CLINICAL EDUCATION MANUAL

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School of Physical Therapy
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Clinical Education

Students

Clinical Instructors/CCCE

DCE/Faculty
Clinical Education Manual

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Accreditation of the Belmont University Doctorate of Physical Therapy Program

The Doctorate of Physical Therapy Program at Belmont University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: http://www.capteonline.org. Accreditation has been awarded through 2016.

Physical Therapy Facilities

The Belmont University Doctorate of Physical Therapy Program is housed in McWhorter Hall on campus which includes five laboratories: Health and Wellness, Human Performance I, Human Performance II, Gross Motor Skills and Motion Analysis. The state of the art anatomy lab is located in the Facility Maintenance Services building. The university provides additional classrooms and laboratory space on campus that are utilized as needed.

School Phone Numbers

Program main number  615-460-6727
Program Assistant   615-460-6726
Director of Clinical Education  615-460-6725
FAX     615-460-6729

School of Physical Therapy Mission

The School of Physical Therapy mission is to prepare physical therapists to provide excellent, compassionate care through evidence-based, autonomous practice.

Graduates will be:
- practitioners of choice in the movement sciences
- prepared to assume leadership roles
- engaged in lifelong learning
- actively involved in the profession and community service

School of Physical Therapy Philosophy

The School philosophy conveys the faculty’s beliefs that graduates should be prepared to function as primary health care providers for persons with movement disorders, and to maximize the physical and psychological potential of individuals or groups through the demonstration and instruction of health promotion strategies. In order to competently assess and provide intervention for patients, graduates require an in-depth knowledge of the basic and applied sciences, need to possess critical thinking skills, and must be able to intellectually bridge theory with practice. Integration of the psychosocial, cultural and ethical elements of patient care is also essential. The faculty believes in the importance of creating an environment that is intellectually challenging, as well as one which offers unique opportunities for learning and collaboration.
School of Physical Therapy Goals and Objectives

Goals
The prioritized goals of the Belmont University Doctorate of Physical Therapy Program are to prepare physical therapists to:

1. practice as generalist physical therapists utilizing critical thinking and evidence-based practice to provide exceptional care guided by compassion and integrity.
2. serve as autonomous practitioners of choice for persons with conditions that affect movement, function, and health and wellness.
3. demonstrate life-long learning by:
   - having a professional development plan/self-assessment
   - critically evaluating professional behavior literature
   - identifying researchable problems
   - advocating and participating in research and program/outcomes assessment
4. be actively involved in the profession and community

Objectives
The objectives of the DPT program will prepare graduates to:

1. demonstrate mastery of entry-level clinical skills, including patient examination, evaluation, diagnosis, prognosis, intervention, reexamination, education/communication, outcomes, and prevention.
2. demonstrate in-depth knowledge of the basic and clinical sciences relevant to physical therapy and its application within professional clinical practice.
3. demonstrate professional and compassionate behaviors to all persons.
4. communicate verbally and non-verbally in a professional manner.
5. provide education to patients, caregivers, peers, students, other healthcare providers, and the community.
6. abide by relevant ethical codes and standards of practice guidelines.

School of Physical Therapy Curriculum and Teaching Philosophy

The faculty of the School of Physical Therapy has identified critical thinking, inquiry and ethical decision making as essential skills necessary for life-long professional practice. Many of the Program objectives, course objectives and learning experiences are designed to further develop these essential skills. It is also the opinion of the faculty that the best initial building block for development of these skills is a strong foundational knowledge of the basic sciences, coupled with an understanding of the theoretical concepts underlying physical therapy practice.

The curriculum is designed to teach the student that the achievement and maintenance of health is best promoted by the health care practitioner who possesses a thorough understanding of how the human body is designed and functions and who is then also able to communicate this information to diverse populations in a variety of settings. Acquisition of this knowledge and these skills is supported by a learning environment that is intellectually challenging, open to collective and independent learning opportunities, and experientially broad enough to encourage collaboration with peers, clients, family members and anyone else deemed appropriate within and external to the discipline of physical therapy. Students are taught that successful communication and collaboration requires not only factual knowledge, but
also the awareness and appreciation of various learning styles coupled with an understanding of individual- and population-specific social concepts, values and ethical behaviors. Additionally, each student is involved in a small group research project that culminates in a professional presentation of the scientific finding or scholarly work.

The curriculum design reflects a “building block design” where a foundation of basic science and applied clinical science serves as the “cornerstone” for further development of the clinical, social and behavioral sciences.

Faculty and Staff

School of Physical Therapy Faculty

Renee Brown, PT, PhD
Professor and Chair
Neuroscience, Neuromuscular Physical Therapy I and lab, Critical Inquiry III, Critical Inquiry IV, Critical Inquiry V

Gail Bursch, PT, MSEd, CWS
Associate Professor
Director of Clinical Education

Nancy Darr, PT, DSc, NCS
Professor
Neuromuscular Physical Therapy I and lab, Neuromuscular Physical Therapy II and lab (Pediatrics), Life Span Human Development, Critical Inquiry III, Critical Inquiry IV, Critical Inquiry V

Kathy Galloway, PT, DSc, ECS
Professor

Suzanne Greenwalt, PT, MS, CCS, GCS
Assistant Professor
Patient Care Skills, Clinical Experience I, Clinical Experience II, Life Span Human Development, Clinical Pathophysiology I, Clinical Pathophysiology III, Critical Inquiry III, Critical Inquiry IV, Critical Inquiry V

John S. Halle, PT, PhD, ECS
Professor
Human Anatomy and lab, Critical Inquiry II, Neuroscience, Critical Inquiry III, Critical Inquiry IV, Critical Inquiry V, Adjunct Professor of Cell Biology, Vanderbilt University School of Medicine

Cathy Hinton, PT, PhD
Professor
Patient Care Skills, Physical Therapy Foundations I and lab, Professional and Clinical Issues, Collaborative Teaching, Psychosocial Aspects of Health, Physical Therapy
Therapy Management and Strategic Planning, Critical Inquiry III, Critical Inquiry IV, Critical Inquiry V

Kevin Robinson, PT, DSc, OCS
Professor
Kinesiology/Biomechanics and lab, Musculoskeletal Physical Therapy I lab, Musculoskeletal Physical Therapy II and lab, Critical Inquiry III, Critical Inquiry IV, Critical Inquiry V

