disability Services ([ods@findlay.edu](mailto: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:** 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



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### **Week Three**

- 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 Seven**

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

### **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
- 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  
Traditional Physical Therapy Program  
Spring XXXX**

*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 March 13, 2017.

**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:** Jean Weaver, PT, MBA, DCE

**Instructor Contact Information:** 349 Trenton Ave, #124, Findlay, OH 45840, Office phone: 419-434-6943, Cell phone: 419-348-1683; email: [jweaver@findlay.edu](mailto:jweaver@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)**
  - 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. 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)**
  - 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.
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)**
- 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.
  - aa. 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)

- 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)**
  - 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.
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)**
  - 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.
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)**
- 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.
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)**
- 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.
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)**
- 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).
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

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- 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*. 2<sup>nd</sup> 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*. 2<sup>nd</sup> ed. Philadelphia, PA:F.A. Davis Co.;1998

**Curricular Books**

American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3<sup>rd</sup> 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	<b>X</b>	Service Learning	
Group Presentation		Video/Audio Review and Critique	

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Laboratory Experiences		Other	
Lecture			

**Methods of Assessment:**

<b>Method of Evaluation</b>	<b>Course Objective #</b>	<b>Points or Percentage</b>
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		
<b>Other: Clinical Performance Instrument (CPI)</b>		
<b>Method of Evaluation</b>	<b>Course Objective #</b>	<b>Points or Percentage</b>
<b>CPI skill #1</b>	#11	N/A – Satisfactory grade
<b>CPI skill #2</b>	#16	
<b>CPI skill #3</b>	#17	
<b>CPI skill #4</b>	#2	
<b>CPI skill #5</b>	#4	
<b>CPI skill #6</b>	#21	

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

## The University of Findlay

“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>

**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 Disability Services ([ods@findlay.edu](mailto: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:** 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:**

## **The University of Findlay**

### **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

### **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
- Complete clinical experience reflection

### **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
- 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  
Traditional Physical Therapy Program  
Summer XXXX**

*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 Semester Hours

**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 end of the semester commencing May X, XXXX.

**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:** Jean Weaver, PT, MBA, DCE

**Instructor Contact Information:** 349 Trenton Ave, #124, Findlay, OH 45840, Office phone: 419-434-6943, Cell phone: 419-348-1683; email: [jweaver@findlay.edu](mailto:jweaver@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:

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)**
- 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.
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)**
- a. Utilizes test and measures sensitive to indications for physical therapy intervention.
  - b. Advises practitioner about indications for intervention.
  - j. 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.
  - k. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary.
  - l. 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)**
- 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.
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)**



- 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.
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)**
- 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.
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)**
- 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).
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.

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- 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*. 2<sup>nd</sup> 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*. 2<sup>nd</sup> ed. Philadelphia, PA:F.A. Davis Co.;1998

**Curricular Books**

American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3<sup>rd</sup> 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	

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Field Experience	<b>X</b>	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

**Methods of Assessment:**

<b>Method of Evaluation</b>	<b>Course Objective #</b>	<b>Points or Percentage</b>
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		
<b>Other: Clinical Performance Instrument (CPI)</b>		
<b>Method of Evaluation</b>	<b>Course Objective #</b>	<b>Points or Percentage</b>
<b>CPI skill #1</b>	#11	N/A – Satisfactory grade
<b>CPI skill #2</b>	#16	
<b>CPI skill #3</b>	#17	
<b>CPI skill #4</b>	#2	

<b>CPI skill #5</b>	#4	
<b>CPI skill #6</b>	#21	
<b>CPI skill #7</b>	#1, #22	
<b>CPI skill #8</b>	#5	
<b>CPI skill #9</b>	#6	
<b>CPI skill #10</b>	#7	
<b>CPI skill #11</b>	#8, #9	
<b>CPI skill #12</b>	#10	
<b>CPI skill #13</b>	#12, #14	
<b>CPI skill #14</b>	#19, #20	
<b>CPI skill #15</b>	#3	
<b>CPI skill #16</b>	#13	
<b>CPI skill #17</b>	#18	
<b>CPI skill #18</b>	#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, 5, and 10.
4. Completion of Weekly Reflection with CI and facilitation of the return of the Letter of Intent.
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 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.

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### 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>

**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 Disability Services ([ods@findlay.edu](mailto: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:** 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.

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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 each week and submit this week

#### **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
- Complete clinical experience reflection and cover page each week and submit this week
- 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
- Complete clinical experience reflection and cover page each week and submit this week
- 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



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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.**

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**WEC Clinical Education Syllabi**

The University of Findlay  
College of Health Professions  
Doctor of Physical Therapy Program  
WINTER Semester, 2019

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:** 4 semester hours

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

**Prerequisites, Co-requisites and Course Description:** Successful Completion of Term VII in the PT Program. Full-time, eight-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 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]
  - 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.

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- 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, 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]
  - a. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of PT services.

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- 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.
  - c. Reviews medical history from patients and other sources (e.g., medical records, family, other health care staff).
  - d. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
  - e. Selects the appropriate screening tests and measurements.
  - f. Conducts tests and measurements appropriately.
  - g. Interprets tests and measurements accurately.
  - h. Analyzes and interprets the results and determines whether there is a need for further
  - i. examination or referral to other services.
  - j. Chooses the appropriate service and refers the patient in a timely fashion, once referral or
  - k. consultation is deemed necessary.
  - l. 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
    - i. 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).



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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]
  - 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.
  
- 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

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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]
- Schedules patients, equipment, and space.
  - Coordinates physical therapy with other services to facilitate efficient and effective patient care.
  - Sets priorities for the use of resources to maximize patient and facility outcomes.
  - Uses time effectively.
  - Adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements.
  - Provides recommendations for equipment and supply needs.
  - Submits billing charges on time.
  - Adheres to reimbursement guidelines established by regulatory agencies, payers, & facility.
  - Requests and obtains authorization for clinically necessary reimbursable visits.
  - Utilizes accurate documentation, coding, and billing to support request for reimbursement.
  - Negotiates with reimbursement entities for changes in individual patient services.
  - Utilizes the facility's information technology effectively.
  - Functions within the organizational structure of the practice setting.
  - Implements risk-management strategies (ie, prevention of injury, infection control, etc).
  - Markets services to customers (eg, physicians, corporate clients\*, general public).
  - Promotes the profession of physical therapy.
  - Participates in special events organized in the practice setting related to patients and care delivery.
  - 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]
- Identifies and establishes priorities for educational needs in collaboration with the learner.
  - Identifies patient learning style (e.g., demonstration, verbal, written).
  - Identifies barriers to learning (e.g., literacy, language, cognition).
  - Modifies interaction based on patient learning style.
  - 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.
  - Ensures understanding and effectiveness of recommended ongoing program.

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- 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]**
  - 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

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- 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*. 2<sup>nd</sup> ed. Alexandria, VA: American Physical Therapy Association; June 2006.

George, D. and Elchert, L. *Student Handbook*. The University of Findlay; 2016.

#### Recommended:

#### Curricular Books

American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3<sup>rd</sup> ed. Alexandria, VA: American Physical Therapy Association; 2015. Available online at:  
<http://guidetoptpractice.apta.org/>

Campbell SK. *Physical Therapy for Children*. 4th ed. Philadelphia, PA: WB Saunders; 2011.

