

CHATHAM UNIVERSITY

Physical Therapy Clinical Experience Manual

except for the granting of bachelor's degrees to women students, Chatham University does not discriminate on the basis of sex, race, national origin, color, age, or handicap status in its educational programs and policies, co-curricular activities, scholarships and loan programs, and employment practices.

CHATHAM UNIVERSITY
Physical Therapy Program
Clinical Experience Manual
Table of Contents

		<u>Page</u>
1.0	Physical Therapy Program Mission and Vision	
	Mission.....	1
	Vision/Goals/Philosophy	1
2.0	Physical Therapy Education and Outcomes	
2.1	Program of Study	2
2.2	Explanation of Problem-Based Learning Model.....	3-4
2.3	Technical Standards of a Physical Therapy Student	5-6
2.4	Professional Behaviors Continuum.....	7-8
2.5	Physical Therapy Education Outcomes.....	9-13
3.0	Physical Therapy Clinical Experience	
3.1	Philosophy.....	14
3.2	Learning Experience	15-16
3.3	Course Descriptions and Objectives	17-26
	3.3.1 PTH 730: Clinical Experience I	
	3.3.2 PTH 733: Clinical Experience II	
	3.3.3 PTH 735/736: Clinical Experience III	
	3.3.4 PTH 746 Clinical Experience IV	
	3.3.5 PTH 747 Clinical Experience V	
3.4	Guidelines for Educational Presentations:	27
	3.4.1 Guidelines for Evidence-Based Content	
	3.4.2 Guidelines for Evidence-Based Case	
	3.4.3 Guidelines for Peer-Reviewed Journal Critique	
3.5	Guidelines for Journal.....	28
4.0	Health Policies	
4.1	Risks.....	29
4.2	Medical Insurance	29
4.3	Pre-Clinical Health Requirements	29-31
	4.3.1 Continued participation in the Clinical Area	
	4.3.2 Readmission to Clinical Area	
5.0	Clinical Experience Policies and Procedures	
5.1	Organizational Structure	32
5.2	Confidentiality	32
5.3	Selection of Clinical Sites.....	32-33
	5.3.1 Student Selection	
	5.3.2 Clinical Site Commitments	
	5.3.3 Contract Policies	
	5.3.4 Complaints received about program	
5.4	Travel/Living Expenses	34
5.5	Absences from Clinical Experience.....	34
	5.5.1 Student	
	5.5.2 CCCE/CI	

Clinical Experience Manual Table of Contents (continued)

	<u>Page</u>
5.6 Work Schedule.....	34
5.7 Clinical Education Meetings.....	34
5.8 Dress Code.....	35
5.9 Name Tags.....	35
5.10 Professional Liability Insurance.....	35
5.11 ADA.....	35-36
5.12 Evaluation and Requirements.....	37-38
5.12.1 Physical Therapist - Clinical Performance Instrument (CPI)	
5.12.2 Mid-Term Student Evaluation of a Clinical Experience	
5.12.3 Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction	
5.12.4 Grade Assignment	
5.13 Honor Code.....	39
5.14 Procedure for Analyzing, Resolving, and Documenting Problems During Clinical Experiences.....	39-41
5.14.1 Clinical Instructor’s Responsibilities	
5.14.2 Student Responsibilities	
5.14.3 University Responsibilities	
5.15 Failure of a Clinical Experience.....	41
5.16 Guide to Physical Therapist Practice.....	41
5.17 Criminal Record Check/Child Abuse Clearance.....	41
6.0 Resources for Clinical Experiences Development and Enhancement	
6.1 Giving and Receiving Feedback.....	42-43
6.2 Role of Clinical Instructor.....	43-45
6.2.1 Orient Student to the Clinical Facility	
6.2.2 Patient Interventions	
6.2.3 The Learning Process	
6.2.4 Clinical Instructor Privileges	
6.2.5 Helpful Hints	
6.3 Student Responsibilities.....	46-48
6.3.1 Helpful Hints	
6.4 Bibliography.....	49-51

CHATHAM UNIVERSITY

PROGRAM IN PHYSICAL THERAPY

1.0 Physical Therapy Program Mission & Vision

Mission: As an integral part of Chatham University, the Physical Therapy Program educates Doctors of Physical Therapy who will advance the quality of human life through excellence in clinical practice. The Program educates autonomous professionals who will meet the challenges of a dynamic health care environment and supports scholarly activity that bridges science and clinical practice.

Vision: The Chatham University Physical Therapy Program offers an exceptionally innovative and integrated curriculum that promotes active and student-centered learning, and produces professionals who are culturally competent, guided by integrity, and committed to excellence in the clinical and professional arena.

Curricular Philosophy:

Graduates of the physical therapy program are expected to have a patient approach that is compassionate, holistic, and client-centered. The faculty fosters professionalism by engaging the students as future colleagues responsible for their learning and accountable to their future patients. Through continuous self-reflection and peer and faculty feedback, students internalize constructive criticism and develop their skills. Our graduates will elevate the practice of physical therapy through respect, integrity, critical thinking, translation of evidence, and clinical excellence. This philosophy becomes evident within the curriculum by:

- Dispensing with student-to-student competition and encouraging collegiality from Day 1
- Providing opportunities for self-evaluation, peer evaluation, and program evaluation
- Focusing on respectful communication
- Promoting multi-culturalism and social justice advocacy for patients and the community
- Yielding ownership for learning and development to the student while providing rich resources to achieve this
- Optimizing clinical decision making through an ability to interpret, integrate, and apply knowledge gathered from a variety of sources
- Exposing students to gifted clinicians who are passionate about sharing their talents

Program Goals:

1. To educate physical therapists who are qualified to practice autonomously in an ethical, legal, safe, caring and effective manner.
2. To offer a program framed in self-directed learning, critical thinking and decision-making, reflective practice, critical evaluation and application of best scientific evidence, and clinical competence in entry level practice.
3. To promote an academic community of students, faculty, and clinical instructors and faculty who are committed to clinical excellence, scholarly activity, professional development, and community service that contributes to current societal needs.
4. To develop and support a faculty that is actively engaged in innovative teaching strategies and clinically relevant scholarship.

2.0 Physical Therapy Education & Outcomes

2.1 Doctor of Physical Therapy Program of Study

Term	Course No.	Course Title	Credit
Term 1	BIO 502/502L	Human Gross Anatomy	4/2
	PTH 700	Introduction to Clinical Skills	2
	BIO 504	Human Physiology	3
	PTH 741	Principles of Practice I: Introduction to PT Practice	3
		Total Credits For Semester	14
Term 2	BIO 506/506L	Principles of Neuroscience	3/1
	PTH 737	Correlative Neuroscience	1
	PTH 701	Foundations of Movement Science I	7
	PTH 704	Fundamentals of Exercise Physiology	2
		Total Credits For Semester	14
Term 3	PTH 703	Management of Musculoskeletal System Dysfunction	11
	PTH 742	Principles of Practice II: Communications and Ethics	3
	PTH 730	Clinical Experience I -A for 4 weeks	3
		Total Credits For Semester	17
Term 4	PTH 731	Clinical Experience I -B for 6 weeks	4
	PTH 743	Principles of Practice III: Integration of Psychosocial Issues and Social Responsibility	1
	PTH 707	Management of Cardiovascular and Pulmonary System Dysfunction	7
	PTH 702	Foundations of Movement Science II	2
	PTH 722	Research I	3
		Total Credits For Semester	17
Term 5	PTH 709	Management of Neuromuscular System Dysfunction	9
	PTH 708	Management of Pediatric Neuromuscular System Dysfunction	4
	PTH 744	Principles of Practice IV: Service Learning	1
		Total Credits For Semester	14
Term 6	PTH 733	Clinical Experience II for 10 weeks	7
	PTH 745	Principles of Practice V: Health Care Delivery, Management, and Policy	3
	PTH 724	Research II	2
	PTH 713	Management of Multi-System Dysfunction	3
		Total Credits For Semester	15
Term 7	PTH 735	Clinical Experience III for 16 weeks	12
	PTH 746	Clinical Experience IV for 8 weeks	6
	PTH 747	Clinical Experience V for 8 weeks	6
	PTH 748	Principles of Practice VI: Art & Science of Physical Therapy Practice	2
		Total Credits For Semester	14
		Total Credits For Entire Curriculum	105

2.2 Explanation of Problem-Based Learning

Tell me, I'll forget.
Show me and I may not remember.
Involve me and I'll understand.
~ *Chinese proverb*

Problem-based learning (PBL) is a student-centered group learning process as opposed to a traditional teacher-centered classroom. It can be characterized as a medley of carefully constructed problems presented to a small group of students. The problems usually portray occurrences or events that need an explanation. Few problems or situations in everyday life present with all the information needed to understand and resolve the problem. We are continually faced with ill-structured problems for which more information is needed. Instead of learning a self-contained and quickly forgotten body of facts, knowledge is first gained in a chaotic/random way then assembled into a reasoning paradigm as the student reflects on the problem or challenge.

There is nothing new in learning from problems. But sometimes the skills for problem solving are submerged or lost especially when a passive learning mode predominates. PBL requires that students become active learners, rather than passive recipients of instruction. Some students suffer culture shock when they transition to a less teacher-dependent form of education. The primary goals of PBL goal are:

- to foster problem-solving and critical thinking skills,
- to enhance acquisition, retention, and use of knowledge, and to enhance self-directed and life long learning skills.

A small group of 7 to 8 students and a facilitator form a PBL group. Usually a student's prior knowledge of the problem is not sufficient to understand it in depth. During the initial discussion of the problem, questions and perplexities will arise. These are formulated into learning issues for subsequent individual self-directed learning.

Summary of Educational Benefits Associated with Problem-Based Learning in Medicine

Vernon and Blake (1993) conducted a meta-analysis which synthesized all identifiable research in health-related educational programs that embodied a significant problem-based learning (PBL) emphasis from 1970 through 1992. A total of 35 research reports were selected, which met the following criteria for consideration in this meta-analysis: "(1) used quantitative methods, (2) provided data that compared PBL with more traditional educational methods, and (3) measured outcomes (dependent variables) that were evaluative in nature" (p.551). Separate effect-size analyses were done for the most common dependent variables. Four general areas were examined: "*program evaluation* (student attitudes, student mood, class attendance, and faculty attitudes), *academic achievement* (National Board of Medical Examiners Part I examination - NBME I, other knowledge tests, and academic problems and attrition), *academic process* (approaches to learning and resource use), and *clinical functioning* (performance tests and ratings, humanism, and clinical knowledge)" (p.554).