Patrick D. Sells, DA, ES
Associate Professor
Human Physiology, Critical Inquiry II lab, Health and Wellness, Cardiopulmonary Physical Therapy and lab, Critical Inquiry III, Critical Inquiry IV, Critical Inquiry V

Michael L. Voight, PT, DHSc, OCS, SCS, ATC, FAPTA
Professor
Musculoskeletal Physical Therapy I and lab, Musculoskeletal Physical Therapy II and lab, First Responder, Critical Inquiry III, Critical Inquiry IV, Critical Inquiry V

Christi Williams, PT, DPT, OCS, Cert MDT
Assistant Professor
Human Anatomy lab, Kinesiology/Biomechanics and lab, Clinical Experience I, Clinical Experience II, Clinical Pathophysiology II, Critical Inquiry III, Critical Inquiry IV, Critical Inquiry V

School of Physical Therapy Adjunct Faculty

Suzan Ali, PharmD, MBA
Pharmacotherapeutics

Lydia Bradford, PT, GCS
Patient Care Skills, Physical Therapy Foundations II and lab (Orthotics), Neuromuscular Physical Therapy I lab, Physical Therapy Practice I, Physical Therapy Practice IV

Carol Brophy, PT, JD
Ethics in Health Care

Ashley Campbell, PT, DPT
Musculoskeletal Physical Therapy I Lab, Musculoskeletal Physical Therapy II Lab

Dalley, Arthur F., PhD
Human Anatomy and lab

Lindsay Ison, PT, MS, OCS
Advanced Clinical Cases

Eric Kimsey, BOCP/L
Physical Therapy Foundations II and lab (Prosthetics)

Stephanie Miserocchi, PT, MHS
Cardiopulmonary Physical Therapy lab
Cathleen C. Pettepher, PhD  
Human Anatomy and lab

Danny Smith PT, DHSc, OCS, SCS, ATC  
First Responder

Cissy Voight, PT, MS, GCS, NCS  
Musculoskeletal Physical Therapy I Lab, Musculoskeletal Physical Therapy II Lab

Philip Wells, FACHE  
Health Care Systems

Sandra Zaccari, PT  
Neuromuscular Physical Therapy II lab (Pediatrics)

School of Physical Therapy Staff

Lucy Baltimore  
Program Assistant

Christina Twist  
Admissions Assistant

Addyson High  
Academic Support Assistant
## DOCTORATE OF PHYSICAL THERAPY CURRICULUM
### TOTAL HOURS = 133

### YEAR 1

#### Fall

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<tr>
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<td>Professional and Clinical Issues</td>
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<td>Life Span Human Development</td>
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<td>Kinesiology/Biomechanics</td>
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#### Spring

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### YEAR 3

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<td>Neuromuscular Physical Therapy II</td>
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<tr>
<td>PHT 5410</td>
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<td>Critical Inquiry V</td>
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<td>PHT 5580</td>
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#### Spring

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<td>COURSE</td>
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<td>YEAR 2</td>
<td>Clinical Experience 1</td>
<td>Practice of clinical skills learned in</td>
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<td>Patient Care Skills, Kinesiology,</td>
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<td></td>
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<td>Patient Care Skills, Kinesiology,</td>
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<td>Musculoskeletal PT 1 &amp; 2</td>
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<td>PT Practice 1</td>
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<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td>*All students must complete an</td>
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<tr>
<td></td>
<td>*Total weeks: 38</td>
<td>1) Acute/SNF; 2) Rehab/SNF/OP Neuro and</td>
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<td>3) Outpatient Ortho affiliation</td>
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<td>*At least one PT Practice must be outside of Middle TN</td>
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Revised 1/15
CLINICAL EDUCATION: POLICIES & PROCEDURES

The clinical education portion of the curriculum includes 38 weeks of clinical experience for the application of didactic knowledge and psychomotor skills in various clinical settings. There are two part-time clinicals: Clinical Experience I and II. Four long-term, 8-week affiliations are PT Practice I – IV; PT Practice I is an integrated clinical affiliation and PT Practice II – IV occur after all didactic coursework is complete. Refer to the Clinical Education Plan for the sequence of clinical experiences. Students are required to complete a long-term affiliation in each of the following settings:

1) Acute*
2) Rehabilitation*
   *Skilled nursing facility or subacute may be substituted for acute or rehabilitation, but not both. Outpatient neuro may be substituted for rehabilitation.
3) Outpatient ortho
4) Student's choice of repeating one of the above practice settings or a specialty area such as pediatrics, sports, women’s health, vestibular, wound care, industrial, aquatics, performing arts and hippotherapy.

The program requires that students complete at least one long-term PT Practice outside of middle Tennessee to enhance their education through exposure to different practice and reimbursement trends and various direct access regulations.

The strength of the physical therapy graduate depends upon the quality of the clinical education provided by the clinical instructors. Belmont University’s School of Physical Therapy values a collaborative relationship with our clinical sites.

Clinical Education Terminology

- **DCE**: Director of Clinical Education is the faculty member who establishes and maintains the necessary communication between the clinical site and the university. Also called the ACCE: Academic Coordinator of Clinical Education.
- **CCCE**: Center Coordinator of Clinical Education actively participates in the communication process between the clinical site and University, and coordinates the clinical education experience onsite for the student. The CCCE may assign the student to one or more clinical instructors.
- **CI**: Clinical Instructor has a minimum of one year of clinical experience and is responsible for direct instruction and supervision of the student.
- **CSIF**: Clinical Site Information Form is an APTA document that provides information about the clinical site. CSIFs are transitioning to online documents through Liaison International, the same company that manages the PT CPI Web.
- **CPI**: Clinical Performance Instrument is the evaluation tool of the student’s clinical performance, developed by the APTA. The instrument consists of 18 performance criteria for physical therapy students. The evaluation is entirely online as the PT CPI Web.

Assignment to Clinical Sites

Belmont University follows the national voluntary uniform mailing date policy as implemented by APTA’s Clinical Education Special Interest Group in December 1998. Therefore, all Site Availability Requests for the following calendar year will be sent out March 1st – 15th of the current year. Students choose their long-term clinical affiliations by September of the year.
prior to the affiliation. If a clinical slot is not chosen for a student placement, the CCCE will be notified as soon as possible.

