Chatham University does not discriminate on the basis of sex, race, national origin, color, age, sexual orientation or handicap status in its educational programs and policies, co-curricular activities, scholarships and loan programs, and employment practices.

Chatham University's Doctor of Physical Therapy degree program is accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.
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I. Doctor of Physical Therapy Program

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 practice approach that is compassionate, holistic, and patient/client-centered. The faculty fosters professionalism by engaging the students as future colleagues responsible for their learning and accountable to their future patients/clients. 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 multiculturalism 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.
### II. Physical Therapy Education & Outcomes

#### A. Sample Program of Study

<table>
<thead>
<tr>
<th>Term</th>
<th>Credits</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Dates</th>
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<tbody>
<tr>
<td><strong>Term 1 Fall 2014</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Term 1 Fall 2014</td>
<td>4/2</td>
<td>BIO 502/502L</td>
<td>Human Gross Anatomy</td>
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<tr>
<td></td>
<td>2</td>
<td>PTH 700</td>
<td>Introduction to Clinical Skills</td>
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<tr>
<td>Term 1 Fall 2014</td>
<td>3</td>
<td>BIO 504</td>
<td>Human Physiology</td>
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<tr>
<td></td>
<td>3</td>
<td>PTH 741</td>
<td>Principles of Practice I: Introduction to PT Practice</td>
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<tr>
<td></td>
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<td>Total Credits For Semester</td>
<td></td>
</tr>
<tr>
<td>Term 2 Spring 2015</td>
<td>3/1</td>
<td>BIO 506/506L</td>
<td>Principles of Neuroscience/Lab</td>
<td></td>
</tr>
<tr>
<td>Term 2 Spring 2015</td>
<td>7</td>
<td>PTH 701</td>
<td>Foundations of Movement Science I</td>
<td></td>
</tr>
<tr>
<td>Term 2 Spring 2015</td>
<td>2</td>
<td>PTH 704</td>
<td>Fundamentals of Exercise Physiology</td>
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<tr>
<td>Term 3 Summer 2015</td>
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<td>PTH 703</td>
<td>Management of Musculoskeletal System Dysfunction</td>
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<tr>
<td>Term 3 Summer 2015</td>
<td>3</td>
<td>PTH 742</td>
<td>Principles of Practice II: Communication and Ethics</td>
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<tr>
<td>Term 3 Summer 2015</td>
<td>3</td>
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<td>PTH 731</td>
<td>Clinical Experience I-B for 6 weeks</td>
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<td>1</td>
<td>PTH 743</td>
<td>Principles of Practice III: Integration of Psychosocial Issues and Social Responsibility</td>
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<tr>
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<td>PTH 707</td>
<td>Management of Cardiovascular &amp; Pulmonary System Dysfunction</td>
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<td>PTH 702</td>
<td>Foundations of Movement Science II</td>
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<td>Research I</td>
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<td>Term 5 Spring 2016</td>
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<td>PTH 708</td>
<td>Management of Pediatric Neuromuscular System Dysfunction</td>
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<td>Term 5 Spring 2016</td>
<td>1</td>
<td>PTH 744</td>
<td>Principles of Practice IV: Service Learning</td>
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<td>Term 5 Spring 2016</td>
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<tr>
<td>Term 6 Summer 2016</td>
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<td>PTH 745</td>
<td>Principles of Practice V: Health Care Delivery, Management, and Policy</td>
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<tr>
<td>Term 6 Summer 2016</td>
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<td>Research II</td>
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<td>Term 6 Summer 2016</td>
<td>3</td>
<td>PTH 713</td>
<td>Management of Multi-System Dysfunction</td>
<td></td>
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<tr>
<td>Term 6 Summer 2016</td>
<td>15</td>
<td></td>
<td>Total Credits For Semester</td>
<td></td>
</tr>
<tr>
<td>Term 7 Fall 2016</td>
<td>12</td>
<td>PTH 735</td>
<td>Clinical Experience III for (16 weeks) ; or</td>
<td></td>
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<tr>
<td>Term 7 Fall 2016</td>
<td>6</td>
<td>PTH 746</td>
<td>Clinical Experience IV for 8 weeks</td>
<td></td>
</tr>
<tr>
<td>Term 7 Fall 2016</td>
<td>6</td>
<td>PTH 747</td>
<td>Clinical Experience V for 8 weeks</td>
<td></td>
</tr>
<tr>
<td>Term 7 Fall 2016</td>
<td>2</td>
<td>PTH 748</td>
<td>Principles of Practice VI: Art and Science of Physical Therapy Practice</td>
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<td>Term 7 Fall 2016</td>
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<td><strong>105</strong> Term 7 Fall 2016</td>
<td><strong>105</strong></td>
<td><strong>Total Credits For Entire Curriculum</strong></td>
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</tbody>
</table>