Lewis CB, Bottomley JM. *Geriatric Rehabilitation*. 3rd ed. Upper Saddle River, NJ: Pearson Education; 2007.

#### Knowledge Base:

Anderson DK, Irwin KE. Self-assessment of professionalism in physical therapy education. *Work*. 2013; 44: 275-281.

APTA. *Clinical Education: An Anthology I*; 1992.

APTA. *Clinical Education: An Anthology II*; 1996.

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Buccieri KM, Pivko SE, Olzenak DL. How does a physical therapist acquire the skills of an expert clinical instructor. *J Phys Ther Educ*, 2011; 25:17-25.

Buccieri KM, Schultze K, Dungey J, Kolodziej T, et al. Self-reported characteristics of physical therapy clinical instructors: a comparison to the American Physical Therapy Association's Guidelines and Self-Assessments for Clinical Education. *J Phys Ther Educ*, 2006; 20: 47-55.

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

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- Emery MJ. Effectiveness of the clinical instructor: student's perspective. *Physical Therapy*. 1984; 64: 1079-1083.
- Ettinger ER. Role modeling for clinical educators. *Journal of Optometric Education*. 1991; 16(2): 60-62.
- George D. Bridge program: An alternative education. *Journal of Continuing Higher Education*. 2012; 60 (2): 66-79.
- Giberson TR, Black B, Pinkerton E. The impact of student-clinical instructor fit and student-organization fit on physical therapist clinical education experience outcomes. *J Phys Ther Educ*. 2008; 22: 59-64.
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- Hall M, McFarlane L, Mulholland S. Positive clinical placements: perspectives of students and clinical educators in rehabilitation medicine. *Int J Ther Rehabil*. 2012; 19: 549-556.
- Haskins AR, Rose-St Prix C, Elbaum L. (1997). Covert bias in evaluation of physical therapist students' clinical performance. *Phys Ther*. 1997; 77:155-163.
- Hayes KW, Huber G, Rogers J, Sanders B. Behaviors that cause clinical instructors to question the clinical competence of physical therapist students. *Phys Ther*. 1999; 79: 653-667.
- Healey WE. (2008). Physical therapist student approaches to learning during clinical education experiences: a qualitative study. *J Phys Ther Educ*. 2008; 22: 49-58.
- Higgs J. Managing clinical education: the programme. *Physiotherapy*. 1993; 39(4): 239-246.
- Housel N, Gandy J, Edmondson D. Clinical instructor credentialing and student assessment of clinical instructor effectiveness. *J Phys Ther Educ*. 2010; 24: 26-34.
- Jarski RW, Kulig K, Olson RE. Allied health perceptions of effective clinical instruction. *Journal of Allied Health*. 1989; 19: 469-478.
- 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.
- 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, Taltit 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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- McCallum CA, Mosher PD, Jacobson PJ, Gallivan SP, Giuffre SM. Quality in physical therapist clinical education: A systematic review. *Phys Ther.* 2013; 93: 1298-1311.
- Meltzer M, Palau SM, *Acquiring Critical Thinking Skills*. Philadelphia, PA:WB Saunders; 1996.
- Moore A, Hilton R, Morris J, Caladine L, Bristow H. *The Clinical Educator - Role Development*. New York, NY: Curchill Livingston; 1997.
- Morren KK, Gordon SP, Sawyer BA. The relationship between clinical instructor characteristics and student perceptions of clinical instructor effectiveness. *J Phys Ther Educ.* 2008; 22: 52-63.
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- Plack MM. (2008). The learning triad: potential barriers and supports to learning in the physical therapy clinical environment. *J Phys Ther Educ.* 2008; 22: 7-18.
- 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*.
- School of Allied Health, Seminar 2 - *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.
- Triggs M, Shepard KF. Physical therapy clinical education in a 2:1 student-instructor education model. *Phys Ther.* 1996; 76: 968-981.
- 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

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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: <b>Clinical Performance Instrument (CPI)</b>		
Method of Evaluation	Course Objective #	Points or Percentage
<b>CPI skill #1</b>	#11	N/A – Satisfactory grade
<b>CPI skill #2</b>	#16	
<b>CPI skill #3</b>	#17	
<b>CPI skill #4</b>	#2	
<b>CPI skill #5</b>	#4	
<b>CPI skill #6</b>	#21	
<b>CPI skill #7</b>	#1, #22	
<b>CPI skill #8</b>	#5	
<b>CPI skill #9</b>	#6	
<b>CPI skill #10</b>	#7	
<b>CPI skill #11</b>	#8, #9	
<b>CPI skill #12</b>	#10	
<b>CPI skill #13</b>	#12, #14	
<b>CPI skill #14</b>	#19, #20	
<b>CPI skill #15</b>	#3	
<b>CPI skill #16</b>	#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 Education Data Collection Forms (and cover sheet ) on a daily basis.
4. Completion of Weekly Reflection forms with CI.
5. Completion of two inservices.
6. Satisfactory completion of clinical skills from Physical Therapist Clinical Performance Instrument.
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 Experience ONE: A MINIMUM of Intermediate to Advanced Intermediate 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 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.”

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### **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>

**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 Disability Services ([ods@findlay.edu](mailto: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:** 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

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### **Week Three**

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

### **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 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

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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 Semester, 2020

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:** 4 semester hours

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

**Prerequisites, Co-requisites and Course Description:** Full-time, eight-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 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]
  - 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.

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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]
  - 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,

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

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]**



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- 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
  - i. 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.)

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- 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:

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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]
- Demonstrates initiative (e.g., Arrives well prepared, offers assistance, and seeks learning opportunities).
  - Is punctual and dependable.
  - Wears attire consistent with expectations of the practice setting.
  - Demonstrates integrity in all interactions.
  - Exhibits caring, compassion, and empathy in providing services to patients.
  - Maintains productive working relationships with patients, families, CI and others.
  - Demonstrates behaviors that contribute to a positive work environment.
  - Accepts feedback without defensiveness.
  - Manages conflict in constructive ways.
  - Maintains patient privacy and modesty.
  - Values the dignity of patients as individuals.
  - Seeks feedback from CI related to clinical performance.
  - 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]
- Places patient's needs above self-interests
  - Identifies, acknowledges, and accepts responsibility for actions and reports errors.
  - Takes steps to remedy errors in a timely manner.
  - Abides by policies and procedures of the practice setting (e.g., OSHA, HIPAA etc.).
  - Maintains patient confidentiality.
  - Adheres to legal practice standards including all federal state/province, and institutional regulations related to patient care and fiscal management.
  - Identifies ethical or legal concerns and initiates action to address the concerns.
  - Displays generosity as evidenced in the use of time and effort to meet patient needs.
  - Recognize the need for PT services to underserved and underrepresented populations.
  - 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**]
- Determines need for consultative services.
  - 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**]
- Identifies strengths and limitations in clinical performance.
  - Seeks guidance as necessary to address limitations.
  - Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice & professional development.
  - Acknowledges and accepts responsibility and consequences of his or her actions.
  - Establishes realistic short and long-term goals in a plan for professional development.
  - Seeks out additional learning experiences to enhance clinical and professional performance.
  - Discusses progress of clinical and professional growth.
  - Accepts responsibility for continuous professional learning.
  - Discusses professional issues related to physical therapy practice.
  - Participates in professional activities beyond the practice environment.
  - Provides to and receives feedback from peers regarding performance, behaviors, and goals.
  - 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.