For part-time (one day per week) Clinical Experiences I and II, the CCCE will be notified of student assignments at least four weeks before the start date. For PT Practice I - IV, the DCE will send a letter at least four months in advance to notify the clinical site of the student(s) assigned, the type of the affiliation, and the dates of the affiliation. A minimum of four weeks prior to the start of the PT Practice clinical affiliation, students will send a follow-up letter that includes personal contact information, types of past clinical experiences and work, and their professional goals related to the affiliation.

**Attendance**

Students are expected to participate in the clinical affiliation during the hours specified by the CCCE/CI. Students will follow the facility’s work schedule, not the University calendar. Questions about working holidays should be discussed with the CCCE/CI. Students should follow the facility’s procedure for notifying the CI about illness or any other absences.

**Excused absences** may include illness, family emergencies, professional activities or other unforeseen events. In the case of an excused absence for illness or emergencies, the student will contact his/her CI as soon as possible and no later than the beginning of the work. In addition, the student reports all absences to the DCE either by email or voice mail.

For PT Practice I – IV, makeup of one or two missed days will be at the discretion of the CCCE/CI. The missed days only apply to illness or other excused absences and should not be considered allowed ‘time off’ from the clinical affiliation. If necessary, missed days can be made up on weekends or as extra hours during a regular workday. In an extended absence of 3 or more days, or the occurrence of more than two excused absences, the student, CCCE/CI and DCE will negotiate a plan of making up the time missed. Depending on the extent of the absence, as well as the impact of the absence on clinical performance, the DCE will be responsible for deciding whether to require additional clinical experience beyond the 38 scheduled weeks.

**Unexcused absences** may be grounds for dismissal from the School of Physical Therapy.

**Behavior**

Students are representatives of the School of Physical Therapy, Belmont University and the profession of physical therapy and are expected to comply with the APTA Code of Ethics for the Physical Therapist. In addition, students are expected to interact with patients, caregivers, other health care professionals, students and community partners in a professional manner as outlined in the Professional Behaviors Criteria. All students are introduced to the Expectations of Professional Behavior at the start of the program.

**Confidentiality**

All students must comply with relevant state and federal confidentiality laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to the extent applicable. An integral part of the educational experience during clinical affiliations is having access to Personal Health Information (PHI) for patients. Students shall respect the confidential nature of all information to which they have access, including but not limited to: patients’ personal health information provided to them orally and contained in written or electronic medical
records. When using patients’ PHI for educational purposes in the classroom, students shall appropriately de-identify all information to remove any data that may be used to connect such information back to the patient to whom it relates.

To assure that confidentiality within the clinical settings is protected, students must be careful to monitor the parties with whom they discuss issues of a personal nature, and the environment in which the conversation is conducted. This includes information about patients, families, students, clinical instructors, and faculty. Public discussion of the clinical facility’s confidential business or marketing information is prohibited.

Development of Clinical Faculty

Belmont University provides opportunities for continuing education for the clinical instructors which may include clinical, research, and clinical education topics. Clinical instructors are also invited to attend classes that are offered in the School of Physical Therapy with prior approval by the course instructor.

As a thank you to our clinical sites for the support given to our program, we offer a continuing education coupon worth $50 (Belmont Buck) to the CCCE of the facility for each Belmont University physical therapy student that is assigned. A coupon may be applied toward payment for continuing education programs provided by the School of Physical Therapy and do not expire.

Dress Code

Dress and grooming should demonstrate a professional image in the clinical setting and the community. The student should follow the dress code of the clinical site. If the clinical site does not have a dress code, the School’s expectations are:

- Name badges must be worn
- Clothing should be neat, clean, well-fitted and in good repair
- Fabric and design of all clothing should be professional
- White lab coats may be worn over street clothes
- Hose or socks should be worn
- Closed toe shoes are required, athletic shoes are acceptable if color/trim is minimal
- Jewelry should be conservative
- Hair should be neat, clean and professional
- Make-up should be conservative; perfume should be worn sparingly
- Inappropriate attire includes overalls, logo t-shirts, athletic wear and ball caps

Evaluation of the Clinical Site

The student is required to complete a clinical site evaluation, discuss it with the CI, and obtain appropriate signatures. The evaluations are kept in the clinical site files maintained by the DCE. For Clinical Experience I and II, the Student Evaluation of Facility form (page 30) is used. For PT Practice I – IV, the APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form (page 31) is used.

Evaluation of Student Performance

Evaluation tools used by both the CI and the student (self-assessment) include:
Occasionally, a student may have difficulties during a clinical affiliation. When a problem is identified, the student, CCCE/CI and DCE will develop a written plan for correcting any deficiencies within identified time frames. Because patient care and safety is of primary concern, the school will intervene should any problems arise.

If a student is performing below performance expectations in any domain of learning, a remediation plan can be implemented. Remediation can range from clarification of expectations with all stakeholders, to the development of a learning contract, to the removal of the student from the clinical site. The DCE, CCCE, CI and student all work together to clarify the performance deficits and challenges in order to establish an appropriate plan for a successful outcome. The CI adapts supervision of the student as needed based on the remediation plan.

**Grading criteria**

PT Practice I – IV affiliations are graded on a pass/fail basis. Grades are determined by the DCE in collaboration with the CI(s) and CCCE. The Clinical Performance Instrument includes a written midterm and final assessment of the 18 performance criteria listed below. The summative comments section provides a mechanism for the clinical instructor to identify, clarify, and highlight the student’s overall performance as related to their areas of strength, areas needing improvement, and other relevant comments.

