

**The University of Findlay
College of Health Professions
Physical Therapy Program
Spring/Summer Semester, 2016**

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;

PHTH 726 Clinical Education II, Outpatient;

PHTH 730 Clinical Education III, Specialty

Credit Hours: 4 semester hours for **PHTH 720 & 726**; 5 semester hours for **PHTH 730**

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

Prerequisites, Co-requisites and Course Description: Successful Completion of Term VII in the PT Program

PHTH 720, Clinical Education I, Inpatient

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.

PHTH 726, Clinical Education II, Outpatient

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.

PHTH 730, Clinical Education III, Specialty

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

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Office Hours: Tuesday & Friday Afternoons

Relationship to the Conceptual Framework:

Clinical education is considered an integral component of the Weekend Physical Therapy 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 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.

Developed by D. George, 6/19/14

Course Objectives:

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

Following completion of the PT 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.
- 2.0 Establish effective culturally competent **communication** when engaged in all physical therapy roles by demonstrating appropriate verbal, non-verbal and written communication. **(CC-5.17)**
- 3.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. **(CC-5.18)**
- 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. **(CC-5.27)**
- 5.0 **Examine** movement related impairments, functional limitations and disabilities across the lifespan by:
 - 5.1 Using the medical record, interview process and other sources to appropriately complete a patient history. **(CC-5.28)**
 - 5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiopulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. **(CC-5.29)**
 - 5.3 Demonstrating knowledge of the scientific basis & effectiveness of PT tests & measures. **(CC-5.49)**
 - 5.4 Selecting and implementing appropriate age-related tests and measures. **(CC-5.30, 5.45)**
- 6.0 Synthesize examination data to complete the physical therapy **evaluation** by:
 - 6.1 Identifying impairments and functional limitations that can be minimized or alleviated through physical therapy. **(CC-5.31)**
 - 6.2 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. **(CC-5.31)**
- 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. **(CC5.32)**
 - 7.2 Considering the policies and procedures of the practice setting. **(CC5.32)**
 - 7.3 Communicating diagnostic results and clinical impressions with other practitioners as appropriate. **(CC5.32)**
- 8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. **(CC-5.33)**
- 9.0 Develop and execute a safe and effective **plan of care** by:
 - 9.1 Collaborating with clients, families, payers and other health care professionals to establish an appropriate and cultural competent plan of care. **(CC-5.9, 5.34, 5.35)**
 - 9.2 Constructing physical therapy goals and functional outcomes that are realistic, measurable and delineate a specific time frame for achievement. **(CC5.36)**
 - 9.3 Complying with the administrative policies and procedures of the practice environment. **(CC-5.37)**
 - 9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. **(CC-5.35, 5.38, 5.48)**
 - 9.5 Maintaining a fiduciary responsibility for all patients/clients. **(CC-5.2)**

- 10.0 Provide physical therapy **intervention** by:
 - 10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. **(CC-5.39)**
 - 10.2 Carrying out all physical therapy procedures safely.
 - 10.3 Incorporating patient and family education into all treatment plans. **(CC-5.41)**
 - 10.4 Completing effective written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. **(CC-5.42)**
 - 10.5 Applying principles of risk management & taking appropriate action in an emergency in any practice setting. (CC-5.43, 5.44)

- 11.0 **SETTING SPECIFIC** - 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. **(CC-5.45, 4.49)**
 - 11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(CC-4.46)**
 - 11.3 Analyzing and applying results to allow for modification of the plan of care. **(CC-5.47, 5.48)**

- 12.0 **SETTING SPECIFIC** - Identify, assess & promote the health needs of individuals, groups & communities, including screening, **prevention and wellness** programs that are culturally appropriate within the practice of PT. **(CC-5.5, 5.50, 5.51, 5.52)**

- 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. **(CC-5.53, 5.54, 5.55)**
 - 13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patients/client's goals, expected outcomes, and plan of care. **(CC-5.56, 5.57, 5.58)**
 - 13.3 Interacting with patients, clients, family members, other health care providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. **(CC-5.54, 5.55)**
 - 13.4 Empowering the patient/client to be an active participant in all aspects of his/her care & rx. **(CC-5.9)**