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- 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*. 2<sup>nd</sup> ed. Alexandria, VA: American Physical Therapy Association; June 2006.

George, D. and Elchert, L. *Student Handbook*. The University of Findlay; 2016.

#### Recommended:

##### Curricular Books

American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3<sup>rd</sup> ed. Alexandria, VA: American Physical Therapy Association; 2015. Available online at: <http://guidetoptpractice.apta.org/>

Campbell SK. *Physical Therapy for Children*. 4th ed. Philadelphia, PA: WB Saunders; 2011.

Lewis CB, Bottomley JM. *Geriatric Rehabilitation*. 3rd ed. Upper Saddle River, NJ: Pearson Education; 2007.

##### Knowledge Base:

Anderson DK, Irwin KE. Self-assessment of professionalism in physical therapy education. *Work*. 2013; 44: 275-281.

APTA. *Clinical Education: An Anthology I*; 1992.

APTA. *Clinical Education: An Anthology II*; 1996.

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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		

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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: <b>Clinical Performance Instrument (CPI)</b>		
<b>Method of Evaluation</b>	<b>Course Objective #</b>	<b>Points or Percentage</b>
<b>CPI skill #1</b>	#11	N/A – Satisfactory grade
<b>CPI skill #2</b>	#16	
<b>CPI skill #3</b>	#17	
<b>CPI skill #4</b>	#2	
<b>CPI skill #5</b>	#4	
<b>CPI skill #6</b>	#21	
<b>CPI skill #7</b>	#1, #22	
<b>CPI skill #8</b>	#5	
<b>CPI skill #9</b>	#6	
<b>CPI skill #10</b>	#7	
<b>CPI skill #11</b>	#8, #9	
<b>CPI skill #12</b>	#10	
<b>CPI skill #13</b>	#12, #14	
<b>CPI skill #14</b>	#19, #20	
<b>CPI skill #15</b>	#3	
<b>CPI skill #16</b>	#13	
<b>CPI skill #17</b>	#18	
<b>CPI skill #18</b>	#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 Education Data Collection Forms (and cover sheet ) on a daily basis.
4. Completion of Weekly Reflection forms with CI.
5. Completion of two inservices.
6. Satisfactory completion of clinical skills from Physical Therapist Clinical Performance Instrument.

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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 Experience TWO: A MINIMUM of Advanced Intermediate 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 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:

<u>Grade</u>	<u>Points</u>	<u>Grading Scale</u>
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>

**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 Disability Services ([ods@findlay.edu](mailto: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:** 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 Three**

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

**Midterm, Week Four**

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- 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 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.**

The University of Findlay  
College of Health Professions  
Doctor of Physical Therapy Program  
Fall Semester, 2020

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]
  - 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.

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- 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, 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]
  - a. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of PT services.



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- 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.
  - c. Reviews medical history from patients and other sources (e.g., medical records, family, other health care staff).
  - d. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
  - e. Selects the appropriate screening tests and measurements.
  - f. Conducts tests and measurements appropriately.
  - g. Interprets tests and measurements accurately.
  - h. Analyzes and interprets the results and determines whether there is a need for further
  - i. examination or referral to other services.
  - j. Chooses the appropriate service and refers the patient in a timely fashion, once referral or
  - k. consultation is deemed necessary.
  - l. 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

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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

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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,

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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]**

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- 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]**
  - 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.
- 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 regulations related to patient care and fiscal management.
  - g. Identifies ethical or legal concerns and initiates action to address the concerns.
  - h. Displays generosity as evidenced in the use of time and effort to meet patient needs.
  - i. Recognize the need for PT services to underserved and underrepresented populations.
  - j. 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

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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**]
  - 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



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patient management.

### Required Textbooks and other materials:

#### Required:

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

George, D. and Elchert, L. *Student Handbook*. The University of Findlay; 2016.

#### Recommended:

##### Curricular Books

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

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

Campbell SK. *Physical Therapy for Children*. 4th ed. Philadelphia, PA: WB Saunders; 2011.

Lewis CB, Bottomley JM. *Geriatric Rehabilitation*. 3rd ed. Upper Saddle River, NJ: Pearson Education; 2007.

##### Knowledge Base:

Anderson DK, Irwin KE. Self-assessment of professionalism in physical therapy education. *Work*. 2013; 44: 275-281.

APTA. *Clinical Education: An Anthology I*; 1992.

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Buccieri KM, Pivko SE, Olzenak DL. How does a physical therapist acquire the skills of an expert clinical instructor. *J Phys Ther Educ*, 2011; 25:17-25.

Buccieri KM, Schultze K, Dungey J, Kolodziej T, et al. Self-reported characteristics of physical therapy clinical instructors: a comparison to the American Physical Therapy Association's Guidelines and Self-Assessments for Clinical Education. *J Phys Ther Educ*, 2006; 20: 47-55.

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

Deusinger S. Evaluating effectiveness of clinical education. *Journal of Physical Therapy Education*. 1990; 4(2): 66-70.

Emery MJ. Effectiveness of the clinical instructor: student's perspective. *Physical Therapy*. 1984; 64: 1079-1083.

Ettinger ER. Role modeling for clinical educators. *Journal of Optometric Education*. 1991; 16(2): 60-62.

George D. Bridge program: An alternative education. *Journal of Continuing Higher Education*. 2012; 60 (2): 66-79.

Giberson TR, Black B, Pinkerton E. The impact of student-clinical instructor fit and student-organization fit on physical therapist clinical education experience outcomes. *J Phys Ther Educ*. 2008; 22: 59-64.

Graham CL. Conceptual learning processes in physical therapy students. *Phys Ther*, 1996; 76: 856-865.

*Physical Therapy Program Student Handbook 5/31/17*

- Gwyer J. Rewards of teaching physical therapy students: clinical instructor's perspective. *Journal of Physical Therapy Education*. 1993; 7(2): 63-66.
- Hall M, McFarlane L, Mulholland S. Positive clinical placements: perspectives of students and clinical educators in rehabilitation medicine. *Int J Ther Rehabil*. 2012; 19: 549-556.
- Haskins AR, Rose-St Prix C, Elbaum L. (1997). Covert bias in evaluation of physical therapist students' clinical performance. *Phys Ther*. 1997; 77:155-163.
- Hayes KW, Huber G, Rogers J, Sanders B. Behaviors that cause clinical instructors to question the clinical competence of physical therapist students. *Phys Ther*. 1999; 79: 653-667.
- Healey WE. (2008). Physical therapist student approaches to learning during clinical education experiences: a qualitative study. *J Phys Ther Educ*. 2008; 22: 49-58.
- Higgs J. Managing clinical education: the programme. *Physiotherapy*. 1993; 39(4): 239-246.
- Housel N, Gandy J, Edmondson D. Clinical instructor credentialing and student assessment of clinical instructor effectiveness. *J Phys Ther Educ*. 2010; 24: 26-34.
- Jarski RW, Kulig K, Olson RE. Allied health perceptions of effective clinical instruction. *Journal of Allied Health*. 1989; 19: 469-478.
- 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.
- Ladyshewsky RK. Enhancing service productivity in acute care inpatient settings using a collaborative clinical education model. *Phys Ther*. 1995; 75:503-510.
- Ladyshewsky 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, Taltit U. (2007). Clinical supervision as an interaction between the clinical educator and the student. *Physiother Theory Pract*. 2007; 23: 95-103.
- McCallum CA, Mosher PD, Jacobson PJ, Gallivan SP, Giuffre SM. Quality in physical therapist clinical education: A systematic review. *Phys Ther*. 2013; 93: 1298-1311.
- Meltzer M, Palau SM, *Acquiring Critical Thinking Skills*. Philadelphia, PA:WB Saunders; 1996.
- Moore A, Hilton R, Morris J, Caladine L, Bristow H. *The Clinical Educator - Role Development*. New York, NY: Curchill Livingston; 1997.
- Morren KK, Gordon SP, Sawyer BA. The relationship between clinical instructor characteristics and student perceptions of clinical instructor effectiveness. *J Phys Ther Educ*. 2008; 22: 52-63.
- O'Connor A, Cahill M, McKay EA. Revisiting 1:1 and 2:1 clinical placement models: Student and clinical educator perspectives. *Aust Occup Ther J*. 2012; 59: 276-283.