1. Safety: practices in a safe manner that minimizes risk to patient, self and other (*Red flag)
2. Professional Behavior: demonstrates professional behavior is all situations (*Red flag)
3. Accountability: practices in a manner consistent with established legal and professional standards and ethical guidelines (*Red flag)
4. Communication: communicates in ways that are congruent with situational needs (*Red flag)
5. Cultural Competence: adapts delivery of physical therapy series with consideration for patients’ differences, values, preferences, and needs
6. Professional Development: participates in self-assessment to improve clinical and professional performance
7. Clinical Reasoning: applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management (*Red flag)
8. Screening: determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional
9. Examination: performs a physical therapy patient examination using evidenced-based tests and measures
10. Evaluation: evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments
11. Diagnosis and Prognosis: determines a diagnosis and prognosis that guides future patient management
12. Plan of Care: establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
13. Procedural Interventions: performs physical therapy interventions in a competent manner
14. Educational Interventions: educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods

15. Documentation: produces quality documentation in a timely manner to support the delivery of physical therapy services

16. Outcomes Assessment: collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes

17. Financial Resources: participates in the financial management of the physical therapy service consistent with regulatory, legal, and facility guidelines

18. Direction and Supervision of Personnel: directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines

The DCE should be contacted immediately if an issue of safety occurs or there are significant concerns about the student’s performance or professionalism. If any of the criteria are not successfully met, the DCE will collaborate with the student, CCCE, and CI(s) to develop a written plan for remediation of the deficiency.

Health Insurance

Belmont University requires that each student have health insurance while enrolled in the physical therapy program. It is the student’s responsibility to insure that s/he is fully covered throughout the clinical experiences. The facility may request to see evidence of health insurance at any time.

Health Status

The School of Physical Therapy has health and essential functions requirements to ensure the safety of the patients, student, classmates, faculty, and staff. Students must demonstrate overall physical and mental health to safely participate in lab, classroom and clinical education experiences. Students have a responsibility to inform the academic advisor, DCE or Chair in writing of any condition that could impact their ability to perform the essential functions with or without accommodations in lab, classroom and clinical education experiences.

Each student will submit documentation of required immunizations, titers and a physical exam to Student Health Services upon entrance to the University. A student who develops any health condition that may impair or impede the ability to participate in any aspect of the program must inform the academic advisor, DCE or Chair immediately who will then communicate the information to all instructors. In the event of an emergency, the student should report information as soon as able.

Discussion with course instructors and/or the academic advisor is required prior to a planned surgical or medical procedure. The course instructor(s) will determine what impact the change in health status will have on participation in lab, class or clinical experiences. A medical status letter from the student’s surgeon or physician must be submitted to the program stating any activity or lifting limitations before the student is allowed to participate in any program activity. If a student has a question as to whether lab activities are contraindicated in certain conditions, s/he should consult with the appropriate instructor. In the case of emergency procedures, discussion with course instructors should occur prior to resuming lab, classroom or clinical course work.
Pregnancy should be reported to the academic advisor, DCE or Chair as soon as possible upon medical confirmation. Learning experiences will be modified to ensure maximum safety for mother and baby. Medical clearance is necessary to resume program activities following the birth.

Harassment

Belmont University values the dignity and worth of every individual, recognizing that each person is unique with certain rights and responsibilities. The University is committed to providing an environment in which all persons are safe from harassment and intimidation based on their race, color, gender, national original, age or disability.

Sexual harassment can include implicit or explicit behavior of sexual nature used to control, influence or affect the well-being of a person; physical conduct or verbal innuendo of a sexual nature that creates an intimidating, hostile, offensive environment. Sexual harassment of any person is unacceptable. If a student has a complaint about harassment, s/he should contact the CI, CCCE, and/or DCE immediately.

Patient Rights

All patients have a risk-free right to refuse participation in clinical education; therefore, students are required to ask each patient for permission to treat. Students are required to introduce themselves to patients as student physical therapists and to wear an official name badge during clinical experiences.

Professional Liability Coverage

Belmont University covers all physical therapy students with $2,000,000 per occurrence and $4,000,000 in aggregate professional liability during clinical experiences. Clinical sites can request a copy of the Certificate of Liability Insurance from the DCE.

Scholastic Requirements

A minimum 3.0 grade point average is required before beginning long-term PT Practice affiliations.

Student Withdrawal

Student withdrawal from a clinical site may occur for the following reasons:
1. Unsatisfactory student performance: As reported by the CCCE/CI, the student exhibits characteristics that are detrimental to patient care or the facility in general. In this case, the CCCE/CI requests student withdrawal from the DCE. If the DCE is not available, the request will be transferred to the Chair of the School of Physical Therapy. Belmont University will respond to the request within one working day.

2. Unsatisfactory clinical education experience: If there is knowledge of unsafe or unethical patient care at the facility, or the experience does not meet the needs of the student, the student may be withdrawn. The DCE will contact the CCCE to discuss the rationale for student withdrawal.
Supervision of the Student

Expectations for supervision of the student follow federal, state, regulatory, professional and facility standards. All students must be supervised on-site by a licensed physical therapist. As the student progresses through the long-term clinical affiliations, it is expected that s/he will require less direct supervision and be able to practice more independently. However, some practice settings are beyond entry-level, such as NICU, women’s health or vestibular, which may require ongoing close supervision by the CI.

If a clinical site employs only one physical therapist, a back-up plan should exist for supervision of the student when the physical therapist is absent. If a PTA participates periodically in the clinical education of a PT student, a PT must be the primary CI, sign all the student’s documentation and be present onsite to supervise the student.

In the skilled nursing facility (SNF), the student is no longer required to be supervised within the line-of-sight of the CI for Medicare Part A patients (Federal Register, August 8, 2011). Supervising therapists must make the determination as to whether or not a student is ready to treat patients without line-of-sight supervision.

When treating patients covered under Medicare Part B, the following criteria must be met in order for services provided by a student to be billed:

- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.

- The qualified practitioner is not engaged in treating another patient or doing other tasks at the same time.

- The qualified practitioner is the person responsible for the services and, as such, signs all documentation. Of course, the student may also sign. (October 2011)

Based on the information provided by CMS and MedPAC, it is possible for a physical therapist to bill for services only when the services are furnished jointly by the physical therapist and student. APTA recommends that physical therapists consider the following factors in determining whether or not a physical therapist may bill Medicare Part B for a service when the therapy student is participating in the provision of the service:

- Physical therapists should use their professional judgment on whether or not a service is billable, keeping in mind the importance of integrity when billing for services.