- Actual dates to begin and end courses may vary from this schedule. We will inform students of any such changes in sufficient time for student to alter their plans/schedules.
- Curriculum courses and sequences are subject to change.
B. Explanation of Problem-Based Learning Model

Developed by Howard Barrows and associates at McMaster University for medical education, problem-based learning (PBL) has been implemented in a number of health care professional educational programs. Problem-based learning is a rigorous, highly structured teaching methodology which places the student in a position of active responsibility for learning and mastering content. In a group of peers, the student learns new material by confronting and solving problems in the form of a clinical patient case.

Students work in tutorial groups (8-10 students) in which a faculty member serves as a tutorial facilitator. Rather than listening to a lecture on a given topic (teacher-centered learning), students are presented with a patient case which typically integrates previously learned information with a great deal of new content. The group must come to consensus about what they would need to know in order to manage the patient case. They do this by developing “learning issues” or topics which represent questions about the case. Sample learning issues might be: “What impairments typically occur following a middle cerebral artery stroke?” “What is the anatomy and function of the lymphatic system?” “How does the patient’s weakness relate to his gait dysfunction?” “What is the relationship between prolonged sitting and low back pain?” On an individual basis, students then research the topics by using textbooks, review articles, peer-reviewed research, and electronic data bases.

Later in the week, students regroup to discuss their findings and apply them to the patient case at hand. Rather than lecturing, the faculty member facilitates discussion and asks questions to ascertain that students are learning the material to the appropriate breadth and depth required of an entry level physical therapist.

Chatham University’s physical therapy program employs a modified problem-based learning format in its clinical arts and sciences course work. Five to 12 carefully crafted cases are the “anchors” around which other content is taught. The curriculum includes extensive laboratory experiences as well as special topic seminars which complement and reinforce content learned in PBL sessions. Other courses at Chatham, including the basic science courses, are taught in a more traditional, lecture-based format.

What are the benefits of PBL?

- An ability to apply information to real-world situations
  Research indicates that PBL embodies a learning approach that effectively helps students to develop scientific thinking about patients’ problems and to acquire both basic science and clinical information in a manner that ensures retention and transfer [of learning] to the real-life task of the clinician. (Barrows) Recent studies indicate that graduates of problem-based health care educational programs perform well (most studies indicate better than students from more traditional educational programs) on board exams and exhibit secure clinical learning and reasoning skills to the betterment of their patients.

- Problem-solving skills
  Since the acquisition of new material revolves around a patient case, students constantly learn and apply information in the context of solving a patient problem. For example, students might be required to answer the following questions posed by the tutor: based on the pathophysiology of his disease process, what precautions would be important when treating this patient? How would you handle the patient’s emotional affect in order to accomplish your treatment? How might the patient’s medications influence the outcome of today’s intervention? What tests and measures might be appropriate for the patient given their current status?
• **Research skills**
As Chatham physical therapy students are learning how to ask questions through the pbl process, they also learn to research the answers. Our students become quite skillful at database searching, critiquing journal articles, and synthesizing information from a variety of sources.

• **Communication skills**
Since group members are dependent on each other for enriching discussion and subsequent learning, each student must participate in pbl sessions, whether by volunteering information, asking questions, seeking clarification, confirming the thoughts of a peer, or relating information to the patient case. Inherent in the pbl process, Chatham students learn how to function as individual members of a team, conferring for the greater good (learning the material/treating the patient).