For the purpose of this study, PBL was operationally defined “as a method of learning (or teaching) that emphasized (1) the study of clinical case, either real or hypothetical, (2) small discussion groups, (3) collaborative independent study, (4) hypothetico-deductive reasoning, and (5) a style of faculty direction that concentrated on group process rather than imparting information” (p.550-551). Regarding program evaluation, data on student attitudes, class attendance, and student mood or distress, were consistently more positive for PBL than traditional courses or curriculum. Although the studies were more limited, faculty who had taught in both a PBL and traditional curricula favored the PBL format. Traditional teaching methods were usually associated with higher scores in tests of basic science as measured by conventional methods such as the NBME I. In a variety of measures, the clinical functioning of PBL students tended to be favored. The process of learning was found to be different among PBL students. They spent more time in self-directed learning and placed more emphasis on understanding and less emphasis on memorizing. In discussing the limitations of PBL research, the authors noted several difficulties in conducting high-quality evaluative research on PBL. For one thing, PBL is more than a simple teaching method. Secondly, the outcome measures which are most highly valued and best exemplify the special features of PBL, are usually complex, multidimensional and difficult to measure. Also, random assignment of professional students is not easily accomplished. Lastly, as with many longitudinal studies, maintaining interest and participation is challenging. As a result evidence of the superiority of PBL is not forthright due to the conceptual and methodological obstacles. This study was extremely useful in providing a cumulative summary and analysis of the empirical studies related to comparisons of PBL and conventional curricula over a 22 year period.

References

Barrows, H. S. (1994). Practice-Based Learning: Problem-Based Learning Applied to Medical Education. Springfield, Illinois: Southern Illinois University School of Medicine.

Norman, G. R., & Schmidt, H. G. (1992). The psychological basis of problem-based learning: A review of literature. Academic Medicine, 67, 557-562.

Vernon, T. A., & Blake, R. L. (1993). Does problem-based learning work? A meta-analysis of evaluation research. Academic Medicine, 68, 550-563.

2.3 Technical Standards of a Physical Therapy Student

All candidates must meet health and technical standards for admission to and participation in the physical therapy educational program at Chatham University. The professional doctoral degree denotes that the holder's educational program has prepared that individual for entry into practice. Thus, graduates must have the knowledge, abilities, and essential physical skills to function in a wide variety of clinical situations while providing a broad spectrum of patient care.

A candidate for the physical therapy degree program must have abilities and skills in five essential areas: observation; communication; motor function; intellectual capacities related to conceptual, integrative and quantitative abilities; and behavior and personal attributes. Technical support can compensate for some disabilities in certain areas, but a candidate must perform in a prudent and reasonable independent manner. Use of a trained intermediate suggests that someone else's power of selection and observation impacts a candidate's judgment.

1. **Observation:** The candidate must exhibit the ability to observe demonstrations and experiments in the foundational sciences including, but not limited to, anatomical structures and muscular, nervous, cardiovascular, pulmonary and integument tissue in normal and pathologic states. A candidate must exhibit the ability to observe a patient/client accurately at a distance and close at hand. A candidate must exhibit the ability to visualize measuring devices including, but not limited to, a goniometer, a tape measure, a volumeter, dials on evaluation and therapeutic equipment. Observation requires the functional use of the sense of vision, hearing, and bodily sensations. For example, the sense of smell enhances observation.
2. **Communication:** A candidate must exhibit the ability to speak, hear, and observe patients to elicit information; to describe changes in mood, activity and posture; and to perceive nonverbal communications. The candidate must exhibit the ability to communicate effectively and sensitively with patients/care givers. The candidate must exhibit the ability to communicate effectively in teaching patients or their family members or both patients and family members. Communication includes reading and writing in addition to speech. The candidate must exhibit the ability to communicate effectively and efficiently in oral and written form with all members of the health care team.
3. **Motor Function:** A candidate must have sufficient motor function to obtain information from patients by palpation, mobilization, auscultation, percussion, and other diagnostic and intervention maneuvers as appropriate. A candidate must exhibit the motor function to assist with intervention and functional activities. A candidate must exhibit the ability to carry out motor movements reasonably required to provide safe, general care and emergency intervention to patients. Safe, general care includes the ability to move with speed to render assistance in case of a fall. Examples of emergency intervention reasonably required include cardiopulmonary resuscitation and the application of pressure to stop bleeding. Such actions require coordination of both gross and fine motor movements, equilibrium and functional use of the senses of touch and vision.

4. **Intellectual:** Conceptual, Integrative and Quantitative Abilities. These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving (which leads to competent clinical decision making), the critical skill required of physical therapists, includes all of these intellectual abilities. Candidates must also exhibit the ability to comprehend three-dimensional relationships and to understand spatial relationships of structures.

5. **Behavior and Personal Attributes:** Candidates must exhibit the emotional health needed for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities related to the assessment and management of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must exhibit the ability to make sound ethical and legally correct decisions. Candidates must exhibit the ability to tolerate physically taxing workloads and to function effectively under stress. Candidates must exhibit the ability to adapt to changing environments, display flexibility, and to learn to function in the face of uncertainties inherent in management of the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation describe the personal qualities that the program will assess during the admission and educational process.

2.4 Professional Behaviors Continuum

PROFESSIONAL BEHAVIORS CONTINUUM

*This is utilized to aid students in identifying strengths and weaknesses in professional behavior and the affective domain. Faculty advisors and students work together to develop strategies aimed at addressing areas of concern.

	Beginning Level*	Entry Level*
1. Critical Thinking	<p>...Raises relevant questions; Considers all available information; Articulates ideas; Understands the scientific method; States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion); Recognizes holes in knowledge base; Demonstrates acceptance of limited knowledge and experience</p> 	<p>...Distinguishes relevant from irrelevant patient data; Readily formulates and critiques alternative hypotheses and ideas; Infers applicability of information across populations; Exhibits openness to contradictory ideas; Identifies appropriate measures and determines effectiveness of applied solutions efficiently; Justifies solutions selected</p> 
2. Communication	<p>...Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting; Recognizes impact of non-verbal communication in self and others; Recognizes the verbal and non-verbal characteristics that portray confidence; Utilizes electronic communication appropriately</p> 	<p>...Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups; Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing; Maintains open and constructive communication; Utilizes communication technology effectively and efficiently</p> 
3. Problem Solving	<p>Recognizes problems; States problems clearly; Describes known solutions to problems; Identifies resources needed to develop solutions; Uses technology to search for and locate resources; Identifies possible solutions and probable outcomes</p> 	<p>...Independently locates, prioritizes and uses resources to solve problems; Accepts responsibility for implementing solutions; Implements solutions; Reassesses solutions; Evaluates outcomes; Modifies solutions based on the outcome and current evidence; Evaluates generalizability of current evidence to a particular problem</p> 
4. Interpersonal Skills	<p>Maintains professional demeanor in all interactions; Demonstrates interest in patients as individuals; Communicates with others in a respectful and confident manner; Respects differences in personality, lifestyle and learning styles during interactions with all persons; Maintains confidentiality in all interactions; Recognizes the emotions and bias that one brings to all professional interactions</p> 	<p>...Demonstrates active listening skills and reflects back to original concern to determine course of action; Responds effectively to unexpected situations; Demonstrates ability to build partnerships; Applies conflict management strategies; Recognizes the impact of non-verbal communication and emotional responses and modifies own behaviors based on them</p> 
5. Responsibility	<p>...Demonstrates punctuality; Provides a safe and secure environment for patients; Assumes responsibility for actions; Follows through on commitments; Articulates limitations and readiness to learn; Abides by all policies of academic program and clinical facility</p> 	<p>...Educates patients as consumers of health care services; Encourages patient accountability; Directs patients to other health care professionals as needed; Acts as a patient advocate; Promotes evidence-based practice in health care settings; Accepts responsibility for implementing solutions; Demonstrates accountability for all decisions and behaviors in academic and clinical settings</p> 
6. Professionalism	<p>...Abides by all aspects of the academic program honor code and the APTA Code of Ethics; Demonstrates awareness of state licensure regulations; Projects professional image; Attends professional meetings; Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</p> 	<p>...Demonstrates understanding of scope of practice; Provides patient/family centered care as evidenced by provision of patient/family education, seeking patient input and informed consent and maintenance of patient dignity; Seeks excellence in practice by participation in professional organizations and attendance at professional development; Utilizes evidence to guide decision making; Demonstrates leadership in collaboration with both individuals and groups</p> 

	Beginning Level	Entry Level
7. Use of constructive feedback	Demonstrates active listening skills; Assesses own performance; Actively seeks feedback from appropriate sources; Demonstrates receptive behavior and positive attitude toward feedback; Incorporates specific feedback into behaviors; Maintains two-way communication without defensiveness	Independently engages in a continual process of self evaluation of skills, knowledge and abilities; Seeks feedback from patients/clients and peers/mentors; Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities; Uses multiple approaches when responding to feedback; Reconciles differences with sensitivity; Modifies feedback given to patients/clients according to their learning styles
8. Effective use of time and resources	...Comes prepared for the day's activities/responsibilities; Identifies resource limitations (i.e. information, time, experience); Determines when and how much help/assistance is needed; Accesses current evidence in a timely manner; Verbalizes productivity standards and identifies barriers to meeting productivity standards; Self-identifies and initiates learning opportunities during unscheduled time	...Uses current best evidence; Collaborates with members of the team to maximize the impact of treatment; Has the ability to set boundaries, negotiate, compromise, and set realistic expectations; Gathers data and effectively interprets and assimilates determine plan of care; Utilizes community resources in D/C planning; Adjusts plans as patient needs and circumstances dictate; Meets productivity standards while providing quality care
9. Stress Management	...Recognizes own stressors; Recognizes distress or problems in others; Seeks assistance as needed; Maintains professional demeanor in all situations	...Demonstrates appropriate affective responses in all situations; Responds calmly to urgent situations with reflection and debriefing as needed; Prioritizes multiple commitments; Reconciles inconsistencies within professional, personal and work/life environments; Demonstrates ability to defuse potential stressors with self and others
10. Commitment to Learning	...Prioritizes information needs; Analyzes and subdivides large questions into components; Identifies own learning needs based on previous experiences; Welcomes and/or seeks new learning opportunities; Seeks out professional literature; Plans and presents an in-service, research or cases studies	...Respectfully questions conventional wisdom; Formulates and re-evaluates position based on available evidence; Demonstrates confidence in sharing new knowledge with all staff levels; Modifies programs and treatments based on newly-learned skills and considerations; Consults with other health professionals and physical therapists for treatment ideas

***Beginning Level** – behaviors consistent with a learner in the beginning of the professional phase of physical therapy education and before the first significant internship

***Entry Level** – behaviors consistent with a learner who has completed all didactic work and is able to independently manage a caseload with consultation as needed from clinical instructors, co-workers and other health care professionals

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

2.5 Physical Therapy Education Outcomes

PHYSICAL THERAPY PROGRAM OUTCOMES

The Physical Therapy Program provides educational experiences that will enable each student to develop the competencies necessary to meet the present and future physical therapy needs of society. The Program's graduates will function autonomously as providers of physical therapy services within the health care environment. Graduates will further their own personal development and that of the profession through participation in clinical, research, educational, professional and community activities.

