LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
DEPARTMENT OF PHYSICAL THERAPY

Clinical Education Manual

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Department of Physical Therapy
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USE OF THE CLINICAL EDUCATION MANUAL

The CLINICAL EDUCATION MANUAL has been compiled by the Director of Clinical Education at the Louisiana State University Health Sciences Center School of Allied Health Professions Department of Physical Therapy. The Manual is to be used by physical therapy students and faculty in the physical therapy program as well as the clinicians at the clinical sites that have contracts with the program.

The Clinical Education Manual provides students with guidelines, policies, procedures, and general information about the clinical education program. The Manual is used in the following clinical education courses: PHTH 7180, 7280, PHTH 7381, PHTH 7382, and PHTH 7383 as well as a reference for all clinical education experiences throughout the curriculum.

The Clinical Education Manual provides clinicians with an overview of the Physical Therapy Clinical Education Program at Louisiana State University Health Sciences Center School of Allied Health Professions. Clinicians should use this manual as a resource. Prior to the start of a clinical rotation, clinicians should review the information contained in the Manual and Student Information Package regarding course syllabus, grading policy, attendance, and other pertinent policies. If clinicians have any questions or concerns regarding the information and/or policies in the Manual or Student Information Package, they should contact the Director of Clinical Education.

Clinicians may also use the Louisiana State University Health Sciences Center website (www.lsuhsc.edu) to obtain additional information about the School of Allied Health Professions Department of Physical Therapy. Clinicians can also DCE the University Catalog/Bulletin for additional policies and procedures.

Please note: Clinicians and students will be informed and provided with written copies of any changes or revisions to the Clinical Education Manual.

DEPARTMENT OF PHYSICAL THERAPY

LSU Health Sciences Center - School of Allied Health Professions

The Department of Physical Therapy offers an entry level Doctor of Physical Therapy (DPT) degree program for persons interested in becoming a physical therapist. The policies outlined in this document apply to these DPT students. The entry level program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). The Department continuously evaluates the curriculum and policies, thus, modifications may occur.

MISSION

The Mission Statement of the LSU HEALTH SCIENCES CENTER is as follows:

The mission of Louisiana State University Health Sciences Center in New Orleans (LSUHSC-NO) is to provide education, research, and public service through direct patient care and community outreach. LSUHSC-NO comprises the Schools of Allied Health Professions, Dentistry, Graduate Studies, Medicine, Nursing, and Public Health.

LSUHSC-NO educational programs prepare students for careers as health care professionals and scientists. The Health Sciences Center disseminates and advances knowledge through state and national programs of basic and clinical research, resulting in publications, technology transfer, and related economic enhancements to meet the changing needs of the State of Louisiana and the nation.

LSUHSC-NO provides vital public service through direct patient care, including care of uninsured and indigent patients. Health care services are provided through LSUHSC-NO clinics in allied health, medicine, nursing, and in numerous affiliated hospitals, and clinics throughout Louisiana.

LSUHSC-NO provides referral services, continuing education, and information relevant to the public health of the citizens of Louisiana. In addition, LSUHSC-NO works cooperatively with two Area Health Education Centers (AHEC's), whose programs focus on improving the number of health care providers in underserved rural and urban areas of Louisiana and on supporting existing rural health care providers throughout continuing education programs.

The Mission, Philosophy and Objectives Statement of the LSUHSC SCHOOL OF ALLIED HEALTH PROFESSIONS SCHOOL is as follows:

The School of Allied Health Professions subscribes to the philosophy of the LSU System which has a threefold purpose:

- Developing to the highest level the intellectual and professional capacities of citizens through resident instruction;
- Enriching instruction and establishing new frontiers through research and scholarship;
- Providing all Louisianans with information useful to advancing the State's economy and culture.

The School of Allied Health Professions recognizes that total health care of the community, State, and the Nation must increasingly draw upon personnel, talents, and techniques of a broad range of disciplines. Therefore, programs for the education of allied health professionals must not only incorporate an understanding of, and appreciation for their own field but also, the fields of medicine, dentistry, and nursing. A comprehensive acquaintance with the cultural and physical heritage and bodies of knowledge which will assist the student in living a productive, humanitarian, and successful life in society is deemed important. The School recognizes its obligation to develop educational programs in the allied health professions compatible with this philosophy and striving for the highest level recognized as being justifiable in terms of the roles and responsibilities its graduates will assume.

The primary objective of the School is to increase the supply, at the undergraduate and graduate levels, of a variety of patient-oriented health professionals in the State of Louisiana and to meet the need for health services and future teachers in health-educational programs. The training for any health profession can best be accomplished in a health-oriented environment such as the Health Sciences Center. This environment will permit the physician, dentist, nurse, allied health professional, and the student an opportunity to see the patient as a team, thus developing sound working relationships requisite to educating the student for a role of leadership. Because of the close relationship developed with other undergraduate campuses of the LSU System, a strong core curriculum is available from which students can obtain a basic foundation and general understanding of various fields in allied health. This will permit students to sample a broad spectrum before final selection of a specific field and admission to the School of Allied Health Professions. The School provides vital public health and human services through direct patient/client care, and support for families. Health care services are provided through the Allied Health Clinics in New Orleans, and in association with the State Public Hospital System. Human services for clients with developmental disabilities and their families are provided by the Human Development Center in New Orleans. A further objective of the School is to develop and maintain programs to investigate studies and research within the allied health disciplines. The School will also assume a position of leadership in providing a mechanism to promote development of programs to meet the continuing educational needs of allied health professionals in Louisiana.

Department of Physical Therapy Mission:

The DEPARTMENT OF PHYSICAL THERAPY is recognized by LSUHSC for our contribution to the achievement of the mission of the LSU Health Sciences Center. The mission of the Department supports and augments the missions of both the LSU Health Sciences Center and the School of Allied Health Professions.

The mission and primary enterprise of the Department is to educate thoughtful individuals who are competent, knowledgeable, and ethical professionals; dedicated to improving their community through provision of quality, evidence-based physical therapy services. Our graduates demonstrate a commitment to the professional organization and to the education of future physical therapists. Our graduates are scientific clinicians, skilled in critical thinking and capable of integrating theory with clinical practice.
The faculty members, collectively and individually, embody and exemplify each of those attributes we seek to instill in our graduates. It is the obligation of each faculty member to provide the intellectual and inspirational foundation needed to guide the development of those attributes in our graduates. As role models of professional behavior and practice, faculty members provide public service through direct patient care, including care of underserved populations; and they advance the knowledge of physical therapy through clinical and basic health science research.

Department of Physical Therapy Vision Statement in keeping with the Vision Statement of the Louisiana State University Health Sciences Center in New Orleans.

The Department will be recognized for its:

- Campus culture of learning and discovery, positioned for constant change and continuous growth and exploitation of opportunities.

- Skilled professionals, who are specialists in concentrated areas of physical therapy, who produce innovative education for physical therapy students, enhance acquisition of knowledge and research grants, and provide excellence in all patient care.

- Bright future, entwined with community and local partnerships, to serve the needs of the State of Louisiana as well as the nation with more health professionals, new knowledge, and excellent clinical care.

The program philosophy, purpose, primary aim, and program goals are specified below.

PROGRAM PHILOSOPHY

Physical therapy is a health profession founded in response to the health care needs of individuals and society. Attitudes and beliefs about the quality of life, the nature of health and illness, and man's right to reach life's full potential are implicit in its philosophical tenets. As a profession, physical therapy seeks to maintain, improve, or restore dignity and health through the delivery of quality physical therapy services. A pursuit of excellence, as well as a commitment to service and the helping process enables the physical therapist to function as an integral part of the health care team.

With this intent, the focus of physical therapy education becomes dynamic and multifaceted. The educational process involves active, responsible participation by both faculty and students. Through an exemplary quest for competence in educational and professional practice, the physical therapy educator becomes a role model and guide. The primary mission of the Department is to provide leadership, foster research, and promote professional growth and responsibility. The student must also accept the responsibility to develop and grow professionally to the fullest extent possible. For these reasons, the Department of Physical Therapy is committed to promoting a respect for human dignity and a quest for excellence.

The curriculum is designed to impart to the student the requisite knowledge, skills, and attitudes necessary to function as a qualified and responsible professional.

We believe the combination of experience, scholarship, and opportunity embedded in this program will enable the student to assume responsibility for the health care needs of individuals and society. The graduate of this program will be prepared to examine roles and responsibilities of being a physical therapist, as well as to regard the profession as a lifetime of learning. Toward this end, the Department of Physical Therapy is directed toward the education of academically and professionally qualified physical therapists that are committed to the delivery of comprehensive and quality health care.

Purposes/Goals

The primary aim of the Department of Physical Therapy is to educate academically and professionally qualified physical therapists who are committed to the delivery of comprehensive and quality health care. The curriculum enables the student to develop the requisite knowledge, skills, and attitudes necessary to enter the profession and to practice in a safe and autonomous manner. In keeping with the Health Sciences Center and the School missions and philosophies, and consistent with contemporary preparation of physical Therapy professionals, the Department of Physical Therapy subscribes to the purposes & goals of providing education, research, and public service by:

- Developing to the highest level, the intellectual and professional capacities of citizens through the preparation of health care professionals and scientists who are:
    - Professionally involved, culturally competent, knowledgeable and ethical practitioners.
    - Capable of developing sound working relationships and leadership skills that will translate to effective team work in whatever capacity they find themselves in life.
    - Scientific clinicians skilled in critical thinking, capable of integrating theory and clinical practice, and capable of providing quality, evidence-based physical therapy services.
- Enriching instruction and establishing new frontiers through research and scholarship by:
    - Advancing the knowledge of physical therapy through educational, clinical and/or basic health science research
- Providing vital public service through activities such as:
    - Direct patient care, community outreach, continuing education, dissemination of information relevant to the public health of the citizens of Louisiana.

With this intent, the following program curricular goals have been established. Upon successful completion of the requirements for a Doctor of Physical Therapy Degree, the graduate will be able to:

- Demonstrate professional behaviors.
- Engage in the diagnostic process through the use of appropriate examination and evaluation of patients across the lifespan.
- Design and implement a physical therapy plan of care reflecting critical inquiry and sound clinical decision making strategies, including:
    - Determine the physical therapy needs of any patient by the use of appropriate assessment and
    - Evaluative procedures and correct interpretation of patient care.
    - Design an appropriate plan of physical therapy services based on evaluation results and realistic goals.
    - Implement the physical therapy plan of care and modify the goals or plan as needed.
- Communicate effectively with patients, families, peers, and the community using written, verbal, and nonverbal processes:
    - Observe, record, and interpret pertinent information concerning patient problems, treatment, goals, and progress.
    - Communicate accurate and appropriate verbal information in a clear and concise manner.
    - Listen in a manner which facilitates communication and accurately interprets the communication of others.
    - Use nonverbal communication processes to express oneself.

    - Value the importance of effective communication in the provision of health care services.
- Participate in the design and management of a physical therapy services:
    - Apply principles of planning, organization, supervision, and evaluation.
    - Design a system for the management of personnel, equipment, space, and finance.
- Promote ethical and legal practices.
- Contribute to and participate in the growth and development of physical therapy.
- Utilize the scientific method in the patient care process.
- Support professional advancement through appropriate participation in professional activities, research, continuing education, and recruitment.
- Discuss the issues and problems in health care delivery systems.
- Accept responsibility for personal and professional growth.

CLINICAL EDUCATION PROGRAM

Purpose Statement

Clinical education is an essential component in the physical therapy curriculum. Clinical affiliations provide the integration of the student's didactic and laboratory coursework into a real clinical practice setting. The student will integrate his/her cognitive, psychomotor, and affective skills in an environment that facilitates them to develop and become a competent entry-level physical therapist. It is through a cooperative effort between the University, clinical site, and student that the clinical education program meets its goal of ensuring quality full-time clinical experiences for our students.

Integration of Clinical Education through the entry-level DPT program

The Clinical Education Program provides the student with a series of clinical experiences, which exposes the student to a variety of practice settings. It is through the integrated and full-time clinical affiliations that the student achieves curricular goals which lead to entry-level competence.

Students have several different types of clinical experiences in our program. The first type occurs throughout the curriculum. The student participates in clinical experiences based on the didactic information presented in the classroom. Students are introduced to patient populations in courses such as evidence-based physical therapy, pathophysiology, neurosciences, movement science, motor behavior, and all diagnosis and management courses. In these courses, students have multiple opportunities to visit local clinical sites to observe, examine, evaluate, and/ or treat specific patient populations. During the clinic visits, the students are supervised by faculty or clinical faculty.

The second type of clinical experience is the integrated and full-time clinical affiliations with total approximately 38 weeks. The clinical affiliations provide the student with opportunities to learn the foundation of patient care, to develop skills in patient/staff education, health promotion/prevention, and administration.

The first course, PHTH 7180, is an introductory course to clinical education that occurs in the second semester of the first year. The course is designed to cover general information about the role of a physical therapist in the clinic, professional development in the clinical setting, introduction to the clinical education process, expectations of clinical education (school, student, and clinic responsibilities), evaluation tool, and introduction to the legal ramifications of patient care and student learning.

The first clinical affiliation, PHTH 7280- Clinical Experience, occurs during the summer in the first semester of the second year after successful completion of all required academic coursework. The affiliation is eight weeks long in length and the students are usually placed in an acute care hospital, sub-acute facility, or outpatient clinic. The student is supervised by a licensed physical therapist and will have the opportunity to apply the knowledge learned during the full year of the program. Emphasis is placed on safe and effective physical therapy practice, applying principles of professional conduct, competence with basic tests/exam, basic patient management skills, competence in communication skills, and documentation.

The second clinical affiliation, PHTH 7381- Clinical Internship I, occurs during the summer in the first semester of the third year and is ten weeks long, following successful completion of all required academic coursework. A student may choose from a variety of clinical settings such as acute care, outpatient, orthopedics, geriatrics, neurology, pediatrics, or rehabilitation. During this affiliation, the emphasis is on the student mastery of patient examination/evaluation, re-evaluation, patient management skills, and interventions.

The third clinical affiliation, PHTH 7382- Clinical Internship II, occurs during the second half of the fall semester of the third year and is ten weeks long, following successful completion of all required academic coursework. A student may choose from a variety of clinical settings such as acute care, outpatient, orthopedics,

geriatrics, neurology, pediatrics, or rehabilitation. The emphasis for the students is clinical competence in all areas of patient care.

The fourth clinical affiliation, PTHT 7383- Clinical Internship III, occurs during the first half of the spring semester of the third year and is ten weeks long, following successful completion of all required academic coursework. Students may choose a specialty area of interest or improve their skills by participating in another affiliation in an area they have already experienced.

SCHEDULE OF CLINICAL AFFILIATIONS

PHTH 7280: Clinical Experience*

An eight-week affiliation scheduled from late May-mid July, which is usually an acute, sub-acute, or outpatient affiliation. Students participate in this affiliation after successful completion of the first three semesters.

PHTH 7380: Clinical Internship I*

A ten-week affiliation scheduled from late May-July. Students participate in this affiliation after successful completion of the first two years of coursework and PHTH 7280.

PHTH 7381: Clinical Internship II*

A ten-week affiliation scheduled from late September- mid December. Students participate in this affiliation after successful completion of the first two and a half years of coursework and PHTH 7380.

PHTH 7383: Clinical Internship III*

A ten-week affiliation scheduled from January- early March. Students participate in this affiliation after successful completion of the first two and a half years of coursework and three previous clinical affiliations.

*See Appendix A for Course Syllabi

PRINCIPALS IN THE AFFILIATION EXPERIENCE

Director of Clinical Education (DCE)

An individual appointed by Department Head of the LSUHSC Department of Physical Therapy, whose primary concern is relating the student's didactic preparation to the clinical education experience. This coordinator administers the clinical education program and, in collaboration with the academic and clinical faculty, plans, coordinates and evaluates each student's clinical education experience.

Clinical Education Committee

A committee of 3 Physical Therapy faculty appointed by Department Head of the LSUHSC Department of Physical Therapy, who are responsible for the evaluation, coordination, and management of the clinical education component of the academic program.

Site Coordinator of Clinical Education (SCCE)

The individual(s) at each clinical education site who coordinates, arranges, and administers the clinical education program for physical therapy students. The SCCE communicates with the DCE and faculty at the academic institution. This individual(s) completes the *Clinical Site Information Form* (Appendix F) and other administrative documents. The SCCE provides supervision and guidance for the Clinical Instructors.

Clinical Instructor (CI)

A licensed physical therapist who is directly responsible for the education and supervision of the physical therapy student in the clinical setting. The CI is expected to provide honest, open, continuous, consistent feedback to students and complete midterm and final *Clinical Performance Instrument* assessments (Appendix E) of the student's performance.

Student

An individual involved in the clinical education program. This person is a representative of the academic institution and is expected to adhere to the ethical and legal guidelines of the profession. During a clinical affiliation, the student is an active learner in the clinical education process. The student is not an employee of the facility. This individual is expected to comply with the rules, regulations, and schedule of the assigned clinical affiliation.

Patient

An individual who receives physical therapy services in the multiple clinical settings. All patients should be treated with the utmost respect and dignity. Any patient has the right to refuse any treatment provided by a student physical therapist if they so choose.

GUIDELINES FOR STUDENT SELECTION OF CLINICAL AFFILIATIONS

I. Choosing an Affiliation

1. The DCE will assign students for the first clinical affiliation, PHTH 7280, to an acute care hospital, sub-acute facility, or outpatient clinic. The *Demographic and Location Request Form* assists the DCE in selecting the first clinical affiliation experience. This form includes: student's name, contact information, emergency contact information, previous physical therapy volunteer and/or work experience and previous clinical rotations.

2. Students, in conjunction with the DCE, choose affiliations for PHTH 7381, PHTH 7382, and PHTH 7383 from a list of available clinical sites for each individual clinical affiliation. The DCE will review the *Demographic and Location Request Form* and work with the student to select an appropriate facility/clinic. Placements may be changed or cancelled secondary to academic problems, professional issues, behavioral issues or sites issues.
   **Note: Several facilities have multiple settings; please make sure to ask about specific locations.

3. Students must complete an acute care, neurologic rehab, and general outpatient orthopedics affiliation as three of the four affiliations*. One affiliation has to be located outside the New Orleans metropolitan area.

4. Students should not choose an affiliation based on another student's choice of clinical affiliation.

5. Students are encouraged to review the Clinical Site Information Forms, located in the DCE's office or PT CPI Web site, when considering a choice. When developing their list of choices, the student should consider the following:

    a. Type of facility/clinic
        i. Acute care, sub-acute, outpatient, SNF, pediatrics, home health, etc.
        ii. Teaching institution, community based hospital, specialty facility, etc.

    b. Location of facility
        i. Urban, suburban, rural
        ii. Transportation requirements
            1. Public transportation
            2. Car required

    c. Housing
        i. Facility/clinic provided
        ii. Availability of housing near facility/clinic
        iii. Cost

    d. Size of facility/clinic
        i. Number of patient beds
        ii. Number of physical therapists

    e. Special programs and patient population

i. Prosthetic/orthotics, wound care, transplant, trauma, specialty clinics
ii. SCI, TBI, pediatrics, etc.

f. Student programs
i. Number of schools affiliating with facility/clinic
ii. Types of programs: PT, PTA, OT, etc.

II. Meeting with DCE prior to choosing/ assignment of affiliation

1. Students are encouraged to meet with DCE and/ or faculty advisor prior to choosing a clinical site for a clinical affiliation. Students should be prepared to ask pertinent questions about the potential affiliation facilities/clinics.

III. Expenses

1. Students should consider all expenses related to the affiliation experience when developing a list of choices. Students are responsible for all expenses related to the clinical affiliation, including, but not limited to travel, room and board. LSUHSC School of Allied Health Profession and Department of Physical Therapy are not responsible for any expenses incurred in preparation for and/or during any clinical affiliation, including affiliations that are cancelled prior to the start of the clinical affiliation.

IV. Cancellations of Affiliations

1. Clinical affiliations may be cancelled at any time. It is crucial to note that no selection/assignment is definite until the start day of the clinical affiliation. Clinical sites may cancel an affiliation secondary to such issues as: staffing shortages, patient census, or administrative issues. Sites must provide adequate time for the cancellation of clinical affiliations, so the academic program can reassign the student to another clinical affiliation. If an affiliation is cancelled, under no circumstances should a student attempt to establish their own clinical rotation.

2. In the event of a cancellation of an affiliation, the DCE will arrange a new clinical affiliation. Students may be required to travel or incur additional expenses when an affiliation is cancelled.

V. Other

1. The DCE may also consider the student's academic performance, inter-personal skills, personal hardships, and geographic location when determining a clinical affiliation.

3. Students may not choose clinical affiliations with those facilities/clinics where they have performed volunteer work, worked as a technician, received physical therapy services, and pre-existing formal arrangements (ie. scholarship/contract, or job commitment after graduation).*

*Unless otherwise decided by the DCE and/or Clinical Education Committee due to extenuating circumstances or hardships.

STUDENT REPONSIBILITIES PRIOR TO EACH AFFILIATION

Prior to the first clinical affiliation, students are required to:

1. Update all health records, including annual PPD screen. A physical and/or drug screen may be required by some clinical sites. Students are responsible for any costs incurred with the screen.

2. Inform the DCE of anything that might have the potential to impact your clinical performance during the clinical rotation.

3. Obtain professional liability insurance; minimum limits of (1,000,000 per occurrence/$3,000,000 aggregate). Provide a copy of current professional liability and CPR certification. These two requirements must not expire while the student is participating in the clinical affiliation experience.

4. Complete the training modules for Code of Conduct, HIPAA Privacy, and HIPAA Security on the School of Allied Health Professions site (http://www.lsuhsc.edu/no/administation/ocp). Training is offered in various formats including orientation sessions, web-based, or self-study.