Students also have an opportunity to evaluate the participation skills of their classmates (preparation, clinical reasoning, quality of learning resources, team skills, respective listening) and themselves, in written and oral formats. This teaches critical reflection and the skills of providing/receiving constructive criticism.

References:
Enarson C. Cariaga-Lo L. Influence of curriculum type on student performance in the United States Medical Licensing Step 1 and Step 2 Exams: problem based learning vs. lecture-based curriculum. Medical Education. 35: 1050-55, 2001


Wood EJ. Problem-based learning: exploiting knowledge of how people learn to promote effective learning. BEE-j Volume3: May 2004 http://bio.ltsn.ac.uk/journal/vol3/beej-3-5.htm


Yaqinuddin A. Kvietys P. Ganguly P. et al. PBL performance correlates with content acquisition assessment: a study in a hybrid PBL program at Alfaisal University. Medical Teacher 2012;34:83


C. **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.
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.

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.

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.

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.

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.
D. 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.

<table>
<thead>
<tr>
<th>Beginning Level*</th>
<th>Entry Level*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Critical Thinking</strong></td>
<td>...</td>
</tr>
<tr>
<td>... 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</td>
<td>... 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</td>
</tr>
<tr>
<td><strong>2. Communication</strong></td>
<td>...</td>
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<tr>
<td>... 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</td>
<td>... 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</td>
</tr>
<tr>
<td><strong>3. Problem Solving</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>4. Interpersonal Skills</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>5. Responsibility</strong></td>
<td>...</td>
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<tr>
<td>... 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</td>
<td>... 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</td>
</tr>
<tr>
<td><strong>6. Professionalism</strong></td>
<td>...</td>
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<tr>
<td>... 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</td>
<td>... 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</td>
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<tr>
<td>7. Use of Constructive Feedback</td>
<td><strong>Beginning Level</strong></td>
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<td>---------------------------------</td>
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<tr>
<td>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</td>
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<tr>
<th>8. Effective Use of Time and Resource</th>
<th><strong>Beginning Level</strong></th>
<th><strong>Entry Level</strong></th>
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<tbody>
<tr>
<td>...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</td>
<td></td>
<td>...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</td>
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<tr>
<th>9. Stress Management</th>
<th><strong>Beginning Level</strong></th>
<th><strong>Entry Level</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>...Recognizes own stressors; Recognizes distress or problems in others; Seeks assistance as needed; Maintains professional demeanor in all situations</td>
<td></td>
<td>...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</td>
</tr>
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<tr>
<th>10. Commitment to Learning</th>
<th><strong>Beginning Level</strong></th>
<th><strong>Entry Level</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>...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</td>
<td></td>
<td>...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</td>
</tr>
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</table>

*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
E. Physical Therapy Education 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/client problems that may require referral in addition to physical therapy intervention;

3.0 Effectively 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/client, their families, other health care providers and payers

5.5 Continually evaluate the patient/client 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/client, area and equipment in a manner that assures the clinician's safety and patient/client's safety, dignity, and privacy, and treatment efficiency;

6.2 Effectively and efficiently perform interventions customized to the patient/client status;

6.3 Accurately interpret and respond to changes in the patient/client physiologic and psychological states;

6.4 Provide patient/client 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/clients 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/clients 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/clients 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 standardized 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 defend 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.
III. Physical Therapy Clinical Experience

A. 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 clinical experience provides students with an opportunity to transfer knowledge and skills of the musculoskeletal system from a simulated, didactic setting to a realistic, outpatient clinical setting. Active participation in patient/client 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. The second clinical experience provides students with an opportunity to transfer knowledge and skill of cardiopulmonary, neuromuscular, and multi-systems across the lifespan. Students additionally have the opportunity to work with patients in the acute and sub-acute phases of illness. Guided problem solving enables the student to creatively adapt solutions to simple or complex physical therapy problems across a variety of settings to include acute, sub-acute, inpatient rehabilitation, long-term care and outpatient care across the lifespan.*

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.* During this clinical experience the student will continue to develop competency in his/her entry-level professional physical therapy skills in preparation for licensure.