At the completion of the program the graduates will:

- 1.0 Practice in an ethical, legal, safe, professional and effective manner:
 - 1.1 Select and use examination and intervention strategies based on current scientific theory and evidence.
 - 1.1.1 Integrate scientific theory and evidence with evaluation to provide effective preventative and/or rehabilitative intervention;
 - 1.2 Adhere to the standards of practice for physical therapy;
 - 1.2.1 Provide care that falls within the scope of physical therapy practice;
 - 1.2.1.1 Acknowledge one's limitations in physical therapy practice;
 - 1.2.1.2 Refer to other physical therapists and members of the health care team when indicated.
 - 1.2.2 Demonstrate safety in dealing with another individual's physical, mental and emotional well-being;
 - 1.3 Make decisions within the scope of practice of a physical therapist as defined by state laws governing the practice of physical therapy;
 - 1.3.1 Evaluate the effect of federal legislation and policy on the provision of physical therapy services and provide those services within the confines of that legislation;
 - 1.4 Adhere to the Code of Ethics and Guidelines for Professional Conduct of the American Physical Therapy Association;
 - 1.4.1 Respect and value confidentiality in physical therapy practice;
- 2.0 Screen individuals to determine the need for physical therapy and/or referral to other health care professionals;
 - 2.1 Discover potential health problems;

- 2.1.1 Discuss normal structure and function throughout the life cycle;
 - 2.1.2 Discover areas of abnormal structure and function and areas where a potential for such abnormality exists;
 - 2.1.3 Evaluate patient problems that may require referral in addition to physical therapy intervention;
- 3.0 Efficiently examine a patient
- 3.1 Organize information gained through interview or other appropriate methods to establish a pertinent history;
 - 3.2 Plan and perform a systems review based on medical diagnosis and/or patient history;
 - 3.3 Plan and perform appropriate test and measures to determine the degree of impairment, activity limitation, and participation restriction;
- 4.0 Determine the physical therapy diagnosis
- 4.1 Systematically organize and evaluate the examination data through the differential diagnosis process;
 - 4.2 Seek from and/or share information with other professionals as needed;
- 5.0 Design a comprehensive physical therapy plan of care
- 5.1 Establish the physical therapy prognosis by developing realistic, measurable goals and outcomes, including length of time for goal achievement;
 - 5.1.1 Integrate scientific evidence with examination results to develop goals that correlate with each other and consider economic, social and cultural influences that may affect the outcome;
 - 5.2 Propose evidence-based therapeutic interventions that are consistent with best practice, and
 - 5.2.1 Are based upon the individual's physiologic and psychological status and on cognitive, social and cultural influences;
 - 5.2.2 Consider clinical outcome, cost effectiveness, administrative procedures, personnel and potential for achieving goals;
 - 5.2.3 Represent appropriate duration and intensity;
 - 5.3 Plan programs to promote and maintain health and wellness;
 - 5.4 Collaborate with patients, their families, other health care providers and payers

- 5.5 Continually evaluate the patient's response to the plan of care and modify the plan as necessary.
- 6.0 Manage a comprehensive plan of care based on examination results
 - 6.1 Prepare the patient, area and equipment in a manner that assures the clinician's safety and client's safety, dignity, and privacy, and treatment efficiency;
 - 6.2 Effectively and efficiently perform interventions customized to the patient's status;
 - 6.3 Accurately interpret and respond to changes in the patient's physiologic and psychological states;
 - 6.4 Provide patient and caregiver instruction based on proposed outcomes and patient goals;
 - 6.5 Respond appropriately to an emergency situation in any practice setting;
 - 6.6 Interact with patients and families in a manner which provides appropriate psychosocial support;
 - 6.6.1 Provide culturally congruent care by adapting exam, plan of care and interventions based on an understanding of individual differences
 - 6.6.2 Evaluate and respond appropriately to the stress patients and families may experience as well as the mechanisms they may employ to cope with those stresses;
 - 6.7 Appropriately delegate to and supervise the physical therapist assistant and other support personnel;
 - 6.8 Utilize resources in a fiscally responsible manner;
 - 6.9 Contribute to discharge planning and follow-up care including interfacing with community resources;
- 7.0 Demonstrate effective written, oral, and nonverbal communication with patients and their caregivers, colleagues, other health providers, and the public;
 - 7.1 Complete thorough and accurate documentation consistent with practice setting guidelines;
 - 7.2 Promote effective interpersonal relationships in all aspects of professional practice;
 - 7.2.1 Effectively function as a member of the health care team or other working group.
 - 7.2.2 Provide and receive constructive feedback to/from colleagues and patients.

- 8.0 Apply principles of management in the provision of physical therapy to individuals, organizations, and communities;
 - 8.1 Demonstrate effective leadership and supervisory techniques;
 - 8.2 Explain the impact of external agencies or departments on a physical therapy service and respond to those agencies or department with appropriate actions;
 - 8.3 Demonstrate good management practices in the daily operation of a physical therapy service;
 - 8.4 Effectively market physical therapy services to appropriate consumer groups;
 - 8.5 Design and implement cost effective physical therapy services;
 - 8.5.1 Participate in budgeting, billing, and reimbursement activities;
 - 8.6 Use current information management technologies in the delivery of physical therapy services;
 - 8.7 Participate in continuous quality improvement programs;
- 9.0 Apply concepts of teaching and learning theories in designing, implementing, and evaluating learning experiences used in the education of patients, students, colleagues, and the community;
 - 9.1 Defend the pervasive nature of education in the practice of physical therapy;
 - 9.2 Develop clear, concise and appropriate learning objectives for:
 - patient education;
 - student clinical experiences;
 - in-service education;
 - community education;
 - 9.3 Design, select, and implement appropriate teaching methods and learning activities to accomplish stated learning objectives;
 - 9.4 Design and select appropriate methods to evaluate the effectiveness of learning experiences;
- 10.0 Apply the basic principles of evidence-based practice
 - 10.1 Assess the need to respond to clinical uncertainties (related to examination, evaluation, diagnosis, prognosis, and intervention) by formulating an answerable question;
 - 10.2 Efficiently search and locate scientific evidence;
 - 10.3 Critically evaluate the validity and clinical utility of scientific evidence;

- 10.4 Consider individual clinical and patient circumstances;
- 10.5 Perform outcome measurement and evaluation;
- 11.0 Develop personal and professional self-assessment skills and formulate/ implement a career development plan;
 - 11.1 Accept that being a professional is a continuing process and assume the responsibility for one's professional development
 - 11.2 Participate in and debate the role of professional associations;
 - 11.3 Acknowledge the boundaries of an entry-level educational program and pursue a variety of resources to expand those boundaries in future professional development.
 - 11.4 Serve as consultants to individuals, colleagues in physical therapy, other health professionals, organizations, and the community;
 - 11.4.1 Distinguish issues and problems in physical therapy and health care and propose potential solutions;
 - 11.5 Participate in service to the local, national, and international community beyond one's role as a health care professional.

3.0 Physical Therapy Clinical Experience at Chatham University

3.1 Philosophy

As an experiential learning process, clinical education represents an integral part of the total physical therapy curriculum. Attainment of competencies as a physical therapist depends upon integration of didactic and clinical learning experiences. While didactic education provides a basis for the development of appropriate problem-solving abilities and a knowledge base, clinical education provides an opportunity for refinement of the knowledge, skills, and attitudes that characterize a competent, entry-level practitioner. Clinical education requires mutual endeavors by the academic faculty, the clinical faculty, and the student to achieve the common goal of clinical competence. The academic faculty holds primary responsibility for preparing the student didactically and coordinating placement of the student in appropriate clinical facilities. The clinical faculty provides appropriate learning experiences and evaluates the student's performance. Responsibilities of the student include recognition and communication of the student's own abilities and limitations according to academic level, previous clinical experiences, and personal attributes. Involved individuals must effectively communicate to attain the overall goal of clinical competence.

The physical therapy program recognizes three phases of clinical experience education:

1. The first full-time exposure provides students with an opportunity to transfer the therapeutic knowledge and skills of the musculoskeletal system from a simulated, didactic setting to a realistic, clinical setting. Full-time, active participation in patient care allows the student to develop responsiveness to musculoskeletal physical therapy problems by applying and enhancing evaluation, treatment, follow-up, and communication competencies and skills.
2. Competency achievement in the techniques needed for the care of individuals with problems that require acute care/long-term intervention in the musculoskeletal, cardiopulmonary, and neurosensory systems occurs in the second phase of clinical education. Guided problem-solving enables the student to creatively adapt solutions to simple or complex physical therapy problems of the acute care/long-term care patient.*
3. The final phase of clinical education provides the student with the opportunity to further refine clinical skills in practice settings that complement the first and second phases of clinical education.*

*Please Note: An acute care experience is required during the second or third phase of clinical experience.

Types of Experiences:

Students will participate in three full-time clinical experiences spaced throughout the curriculum. Students will also participate in part-time observational experiences as part of an academic course. Full-time experiences are scheduled as follows:

1. Out-Patient Experience: A 10-week experience scheduled at the completion of study of the musculoskeletal system. Students will be placed in outpatient facilities or general hospitals with an expectation that students see primarily orthopedic patients.

Acute Care/Long-Term Experience: A 10-week experience scheduled at the completion of study of the neuromuscular and cardiopulmonary systems. Students will generally be placed in acute care, rehabilitation, skilled nursing, pediatric settings, subacute units, outpatient facilities seeing primarily neurologically impaired patients, or home health agencies. This experience gives the student the opportunity to develop competency in physical therapy management of individuals with dysfunctions of the neurosensory and cardiopulmonary systems.

Final Clinical Experience: A 16-week experience provides an area of clinical experience need and/or special interest. Student will be assigned to an area of academic need and/or interest. An alternative to the 16-week experience will be two 8-week experiences.

3.2 Learning Experience

Physical therapy education has traditionally been centered around clinical experience. It has evolved from almost exclusive clinical training in early hospital-based programs to the current combination of didactic and clinical education.

In a competency-based education system the outcomes or objectives can be used for planning a students program and evaluating the clinical performance. The objectives can be further defined by the clinical instructors, based on the needs, requirements and resources of the facility and the student. The outcomes can be used to determine a student's starting level and to identify areas of deficiency which become the foci for subsequent learning. In summary, outcomes provide a system for planning learning experiences and for assessing performance based on a students needs, expectations, and abilities in specific areas.

To provide a good clinical experience, much thought and planning should precede the arrival of a student and continue throughout the student's stay. Criteria for a good clinical learning experience include, but are not limited to, the following:

1. The clinical environment should provide an atmosphere which:
 - a. Encourages people to be active (rather than passive) learners.
 - b. Promote self-discovery of the personal meaning of ideas.
 - c. Emphasizes the subjective nature of learning (recognizes individual contributions).
 - d. Allows people the right to make mistakes.
 - e. Recognizes difference as good and desirable.
 - f. Tolerates ambiguity and permits confrontation.
 - g. Emphasizes cooperative or self-evaluation.
 - h. Encourages openness of self (rather than concealment).
 - i. Encourages people to trust in themselves as well as external sources.
 - j. Makes people feel accepted and respected.¹
2. The clinical experience should be practical in terms of space, equipment, time and personnel available.
3. The learning experience should be appropriate to the student's level of attainment and predispositions.²
4. The well-planned learning experience should help fulfill more than one objective.²
5. The clinical experience should use a problem solving approach--think, analyze and solve--develop concepts (i.e., do not continually "spoon-feed" information to the student).
6. The clinical experience should be built around pre-established objectives.
7. The clinical experience should provide for increased complexity in the student-patient involvement throughout the curriculum.
8. The clinical experience should include exposure to real life situations to allow practice in communication, documentation, problem-solving, inter-departmental relations, and medical-legal aspects of patient care with patients with a variety of disabilities and of various ages.
9. The students should have exposure to multiple settings including: an outpatient orthopedic setting, an acute care setting, a rehab and/or skilled nursing setting, and an area of particular interest which may include a pediatric setting.
10. The students should have experience in dealing with different levels of health care workers (physicians to aides) within physical therapy and the facility.