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Page GG, MacKinnon JR. (1987). Cost of clinical instructors' time in clinical education--physical therapy students. *Phys Ther.* 1987; 67: 238-243.

Plack MM. (2008). The learning triad: potential barriers and supports to learning in the physical therapy clinical environment. *J Phys Ther Educ.* 2008; 22: 7-18.

Rindflesch 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.*

School of Allied Health, Seminar 2 - *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.

Triggs M, Shepard KF. Physical therapy clinical education in a 2:1 student-instructor education model. *Phys Ther.* 1996; 76: 968-981.

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: <b>Clinical Performance Instrument (CPI)</b>		
<b>Method of Evaluation</b>	<b>Course Objective #</b>	<b>Points or Percentage</b>
<b>CPI skill #1</b>	#11	N/A – Satisfactory grade
<b>CPI skill #2</b>	#16	
<b>CPI skill #3</b>	#17	
<b>CPI skill #4</b>	#2	
<b>CPI skill #5</b>	#4	
<b>CPI skill #6</b>	#21	
<b>CPI skill #7</b>	#1, #22	
<b>CPI skill #8</b>	#5	
<b>CPI skill #9</b>	#6	
<b>CPI skill #10</b>	#7	
<b>CPI skill #11</b>	#8, #9	
<b>CPI skill #12</b>	#10	
<b>CPI skill #13</b>	#12, #14	
<b>CPI skill #14</b>	#19, #20	
<b>CPI skill #15</b>	#3	
<b>CPI skill #16</b>	#13	
<b>CPI skill #17</b>	#18	
<b>CPI skill #18</b>	#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 Education Data Collection Forms (and cover sheet ) on a daily basis.
4. Completion of Weekly Reflection forms with CI.
5. Completion of two inservices.
6. Satisfactory completion of clinical skills from Physical Therapist Clinical Performance Instrument.
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:

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- 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.
8. 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:

<b>Grade</b>	<b>Points</b>	<b>Grading Scale</b>
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>

**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

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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:** 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**

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- 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.**

# APPENDIX M



THE UNIVERSITY OF FINDLAY  
PHYSICAL THERAPY PROGRAM

**Potential CEF Preference Form**

*Please list your first, second, and third preference for each clinical affiliation & give reasons.*

<b>FIRST AFFILIATION - Inpatient (<i>Neuromuscular; Cardiopulmonary; Integumentary</i>)</b>	
<b><i>First Choice</i></b>	
Name of CEF	
Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	
<b><i>Second Choice</i></b>	
Name of CEF	
Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	
<b><i>Third Choice</i></b>	
Name of CEF	
Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	
<b>SECOND AFFILIATION - Outpatient (<i>Musculoskeletal</i>)</b>	
<b><i>First Choice</i></b>	
Name of CEF	
Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	

<b>Cont. of 2<sup>nd</sup> Affiliation - <i>Second Choice</i></b>	
Name of CEF	
Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	
<b><i>Third Choice</i></b>	
Name of CEF	
Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	
<b>THIRD AFFILIATION – SPECIALTY (Any setting; Designed for further DEPTH)</b>	
<b><i>First Choice</i></b>	
Name of CEF	
Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	
<b><i>Second Choice</i></b>	
Name of CEF	
Address of CEF	
Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	
<b><i>Third Choice</i></b>	
Name of CEF	
Address of CEF	

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Name of CONTACT (Director/CCCE)	
Phone # & FAX #	
Email of CONTACT	

**Reasons:**

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[  ] I understand that NONE of the above mentioned sites are physician owned practices, nor are they non-SARA states.

Student's Signature/Date \_\_\_\_\_

# APPENDIX N

The University of Findlay, Physical Therapy Program

**SCREENING TOOL FOR CLINICAL EDUCATION FACILITIES**

Name of Clinical Education Facility \_\_\_\_\_

Date of Clinical Education Facility visit/ review \_\_\_\_\_

1) **GENERAL DESCRIPTION** OF Clinical Education Facility (*Referral for practice/Physician owned clinic?*)

2) Clinical Education Facility's **PHILOSOPHY** COMPATIBLE WITH THE AEF  
(*clin. ed. philosophy, written policies & procedures, P. T. service philosophy*)

3) **OBJECTIVES** OF STUDENT, CEF, and AEF 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 either from the CCIF or the visit*)

- |  |   |
|--|---|
| <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**  
(*staff with expertise, flexible, positive working relationships, high morale, effective management, regular communication within the center, appropriate space*)

9) **SUPPORT SERVICE AVAILABILITY**

*(advance notification, provide for special learning needs)*

**10) P. T. PERSONNEL ROLES**

*(job descriptions, roles and responsibilities of CCCE, 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) CCCE WITH SPECIFIC QUALIFICATIONS**

*(written criteria for CCCE is based on APTA guidelines, if CCCE is not a PT, the direct CI is a PT)*

**13) CI WITH SPECIFIC QUALIFICATIONS**

*(written 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/Date\_\_\_\_\_

*Developed by Deb George 1999; Revised 4/30/16*

# APPENDIX O

## Clinical Education Agreement Form

### AGREEMENT BETWEEN THE UNIVERSITY OF FINDLAY AND

THIS AGREEMENT is entered into on the day of \_\_\_\_\_, 2017, 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.



## The University of Findlay

- 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

## The University of Findlay

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 \_\_\_\_\_, 2017, 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.