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

B. 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 student’s 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 student’s 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 experience. Criteria for a good clinical learning experience include, but are not limited to, the following:

**The clinical environment should provide an atmosphere which:**
- Encourages people to be active (rather than passive) learners.
- Promote self-discovery of the personal meaning of ideas.
- Emphasizes the subjective nature of learning (recognizes individual contributions).
- Allows people the right to make mistakes.
- Recognizes difference as good and desirable.
- Tolerates ambiguity and permits confrontation.
- Emphasizes cooperative or self-evaluation.
- Encourages openness of self (rather than concealment).
- Encourages people to trust in themselves as well as external sources.
- Makes people feel accepted and respected.

**The clinical experience should be practical in terms of space, equipment, time and personnel available.**
- The learning experience should be appropriate to the student's level of attainment and predispositions.
- The well-planned learning experience should help fulfill more than one objective.
- 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).
- The clinical experience should be built around pre-established objectives.
- The clinical experience should provide for increased complexity in the student-patient involvement throughout the curriculum.
- 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.
- 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.
- The students should have experience in dealing with different levels of health care workers (physicians to aides) within physical therapy and the facility.

References:

C. Course Descriptions and Objectives

PTH 730 (I-A) & 731 (I-B): Clinical Experience I  7 credits
Course Description: This ten-week, full-time experience is scheduled at the completion of musculoskeletal system coursework. Students will be placed in outpatient facilities or general hospitals with an expectation that students, under the supervision of a licensed physical therapist, will primarily evaluate and treat patients with musculoskeletal conditions. An in-service education program or case study presentation is a requirement of this clinical experience. Prerequisite(s): Satisfactory completion of all previous academic requirements.

PTH 733: Clinical Experience II  7 credits
Course Description: This ten-week full-time experience is scheduled at the completion of study of didactic and laboratory course work. Students will generally be placed in acute care, acute rehabilitation, skilled nursing, pediatric, sub-acute, outpatient, or home health settings. Students will, under the supervision of a licensed physical therapist, primarily evaluate and treat patients with cardio/pulmonary and neurological conditions across the lifespan. A critique and presentation of a peer-reviewed journal article is a requirement of this clinical experience. Prerequisite(s): Satisfactory completion of all previous academic requirements.

PTH 735: Clinical Experience III  12 credits
Course Description: A sixteen (16) week full-time experience completed at the conclusion of Clinical Experience II during the final term of the Doctor of Physical Therapy Program. The 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, under the supervision of a licensed physical therapist. An alternative to this course is the combination of PTH 746 Clinical Experience IV (8 weeks) and PTH 747 Clinical Experience V (8 weeks). Prerequisite(s): Satisfactory completion of all previous academic requirements.

PTH 746: Clinical Experience IV  6 credits
Course Description: An eight-week (8), full-time experience in combination with PTH 747 Clinical Experience V (eight weeks) completed at the conclusion of Clinical Experience II during the final term of the Doctor of Physical Therapy Program. During this experience, the student will continue to develop competency in his or her entry-level professional physical therapy skills, under the supervision of a licensed physical therapist. An alternative to this course in combination with PTH 747 Clinical Experience V is PTH 735 Clinical Experience III (16 weeks). Prerequisite(s): Satisfactory completion of all previous academic requirements.

PTH 747: Clinical Experience V  6 credits
Course Description: An eight-week (8), full-time experience in combination with PTH 746 Clinical Experience IV (eight weeks) completed at the conclusion of Clinical Experience II during the final term of the Doctor of Physical Therapy Program. During this experience, the student will continue to develop competency in his or her entry-level professional physical therapy skills, under the supervision of a licensed physical therapist. An alternative to this course in combination with PTH 746 Clinical Experience IV is PTH 735 Clinical Experience III (16 weeks). Prerequisite(s): Satisfactory completion of all previous academic requirements.
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 on 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/client problems that may require referral in addition to physical therapy intervention;

3.0 Effectively 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;  
\textbf{(As per level of experience noted in 3.2)}