5. Demonstrate competency on OSHA guidelines for bloodborne pathogens and infection control. This material is presented in the PHTH 7180: Introduction to Clinical Practice.

6. Submit a completed *Demographic and Location Request Form* to the DCE within prescribed time.

7. Compile a student packet. Email or mail to the SCCE of the assigned clinical site within a prescribed time.

8. Locate housing for the assigned clinical affiliation within prescribed time. Students should refer to *Clinical Site Information Form*, list provided by facility/clinic, or recommendations from SCCE/ prior students.

9. Prepare for each affiliation by reviewing course syllabi and notes taken during each course preparatory session. Contact Site Coordinator of Clinical Education (SCCE) on what text and/or coursework to review prior to each affiliation.

10. Be flexible and open to learning.

AFFILIATION FORMS

Clinical Site Information Form*

The *Clinical Site Information Form* (CSIF) is used by the LSUHSC- PT Department to provide information about a clinical site. A copy of the CSIF for each facility is filed in the facility's folder located in DCE's office. Students are encouraged to read the CSIF to familiarize themselves with each facility. (See Appendix F)

Clinical Affiliation Contract

A contract is a required document to indicate the clinical affiliation agreement between LSUHSC School of Allied Health Professions Department of Physical Therapy and the clinical affiliation site. The contract must be reviewed and signed by the appropriate representatives of both the clinical site and LSUHSC School of Allied Health Professions Department of Physical Therapy prior to the initiation of an affiliation.
(See Appendix F)

Student Demographic and Location Request Form

The *Student Demographic and Location Request Form* is submitted prior to the clinical affiliation. This form assists the DCE in selecting the clinical affiliation. This form contains student's name, contact information, emergency contact information, and previous physical therapy volunteer and/or work experience, and previous clinical rotations. (See Appendix D)

Student Information Form

The *Student Information Form* is provided to the SCCE and CI. This form assists the SCCE and CI in developing a plan for the clinical affiliation experience. The *Student Information Form* includes: student's information, emergency contact information, type and level of clinical experiences, clinical interests, outside interests, and student's learning styles. This form is part of the Student Packet. (See Appendix D)

Student Packet

The Student Packet is provided to the SCCE and CI. This package includes the following: general curriculum information, updates on clinical education, clinical education course syllabi, copies of CPR certification, professional liability, health records, HIPAA training, and the *Student Information Form*.

Clinical Performance Instrument (CPI)*

The Clinical Instructor is expected to assess a student's performance during all long-term clinical rotations. Feedback between Clinical Instructor and student is expected to be ongoing and continuous. A formal evaluation, using the CPI, will occur at the midterm and final period of the affiliation. Both CI and student will complete and review the midterm and final CPI assessments. Both midterm and final CPI assessments require the signatures of the student, CI(s), and SCCE. (See Appendix E)

Clinical Affiliation Assessment and Summary Form

At the midway point of the first and second half of the clinical affiliation, the student is expected to provide a written self-assessment of the clinical experience. At the same time, the CI will provide a short summary of the student's performance. The assessment should be reviewed and signed by the CI and student. The form is to be turned in to the DCE by the end of the assigned week. (See Appendix E)

Physical Therapist Student Evaluation: Clinical Experience and Instruction*

Throughout the clinical rotation, the student is expected to provide the CI feedback about the clinical experience. At midterm and completion of the clinical affiliation, the student will complete a written evaluation of the clinical site and CI. The evaluation should be reviewed and signed by the CI and student. After the final evaluation, the form is to be turned in within one week of the completion of the affiliation. (See Appendix E).

Site Specific Forms

There may be site specific forms a student may be required to complete and submit prior to and during a clinical affiliation.

*These documents were developed by the American Physical Therapy Association.

ATTENDANCE POLICY FOR CLINICAL AFFILIATIONS*

The student is expected to attend all assigned clinical experience days and to be punctual at all times. Students are not allowed to miss any days of the clinical experience for personal reasons. If there is some reason (ie. Sickness, death of a family member, etc.) that may require the student to be absent for one or more days, they are to contact both the facility and the Director of Clinical Education to request permission to be absent. If any days are missed due to these reasons, they must be made up in order to meet the requirements of the course. Failure to show up for the clinical without contacting the SCCE and DCE prior to the absence may result in failure of the course.

1. Time missed for illness or emergency is to be made-up at the discretion of the DCE. The CI in consultation with the DCE will determine the appropriate schedule to make-up the missed clinical time. It may be necessary to extend the length of the affiliation to allow the student to make-up the missed days.

2. Students are expected to follow the inclement weather or disaster policy of the assigned affiliation. The student must never put himself/herself in peril while traveling to the clinical site. Time missed is to be made-up at the discretion of the DCE. The CI in consultation with the DCE will determine the appropriate schedule to make-up the missed clinical time. It may be necessary to extend the length of the affiliation to allow the student to make-up the missed days.

3. Students are expected to adhere to the daily scheduled hours of the facility and/or the CI. Students may be required to work evenings, weekends, or holidays. Students and CI(s) should discuss the schedule prior to the start of the clinical affiliation. In the event a CI is absent, the student will be reassigned to another CI. The new CI is required to follow the guidelines regarding student supervision.

4. *Professional Leave:* Reasons for an absence to be considered as professional leave include but are not limited to, attendance of meetings of the professional organization (National, State, or District), continuing education course, research related activities, etc. Leave requested for the purposes of job interviewing or other non-professional development activities are not considered professional leave but rather fall under the category of approved leave. Any absence due to professional leave of any length (including a portion of a day or a class) will require documentation of attendance at the professional event (registration form, certificate of completion, etc.). Professional leave may be taken on days when a student is assigned to a clinical site; however, approval must be attained from both the DCE and CI at least one month prior to the event. A student approved for professional leave during a clinical rotation will be required to provide an in-service on the event or activity to the clinical staff.

   **Special consideration will be given on an individual basis. The student will provide a justification letter to the Clinical Education Committee for review and decision. The information may be presented to the faculty for final decision. Make-up requirements will be determined by the Committee.

*Adapted from LSUHSC Department of Physical Therapy Student Manual – last revised May 2017

DAILY SCHEDULE DURING THE CLINICAL AFFILIATION

Students are expected to adhere to the scheduled hours of the clinical affiliation.

1. Students are expected to be present at the affiliation during the scheduled working hours of the facility and/or Clinical Instructor(s).

2. Students are expected to know their daily working hours and to adhere to that schedule.

    a. Students who are late more than three times may fail the affiliation.
    b. Tardiness due to extenuating circumstances maybe excused by the DCE and/or CI and may not count towards the three tardy rule.

3. Students may be required to work evenings, weekends, and/or holidays.

    a. Students and CI(s) should discuss the schedule prior to the start of the affiliation.
    b. Students may be asked to adjust their schedule based on the needs of the facility.

4. Students may be required to extend their hours to benefit from inservices, departmental programs, additional learning opportunities, and/or at the request of the CI.

DRESS CODE*

1. Students are required to wear attire which conforms to the image of the professional physical therapist. The Health Sciences Center, and specifically the Physical Therapy Department, is a patient-care setting where patients, other professionals, and the general public form an impression of us which is based on our appearance and conduct.

2. The trunk region (midriff section) should be covered at all times. This includes classroom and clinical situations.

3. Clinical attire – this applies to dress to be worn during clinical work or during class visits to different clinical settings. Minimally appropriate clinical attire consists of LSUHSC polo shirts, cotton twill full length slacks, and flat shoes with closed heels and toes. The students are responsible for contacting their clinical instructors in advance for any other dress requirements that clinic might have (e.g., lab coats, neckties, scrubs, etc.). LSUHSC identification should be worn at all times. Any specific clinic dress code requirements supersede the LSUHSC PT Departmental dress code while at that facility.

5. If a facility requires the students to wear an I.D. from their facility, the student may cease wearing the LSUHSC identification badge.

5. Failure to comply with the dress code may result in verbal and written warnings. Repeated failure to adhere to professional appearance of the clinical site will may result in dismissal from the clinic.

*Excerpt from LSUHSC Department of Physical Therapy Student Manual – last revised April 2014

GENERAL DEPARTMENTAL POLICIES*

1. The student is encouraged to see himself or herself as a perpetual learner and to respect the professional aspirations of the other class members. Each student is expected to participate and assist in creating a learning atmosphere in all clinical settings.

2. Students are expected to act in a professional manner at all times. Although professionalism is difficult to define, it includes such things as honesty, integrity, respect of others, being helpful and courteous in the classroom and clinic, prompt attendance at all scheduled classes and meetings, behaving in the appropriate and necessary manner which is consistent with a clinical/academic setting. In other words, it is behavior which reflects your view of yourself and your profession.

   Students must maintain a professional attitude at all times, including, above all honesty and integrity. Students must also demonstrate respect for others at all times, including during classes, labs, clinics, etc. Failure to do so will result in disciplinary action, which may include dishonorable dismissal from the program. Students must also uphold the Code of Ethics and the Guide for Professional Conduct of the American Physical Therapy Association (Appendix C). Students are expected to comply with the Louisiana Physical Therapy Practice Act, Rules and Regulations.

3. Whenever you are in the presence of a patient, you are expected to respect the dignity, individuality, and privacy of that patient. All information regarding any patient is considered private and confidential, and is not to be discussed outside of the academic or clinical setting.

4. Smoking and use of any form of tobacco is not permitted in LSUHSC buildings and facility/clinics. Students who find it necessary to do so may smoke in the designated "smoking areas" outside of the buildings.

5. Bringing firearms (or other weapons) onto state property or clinical site is illegal. Because the safety and well-being of our faculty, staff, student, visitors, and patient to our campus and clinical sites are of utmost concern, this message is a reaffirmation of our policy of no unauthorized firearms on the campus of the LSU Health Sciences Center in New Orleans, at university-sponsored functions, and clinical sites. Under the provisions of the Louisiana Criminal Code R.S. 14:95.2, it is illegal and expressly prohibited to engage in the unauthorized carrying of a firearm or dangerous weapon by a student or non-student on University property, including dormitory rooms, at university-sponsored events, or within **one thousand feet of** any school campus at any time. These areas are designated by law as firearm-free zones. The law carries with it **severe penalties**.

6. Due to the disruptive nature of cell phones and pagers, all cell phones and pagers must be turned off or kept in the silent/quiet mode during all class periods, exams and during all patient care times observations, clinical internships). If you are expecting an emergency-type call, place cell phone/pager on the silent mode. Leave the room before answering it. Also, prior to the beginning of class or patient treatment session, inform the faculty or CI that you may be leaving the room due to a potential emergency call.

*Excerpt from LSUHSC Department of Physical Therapy Student Manual – last revised April 2014

SAFETY IN THE CLINIC

Students are expected to practice in a manner that minimizes risks to patients/clients, self, and others.

In PHTH 7180: Introduction to Clinical Practice course, students will receive formal training on the universal precautions, blood borne pathogens, and potential health risks during a clinical affiliation.

Students who put safety of patients/clients at risk may be removed from the clinical affiliation and receive a grade of "Fail" for the affiliation.

Student who put their own safety at risk may be removed from the clinical affiliation and receive a grade "Fail" for the affiliation.

Safety at risk may include, but is not limited by:

- Failure to observe health, safety, and emergency regulations
- Failure to follow JCAHO standards regarding patient identification (i.e. 2 identifiers)
- Failure to maintain a safe work environment
- Failure to observe patient/client treatment contraindications or precautions
- Failure to recognize, monitor and/or adjust treatments according to patient/client responses
- Failure to use appropriate assistance of others
- Failure to use appropriate techniques for safe handling for patients/clients
- Failure to maintain safety for self (body mechanics, environment, etc.)

If the student demonstrates safety concerns in the affiliation, the CI should write an accurate and clear statement regarding the safety concerns. The CI should notify the DCE as soon as possible. The DCE will determine if the safety concerns warrant one of the following:

- A written plan of action or remediation to help the student adhere to safety standards.
- Immediate removal from the clinical affiliation and a grade of "Fail" for the clinical affiliation.

Note: The University is not responsible for the student's safety during travel to and from the clinical affiliation.

STUDENT HEALTH CARE AND EMERGENCIES*

1. The Health Sciences Center offers group health insurance programs for students (refer to academic catalog). At the time of registration, student must either purchase coverage from this plan or must be prepared to show evidence of coverage by another plan, in which case the requirement to purchase may be waived. Students who receive medical treatment or who are referred to outside hospitals or clinics will be responsible for their bills. Students are expected to pay the charges and then file a claim with their insurance carrier.

2. Outpatient care for episodic illnesses, emergencies, and chronic illnesses is provided by student health services (https://www.lsuhsc.edu/orgs/studenthealth/geninfo.aspx).
   The cost of primary care services for student outpatient visits at student health is supplemented with a portion of the University Fee. Students, and/or their insurance carriers are responsible for costs related to laboratory, X-ray, medications, hospital bills, consultants, and other non-reimbursed fees. A physician is on call 24 hours a day, including weekends and holidays.

3. Short-term mental health crisis/ stress counseling services are available to enrolled students through partial funding from student health fees. Students may contact the Campus Assistance Program, 504-568-8888 (https://www.lsuhsc.edu/orgs/campushealth/).

4. Student health records are protected by HIPAA and kept separate from other student records in the Office of Student Health Services.

5. During clinical affiliations, students are required to report all emergencies immediately to the DCE. Students should be familiar and follow the clinical site's emergency guidelines. Students are responsible for all cost associated with emergency services required during the clinical affiliation.

6. The LSUHSC and the Department of Physical Therapy do not provide any workers' compensation coverage for students.

*Adapted from the LSUHSC Catalog

ALCOHOL AND SUBSTANCE ABUSE

Authorized use of, possession of, or being under the influence of alcohol and the illegal use, abuse, possession, manufacture, dispensation, distribution of, or being under the influence of controlled or illegal drugs is prohibited while at work, on call, on duty, at school, or engaged in Louisiana State University Health Sciences Center New Orleans campus (LSUHSC-NO) business on or off LSUHSC-NO premises. LSUHSC-New Orleans provides for on-going alcohol and drug-testing program for reasonable suspicion/for cause, post accident, periodic monitoring, and random testing.

The schools of the Health Sciences Center actively maintain programs dealing with all aspects of chemical dependency, such as prevention, intervention, and rehabilitation. Education in substance abuse is provided through workshops and seminars, and has become an integral part of the curriculum of each school.

The Substance Abuse Policy applies to all faculty, staff, residents, and students of the LSUHSC-NO. Students must understand the initial and continued enrollment is contingent upon compliance to this policy. The complete policy on substance abuse is located at https://www.lsuhsc.edu/administration/cm/cm-38.pdf.

Participation in clinical experiences and affiliation is a required part of the curriculum and a requirement for graduation. Clinical rotation sites may deny a student's participation in the clinical experience and rotation because of failure of a required drug test, which would result in delayed graduation or in the inability to graduate from the program. The procedure for alcohol and drug screen as follows:

Students may be required to be screened for use of drugs to fulfill mandates from Clinical Sites or to participate in Clinical Affiliations. Prior to the start of an affiliation, the SCCE will inform the student if a drug screen is required. If a drug screen is required at the clinical site, the student may be provided with the following option(s):

- The clinical facility will perform an on-site drug screen
- The clinical facility will recommend off-site facility to perform the drug screen
- The academic program will recommend an off-site facility to perform the drug screen

The student will be responsible for costs associated with the drug screen.

Results of the drug screen will be sent to the SCCE of the clinical site. If the student's drug screen is positive, the SCCE will notify the DCE immediately. The findings will be forwarded to the Associate Dean for Academic Affairs of the School of Allied Health Professions. The student will be required to meet with the Associate Dean for Academic Affairs. After further review, the Associate Dean for Academic Affairs may decide:

- If additional drug screen(s) is necessary
- Refer the student to the office of Campus Assistance Program (CAP) for assessment of alcohol and/or drug problems and counseling

The student will be removed from the clinical affiliation and required to meet with the DCE. The student will be informed and advised of the Louisiana State Board of Physical Therapy Practice Act, Rules and Regulation, Subpart 2. Practice, Chapter 3. Practice, Subchapter D. Disciplinary Proceedings "The Board after due notice and hearing may refuse to license any applicant ...upon proof that the person: is habitually intemperate or is addicted to the use of habit forming drugs."

STUDENT CONDUCT

Participation in clinical experiences and affiliation is a required part of the curriculum and a requirement for graduation. Clinical rotation sites may deny a student's participation in the clinical experience and rotation because of a felony or misdemeanor conviction, which would result in delayed graduation or in the inability to graduate from the program. Individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional.

Students may be required to have a background clearance to fulfill mandates from Clinical Sites or to participate in Clinical Affiliations. Prior to the start of an affiliation, the SCCE will inform the student if a criminal background check is required and the specific level(s) (i.e. multi-state, healthcare provider, elderly/child abuse, etc.,). If a criminal background check is required at the clinical site, the student may be provided with the following option(s):

- The clinical facility will perform the background clearance
- The clinical facility will recommend off-site agency to perform the background clearance
- The academic program will recommend an off-site agency to perform the background clearance

The student will be responsible for costs associated with the background clearance.

Results of the criminal background check will be sent to the SCCE of the clinical site. If the student's criminal background check indicates criminal activity, the SCCE will notify the DCE immediately. The findings will be forwarded to the Associate Dean for Academic Affairs of the School of Allied Health Professions. For a student who has engaged in unprofessional conduct or other improper behavior, occurring within or outside the confines of the teaching program, dismissal or other specified disciplinary action may be recommended after review by the Associate Dean for Academic Affairs and/or a committee convened by the Associate Dean for Academic Affairs for that purpose (refer to LSUHSC School of Allied Health Professions Policy and Procedures related to student conduct).

The student will be removed from the clinical affiliation and required to meet with the DCE. The student will be informed and advised of the Louisiana State Board of Physical Therapy Practice Act, Rules and Regulation, Subpart 2. Practice, Chapter 3. Practice, Subchapter D. Disciplinary Proceedings "The LA State Board Of Physical Therapy Examiners after due notice and hearing may refuse to license any applicant ...upon proof that the person: has been convicted of a felony in the courts of this state, territory, or country."

TECHNICAL STANDARDS POLICY *

The American with Disabilities Act (ADA) ensures the qualified applicant with a disability the opportunity to pursue program admission at public institutions. To determine whether an individual is a qualified applicant for programs or services, the ADA states that applicants must meet essential eligibility requirements.

The following performance standards are set forth so that the student will understand the essential eligibility requirements for participation and progression in the physical therapy curriculum. Standards cover interpersonal skills, communication, psychomotor skills, and cognitive skills. The ability to observe, evaluate, and treat a patient independently, while ensuring patient safety at all times is an expectation of the Department of Physical Therapy.

The purpose of this policy is to ensure that all physical therapy students are able to provide swift, safe, and competent evaluation and treatment to patients. All students will be held to the same standards and must be able to perform the technical standards of their positions with or without reasonable accommodation.

Upon request of persons with disabilities, Louisiana State University Health Sciences Center will provide reasonable accommodations. However, the Department of Physical Therapy of LSU Health Sciences Center is unable to make accommodations that impose an undue burden, present a threat to the health or safety of the individual or others, or fundamentally alter the nature of the curriculum including didactic components, laboratory sessions, and clinical affiliations.

Each Accepted applicant must complete an affidavit that attests to their ability to fulfill the technical standards of the Physical Therapy Department. The procedures for submitting a request for an accommodation is located in the Student Manual. Questions about the accommodation process may be directed to the Department Head at (504) 568-4288.

A complete list of technical standards may be found in the LSUHSC Department of Physical Therapy Student Manual.

* Adapted with permission from Howard University

SITE REQUIREMENTS FOR CLINICAL AFFILIATIONS

I. Medical Information

1. Students are required to provide the following information prior to participating in a clinical affiliation (see Sharing of Student Information Policy):
    a. Current evidence of good health as evidenced by a certificate from physician.
    b. Current immunization as evidenced by vaccination/titre for rubella, measles, and varicella. (Some facilities may require evidence of vaccination/titre for mumps as well as a booster for Tetanus-Diptheria)
    c. Current evidence of vaccination/titre for Hepatitis B or evidence of declination.
    d. Current evidence of negative PPD and/or chest x-ray.
    e. Other information as required by individual clinical sites

II. Alcohol and Substance Abuse

1. Student may be required to screen for the use of drugs to fulfill mandates from the clinical sites and/or participate in clinical affiliations.
2. Costs associated with drug screens are the responsibility of the student.
3. See Policy on Alcohol and Substance Abuse for additional information.

III. Student Conduct

1. Student may be required to have a Criminal Background check to fulfill mandates from the clinical sites and/or participate in clinical affiliations.
2. Costs associated with the Criminal Background Check are the responsibility of the student.
3. See Policy on Student Conduct for additional information.

IV. Site Specific Requirements

1. The clinical site may have additional student requirements to fulfill mandates of the clinical affiliation (i.e. hospital orientation, HIPAA training, infection control training, physical examination, etc.,).
2. Student will be informed of the site specific requirements.

ORIENTATION FOR THE AFFILIATION

The affiliation experience varies with each clinical site, as does the background and knowledge of each student. At the beginning of each clinical rotation, the student should receive a department orientation.

A department orientation usually includes the following components:

1. A tour of the department and facility.
2. A review of the rules and regulations specific to the facility.
3. An introduction to the personnel of the department.
4. An overview of the philosophy of the department.
5. An introduction to patient records, charts, scheduling, billing, etc.
6. A discussion of the affiliation schedule including hours of work and CI/student responsibilities.
7. A review of the types of experiences and learning opportunities available at the facility.
8. A review of specific protocols and guidelines used by the facility.
9. A review of the emergency procedures.
10. A discussion of the background, learning styles, and needs of the students and CI.
11. A discussion of the goals and objectives for the clinical affiliation for student and CI. This should include the levels of supervision, patient caseload, review course syllabi, preparation for the student project, etc.