- Physical therapists should distinguish between the ability of a student to provide services to a patient/client from the ability to bill for student services provided to Medicare Part B patients. A student may provide services to any patient/client provided it is allowable by state law. This does not mean, however, that the services provided by the student are billable to Medicare, Medicaid, or other private insurance companies.

- As CMS states, only services provided by the licensed physical therapist can be billed to Medicare for payment. Physical therapists should consider whether the service is being essentially provided directly by the physical therapist, even though the student has some involvement in providing the care. In making this determination, the
therapist should consider how closely s/he is involved in providing the patient’s care when a student is participating. The therapist should be completely and actively engaged in providing the care of the patient. As CMS states in their letter, "the qualified practitioner is present in the room guiding the student in service delivery when the student is participating the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time." The therapist should direct the service, make the skilled judgment, and be responsible for the assessment and treatment. There should be checks and balances provided by the physical therapist throughout the entire time the patient/client is being managed.

- The physical therapist should reflect on whether the billing would be the same if a student was not involved. The therapist should not bill beyond what they would normally bill in the course of managing that patient’s care. The individual therapist or the employer should not benefit financially from having the student involved in the clinical experience in the practice or facility.

**Transportation and Housing**

Students are responsible for providing their own transportation, housing and living expenses during all clinical education experiences.
CLINICAL AFFILIATION AGREEMENT

THIS AGREEMENT is entered into by and between BELMONT UNIVERSITY, Nashville, TN, hereinafter referred to as the “University”, and _______________________________ hereinafter referred to as the “Facility”.

WHEREAS, the University has a curriculum in physical therapy of which clinical practice is a required and integral component;
WHEREAS, the University desires to provide physical therapy students the opportunity for clinical practice at the Facility; and
WHEREAS, the Facility has the expertise to provide such clinical practice and recognizes its professional responsibility to participate in the education of physical therapy students;
NOW, THEREFORE, in consideration of the mutual agreements set forth herein, the parties agree as follows:

The University agrees to:

1. Assume responsibility for assuring continued compliance with the educational standards of the appropriate accreditation bodies.
2. Communicate with the Facility, through the Clinical Coordinator of Clinical Education (CCCE), on all items pertinent to the physical therapy program.
3. Notify the Facility of the planned schedule of student assignment, including the name of the student, level of academic preparation, and length and dates of the clinical affiliation.
4. Refer to the Facility only those students who have satisfactorily completed the prerequisite didactic portion of the curriculum, which is applicable to the Facility.
5. Inform the student of any special requirements of Facility acceptance, i.e., citizenship, health status, interview, etc.
6. Send to the Facility only those students who
   a) with or without reasonable accommodation, are qualified to participate in the clinical program;
   b) have passed all health examinations required to confirm that their participation in the program will not constitute a direct threat to the health or safety of themselves or others; and
   c) have been informed that they are responsible for all costs and expenses they incur for medical treatment which results from their participation in the program.
7. Advise the assigned student of the responsibility of complying with the APTA Code of Ethics and the existing pertinent rules and regulations of the Facility.
8. Assure that the assigned students possess appropriate health and professional liability insurance.
9. Supply the facility with copies of forms used by the University in evaluating the performance of the assigned students.
10. Have the students provide, prior to the commencement of the student assignment, such confidential information as may be required by the Facility or deemed necessary for education and guidance of the student.
11. Comply with all existing non-discrimination policies in the selection and assignment of all students.
12. Respect the confidential nature of all information that Belmont students have access to, including but not limited to patients’ personal health information provided to them orally, contained in patient medical records or maintained on the Facility’s electronic information system.
13. Advise all students of the importance of complying with all relevant state and federal confidentiality laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to the extent applicable. The University agrees to provide students with training in the requirements of the privacy and security provisions of HIPAA and to advise them of the importance of complying with the Facility’s policies and procedures relative to HIPAA. This information will be disseminated through the Program Manual. Students will be required to document in writing that they have received and understand the significance and need for confidentiality of Protected Health Information (PHI), the appropriate use of PHI for educational needs, and the consequences of inappropriate use of PHI.

The Facility agrees to:

1. Maintain standards for appropriate health care services that are conducive to quality clinical educational experiences for physical therapy students.
2. Designate a staff member as CCCE who will be responsible for the planning and implementation of the clinical affiliation.
3. Provide the CCCE with time to plan and implement the experience including, when feasible, time to attend relevant meetings and conferences.
4. Provide the physical facilities and equipment necessary to conduct the clinical practice.
5. Provide an orientation for students to the Facility, including relevant policies and procedures.
6. Advise the University of any changes in its personnel, operation, or policies that may affect the clinical experience.
7. Determine and notify the University of the number of students that it can accommodate during a given period of time.
8. Make emergency health care available to students in the event of an accident or illness while students are participating in the clinical experience. The Facility is not responsible for costs of such treatment or for costs of follow-up care or hospitalization. The student will be responsible for these health care costs.
9. Evaluate the performance of the student on a regular basis using the evaluation forms supplied by the University.
10. Not to discriminate against any employee or student on the basis of race, color, national origin, sex, age, disability or military service.
11. To comply with the Family Educational Rights and Privacy Act by keeping confidential all records concerning the students’ clinical experiences.
12. Advise the University of any serious deficit noted in the ability of the assigned student to progress toward achievement of the stated objectives of clinical education and to assist the University and the students in attempting to correct these deficiencies.
13. Have the right to terminate any student whose health or performance is a detriment to patient well-being, or to achievement of the stated objectives of the experience after notifying the University.
14. Provide students and faculty with training regarding Facility’s policies and procedures relative to HIPAA. Solely for the purpose of defining the students’ role in relation to the use and disclosure of Facility’s protected health information, the students are defined as members of the Facility’s workforce, as that term is defined by 45 CFR 160.103, when engaged in activities pursuant to this MOU and the applicable Clinical Affiliation Agreement. However, the students are not and shall not be considered to be employees of the Facility. Facility acknowledges that students may use patients’ personal health information for educational purposes at Facility and at Belmont. To the extent practicable, all information used for such purposes shall be appropriately de-identified so as to remove all
data that may be used to connect such information back to the patient to whom it relates.