4.0 Determine the physical therapy diagnosis  
\textbf{(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;

5.0 Design a comprehensive physical therapy plan of care  
\textbf{(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/client, their families, other health care providers and payers

5.5 Continually evaluate the patient/client 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/client, area and equipment in a manner that assures the clinician's safety and patient/client's safety, dignity, and privacy, and treatment efficiency;

6.2 Effectively and efficiently perform interventions customized to the patient/client status;

6.3 Accurately interpret and respond to changes in the patient/client physiologic and psychological states;

6.4 Provide patient/client 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/clients 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/clients 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/clients 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 content-based or case-based presentation; or 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;

8.4 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;

10.6 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 defend 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)
D. Guidelines for Educational Presentations

During Clinical Experience I, students will be expected to provide an evidence-based content or evidence-based case presentation. Students participating in Clinical Experience II are required to complete a similar presentation or may choose to complete a critique of a peer-reviewed journal article as an alternative to the previous options.

Guidelines for Evidence-Based Content In-Service:

The content of the in-service 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 in-service program should be approximately 30 minutes in length. The written outline must include:

- Title of In-service
- Description of Target Audience
- Objectives
- Teaching Methods Used
- Brief Synopsis of Program Content
- Evaluation Methods which could be used (not necessarily to implement as part of actual presentation)

Guidelines for Evidence-Based Case Presentation:

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

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

Guidelines for Peer-Reviewed Journal Critique:

- Choose a peer-reviewed journal article.
- Provide copies of article to staff prior to presentation.
- 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 II.
- Prepare two to three related questions to present to audience for discussion at end of presentation.

E. 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 an online journal documenting, at least weekly, reactions to their clinical experiences (i.e. challenging situations, extraordinary events, interactions, effect of treatment
IV. \textbf{Health Policies}

\textbf{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) or, in some cases, found online through APTA Web-based CSIF as applicable. In all cases, the cost of emergency and medical care is always the responsibility of the student.

\textbf{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. A copy of medical insurance must be uploaded to CertifiedBackground.com.

\textbf{Pre-Clinical 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.

Prior to the start 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; titers for polio or proof of three polio vaccinations; tetanus and diphtheria immunization within the last 10 years; 2 step TB (PPD) skin test (a positive test requires a chest x-ray); verification of health insurance; and proof of CPR Certification. In addition, Pennsylvania Criminal Record Check (Act 34); Pennsylvania Child Abuse History Clearance (Act 33); and an FBI Fingerprint Check (Act 73) are required.

\textbf{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 practices control or eliminate sources of infection to help protect patients/clients and health care providers from disease. The Centers for Disease Control provides recommendations for health care organizations that are to be used in caring for all patients regardless of their presumed infection status. These Standard Precautions include OSHA regulations on occupational exposure to blood borne 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 Precautions 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. Students are introduced to Standard Precautions, including the definition, background and specific procedures during PTH 700, Introduction to Clinical Skills, during the first semester. Standard Precautions are also reviewed prior to the beginning of Clinical Education I.
It is the expectation of the program that Standard Precautions are utilized by faculty and students during all learning experiences including didactic and clinical.

**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.

Students who do not meet the health requirements of the program will not be permitted to participate in the clinical experiences. Students’ may be required to complete other health requirements in order to complete clinical experiences with various facilities. These other health requirements may include, but are not limited to, the influenza vaccine, the meningitis vaccine etc.

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.

**Drug Screen Policy:**
Chatham University Physical Therapy (PT) students may be required to have a urine drug screening (UDS) prior to the start of and during a clinical experience if mandated by individual sites to maintain a safe and healthy workplace. 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.

Students who are required to have a UDS by the clinical site will be advised of the requirement by the Academic Program or by the clinical site. The student will be required to have the testing completed at a licensed clinical laboratory specifically approved to offer drug testing by CertifiedBackground.com (website monitoring health requirements/background checks of the students) or a testing site required by the facility. The student will be responsible for fees related to drug testing.

Failure to comply with UDS testing during the required time frame will prevent the student’s participation in the clinical education (CE) as scheduled. Thus, it may delay the completion of the Program. Students may be required to register for the CE at a later date, resulting in additional tuition/associated fees and housing costs.