**The University of Findlay**

**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 s only one signature*) Date

## APPENDIX P

### 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](http://www.apta.org/ACIECP)

**The University of Findlay**

- American Physical Therapy Association. *Clinical Instructor Education and Credentialing Program and Manual*. Alexandria, VA: American Physical Therapy Association, 2009. [www.apta.org/CIECP](http://www.apta.org/CIECP)
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- Greive DG, *A Handbook for Adjunct/Part-time Faculty and Teachers of Adults*. Cleveland, OH: Info. Tec., Inc.; 1995.
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- Gwyer J. Rewards of teaching physical therapy students: clinical instructor's perspective. *Journal of Physical Therapy Education*. 1993; 7(2): 63-66.
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- Haskins AR, Rose-St Prix C, Elbaum L. (1997). Covert Bias in Evaluation of Physical Therapist Students' Clinical Performance. *Phys Ther*. 1997; 77:155- 163.
- Hayes KW, Huber G, Rogers J, Sanders B. Behaviors That Cause Clinical Instructors to Question the Clinical Competence of Physical Therapist Students. *Phys Ther*. 1999; 79: 653-667.
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- Housel N, Gandy J, Edmondson D. Clinical instructor credentialing and student assessment of clinical instructor effectiveness. *J Phys Ther Educ*. 2010; 24: 26-34.
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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

**The University of Findlay**

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# APPENDIX Q

## STUDENT DATA SHEET for CLINICAL EDUCATION

### General Information

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

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: \_\_\_\_\_

**The University of Findlay**

**Health/Medical Information:**

Date of Last Physical Examination: \_\_\_\_\_

PPD Mantoux Test Date: \_\_\_\_\_

Rubella titer Test Date: \_\_\_\_\_

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):

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

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

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

# **APPENDIX R**

The University of Findlay  
College of Health Professions

HEALTH FORM / PHYSICIAN'S EXAMINATION

**PART ONE: MUST BE COMPLETED BY THE STUDENT PRIOR TO THE EXAM!**

**General Information:**

Name: \_\_\_\_\_ Sex: \_\_\_ Birth date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

UF ID# \_\_\_\_\_ Today's Date: \_\_\_\_\_

Health Profession 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 or condition <u>currently</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Details of any "Yes" answers from above:

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Previous Injuries: \_\_\_\_\_

Previous Surgeries: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

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NAME \_\_\_\_\_ ID# \_\_\_\_\_  
 DOB \_\_\_\_\_ PHONE# \_\_\_\_\_  
 Health Science Major \_\_\_\_\_

REQUIRED:	Date Completed/Given	<u>Cosiano Health Center Staff Signature</u>
<b>Primary DPT series completion</b> <b>Tetanus Booster (Tdap/Td)</b> (Substitute 1 dose Tdap for Td)	_____ _____	_____ _____
<b>MMR Born before 1/1/57</b>  <b>OR</b> <b>Vaccine- Dose # 1</b> <b>Dose # 2</b>  <b>OR</b> <b>MMR titers</b>	_____ _____ _____  Date _____ Results _____	_____ _____ _____ _____
<b>Hepatitis B Vaccine</b> 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 _____	_____ _____ _____ _____
<b>PPD (tuberculin skin test)</b> Step 1:  Step 2: (7-14 days after step 1) <b>Yearly follow ups:</b>  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	_____ _____ _____ _____ _____ _____
<b>Varicella</b> Varicella titer  <b>OR</b> <b>Vaccine-</b>	Date _____ Results _____  Date _____ Dose 1  Date _____ Dose 2	_____ _____ _____
<b>Flu Vaccine (yearly)</b>	_____ _____	_____ _____ _____

**PART TWO: TO BE COMPLETED BY THE PHYSICIAN**

**Physical Examination:**

Vital Signs: Ht: \_\_\_\_\_ (inches) Wt: \_\_\_\_\_ (lbs.) BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

	Normal	Abnormal	Deferred	Comments
General Appearance				
HEENT				
Lungs				
Breast (if indicated)				
Heart				
Abdomen				
Pelvic (if indicated)				
Rectal (if indicated)				
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: \_\_\_\_\_

**Release of Medical Record to Clinical Sites**

**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:** \_\_\_\_\_

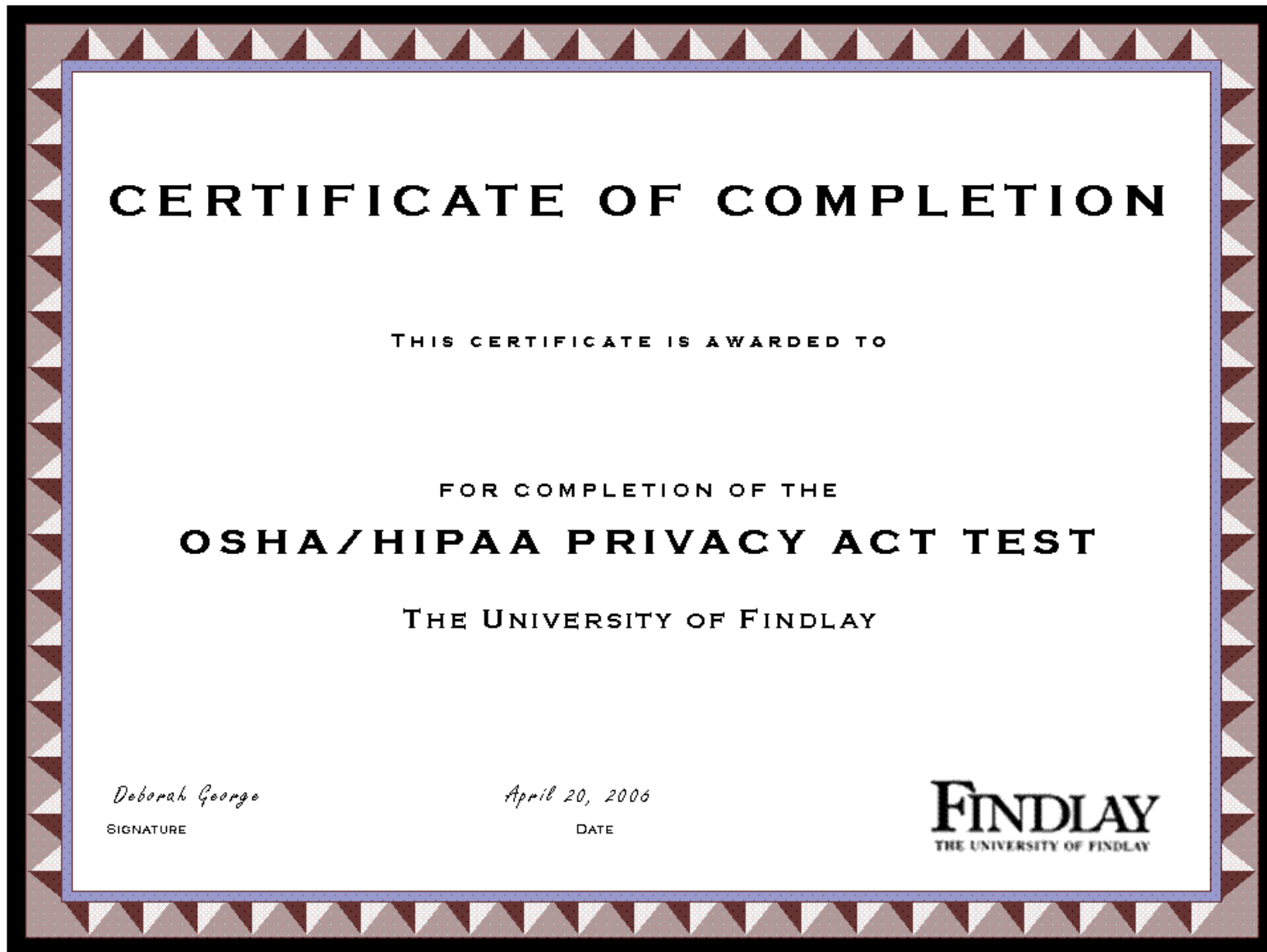
**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_