**General Terms of Agreement:**

1. This agreement shall be effective when executed by both parties for a period of one year and will automatically be renewed annually unless cancelled by either party upon 90 days written notice.
2. This agreement may be revised or modified by signed written amendment when both parties agree to such amendment.
3. The University shall procure and maintain for Faculty and Students, a policy of professional liability insurance with a single limit of not less than Two Million Dollars ($2,000,000) per occurrence and Four Million Dollars ($4,000,000) in the aggregate per annum. A certificate of insurance confirming professional liability coverage will be supplied to the Facility upon request.
4. The University hereby indemnifies and holds Facility harmless from and against any and all liability, losses, damages, claims, causes of action, costs or expenses (including reasonable attorney’s fees), which directly or indirectly arise out of performance hereunder by University, its students or employees.
5. The Facility hereby indemnifies and holds University harmless from and against any and all liability, losses, damages, claims, causes of action, costs or expenses (including reasonable attorney’s fees), which directly or indirectly arise out of performance hereunder by Facility and its employees.

**IN WITNESS WHEREOF** the parties hereto have caused this AGREEMENT to be executed by their duly authorized representatives commencing ________________

**Facility:**

By: ________________________________

Signature & Date

Title: ________________________________

**Belmont University:**

By: ________________________________

Signature & Date

Title: ________________________________

Gail Bursch, PT, MSEd, CWS
Director of Clinical Education
School of Physical Therapy
NAME:

STUDENT HISTORY

MMR vaccine 1:
MMR vaccine 2:
Rubella titer:

Varicella titer:
Varicella vaccine 1:
Varicella vaccine 2:

Hepatitis-B 1 vaccine:
Hepatitis-B 2 vaccine:
Hepatitis-B 3 vaccine:
Hepatitis-B Titer:
Documented informed refusal of vaccine:

Tetanus/diphtheria vaccine:

PPD skin test: Results:
PPD skin test: Results:
PPD skin test: Results:
PPD skin test: Results:
PPD skin test: Results:

Flu vaccine:

Katy Wilson, RN, FNP, MBA
Director, Health Services
Phone: 615-460-5506
Fax: 615-460-6131
EXPECTATIONS FOR PROFESSIONAL BEHAVIOR

❖ Be respectful and courteous

Remember to show respect and be courteous to classmates, faculty, staff, guest speakers, patients and others from the community. Examples of discourteous behavior includes ringing cell phones, text messaging or emailing during class, using laptops for watching videos or reading something unrelated to the class, talking during class, interrupting speakers excessively, packing up early, sleeping, and displaying negative body language. Students who are discourteous will be counseled and may be asked to leave a class if their behavior continues to be a problem.

❖ Take responsibility

Be accountable for all your decisions and behaviors in the classroom and clinical settings. Follow through with your commitments and accept responsibility for implementing solutions.

❖ Communicate effectively

Communicate effectively and collaboratively with others (verbal, non-verbal, listening and written). Remember to give constructive feedback. You will have opportunities to give formal and informal feedback about the curriculum and suggestions about the program. Feedback that offers solutions is the most effective.

Keep faculty, staff and your classmates informed. Faculty and staff are available to meet with you as needed. Check your email regularly to stay current with activities and assignments.

❖ Be on time

Arrive on time to all classes, labs, clinical experiences and meetings. It is part of being a responsible professional. Turn in assignments on time. When assignments are turned in late, it reflects on your professionalism and may cause grading penalties.

❖ Come to class prepared

Invest in your future profession and come to class. What you are learning will be directly applied to patient care in the near future. Faculty expect students to attend and actively participate in class. Class and lab participation will enhance your understanding of the information. Absenteeism is a reflection of your reliability, professionalism and your future work habits.

When absences can’t be avoided due to illness, bereavement, etc, you are expected to notify the staff or faculty in advance. It is your responsibility to obtain handouts and class notes from your classmates and to meet with the faculty member to clarify any questions. Some classes may be recorded for viewing later.

Being prepared for class is important to make the most of your learning. Preparing in advance allows you to focus questions on specific information. Well thought out questions can help everyone learn in class.
Obtain and use your books. Reading prior to class reinforces the material and can expand the content. Required books should be useful for years and build your professional library.

❖ Get involved in community activities

Volunteer to work with classmates to benefit others. Your participation improves the quality of our Program and your experience in PT school. There are numerous opportunities to volunteer in the community and to participate in national and international mission trips. In addition, you will be scheduled for service learning experiences during some of your courses. Campus intramural sports activities are available to enhance social experiences.

❖ Be an active professional

It is required for all students to be a member of the American Physical Therapy Association (APTA) during the program. Membership provides you with many resources which keep you current in practice, issues and events in the Association. Continued membership in the APTA is strongly encouraged throughout your career.

❖ Help to keep classrooms and labs neat and professional looking

You are responsible for putting away all equipment and supplies used during class. Be sure to clean up any trash, food containers and food in classrooms and labs.

❖ Take care of yourself

PT school is intense and requires a great time commitment. Keeping your life balanced is important in order to treat your patients safely and effectively. Stay healthy by:

- exercising regularly
- eating a nutritious diet
- getting adequate sleep
- keeping in touch with family and friends
- allowing some time for recreation and relaxation
- seeking help when you need it
# PROFESSIONAL BEHAVIORS: DEFINITION AND CRITERIA

1. **Critical Thinking:** The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

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<td>Raises relevant questions; Considers all available information; Articulates ideas; Understands the scientific method; States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion); Recognizes holes in knowledge base; Demonstrates acceptance of limited knowledge and experience</td>
<td>Feels challenged to examine ideas; Critically analyzes the literature and applies it to patient management; Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas; Seeks alternative ideas; Formulates alternative hypotheses; Critiques hypotheses and ideas at a level consistent with knowledge base; Acknowledges presence of contradictions</td>
<td>Distinguishes relevant from irrelevant patient data; Readily formulates and critiques alternative hypotheses and ideas; Infers applicability of information across populations; Exhibits openness to contradictory ideas; Identifies appropriate measures and determines effectiveness of applied solutions efficiently; Justifies solutions selected</td>
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2. **Communication:** The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