Emergencies

The Director of Clinical Education at LSUHSC- Department of Physical Therapy should be contacted immediately if an emergency situation arises. The telephone number is 504-568-4584.

COMMUNICATION

I. Between the Clinical Facilities and the Department of Physical Therapy

Ongoing and timely communication is vital to develop a close and collaborative relationship between the academic and clinical facilities. This communication fosters the interchange of ideas and stimulates growth as each facility has unique perspective on the clinical education process, student, and academic program. Effective communication is achieved formally and informally by on-site visits, phone calls, letters, emails, and meetings between the DCE, SCCE, CI, and student.

1. On-site visits are performed to:

    a. Evaluate and establish the clinical facility as a clinical affiliation site.

    b. Discuss the progress and performance of the student.

    c. Discuss the problems or potential problems the student or facility may encounter. This may involve talking to the DCE, faculty, SCCE, CI, and student to assess the situation and develop an appropriate plan.

    d. Evaluate the clinical site with an emphasis on any personnel or administrative changes that may have occurred since the previous visit.

    e. Gather feedback from the SCCE/CI on the strengths and weaknesses of the academic curriculum at LSUHSC- PT Department and clinical faculty needs.

2. Telephone Communication

The telephone communication provides the method for spontaneous or emergency communication between the student, clinical, and academic facilities. Clinicians and/or students are encouraged to contact the DCE at any time before, during, or after the affiliation. Telephone communication will be used as a substitute for on-site visits should distance and time considerations preclude an on-site visit.

3. Email Communication

The email communication provides another method for communication between student, clinical, and academic facilities. The SCCE is contacted by email at least five to six weeks prior to the start of an affiliation. In this email, SCCE is updated on curricular or staff changes, student information, continuing education opportunities, and plans for the affiliation. During the affiliation, the SCCE or CI and student will be contacted by email within the first two weeks of the affiliation. Potential problems can be identified and evaluated at this time. Clinicians and/or students are encouraged to contact the DCE at any time before, during, and after the affiliation. Each year in early March, emails are sent to SCCE of all affiliating clinical sites requesting placements for the next academic year.

4. Mailings

Mailings provide the means of sending essential material and documentation of a non-immediate nature. Curriculum updates, staff changes, information concerning affiliating students, and placement request forms

are examples of postal communication. The student is responsible for the delivery of their student package to the SCCE. When SCCE has no email account, mailing is the preferred method of sending all materials.

II. Communication Between the Facility and the Student

Once an affiliation has been confirmed for the student, the student is required to make a phone call to the SCCE to obtain information about work hours, dress code, housing, and type of clinical experiences offered.

A student package is completed and compiled by the student. The student is responsible to mail or drop off the package to the SCCE of the assigned clinical site at least 4-6 weeks prior to the start of the affiliation. Clinical sites may mail information directly to student in care of the Physical Therapy Department at LSU Health Sciences Center.

During the affiliation, it is expected that communication between the student and CI will be ongoing, mutual, and constructive. The CI has the responsibility to continuously assess student performance and recognize when the performance is at the correct level, above the expected level, or below the expected level. In the event, the CI determines that there is a problem; an early warning system will give the student an opportunity to improve.

1. The CI will identify the problems that the student has and bring it to the attention of the student. The CI will use a weekly summary form and/or anecdotal record (or whatever forms the clinic uses). The CI will review all documentation of the student, with student. The CI and student will sign all documentation to verify that is was reviewed.
2. The CI will describe the performance expectations as defined by the CPI or the expectation set by the clinic (defined in the Clinic Student Handbook).
3. The CI, in collaboration with the student, will define a solution for performance issue. This may be done on an existing form or by other means.
4. The CI will set a timeline during which the student must improve.
5. The CI will notify the SCCE and DCE that there is a problem, that the problem will be formally discussed with the student, and that there is a process in place for the student to make the necessary improvements.
6. The DCE, SCCE, CI, and student will be involved in any contract negotiations and decision- making.

If the SCCE or CI has specific concerns or complaints about the DPT program, clinical education program, or DCE, the clinician is requested to contact the Ha Hoang, PT, PhD, DCE (504-568-4584, hhoang@lsuhsc.edu). If this is not possible, the clinician should contact the Department Head, Hao (Howe) Liu, PT, Ph.D. (504-568-4288, hliu3@lsuhsc.edu)

It is expected that students will take the responsibility to develop a good working relationship with their CI. Students and CIs are recommended to set aside time during the day to discuss patient issues and progress.

III. Communication Between the Student and the School During Affiliations

Students are expected to call the DCE or assigned faculty (when DCE is not available) if they have any concerns or problems related to the clinical affiliation. Students are encouraged to contact the DCE when they identify potential problems. If a student does not want to discuss the issues while at the clinical site, the student should contact the DCE or assigned faculty. Then a time can be determined (during lunch, evenings,

weekends, etc.) to discuss the issues.

Students are required to notify the DCE of any absences or emergencies that result in loss of any clinical time.

During site visits and phone conferences, students are expected to provide open and honest feedback about their clinical education experiences.

IV. Communication Between DCE and faculty

The DCE communicates with the faculty about clinical education sites and students utilizing the following procedures:

1. Confers with the appropriate faculty (clinical or academic) and Clinical Education Committee
2. Organizes clinical site and student information and disseminates this information during curricular processes
3. Prepares reports and/or engages in discussions with faculty on student progress in clinical education
4. Updates faculty about the clinical program, pertinent policies, and procedures
5. Monitors the changing healthcare delivery system and advises the program director and faculty of changing trends and potential impact on student enrollment, instruction, curriculum, design, clinical education, and equipment needs.

EVALUATION AND GRADING

Basic Information

The grade for each Clinical Affiliation (PHTH 7280, PHTH 7381, PHTH 7382, & PHTH 7383) is either, pass or fail. The *Clinical Performance Instrument* (CPI), developed by the APTA, is used to determine the final grade (Appendix E). The CPI incorporates a rating scale to assess a student's competence for 12 performance criteria. Students are expected to demonstrate ratings on the CPI as described on the following pages (Passing Ratings) during each of the four affiliations (7280, PHTH 7381, PHTH 7382, & PHTH 7383). Ratings on the CPI are a direct result of the Clinical Instructor(s)'s direct observation of the student's knowledge and clinical performance, as well as feedback from staff and personnel at the clinical site.

Although students are formally evaluated on the CPI at the midterm and final period of the clinical affiliation, it is expected the feedback between the CI and student will be open, honest, ongoing, and constructive. If there is appropriate feedback and communication between the CI and student, there should be no unexpected feedback for the student during the midterm and final evaluation.

Each student is required to self-assess his/her own performance at the midterm and the end of the affiliation using the CPI. Students must include written comments and rating for all 12 performance criteria on the midterm and final evaluation. The student's self-assessment is to be discussed with and compared to the CI's evaluation. It is vital for the discrepancies in ratings to be discussed and student understands the comments and ratings. If the discrepancies are unresolved during the meeting, the DCE should be contacted immediately.

Formative Evaluation

Clinical Instructor

The Clinical Instructor is expected to provide open, honest, ongoing, and constructive feedback of the student's clinical performance during the affiliation.

The Clinical Instructor is encouraged to use the *Weekly Summary Form* (Appendix E) to monitor the student's progress, develop additional weekly goals, and to determine if the goals have been met.

The Clinical Instructor is expected to complete the *Clinical Affiliation Assessment and Summary Form* (Appendix E) to monitor and assess the student's progress prior to the midterm and final CPI assessments.

There should be no surprises about the student performance at the midterm and final evaluation.

Student

The student is expected to provide open, honest, ongoing, and constructive feedback to their CI(s) about the affiliation experience. If a *Weekly Summary Form* is used, the student is expected to complete the form each week.

The student is expected to complete the *Clinical Affiliation Assessment and Summary Form* (Appendix E) to provide feedback to their CI(s) on the clinical experience prior to the midterm and final CPI assessments.

Summative Evaluation

Clinical Instructor

The Clinical Instructor will use the *Clinical Performance Instrument* online or paper version to complete the midterm (halfway point of the affiliation) and final evaluation (at end of the affiliation). The CI should critically evaluate the student's performance and accurately reflect performance using the rating scale and by writing descriptive and supportive comments for all 12 Performance Criteria.

The CPI incorporates a rating scale to assess student competence for the 12 performance criteria. Students are expected to demonstrate ratings on the CPI as described on the following pages (Passing Scores for Clinical Affiliations) during each of the four affiliations (PHTH 7280, PHTH 7381, PHTH 7382, & PHTH 7383). Ratings on the CPI are the result of the CI's observation of the student's knowledge and clinical performance, as well as feedback from staff and personnel at the clinical site.

If a student is demonstrating slow or late continuous improvement in a clinical rotation, additional clinical experience may be added to the rotation or at another facility. Additional clinical experience will be determined by the DCE in consult with the CI(s).

If a student is demonstrating below expected performance for their level of preparation, the DCE should be notified immediately. If the student is at risk for failing, comments should reflect this assessment on the CPI.

If the student demonstrates problems with safety, professionalism, or adhering to ethical or legal practice standards, the DCE should be notified immediately.

Student

Each student is required to self-assess his or her performance at midterm and at the end of the clinical affiliation using the CPI. Students are required to provide written comments for all 12 performance criteria for both the midterm and final evaluation. This self evaluation is to be discussed with and compared to the CI's evaluation. It is vital for the discrepancies in rating to be discussed and that the student understands the comments and ratings.

Note: The CPI requires supportive comments for the ratings assigned on the rating scale, both at midterm and final. Documentation for each performance criterion should include comments on student's strength, areas that require more practice, and student's progress.

Documented entry-level performance on the rating scale does not necessarily mean that the student is independent in all activities.

Final Grades

The DCE is responsible for assigning the final grade for the affiliation. The final grade is based on the recommendation of the Clinical Education Committee's review of the following:

- Clinical site's form
- Weekly summary forms, anecdotal records, and/or critical incident reports
- Evaluations provided by the CI(s)
- All documentation of meetings, phone calls, etc. with the SCCE, CI, and student
- Student's self-assessments
- *PT Student Evaluation of Clinical Experience and Instruction form*

Pass

It is expected that students will demonstrate skills congruent with the scores required on the rating scale of the *Clinical Performance Instrument* (CPI). The written documentation should support the ratings listed on the CPI. For additional expectation for individual affiliations, (PHTH 7280, PHTH 7381, PHTH 7382, & PHTH 7383) see course syllabi.

Circumstances may warrant a decision by the DCE to award a "pass" or incomplete" grade when a student has not the met minimum criteria include:

- The clinical instructor did not follow correct procedure in assessing mastery of skills, documenting in results, or submitting completed progress reports.

- A determination, based on investigation and sufficient evidence, is made that the clinical instructor was biased or unfair in recording and reporting the student's clinical performance.

If a student receives an "I" (Incomplete) grade for the affiliation, the student will be provided another opportunity to achieve the requirements of the clinical affiliation in a similar clinical setting determined by the DCE. The new clinical affiliation period must be finished as specified by the Clinical Education Committee and by the Department. On completion of the requirements of the affiliation, the grade of "I" will be changed to an appropriate grade. If the student does not achieve the requirements at the new affiliation, a grade of "Fail" will be assigned and will likely result in program dismissal. A student cannot be promoted until all incomplete grades have been removed. A grade of "Incomplete" which is not removed by the date for registration for the next school year will be recorded on the records as "F" (Fail).

Fail

A grade of F results in the dismissal from the Physical Therapy Program. Students who receive a grade of F will not have an opportunity to repeat the affiliation.

Reasons for Receiving a Failing Grade

A student may fail an affiliation:

1. If they do not abide by the American Physical Therapy Association Code of Ethics or the rules and regulations of the University, School of Allied Health Professions, the Department of Physical Therapy and/or facility where the affiliation takes place.

2. If the ratings on the CPI are not appropriate for the level of schooling (See Passing Scores for Clinical Affiliations).

3. If there are excessive number of absences or tardiness.

4. If the student demonstrates poor safety awareness or practice.

5. If the student fails a remediation clinical affiliation.

In the Event of Failure

1. If a student appears to be failing a clinical affiliation, the Clinical Instructor (CI) is to notify the Director of Clinical Education (DCE) as soon as possible. The DCE will meet in person or over phone with CI, student, and possibly SCCE to discuss student's performance. At that time, a decision regarding the student to continue or be removed from the affiliation will be made by the Clinical Education Committee's after reviewing the student's performance and all required documentation.

2. When a CI and DCE have determined that the student demonstrates "failing" performance, the student will be given an "Incomplete" for the clinical affiliation. The DCE will assign the student an "incomplete" for the clinical affiliation. The student will be provided another opportunity to achieve the clinical affiliation requirements at a similar clinical setting determined by the DCE. If the student does not achieve the requirements, a grade of "Fail" will be assigned and will likely result in program dismissal.

3. The Promotions Committee will have the responsibility for final action relating to the student's promotions in the program (Refer to Academic Policies in Student Manual).

PASSING SCORES FOR CLINICAL AFFILIATIONS
CLINICAL PERFORMANCE INSTRUMENT CRITERIA

Performance Criteria	PHTH 7280 Clinical Experience	PHTH 7381 Clinical Internship I	PHTH 7382 Clinical Internship II	PHTH 7383 Clinical Internship III
1. Professionalism: Ethical Practice	Intermediate	Advanced intermediate	Entry-level	Entry-level
2. Professionalism: Legal Practice	Intermediate	Advanced intermediate	Entry-level	Entry-level
3. Professionalism: Professional Growth	Intermediate	Advanced intermediate	Entry-level	Entry-level
4. Interpersonal: Communication	Intermediate	Advanced intermediate	Entry-level	Entry-level
5. Interpersonal: Inclusivity	Intermediate	Advanced intermediate	Entry-level	Entry-level
6. Technical/Procedural: Clinical Reasoning	Advanced beginner	Advanced intermediate	Entry-level	Entry-level
7. Technical/Procedural: Examination, Evaluation, and Diagnosis	Advanced beginner	Intermediate	Advanced intermediate	Entry-level
8. Technical/Procedural: Plan of Care and Case Management	Advanced beginner	Intermediate	Advanced intermediate	Entry-level
9. Technical/Procedural: Interventions and Education	Advanced beginner	Intermediate	Advanced intermediate	Entry-level
10. Business: Documentation	Advanced beginner	Intermediate	Advanced intermediate	Entry-level
11. Business: Financial Management and Fiscal Responsibility	Advanced beginner	Intermediate	Advanced intermediate	Entry-level
12. Responsibility: Guiding and Coordinating Support Staff	Advanced beginner	Intermediate	Advanced intermediate	Entry-level

Reasons For Using The CPI For Evaluation Of Student Performance

1. To provide formal feedback to the student on his/her progress at the clinical site. This enables the student to emphasize or modify skills and behavior required to promote both professional and personal growth.

2. To enable the faculty and the academic department to assess the ability of the student at all levels of the clinical experience. Depending on these abilities, the program will adapt or modify the program to best meet the professional needs of the student.

3. To help determine whether or not the student has met the objectives of clinical education.

4. To enable the academic program and the clinical facility to assess and improve effectiveness of the academic and clinical education component of the curriculum.

5. To enable the student to participate in self-assessment by determining his/her own strengths, weaknesses, which are then shared and compared with the findings of the clinical instructor.

6. To allow the faculty and clinical educators to use a uniform and consistent national instrument that is consistent with the following professional documents: Guide to Physical Therapist Practice (2022), Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists (2024).

Guidelines for The Use Of The CPI

1. CIs and student should familiarize themselves with the CPI form (Appendix E), the course syllabus, and grading criteria prior to the start of each clinical affiliation. If there are any questions regarding the use of the CPI or other materials, the DCE should be contacted immediately.

2. The CPI is used to provide summative evaluation of the student performance at the midterm and at the end of the clinical affiliation. However, formative feedback should be provided on an ongoing and regular basis.

3. If a student is demonstrating weaknesses in any of the 12 Performance Criteria, the DCE should be notified immediately.

4. If the student demonstrates weaknesses, the CI should determine if the weaknesses places the student at risk for failing the affiliation. If so, the “Significant Concerns” box should be marked at midterm and/or Final. The DCE should be notified immediately.

5. If the student demonstrates weakness in performance criteria 1-6, the DCE should be notified immediately. A plan will be developed to help the student to meet the requirements for the affiliation.

6. The rating scale and comment sections should be completed for each of the 12 Performance Criteria at midterm and final.

7. The ratings on the scale and the comments should be congruent.

Tips for The Clinical Instructor When Rating Students

1. **Become "rating conscious"**

   Prior to the clinical affiliation, the CI should familiarize themselves with the grading form. Keep a daily log of the student's activities and behaviors that will assist you in grading the student's performance. More examples can assist a CI in discussing the rating with student, DCE, or other personnel.

2. **How to determine a rating**

   Base your ratings on a variety of information sources such as direct observation of student in different situations, documentation review, other clinicians/staff, student self-assessment, patients/clients, role playing, etc. If the CI is unfamiliar with certain aspect of the student's performance, seek assistance from other members of the staff or DCE.

3. **Recognize and discount any bias**

   Be objective and unbias. Avoid certain impressions (favorable or unfavorable) of the student to influence the ratings (halo effect). Careful attention to the specific behavioral criteria is required for each performance criteria.

4. **Compare the student's performance as it relates to "entry-level" performance**

   Evaluate the student in relation to individuals of comparable experience and training. Provide student with accurate, objective, and balanced feedback. Often, CIs tend to avoid harsh evaluations, usually to avoid the discomfort associated with delivering the candid and honest feedback (error of leniency). Be objective and do not hesitate to contact DCE to report unfavorable performance or characteristics.

5. **Base your rating upon the entire period covered**

   The rating should reflect the most typical and frequent performances rather than isolated instances. When a student has more than one CI, consult with other CIs to determine an overall rating.

Rights of Clinical Instructors and Site Coordinators Of Clinical Education

1. The right to have “one-on-one” consultation with DCE.

2. The right to ask for additional information or in-services related to clinical education.

3. The right to be notified of clinical education courses offered by the LSU Health Sciences Center Department of Physical Therapy.

4. The right to be advised about the APTA’s Clinical Instructor Credentialing Course.

5. The right to be advised about the APTA web site for additional continuing education courses related to clinical education.

Clinical Instructor Checklist

Prior to the beginning of a Clinical Affiliation with students from Louisiana State University Health Sciences Center New Orleans, Clinical Instructors should review the following information:

1. Student Package
   The package includes course syllabus, *Student Information Form*, copy of HIPAA certificate, copy of CPR certification, and student's health records.

2. Louisiana State University Health Sciences Center Department of Physical Therapy Clinical Education Manual
   A. Each facility should have a copy of the Clinical Education Student Manual from Louisiana State University Health Sciences Center, School of Allied Health Professions, Department of Physical Therapy. It is expected that the Clinical Instructor will review the Manual prior to the start of the affiliation. In particular, the CI should review the following:
      i. the Course Syllabus for the assigned student
      ii. the evaluation tools used by the CI and student for the affiliation
   B. Clinical Performance Instrument
      a. Guidelines for Use of the CPI
      b. Reasons for Using the CPI for Evaluation of Student Performance
      c. Passing Scores for Clinical Affiliations
      d. Grading
   C. Evaluation tool completed by the Student
      a. The Physical Therapist Student Evaluation: Clinical Experience and Instruction
      ii. Attendance Policy
      iii. Rights of CI and SCCE
      iv. Orientation to Affiliation

3. All CIs are expected to complete the APTA PT-CPI training for use of the online version of the tool. Training is available online. If a clinical site, SCCE, and/or CI is interested in the training, please contact Ha Hoang, PT, PhD, Director of Clinical Education (phone 504-568-4584, email: hhoang@lsuhsc.edu)

4. Clinical Instructors may also want to review the APTA Guidelines and Self Assessment for Clinical Education. The Guidelines can help a CI assess his/her own preparation to be a Clinical Instructor. Clinical Instructors are encouraged to contact DCE for a copy or www.apta.org.

5. If you have any questions about the affiliation or clinical education, please do not hesitate to contact Ha Hoang, PT, PhD, Director of Clinical Education (phone 504-568-4584, email: hhoang@lsuhsc.edu)

Guidelines for Selection Of And Expectations Of Clinical Affiliation Sites And Staff

A. Facility Administrative Policy at the Clinical Site

1. Committed to equal opportunity.
2. All personnel to practice legally and ethically.
3. Facility has appropriate communication channels between department.
4. Facility is committed to excellence in patient care.
5. Facility is accredited by the appropriate overseeing body.
6. Facility has adequate resources available at clinical site.
7. Endorses the principles set forth in the American Hospital Association "Patient Bill of Rights".

B. Physical Therapy Department

1. All staff members are licensed by the appropriate state and national body.
2. Job descriptions are clearly defined and distinct from each other.
3. Department performs ongoing evaluations of its procedures to ensure quality control.
4. Staff members are involved in ongoing continuing education and/or activities of their professional organization.

C. Facility Clinical Policy

1. Facility provides an active stimulating environment appropriate to the level of the student's education and prior experience.
2. Philosophy of the clinical education is consistent with that of Louisiana State University Health Sciences Center, School of Allied Health Professions, and Department of Physical Therapy.
3. Administration demonstrates support and interest in clinical education.
4. A written agreement for clinical education has been or is in the process of being signed.
5. Facility provides student with the opportunity for a variety of learning experiences (i.e. surgery observation, staffing, rounds, special clinics, in-services).
6. Facility demonstrates a commitment to the personal safety and belongings of the student (i.e. locker space, security guards, parking).