¹ Rammel, Martha L., Influence of the Organizational Environment on Clinical Education, 1980, unpublished.

² APTA, Handbook for Physical Therapy Teachers, 1967, New York, pp. 197-199.

3.3 Course Descriptions and Objectives

- 3.3.1 PTH 730: Clinical Experience I** **6 credits**
Course Description: This is a ten (10) week, full-time clinical experience. The experience is structured to provide the student with the opportunity to develop competency in the management of patients with musculoskeletal dysfunction. An inservice education program or case study presentation is a requirement of this clinical experience.
- 3.3.2 PTH 733: Clinical Experience II** **6 credits**
Course Description: This is a ten (10) week, full-time clinical experience scheduled at the completion of study of the neuromuscular and cardiopulmonary systems. Students will generally be placed in acute care, rehabilitation, skilled nursing, pediatric settings, subacute units, outpatient facilities seeing primarily neurologically impaired patients, or home health agencies. A critique and presentation of a peer-reviewed journal article is a requirement of this clinical experience.
- 3.3.3 PTH 735: Clinical Experience III** **12 credits**
Course Description: This is a sixteen (16) week full-time experience completed at the conclusion of all clinical didactic and laboratory course work. Student is assigned to an area of academic need and/or interest. During this experience the student will continue to develop competency in his/her entry level professional physical therapy skills. An alternative to this course is the combination of PTH 746 Clinical Experience IV (8 weeks) and PTH 747 Clinical Experience V (8 weeks).
- 3.3.4 PTH 746: Clinical Experience IV** **6 Credits**
Course Description: A eight (8) week full-time experience in combination with PTH 747 Clinical Experience V (8 weeks) completed at the conclusion of all clinical didactic and laboratory course work. Student is assigned to an area of academic need and/or interest. During this experience the student will continue to develop competency in his/her entry-level professional physical therapy skills. An alternative to this course in combination with PTH 747 Clinical Experience V is PTH 735 Clinical Experience III (16 weeks).
- 3.3.5 PTH 747: Clinical Experience V** **6 Credits**
Course Description: A eight (8) week full-time experience in combination with PTH 746 Clinical Experience IV (8 weeks) completed at the conclusion of all clinical didactic and laboratory course work. Student is assigned to an area of academic need and/or interest. During this experience the student will continue to develop competency in his/her entry-level professional physical therapy skills. An alternative to this course in combination with PTH 746 Clinical Experience IV is PTH 735 Clinical Experience III (16 weeks).

**** OBJECTIVES FOR ALL CLINICAL EXPERIENCES ONLY DIFFER IN SECTION 3.0, 4.0, 5.0, 6.0 & 7.3 AS NOTED BELOW.**

Objectives: Upon completion of this course the student will:

- 1.0 Practice in an ethical, legal, safe, professional and effective manner:
 - 1.1 Select and use examination and intervention strategies based on current scientific theory and evidence.
 - 1.1.1 Integrate scientific theory and evidence with evaluation to provide effective preventative and/or rehabilitative intervention;
 - 1.2 Adhere to the standards of practice for physical therapy;
 - 1.2.1 Provide care that falls within the scope of physical therapy practice;
 - 1.2.1.1 Acknowledge one's limitations in physical therapy practice;
 - 1.2.1.2 Refer to other physical therapists and members of the health care team when indicated.
 - 1.2.2 Demonstrate safety in dealing with another individual's physical, mental and emotional well-being;
 - 1.2.2.1 Observe proper safety techniques and precautions;
 - 1.2.2.2 Follow safety and health regulations;
 - 1.2.2.3 Demonstrate knowledge of contraindications and precautions in patient treatment;
 - 1.2.2.4 Demonstrate awareness of physiological and psychological changes and adjust treatment accordingly;
 - 1.2.2.5 Ask for assistance when needed;
 - 1.2.3 Adhere to clinical site's institutional policy and procedures;
 - 1.2.4 Identify situations in which ethical questions are present;
 - 1.2.5 Report violations of ethical practice;
 - 1.3 Make decisions within the scope of practice of a physical therapist as defined by state laws governing the practice of physical therapy;
 - 1.3.1 Evaluate the effect of federal legislation and policy on the provision of physical therapy services and provide those services within the confines of that legislation;

- 1.3.2 Recognize and report appropriately legal questions or violations of laws;
- 1.3.3 Seek advice and/or interpretation in application of rules, regulations, and laws;
- 1.4 Adhere to the Code of Ethics and Guidelines for Professional Conduct of the American Physical Therapy Association;
 - 1.4.1 Respect and value confidentiality in physical therapy practice;
- 1.5 Demonstrate professional behavior;
 - 1.5.1 Demonstrate dependability and flexibility;
 - 1.5.2 Assume responsibility for own behavior;
 - 1.5.3 Present self in professional manner;
 - 1.5.4 Complete work schedule in timely manner;
- 1.6 Demonstrate cooperative attitude with others;
 - 1.6.1 Accept constructive criticism in positive manner;
 - 1.6.2 Recognize and respect practice domains of other professionals;
 - 1.6.3 Demonstrate ability to resolve conflict resolution and negotiation
 - 1.6.4 assume responsibility for decisions made when conflict in ethical and legal situations;
- 2.0 Screen individuals to determine the need for physical therapy and/or referral to other health care professionals;
 - 2.1 Discover potential health problems;
 - 2.1.1 Discuss normal structure and function throughout the life cycle;
 - 2.1.2 Discover areas of abnormal structure and function and areas where a potential for such abnormality exists;
 - 2.1.3 Evaluate patient problems that may require referral in addition to physical therapy intervention;
- 3.0 Efficiently examine a patient
 - 3.1 Organize information gained through interview or other appropriate methods to establish a pertinent history;

- 3.2 Plan and perform a systems review based on medical diagnosis and/or patient history;

PTH 730: Clinical Experience I:
Musculoskeletal

PTH 733: Clinical Experience II:
Musculoskeletal Cardiac
Neuromuscular Integumentary
Pulmonary Reproductive
Renal

PTH 735: Clinical Experience III or
(PTH 746: Clinical Experience IV/PTH 747: Clinical Experience V)

- 3.3 Plan and perform appropriate test and measures to determine the degree of impairment, activity limitation, and participation restriction;
(As per level of experience noted in 3.2)

- 4.0 Determine the physical therapy diagnosis
(As per level of experience noted in 3.2)

- 4.1 Systematically organize and evaluate the examination data through the differential diagnosis process;

4.1.1 Predict initially and on a continuing basis a patient's need for physical therapy intervention and the potential of the patient to respond to specific physical therapeutic intervention;

4.1.2 Specify the nature of the problem in physical therapy terms;

4.1.3 Explain underlying pathological process or mechanism of injury involved in the disease or disability;

4.1.4 Determine general extent of the problem (i.e. acute vs. chronic, systemic vs. local, structural vs. functional prognosis);

4.1.5 Explain nature of problem, underlying pathology or mechanism of injury to patient and/or family/caregiver at their level of understanding;

- 4.2 Seek from and/or share information with other professionals as needed;

- 4.3 Apply sound clinical judgment by referring to the appropriate practitioner when diagnostic findings exceed the scope of physical therapy care;

- 5.0 Design a comprehensive physical therapy plan of care
(As per level of experience noted in 3.2)

- 5.1 Establish the physical therapy prognosis by developing realistic, measurable goals and outcomes, including length of time for goal achievement;

- 5.1.1 Integrate scientific evidence with examination results to develop goals that correlate with each other and consider economic, social and cultural influences that may affect the outcome;
- 5.2 Propose evidence-based therapeutic interventions that are consistent with best practice, and
 - 5.2.1 Are based upon the individual's physiologic and psychological status and on cognitive, social and cultural influences;
 - 5.2.2 Consider clinical outcome, cost effectiveness, administrative procedures, personnel and potential for achieving goals;
 - 5.2.3 Represent appropriate duration and intensity;
- 5.3 Plan programs to promote and maintain health and wellness;
- 5.4 Collaborate with patients, their families, other health care providers and payers
- 5.5 Continually evaluate the patient's response to the plan of care and modify the plan as necessary.
- 6.0 Manage a comprehensive plan of care based on examination results
(As per level of experience noted in 3.2)
 - 6.1 Prepare the patient, area and equipment in a manner that assures the clinician's safety and client's safety, dignity, and privacy, and treatment efficiency;
 - 6.2 Effectively and efficiently perform interventions customized to the patient's status;
 - 6.3 Accurately interpret and respond to changes in the patient's physiologic and psychological states;
 - 6.4 Provide patient and caregiver instruction based on proposed outcomes and patient goals;
 - 6.4.1 Collaborate with patient/caregiver in establishing priorities for educational needs;
 - 6.4.2 Plan education to relate to established needs;
 - 6.4.3 Implement educational instruction in a variety of ways to meet needs of patient/client;
 - 6.5 Respond appropriately to an emergency situation in any practice setting;
 - 6.6 Interact with patients and families in a manner which provides appropriate psychosocial support;

- 6.6.1 Provide culturally congruent care by adapting exam, plan of care and interventions based on an understanding of individual differences
- 6.6.2 Evaluate and respond appropriately to the stress patients and families may experience as well as the mechanisms they may employ to cope with those stresses;
- 6.7 Appropriately delegate to and supervise the physical therapist assistant and other support personnel;
 - 6.7.1 Delegate patient care in a legal and ethical manner;
 - 6.7.2 Enhance efficiency and effectiveness of care delivery through delegation;
 - 6.7.3 Communicate with patient the need and rationale to delegate care;
 - 6.7.4 Recognize and appreciate the work of PTA/support personnel;
 - 6.7.5 Communicate constructive feedback to PTA/support personnel;
 - 6.7.6 Assume responsibility for directions/interventions/procedures delegated to PTA/support personnel
 - 6.7.7 Understand the role of the many team members who may be involved with given patient's care;
- 6.8 Utilize resources in a fiscally responsible manner;
 - 6.8.1 Determine appropriate cost-effective delivery of care within parameters of health care environment;
 - 6.8.2 Report accurate billing in timely manner;
 - 6.8.3 Follow proper guidelines for reimbursement by payers;
 - 6.8.4 Interact with payers for reimbursement of reasonable and necessary delivery of care when appropriate;
- 6.9 Contribute to discharge planning and follow-up care including interfacing with community resources;
 - 6.9.1 Anticipate and prepare for patient needs upon discharge;
 - 6.9.2 Educate patient and/or family in home program and/or other needs in anticipation of discharge;
- 6.10 Function within a variety of service delivery models and recognize their constraints, documentation requirements, and other characteristics;