If the student is taking prescription medication that can alter UDS results, it is the responsibility of the student to provide supporting documentation from the prescribing physician at time of testing.

The results of testing will be made available only to the Program Director and Director of Clinical Education.

- NEGATIVE tests will be forwarded to each CE site in order for the student to be cleared for that experience.
- POSITIVE tests without supporting documentation will be forwarded to the Program Director. Positive tests may result in postponement or cancellation of the CE and possible dismissal from the program.

**Positive UDS Policy:**

False Positives
- A student may choose to appeal, if the student believes the result was a false positive.
- If a false positive is believed to have occurred, the student will need to obtain a verification blood drug screening (at the student’s expense) within 24 hours of being given notice of the false positive.
- If the second test is determined to be negative, the student will be placed at the clinical site. (If positive, see below).

True Positives
- A positive result without supporting documentation will result in the postponement of clinical experiences and academic activities, until the following criteria are successfully fulfilled:
  - Students will be required to sign an agreement to continue in the Program, outlining the following conditions, understanding that failure to sign this agreement will result in automatic dismissal from the Program.
  - Student will be referred to Chatham University Counseling Services for mandatory evaluation, counseling, and/or referral. Once student has successfully completed counseling evaluation and/or treatment, he/she will be allowed to continue with coursework/clinical education. Evidence of successful completion of counseling and/or treatment must be provided to the Program Director.
  - If the student tests positive in a subsequent drug screening, he/she will be dismissed from the program.
  - Student also recognizes that his/her CE schedule may be altered because of the above.

Failure to comply with this policy and/or evidence of continued drug use will result in an automatic dismissal from the Program.
V. **Clinical Experience Policies and Procedures**

A. **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.

**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. Students receive HIPAA training prior to completing any clinical observation or clinical experiences. 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”. All student files are kept in the Program office in a locked file cabinet.

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

B. **Selection of Clinical Sites**

**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.
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.

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.

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 the School of Health Sciences. 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 the School of Health Sciences 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

C. Travel/Living Expenses:
Each student may 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.

D. 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.
E. Name Tag Use:

Students’ name tag 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.

F. Absence from Clinical Experience:

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.

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.

Return to Clinical Area after Extended Absence:

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.

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, 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.

G. 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.

H. 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.

I. Cell Phone Policy:

The use of cell phones is prohibited for any activity during clinical hours. Cell phones may be used at lunch time unless facility policies state otherwise.

J. Professional Liability Insurance:

Clinical facilities require each student to carry professional and personal insurance. Chatham University maintains a policy which covers health science students while they are engaged in their assigned clinical experiences at a level of $2,000,000/$4,000,000 for professional and general liability insurance. 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.

K. 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.

L. Failure of 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.

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 University. 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.

**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 University. It is important that the student contact the University 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 Program Assistants 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.

**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.

References:

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

**M. 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.
N. 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 “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 C. This requirement does not apply to students in Clinical Experience III/IV/V. However, this does not preclude the requirement from the clinical site to complete a content-based or case-based program.

Physical Therapist - Clinical Performance Instrument (CPI):
The Doctor of Physical Therapy Program at Chatham University uses CPI Web, a web-based version of the APTA CPI. 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 use of critical incident reporting.

Significant Concerns and Critical Incidents:
• All significant areas of concern and/or critical incidents should be discussed with the DCE.
• Each student having a significant concern or “critical incident” will be reviewed on an individual basis.
• A student with significant concerns and/or subsequent critical incidence may be required to complete additional clinical practice.

Mid-Term Student Evaluation of a Clinical Experience:
The student completes the Mid-term Student Evaluation of Clinical Experience online at mid-point of each clinical experience, unless otherwise directed.

Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (PTSECECI):
The Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction is completed online and reviewed by the CI and/or CCCE at the mid-term and upon completion of the clinical experience. This evaluation is submitted to the DCE at the end of each clinical.
Grade Assignment:
The DCE is responsible for the student’s final grade assignment for each clinical experience.

O. 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.

P. 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 and Plagiarism: 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”.