D. The Physical Therapy Clinical Education Policy at the Clinical Site

1. Meets the specific objectives of the facility, the University/ College / PT program, and the student.
2. Provides an adequate staff-patient ratio so that the student can optimally benefit from the experience.
3. Philosophy of the physical therapy department is consistent with Louisiana State University Health Sciences Center, School of Allied Health Professions, and Department of Physical philosophy.
4. Program is coordinated so the student can learn from the expertise of the staff.
5. Department provides appropriate number of patients on caseload for the student with adequate supervision.
6. Department provides adequate space for student needs (i.e. a storage for coat, desk or study area).

7. Department has completed the necessary forms required to complete the affiliation process: the contract and Clinical Site Information Form. (Appendix F)
8. Department completes and submits student evaluation forms on time and returns them directly to the DCE of LSU Health Sciences Center, School of Allied Health Professions, Department of Physical Therapy.
9. The physical therapy department at each site will have an appointed SCCE.

E. Site Coordinator of Clinical Education Responsibilities

1. Supervise the Clinical Instructors.
2. Coordinate and evaluate the educational policy at the clinical site.
3. Perform a self-assessment of the Clinical Education Site ever one-two years. May use the Self-Assessment for Clinical Education Sites developed by the APTA (www.apta.org).
4. Perform a self-assessment as the SCCE every one or two years. May use the Self-Assessment for Site Coordinators of Clinical Education developed by the APTA (www.apta.org).
5. Choose clinical instructors (CIs) based on the objectives for the affiliation.
6. Formulate and update the student policy manuals and student protocols.
7. Maintain a close contact with the DCE at LSU Health Sciences Center, School of Allied Health Professions, Department of Physical Therapy regarding any changes or additions to the clinical education program.

F. Clinical Instructors (CI) Responsibilities

1. Be a licensed physical therapist.
2. Attain a minimum of 1 year of clinical experience.
3. Demonstrate competency in teaching in the clinical setting.
4. Abide by the State Practice Act, interpretive rules and regulations, and the APTA Code of Ethics.
5. Perform a self-assessment as the CI every three years. May use the Self-Assessment for Clinical Instructors developed by the APTA (www.apta.org).
6. Provide appropriate time and opportunities for student learning experiences.
7. Give ongoing and appropriate feedback to the student and meet with the student on a regular and timely basis.
8. Report to the SCCE if any major problems develop between the student and him/herself.
9. Discuss and/or present the student progress with the DCE at least once during the affiliation.

Criteria for Selection of Clinical Sites

Clinical affiliation sites provide students with a wide variety of learning experiences and opportunities. The Department of Physical Therapy is committed to provide students with clinical education experiences that subscribe to the philosophy and standards of the American Physical Therapy Association and LSU Health Sciences Center, School of Allied Health Professions.

Clinical affiliation sites are established throughout the school year. Facilities can be established as clinical sites through recommendation of the site itself, a faculty member, and/or a student. The selection of facilities as clinical sites is based on the policies and criteria listed on the following pages. Final selection of a facility as a clinical site will be made via site visits, interviews with staff at site, and/or faculty input. When a facility has been established a clinical affiliation site, the facility will be placed on a mailing list for the yearly request for clinical placement.

A student may recommend the addition of a new clinical site. The student is required to set up a meeting to discuss the recommendation with the DCE. Prior to the meeting, the student is expected to obtain general information on the site (name of site, location, phone number, type of facility, etc.). After the discussion, the DCE will determine if the clinical site is a "potential new affiliation." Students are informed that a clinical affiliation agreement may require 6-12 months to complete. The DCE will send a *Request for New Affiliation Form* to the designated contact person of the clinical site. The form must be completed and returned to the DCE within 2 weeks.

The DCE will evaluate the information on the *Request for New Affiliation Form* (Appendix G). At that time, the DCE will contact the site and may request additional information. If the recommended site is determined to meet the requirements of the Physical Therapy Education Program, the DCE will forward the information and form to the contract manager of the School of Allied Health Professions to request a formal affiliation agreement.

If the new affiliation is established at the request of a student, the student will be assigned to the requested site for an affiliation. Students are required to participate in the affiliation that was established at their request.

Evaluation Of Clinical Affiliation Sites

The Clinical Sites are evaluated on an on-going basis by:

1. Clinical site visits made by the DCE and/or faculty from the LSU Health Sciences Center, School, School of Allied Health Professions, Department of Physical Therapy.

2. On-going review of the Clinical Site Information Form (CSIF) developed by the APTA.

3. Student evaluations of the Clinical Site.

4. Information gathered via phone calls to the clinical site.

5. Contract review.

Clinical Faculty Development

The DCE is responsible for coordinating, developing, and delivering educational activities to the clinical educators. These activities are implemented based on the needs of the clinical faculty, feedback from students/SCCE/CI, and academic program to help develop and improve the effectiveness of the clinical faculty. The DCE is available for the clinical faculty to inquire and address:

- clinical instructor training program
- clinical education resources
- how to work through conflict management
- communication styles and techniques with staff
- give and receive feedback
- other education issues

When a deficit or need for improvement is identified with the clinical faculty, the DCE will initiate a plan of action. If the area needing improvement involves a particular CI, the DCE engages in conversation with the CI to remediate the problem. Education and advising by the DCE can occur onsite, phone calls, or emails to the CI.

When a pattern of deficiency or area needing improvement is noted within a clinical site, the DCE may determine the need for a clinical site or group developmental activity, such as an inservice or meeting with the SCCE who then communicates with the CIs. If the area needing improvement is noted in more than one facility, the development activity may occur in multiple site visits, phone calls, or emails to clinics or CI meeting.

All CIs are encouraged to attend an APTA CI Credentialing course after one year of clinical experience to foster their development as CI.

The DCE assesses the clinical faculty through a wide variety of measures and feedback from many sources. The DCE reviews all CI and student documents to obtain data and discusses with students in class or individually. These documents may include, but not limited to:

- Clinical Performance Instrument (CPI)
- APTA's PT Student Evaluation of Clinical Experience and Instruction
- Clinical Site or Phone Conference Form
- Anecdotal records
- Forms used by the clinical site

In addition to the above documents, the DCE gathers information about the needs of the clinical faculty development though:

- Communication with CI and SCCE through phone calls, emails, fax, letters, site visits, district and site LPTA meetings, Clinical Instructor meetings
- Discussions with student
- Discussions with non-clinical faculty
- Clinical Education courses

COMPLAINTS

The department has a number of ways for handling complaints, such as those from clinical sites, employer of graduates and the public, that falls outside the realm of due process. Policy and procedures for filing such complaints can be found in the Student and Clinical Education Manual and includes the following statement:

"The Louisiana State University Health Sciences Center Department of Physical Therapy encourages any individual who is unhappy with their experience or encounter with any student, faculty or staff member of the Department of Physical Therapy to file a written complaint against the department or program. The Department takes seriously all program related complaints seriously and will act upon any complaints in an expedient manner. Once a complaint has been made, the Program Director will be directly involved in gathering information and addressing the complaint. The complaint will be kept on file in the Department Head's files under "Program Complaints" for a period of 5 years.

Complaints should be addressed to:

Hao (Howe) Liu PT, Ph.D.
Department of Physical Therapy
1900 Gravier Street
LSU Health Sciences Center
New Orleans, LA 70112

Policy and Procedures for handling a complaint outside the realm of due Process:

1. When possible, the Department head will discuss the complaint directly with the party involved within 14 business days. If at all possible, the matter is reconciled at this point. A letter from the Department Head acknowledging the resolution of the complaint will be filed with the complaint and a copy sent to the complaint.
2. If dissatisfied with the discussion with the Department Head, or if the complaint is against the Department Head, the involved party may submit a written complaint to the Dean of the School of Allied Health Professions. The Department Head will meet with each party separately and may schedule a joint appointment with the two parties in order to attempt to resolve the issue. A letter outlining the resolution by the Dean shall be filed with the complaint in the Department Head's office.
3. If the party feels that additional complaint is necessary, then the last line of complaint within the institution is to the Vice-Chancellor of Academic Affairs or the Chancellor of the Health Sciences Center depending on the nature of the complaint. Outside of the institution, a complaint can also be filed with the physical therapy accrediting body: Commission on Accreditation in Physical Therapy Education, American Physical Therapy Association, 1111 N. Fairfax Street, Alexandria VA. 22314

Appendix A
Course Syllabi
PHTH 7180
PHTH 7280
PHTH 7381
PHTH 7382
PHTH 7383

For course syllabi, students are expected to provide a current copy to SCCE and CI for the following courses: 7280, 7381, 7382, and 7383. If a student does not provide a copy, the SCCE and/or CI can contact the DCE, Ha Hoang, hhoang@lsuhsc.edu, for a copy.

Appendix B
Doctor of Physical Therapy Curriculum by Course
Doctor of Physical Therapy Course Description
Department of Physical Therapy Faculty and Staff

Doctor of Physical Therapy Curriculum

Year 1 — Hours

Term 1
Summer
PHTH 7000 Physical Therapy Gross Anatomy 5
PHTH 7110 Introduction to Professional Practice 1
PHTH 7130 Foundational Science of Movement 1
PHTH 7180 Introduction to Clinical Practice 1

Total Summer I 8

Term 2
Fall I
PHTH 7101 Evidence-Based PT I: Clinical Analyses 4
PHTH 7111 Professional Practice in PT I 3
PHTH 7131 Movement Sciences I 4
PHTH 7135 Human Development Across the Lifespan 3
PHTH 7140 Physical Therapy Neuroanatomy 4

Total Fall I 18

Term 3
Spring I
PHTH 7102 Evidence-Based PT II: Clinical Analyses 3
PHTH 7112 Professional Practice in PT II 2
PHTH 7120 Physiological Sciences 6
PHTH 7123 Pathophysiology 4
PHTH 7132 Movement Sciences II 4

Total Spring I 19

Year 2

Term 4
Summer II
PHTH 7280 Clinical Experience 3

Total Summer II 3

Term 5
Fall II
PHTH 7203 Evidence-Based PT III: Clinical Analyses 2
PHTH 7213 Professional Practice in PT III 1
PHTH 7233 Therapeutic Interventions 3
PHTH 7240 Motor Behavior 3
PHTH 7270 Diagnosis & Management in Neuromuscular Dysfunction I 3
PHTH 7250 Diagnosis & Management in Cardiopulmonary Dysfunction 4
PHTH 7261 Diagnosis & Management in Musculoskeletal Dysfunction I 4

Total Fall II 20

Term 6
Spring II
PHTH 7204 Evidence-Based PT IV: Research Analyses 3
PHTH 7234 Prosthetics and Orthotics in PT 2
PHTH 7262 Diagnosis & Management in Musculoskeletal Dysfunction II 4
PHTH 7271 Diagnosis & Management in Neuromuscular Dysfunction II 5
PHTH 7350 Diagnosis and Management of Integumentary Dysfunction 2
PHTH 7400 Practicum in Client and Peer Teaching 2

Total Spring II 18

Year 3

Term 7
Summer III
PHTH 7381 Clinical Internship I 4

Total Summer III 4

Term 8
Fall III
PHTH 7305 Evidence-Based PT V: Research Analyses 2
PHTH 7315 Professional Practice in PT IV 2
PHTH 7390 Health Policy I: Microallocation of Healthcare Goods and Services 1
PHTH 7391 Administrative Skills in PT I 2
PHTH 7401 Practicum in Integrative Clinical Practice I 4
PHTH 7300 Wellness: Prevention and Health Promotion 2
PHTH 7382 Clinical Internship II 4

Total Fall III 17

Term 9
Spring III

PHTH 7383 Clinical Internship III 4

PHTH 7306 Evidence-Based PT VI: Capstone Completion & Defense 2
PHTH 7316 Professional Practice in PT V 2
PHTH 7392 Administrative Skills in PT II 2
PHTH 7393 Health Policy II: Macroallocation of Healthcare Goods and Services 1
PHTH 7402 Practicum in Integrative Clinical Practice II 4

Total Spring III 15

TOTAL REQUIRED PROGRAM CREDITS 122

PHTH 7800 Independent Study (optional) ..... (1-12)

Doctor of Physical Therapy Curriculum Course Description

PHTH 7000 Physical Therapy Gross Anatomy (5 credit hours)
A course including lecture and human cadaver dissection which focuses on cell, tissue, and organ systems and the relationship of skeletal, muscular, neurological and vascular systems.

PHTH 7110 Introduction to Professional Practice (1 credit hour)
This course introduces the student to the role of the professional physical therapist, the American Physical Therapy Association and expected professional behaviors, including: appropriate language and physical communication with client and peers. Clinical labs and case-based problems will be used in developing an awareness of self and others.

PHTH 7111 Professional Practice in Physical Therapy I (3 credit hours)
This course introduces the student to the role of the professional physical therapist, the American Physical Therapy Association and expected professional behaviors, including: appropriate language and communication with patients, clients and peers. Principles of physical therapy documentation, medical terminology, and supervision of assistive personnel are introduced and practiced. Students are introduced to medical ethics and different models of ethics and ethical-decision making are applied to the field of physical therapy. Current models and theories of developing culturally proficient physical therapy practices are also introduced, discussed, and applied to specific cultures commonly seen in regional clinical practice.

PHTH 7112 Professional Practice in Physical Therapy II (2 credit hours)
Aspects of professional practice introduced in PHTH 7111 are expanded and applied. The topic of medical ethics is continued including the ethics of patient interactions and role boundaries. Students learn about disability and interacting with persons with disability as a clinician and as an advocate. Students are introduced to the laws and legal organization that govern the practice of physical therapy both nationally and those specific to the state of Louisiana. Clinical labs and case-based problems will be used in developing specific skills of legal documentation, patient interaction and communication, solving of legal and ethical conundrums, and to evaluate students' behavioral outcomes.

PHTH 7135 Human Development Across the Lifespan (3 Credit hours)
This course is a study of the process of typical human development across the life span. This course will include motor development in childhood and changes associated with aging with an emphasis on the neuromuscular and musculoskeletal systems.

PHTH 7213 Professional Practice in Physical Therapy III (1 credit hours)
Professional development continues as students explore the psychosocial aspects of providing healthcare to others. Students also study the basic learning theories and teaching methods that they will utilize in clinical education of patients/ clients, students and peers; and demonstrate competency in their application of this material in the context of peer-to-peer, classroom teaching.

PHTH 7315 Professional Practice in Physical Therapy IV (2 credit hours)
This course further focuses on the preparation of students to enter physical therapy practice. Students will receive information on multiple aspects of entering the profession of physical therapy including information about licensure, attainment and retention of employment, professional organization membership, and other opportunities such as mentoring programs, residency and fellowship programs, as well as specialization. Students will learn how to develop a professional resume and prepare for a professional interview. Students will be given the opportunity to perform mock interviews with local clinicians.

PHTH 7316 Professional Practice in Physical Therapy V (2 credit hours)
This course focuses on the many specific roles and responsibilities of individuals within the field of physical therapy practice. Students will further examine the structure of the professional organization with emphasis on opportunity and levels of involvement. The students will receive in depth training on how to educate in the clinical setting with emphasis on clinical instruction of students. The students will also learn about various avenues for patient and professional advocacy as well as service opportunities in the community and profession.

PHTH 7390 Health Policy I: Microallocation of Healthcare Goods and Services (1 credit hour)
Students will learn about the structure, policy, and system of health insurance in the context of physical therapy practice and health care in general. The legal structure of health care organizations and the systems that serve them are reviewed along with fair and legal avenues for providing pro bono services. Ethics and healthcare allocation will also be discussed as it relates to providing physical therapy services.

PHTH 7393 Health Policy II: Macro Allocation of Healthcare Goods and Services (1 credit hour)
This is a fully problem-based learning course where students will learn about healthcare delivery systems and physical therapy practice from a global perspective. Issues surrounding cost, DCE, and quality of health care will be examined and model healthcare delivery systems from various countries will be reviewed. A brief historical review of national and global healthcare policy along with current healthcare policy reform will be evaluated.

PHTH 7130 Foundational Science of Movement (1 credit hour)
This course introduces the student to anatomic/biomechanical terminology used to describe movement and basic histology of connective, nervous, epithelial and muscle tissue is applied to human movement/function.

PHTH 7131 Movement Sciences I (4 credit hours)
This course introduces the student to basic principles of kinetics and kinematics of movement, as well as regional anatomy and joint structure and function. Changes throughout the life span as they apply to biomechanics and kinesiology will be examined at a very basic level. Through case studies and applied laboratory sessions, the student will master surface anatomy and palpation skills leading to clinical location, description, and differentiation of all major landmarks and anatomical structures.

PHTH 7132 Movement Sciences II (4 credit hours)
A continuation of PHTH 7131, this course focuses on the application of biomechanical and musculoskeletal principles in the analysis of human movement. This course includes analysis of the human movement system as a whole with emphasis placed on the interplay of individual joint segments in creating and responding to different movement types (gait, transfers, exercise, etc.). This course also explores the role of the cardiopulmonary system's response to gait and exercise as well as the importance of metabolic pathways for movement.

PHTH 7233 Therapeutic Interventions (3 credit hours)
This course focuses on therapeutic intervention aimed at restoring function and maximizing outcomes in a variety of patient populations. Foundations and techniques of therapeutic interventions are explored in the classroom and applied by students in the laboratory settings.

PHTH 7234 Prosthetics and Orthotics in PT (2 credit hours)
This course will focus on assessment and intervention of patients who require use of prosthetics and orthotics

of enhance function and mobility. This course will apply the knowledge of gait kinematics and upper extremity function as they relate to the prescription, fabrication, and use of prosthetics and orthotics.

PHTH 7240 Motor Behavior (3 credit hours)
This course integrates information from the fields of neuroscience, exercise science, cognitive and sport psychology to build an evidence-based foundation for the evaluation and management of movement dysfunction in physical therapy practice. Students review and debate the evidence and assumptions underlying contemporary theories of motor control and learning. Standardized clinical tools for the assessment of movement dysfunction and its causes are learned and applied by students in laboratory and clinical settings across a variety of patient populations.

PHTH 7101 Evidence Based Physical Therapy I: Clinical Analyses (4 credit hours)
This course introduces the student to tools and procedures used in clinical - decision-making. The student is initiated into research methodology and test and measurement standards relevant to clinical and research applications. Case-based problems are used to assist students in developing relevant questions, a matrix for critical literature review, and application of knowledge from the literature review to the answering of clinical questions.

PHTH 7102 Evidence-Based Physical Therapy II (3 credit hours)
Building upon skills introduced in PHTH 7101, this course further develops and elaborates foundational tools and procedures used in clinical decision-making and evidence-based practice. Students will learn further examination and patient management skills including assistive device prescription and training, general patient handling and mobility skills, as well as a variety of endurance and multiple system assessments. Research methodology relevant to clinical practice continues with the critical review of literature related to tests, measures and interventions used by physical therapy practice.

PHTH 7203 Evidence-Based Physical Therapy III: Clinical Analyses (2 credit hours)
This course further develops and elaborates on tools and procedures used in clinical decision-making and evidence-based practice. Previously learned skills in critical literature review and measurement science are applied to the issues of clinical epidemiology, hypothesis testing and outcomes measurement in the context of physical therapy practice.

PHTH 7204 Evidence-Based Physical Therapy IV: Research Analyses (3 credit hours)
Students apply the foundations of research methodology learned for clinical practice to the principles of scientific research. The theory and basis of hypothesis testing is reviewed in the context of research design. Students receive guidelines for and begin work on their chosen capstone project.

PHTH 7305 Evidence-Based PT V: Research Analyses (2 credit hours)
Students apply the foundations of research previously introduced to the development of clinical case studies and formal research proposals. Work on the capstone projects will continue.

PHTH 7306 Evidence-Based PT VI: Capstone Completion and Defense (2 credit hours)
Students complete, present, and defend the capstone project.

PHTH 7300 Prevention, Nutrition, and Wellness (2 credit hours)
Students will learn the role of physical therapy in assessing the health needs of individuals, groups and communities through the development of screening programs and promoting healthy lifestyles. The students will develop a wellness program that addresses preventative medicine, nutrition, and benefits of exercise to

enhance the healthy lifestyle of a wellness client. Current trends and concepts of wellness in prevention and health promotion will be addressed.

PHTH 7350 Diagnosis & Management of Integumentary Dysfunction (2 credit hours)
This course provides the student with an overview of integumentary system pathologies, medical diagnosis and management and focuses on physical therapy diagnosis and management of related physiological and movement dysfunctions. Case studies and laboratory practice will facilitate the students' development of skills in examination, assessment, and interventions aimed at restoration of integumentary health and maximization of functional independence.

PHTH 7392 Administrative Skills in Physical Therapy (2 credit hours)
As a continuation of PHTH 7391, students apply their knowledge of administration to the exercise of designing a physical therapy practice in one of a variety of healthcare environments.

PHTH 7140 Physical Therapy Neuroanatomy (4 credit hours)
This course focuses on the anatomy, physiology and biochemistry of the nervous system, including: normal structure and function of the central, peripheral and autonomic systems; normal and abnormal neurodevelopment. Students learn the neurophysiological mechanisms of pain mediation and the underpinnings of neural mechanism mediating motor control. Case studies will highlight selected neurological conditions for integrating the foundational science with clinical relevance specific to the practice of physical therapy.

PHTH 7270 Diagnosis and Management of Neuromuscular Dysfunction I (3 credit hours)
Students examine the principles of neurologic disorders and the study of the etiology, diagnosis, medical and physical therapy management of commonly encountered neuromuscular pathologies across the lifespan. Students learn the neural substrates of cognitive, perceptual, sensory, and motor functions and dysfunctions that arise as consequences of pathology or injury. Emphasis will be placed on the development of skills in evaluation, examination, and interventions along with integration of related curricular topics.