- 7.0 Demonstrate effective written, oral, and nonverbal communication with patients and their caregivers, colleagues, other health providers, and the public;
 - 7.1 Complete thorough and accurate documentation consistent with practice setting guidelines;
 - 7.1.1 Document in concise and legible manner;
 - 7.1.2 Complete documentation in timely manner;
 - 7.1.3 Produce documentation that includes relevant material to the practice setting;
 - 7.1.3.1 Document patient's response to treatment;
 - 7.1.3.2 Re-assess patient's problem at appropriate intervals;
 - 7.1.3.3 Relate actual outcome to desired outcome(goals);
 - 7.1.3.4 Modify physical therapy goals and treatment plan as indicated from alternative solutions;
 - 7.1.3.5 Recognize and objectively document when patient has received optimal benefit from physical therapy;
 - 7.1.4 Complete documentation using professionally correct terminology;
 - 7.1.5 Document in compliance with requirements of third-party payers and regulatory agencies;
 - 7.2 Promote effective interpersonal relationships in all aspects of professional practice;
 - 7.2.1 Effectively function as a member of the health care team or other working group.
 - 7.2.2 Provide and receive constructive feedback to/from colleagues and patients.
 - 7.2.3 Communicate effectively in variable situation;
 - 7.2.3.1 Demonstrate cultural sensitivity in communication with patient, family, and all persons involved in delivery of care;
 - 7.2.3.2 Demonstrate ability to be active listener;
 - 7.2.3.3 Demonstrate technically and professionally appropriate use of verbal communication;

- 7.2.3.4 Demonstrate body language consistent with message to be delivered;
- 7.2.3.5 Recognize and respond appropriately to body language of others;
- 7.2.3.6 Assess effectiveness of own communication with patient, family, and all persons involved in delivery of care;
- 7.3 Prepare and provide content-based or case-based presentation during Clinical Experience I. Prepare and provide critique of peer-reviewed journal article during Clinical Experience II; prepare and provide either of above or special project if required by clinical facility during Clinical Experience III (or Clinical Experience IV and V);
- 8.0 Apply principles of management in the provision of physical therapy to individuals, organizations, and communities;
 - 8.1 Demonstrate effective leadership and supervisory techniques;
 - 8.2 Explain the impact of external agencies or departments on a physical therapy service and respond to those agencies or department with appropriate actions;
 - 8.3 Demonstrate good management practices in the daily operation of a physical therapy service;
 - 8.3.1 Coordinate resources such as time, space, equipment effectively and efficiently;
 - 8.3.2 Coordinate physical therapy services to appropriate consumer groups;
 - 8.4 Effectively market physical therapy services to appropriate consumer groups;
 - 8.5 Design and implement cost effective physical therapy services;
 - 8.5.1 Participate in budgeting, billing, and reimbursement activities;
 - 8.6 Use current information management technologies in the delivery of physical therapy services;
 - 8.7 Participate in continuous quality improvement programs;
 - 8.7.1 Participate in clinical outcome assessments and provide recommendations for modifications based upon findings if appropriate;
 - 8.7.2 Participate in utilization review and quality assurance programs services (i.e. critical/clinical pathways, protocols);

- 9.0 Apply concepts of teaching and learning theories in designing, implementing, and evaluating learning experiences used in the education of patients, students, colleagues, and the community;
- 9.1 Defend the pervasive nature of education in the practice of physical therapy;
- 9.2 Develop clear, concise and appropriate learning objectives for:
- patient education;
 - student clinical experiences;
 - in-service education;
 - community education;
- 9.3 Design, select, and implement appropriate teaching methods and learning activities to accomplish stated learning objectives;
- 9.4 Design and select appropriate methods to evaluate the effectiveness of learning experiences;
- 10.0 Apply the basic principles of evidence-based practice
- 10.1 Assess the need to respond to clinical uncertainties (related to examination, evaluation, diagnosis, prognosis, and intervention) by formulating an answerable question;
- 10.2 Efficiently search and locate scientific evidence;
- 10.3 Critically evaluate the validity and clinical utility of scientific evidence;
- 10.4 Consider individual clinical and patient circumstances;
- (10.5)
- 10.6 Demonstrate ability to apply scientific clinical evidence to examination and intervention process;
- 10.6.1 Provide rationale for clinical decisions;
- 10.6.2 Demonstrate ability to select, administer, and assess appropriate outcome measures in delivery of care;
- 11.0 Develop personal and professional self-assessment skills and formulate/ implement a career development plan;
- 11.1 Accept that being a professional is a continuing process and assume the responsibility for one's professional development;
- 11.1.1 Participate in available learning experiences and opportunities;
- 11.1.2 Demonstrate ability to set realistic goals in professional development;

- 11.1.3 Demonstrate interest in and knowledge of current professional issues and practices;
- 11.1.4 Ask for guidance and constructive feedback;
- 11.1.5 Participate in journal activity during each clinical experience;

- 11.2 Participate in and debate the role of professional associations;

- 11.3 Acknowledge the boundaries of an entry-level educational program and pursue a variety of resources to expand those boundaries in future professional development.

- 11.4 Serve as consultants to individuals, colleagues in physical therapy, other health professionals, organizations, and the community;
 - 11.4.1 Distinguish issues and problems in physical therapy and health care and propose potential solutions;

- (11.5)

3.4 Guidelines for Educational Presentations:

During Clinical Experience I students will be expected to provide an evidence-based content or case presentation. Students participating in Clinical Experience II are required to present a critique of a peer-reviewed journal article.

3.4.1 Guidelines for evidence-based content:

The content of the inservice education program must either focus on the physical therapy profession in general or a specific topic of interest to the student and the audience.

The inservice program should be approximately 30 minutes in length.

The written outline must include:

- a. Title of Inservice
- b. Description of Target Audience
- c. Objectives
- d. Teaching Methods Used
- e. Brief Synopsis of Program Content
- f. Evaluation Methods which could be used (not necessarily to implement as part of actual presentation)

3.4.2 Guidelines for evidence-based case:

The case-based presentation should focus on a patient/client whom a student has treated during the clinical experience.

Suggested material to include:

- a. A brief background sketch of the patient including history, psychological and economic influences.
- b. Subjective findings.
- c. Objective findings including: information from data base, additional evaluative findings, and pertinent data evaluated by other team members.
- d. Background information found through research about the disease or disability and possible treatment modes.
- e. Your assessment and goals for physical therapy.
- f. Your plan for physical therapy treatment.
- g. Describe your course of treatment noting modifications, problems, pertinent and team responses, and results.
- h. Suggest plans for follow-up with regard to discharge, equipment, future physical therapy goals and expectations.

3.4.3 Guidelines for Peer-Reviewed Journal Critique:

- a. Choose a peer-reviewed journal article.
- b. Provide copies of article to staff prior to presentation.
- c. Critique and present background, method, results, and discussion. Relate article to patient in clinic and/or issue pertinent to clinic. You may refer to article analysis framework provided in POP III.
- d. Prepare two-three related questions to present to audience for discussion at end of presentation.

3.5 Guidelines for Journal:

The purpose of the journal is to provide the opportunity to engage in reflective practice skills. While participating in each clinical experience students will be expected to maintain a journal documenting, at least weekly, reactions to their clinical experiences (ie challenging situations, extraordinary events, interactions, effect of treatment on patients, frustrations, disappointments, surprises, etc). This journal must be submitted to the DCE at the completion of the clinical experience.

4.0 Health Policies

4.1 Risks

Risks: There are potential health risks associated with clinical practice. Students should practice “Standard Precautions” and Transmission-based precautions, as appropriate, any time they are not absolutely sure about the conditions and/or environment in which they are working. Emergency care may or may not be available on premise of the clinical site. Information on availability of emergency care can be found in the Clinical Site Information Form (CSIF), which is on file with the Director of Clinical Education (DCE). In all cases, **the cost of emergency and medical care is always the responsibility of the student.**

4.2 Medical Insurance

Under the Chatham University Required Health Insurance Plan, all full-time students must have medical insurance in order to enroll in classes which include clinical experiences. Students will need to provide proof of coverage within their family’s health insurance; purchase their own individual policy; or request coverage through a Chatham sponsored health insurance plan. All physical therapy students must present a copy of insurance cards to the DCE at the beginning of each Fall term.

4.3 Pre-Clinical Health Requirements

Because of contractual agreements with clinical agencies, and to insure patient and student safety, students must follow certain health practices. **Students who are not immunized may not be able to complete their degree because they cannot be placed in clinical facilities and therefore cannot complete program requirements.**

1. Prior to the end of the first term of the Doctor of Physical Therapy Program, all students must complete all health requirements and criminal background checks with documentation through CertifiedBackground.com. Instructions are provided to students 3-4 months prior to the start of the program. Requirements include: physical examination; titers for measles, mumps, rubella, Hepatitis B, and varicella; proof of three polio vaccinations; tetanus and diphtheria immunization within the last 10 years; TB (PPD) skin test (a positive test requires a chest x-ray); and proof of health insurance. In addition, Pennsylvania Criminal Record Check (Act 34); Pennsylvania Child Abuse History Clearance (Act 33); and an FBI Fingerprint Check (Act 73) are required.
2. Infection Control: The unpredictable nature and varied circumstances of situations encountered by students for their curriculum makes differentiation between hazardous and non-hazardous body fluids difficult. Infection Control: Infection control practices control or eliminate sources of infection to help protect patients/clients and health care providers from disease. The Centers for Disease Control has recently revised and simplified infection control recommendations for health care organizations that are to be used in caring for all patients regardless of their presumed infection status. These precautions are known as Standard Precautions and include the OSHA regulations on occupational exposure to bloodborne pathogens. Transmission-based Precautions have also been developed to interrupt the transfer of specific microorganisms based on their unique modes of transmission. These precautions are to be used in addition to Standard Precautions and include airborne, droplet and contact precautions. To protect against exposure to infectious diseases and to comply with OSHA regulations, all students will be instructed in the use of

Standard and Transmission-based Precautions. Standard precautions is a method of infection control in which all human blood and other potentially infectious body fluids are treated as if known to be infectious for HIV and HBV, and shall be exercised by students in all such situations. Students will treat all body fluids as if infectious. These requirements reflect federal law instituted by OSHA and all employers must comply, thus all students must comply.

3. Pregnancy: Immediately upon medical confirmation, students must report a pregnancy to the program director. This is in order to protect the student from activities or materials which may have an undesirable effect on mother and/or baby. A medical authorization to continue one's education during the pregnancy must be completed by the student's physician and returned to the program director and to the school nurse.
4. Students who do not meet the health requirements of the program will not be permitted to participate in the clinical experiences. Students must also provide evidence of current CPR certification prior to the first clinical experience.
5. All students will be expected to sign the Release of Information Form to allow distribution of pertinent information (i.e. geographical data, past experience, goals, learning styles, health records, criminal abuse records, child abuse clearances, drug screening results, etc.) during the student's participation in the program. The geographical data, goals for the particular clinical, and learning styles are distributed to the clinics prior to the student's arrival. Health records and clearances are sent upon request from the clinical sites.
6. Drug Screening Policy:

Chatham University recognizes that students may be subjected to drug screening prior to the start of or during a clinical or fieldwork experience as required by sites to maintain a safe and healthy workplace. The University recognizes that there may be an occasional "positive" test result. This policy is enacted in order to provide the student with the appropriate care and to provide the sites with safe students, unimpaired by drugs.