# APPENDIX S

Example Certificate of Completion of OSHA/ HIPPA Test



# APPENDIX T

# FINDLAY

## THE UNIVERSITY OF FINDLAY

### *Physical Therapy Program*

#### Clinical Education Request Form

Please complete this form and return it by email to Jill Vaughan, Experiential Educator at [Vaughan@findlay.edu](mailto:Vaughan@findlay.edu), fax to 419-434-4336, or mail back. Please also update your CSIF at [csifweb.amsapps.com](http://csifweb.amsapps.com). If you have questions about any of these placements, please contact Jill Vaughan at [vaughan@findlay.edu](mailto:vaughan@findlay.edu) or 419-434-4641 or Jean Weaver at [jweaver@findlay.edu](mailto:jweaver@findlay.edu) or 419-434-6943

Please select the placements that you will be able to accommodate and fill in the information for that placement. **If you select "Other" for the Type, please explain in the Comments section.**

Please confirm by <b>checking</b> the box below.	Clinical Request <b>Traditional DPT</b> with dates	Student Name	Type of Experience	Clinical Instructor (if known please fill in)	Comments (Special Requests)
<input type="checkbox"/>	<b>NEURO</b> March XX – May XX, 201X		<b>NEURO</b>		
<input type="checkbox"/>	<b>CHOICE</b> May XX – July XX, 201X				
<input type="checkbox"/>	<b>OUTPATIENT</b> June XX – July XX, 201X		<b>OUTPATIENT</b>		
<input type="checkbox"/>	<b>ACUTE</b> July XX – Sept XX, 201X		<b>ACUTE CARE</b>		

**We are unable to take students during these times.**

This form serves as a **FINAL CONFIRMATION** that you are taking our student in 2017.

\_\_\_\_\_  
**CCCE Print Name**

\_\_\_\_\_  
**CCCE Signature**

\_\_\_\_\_  
**CCCE email address**

\_\_\_\_\_  
**CI Name**

\_\_\_\_\_  
**CI email**

- YES** Contact me for additional affiliations or types not noted above if requested by a student.
- NO** Do NOT contact me for additional affiliations.

**SAMPLE CONFIRMATION FORM FOR WEC PT PROGRAM**

**The University of Findlay**  
**Weekend PTA to DPT Bridge Program**



1000 N Main St.

Deborah George PT PhD MS DCE

PT Building

Phone- 419-434-5531

Fax 419-434-4336

Findlay, OH 45840

[E-mail george@findlay.edu](mailto:george@findlay.edu)

Facility Name \_\_\_\_\_ Address \_\_\_\_\_

Dear \_\_\_\_\_, CCCE,

I am sending you a REQUEST for the senior level student(s) from the **COHORT of 2018** to be accepted for the following 2018 clinical affiliation; please CHECK OFF all that applies.

Clinical Experience Number	Notes from School	Dates	Number of Weeks	Setting (Circle all that apply)	Experience Type (Circle all that apply)	Name of Student(s)
<b>PHTH 720</b> <input type="radio"/>	Eight-week clinical experience, supervised by a licensed PT in an <b>inpatient setting</b> with emphasis on integumentary, cardiopulmonary & neuromuscular systems	Spring Term <b>December XX – February XX, 20XX</b>	<b>8</b>	<b>INPATIENT</b> Acute Care Rehab SNF Other _____	Orthopedic <b>Cardiopulmonary</b> <b>Neuromuscular</b> <b>Integumentary</b> Pediatrics Geriatrics Other _____	
<b>PHTH 726</b> <input type="radio"/>	Eight-week clinical experience, supervised by a licensed physical therapist in an <b>outpatient setting</b> with emphasis on musculoskeletal system	Summer Term <b>June XX, - August XX, 20XX</b>	<b>8</b>	<b>OUTPATIENT</b>	Orthopedic Cardiopulmonary Neuromuscular Pediatrics Integumentary Other _____	
<b>PHTH 730</b> <input type="radio"/>	Ten-week final clinical experience supervised by a licensed PT in a <b>setting chosen by the student</b> (e.g. school system, MRDD facility, sports medicine clinic, home health agency, SNF).	Fall Term <b>August XX – October XX, 20XX</b>	<b>10</b>	<b>FINAL, Chosen by student</b> Acute Care Rehab SNF Home Health Outpatient Other _____	Orthopedic Cardiopulmonary Neuromuscular Pediatrics Integumentary Other _____	

- No Change In Contact/Requirements    
  First Come- First Serve    
  Application Required    
  Interview Required  
 Contact closer to the clinical date    
  No openings for 2018

Any Changes in CE Program or Contact Information: \_\_\_\_\_

I agree to accept the above listed student (s)

CI name (print) \_\_\_\_\_ Email \_\_\_\_\_

CCCCE name (print) \_\_\_\_\_ Email \_\_\_\_\_

CCCE signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete and return via e-mail/fax/ mail to Deborah George by April 30th 2017**

# APPENDIX U

*Please use your facility letterhead and email OR FAX with 419-434-4336. Thank you!*

**Letter of Intent**

Date:

Clinical Education Facility:

Address:

Dear XXXXXX,

I agree to mentor the physical therapy student, \_ for a 201X clinical affiliation.

My main responsibilities include:

- Coordination of the specific learning experiences within the clinical education facility.
- 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.

My contact information is as follows:

Phone:

Email Address used with CPI web:

Sincerely,

---

Clinical Instructor signature

---

Clinical Instructor printed name

# APPENDIX V



**THE UNIVERSITY OF FINDLAY  
COLLEGE OF SCIENCE  
TRADITIONAL PHYSICAL THERAPY PROGRAM**

**Student Agreement to the Clinical Education Facility Assignment**

I \_\_\_\_\_ agree to the following  
clinical assignment:

\_\_\_\_\_ Term PHTH \_\_\_\_\_

Dates: \_\_\_\_\_

Name of the Clinical Assignment: \_\_\_\_\_

Signed:

\_\_\_\_\_  
(Student's Signature/Date)

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	December XX – February XX, 20XX  (8 weeks)	
Clinical Two PHTH 726	June XX – August XX 20XX  (8 weeks)	
Clinical Three PHTH 730	August XX – October XX, 20XX  (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 W

**Request for Release of Information for Accommodations**

*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)*

# APPENDIX X

## INSERVICE EVALUATION FORM

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

Facility: \_\_\_\_\_ Presenter: \_\_\_\_\_

Topic: \_\_\_\_\_

### Instructions:

Please check the BEST response and comment on your response.

**1. This topic was pertinent 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 Y

The University of Findlay  
Physical Therapy Program

**Agreement for Backup Supervision Form**

**I. The CCCE of the Backup Clinical Education Facility (CEF)**

I, the undersigned, agree to act as the backup CEF 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) and only in an emergency situation when the CCCE of the primary CEF must be absent.

The CCCE of the backup CEF is responsible for:

1. organizing, directing, supervising, and evaluating the activities of the student for the involved day or two days.
2. reporting to the CCCE of the primary CEF the outcome of the student's activities.

Signed:

\_\_\_\_\_  
(Name of CCCE of the backup CEF/Date)

**II. The CCCE of the Primary CEF**

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 CCCE of the Primary CEF must be absent.