PHTH 7271 Diagnosis & Management of Neuromuscular Dysfunction II (5 credit hours)
Students expand their knowledge and skills in principles of neurologic disorders and the study of the etiology, diagnosis, and medical management of commonly encountered neuromuscular pathologies across the lifespan. Students earn the neural substrates of cognitive, perceptual, sensory, and motor functions and dysfunctions that arise as consequences of pathology or injury. Emphasis will be placed on the development of skills in evaluation, examination, and interventions along with integration of related curricular topics.

PHTH 7120 Physiological Sciences (6 credit hours)
This course covers the development of organs, function of tissues and organs, and mechanisms of control with emphasis on integration of the various functions that comprise the major biological systems. An introduction to the pathophysiology, genetic basis and therapeutics of some diseases will be included.

PHTH 7123 Pathophysiology (4 credit hours)
Building upon knowledge gained in Anatomy and Physiology, this course focuses on the physiological changes that are the result of pathological conditions. Disease processes most commonly seen in the physical therapy practice will be emphasized.

PHTH 7250 Diagnosis & Management in Cardiopulmonary Dysfunction (4 credit hours)
This course provides the student with an overview of cardiovascular and pulmonary systems pathologies, medical diagnosis and management; and then focuses on physical therapy diagnosis and management of

related physiological and movement dysfunctions. Case studies and laboratory practice facilitate the students' development of skills in examination, assessment, and interventions aimed at restoration of cardiopulmonary health and maximization of functional independence.

PHTH 7261 Diagnosis & Management in Musculoskeletal Dysfunction I (4 credit hours)
Students examine the principles of orthopaedic medicine and study the etiology, diagnosis, and surgical management of commonly encountered musculoskeletal pathologies across the lifespan. Students learn methods of selective tissue evaluation and mobilization, and apply exercise approaches for the therapeutic management of musculoskeletal dysfunction. Case studies, laboratory and clinic practice facilitate the development of applied skills.

PHTH 7262 Diagnosis & Management of patients with Musculoskeletal Dysfunction II (4 credit hours)
Students expand their knowledge and skills in the management of individuals with musculoskeletal dysfunction through the application of manual therapy and interventions that integrate the principles of mechanics, arthrokinematics and osteokinematics. They learn to apply selected modalities in the management of musculoskeletal dysfunction and pain. Case studies and laboratory practice facilitate development of skills in musculoskeletal evaluation, examination, and interventions along with integration of related curricular topics.

PHTH 7180 Introduction to Clinical Practice (1 credit hour)
A course designed to introduce the student to the clinical education component of the program. The course covers general information about the role of the student physical therapist in the clinic setting, professionalism, clinical education process, expectations of clinical education (school, student, and clinic site), and legal ramifications of patient care and student learning. The practicum of the course is designed to provide clinical reinforcement of the material presented during the first and concurrent semesters of study.

PHTH 7280 Clinical Experience (3 credit hours)
A clinical course consisting of 320 clock hours of clinical experience in a physical therapy setting. The practicum of the course is designed to provide clinical reinforcement of the material presented during the first year of study.

PHTH 7381 Clinical Internship I (4 credit hours)
A clinical course providing students with a full-time clinical experience in a mainly orthopedic setting. The practicum of the course is designed to provide clinical reinforcement of the material presented during the first two years of study.

PHTH 7382 Clinical Internship II (4 credit hours)
A 10 week clinical providing students with a full-time clinical experience in a variety acute, inpatient, outpatient and long-term clinical settings. The practicum of the course is designed to provide clinical reinforcement of the material presented to date in the curriculum.

PHTH 7383 Clinical Internship III (4 credit hours)
A 10-week clinical providing students with a fulltime clinical experience in a variety acute, inpatient, outpatient, and long-term clinical settings. The practicum of the course is designed to provide clinical reinforcement of the material presented to date in the curriculum.

PHTH 7400 Practicum in Client and Peer Teaching (2 credit hours)
This is a classroom and clinic based course in which students practice the application of their teaching skills in the context of patient care and in the context of clinical teaching to peers. Second year students will participate

in teaching of basic skills to first year in DPT 7102. Before going into the clinics where they will apply teaching principles in the context of patient and family education. Finally, students will develop and present and educative review of the literature on a topic of their choice to faculty and peers.

7401 Practicum in Integrative Clinical Practice I (4 credit hours)
The first of two courses in which students learn about emerging areas of practice in the field of physical therapy. Students will be given the opportunity to apply and integrate all aspects of the doctoral curriculum for further development of client and patient management skills.

7402 Practicum in Integrative Clinical Practice II (4 credit hours)
The second of two courses in which students learn about emerging areas of practice in the field of physical therapy. Students will be given the opportunity to apply and integrate all aspects of the doctoral curriculum for further development of client and patient management skills.

Department of Physical Therapy

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Appendix C
Sharing of Student Information
Patient Confidentiality Policy
APTA Guide to Professional Conduct
APT Code of Ethics

SHARING OF STUDENT INFORMATION WITH CLINICAL SITES

Students are required to sign an information release waiver upon initial entrance into the Program. This allows LSUHSC and its representatives to release information to clinical affiliate(s) for approval to schedule a student clinical experience and to facilitate student learning during each clinical rotation. The information that may be released includes the following:

- Name
- Contact and identification information
- Health information
- OSHA & HIPAA training/certification
- Health Insurance Information
- Emergency contact information
- Vehicle registration information
- Academic and clinical performance and status- need to know basis to determine appropriate clinical experiences

The ability to place a student in selected clinical facilities is not possible without the sharing of this information; therefore, failure to authorize this release of information may result in an inability to successfully complete the clinical education component of the Program. Student should also be aware that clinical facilities will be providing information to LSUHSC regarding all aspects of the student's performance while participating in clinical experiences. All information will be kept confidential.

I have read, understand, and agree with the above statement.

_____

Student Name (please print clearly)

_____ _____

Student Signature Date

PATIENT CONFIDENTIALITY POLICY

Health Insurance Privacy and Portability Act of 1996 (HIPAA) Privacy Rule provided federal protections for personal health information held by covered entities and gives patients an array of right with respect to that information. The Privacy Rule is balanced so that is permits the disclosure of personal health information need for patient care and other important purposes.

Confidentiality of patient information and patient records is a priority in all healthcare settings. While participating in clinical education experiences, student will have DCE to information that must remain confidential. Patients have the rights to privacy and confidentiality of medical information.

- No patient information may be released (verbally or in writing) to unauthorized personnel such as friends, family, or other patients.
- Any request by the patient to release medical information must be handled by the appropriate departmental representative. No student will assume responsibility to release patient information.
- Do not discuss patient information in public areas.
- Do not leave medical charts in unrestricted areas of the facility.
- Under no circumstances may samples of documents such as evaluations, progress notes, discharge summaries, or letters to physicians be removed from the premises of the healthcare facility.
- No patient information should be posted on any social media including pictures or descriptions of patient's situation.

I have read, understand, and agree with the above policy.

_____

Student Name (please print clearly)

_____ _____

Student Signature Date

APTA American Physical Therapy Association

Code of Ethics for the Physical Therapist

HOD S06-09-07-12 [Amended HOD S06-00-12-23; HOD 06-91-05-05;HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by
the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education,
research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles,
and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in
unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive. This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal).Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those
with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.
(Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice,

consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.
(Core Values: Altruism, Compassion, Professional Duty)
2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.
2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.
2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.
(Core Values: Excellence, Integrity)
3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.
3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.
3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.
(Core Value: Integrity)
4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants,

or employees).
4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

Principle #5: Physical therapists shall fulfill their legal and professional obligations.
(Core Values: Professional Duty, Accountability)
5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
5C. Physical therapists involved in research shall abide by Accepted standards governing protection of research participants.
5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.
(Core Value: Excellence)
6A. Physical therapists shall achieve and maintain professional competence.
6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

***Principle #7*:** Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.
(Core Values: Integrity, Accountability)
7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
7C. Physical therapists shall not Accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.
7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/ clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.
(Core Value: Social Responsibility)
8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve DCE to health care services, and address the health, wellness, and preventive health care needs of people.
8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.
8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.



APTA Guide for Professional Conduct

Purpose

This Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics for the Physical Therapist (Code) of the American Physical Therapy Association (APTA) in matters of professional conduct. The APTA House of Delegates in June of 2009 adopted a revised Code, which became effective on July 1, 2010.

The Guide provides a framework by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

Interpreting Ethical Principles

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They address some but not all topics addressed in the Principles and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Principles when necessary and as needed.

Preamble to the Code

The Preamble states as follows:

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:2

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive. This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Interpretation: Upon the Code of Ethics for the Physical Therapist being amended effective July 1, 2010, all the lettered principles in the Code contain the word "shall" and are mandatory ethical obligations. The language contained in the Code is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Code. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word "shall" serves to reinforce and clarify existing ethical obligations. A significant reason that the Code was revised was to provide physical therapists with a document that was clear enough such that they can read it standing alone without the need to seek extensive additional interpretation. 3
The Preamble states that "[n]o Code of Ethics is exhaustive nor can it address every situation." The Preamble also states that physical therapists "are encouraged to seek additional advice or consultation in instances in which the guidance of the Code may not be definitive." Potential sources for advice and counsel include third parties and the myriad resources available on the APTA Web site. Inherent in a physical therapist's ethical decision-making process is the examination of his or her unique set of facts relative to the Code.

Topics

Respect

Principle 1A states as follows:
1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
Interpretation: Principle 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

Altruism

Principle 2A states as follows:
2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
Interpretation: Principle 2A reminds physical therapists to adhere to the profession's core values and act in the best interest of patients/clients over the interests of the physical therapist. Often this is done without thought, but sometimes, especially at the end of the day when the physical therapist is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

Patient Autonomy

Principle 2C states as follows:
2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.
Interpretation: The underlying purpose of Principle 2C is to require a physical therapist to respect patient autonomy. In order to do so, a physical therapist shall communicate to the patient/client the findings of his/her examination, evaluation, diagnosis, and prognosis. A physical therapist shall use sound professional judgment in informing the patient/client of any substantial risks of the recommended examination and intervention and shall collaborate with the patient/client to establish the goals of treatment and the plan of care. Ultimately, a physical therapist shall respect the patient's/client's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

Professional Judgment

Principles 3, 3A, and 3B state as follows:

3: Physical therapists shall be accountable for making sound professional judgments. (Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

Interpretation: Principles 3, 3A, and 3B state that it is the physical therapist's obligation to exercise sound professional judgment, based upon his/her knowledge, skill, training, and experience. Principle 3B further describes the physical therapist's judgment as being informed by three elements of evidence-based practice. With regard to the patient/client management role, once a physical therapist Accepts an individual for physical therapy services he/she shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. Regardless of practice setting, a physical therapist has primary responsibility for the physical therapy care of a patient and shall make independent judgments regarding that care consistent with Accepted professional standards. 5

If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise or that indicate the need for care outside the scope of physical therapy, the physical therapist shall so inform the patient/client and shall refer the patient/client to an appropriate practitioner.

A physical therapist shall determine when a patient/client will no longer benefit from physical therapy services. When a physical therapist's judgment is that a patient will receive negligible benefit from physical therapy services, the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his/her employer. A physical therapist shall avoid overutilization of physical therapy services. See Principle 8C.

Supervision

Principle 3E states as follows:

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Interpretation: Principle 3E describes an additional circumstance in which sound professional judgment is required; namely, through the appropriate direction of and communication with physical therapist assistants and support personnel. Further information on supervision via applicable local, state, and federal laws and regulations (including state practice acts and administrative codes) is available. Information on supervision via APTA policies and resources is also available on the APTA Web site. See Principles 5A and 5B.

Integrity in Relationships

Principle 4 states as follows:

4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. (Core Value: Integrity)

Interpretation: Principle 4 addresses the need for integrity in relationships. This is not limited to relationships with patients/clients, but includes everyone physical therapists come into contact with professionally. For

example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one's role as a member of that team.

Reporting

Principle 4C states as follows:

4C. Physical therapists shall discourage misconduct by healthcare professionals and report illegal or unethical acts to the relevant authority, when appropriate.

Interpretation: When considering the application of "when appropriate" under Principle 4C, keep in mind that not all allegedly illegal or unethical acts should be reported immediately to an agency/authority. The determination of when to do so depends upon each situation's unique set of facts, applicable laws, regulations, and policies.

Depending upon those facts, it might be appropriate to communicate with the individuals involved. Consider whether the action has been corrected, and in that case, not reporting may be the most appropriate action. Note, however, that when an agency/authority does examine a potential ethical issue, fact finding will be its first step. The determination of ethicality requires an understanding of all of the relevant facts, but may still be subject to interpretation.

The EJC Opinion titled: Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

Exploitation

Principle 4E states as follows:

4E. Physical therapists shall not engage in any sexual relationship with any of their patient/clients, supervisees or students.

Interpretation: The statement is fairly clear – sexual relationships with their patients/clients, supervisees or students are prohibited. This component of Principle 4 is consistent with Principle 4B, which states:

Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g. patients/clients, students, supervisees, research participants, or employees).

Next, consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients/Former Patients:

A physical therapist stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist has natural feelings of attraction toward a patient, he/she must sublimate those feelings in order to avoid sexual exploitation of the patient.7

One's ethical decision making process should focus on whether the patient/client, supervisee or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient/client relationship ends. To this question, the EJC has opined as follows:

The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.

The Committee imagines that in some cases a romantic/sexual relationship would not offend ... if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

Colleague Impairment

Principle 5D and 5E state as follows:

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional

responsibilities with reasonable skill and safety shall report the information to the appropriate authority.
Interpretation: The central tenet of Principles 5D and 5E is that inaction is not an option for a physical therapist when faced with the circumstances described. Principle 5D states that a physical therapist shall encourage colleagues to seek assistance or counsel while Principle 5E addresses reporting information to the appropriate authority.
5D and 5E both require a factual determination on your part. This may be challenging in the sense that you might not know or it might be difficult for you to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting his or her professional responsibilities.
Moreover, once you do make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance. However, the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a 8
colleague is unable to perform, whereas 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect his or her professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone is clearly unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom you report; it gives you discretion to determine the appropriate authority.
The EJC Opinion titled: Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

Professional Competence

Principle 6A states as follows:
6A. Physical therapists shall achieve and maintain professional competence.
Interpretation: 6A requires a physical therapist to maintain professional competence within one's scope of practice throughout one's career. Maintaining competence is an ongoing process of self-assessment, identification of strengths and weaknesses, acquisition of knowledge and skills based on that assessment, and reflection on and reassessment of performance, knowledge and skills. Numerous factors including practice setting, types of patients/clients, personal interests and the addition of new evidence to practice will influence the depth and breadth of professional competence in a given area of practice. Additional resources on Continuing Competence are available on the APTA Web site.

Professional Growth

Principle 6D states as follows:
6D. Physical therapists shall cultivate practice environments that support professional development, life-long learning, and excellence.
Interpretation: 6D elaborates on the physical therapist's obligations to foster an environment conducive to professional growth, even when not supported by the organization. The essential idea is that this is the physical therapist's responsibility, whether or not the employer provides support.

Charges and Coding

Principle 7E states as follows:
7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.9
Interpretation: Principle 7E provides that the physical therapist must make sure that the process of documentation and coding accurately captures the charges for services performed. In this context, where charges cannot be determined because of payment methodology, physical therapists may review the House of Delegates policy titled Professional Fees for Physical Therapy Services. Additional resources on

documentation and coding include the House of Delegates policy titled Documentation Authority for Physical Therapy Services and the Documentation and Coding and Billing information on the APTA Web site.

Pro Bono Services

Principle 8A states as follows:

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

Interpretation: The key word in Principle 8A is "or". If a physical therapist is unable to provide pro bono services he or she can fulfill ethical obligations by supporting organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured. In addition, physical therapists may review the House of Delegates guidelines titled Guidelines: Pro Bono Physical Therapy Services. Additional resources on pro bono physical therapy services are available on the APTA Web site.

8A also addresses supporting organizations to meet health needs. In terms of supporting organizations, the principle does not specify the type of support that is required. Physical therapists may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues.

Issued by the Ethics and Judicial Committee
American Physical Therapy Association
October 1981
Last Amended November 2010
Last Updated: 9/4/13

Appendix D
Student Demographic and Location Request Form
Student Information Form

LSU Health Sciences Center
School of Allied Health Professions
Department of Physical Therapy
New Orleans

Sample Student Demographic and Location Request Form

Student Name: _____Date:_____
Present Address:_____
_____
Email:_____
Phone: #1_____ #2_____

Permanent Address:_____
_____
Phone:_____

Emergency Contact Person, phone, and relation:
_____

Location Request: Please list the location(s) (city, region, etc.) that you would like to be placed in (most preferred location listed first):

Clinical Internship II_____
_____

Clinical Internship III_____
_____

Locations of prior clinical rotations/ setting:
Introduction to Clinical Practice_____
Clinical Experience_____
Clinical Internship I_____

Comments:_____
_____
_____

Student Information Form

Name: _____
Current Address/Phone: _____

_____

_____

_____

Permanent Address/Phone: _____

_____

_____

_____

Student Classification: (Please circle)

DPT I DPT II DPT III

Gender: M F

Emergency Contact (name, address, phone):

_____

_____

_____

Briefly describe any medical problems / conditions (past and present) which may affect your clinical performance.

_____

_____

_____

Health Insurance Carrier and policy date:

_____

_____

_____

Undergraduate School (location and degree):

_____

_____

_____

_____

Previous Clinical Affiliations (location and description of experiences gained):

_____

_____

_____

_____

_____

Clinical Interests and Future Goals:

_____

_____

_____

_____

_____

_____

_____

_____

Briefly describe your outside interests:

_____

_____

_____

_____

_____

_____

Briefly describe any relevant work experience (location, job title, and responsibilities):

_____

_____

_____

_____

_____

_____

_____

Student Information Form

Learning Style Preferences:

Check the response(s) that is most appropriate regarding your learning style:

When involved in a social situation, I am:
_____ Reserved.
_____ Outgoing.

During the clinical internship I would prefer:
_____ Daily meetings to discuss my progress.
_____ Weekly meetings to discuss my progress.
_____ A meeting at the midterm and final.
_____ No formal meetings.

If I perform a task incorrectly I would like to:
_____ Receive feedback immediately.
_____ Receive feedback at a later point in the day (not in the presence of the patient).
_____ Receive feedback during a scheduled weekly meeting only.
_____ Not receive any feedback at all and learn on my own by trial and error.

During any down time (free time) I would prefer to:
_____ Observe other PTs' treatments.
_____ Observe other disciplines' treatments (OT, ST, Resp. T, Rec. T, etc.).
_____ Observe medical procedures / surgeries.
_____ Work on gathering information for and planning a professional inservice.
_____ Be given assignments for performing literature reviews or research on a certain topic.

I would prefer to:
_____ Be told how tasks are expected to be performed.
_____ Be given choices of how I could perform tasks that are expected of me.
_____ Be allowed to perform the tasks that are expected of me how I would like to.

Specific Experience:

Describe your level of experience with all of the following listed diagnoses. For each diagnosis, list whether you have Observed(O), Evaluated(E), and/or Treated(T) patients with that particular diagnosis. Include whether or not you Need Experience(NE) treating patients with that diagnosis.
(Example: UE Amputation: O, T, NE)

1. Pediatric (acute/chronic): _____
2. Geriatrics: _____
3. Orthopedics: _____
   a. Total joint replacement: _____
   b. Soft tissue: _____
   c. LE injuries/surgeries: _____
   d. UE injuries/surgeries: _____
   e. Spinal dysfunction: _____
4. LE Amputee: _____
5. UE Amputee: _____
6. Wound care: _____
7. Burns: _____
8. Diabetic foot wounds: _____
9. Stroke: _____
10. Spinal cord injury: _____
11. Traumatic brain injury: _____
12. Neuromuscular disease: _____
13. Cardiac conditions: _____
14. Respiratory disease: _____
15. Psychiatric conditions: _____
16. Chronic pain: _____
17. Osteoarthritis: _____
18. Rheumatoid arthritis: _____
19. Other (specify): _____

_____

_____

Appendix E
Weekly Summary/ Planning Form
Clinical Affiliation Assessment / Summary Form
Anecdotal Form
Critical Incident Form
Clinical Performance Instrument
PT Student Evaluation Form

SAMPLE WEEKLY SUMMARY/PLANNING FORM

Student Name: _____ CI Name: _____
Date:_____ Week #: _____/_____

Summary of Previous Week:
(Progress, Feedback)

Student Remarks:

Clinical Instructor Remarks:

Goals for Upcoming Week:

1.

2.

3.

4.

Student Signature:_____ Date: _____
CI Signature: _____ Date: _____

[American Physical Therapy Association (2000). Physical Therapy Clinical Instructor Educator Credentialing Manual. APTA: Alexandria, VA.]

Sample Clinical Affiliation Assessment and Summary

Student Name: _____ CI Name: _____
Clinical site:_____

____Summary #1 (Week #2: Clinical Experience, Week #3: Clinical Internship I-III)
____Summary #2 (Week #6: Clinical Experience, Week #8: Clinical Internship I-III)

Self-assessment by Student:

List objectives and goals to be accomplished by the midterm or final period:

1.

2.

3.

Assessment by CI:

____Student is progressing above expectations.
___ Student is progressing as expected.
___ Student is progressing below expectations.

Please provide a short assessment of the student's performance:

Student Signature:_____ Date: _____
CI Signature: _____ Date: _____
** Email or fax to DCE at 504-568-6552 by the end of the week.