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<td>Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting; Recognizes impact of non-verbal communication in self and others; Recognizes the verbal and non-verbal characteristics that portray confidence; Utilizes electronic communication appropriately</td>
<td>Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences; Restates, reflects and clarifies message(s); Communicates collaboratively with both individuals and groups; Collects necessary information from all pertinent individuals in the patient/client management process; Provides effective education (verbal, non-verbal, written and electronic)</td>
<td>Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups; Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing; Maintains open and constructive communication; Utilizes communication technology effectively and efficiently</td>
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3. **Problem Solving**: The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

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<td>Recognizes problems; States problems clearly; Describes known solutions to problems; Identifies resources needed to develop solutions; Uses technology to search for and locate resources; Identifies possible solutions and probable outcomes</td>
<td>Prioritizes problems; Identifies contributors to problems; Consults with others to clarify problems; Appropriately seeks input or guidance; Prioritizes resources (analysis and critique of resources); Considers consequences of possible solutions</td>
<td>Independently locates, prioritizes and uses resources to solve problems; Accepts responsibility for implementing solutions; Implements solutions; Reassesses solutions; Evaluates outcomes; Modifies solutions based on the outcome and current evidence; Evaluates generalizability of current evidence to a particular problem</td>
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4. **Interpersonal Skills**: The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

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<td>Maintains professional demeanor in all interactions; Demonstrates interest in patients as individuals; Communicates with others in a respectful and confident manner; Respects differences in personality, lifestyle and learning styles during interactions with all persons; Maintains confidentiality in all interactions; Recognizes the emotions and bias that one brings to all professional interactions</td>
<td>Recognizes the non-verbal communication and emotions that others bring to professional interactions; Establishes trust; Seeks to gain input from others; Respects role of others; Accommodates differences in learning styles as appropriate</td>
<td>Demonstrates active listening skills and reflects back to original concern to determine course of action; Responds effectively to unexpected situations; Demonstrates ability to build partnerships; Applies conflict management strategies when dealing with challenging interactions; Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</td>
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5. **Responsibility**: The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

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<td>Demonstrates punctuality; Provides a safe and secure environment for patients; Assumes responsibility for actions; Follows through on commitments; Articulates limitations and readiness to learn; Abides by all policies of academic program and clinical facility</td>
<td>Displays awareness of and sensitivity to diverse populations; Completes projects without prompting; Delegates tasks as needed; Collaborates with team members, patients and families; Provides evidence-based patient care</td>
<td>Educates patients as consumers of health care services; Encourages patient accountability; Directs patients to other health care professionals as needed; Acts as a patient advocate; Promotes evidence-based practice in health care settings; Accepts responsibility for implementing solutions; Demonstrates accountability for all decisions and behaviors in academic and clinical settings</td>
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6. **Professionalism**: The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

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<td>Abides by all aspects of the academic program honor code and the APTA Code of Ethics; Demonstrates awareness of state licensure regulations; Projects professional image; Attends professional meetings; Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</td>
<td>Identifies positive professional role models within the academic and clinical settings; Acts on moral commitment during all academic and clinical activities; Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making; Discusses societal expectations of the profession</td>
<td>Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary; Provides patient &amp; family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity; Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development; Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices; Discusses role of physical therapy within the healthcare system and in population health; Demonstrates leadership in collaboration with both individuals and groups</td>
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7. **Use of Constructive Feedback**: The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

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<td>Demonstrates active listening skills; Assesses own performance; Actively seeks feedback from appropriate sources; Demonstrates receptive behavior and positive attitude toward feedback; Incorporates specific feedback into behaviors; Maintains two-way communication without defensiveness</td>
<td>Critiques own performance accurately; Responds effectively to constructive feedback; Utilizes feedback when establishing professional and patient related goals; Develops and implements a plan of action in response to feedback; Provides constructive and timely feedback</td>
<td>Independently engages in a continual process of self evaluation of skills, knowledge and abilities; Seeks feedback from patients/clients and peers/mentors; Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities; Uses multiple approaches when responding to feedback; Reconciles differences with sensitivity; Modifies feedback given to patients/clients according to their learning styles</td>
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8. **Effective Use of Time and Resources**: The ability to manage time and resources effectively to obtain the maximum possible benefit.

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<td>Comes prepared for the day’s activities &amp; responsibilities; Identifies resource limitations (i.e. information, time, experience); Determines when and how much help/assistance is needed; Accesses current evidence in a timely manner; Verbalizes productivity standards and identifies barriers to meeting productivity standards; Self-identifies and initiates learning opportunities during unscheduled time</td>
<td>Utilizes effective methods of searching for evidence for practice decisions; Recognizes own resource contributions; Shares knowledge and collaborates with staff to utilize best current evidence; Discusses and implements strategies for meeting productivity standards; Identifies need for and seeks referrals to other disciplines</td>
<td>Uses current best evidence; Collaborates with members of the team to maximize the impact of treatment available; Has the ability to set boundaries, negotiate, compromise, and set realistic expectations; Gathers data and effectively interprets and assimilates the data to determine plan of care; Utilizes community resources in discharge planning; Adjusts plans, schedule etc. as patient needs and circumstances dictate; Meets productivity standards of facility while providing quality care and completing non-productive work activities</td>
</tr>
</tbody>
</table>
### 9. Stress Management:
The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

<table>
<thead>
<tr>
<th><strong>Beginning Level:</strong></th>
<th><strong>Intermediate Level:</strong></th>
<th><strong>Entry Level:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes own stressors; Recognizes distress or problems in others; Seeks assistance as needed; Maintains professional demeanor in all situations</td>
<td>Actively employs stress management techniques; Reconciles inconsistencies in the educational process; Maintains balance between professional and personal life; Accepts constructive feedback and clarifies expectations; Establishes outlets to cope with stressors</td>
<td>Demonstrates appropriate affective responses in all situations; Responds calmly to urgent situations with reflection and debriefing as needed; Prioritizes multiple commitments; Reconciles inconsistencies within professional, personal and work/life environments; Demonstrates ability to defuse potential stressors with self and others</td>
</tr>
</tbody>
</table>