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VI. Resources for Clinical Experience Development and Enhancement

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 giving:

- 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.
- 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.
- Give balanced feedback: Give positive and negative feedback. Balanced feedback gives the person a truer picture of themselves.
- 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.
- Be short: You will have greater impact if you provide other individuals with short, simple and to the point observations of their behavior.
- Speak to behavior: Your feedback should report OBSERVABLE BEHAVIOR not interpretations, judgments, hunches, projections and so forth.

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:

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

Role of the Clinical Instructor

Orient Student to the Clinical Facility:

- Develop a working relationship with the student
- Tour the physical layout of the department/facility with introduction to other staff
- Encourage student to explore the administrative workings of the department/facility.
- Explain the “policies and procedures” of the work environment.
- 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.
Patient Interventions:
- Develop and determine supervision model and frequency with student.
- Observe and give feedback on the student’s:
  - interaction with patients, and other staff
  - evaluation methods and skills, and their subsequent interpretation of this data
  - treatment plans and therapeutic interventions
  - Be prepared to demonstrate skills to enhance learning.
  - Ensure safety of the patient during student interventions.

The Learning Process:
- Provide an orientation discussion on the first day of the clinical experience.
- Provide a debriefing session with student at least once a week, preferably more often as negotiated between CI and student.
- Help student connect theory and practice.
- Assist student to develop their learning needs and review regularly.
- Discuss with the student, their strengths and limitations in application of their knowledge.
- Formally evaluate student’s progress at mid-term and end of clinical experience using the Physical Therapist Clinical Performance Instrument found in Appendix A.
- 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.

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

- A complimentary Chatham University e-mail account, including on-line access to library research databases.
- A Chatham University identification card that enables them to attend University events and borrow library materials.
- 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.
- Free transportation on the Port Authority of Allegheny County (PAT) system.
- Use of the Athletic and Fitness Center with valid Chatham ID card.

The Program Director notifies the CCCEs and CIs of these privileges via electronic mail.

Helpful Hints for Clinical Instructor *

Planning:
- 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.
- 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.
- 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.
- 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.
- If possible, try to arrange for some patients in advance.
Supervision:
- Students need to be sure about what is expected of them throughout the clinical experience.
- Expect each student to set their own objectives for the clinical experience and discuss them with CI in conjunction with the clinical site’s objectives.
- 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.
- Problem based learners are also self-directed learners. They should not expect an answer to every question.
- 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.
- Allow student to spend some time with more than one therapist, if possible.

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.

Professional Behavior:
Make contact with Center Coordinator for Clinical Education and/or Clinical Instructor before arrival
- Arrive on time
- Dress appropriately
- Communicate professionally

Orientation:
- 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.
- 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.
- 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.
- Review your strengths and limitations with your Clinical Instructor; and how he/she may assist in helping you develop your skills.

The Learning Process:
- Discuss both your learning goals and the clinical site’s objectives for this experience with your Clinical Instructor.
- Understand the link between concepts from previous learning units and current clinical experience.
- 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
- Take the opportunity to talk with patients to increase your understanding of the ‘patient’s perspective’ as well as improving your communication skills.
- Be enthusiastic, willing and receptive.
- During low activity times, develop the habit of reading charts and case histories; use the library facilities.
- Do not rely on your Clinical Instructor to give you all the answers. Take responsibility for exploring issues beyond daily experiences.
• Complete the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction discuss it with you Clinical Instructor and have them review it. Discuss this evaluation with the CI and/or and provide them with the opportunity to read the evaluation and acknowledge it by verifying review.

• Reflect on your own progress during this experience and begin developing your learning objectives for your next clinical experience

Helpful hints for Students *
• Be sure you understand the requirements of the clinical experience and the expectations of the Clinical Instructor (CI) with whom you are working.
• 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.
• 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.
• 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.
• Make each clinical experience a positive learning experience. Don’t expect to like working will all patients or be able to relate to all staff, but be prepared to be open-minded and learn.
• Be enthusiastic, willing and receptive. Learn from mistakes, and be prepared to work on weaknesses in performance.
• 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.

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