SAMPLE ANECDOTAL RECORD

Student's Name: _____ Date: _____

Evaluator / Observer: _____

Setting: (place, persons involved, atmosphere, etc.)

Student Action or Behavior:

Evaluator Interpretation:

Student's Signature: _____ Date: _____

CI's Signature: _____ Date: _____

Student's Comments:

[American Physical Therapy Association (2000). Physical Therapy Clinical Instructor Educator Credentialing Manual. APTA: Alexandria, VA.]

SAMPLE CRITICAL INCIDENT REPORT

Directions: Record each entry clearly and concisely without reflecting any biases. **Student's name**: **Evaluator/Observer**:			
Date (time)	Antecedents	Behaviors	Consequences
Student's Initials: Evaluator Initials:			
Student's Initials: Evaluator Initials:			
Student's Initials: Evaluator Initials			
Student's signature: **Evaluator's signature**:			

[American Physical Therapy Association (2000). Physical Therapy Clinical Instructor Educator Credentialing Manual. APTA: Alexandria, VA.]

Clinical Education Visit or Phone Conference

Date: _____ Student: _____
Site: _____
Clinical Instructor(s): _____

1. Type of visit: ___ Site ___Phone ____Other:

2. Clinical Rotation:
   ___ Clinical Experience ___ Clinical Internship I
   ___ Clinical Internship II ___ Clinical Internship III

3. Week of clinical rotation:
   ___Week 1 ___Week 2 ___Week 3 ___Week 4 ___Week 5
   ___Week 6 ___Week7 ___Week 8 ___Week 9 ___Week 10

4. Topics discussed with student:
   ___Objectives ___Rapport with clinical instructor
   ___Clinical instructor's teaching methods
   ___Level of supervision ___Caseload
   Comments:

5. Topics discussed with clinical instructor(s):
   ___Student's strengths_____
   ___Student's weaknesses_____
   ___Areas for improvement and plan_____
   _____
   ___Caseload: diagnoses_____
   ___Learning opportunities (clinics, rounds, staffing, surgeries, etc.)
   ___Assignment_____
   ___Clinical Performance Instrument (CPI)__completed___not completed
   ___Will the student meet the course objectives___yes___no
   ___Facility/clinic expectations and/or requirements
   Comments:

6. Educated clinical instructor(s) and/or SCCE on the following topics:
   ___ Course syllabus/objectives ___ Curriculum _____Continuing Education opportunities
   ___Clinical Performance Instrument ___Student expectations
   ___Clinical education ___CI credentialing course _____Clinical Educator development

   Student signature_____ **CI signature**_____
   DCE or Faculty signature_____

Revised Clinical Performance Instruments: PT CPI v.3.0 and PTA CPI v.3.0

Preliminary information for PT CPI and PTA CPI subscribers to assist with the transition to the revised tools.

In 2022, APTA made the decision to invest in the psychometric review of the PT and PTA CPIs to align the content and scoring model to best practices in 2023. That work was completed in partnership with Human Resources Research Organization (HumRRO) in November 2022. APTA is currently working with its new technology vendor, Competency.AI, to have these tools available for use in an electronic, mobile friendly platform.

APTA is aware that academic programs and clinical sites need to be able to review the revised proficiency domains, behaviorally anchored rating scales, and rater instructions for the revised tools ahead of their launch on the technology platform. This information is being provided to assist users prepare for the transition. **Note:** These sample paper versions of the revised tools do not include the fields for critical incident, narrative comments, and other features.

Content in the PT CPI tool is copyrighted to APTA. Academic and clinical institutions may review and share this information within their own programs/sites as necessary; however, the contents of this tool may not be reproduced or redistributed beyond the scope of a review without prior written approval from APTA.

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Revised Uses of the CPIs

Formative Uses (Low-Stakes)

Providing a checkpoint for the student's progress during their clinical experience while helping to identify deficits and areas for growth in the student's performance and/or skills: DCEs use performance ratings and comments on the midterm evaluation to determine if the student is on track to pass their clinical experience. Additionally, DCEs examine changes in ratings and feedback from the student's midterm evaluation to their final evaluation. If the CPI indicates gaps in the student's clinical performance, then the DCE and CI use that information to determine what types of additional support are necessary to help the student. The final CPI evaluation serves as a "mentoring guide" or tool for professional development before the student moves on to their next clinical experience.

When using the CPIs for this purpose, key stakeholders should take into consideration that CPI ratings are only completed at two points during the student's clinical experience (midterm and final); thus, the CPI does not serve as a tool to help *continuously* monitor the student's progress throughout their clinical experience. Moreover, CPI ratings should be based on where the student is at when the CPI is completed, not based on where they were in the weeks prior to the evaluation.

Facilitating the student's self-assessment of their clinical performance: The CPI serves as a tool to help students engage in self-assessment of their clinical performance at the midpoint and end of their clinical experiences. One useful feature of the CPIs is the sample behaviors embedded throughout the instruments. These sample behaviors provided in the CPI help guide students in creating thoughtful written comments. Ultimately, DCEs and CIs will work with students to guide and support students who rate themselves on the lower end or who rate themselves much higher than the ratings provided by their CI.

When using the CPIs for this purpose, key stakeholders should take into consideration that the length of the CPI could lead to limited written feedback from students. Thus, limited written comments from the student should not always be interpreted as lower levels of self-reflection. Further, the CPI provides only one checkpoint for students to complete a self-assessment; however, students should engage in self-assessment of their clinical performance on an ongoing basis.

Identifying areas of discordance in evaluation and/or expectations between the CI and the student: The CPI reinforces communication between the students and their instructors and provides insight into whether more frequent communication is needed. If the CI observes lower ratings from the student, they can work with the student to help instill confidence in the student. If necessary, CIs can provide the DCE with additional feedback on the student's performance in the form as an addendum to the original CPI after meeting with the student to discuss their ratings.

When using the CPIs for this purpose, key stakeholders should take into consideration that completing the CPI is already a large time commitment for the CI and asking the CI to meet again with the student to discuss their ratings adds to this time commitment. Key stakeholders should also keep in mind that allowing the CI and student to view each other's ratings and feedback before the CI and student have both signed off on their CPIs could sway the other's ratings.

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Summative Use (High-Stakes)

Guiding the DCE's decision on the student's pass-fail status for their clinical experience: The CPI is used to provide data on a PT or PTA student's performance during their clinical experience. There are thresholds or criteria for the CPI performance ratings to help DCE's determine a student's pass-fail status for their clinical experience. DCEs also use the written comments from the CPI to support their decisions for whether a student passes or fails their clinical experience. Overall, key stakeholders described the CPI as most useful for determining readiness to enter practice when the student is participating in a clinical experience at the end of their clinical education program (i.e., a terminal clinical).

When using the CPIs for this purpose, key stakeholders should take into consideration that the CPI is only one piece of information that is used to determine a student's pass-fail status. Additionally, ratings and rating methods tend to be inconsistent across CIs due to differing interpretations of the rating scales. For example, CPI ratings are dependent on the CI's ability to conceptualize entry-level, especially if the CI is in a specialty setting (e.g., level-one trauma, pediatrics). Entry-level ratings should be based on readiness to practice in a *general* clinical setting, not readiness to practice in a *specific* specialty clinical setting. CIs may also interpret entry-level as practicing at the level the CI is currently at rather than at the level the CI was at when they first started practicing.

Inappropriate Uses of the CPIs

Standards 4.1 and 6.10 of the AERA/APA/NCME standards establish the need for test developers to identify potential limitations and inappropriate uses of test results to avoid misinterpretation and misuse of test scores by test users (AERA, APA, NCME, 2014). During our interviews, the key stakeholders identified the following for which the CPI should *not* be used. During the focus group workshops, we asked key stakeholders to confirm that each of the uses listed below were inappropriate. Group discussions were guided by the following questions:

- *Do you feel this an inappropriate use for the CPIs? Why or why not?*
- *Would this be an inappropriate use for all CPI users or for a specific group?*

In the end, each of the initial inappropriate uses for the PTA and PT CPIs were confirmed as being inappropriate during the focus group workshops. We provide further details on each use below.

Determining if a student is ready to sit for the Board exam: The CPI is more performance based while the Board exam is more knowledge based. Additionally, the CPI does not touch on didactic knowledge as it is not the intent of the tool. Overall, there are other academic factors that likely serve as more appropriate indicators to determine if a student is prepared for the Board exam.

Making comparisons about the relative effectiveness of education programs: The CPI should not be used to make judgments on the overall effectiveness of education programs, nor to compare the relative effectiveness of various education programs because the CPI does not account for differences in program design (e.g., the duration of the clinical experience, sequencing of clinical experiences). Key stakeholders stated that more breadth is necessary in comparing clinical education programs, not just the CPI; that's only one "piece of the puzzle."

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As the single deciding factor for whether a student should be recommended for removal from their PT/PTA program: The red flag indicator in the CPI serves as a method of notifying the DCE of any immediate problems with the student's behavior or performance; however, the CI and DCE typically discuss any major concerns before using the red flag system is necessary. Key stakeholders described information from the CPI as a "consideration" but not a determining factor and stated that DCEs should not use the CPI as the only data point in making decision on a student's status. It should be used in combination with other data points. Despite this, the CPI provides a source of documentation and rationale for issues such as unethical or unprofessional behavior and safety concerns.

Final PT CPI BARS[1]

Rating Instructions

The key to accurately evaluating the student you are rating is to match their typical behaviors in the clinical setting to the descriptions in the rating scales. Four pieces of information are provided for each performance criterion: (1) a description of the performance criterion, (2) statements or "anchors" that describe the six performance levels (**Beginning Performance**, **Advanced Beginner**, **Intermediate Performance**, **Advanced Intermediate Performance**, **Entry-Level Performance**, and **Beyond Entry-Level Performance**), (3) percentage ranges for the student's level of required clinical supervision and caseload (except for the 'Professionalism' domain where these benchmarks are less applicable), and (4) example behaviors that further clarify the performance levels. **It is critical to rely on these descriptors while making your ratings. Doing so will help to ensure that all students within and across programs are assessed using the same standards.**

When making your ratings, think about all aspects of the student's clinical behavior during their current clinical placement. Then, find the example behaviors that best represent the student's typical clinical behavior or performance. For each performance criterion, example behaviors span across two performance levels (Beginning Performance – Advanced Beginner; Intermediate Performance – Advanced Intermediate Performance; Entry-Level Performance – Beyond Entry-Level Performance). Please remember that the example behaviors are provided to illustrate the types of behaviors associated with different levels of performance. **Not all example behaviors may be relevant to the student you are rating, and they are not intended to be an exhaustive list of behaviors** representative of all performance at that level. Rather, they are provided as examples of the types of behaviors that constitute different performance levels for each criterion.

When deciding between performance levels, consider where **(a) the student's level of supervision and caseload falls on the rating scale** and **(b) the majority of the behaviors that best represent the student's performance fall on the rating scale**. If the student's clinical performance spans multiple performance levels, **consider where there is a preponderance of evidence and make your rating at that level.**

Finally, when making your ratings, it is important to remember the following:

- **Do not compare the student you are rating to other students.** Each student's effectiveness should be determined by comparing their clinical behavior to the standards provided on the rating scales, and ***not*** by comparing them to others. In other words, you should make ***absolute*** rating judgments (e.g., comparing students to a specific, common standard), not ***relative*** rating judgments (i.e., comparing students to each other).

- **Do not allow your general impression of a student to influence your ratings of the separate performance criteria.** Rather, you should focus on one performance criterion at a time, not letting the student's overall clinical performance or the ratings you have given that student on other performance criteria affect your current performance criterion rating.

- Lastly, remember that every student has strengths and areas for development. Your ratings should clearly reflect the student's strengths and less effective clinical behaviors, as appropriate.

[1] While not reflected in the pages that follow, the stakeholders advised that a checkbox be included to denote any safety violations.

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Professionalism: Ethical Practice

Description: *Practices according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Sample Behaviors (NOT an exhaustive list)	• Acknowledges that there are ethical practice standards by which they should abide. • Identifies obvious unethical behaviors that occur in the clinical setting. • Identifies, acknowledges, and accepts responsibility for their actions. • Maintains patient/client confidentiality. • Engages in a polite and respectful manner with patients/clients and colleagues.		• Articulates most of the policies and procedures of their clinical practice setting (e.g., OSHA, HIPAA). • Articulates most of the elements of the Code of Ethics for the Physical Therapist. • Reports clinical errors without prompting from the CI. • Gathers objective information to support questions regarding any potentially unethical behaviors observed in the clinical setting. • Seeks advice from CI on how to address potentially unethical behaviors observed in the clinical setting. • Seeks assistance with executing plans for addressing unethical behaviors. • Devotes appropriate time and effort to meet patient/client needs; does not rush treatment session or intervention.		• Abides by the policies and procedures of the clinical practice setting (e.g., OSHA, HIPAA). • Adheres to the elements of the Code of Ethics for the Physical Therapist. • Consistently identifies unethical behaviors. • Uses resources (e.g., hospital ethics committee) for addressing and resolving ethical conflicts. • Recognizes the need and advocates for physical therapy services to underserved and underrepresented patient/client populations. • Strives to provide patient/client services that go beyond expected standards of practice. • Sets an example for other healthcare providers in their daily actions.	

Professionalism: Legal Practice

Description: *Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Sample Behaviors (NOT an exhaustive list)	• Acknowledges that there are legal and professional practice standards by which they should abide. • Identifies obvious violations of legal and professional practice standards performed by others in the clinical setting. • Adheres to patient/client privacy laws and practice standards (e.g., keeps patient/client documentation systems out of line of sight of others, speaks in a low volume when discussing a patient's/client's case). • Discusses patient/client information only with others involved with that patient's/client's care. • Identifies cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care).		• Articulates most of the legal and professional practice standards related to patient/client care, including federal, state, and institutional regulations. • Gathers some objective information to support questions regarding perceived illegal activity observed in the clinical practice setting. • Reports clinical errors without prompting from CI. • Seeks advice from CI on how to address violations of legal and professional practice standards observed in the clinical setting. • Seeks appropriate sources to report any perceived violations of legal and professional practice standards observed in the clinical setting.		• Practices according to legal and professional standards, including federal, state, and institutional regulations related to patient/client care. • Readily identifies violations of legal and professional practice standards. • Gathers objective information to support any questions regarding perceived illegal activity observed in the clinical practice setting. • Answers any questions to support reports of perceived illegal or unprofessional behavior. • Articulates and resolves cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). • Sets an example for other healthcare providers in their daily actions.	

Not for Reproduction

Professionalism: Professional Growth

Description: *Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Sample Behaviors (NOT an exhaustive list)	• Seeks guidance from CI for steps to improve their clinical performance and/or clinical practice knowledge. • Participates in planning to improve clinical performance and/or clinical practice knowledge. • Develops and prioritizes several short- and long-term goals for improving their clinical practice skills. • Takes initiative to communicate their clinical practice goals and learning needs to the CI. • Accepts feedback without defensiveness.		• Identifies areas of strength and areas for growth in an effort to improve their clinical performance and/or clinical practice knowledge. • Identifies educational opportunities and resources that are relevant to their clinical setting. • Researches diagnoses and treatments encountered in the clinic that are unfamiliar. • Revises previously established short- and long-term goals for improving clinical practice skills after participating in additional educational opportunities. • Implements new information in the clinical setting and reflects on effectiveness of different interventions. • Provides effective feedback to CI related to clinical mentoring to advocate for their own learning needs.		• Self-assesses their clinical performance in an effort to improve patient/client care. • Seeks out evidence-based research. • Recognizes when referral to or consultation with individuals with greater experience/expertise is warranted in order to meet the patient's/client's needs. • Participates in discussions with colleagues to foster their own professional growth or aide in the professional growth of their colleagues. • Demonstrates the ability to effectively teach and/or share their professional knowledge. • Shares articles or information with their colleagues for educational purposes within their areas of interest or within the needs of the patient/client population. • Participates in the development of continuing education opportunities for the institution or on a local or national level. • Seeks out additional opportunities to improve knowledge and skills that are beyond the day-to-day clinical practice expectations.	

Interpersonal: Communication

Description: *Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., interpreters) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	**A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.**		**A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.**		**A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.**	
Sample Behaviors (NOT an exhaustive list)	• Introduces self and the role of PT to the patient/client. • Demonstrates basic proficiency in identifying barriers to effective communication with patient/client and/or their caregiver(s) (e.g., hearing impairment, aphasia, low vision, low health literacy). • Typically demonstrates effective verbal and non-verbal communication with patients/clients in non-complex situations. • Demonstrates basic proficiency in communicating appropriately with other healthcare providers. • Identifies the patient's/client's preferred communication style and uses their preferred communication style throughout most of the episode of care. • Accesses and begins using translation services with assistance. • Discusses patient/client status with other healthcare providers. • Differentiates between technical and layman terminology. • Typically exhibits active listening for improved understanding.		• Distinguishes between effective and ineffective verbal and non-verbal communication with the patient/client. • Uses appropriate translation services as needed (e.g., interpreter, sign language). • Typically refrains from using technical jargon with the patient/client. • Communicates with other clinicians regarding patient/client care in order to facilitate a continuum of care between clinicians/disciplines. • Asks the patient/client pertinent questions related to their medical history and medical screening to gain information during the episode of care. • Asks the patient/client appropriate follow-up questions throughout the episode of care to clarify and understand the patient's/client's responses.		• Demonstrates effective verbal and non-verbal communication with patients/clients in complex situations. • Recognizes when communication is ineffective and seeks external assistance for mediation as needed. • Demonstrates effective communication with patients/clients in difficult situations (e.g., difficult topics, emotional situations) with respect and empathy in order to meet patient's/client's goals. • Establishes rapport and trust with patient/client and caregiver(s) through effective communication. • Facilitates ongoing communication with physical therapist assistants and the intra/interprofessional teams regarding patient/client care. • Provides constructive feedback to others on effective verbal and non-verbal communication, when appropriate. • Diffuses or redirects situations of potential conflict.	

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Interpersonal: Inclusivity

Description: *Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	**A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.**		**A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.**		**A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.**	
Sample Behaviors (NOT an exhaustive list)	• Typically demonstrates respect for diversity and inclusivity regardless of age, disability, ethnicity, gender identity, race, sexual orientation, etc. • Displays empathy in most patient/client interactions. • Identifies some individual or cultural differences that may be impactful to the patient/client. • Demonstrates a general understanding of the patient's/client's background and is respectful regardless of their background. • Asks the patient/client some questions to improve understanding of cultural group differences (e.g., homeless, mental health, individuals who are incarcerated). • Responds professionally to patients/clients with conflicting values.		• Seeks additional information on patient/client populations with cultural differences with which they may be less familiar. • Reflects on and identifies personal biases. • Seeks out resources to manage personal biases. • Recognizes socioeconomic, psychological, and economical influences that might impact care and identifies possible avenues to address these concerns.		• Provides patient/client care that does not vary in quality based on the patient's/client's personal characteristics, including age, disability, ethnicity, gender identity, race, sexual orientation, etc. • Assesses, reflects, and manages own biases, on an ongoing basis so that they do not interfere with the delivery of patient/client care. • Demonstrates sufficient knowledge of various cultures and backgrounds in order to effectively treat and provide equitable patient/client care. • Identifies when equitable care is not being provided to a patient/client and takes steps to correct their course of care. • Advocates for their patients/clients in order for them to receive the appropriate course of care needed to address their physical therapy needs. • Advocates for patient/client populations on a local or national level.	

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Technical/Procedural: Clinical Reasoning

Description: *Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	**A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.**		**A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.**		**A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.**	
Sample Behaviors (NOT an exhaustive list)	• Performs chart review with assistance to determine a patient's/client's continued appropriateness for services. • Identifies appropriate medical history and screening questions with assistance to ensure patient/client safety during the episode of care. • Works with the CI to identify patient/client impairments, activity limitations, and participation restrictions. • Selects basic therapeutic interventions that address the patient's/client's functional limitations. • Explains their rationale for treatment choices according to the level of the experience and the didactic material covered up to that point. • Articulates clinical thought processes using the International Classification of Functioning, Disability, and Health (ICF) model. • Identifies all red flags that contraindicate treatment. • Recognizes the need for clarification and seeks assistance from the CI as appropriate.		• Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for non-complex cases to guide medical screening. • Makes sound clinical decisions during treatment interventions when managing patients/clients with non-complex disorders. • Identifies progression and regression situations. • Uses hypothetico-deductive reasoning to talk through a patient/client case with the CI. • Verbalizes rationale to support specific interventions. • Demonstrates the ability to use pattern recognition to apply to patient/client cases. • Recognizes when a CI needs to be notified based on a patient's/client's progress or reaction to care.		• Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for complex cases to guide medical screening. • Makes sound clinical decisions during treatment interventions when managing patients/clients with complex disorders. • Identifies diverse interventions to progress or regress the patient's/client's plan of care. • Acknowledges ineffectiveness of chosen interventions based on reflection. • Articulates alternative options to provide effective patient/client care. • Articulates the benefits and challenges of various treatment options. • Provides suggestions to CI regarding changes in the plan of care citing evidence-based resources. • Utilizes ongoing professional development and scholarly resources to make clinical decisions.	