POLICY:

The student who is required to submit a drug screen prior to or during a clinical experience will be notified by the academic Program sending that student to the experience. The student will be required to have the testing completed at a licensed clinical laboratory specifically approved to offer drug testing. Failure to comply with the drug testing during the required time frame will prevent the student's participation in the designated clinical site and may result in delay of completion of the Program. The student may be required to register for the clinical site at a later date, resulting in additional tuition / associated fees. The result of the testing will be sent to the Program. Results will be kept in a confidential locked file. A negative result will be forwarded to the clinical site and the student will be cleared for the clinical experience. All positive results will be reported to the Program Director. A positive result will result in the postponement of clinical experiences and academic activities, until the following criteria are successfully fulfilled. The student will be required to sign an agreement to continue in the Program, outlining the following conditions: (failure to do so will result in automatic dismissal from the Program)

- Student in question will be referred to the Chatham University Counseling Center, with a referral for mandatory evaluation and counseling at a drug rehab program, at the student's expense.
- Periodic confidential progress reports will be sent to the student's academic Program Director, from the rehab program.
- Upon successful completion of the drug rehab program, the student will undergo drug screening (at the student's expense) prior to re-entry into academic or clinical experience. The student may be subjected to random, periodic drug screening (at the student's expense) as a requirement for continuing in the Program of study.

Failure to comply with the policy and/or evidence of continued drug use will result in an automatic dismissal from the academic Program.

Please note: Student should maintain copies of all health documents submitted.

4.3.1 Continued participation in the Clinical Area:

A student who suffers an injury or an exacerbation of a previous injury or condition while participating in a clinical education experience may be required to submit written documentation from the student's physician verifying that the student is able to safely return to or continue in the clinic. The student will be allowed to continue at the discretion of the clinical instructor or CCCE.

4.3.2 Readmission to the Clinical Area:

A student returning to clinical experience after an illness must consider the nature of the illness as to whether the student can practice safely. If the nature of the illness endangers either student or patient safety, the clinical instructor, or CCCE, or DCE may require that the student submit written documentation from the student's physician verifying that the student is able to safely return to the clinical area. The student will be readmitted to the clinical area at the discretion of the clinical instructor or CCCE.

5.0 Clinical Experience Policies and Procedures

5.1 Organizational Structure for Clinical Education Policies and Procedures

Chatham Student Physical Therapists are accountable for the following policies and procedures. Some facilities may have additional requirements for students affiliating with them. Students must complete assignments given to them by the clinics as well as those given by the academic faculty. If conflicts exist between the policies and procedures of Chatham and the Clinical Facility, they will be arbitrated through the Director of Clinical Education (DCE).

The academic and clinical faculty reserve the right to restrict student learning activities on the basis of any limitations demonstrated by the student to ensure the safety and welfare of the patient.

5.2 Confidentiality/Written Permission/Patient Right to Refuse

Students and faculty are required to maintain confidentiality in BOTH the clinical and academic settings. This includes but is not limited to, disclosures of patient information, academic records, and coursework. Strict confidentiality must be maintained at all times in compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations. **Professionalism extends beyond the academic and clinical arenas; discussion of any patient(s) or reference to patients on social networks (i.e. Facebook/Twitter/Email, etc.) is STRICTLY prohibited.** An exception to this would be an e-mail to your professor(s) regarding general patient treatment questions. Written permission from the facility must also be obtained for use of any information (e.g. patient protocols, quality assurance data, etc.) in addition to protected health information obtained from any facility. In all cases, Chatham University adheres to the Family Educational Rights and Privacy Act of 1974 (FERPA). Such conformance is described in the University Catalogue under “Student Rights and Responsibilities”.

Patients have risk free right to refuse treatment and students must abide by this decision.

5.3 Selection of Clinical Sites

5.3.1 Student Selection:

The program maintains a reference file of available clinical facilities. This file should not be removed from the immediate office area. More specific clinical information on each facility may be obtained from the DCE. Students will request affiliation sites based on their preference from the list of facilities under contract, and will generally be assigned by a lottery system. However, the DCE will make the final decision for student placement after all requests have been considered. Academic, financial and personal needs will be considered for all students. The program cannot guarantee, however, that all needs will be met at all times. The academic needs of the student represent the first priority in the final decision for clinical placement.

Policy on previous experience: Students will not be permitted to participate in clinical experiences at sites where they have volunteered or been employed in the

past or presently. Exceptions to this policy may be made at the discretion of the Director of Clinical Education (DCE) with regard to number of years elapsed since the student's activity at the site and/or change in clinical staff. Students may suggest new clinical sites not under contract, however, there is no guarantee that any suggested site will be developed or used for the student's clinical affiliations. Students will not contact any clinical site, whether under contract or not, without the expressed permission of the DCE. Violation of any clinical education policy will result in the student's loss of lottery number and may place the student at risk of dismissal from the program.

5.3.2 *Clinical Site Commitments:*

The physical therapy education programs in Pennsylvania have agreed to mail all requests for clinical site reservations for the next year out by the end of January each year. Collectively, we ask that they be returned to us by April. These forms aid in planning clinical experiences for the following year. It is sometimes difficult for CCCEs to anticipate available CI's up to 1 1/2 year in advance of a student assignment. Everyone needs to be understanding and flexible regarding current fluctuations in the health care environment and unanticipated staffing changes at clinical facilities. Occasionally, clinical assignments require an alternative placement.

5.3.3 *Contract Policies:*

Clinical education contracts/agreements must be signed by both Chatham University and the participating facility prior to the student beginning the clinical experience. Contract agreements between Chatham University and clinical sites will be monitored for each clinical experience and updated as necessary.

5.3.4 *Complaints received about the program from sources such as patients, employers, clinical sites, parents, and others:*

The complainant will be directed to first discuss the complaint with the Physical Therapy Program Director. Upon notification of a complaint, the Program Director will, within one week of the complaint, arrange to meet with the individual, discuss the complaint and attempt to reach a solution on an informal basis. Documentation of the complaint, the ensuing discussion, and resolution will be kept in a locked file in the program office.

If the complainant is not satisfied with the outcome of the informal complaint procedure, he or she may appeal to the Dean for Graduate Studies. For this appeal the complaint should be written. The Physical Therapy Program Director will also submit a written statement, detailing the events of the informal procedure, and his or her response to the complaint. These materials should be submitted within two weeks following the informal procedure. After review of the written materials and conferences with each of the involved parties, the Dean for Graduate Studies will render a decision on the matter within two weeks of receipt of these materials.

If the complainant is not satisfied with the outcome of the formal complaint procedure, he or she may appeal, within one week, to the Vice President for Academic Affairs who will make a determination within one week of the request for appeal. The complainant may also choose to file a written complaint with:

Commission on Accreditation in Physical Therapy Education
1111 North Fairfax Street
Alexandria, VA 22314-1488

5.4 Travel/Living Expenses

Each student will be expected to travel (outside of Southwestern Pennsylvania) for at least one clinical experience. Students are responsible for providing their own transportation to all clinical experiences as well as for providing their own living expenses during clinical experiences. In some cases the DCE or clinical supervisor may be able to assist the student with housing arrangements. Students should anticipate a total additional cost of \$1500-2000 for all full-time clinical experiences.

5.5 Absence from Clinical Experience

5.5.1 Student:

The program requires clinical attendance. Only illnesses and personal emergencies are excused clinical absences. In the event of illness or personal emergency, the student must notify via phone the clinical supervisor prior to the start of the workday. The DCE must also be notified either by email/phone. All absences must be made up unless, under special circumstances, the clinical and academic faculty decides otherwise. Clinical experiences are competency based, not time based. Students are required to make-up all missed assignments due to any absence from clinic. Clinical days missed due to leave of absence on any clinical experience must be completed prior to degree conferral.

5.5.2 CCCE/CI:

Students must work under the direct supervision of a licensed physical therapist. If there is no physical therapist on premise when the student is present, the student may not engaged in treatment of any patients, whether they are skilled, maintenance, or otherwise.

5.6 Work Schedule

The student will follow the work schedule established by the clinical facility, not the academic schedule of Chatham University. Students must request time off for religious observances from the clinical instructor ahead of time and must make up the time.

5.7 Clinical Education Meetings

Clinical education meetings will be incorporated in Principles of Practice classes throughout the curriculum. During these meetings, preparation for the clinical experiences, selection of clinical sites, and debriefing sessions after clinical experiences will take place. Additional meetings may be scheduled as necessary. Attendance by all students is mandatory. Students who fail to attend will forfeit their right to participate in the selection process, except under very extenuating circumstances, and the DCE will assign them to their clinical sites.

5.8 Dress Code

As a health care professional in training, students should demonstrate a professional appearance and behavior during all clinical activities. Being neatly dressed, being well-groomed, and avoiding "stylish" modes of dress and hair style exemplify professional appearance. Street clothes with a name tag should be worn unless the clinical facility requires alternate attire. No jeans, sneakers, cloth shoes, clogs, or high heels should be worn. Obvious body-piercings and tattoos are prohibited. The hair is to be clean and worn in a neat arrangement in accordance with the policy of each clinical facility. Fingernails should be kept trimmed and free of brightly colored nail polish. No large or costume jewelry will be permitted when in the clinical setting, although simple earrings, plain neck chains, and wedding bands are acceptable. No gum chewing or smoking will be allowed in the clinical setting except in designated areas only. If the clinical facility's dress code differs from that of the program, the student may choose to adhere to either one if that decision is mutually agreeable with the clinical supervisor.

5.9 Name Tags

Must be worn at during all clinical experience. One name tag will be provided to student at the beginning of their professional academic tenure. It is the student's responsibility to maintain the name tags. Requests for replacement of broken, defective, or lost name tags should be directed to the health science secretary in a timely manner. Students will be responsible for the cost of lost name tags.

5.10 Professional Liability Insurance

Clinical facilities require each student to carry professional and personal insurance. Most facilities require minimal limits of \$1,000,000/\$3,000,000 professional liability and \$1,000,000 personal liability. Chatham University maintains a policy which covers health science students while they are engaged in their assigned clinical experiences. Any additional liability insurance is at the student's own expense. If you elect to work in any situation that is not part of your assigned clinical education, you will NOT be covered by Chatham's policy.

5.11 ADA

Chatham University is committed to providing an environment that ensures that no individual is discriminated against on the basis of her/his disability. Students with disabilities, as defined under the Americans with Disabilities Act of 1990 (ADA), and who need special academic accommodations, should notify the assistant dean of the PACE Center as soon as possible. The PACE Center will work with the students and the course instructor to coordinate and monitor the provision of reasonable academic accommodations.

Students who have identified to the Academic Program a need for accommodations under the Americans with Disabilities Act, or the technical standards document for the Physical Therapy Program need to give written permission to the Program to share the information with each of the student's Clinical Sites. Requests for accommodation from a clinical site must be made well in advance of the scheduled clinical course. The Clinical Site has the right to refuse to accept the student for the clinical rotation if the accommodation is considered to be unreasonable. Failure to give such permission will lose the student's rights under the ADA.

5.12 Evaluation and Requirements

Evaluation is a necessary and useful tool in education. To be worthwhile it must be done in an honest, continuous, shared process and the results acted upon. To be effective, the atmosphere must be open, allow for discussion and opportunity to learn or practice areas of deficiency should follow. (See the discussion in section 6.1, “Giving and Receiving Feedback.”) Evaluation is a part of the didactic learning on a regular-frequent basis and must also occur in the clinical experience.