- 14.0 Demonstrate appropriate **professional behavior** by:
 - 14.1 Demonstrating caring, compassion, respect, empathy and understanding, personal responsibility and trustworthiness in interactions with others. **(CC-5.2, 5.8, 5.10, 5.11)**
 - 14.2 Adhering to the standards of practice, state and federal laws. **(CC-5.1, 5.37, 5.40, 5.61)**
 - 14.3 Practicing physical therapy in a manner congruent with the professional code of ethics. **(CC-5.3, 5.37, 5.40)**
 - 14.4 Participating in peer and self-assessment activities. **(CC-5.12, 5.13)**
 - 14.5 Reflecting on and appropriately addressing both positive and negative outcomes resulting from assessment activities and personal behavior. **(CC-5.4, 5.14)**
 - 14.6 Participating in clinical education activities. **(CC-5.15)**
 - 14.7 Formulating and implementing a plan for personal and professional career development.

- 15.0 **SETTING SPECIFIC** - 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 family members. **(CC-5.40, 5.57)**
 - 15.2 Demonstrating a basic understanding of the history, current status and future projections for health care delivery in the United States.
 - 15.3 Participating in management functions such as planning, organizing, leading, controlling and evaluating as appropriate for a given practice setting.
 - 15.4 Participating in financial management of the practice. **(CC-5.58)**

- 15.5 Establishing a business plan on a programmatic level within a practice. **(CC-5.59)**
 - 15.6 Participating in activities related to marketing and public relations. **(CC-5.60)**
- 16.0 Function as an effective **educator** by applying concepts of teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities. **(CC-5.26)**
- 17.0 Demonstrate the ability to function in the role of **researcher**, evidence-based practitioner, and clinical decision maker by:
- 17.1 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. **(CC-5.19, 5.20, 5.23)**
 - 17.2 Utilizing information technology to access appropriate sources of information in support of clinical decisions. **(CC-5.21)**
 - 17.3 Critically evaluating current literature and information sources related to physical therapy practice, research, administration, consultation, and education. **(CC-5.22, 5.24, 5.23)**
 - 17.4 **SETTING SPECIFIC** - Participating in scholarly activities that contribute to the body of physical therapy knowledge. **(CC-5.24)**
- 18.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, businesses, schools, government agencies or other organizations. **(CC-5.62)**
- 19.0 Function as a **self-directed lifelong learner** by:
- 19.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources.
 - 19.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education.
 - 19.3 Seeking out new information regarding the practice of physical therapy.
- 20.0 **SETTING SPECIFIC** - Demonstrate **social responsibility** by:
- 20.1 Becoming involved and demonstrating leadership in professional organizations and activities through membership and service. **(CC-5.16, 5.65)**
 - 20.2 Displaying professional behaviors as evidenced by the use of time and effort to meet patient or client needs, by providing *pro bono* services, and placing the patient's/clients needs above the physical therapist's needs. **(CC-5.6, 5.7)**
 - 20.3 Displaying good citizenship through health and wellness advocacy, including participation in community and human service organizations and activities. **(CC-5.5, 5.64)**
 - 20.4 Raising awareness, challenging the status quo and facilitating best practice. **(CC-5.63)**
 - 20.5 Participating in legislative & political processes **(5.66)**
- 21.0 Use **critical thinking skills** to:
- 21.1 Interpret written or oral communications, physical therapy problems and data.
 - 21.2 Analyze research, concepts, arguments, situations.
 - 21.3 Evaluate information, claims/arguments.
 - 21.4 Make proper inferences based on syllogistic reasoning and principles of logic.
 - 21.5 Explain one's reasoning and conclusions.
 - 21.6 Monitor, reflect on & question one's thinking in order to minimize errors & enhance patient outcomes. **(5.19)**
 - 21.7 Participate in the design and implementation of clinical practice patterns. **(CC-5.25)**

Course Objectives:

The learner:

1. Practices in a safe manner that minimizes risk to patient, self, and others.
 - a. Establishes & maintains safe working environment. (1.0, 10.2, 14.2)
 - b. Recognizes physiological and psychological changes in patients and adjusts interventions, accordingly. (1.0, 9.4)
 - c. Demonstrates awareness of contraindications and precautions of patient intervention. (1.0, 10.2)
 - d. Ensures the safety of self, patient and others throughout the clinical interaction (e.g., universal precautions, responding and reporting emergency situations etc.) (1.0, 10.5)
 - e. Requests assistance when necessary. (1.0, 10.2)
 - f. Uses acceptable techniques for safe handling of patients (eg, body mechanics, guarding, level of assistance etc.). (1.0, 10.2)
 - g. Demonstrates knowledge of facility safety policies and procedures. (1.0, 9.3, 10.5, 14.2)
2. Demonstrates professional behavior in all situations. (1.0, 3.0, 14.0)
 - a. Demonstrates initiative (eg. 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.
3. Practices in a manner consistent with established legal and professional standards & ethical guidelines. (1, 14, 20)
 - a. Places patient's needs above self-interests
 - b. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
 - c. Takes steps to remedy errors in a timely manner.
 - d. Abides by policies and procedures of the practice setting (eg, OSHA, HIPAA, PIPEDA 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.
4. Communicates in ways that are congruent with situational needs. (1.0, 2.0, 3.0)
 - a. Communicates, verbally and nonverbally, in a professional and timely manner.
 - b. Initiates communication in difficult situations.
 - c. Selects the most appropriate person(s) with whom to communicate.
 - d. Communicates respect for the roles and contributions of all participants in patient care.
 - e. Listens actively and attentively to understand what is being communicated by others.

- f. Demonstrates professionally and technically correct written and verbal communication without jargon.
 - g. Communicates using nonverbal messages that are consistent with intended message.
 - h. Engages in ongoing dialogue with professional peers or team members.
 - i. Interprets and responds to the nonverbal communication of others.
 - j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
 - k. Seeks and responds to feedback from multiple sources in providing patient care.
 - l. Adjust style of communication based on target audience.
 - m. Communicates with the patient using language the patient can understand (eg, translator, sign language, level of education, cognitive impairment, etc.).
5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. *(1.0, 3.0, 13.0)*
- 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.
6. Participates in self-assessment to improve clinical and professional performance. *(14.4, 19.0)*
- 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.
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
- a. Presents a logical rationale (cogent and concise arguments) for clinical decisions. *(21.0)*
 - b. Makes clinical decisions within the context of ethical practice and informed consent. *(14.3, 21.0)*
 - c. Utilizes information from multiple data sources to make clinical decisions (eg, patient and caregivers, health care professionals, hooked on evidence, databases, and medical records). *(6.0, 21.0)*
 - d. Seeks disconfirming evidence in the process of making clinical decisions. *(6.0, 21.0)*

- e. Recognizes when plan of care and interventions are ineffective, identifies areas needing modification, and implements changes accordingly. (6.0, 9.0)
 - f. Critically evaluates published research articles relevant to physical therapy and applies to clinical practice. (17.3)
 - g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict. (6.2, 21.0)
 - h. Selects interventions based on the best available evidence, clinical expertise, and patient preferences. (10.0, 17.0)
 - i. Assesses patient response to interventions using credible measures. (11.0)
 - j. Integrates patient needs and values in making decisions in developing the plan of care. (9.0)
 - k. Clinical decisions focus on the whole person rather than the disease.(17.1)
 - l. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.(17.0)
8. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional. (1.0, 4.0)
- a. Utilizes test and measures sensitive to indications for physical therapy intervention.
 - b. Advises practitioner about indications for intervention.
 - c. Reviews medical history from patients and other sources (eg, medical records, family, other health care staff).
 - d. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
 - e. Selects the appropriate screening tests and measurements.
 - f. Conducts tests and measurements appropriately.
 - g. Interprets tests and measurements accurately.
 - h. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.
 - i. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary.
 - j. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.
9. Performs a physical therapy patient examination using evidence-based tests and measures. (1.0, 5.0)
- a. Obtains a history from patients and other sources as part of the examination.
 - b. Utilizes information from history and other data (eg, laboratory, diagnostic tests & 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.
10. Evaluates data from the patient examination (history, system review, and tests & measures) to make clinical judgments. (6.0 & 7.0)
- a. Synthesizes examination data and identifies pertinent impairments, functional limitations* and quality of life. [WHO – ICF Model for Canada]
 - b. Makes clinical judgments based on data from examination (history, system review, tests and
11. Determines a diagnosis and prognosis that guides future patient management. (7.0, 8.0)
- a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis.
 - b. Determines a diagnosis that is congruent with pathology, impairment, functional limitation, and disability.
 - c. Integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status.
 - d. Estimates the contribution of factors (e.g., preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
 - e. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc.) that help predict patient outcomes.
12. Establishes a physical therapy plan of care that is safe, effective, patient centered, and evidence-based. (9.0)
- 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.
 - a. Selects interventions based on the best available evidence and patient preferences.
 - b. Follows established guidelines (eg, best practice, clinical pathways, and protocol) when designing the plan of care.
 - c. Progresses and modifies plan of care and discharge planning based on patient responses.
 - d. Identifies the resources needed to achieve the goals included in the patient care.
 - e. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
 - f. Discusses the risks and benefits of the use of alternative interventions with the patient.
 - g. Identifies patients who would benefit from further follow-up.
 - h. Advocates for the patients' access to services.
13. Performs physical therapy interventions in a competent manner. (1.0, 10.0)
- a. Performs interventions safely, effectively, efficiently, fluidly, and in a coordinated and technically competent manner. Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).