Do Not Reproduce

Technical/Procedural: Examination, Evaluation, and Diagnosis

Description: *Performs evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	**A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.**		**A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.**		**A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.**	
Sample Behaviors (NOT an exhaustive list)	• Performs a comprehensive chart review for non-complex cases. • Identifies appropriate subjective history questions, screening considerations, and basic objective tests and measures with assistance for non-complex cases. • Performs an initial examination, including subjective history taking, previous medical history screening, and objective tests and measures with assistance for non-complex cases. • Discusses anatomy as it relates to the patient's/client's condition(s).		• Performs a comprehensive chart review for complex cases. • Uses subjective and objective data from examinations to develop a physical therapy diagnosis for non-complex cases. • Sets appropriate short- and long-term goals for identified and/or anticipated deficits in non-complex cases. • Performs re-examinations, including subjective history and objective tests and measures for non-complex cases. • Develops differential diagnosis options for non-complex cases. • Identifies limiting factors in recovery. • Consistently makes appropriate patient/client discharge recommendations for non-complex cases. • Seeks guidance from other healthcare providers when presented with ambiguous information.		• Performs initial examinations and re-examinations, including subjective history taking, previous medical history screening, and objective tests and measures for complex cases. • Sets appropriate short- and long-term goals for identified and/or anticipated deficits in complex cases. • Works through differential diagnoses within the examination/evaluation to arrive at 1-2 diagnoses for complex cases. • Uses evidenced-based practice to perform and synthesize findings from the initial examination or re-examination to determine appropriateness for treatment or referral. • Consistently makes appropriate patient/client discharge recommendations for complex cases. • Contacts outside providers in the process of handing off the patient/client at discharge.	

Do Not Reproduce

Technical/Procedural: Plan of Care and Case Management

Description: *Establishes a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	**A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.**		**A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.**		**A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.**	
Sample Behaviors (NOT an exhaustive list)	• Assists with developing a patient's/client's plan of care. • Develops patient-/client-centered goals. • Modifies goals based on the patient's/client's response to the treatment with assistance. • Typically includes the patient/client in the plan of care development, including goal setting. • Carries out an established plan of care that is safe, effective, and patient-/client-centered with assistance. • Answers most of the technical questions from the patient/client effectively for non-complex cases. • Assists with implementing use of routine outcome measures. • Assists with re-evaluations and discusses findings with the CI.		• Demonstrates understanding of prognosis and designs a plan of care with an appropriate timeline for the patient's/client's specific diagnosis. • Monitors and adjusts the plan of care using test and retest measures to determine the need for continued therapy services or discharge planning. • Recognizes the patient's/client's tolerance to an activity and progresses or regresses the intensity of the activity accordingly. • Suggests alternative interventions that are evidence-based and congruent with the plan of care. • Recognizes where further referral to or consultation with other specialties might be warranted. • Answers most of the technical questions from the patient/client effectively for complex cases.		• Progresses or regresses complex cases based on the patient's/client's reaction to the established plan of care. • Demonstrates creativity by implementing innovative evidence-based activities to progress the patient/client while still adhering to the established plan of care. • Communicates with other healthcare professionals on the status of the plan of care to ensure an appropriate discharge plan. • Follows up with patients/clients and/or caregivers post-discharge. • Utilizes all appropriate interprofessional team members to make clinical decisions regarding progression toward goals or discharge disposition.	

Do Not Reproduce

Technical/Procedural: Interventions and Education

Description: *Selects and performs appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	**A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.**		**A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.**		**A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.**	
Sample Behaviors (NOT an exhaustive list)	• Identifies established protocols to direct patient/client therapeutic interventions. • Identifies viable options for interventions with assistance to address objective and functional deficits. • Performs basic therapeutic interventions that address one or more problems in patient's/client's diagnosis. • Identifies the preferred learning style of the patient/client and adapts delivery of educational information to meet patient's/client's needs. • Identifies some of the potential barriers to learning and collaboratively works with the CI in order to brainstorm ways to facilitate learning.		• Performs appropriate interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) safely, competently, and efficiently for non-complex cases. • Delivers patient/client education using evidence-based decision making safely, competently, and efficiently for non-complex cases. • Adapts interventions based on patient/client response. • Educates the patient/client and/or caregiver(s) on anatomical rationale/reasoning component for the patient's/client's diagnosis for non-complex cases. • Assesses the patient's/client's and caregiver's understanding of educational information.		• Performs appropriate interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) safely, competently, and efficiently for complex cases. • Determines when interventions are ineffective and require modification using evidence-based decision making. • Delivers patient/client education using evidence-based decision making safely, competently, and efficiently for complex cases. • Educates patients/clients and caregivers on interventions for prevention (e.g., floor-to-sit transfers as part of a post-fall recovery strategy). • Educates the patient's/client's caregivers on directing therapeutic interventions for patient/client self-management at home or post-discharge. • Educates interprofessional team members on relevant topics by taking an active role in educational activities or in-service opportunities.	

Business: Documentation

Description: *Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	**A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.**		**A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.**		**A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.**	
Sample Behaviors (NOT an exhaustive list)	• Understands most of the components of documentation of an initial evaluation (e.g., SOAP). • Typically identifies the appropriate location within the documentation system for necessary components. • Assists with producing documentation with accurate information regarding the patient's/client's status, interventions, assessment, and plan of care. • Demonstrates awareness of the need for appropriate documentation as essential to the provision of care. • Submits documentation but takes considerable time and effort to do so.		• Produces documentation that includes changes in patient/client status, interventions, a thorough assessment of patient/client tolerance, and progression toward goals. • Produces documentation of the patient's/client's plan of care that is accurate and error-free. • Provides a rationale for patient/client progression and regression. • Submits and organizes documentation in a reasonably timely manner.		• Produces additional documentation to justify the need for ongoing services for the patient/client. • Includes comparison statements across time and across interventions/techniques in the assessment of the patient's/client's response to skilled therapy. • Provides documentation that supports external payer requirements. • Participates in quality improvement review of documentation (e.g., chart audit, peer review, goals achievement). • Submits and organizes documentation in a timely manner.	

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Business: Financial Management and Fiscal Responsibility

Description: *Identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	**A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.**		**A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.**		**A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.**	
Sample Behaviors (NOT an exhaustive list)	• Demonstrates a general understanding of billing practices according to legal/federal guidelines (e.g., Medicare 8-minute rule, current procedural terminology (CPT) codes, ICD-10 codes). • Recognizes and follows most of the legal guidelines of insurance regulations for their clinical setting. • Typically identifies the appropriate exercises and techniques that would fall under various CPT codes to ensure appropriate billing practices. • Typically identifies where to find billing information in the patient's/client's electronic medical record or chart. • Requires guidance from the CI related to time management. • Demonstrates understanding of the basic requirements of the facility for patient/client treatment time.		• Demonstrates understanding of the nuances of insurance (e.g., copay, co-insurance, out-of-pocket (OOP)) and the implications for the patient's/client's financial needs and concerns. • Typically identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient/client) and adjusts plan of care and schedule frequency to meet the patient's/client's needs and concerns. • Appropriately bills patient/client according to legal guidelines and insurance regulations. • Demonstrate appropriate time management with non-complex cases. • Assists with scheduling to maximize time spent with patient/client and directs care to other team members as appropriate. • Begins to broach the topic of the financial impact of care with patients/clients.		• Completes accurate, timely billing that is in accordance with each insurance agency's requirements. • Answers insurance questions from the patient/client. • Structures clinically appropriate treatment plan within patient/client payment restrictions to ensure adequate patient/client care. • Advocates for patient/client needs through communication with insurance companies and providers. • Demonstrates appropriate time management with complex cases. • Demonstrates awareness of clinical supplies and the impact on the utilization of financial resources of the organization. • Demonstrates awareness of equipment recommendations or continuum of care recommendations made for patient/client with regards to financial resources available to patient/client.	

Responsibility: Guiding and Coordinating Support Staff

Description: *Actively participates in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	**A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.**		**A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.**		**A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.**	
Sample Behaviors (NOT an exhaustive list)	• Articulates most of the laws/rules (organizational, state, and federal) related to delegation to support staff and licensed personnel (e.g., PTA). • Articulates most of the roles and responsibilities of those within the clinical setting. • Articulates who can best serve the patient/client in the clinical setting for the task at hand. • Communicates respectfully with support staff and licensed personnel (e.g., PTA). • Seeks feedback from support staff on patient/client progression.		• Begins to delegate tasks, as appropriate, and in compliance with organizational/state/federal law to support staff and licensed personnel (e.g., PTA). • Begins to identify changes that support staff may implement to address patient/client progression in their plan of care. • Participates in caseload discussions to ensure patient/client outcomes are progressing as expected. • Reviews documentation from support staff.		• Schedules patients/clients according to their plan of care. • Identifies patient/client complexity model of care when scheduling patients/clients with a PT vs. PTA. • Participates in caseload discussions with interprofessional colleagues about patient/client presentation, progression, and status to optimize patient/client outcomes. • Anticipates and plans for the need for support staff. • Supervises support staff and licensed personnel (e.g., PTA). • Monitors the outcomes of patients/clients receiving physical therapy services delivered by support staff and licensed personnel (e.g., PTA) and provides feedback on areas for improvement. • Develops and delivers support staff training to address the management of specific patient/client populations.	

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PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 12, 2003

APTA
American Physical Therapy Association

American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314

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PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name _____

Academic Institution _____

Name of Clinical Education Site _____

Address _____ City _____ State _____

Clinical Experience Number _____ Clinical Experience Dates _____

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements for clinical instructor qualifications for students supervised in this academic program. I understand that my personal information will not be available to students in our program files.

_____ _____
Student Name (Provide signature) Date

_____ _____
Primary Clinical Instructor Name (Print name) Date

_____
Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned _____
Highest degree earned _____ Degree area _____
Years experience as a CI _____
Years experience as a clinician_____
Areas of expertise _____
Clinical Certification, specify area _____
APTA Credentialed CI ☐Yes ☐No
Other CI Credential _____State ☐Yes ☐No
Professional organization memberships ☐APTA ☐Other _____

_____ _____
Additional Clinical Instructor Name (Print name) Date

_____
Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned _____
Highest degree earned _____Degree area_____
Years experience as a CI _____
Years experience as a clinician _____
Areas of expertise _____
Clinical Certification, specify area _____
APTA Credentialed CI ☐ Yes ☐ No
Other CI Credential _____State ☐ Yes ☐ No
Professional organization memberships ☐APTA ☐ Other _____

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site _____

   Address_____ City_____ State _____

2. Clinical Experience Number _____

3. Specify the number of weeks for each applicable clinical experience/rotation.

   _____ Acute Care/Inpatient Hospital Facility
   _____ Ambulatory Care/Outpatient
   _____ ECF/Nursing Home/SNF
   _____ Federal/State/County Health
   _____ Industrial/Occupational Health Facility
   _____ Private Practice
   _____ Rehabilitation/Sub-acute Rehabilitation
   _____ School/Preschool Program
   _____ Wellness/Prevention/Fitness Program
   _____ Other _____

Orientation

4. Did you receive information from the clinical facility prior to your arrival? ☐ Yes ☐ No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? ☐ Yes ☐ No

6. What else could have been provided during the orientation? _____

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:
1= Never 2 = Rarely 3 = Occasionally 4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

Diversity Of Case Mix	Rating	Patient Lifespan	Rating	Continuum Of Care	Rating
Musculoskeletal	0	0-12 years	0	Critical care, ICU, Acute	0
Neuromuscular	0	13-21 years	0	SNF/ECF/Sub-acute	0
Cardiopulmonary	0	22-65 years	0	Rehabilitation	0
Integumentary	0	over 65 years	0	Ambulatory/Outpatient	0
Other (GI, GU, Renal, Metabolic, Endocrine)	0			Home Health/Hospice	0
				Wellness/Fitness/Industry	0

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale.

Components Of Care	Rating	Components Of Care	Rating
Examination		Diagnosis	0
• Screening	0	Prognosis	0
• History taking	0	Plan of Care	0
• Systems review	0	Interventions	0
• Tests and measures	0	Outcomes Assessment	0
Evaluation	0		

9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	0
Providing effective role models for problem solving, communication, and teamwork.	0
Demonstrating high morale and harmonious working relationships.	0
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	0
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	0
Using evidence to support clinical practice.	0
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	0
Being involved in district, state, regional, and/or national professional activities.	0

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth? _____

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- ☐ Physical therapist students
- ☐ Physical therapist assistant students
- ☐ from other disciplines or service departments (Please specify _____)

12. Identify the ratio of students to CIs for your clinical experience:

- ☐ 1 student to 1 CI
- ☐ 1 student to greater than 1 CI
- ☐ 1 CI to greater than1 student; Describe _____

13. How did the clinical supervision ratio in Question #12 influence your learning experience? _____
14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

- ☐ Attended in-services/educational programs
- ☐ Presented an in-service
- ☐ Attended special clinics
- ☐ Attended team meetings/conferences/grand rounds
- ☐ Directed and supervised physical therapist assistants and other support personnel
- ☐ Observed surgery
- ☐ Participated in administrative and business practice management
- ☐ Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines) _____
- ☐ Participated in opportunities to provide consultation
- ☐ Participated in service learning
- ☐ Participated in wellness/health promotion/screening programs
- ☐ Performed systematic data collection as part of an investigative study
- ☐ Other; Please specify _____

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc. _____

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)

- ☐ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
- ☐ Time well spent; would recommend this clinical education site to another student.
- ☐ Some good learning experiences; student program needs further development.
- ☐ Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site? _____

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed. _____

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? _____

20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*? _____

21. What curricular suggestions do you have that would have prepared you better for *this clinical experience?* _____

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=*Strongly Disagree* 2=*Disagree* 3=*Neutral* 4=*Agree* 5=*Strongly Agree*

Provision of Clinical Instruction	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.	0	0
The clinical education site had written objectives for this learning experience.	0	0
The clinical education site's objectives for this learning experience were clearly communicated.	0	0
There was an opportunity for student input into the objectives for this learning experience.	0	0
The CI provided constructive feedback on student performance.	0	0
The CI provided timely feedback on student performance.	0	0
The CI demonstrated skill in active listening.	0	0
The CI provided clear and concise communication.	0	0
The CI communicated in an open and non-threatening manner.	0	0
The CI taught in an interactive manner that encouraged problem solving.	0	0
There was a clear understanding to whom you were directly responsible and accountable.	0	0
The supervising CI was accessible when needed.	0	0
The CI clearly explained your student responsibilities.	0	0
The CI provided responsibilities that were within your scope of knowledge and skills.	0	0
The CI facilitated patient-therapist and therapist-student relationships.	0	0
Time was available with the CI to discuss patient/client management.	0	0
The CI served as a positive role model in physical therapy practice.	0	0
The CI skillfully used the clinical environment for planned and unplanned learning experiences.	0	0
The CI integrated knowledge of various learning styles into student clinical teaching.	0	0
The CI made the formal evaluation process constructive.	0	0
The CI encouraged the student to self-assess.	0	0

23. Was your CI'(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation ☐ Yes ☐ No Final Evaluation ☐ Yes ☐ No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation _____

Final Evaluation _____

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments _____

Final Comments _____

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments _____

Final Comments _____

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.

Appendix F
New Affiliation Policy
New Affiliation Request Form
Contract
Clinical Site Information Form
Placement Request Form

DEVELOPMENT OF A NEW CLINICAL AFFILIATION

POLICY: A student, faculty member, or clinician may request that a clinical affiliation be developed at a new clinical facility.

PROCEDURE:

1. Students recommending the development of a new clinical affiliation must set up a meeting with the DCE and review the files (*Clinical Site Information Form* – CSIF) to determine if the site is new to the Department of Physical Therapy, School of Allied Health Professions. New means that SAHP does not have a contract with the facility, system, group of facilities, etc. If there is any confusion as to whether the proposed site already has a contract with SAHP-PT, the student should discuss the matter with the DCE prior to continuing with this process. The DCE will also contact the SAHP contract manager to inquire if a contract is in progress with this clinical site. The meeting and discussion takes place prior to any direct contact with the proposed clinical facility. The student will be provided with one of the following decisions:

    a. The SAHP-PT has an active clinical affiliation agreement with clinical site.
    b. The location and/or type of facility may not be appropriate for SAHP-PT program at this time.
    c. The student may contact the clinical site.

2. If the DCE has determined that the proposed facility will be a new affiliation site for SAHP-PT, a *Request for New Affiliation Form* will be sent to the contact person of the proposed clinical facility.

3. The *Request for New Affiliation Form* must be completed and returned to DCE within 2 weeks.

4. The DCE will evaluate the information on the *Request for New Affiliation Form* and will contact the potential clinical site. If the proposed facility is determined to meet the requirements of the Physical Therapy Education Program, the form will be sent to SAHP contract manager seeking a formal clinical affiliation agreement. The SAHP contract manager will complete all paperwork and send the clinical site a clinical affiliation agreement. After, the DCE will send the clinical site a CSIF to complete and the APTA SCCE Manual.

    Note: Efforts will be made to establish the new affiliation. There is no guarantee that the site will be available for the student during the affiliation period or the contract will be Accepted. Due to a variety of reasons, clinical facilities may be unable to develop a new affiliation.

5. If a new affiliation is established at the request of a student, the student will be assigned to the requested for an affiliation. Students must participate in an affiliation that was established at their request.

6. The DCE will maintain documentation on all meetings with students regarding the establishment of new affiliations.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF PHYSICAL THERAPY

NEW AFFILIATION REQUEST FORM

Name _____ **Date**_____

1. **Name and Address of Facility:**

   _____

   _____

   _____

2. **Phone and fax number:**

   _____

3. **Name of Clinical Coordinator:**

   _____

4. **Clinical Coordinator's phone number and email address:**

   _____

5. **Does the facility have a student program? Yes_____ No_____**

6. **How many employee are Physical Therapists?_____**
   Physical Therapists Assistants?_____
   Aides?_____

7. **What type of physical therapy services does this facility offer? Acute, Cardiopulmonary, Rehab, Outpatient, Pediatric, Industrial Rehab, Home Care, Skilled-Nursing, etc.**

   _____

   _____

8. **Does this facility take first time affiliating students? Yes_____ No_____**
9. **Does this facility have interest in taking more than one student? Yes_____ No_____**

10. **Does this facility offer free housing? Yes_____ No_____**

11. **Name of student making inquiry (if applicable), clinical rotation, and type of affiliation:**

    _____

CLINICAL SITE INFORMATION FORM (CSIF)

APTA Department of Physical Therapy Education

Revised January 2006

INTRODUCTION:

The primary purpose of the Clinical Site Information Form (CSIF) is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites to:

- Facilitate clinical site selection,
- Assist in student placements,
- Assess the learning experiences and clinical practice opportunities available to students; and
- Provide assistance with completion of documentation required for accreditation.

The CSIF is divided into two sections:

- Part I: Information for Academic Programs (pages 4-16)
  - Information About the Clinical Site (pages 4-6)
  - Information About the Clinical Teaching Faculty (pages 7-10)
  - Information About the Physical Therapy Service (pages 10-12)
  - Information About the Clinical Education Experience (pages 13-16)
- Part II: Information for Students (pages 17-20)

Duplication of requested information is kept to a minimum except when separation of Part I and Part II of the CSIF would omit critical information needed by both students and the academic program. The CSIF is also designed using a check-off format wherever possible to reduce the amount of time required for completion.



American Physical Therapy Association

Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314

DIRECTIONS FOR COMPLETION:

To complete the CSIF go to APTA's website at under **"Education Programs,"** click on "Clinical" and choose "Clinical Site Information Form." This document is available as a Word document.

1. **Save the CSIF on your computer** before entering your facility's information. The title should be the clinical site's zip code, clinical site's name, and the date (e.g., 90210BevHillsRehab10-26-2005). Using this format for titling the document allows the users to quickly identify the facility and most recent version of the CSIF from a folder. Saving the document will preserve the original copy on the disk or hard drive, allowing for ease in updating the document as changes in the clinical site information occurs.
2. **Complete the CSIF thoroughly and accurately.** Use the tab key or arrow keys to move to the desired blank space. The form is comprised of a series of tables to enable use of the tab key for quicker data entry. Use the Comment section to provide addition information as needed.
3. **Save the completed CSIF.**
4. **E-mail** the completed CSIF to each academic program with whom the clinic affiliates (accepts students).
5. In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, **e-mail** a copy of the completed CSIF Word document to the Department of Physical Therapy Education at kristinestoneley@apta.org.
6. **Update the CSIF on an annual basis** to assist in maintaining accurate and relevant information about your physical therapy service for academic programs, students, and the national database.

What should I do if my physical therapy service is associated with multiple satellite sites that also provide clinical learning experiences?

If your physical therapy service is associated with multiple satellite sites that offer a variety of clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, provide information regarding the primary clinical site for the clinical experience on ***page 4***. Complete ***page 4***, to provide essential information on all additional clinical sites or satellites associated with the primary clinical site. ***Please note that if the satellite site(s) offering a clinical experience differs from the primary clinical site, a separate CSIF must be completed for each satellite site. Additionally, if any of the satellite sites have a different CCCE, an abbreviated resume must be completed for each individual serving as CCCE.***

What should I do if specific items are not applicable to my clinical site or I need to further clarify a response?

If specific items on the CSIF do not apply to your clinical education site at the time you are completing the form, please leave the item(s) blank. Provide additional information and/or comments in the Comment box associated with the item.

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CLINICAL SITE INFORMATION FORM

Initial Date
Revision Date

Part I: Information For the Academic Program
Information About the Clinical Site – Primary

Person Completing CSIF					
E-mail address of person completing CSIF					
Name of Clinical Center					
Street Address					
City		State		Zip	
Facility Phone		Ext.			
PT Department Phone		Ext.			
PT Department Fax					
PT Department E-mail					
Clinical Center Web Address					
Director of Physical Therapy					
Director of Physical Therapy E-mail					
Center Coordinator of Clinical Education (CCCE) / Contact Person					
CCCE / Contact Person Phone					
CCCE / Contact Person E-mail					
APTA Credentialed Clinical Instructors (CI) (List name and credentials)					
Other Credentialed CIs (List name and credentials)					
Indicate which of the following are required by your facility prior to the clinical education experience:	☐ Proof of student health clearance ☐ Criminal background check ☐ Child clearance ☐ Drug screening ☐ First Aid and CPR ☐ HIPAA education ☐ OSHA education ☐ Other: Please list				

Information About Multi-Center Facilities

If your health care system or practice has multiple sites or clinical centers, complete the following table(s) for each of the sites. Where information is the same as the primary clinical site, indicate "SAME." If more than three sites, copy, and paste additional sections of this table before entering the requested information. Note that you must complete an abbreviated resume for each CCCE.