The CCCE of the primary CEF is responsible for:

1. orienting the student to the backup procedure during the orientation.
2. contacting the CCCE of the backup CEF 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 CCCE of the Primary CEF/Date)

**II. 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 Z

*Confidentiality of Data: All data collected from this survey will be kept confidential and specific data will never be divulged in connection with the identification of a specific subject.*

**Physical Therapy Program**

**Clinical Education Data Collection Forms**

**Instructions:**

The **purpose** of the *Clinical Education Data Collection Form* is to assist *The University of Findlay's PT program* with curricular development through the exploration of the clinical education experience as perceived by the student. The observed variables include:

(a) Setting of the clinical education experience, (b) Level of supervision, (c) Primary practice patterns, (d) Specific learning activities & experiences. This tool is to be utilized by the PT student for ALL clinical affiliations on a daily basis.

**First**, you are to complete this **cover page** by indicating your name, clinical site information, and the clinical instructor's (CI) information.

**Second**, you are to utilize the KEYS to record the level of supervision provided by a PT, the primary practice patterns encountered, and specific learning activities experienced.

**Third**, you are to complete the weekly reflection papers, which should include what you perceive to be your strengths, areas that need improvement, goals, and plan. You need to share this with your CI on a weekly basis, revising as needed based on your CI's feedback.

**Finally**, ALL data is to be returned to the DCE at the end of each clinical education experience.

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

**Affiliation #:** \_\_\_\_\_ **CEF Name:** \_\_\_\_\_

Indicate type of Clinical Education Facility (e.g. GAC, Outpt. clinic): \_\_\_\_\_

Check off type of **Setting**:  Rural  Suburban  Urban

Check off ALL **Age** categories exposed to:  < 18 yrs.  19 yrs. to 64 yrs.  65 yrs. to 84 yrs.  > 85 yrs.

Check off experience with other **Professionals**:  OT  SP  MD  Other:

**Clinical Instructor Name:** \_\_\_\_\_

PT School from which CI graduated	
Year of Graduation/ Entry level degree (e.g. BS, MS, PhD)	
Number of years of clinical practice	
Number of years of clinical teaching	
Credentialed Clinical Instructor (through APTA)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Licensure Number/State	
Specialization outside ABPTS (manual, vestibular, lymphedema, etc)	
ABPTS Specialty Certification (check All that apply):	<input type="checkbox"/> Cardiovascular & Pulmonary <input type="checkbox"/> Clinical Electrophysiology
<input type="checkbox"/> Women's Health <input type="checkbox"/> Geriatrics <input type="checkbox"/> Neurology <input type="checkbox"/> Orthopaedics <input type="checkbox"/> Pediatrics <input type="checkbox"/> Sports <input type="checkbox"/>	
Other: _____	
Member of APTA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>(used for accreditation &amp; research)</i>	



**KEY:**

**I. Abbreviations for Patterns of practice**

<p><b><u>Musculoskeletal Patterns</u></b>  <b>M/S A:</b> Primary Prevention/Risk Reduction for <b>Skeletal Demineralization</b> Disorder  <b>M/S B:</b> Impaired <b>Posture</b>  <b>M/S C:</b> Impaired <b>Muscle Performance</b>  <b>M/S D:</b> Impaired Joint Mobility, Motor Function, Muscle Performance, &amp; ROM  Associated with <b>Connective Tissue Dysfunction</b>  <b>M/S E:</b> Impaired Joint Mobility, Motor Function, Muscle Performance, &amp; ROM  Associated with <b>Localized Inflammation</b>  <b>M/S F:</b> Impaired Joint Mobility, Motor Function, Muscle Performance, &amp; ROM  Associated with <b>Spinal Disorders</b>  <b>M/S G:</b> Impaired Joint Mobility, Muscle Performance, &amp; ROM  Associated with <b>Fracture</b>  <b>M/S H:</b> Impaired Joint Mobility, Motor Function, Muscle Performance, &amp; ROM  Associated with <b>Joint Arthroplasty</b>  <b>M/S I:</b> Impaired Joint Mobility, Motor Function, Muscle Performance, &amp; ROM  Associated with <b>Bony or Soft Tissue Surgery</b>  <b>M/S J:</b> Impaired Motor Function, Muscle Performance, ROM, Gait, Locomotion, &amp; Balance Associated with <b>Amputation</b></p>	<p><b><u>Neuromuscular Patterns</u></b>  <b>N A:</b> Primary Prevention/Risk Reduction for <b>Loss of Balance &amp; Falling</b>  <b>N B:</b> Impaired <b>Neuromotor Development</b>  <b>N C:</b> Impaired Motor Function &amp; Sensory Integrity Associated with  <b>Nonprogressive Disorders of CNS</b>-Congenital or Acquired in <b>Infancy or Childhood</b>  <b>N D:</b> Impaired Motor Function &amp; Sensory Integrity Associated with <b>Nonprogressive Disorders of CNS</b>-Acquired in <b>Adolescence or Adulthood</b>  <b>N E:</b> Impaired Motor Function &amp; Sensory Integrity Associated with <b>Progressive Disorders of CNS</b>    <b>N F:</b> Impaired Peripheral Nerve Integrity &amp; Muscle Performance Associated with <b>PN Injury</b>  <b>N G:</b> Impaired Motor Function &amp; Sensory Integrity Associated with Acute or <b>Chronic Polyneuropathies</b>  <b>N H:</b> Impaired Motor Function, Peripheral Nerve Integrity, &amp; Sensory Integrity Associated with <b>Nonprogressive Disorders of the Spinal Cord</b>  <b>N I:</b> Impaired Arousal, Range of Motion, &amp; Motor Control Associated with <b>Coma, Near Coma, or Vegetative State</b></p>
<p><b><u>Cardiovascular/Pulmonary Patterns</u></b>  <b>C/P A:</b> Primary Prevention/Risk Reduction for <b>Cardiovascular/Pulmonary Disorders</b>  <b>C/P B:</b> Impaired Aerobic Capacity/Endurance Associated with <b>Deconditioning</b>  <b>C/P C:</b> Impaired Ventilation, Respiration/Gas Exchange, and Aerobic Capacity/Endurance Associated with <b>Airway Clearance Dysfunction</b>  <b>C/P D:</b> Impaired Aerobic Capacity/Endurance Associated with <b>Cardiovascular Pump Dysfunction or Failure</b>  <b>C/P E:</b> Impaired Ventilation &amp; Respiration/Gas Exchange Associated with <b>Ventilatory Pump Dysfunction or Failure</b>  <b>C/P F:</b> Impaired Ventilation &amp; Respiration/Gas Exchange Associated with <b>Respiratory Failure</b>  <b>C/P G:</b> Impaired Ventilation, Respiration/Gas Exchange, and Aerobic Capacity/Endurance Associated with <b>Respiratory Failure in the Neonate</b>  <b>C/P H:</b> Impaired Circulation &amp; Anthropometric Dimensions Associated with <b>Lymphatic System Disorders</b></p>	<p><b><u>Integumentary Patterns</u></b>  <b>I A:</b> Primary Prevention/Risk Reduction for <b>Integumentary Disorders</b>  <b>I B:</b> Impaired Integumentary Integrity Associated with <b>Superficial Skin Involvement</b>  <b>I C:</b> Impaired Integumentary Integrity Associated with <b>Partial thickness Skin Involvement &amp; Scar Formation</b>  <b>I D:</b> Impaired Integumentary Integrity Associated with <b>Full thickness Skin Involvement &amp; Scar Formation</b>  <b>I E:</b> Impaired Integumentary Integrity Associated with <b>Skin Involvement Extending Into Fascia, Muscle, or Bone and Scar Formation</b></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	<b>27-Client Intervention - Facilitation/Inhibition</b>
2-Documentation	<b>28-Client Intervention - Functional/ADL Training</b>
3-Inservice Presentation	<b>29-Client Intervention - Integumentary repair/protection</b>
<b>4-Client Examination – History (self-care, social etc.)</b>	<b>30-Client Intervention - Manual therapy techniques</b>
<b>5-Client Examination - Systems review (i.e., screening)</b>	<b>31-Client Intervention - Motor function training (balance, gait)</b>
<b>6-Client Examination - Whole process</b>	<b>32-Client Intervention - Static/dynamic Positioning</b>
7-Tests & Measures - Aerobic Capacity/Endurance	<b>33-Client Intervention - Therapeutic exercise</b>
8-Tests & Measures - Anthropometric Characteristics	<b>34-Client Intervention - Wellness/Prevention</b>
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	
<b>24-Client Intervention - Airway Clearance/Pulmonary</b>	
<b>25-Client Intervention - Aquatic therapy</b>	
<b>26-Client Intervention - Biophysical agents</b>	