Evaluation refers not only to evaluating the student's skills, but also, refers to evaluation of the curriculum, the faculty, and the clinical facility. All aspects of evaluative process should include student input.

Students will be evaluated minimally at least twice during each full-time clinical experience. The Clinical Instructor (CI) will assess and review the student's progress once in the middle and at the end of the experience. The student will provide feedback, along with the CI, during a scheduled site visit or telephone conversation with the DCE or another health science faculty member during each affiliation. The student may, at any time during an affiliation, request additional feedback from either the clinical or academic faculty should problems or special concerns arise. It is recommended that informal evaluations be done on a daily and weekly basis in relation to specific patient care areas or in other areas as needed.

All students must present an evidence-based content or evidence-based case presentation during Clinical Experience I and II. Guidelines for the programs are included in section 3.4. This requirement does not apply to students in Clinical Experience III (or Clinical Experience IV and Clinical Experience V). However, this does not preclude the requirement from the clinical site to complete a content-based or case-based program.

5.12.1 *Physical Therapist - Clinical Performance Instrument (CPI)*

Beginning in April 2010 the Doctor of Physical Therapy Program at Chatham University initiated the electronic PTCPI. All clinical instructors, students, and DCE must participate in on-line training at the APTA Learning Center site. Guidelines for the completion of the CPI will be given during this training. Information will be sent to you regarding accessing the website and training.

Specific Performance Expectation for the Clinical Experience:

Mechanisms used to determine the performance (grade) of the student are as follows:

The expected performance criteria for the clinical experience; the rating scale and narrative comments on the CPI; communication between the CI, CCCE, student, and DCE; and the significant concern box and/or red flags.

Significant Concerns and Red Flags:

- All significant areas of concern and/or red flags should be discussed with the DCE.

- Each student having a “significant concern” box and/or red flag checked will be reviewed on an individual basis.
- A student with a “significant concern” box and/or red flag checked at “final” may be required to complete additional clinical practice.

5.12.2 *Mid-Term Student Evaluation of a Clinical Experience*

The student completes the MID-TERM STUDENT EVALUATION OF A CLINICAL EXPERIENCE and mails it to the DCE at the end mid point of each clinical experience, unless otherwise directed.

5.12.3 *Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction*

The final *Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction* is shared and signed by their CI and/or CCCE.

5.12.4 *Grade Assignment:*

The DCE is responsible for the student’s final grade assignment for each clinical experience.

5.13 Honor Code

Chatham University students pledge to maintain the Honor Code, which states in part: “Honor is that principle by which we at Chatham form our code of living, working, and studying together. The standards of honor at Chatham require that all students act with intellectual independence, personal integrity, honesty in all relationships, and consideration for the rights and well being of others.” Cheating is defined as the attempt, successful or not, to give or obtain aid and/or information by illicit means in meeting any academic requirements, including examinations. Plagiarism is defined as the use, without proper acknowledgement, of the ideas, phrases, sentences, or larger units of discourse from another writer or speaker.

AS PER THE PHYSICAL THERAPY STUDENT GUIDE: “AUTOMATIC DISMISSAL FROM THE PHYSICAL THERAPY PROGRAM WILL BE THE PENALTY FOR ANY PROVEN INSTANCE OF ACADEMIC DISHONESTY”.

5.14 Procedure for Analyzing, Resolving, and Documenting Problems During Clinical Experience

Confidential management of student problems during a clinical experience:

We believe all individuals have the right to privacy. The maintenance of confidentiality helps to build trusting relationships and keep the lines of communication open. We also believe that protecting individuals from unfair biasing may aid in the teaching/learning process.

With this in mind, we ask all participants in the clinical education process to support the right of individuals to open and confidential communication to maximize the learning potential of all involved. Should problems arise during clinical experiences, we recommend the following steps be taken:

1. As soon as a problem is identified, it should be discussed only between the student and the Clinical Instructor (CI).
2. If either person believes other intervention is needed or they are not able to resolve their concerns, either person or both should speak with the Center Coordinator of Clinical Education (CCCE).
3. If the problem cannot be resolved at this level, the Center Coordinator of Clinical Education and student should contact the Director of Clinical Education (DCE).
4. If the issues are not resolved with or are beyond the scope of the DCE, both the student and the DCE should contact the Program Director.

We understand that some smaller departments and private practices may not have both a CI and CCCE, but the steps should remain essentially the same. In addition, we acknowledge the need for directors and unit supervisors to be notified of any major problems on a “need to know” basis.

Identification of difficulties during clinical experience can be initiated by either the clinical instructor (CI) and/or the student

5.14.1 CCCE/Clinical Instructor's Responsibilities:*

If the student is at risk of not meeting the stated learning objectives on time and/or there are other concerns, the CCCE/Clinical Instructor (CI) needs to take the following steps:

1. Discuss the concerns with the student at the earliest opportunity. Immediate feedback of unsatisfactory performance is crucial. More detailed discussion should follow in a formal session with documentation.
2. Contact the DCE at the college. It is important that CCCE/CI's perceptions of the student's performance is discussed and confirmed as soon as possible.
3. Any specific incident or behavior by the student which has led to the CCCE/CI's concern should be documented, preferably on a daily basis. A summary should be submitted with the CPI at the end of the clinical experience.

5.14.2 Student Responsibilities:*

If a student has difficulties during their clinical experience, he/she may initiate the following steps:

1. Make arrangements with CI for a specific time to discuss the concerns. If a regular time has been established during this clinical experience for discussion, use this opportunity to talk about the issues. If a mediator is needed, the student may wish to include the Center Coordinator for Clinical Education (CCCE).
2. Contact the DCE at the college. It is important that the student contact the college regarding any factors influencing his/her performance.
3. The specific information concerning difficulties should be documented and submitted to the school for inclusion in the student record.
4. Information will be dealt with confidentially. However, with a student's agreement and/or at the discretion of the DCE, a visit can be arranged by DCE or other faculty member to the clinical facility, in order to explore any matters and review the clinical site. Concerns can also be expressed during routine visits by DCE or other faculty members.
5. If the issues are not resolved with the DCE involvement, the student should contact the Program Director.
6. Collect phone calls from the student will be accepted by the health science secretary or faculty members only if the student states that the call is being

made in regard to a "clinical problem." Calls for any other reason must be made at the student's expense.

5.14.3 University Responsibilities:*

An arrangement will be made for DCE or other designated faculty member to visit the student and CCCE/CI promptly in order to review the circumstances of all parties involved with concerns. This may involve a remediation plan agreed on by both the student and CCCE/CI in order for student to continue with the clinical experience.

* *Excerpted and adapted from Lynette Mackenzie, Fieldwork Manual, 1994, University of Newcastle, Australia*

5.15 Failure of a Clinical Experience

A mastery level is established for each clinical experience. A student who fails a clinical experience will be expected to complete an additional full or part-time clinical experience and will be placed on probation. The terms of the probationary status will be determined by the Academic Committee after reviewing the criteria. The Academic Committee consists of all core faculty within the Physical Therapy Program.

5.16 Guide to Physical Therapist Practice

Students will be required to take the Guide to Physical Therapist Practice to each clinical experience for reference.

5.17 Criminal Record Check/Child Abuse Clearance

Prior to the start of the Program, the student is required to obtain a Pennsylvania Criminal Record Check, Pennsylvania Child Abuse Clearance, and FBI Fingerprinting. The student is responsible for processing these forms through CertifiedBackground.com. **A felony charge may prohibit an individual from obtaining licensure to practice physical therapy.**

6.0 Resources for Clinical Experience Development and Enhancement

6.1 Giving and Receiving Feedback

Feedback acts like a mirror. Feedback allows individuals to reflect back their observations of another person's behavior. Feedback, however, goes one step further than a mirror--the individuals giving the feedback can give their interpretation of or reaction to the observed behavior.

The following outline provides techniques which should promote good feedback and good receiving.

GIVING:

1. Give specific and direct feedback: you will provide more effective feedback by reporting exact behaviors rather than general impressions. We have difficulty seeing when we use a steamed over mirror.
2. Share the effect: Let the person know the results of the behavior, e.g., the positive or negative effect on a patient of a specific intervention used by a student.
3. Give balanced feedback: Give positive and negative feedback. Balanced feedback gives the person a truer picture of themselves.
4. Give immediate feedback: Give feedback as soon after something happens as possible. Waiting to give feedback until later clouds our recall and does not have as great an impact.
5. Be short: You will have greater impact if you provide other individuals with short, simple and to the point observations of their behavior.
6. Speak to behavior: Your feedback should report OBSERVABLE BEHAVIOR not interpretations, judgments, hunches, projections and so forth.

RECEIVING:

Many things affect whether or not a person hears feedback. That person's openness or defensiveness, the day, the language used, the effectiveness of the feedback giver, general security, trust of the giver, ability to hear and attend, and so forth all can affect one's ability to hear feedback.

If the individual providing the feedback does so in the above manner and the receiver listens, then communication takes place. Communication of information helpful to both the giver and receiver. Some of us block feedback, however, because we believe or fear that it will influence or change us. REMEMBER this important fact about getting feedback--YOU DO NOT HAVE TO DO ANYTHING WITH THE FEEDBACK. You do not have to change if you hear it. You may wish to modify an approach or an intervention; but, you do not really have to "change."

The following may help you HEAR more of and, therefore, use more effectively the feedback you receive.

1. Concentrate on listening: You do not need to respond. Not thinking of a response will allow you to hear completely the feedback offered.
2. If you want to respond, wait a few seconds to process what you heard--let what was said to you really sink in.
3. Repeat the gist of what you heard to yourself, silently or out loud.
4. Ask for clarification if you think you need it.
5. Take notes and reflect on them later.

6.2 Role of the Clinical Instructor*

6.2.1 Orient Student to the Clinical Facility

- A. Develop a working relationship with the student
- B. Tour the physical layout of the department/facility with introduction to other staff
- C. Encourage student to explore the administrative workings of the department/facility.
- D. Explain the "policies and procedures" of the work environment.
- E. Explain your role in the health care team; the facility's place in the health care system and community, and regulations (government, insurance, accrediting agencies, etc.) under which the facility must operate.

6.2.2 Patient Interventions

- A. Develop and determine supervision model and frequency with student.
- B. Observe and give feedback on the student's:
 - 1. interaction with patients, and other staff
 - 2. evaluation methods and skills, and their subsequent interpretation of this data
 - 3. treatment plans and therapeutic interventions.
- C. Be prepared to demonstrate skills to enhance learning.
- D. Ensure safety of the patient during student interventions.

6.2.3 The Learning Process

- A. Provide an orientation discussion on the first day of the clinical experience.
- B. Provide a debriefing session with student at least once a week, preferably more often as negotiated between CI and student.
- C. Help student connect theory and practice.
- D. Assist student to develop their learning needs and review regularly.
- E. Discuss with the student, their strengths and limitations in application of their knowledge.
- F. Formally evaluate student's progress at mid-term and end of clinical experience using the *Physical Therapist Clinical Performance Instrument* found in Appendix A.
- G. Discuss this evaluation with the student and provide them with the opportunity to read the form and acknowledge it by signing it as indicated. The student does not have to agree with the evaluation.