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone			Ext.		
PT Department Phone			Ext.		
Fax Number		Facility E-mail			
Director of Physical Therapy			E-mail		
CCCE			E-mail		

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone			Ext.		
PT Department Phone			Ext.		
Fax Number		Facility E-mail			
Director of Physical Therapy			E-mail		
CCCE			E-mail		

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone			Ext.		
PT Department Phone			Ext.		
Fax Number		Facility E-mail			
Director of Physical Therapy			E-mail		
CCCE			E-mail		

Clinical Site Accreditation/Ownership

Yes	No		Date of Last Accreditation/Certification
☐	☐	Is your clinical site certified/ accredited? If no, go to #3.	
		If yes, has your clinical site been certified/accredited by:	
☐	☐	JCAHO	
☐	☐	CARF	
☐	☐	Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
☐	☐	Other	
		Which of the following best describes the ownership category for your clinical site? (check all that apply) ☐ Corporate/Privately Owned ☐ Government Agency ☐ Hospital/Medical Center Owned ☐ Nonprofit Agency ☐ Physician/Physician Group Owned ☐ PT Owned ☐ PT/PTA Owned ☐ Other (please specify)	

Clinical Site Primary Classification

To complete this section, please:
A. Place the number 1 **(1)** beside the category that best describes how your facility functions the majority (≥ 50%) of the time. Click on the drop down box to the left to select the number 1.
B. Next, if appropriate, check (√) up to four additional categories that describe the other clinical centers associated with your facility.

☐	Acute Care/Inpatient Hospital Facility	☐	Industrial/Occupational Health Facility	☐	School/Preschool Program
☐	Ambulatory Care/Outpatient	☐	Multiple Level Medical Center	☐	Wellness/Prevention/Fitness Program
☐	ECF/Nursing Home/SNF	☐	Private Practice	☐	Other: Specify
☐	Federal/State/County Health	☐	Rehabilitation/Sub-acute Rehabilitation		

Clinical Site Location

Which of the following best describes your clinical site's location?

☐ Rural
☐ Suburban
☐ Urban

Information About the Clinical Teaching Faculty

ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION

Please update as each new CCCE assumes this position.

NAME:		**Length of time as the CCCE:**	
DATE: (mm/dd/yy)		**Length of time as a CI:**	
PRESENT POSITION: (Title, Name of Facility)		**Mark (X) all that apply:** ☐ **PT** ☐ **PTA** ☐ **Other, specify**	**Length of time in clinical practice:**
LICENSURE: (State/Numbers)	**APTA Credentialed CI** **Yes** ☐ **No** ☐	**Other CI Credentialing** **Yes** ☐ **No** ☐	
Eligible for Licensure: **Yes** ☐ **No** ☐		**Certified Clinical Specialist:** **Yes** ☐ **No** ☐	
Area of Clinical Specialization:			
Other credentials:			

SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (Start with most current): Tab to add additional rows.

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		

SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current): Tab to add additional rows.

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO

CONTINUING PROFESSIONAL PREPARATION RELATED DIRECTLY TO CLINICAL TEACHING RESPONSIBILITIES (for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the **last three (3) years**): Tab to add additional rows.

Course	Provider/Location	Date

CLINICAL INSTRUCTOR INFORMATION

Provide the following information on all PTs or PTAs employed at your clinical site who are **CIs. For clinical sites with multiple locations, use one form for each location and identify the location here.** Tab to add additional rows.

Name followed by credentials (e.g., Joe Therapist, DPT, OCS Jane Assistant, PTA, BS)	PT/PTA Program from Which CI Graduated	Year of Graduation	Highest Earned Physical Therapy Degree	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	List Certifications KEY: A = APTA credentialed. CI B = Other CI credentialing C = Cert. clinical specialist List others	APTA Member Yes/No	L= Licensed, Number E= Eligible T= Temporary	
								L/E/T Number	State of Licensure

Clinical Instructors

What criteria do you use to select clinical instructors? **(Mark (X) all that apply):**

☐	APTA Clinical Instructor Credentialing	☐	No criteria
☐	Career ladder opportunity	☐	Other (not APTA) clinical instructor credentialing
☐	Certification/training course	☐	Therapist initiative/volunteer
☐	Clinical competence	☐	Years of experience: Number:
☐	Delegated in job description	☐	Other (please specify):
☐	Demonstrated strength in clinical teaching		

How are clinical instructors trained? **(Mark (X) all that apply)**

☐	1:1 individual training (CCCE:CI)	☐	Continuing education by consortia
☐	Academic for-credit coursework	☐	No training
☐	APTA Clinical Instructor Education and Credentialing Program	☐	Other (not APTA) clinical instructor credentialing program
☐	Clinical center inservices	☐	Professional continuing education (e.g., chapter, CEU course)
☐	Continuing education by academic program	☐	Other (please specify):

Information About the Physical Therapy Service

Number of Inpatient Beds

For clinical sites with inpatient care, please provide the number of beds available in each of the subcategories listed below: (If this does not apply to your facility, please skip and move to the next table.)

Acute care		Psychiatric center	
Intensive care		Rehabilitation center	
Step down		Other specialty centers: Specify	
Subacute/transitional care unit			
Extended care		**Total Number of Beds**	

Number of Patients/Clients

Estimate the average number of patient/client visits **per day:**

INPATIENT		**OUTPATIENT**	
	Individual PT		Individual PT
	Student PT		Student PT
	Individual PTA		Individual PTA
	Student PTA		Student PTA
	PT/PTA Team		PT/PTA Team
	Total patient/client visits per day		**Total** patient/client visits per day

Patient/Client Lifespan and Continuum of Care

Indicate the frequency of time typically spent with patients/clients in each of the categories using the key below:
1=(0%) 2=(1-25%) 3=(26-50%) 4=(51-75%) 5=(76-100%)
Click on the gray bar under rating to select from the drop down box.

Rating	Patient Lifespan	Rating	Continuum of Care
	0-12 years		Critical care, ICU, acute
	13-21 years		SNF/ECF/sub-acute
	22-65 years		Rehabilitation
	Over 65 years		Ambulatory/outpatient
			Home health/hospice
			Wellness/fitness/industry

Patient/Client Diagnoses

1. Indicate the frequency of time typically spent with patients/clients in the primary diagnostic groups (bolded) using the key below:
   1 = (0%) 2 = (1-25%) 3 = (26-50%) 4 = (51-75%) 5 = (76-100%)
2. Check (√) those patient/client diagnostic sub-categories available to the student.

Click on the gray bar under rating to select from the drop down box.

(1-5)	**Musculoskeletal**		
☐	Acute injury	☐	Muscle disease/dysfunction
☐	Amputation	☐	Musculoskeletal degenerative disease
☐	Arthritis	☐	Orthopedic surgery
☐	Bone disease/dysfunction	☐	Other: (Specify)
☐	Connective tissue disease/dysfunction		
(1-5)	**Neuro-muscular**		
☐	Brain injury	☐	Peripheral nerve injury
☐	Cerebral vascular accident	☐	Spinal cord injury
☐	Chronic pain	☐	Vestibular disorder
☐	Congenital/developmental	☐	Other: (Specify)
☐	Neuromuscular degenerative disease		
(1-5)	**Cardiovascular-pulmonary**		
☐	Cardiac dysfunction/disease	☐	Peripheral vascular dysfunction/disease
☐	Fitness	☐	Other: (Specify)
☐	Lymphedema		
☐	Pulmonary dysfunction/disease		
(1-5)	**Integumentary**		
☐	Burns	☐	Other: (Specify)
☐	Open wounds		
☐	Scar formation		
(1-5)	**Other** (May cross a number of diagnostic groups)		
☐	Cognitive impairment	☐	Organ transplant
☐	General medical conditions	☐	Wellness/Prevention
☐	General surgery	☐	Other: (Specify)
☐	Oncologic conditions		

Hours of Operation
Facilities with multiple sites with different hours must complete this section for each clinical center.

Days of the Week	From: (a.m.)	To: (p.m.)	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Student Schedule
Indicate which of the following best describes the typical student work schedule:

- ☐ Standard 8 hour day
- ☐ Varied schedules

Describe the schedule(s) the student is expected to follow during the clinical experience:

Staffing
Indicate the number of full-time and part-time budgeted and filled positions:

	Full-time budgeted	Part-time budgeted	Current Staffing
PTs			
PTAs			
Aides/Techs			
Others: Specify			

Information About the Clinical Education Experience

Special Programs/Activities/Learning Opportunities

Please mark (X) all special programs/activities/learning opportunities available to students.

☐	Administration	☐	Industrial/ergonomic PT	☐	Quality Assurance/CQI/TQM
☐	Aquatic therapy	☐	Inservice training/lectures	☐	Radiology
☐	Athletic venue coverage	☐	Neonatal care	☐	Research experience
☐	Back school	☐	Nursing home/ECF/SNF	☐	Screening/prevention
☐	Biomechanics lab	☐	Orthotic/Prosthetic fabrication	☐	Sports physical therapy
☐	Cardiac rehabilitation	☐	Pain management program	☐	Surgery (observation)
☐	Community/re-entry activities	☐	Pediatric-general (emphasis on):	☐	Team meetings/rounds
☐	Critical care/intensive care	☐	Classroom consultation	☐	Vestibular rehab
☐	Departmental administration	☐	Developmental program	☐	Women's Health/OB-GYN
☐	Early intervention	☐	Cognitive impairment	☐	Work Hardening/conditioning
☐	Employee intervention	☐	Musculoskeletal	☐	Wound care
☐	Employee wellness program	☐	Neurological	☐	Other (specify below)
☐	Group programs/classes	☐	Prevention/wellness		
☐	Home health program	☐	Pulmonary rehabilitation		

Specialty Clinics

Please mark (X) all specialty clinics available as student learning experiences.

☐	Arthritis	☐	Orthopedic clinic	☐	Screening clinics
☐	Balance	☐	Pain clinic	☐	Developmental
☐	Feeding clinic	☐	Prosthetic/orthotic clinic	☐	Scoliosis
☐	Hand clinic	☐	Seating/mobility clinic	☐	Preparticipation sports
☐	Hemophilia clinic	☐	Sports medicine clinic	☐	Wellness
☐	Industry	☐	Women's health	☐	Other (specify below)
☐	Neurology clinic				

Health and Educational Providers at the Clinical Site

Please mark (X) all health care and educational providers at your clinical site students typically observe and/or with whom they interact.

☐	Administrators	☐	Massage therapists	☐	Speech/language pathologists
☐	Alternative therapies: List:	☐	Nurses	☐	Social workers
☐	Athletic trainers	☐	Occupational therapists	☐	Special education teachers
☐	Audiologists	☐	Physicians (list specialties)	☐	Students from other disciplines
☐	Dietitians	☐	Physician assistants	☐	Students from other physical therapy education programs
☐	Enterostomal /wound specialists	☐	Podiatrists	☐	Therapeutic recreation therapists
☐	Exercise physiologists	☐	Prosthetists /orthotists	☐	Vocational rehabilitation counselors
☐	Fitness professionals	☐	Psychologists	☐	Others (specify below)
☐	Health information technologists	☐	Respiratory therapists		

Affiliated PT and PTA Educational Programs
List all PT and PTA education programs with which you currently affiliate. Tab to add additional rows.

Program Name	City and State	PT	PTA
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
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		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Availability of the Clinical Education Experience

Indicate educational levels at which you accept PT and PTA students for clinical experiences **(Mark (X) all that apply).**

	Physical Therapist		Physical Therapist Assistant
	First experience: Check all that apply. ☐ Half days ☐ Full days ☐ Other: (Specify)		First experience: Check all that apply. ☐ Half days ☐ Full days ☐ Other: (Specify)
	Intermediate experiences: Check all that apply. ☐ Half days ☐ Full days ☐ Other: (Specify)		Intermediate experiences: Check all that apply. ☐ Half days ☐ Full days ☐ Other: (Specify)
	☐ Final experience		☐ Final experience
	☐ Internship (6 months or longer)		
	☐ Specialty experience		

	PT		PTA	
	From	To	From	To
Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.				
Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.				

	PT	PTA
Average number of PT and PTA students affiliating per year. Clarify if multiple sites.		

Yes	No		Comments
☐	☐	Is your clinical site willing to offer reasonable accommodations for students under ADA?	

What is the procedure for managing students whose performance is below expectations or unsafe?

Box will expand to accommodate response.

Answer if the clinical center employs only one PT or PTA.

Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.

Box will expand to accommodate response.

Clinical Site's Learning Objectives and Assessment

Yes	No	
☐	☐	1. Does your clinical site provide written clinical education objectives to students? If no, go to # 3.
		2. Do these objectives accommodate:
☐	☐	• The student's objectives?
☐	☐	• Students prepared at different levels within the academic curriculum?
☐	☐	• The academic program's objectives for specific learning experiences?
☐	☐	• Students with disabilities?
☐	☐	3. Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? **(Mark (X) all that apply)**

☐	Beginning of the clinical experience	☐	At mid-clinical experience
☐	Daily	☐	At end of clinical experience
☐	Weekly	☐	Other

Indicate which of the following methods are typically utilized to inform students about their clinical performance? **(Mark (X) all that apply)**

☐	Written and oral mid-evaluation	☐	Ongoing feedback throughout the clinical
☐	Written and oral summative final evaluation	☐	As per student request in addition to formal and ongoing written & oral feedback
☐	Student self-assessment throughout the clinical	☐	

OPTIONAL: Please feel free to use the space provided below to share additional information about your clinical site (eg, strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students [early, final]).

Box will expand to accommodate response.

Part II. Information for Students

Use the check (√) boxes provided for Yes/No responses. **For all other responses or to provide additional detail, please use the Comment box.**

Arranging the Experience

Yes	No		Comments
☐	☐	1. Do students need to contact the clinical site for specific work hours related to the clinical experience?	
☐	☐	2. Do students receive the same official holidays as staff?	
☐	☐	3. Does your clinical site require a student interview?	
		4. Indicate the time the student should report to the clinical site on the first day of the experience.	
☐	☐	5. Is a Mantoux TB test (PPD) required? a) one step_____ (√ check) b) two step_____ (√ check) If yes, within what time frame?	
☐	☐	6. Is a Rubella Titer Test or immunization required?	
☐	☐	7. Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:	
		8. How is this information communicated to the clinic? Provide fax number if required.	
		9. How current are student physical exam records required to be?	
☐	☐	10. Are any other health tests or immunizations required on-site? If yes, please specify:	
☐	☐	11. Is the student required to provide proof of OSHA training?	
☐	☐	12. Is the student required to provide proof of HIPAA training?	
☐	☐	13. Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.	
☐	☐	14. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
☐	☐	15. Is the student required to have proof of health insurance?	
☐	☐	16. Is emergency health care available for students?	
☐	☐	a) Is the student responsible for emergency health care costs?	
☐	☐	17. Is other non-emergency medical care available to students?	
☐	☐	18. Is the student required to be CPR certified? (Please note if a specific course is required).	

Yes	No		Comments
☐	☐	a) Can the student receive CPR certification while on-site?	
☐	☐	19. Is the student required to be certified in First Aid?	
☐	☐	a) Can the student receive First Aid certification on-site?	
☐	☐	20. Is a criminal background check required (e.g., Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.	
☐	☐	21. Is a child abuse clearance required?	
☐	☐	22. Is the student responsible for the cost or required clearances?	
☐	☐	23. Is the student required to submit to a drug test? If yes, please describe parameters.	
☐	☐	24. Is medical testing available on-site for students?	
		25. Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.)	

Housing

Yes	No		Comments
☐	☐	26. Is housing provided for male students? (If no, go to #32)	
☐	☐	27. Is housing provided for female students? (If no, go to #32)	
		28. What is the average cost of housing?	
		29. Description of the type of housing provided:	
		30. How far is the housing from the facility?	
		31. Person to contact to obtain/confirm housing:	
		Name:	
		Address:	
		City: / State: / Zip:	
		Phone: / E-mail:	

Yes	No		Comments
		32. If housing is **not** provided for either gender:	
☐	☐	a) Is there a contact person for information on housing in the area of the clinic? Please list contact person and phone #.	
☐	☐	b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.	

Transportation

Yes	No		Comments
☐	☐	33. Will a student need a car to complete the clinical experience?	
☐	☐	34. Is parking available at the clinical center?	
		a) What is the cost for parking?	
☐	☐	35. Is public transportation available?	
		36. How close is the nearest transportation (in miles) to your site?	
		a) Train station?	miles
		b) Subway station?	miles
		c) Bus station?	miles
		d) Airport?	miles
		37. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.	
		38. Please enclose a map of your facility, specifically the location of the department and parking. **Travel directions can be obtained from several travel directories on the internet.** (e.g., Google Maps, Yahoo, MapQuest, Expedia).	

Meals

Yes	No		Comments
☐	☐	39. Are meals available for students on-site? (If no, go to #40)	
		Breakfast (if yes, indicate approximate cost)	
		Lunch (if yes, indicate approximate cost)	
		Dinner (if yes, indicate approximate cost)	
☐	☐	40. Are facilities available for the storage and preparation of food?	

Stipend/Scholarship

Yes	No		Comments
☐	☐	41. Is a stipend/salary provided for students? If no, go to #43.	
		a) How much is the stipend/salary? ($ / week)	
☐	☐	42. Is this stipend/salary in lieu of meals or housing?	
		43. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?	

Special Information

Yes	No		Comments
☐	☐	44. Is there a facility/student dress code? If no, go to # 45. If yes, please describe or attach.	
		a) Specify dress code for men:	
		b) Specify dress code for women:	
☐	☐	45. Do you require a case study or inservice from all students (part-time and full-time)?	
☐	☐	46. Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?	
☐	☐	47. Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.	
☐	☐	48. Will the student have access to the Internet at the clinical site?	

Other Student Information

Yes	No			
☐	☐	49. Do you provide the student with an on-site orientation to your clinical site?		
(mark X below)		a) Please indicate the typical orientation content by marking an **X** by all items that are included.		
☐		Documentation/billing	☐	Review of goals/objectives of clinical experience
☐		Facility-wide or volunteer orientation	☐	Student expectations
☐		Learning style inventory	☐	Supplemental readings
☐		Patient information/assignments	☐	Tour of facility/department
☐		Policies and procedures (specifically outlined plan for emergency responses)	☐	Other (specify below – e.g., bloodborne pathogens, hazardous materials, etc.)
☐		Quality assurance		
☐		Reimbursement issues		
☐		Required assignments (e.g., case study, diary/log, inservice)		

In appreciation...

Many thanks for your time and cooperation in completing the CSIF and continuing to serve the physical therapy profession as clinical mentors and role models. Your contributions to learners' professional growth and development ensure that patients/clients today and tomorrow receive high-quality patient/client care services.

LSUHSC-NO PT Program
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Director of Clinical Education
1900 Gravier Street, 7D2
New Orleans, LA 70112 Phone- 504-568-4584 Fax 504-568-6552
Email:
hhoang@lsuhsc.edu

Facility Name_____ City_____ State_____

◯No Change In Contact Information CCCE_____

If you are accepting students in multiple settings, please write in the number next to the setting (ie Acute care 1, SNF 2 Total Students=3)

Clinical Experience Number	Notes from School	Dates	Number of Weeks	Setting (*Indicate a number next to the setting)*	Experience Type (*Circle all that apply)*	Total Number of Students
7280: Clinical Experience	1st year PT student	**Summer 2019** (May 20- July 12, 2019)	8	Acute Care Rehab SNF Home Health Outpatient Other_____	Orthopedic Cardiopulmonary Neuromuscular Pediatrics Integumentary Other_____	
7381: Clinical Internship I	2nd year PT student	**Summer 2019** (May 20- July 26, 2019)	10	Acute Care Rehab SNF Home Health Outpatient Other_____	Orthopedic Cardiopulmonary Neuromuscular Pediatrics Integumentary Other_____	
7382: Clinical Internship II	3rd year PT student	**Fall 2018** (October 1- December 6, 2018)	10	Acute Care Rehab SNF Home Health Outpatient Other_____	Orthopedic Cardiopulmonary Neuromuscular Pediatrics Integumentary Other_____	
7383: Clinical Internship III (Final Internship)	3rd year PT student	**Late Dec. 2018- Spring 2019** (December 26, 2018- March 5, 2019)	10	Acute Care Rehab SNF Home Health Outpatient Other_____	Orthopedic Cardiopulmonary Neuromuscular Pediatrics Integumentary Other_____	

◯Reserved for University Students ◯First Come- First Serve ◯Interview Required

◯ Application required
◯No opening contact us in the future ◯Contact us closer to the date ◯No openings do not contact us in future

CCCE (or person completing form)_____ Date_____

Complete and return via e-mail, hhoang@lsuhsc.edu, or fax 504-568-6552 to Ha Hoang by April 30, 2018

Appendix G

Bylaws and Regulations of the Board of Supervisors for Louisiana State University and Agricultural and Mechanical College http://www.lsuhsc.edu/administration/subscriptions/

LSU System Permanent Memoranda http://www.lsuhsc.edu/administration/pm/

LSUHSC-New Orleans Chancellor Memoranda http://www.lsuhsc.edu/administration/cm/

Office of Compliance Programs http://www.lsuhsc.edu/no/administration/ocp/

LSUHSC Calendar – PM 5: http://www.lsuhsc.edu/administration/pm/

SAHP Academic Calendar: http://alliedhealth.lsuhsc.edu/Admin/academicaffairs.aspx