### 10. Commitment to Learning:
The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

<table>
<thead>
<tr>
<th><strong>Beginning Level:</strong></th>
<th><strong>Intermediate Level:</strong></th>
<th><strong>Entry Level:</strong></th>
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</thead>
<tbody>
<tr>
<td>Prioritizes information needs; Analyzes and subdivides large questions into components; Identifies own learning needs based on previous experiences; Welcomes and/or seeks new learning opportunities; Seeks out professional literature; Plans and presents an in-service, research or cases studies</td>
<td>Researches and studies areas where own knowledge base is lacking in order to augment learning and practice; Applies new information and re-evaluates performance; Accepts that there may be more than one answer to a problem; Recognizes the need to and is able to verify solutions to problems; Reads articles critically and understands limits of application to professional practice</td>
<td>Respectfully questions conventional wisdom; Formulates and re-evaluates position based on available evidence; Demonstrates confidence in sharing new knowledge with all staff levels; Modifies programs and treatments based on newly-learned skills and considerations; Consults with other health professionals and physical therapists for treatment ideas</td>
</tr>
<tr>
<td>1. CRITICAL THINKING</td>
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<td>Comments: ____________________________</td>
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<tr>
<th>2. COMMUNICATION</th>
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<tr>
<th>3. PROBLEM SOLVING</th>
<th>B</th>
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<tr>
<td>Comments: ____________________________</td>
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<tr>
<th>4. INTERPERSONAL SKILLS</th>
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<td>Comments: ____________________________</td>
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<th>5. RESPONSIBILITY</th>
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<td>Comments: ____________________________</td>
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<th>6. PROFESSIONALISM</th>
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<td>Comments: ____________________________</td>
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<th>7. USE OF CONSTRUCTIVE FEEDBACK</th>
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<th>8. EFFECTIVE USE OF TIME &amp; RESOURCES</th>
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<th>E</th>
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<th>9. STRESS MANAGEMENT</th>
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<td>Comments: ____________________________</td>
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<tr>
<th>10. COMMITMENT TO LEARNING</th>
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<td>Comments: ____________________________</td>
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</table>

Student Signature:______________________  Facility ____________________________

CI Signature: ___________________________  Date ____________________________________
Please provide narrative feedback concerning the student’s performance:

1) Practices safely.  
2) Performs basic therapeutic exercise.  
3) Assesses ROM.  
4) Assesses strength/tone.  
5) Performs gait training/transfers.  
6) Performs accurate documentation.

Additional comments:

Based upon this student’s level of educational preparation, is the student performing at an acceptable level?  
Yes  
No

CI Signature ___________________________ Facility ___________________________

Student Signature ___________________________ ate ________________________

Please review and send it back with the student (or FAX to 615-460-6729).
BELMONT UNIVERSITY PHYSICAL THERAPY PROGRAM
SKILLS PERFORMANCE SELF-ASSESSMENT
CLINICAL EXPERIENCE

Please record your self-assessment of the following skills:

1) Practices safely.  
2) Performs basic therapeutic exercise.

3) Assesses ROM.  
4) Assesses strength/tone.

5) Performs gait training/transfers.  
6) Performs accurate documentation.

Additional comments:

Based on this clinical experience, do you think you are performing at an acceptable level?  
Yes  No

Student Signature ________________________________

Facility__________________________      Date ________________________
Clinical Experience
Student Evaluation of Facility

Date: ___________________

1) Patient type and volume:

2) Opportunity to practice skills:

3) Amount of supervision:

4) Strengths of facility:

5) Improvements that might have enhanced my experience:

6) Other comments:
PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003
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. I understand that my personal information will not be available to students in the academic 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 __________________________ Degree area ______________________

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 ___ Private Practice
   ___ Ambulatory Care/Outpatient ___ Rehabilitation/Sub-acute Rehabilitation
   ___ ECF/Nursing Home/SNF ___ School/Preschool Program
   ___ Federal/State/County Health ___ Wellness/Prevention/Fitness Program
   ___ Industrial/Occupational Health Facility ___ 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.

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

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.

<table>
<thead>
<tr>
<th>Components Of Care</th>
<th>Rating</th>
<th>Components Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td></td>
<td>Diagnosis</td>
<td></td>
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<tr>
<td>• Screening</td>
<td></td>
<td>Prognosis</td>
<td></td>
</tr>
<tr>
<td>• History taking</td>
<td></td>
<td>Plan of Care</td>
<td></td>
</tr>
<tr>
<td>• Systems review</td>
<td></td>
<td>Interventions</td>
<td></td>
</tr>
<tr>
<td>• Tests and measures</td>
<td></td>
<td>Outcomes Assessment</td>
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<tr>
<td>Evaluation</td>
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</tbody>
</table>
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.

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

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
   ______ 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 than 1 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. 

16. 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).

<table>
<thead>
<tr>
<th>1 = Strongly Disagree</th>
<th>2 = Disagree</th>
<th>3 = Neutral</th>
<th>4 = Agree</th>
<th>5 = Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of Clinical Instruction</td>
<td>Midterm</td>
<td>Final</td>
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<tr>
<td>The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.</td>
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<tr>
<td>The clinical education site had written objectives for this learning experience.</td>
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<tr>
<td>The clinical education site’s objectives for this learning experience were clearly communicated.</td>
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<tr>
<td>There was an opportunity for student input into the objectives for this learning experience.</td>
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<tr>
<td>The CI provided constructive feedback on student performance.</td>
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<tr>
<td>The CI provided timely feedback on student performance.</td>
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<tr>
<td>The CI demonstrated skill in active listening.</td>
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<td>The CI provided clear and concise communication.</td>
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<td>The CI communicated in an open and non-threatening manner.</td>
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<td>The CI taught in an interactive manner that encouraged problem solving.</td>
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<td>There was a clear understanding to whom you were directly responsible and accountable.</td>
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<td>The supervising CI was accessible when needed.</td>
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<tr>
<td>The CI clearly explained your student responsibilities.</td>
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<tr>
<td>The CI provided responsibilities that were within your scope of knowledge and skills.</td>
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<td>The CI facilitated patient-therapist and therapist-student relationships.</td>
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<td>Time was available with the CI to discuss patient/client management.</td>
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<td>The CI served as a positive role model in physical therapy practice.</td>
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<td>The CI skillfully used the clinical environment for planned and unplanned learning experiences.</td>
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<td>The CI integrated knowledge of various learning styles into student clinical teaching.</td>
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<td>The CI made the formal evaluation process constructive.</td>
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<td>The CI encouraged the student to self-assess.</td>
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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.