6.2.4 Clinical Instructor Privileges

Center Coordinators of Clinical Education and clinical instructors who supervise Chatham students are given the privileges listed below for one year:

- 1. A complimentary Chatham University e-mail account, including on-line access to library research databases.
- 2. A Chatham University identification card that enables them to attend University events and borrow library materials.
- 3. Tuition waiver to three credit hours of coursework. They are provided with a non-transferable voucher that expires within one year of eligibility and cannot be used for coursework leading to a degree.

The Program Director notifies the CCCEs and clinical instructors in writing of these privileges.

6.2.5 *Helpful Hints for Clinical Instructor* *

- **Planning:**

1. Information contained on the *Student Data Form* can help in planning the student's clinical experience. It contain such information as previous experience and goals for this experience.
2. If there is specific information or requirements pertaining to your facility, mail it directly to the student. Their address is on their *Student Data Form*.
3. Time needs to be set aside for daily briefing and debriefing about the clinical experience. What is expected of the student, and immediate feedback about their performance.
4. Develop a list of specific tasks/objectives for the student to achieve during the experience and when the student is to complete the task, i.e. on a daily/weekly basis, rather than overall objectives.
5. If possible, try to arrange for some patients in advance.

- **Supervision:**

1. Students need to be sure about what is expected of them through out the clinical experience.
2. Expect each student to set their own objectives for the clinical experience and discuss them with discuss them with CI in conjunction with the clinical site's objectives.
3. Give immediate feedback about student performance, especially if performance needs to be improved during the experience. Do not reserve giving negative feedback until the end of experience.
4. Problem based learners are also self directed learners. They should not expect an answer to every question.
5. Students are usually prepared to be "thrown in" right away, and are anxious to try their skills as soon as possible. Student learn by doing. Extensive observations should be very limited.
6. Allow student to spend some time with more than one therapist, if possible.

6.3 Student Responsibilities*

Clinical Experience is a time to integrate and reinforce the learning unit you have just completed into clinical practice. Your clinical instructor is there to guide you and act as a consultant. They will not supply all the answers, but can assist you finding resources to meet your needs and objectives.

I. Professional Behavior

Make contact with Center Coordinator for Clinical Education and/or Clinical Instructor before arrival

- A. Arrive on time
- B. Dress appropriately
- C. Communicate professionally

II. Orientation

- A. Be prepared to ask questions. It is not prudent to assume you understand when you are in any way unclear of procedures, policy, techniques, etc. Ask questions at appropriate times.
- B. Seek to understand the function of the clinic setting (acute care, out-patient, rehab, etc.) and type of patient population it services. Clarify how you will be integrated into the clinic and what is expected of you. Be aware of what each new clinical experience has to offer.
- C. Develop some learning objectives from your prior knowledge and skills BEFORE you arrive at the clinic and add to the list after your orientation. Review your learning objectives regularly.
- D. Review your strengths and limitations with your Clinical Instructor; and how he/she may assist in helping you develop your skills.

III. The Learning Process

- A. Discuss both your learning goals and the clinical site's objectives for this experience with your Clinical Instructor.
- B. Understand the link between concepts from previous learning units and current clinical experience.
- C. Having established your learning need, you may want to develop a learning ideas file. This file may have such items as:
 - an annotated bibliography
 - activities observed and participated in during the intervention process (including adaptation and variations)
 - allied health professionals and agencies used to support treatment goals; useful contact persons
- D. Take the opportunity to talk with patients to increase your understanding of the 'patient's perspective' as well as improving your communication skills.
- E. Be enthusiastic, willing and receptive.
- F. During low activity times, develop the habit of reading charts and case histories; use the library facilities.
- G. Do not rely on your Clinical Instructor to give you all the answers. Take responsibility for exploring issues beyond daily experiences.
- H. Complete the *Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction* discuss it with you Clinical Instructor and have them sign it. Discuss this evaluation with the CI and /or and provide them with the an opportunity to read the form and acknowledge it by signing where indicated.
- I. Reflect on your own progress during this experience and begin developing your learning objectives for your next clinical experience

6.3.1 *Helpful hints for Students* *

- 6.2 Be sure you understand the requirements of the clinical experience and the expectations of the Clinical Instructor (CI) with whom you are working.
- 6.3 Build clear communication links between you and your clinical instructor. If difficulties arise attempt to resolve them in the immediate situation before seeking outside assistance.
- 6.4 Always use “safe” patient handling techniques. Don’t hesitate to ask for assistance if you are uncertain of a specific handling technique or how to manage a patient who exhibits behavior that is difficult to control and/or unstable medical conditions.
- 6.5 If you have free time in the department, use it constructively, read case histories; with permission review other therapist’s documentation; use the library facilities; seek to understand the administrative management of the facility.
- 6.6 Make each clinical experience a positive learning experience. Don’t expect to like working with all patients or be able to relate to all staff, but be prepared to be open-minded and learn.
- 6.7 Be enthusiastic, willing and receptive. Learn from mistakes, and be prepared to work on weaknesses in performance.
- 6.8 Make sure eye contact and body language demonstrates interest.
- 6.9 Attempt to transfer the concepts, skills and principles learned in one clinical experience to the next one and on into your future work as a graduate physical therapist.

* *Excerpted and adapted from Lynette Mackenzie, Fieldwork Manual, 1994, University of Newcastle, Australia*

6.4 Bibliography

General

Clinical Education: An Anthology (470 pages, 79 articles, 1992), APTA order # E-25.

Alternative Clinical Education Supervision Models

1. DeClute J & Ladyshefsky RM. Enhancing Clinical Competence Using a Collaborative Clinical Education Model. Physical Therapy, 73:683-697, 1993.
2. Gandy, J. Through a New Lens: Collaboration and Interdependence. PT Magazine, 3:2, 40-44, 1995.
3. Ladyshefsky R & Healy E. The 2:1 Teaching Model in Clinical Education: A Manual for Clinical Instructors. University of Toronto, 1990.
4. Zavadak KH, Konecky-Dolnack C, Polich S, & VanVolkenburg M. Collaborative Models. PT Magazine, 3:2, 46-54, 1995.

Problem Based Learning

1. Barrows HS. Practice-Based Learning: Problem-Based Learning Applied to Medical Education. Springfield, Illinois: Southern Illinois University School of Medicine, 1994.
2. Barrows, HS Taxonomy of Problem Based Learning Methods. Medical Education, 20, 481-86, 1986.
3. Boud, D. (Ed.) Problem Based Learning in Education for the Professions. Sydney: University of New South Wales, 1986.
4. Brookfield, S. Self Directed Adult Learning: A Critical Paradigm. Adult Education Quarterly, 35, 59-41, 1984.
5. Brown, G. Lecturing & Explaining. London: Methuen. 1978.
6. Burnett CN, Mahoney PJ, Chiley MJ, & Pierson FM. Problem Solving Approach to Clinical Education. Physical Therapy, 66:11, 1730-1733, 1986.
7. Eisenstaedt RS, Barry WE, & Glanz, K. Problem-based learning: Cognitive retention and cohort traits of randomly selected participants and decliners. Academic Medicine, 65, S611-S612, 1990.
8. Jacobs, T. & Lyons, S. "Give me a fish and I eat today; teach me to fish and I eat for a lifetime." The Newcastle Programme - Australian Occupational Therapy Journal, 39. (1) 29-39, 1992.

9. Jacobs, T. The Academic - Fieldwork Interface. Australian Occupational Therapy Journal, 39, (4) 33-37, 1992.
10. Kaufman, A. (Ed.) Implementing Problem-Based Learning in Medical Education. New York, Springer Publishing Co, 1985.
11. Little, P & Ryan, G. Education Change Through Problem Based Learning. The Australian Journal of Advanced Nursing, Vol 5, No. 4, June-August 1988.
12. May BJ, "An Integrated Problem-Solving Curriculum Design for Physical Therapy Education," Physical Therapy, 57:7 807-813, 1977.
13. Noonan, Z.M., Schmidt, H.G., Esmat, S.E. Innovation in Medical Education - An Evaluation of its present status. New York: Springer, 1990.
14. Norman GR & Schmidt HG. The psychological basis of problem-based learning: A review of literature. Academic Medicine, 67, 557-562, 1992.
15. Patel VL, Groan JH, & Norman GR. Effects of problem-based medical curricula on problem solving. Academic Medicine, 66, 380-389, 1991.
16. Vernon TA, & Blake RL. Does problem-based learning work? A meta-analysis of evaluation research. Academic Medicine, 68, 550-563, 1993.
17. Webb, H.S. Taxonomy of Problem Based Learning Methods. Medical Education. 52, 421-45. 1985.

The Teaching-Learning Process

1. Emery MJ, "Effectiveness of the Clinical Instructor: Student's Perspective," Physical Therapy, 64:7 1079-1083, 1984.
2. Graham CL. Conceptual learning processes in physical therapy students. Physical Therapy, 76, 856-865, 1996
3. Mandin H, Jones A, Woloschuk W, & Harasym P. Helping students learn to think like experts when solving clinical problems. Academic Medicine, 72, 173-179, 1997.
4. Kolb, DA. (1976) The Learning Style Inventory. Copyrighted distributed by McBer and Co. 137 Newbury St., Boston, MA 02116.
5. Shepherd KF & Jensen GM. Handbook of Teaching for Physical Therapists. Boston, MA: Butterworth-Heinmann, 1997.
6. Stritter FT, "Clinical Instruction for Students in the Laboratory," Lab Med, 14:795-798, 1983.

Clinical Decision Making

1. Physical Therapy Journal, 69:7, 1989: (The whole journal is devoted to various aspects of clinical decision making.)
2. Report on the Colloquium on Teaching Clinical Decision Making. Journal of Physical Therapy Education, 6:2, 1992.

Evaluation

1. May BJ, "Evaluation in a Competency-Based Educational System," Physical Therapy, 57:1 28-33, 1977.
2. Henry JN, "Identifying Problems in Clinical Problem-Solving," Physical Therapy, 65:7 1125-1128, 1985.
3. Bloom BS, Hastings JT, Madaus GF, Handbook of Formative and Summative Evaluation of Student Learning. McGraw-Hill, New York, 1971.
4. Shepard KF & Jensen GM. Physical Therapist Curricula for the 1990s: Educating the Reflective Practitioner. Physical Therapy, 70:9, 566-577, 1990.
5. Jensen, G & Denton B. Teaching the Physical Therapy Student to Reflect: A Suggestion for Clinical Education. Journal for Physical Therapy Education, 5:1, 33-38, 1991.

Management of Problem Behaviors

1. Grove A, "How to Make Confrontation Work for You," Fortune, 110:73-75, 1984.
2. Konrad W, "Three Ways to Manage Conflict," Working Woman, 11:17, July, 1986.
3. Moeller P, "Clinical Supervision: Guidelines for Managing the Problem Student," J Allied Health, 13:3 205-211, August, 1984.
4. Nelton S, "Discussing the Undiscussable," Nations Business, 75:56, March, 1987.
5. APTA. *Physical Therapy Clinical Instructor Educator Credentialing Manual*, March 2000