**Weekly Reflections** (*/Week Number/* \_\_\_\_\_)

**Areas of Strength:**

**Areas Needing Improvement:**

**Short Term Goals and Plans:**

# APPENDIX AA

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?)*

- 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 BB

Name/Class \_\_\_\_\_

**Overview of Student Progress at Clinical Affiliations (Weekend PT program)**

	<i><b>PHTH720 Intermediate to Advanced Intermediate</b></i>	<i><b>PHTH726 Advanced Intermediate to Entry-level</b></i>	<i><b>PHTH730 Entry-level</b></i>
<b>1. Safety</b>			
<b>2. Responsible Behavior</b>			
<b>3. Accountability</b>			
<b>4. Communication</b>			
<b>5. Cultural Competence</b>			
<b>6. Professional Development</b>			
<b>7. Clinical Reasoning</b>			
<b>8. Screening</b>			
<b>9. Examination</b>			
<b>10. Evaluation</b>			
<b>11. Diagnosis/Prognosis</b>			
<b>12. Plan of Care</b>			
<b>13. Procedural Interventions</b>			
<b>14. Educational Interventions</b>			
<b>15. Documentation</b>			
<b>16. Outcomes Assessment</b>			
<b>17. Financial Resources</b>			
<b>18. Direction &amp; Supervision of Personnel</b>			

The University of Findlay	<i><b>PHTH720 Intermediate to Advanced Intermediate</b></i>	<i><b>PHTH726 Advanced Intermediate to Entry-level</b></i>	<i><b>PHTH730 Entry-level</b></i>
<i><b>CEEER Form</b></i>			
<i><b>INSERVICE (2X)</b></i>			
<i><b>CEF Data Booklet (Cover &amp; Data)</b></i>			
<i><b>Weekly Reflections</b></i>			
<i><b>Interprofessional Experiences</b></i>			
<i><b>Practice Patterns (M/S; N/M; C/P; I)</b></i>			
<i><b>Age Groups</b></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><b>SETTING</b></i>	Rural Urban Suburban	Rural Urban Suburban	Rural Urban Suburban

**COMMENTS:**

**PHTH720**

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**PHTH726**

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**PHTH730**

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**Other**

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# APPENDIX CC

**OHIO CONSORTIUM OF 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?



# APPENDIX DD

**Confidentiality of Data: All data collected will be kept confidential and specific data will never be divulged in connection with the identification of a specific subject.**

**College of Health Professions  
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 **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 **manages** or maintains the academic program's clinical education documents (e.g. The University of Findlay website information, 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 or the student with extenuating circumstances**.

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: \_\_\_\_\_

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6. The DCE promotes the **overall development** of the clinical faculty & sites through suggested references in Student Handbook, Credentialing Seminar, Grand Rounds and 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 Jill Vaughan in the enclosed envelope **by October 30, XXXX.**

Thanks!

# APPENDIX EE



- Bellarmine University
- Cleveland State University
- The College of Mount St. Joseph
- The Ohio State University
- Ohio University
- University of Cincinnati
- University of Dayton
- The University of Findlay
- University of Kentucky
- University of Toledo
- Walsh University
- Youngstown State University

**THE OHIO KENTUCKY CONSORTIUM OF  
PHYSICAL THERAPY PROGRAMS**

Certificate

for

**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 XXXX - XXXX, 20XX**

8 weeks affiliation

‘Student Name’

\_\_\_\_\_ Hours of Clinical Instruction\*

**Awarded XXXX**

*Deborah George*

Deborah George, PT PhD, MS  
Director of Clinical Education

\*self-reported by the Clinical Instructor

\*CEs can be earned if you are an APTA Credentialed CI, please refer to the Ohio  
Laws and Rules



# APPENDIX FF

**DPT Student Fund for Professional Activities REQUEST**

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Name & Date of event or conference: \_\_\_\_\_

Amount requested: \_\_\_\_\_

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

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

Have you received Student Academic Development funding in the past?  Yes  No

If so, attach approved proposal, faculty endorsement & expense report.

If not, attach registration and expense report.

Can we send your check to the above listed address, if after Graduation?  Yes  No

**DPT Student Fund for Research REQUEST**

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Name & Date of event or conference: \_\_\_\_\_

Amount requested (No more than \$70): \_\_\_\_\_

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

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

Have you received Student Academic Development funding in the past?  Yes  No

If so, attach approved proposal, faculty endorsement & expense report.

If not, attach registration and expense report.

Can we send your check to the above listed address, if after Graduation?  Yes  No

# APPENDIX GG

The University of Findlay College of Health Professions  
*Physical Therapy Program*

**PDP Adviser's Form**

<p><b>YEAR ONE (by the end of term one):</b> <b>CORE VALUES – Must choose three different ones from this list: Altruism___, Excellence___, Caring___, Ethics___, Respect___, Communication___, Accountability___</b> <b>FIRST PDP</b> <b>Three personal goals (indicate core value):</b> 1. _____ 2. _____ 3. _____ <b>Plan to attain each goal:</b> 1. _____ 2. _____ 3. _____</p>
<p><b>YEAR TWO (by the end of term four for TRAD &amp; term six for WEC):</b> <b>CORE VALUES #2 – Must choose four new ones; NOT from year one.</b> <b>ASSESSMENT of FIRST PDP</b> <b>Minimum: movement from average score below 2 to a score 2 or above for THREE individual core values.</b> 1. _____ 2. _____ 3. _____ <b>SECOND PDP</b> <b>Four personal goals (indicate core value):</b> 1. _____ 2. _____ 3. _____ 4. _____ <b>Plan to attain each goal:</b></p>

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

**YEAR THREE (by the end of term nine for TRAD & term eleven for WEC):**

**CORE VALUES #3**

**ASSESSMENT of Second PDP**

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

Updated 1-21-2016