- b. Performs interventions consistent with the plan of care.
 - c. Utilizes alternative strategies to accomplish functional goals.
 - d. Follows established guidelines when implementing an existing plan of care.
 - e. Provides rationale for interventions selected for patients presenting with various diagnoses.
 - f. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.
 - g. Assesses patient response to interventions and adjusts accordingly.
 - h. Discusses strategies for caregivers to minimize risk of injury and to enhance function.
 - i. Considers prevention, health, wellness and fitness* in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.
 - j. Incorporates the concept of self-efficacy in wellness and health promotion.
14. Educates others (patients, family, caregivers, staff, students, other health care providers, business and industry reps., school systems) using relevant and effective teaching methods. *(1.0, 16.0)*
- 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. Determines need for consultative services.
 - j. 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).
 - k. Provides education and promotion of health, wellness, and fitness.
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services. *(1.0, 2.0, 3.0, 7.3, 10.4)*
- 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 (eg, 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 info. 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).

16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. *(11.0, 13.0)*
 - 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).
 - i.

17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines. *(15.0)*
 - 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.
 - s. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).

18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. *(15.1)*
 - 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

Required Textbooks and other materials:

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

George, D. and Elchert, L. *Student Handbook*. The University of Findlay.

Knowledge Base:

The following references may be accessed through the Director of Clinical Education:

Anderson, D.K., Irwin, K.E. (2013). Self-assessment of professionalism in physical therapy education. *Work*, 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	✓	Problem solving	✓
Discussion/Questioning/Interviewing	✓	Reading assignments	
Experiential Learning	✓	Role playing/simulation games	
Field Experience	✓	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

Methods of Assessment:

Abstracts		Participation	✓
Attendance	✓	Peer Evaluation	
Capstone Project		Portfolio	✓
Case Study		Portfolio Lab Performance	
Exams		Presentations	✓
Group Projects		Professional Evaluation	✓
Homework Assignments		Quizzes	
Internet Research	✓	Research project	
Journaling	✓	Other	✓
Lab Performance		Clinical Performance Instrument	✓
Oral/written review of literature			

Grading:**Satisfactory/Unsatisfactory**

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

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 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.
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.”

Student 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://www.findlay.edu/offices/student/Documents/Student%20Rights%20and%20Responsibilities%20Statement.pdf>

Course Policies and Practices:

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*.

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 (e.g., PTH604_GEORGE_Assign1/ Denver Screening)

Final Exam Date: Written feedback from Clinical Instructor is provided on the last day of the assigned clinical affiliation.

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., PHTH 720).

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.

PT Program Mission

The mission of the PT programs at The University of Findlay is to prepare ethical, entry-level practitioners who are competent within and sensitive to the ever-changing health care environment as it relates to the prevention and alleviation of movement dysfunction.

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