Clinical Education Manual
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INTRODUCTION

Purpose of the Clinical Education Manual

The purpose of this Clinical Education Manual is to provide information, policies, and procedures for all who are directly involved in the clinical education process for D'Youville College Doctor of Physical Therapy Students. This document serves as a reference for core faculty, clinical education team members, Director and Assistant Directors of Clinical Education (DCE/ADCE), students, Center Coordinators of Clinical Education (CCCEs), and Clinical Instructors (CIs) throughout the completion of clinical education experiences. This manual was created to:

- Enhance communication between DPT students, D'Youville College’s PT Department, and our clinical education faculty who offer clinical education experiences for our students
- Detail roles and responsibilities of all involved parties to assist in making each clinical experience successful and valuable
- Serve as a resource to provide information to all parties regarding the clinical education process at D'Youville College

Thank you to all clinical instructors and center coordinators in providing the opportunity for D'Youville College Physical Therapy Students to become competent clinicians.

D'Youville College Mission Statement

D'Youville College is an independent institution of higher education that offers baccalaureate and graduate programs to students of all faiths, cultures and backgrounds. We honor our Catholic heritage and the spirit of St. Marguerite d'Youville by providing academic, social, spiritual, and professional development in programs that emphasize leadership and service. D'Youville teaches students to contribute to the world community by leading compassionate, productive and responsible lives.

Department of Physical Therapy Mission Statement

Consistent with the mission of D'Youville College, the Department of Physical Therapy develops students both academically and socially through evidence based learning and community service. Students graduate as knowledgeable professional doctors of physical therapy committed to life-long learning, leadership and service to society. The DPT program prepares students with the skills to provide sound patient care, as well as offer preventive, educational, administrative, and consultative services that respect individuality in changing health care environments.

Department of Physical Therapy Vision Statement

The D'Youville College Physical Therapy Department will be recognized for excellence in the preparation of clinical practitioners who are leaders in providing evidence based, culturally sensitive, patient-centered care as members of collaborative inter-professional teams.
Department of Physical Therapy Values

The D'Youville College Department of Physical Therapy embraces the American Physical Therapy Association (APTA) Core Values of accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility.

Philosophy of Physical Therapy Education

The physical therapist must have the ability to provide a broad range of complex patient/client services in management of movement dysfunctions extending across the entire human life span. Health care reform, research and an increased attention on health, wellness, and disease prevention are factors that continuously influence the role of the physical therapist. In many settings, the therapist must assume responsibility for patient care where traditional levels of medical consultation or supervision are not immediately available. The foundation of the program is to provide students the ability to adapt to an expanding scope of professional responsibilities associated with autonomous practice of culturally sensitive healthcare delivery.

These abilities will be met through an integrated program of academic and clinical learning experiences providing sequential acquisition of requisite cognitive, affective, psychomotor, and interpersonal skills. Specific learning experiences are organized most effectively in the program curriculum with respect to student learning objectives stated in precise behavioral terms. These learning objectives serve as guides for formal organization of instruction by faculty, and for the learning activity of students with respect to progress toward achievement of specified competencies.

The process of education is designed for adult learners who are prepared to fully engage in their learning as well as willing to contribute to the learning of others by participating in class discussions and presentations, learning activities, and group work.

The program faculty work as a team to maintain the clinical relevance and pedagogical effectiveness of individual course offerings, a spiral curriculum, and inter-professional education. Faculty will model APTA core values in their role as teachers, scholars, consultants, clinicians, and administrators who are committed to serving community health needs.

Accreditation Statement

The Doctor of Physical Therapy (DPT) program at D'Youville College is accredited by:
Commission on Accreditation of Physical Therapy Education (CAPTE) of the American Physical Therapy Association [Commission on Accreditation in Physical Therapy Education]
1111 North Fairfax Street
Alexandria, Virginia 22314
telephone: (703) 706-3245
e-mail: accreditation@apta.org
website: www.capteonline.org
CLINICAL EDUCATION DEFINITIONS AND ABBREVIATIONS

To ensure proper communication, select definitions concerning clinical education are provided.

**Director of Clinical Education (DCE)**: The licensed physical therapist employed by the academic institution who plans, develops, supervises, organizes, facilitates, monitors, assesses, coordinates, and administers the clinical education component of the physical therapy curriculum. The DCE serves as the liaison between the didactic and clinical components of the curriculum.

**Center Coordinator of Clinical Education (CCCE)**: The licensed physical therapist employed and designated by the clinical facility to direct, organize, coordinate, supervise, and evaluate the clinical education program in that facility. The CCCE’s primary role is to serve as a liaison between the academic institutions and the clinical facility.

**Clinical Instructor (CI)**: The licensed physical therapist employed by the clinical facility who is designated by the Center Coordinator of Clinical Education to instruct, mentor, supervise, and evaluate the physical therapy students in the clinical education setting. The CI is involved with the daily responsibility and direct supervision of student clinical learning experiences.

**Clinical Education Faculty**: The individuals engaged in providing the clinical education components of the curriculum, referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs).

**Clinical Education Site/Facility**: The setting in which learning opportunities in clinical education are provided for physical therapy students. The clinical education site may be a clinic, hospital, home, school, or other setting and is affiliated with the academic institution through a contractual agreement.

**Clinical Education Team**: The team of program faculty involved in direct supervision of students during clinical education experiences, led by the Director of Clinical Education.

**Memorandum of Agreement**: The written document which defines the agreement made between the academic facility and the clinical education facility. This document outlines the rights and responsibilities of all parties. This document is often referred to as the “contract” or “affiliation agreement”.

**Clinical Site Information Form (CSIF)**: The document which is completed by the CCCE at the clinical education facility and provides information about the facility for the DCE and students.

**Physical Therapist Clinical Performance Instrument (CPI)**: The written or web-based document that is completed by the student and the CI to evaluate the student’s performance during the clinical experience.
DOCTOR OF PHYSICAL THERAPY DEGREE CURRICULUM

Didactic Curriculum

The D'Youville College Doctor of Physical Therapy Program curriculum summary can be viewed on the program’s website at the following link: http://www.dyc.edu/academics/pt/docs/phy_therapy_dpt.pdf.

Clinical Curriculum

Clinical education is the portion of the student's professional education which involves practice and application of classroom knowledge and skills to clinical responsibilities. This occurs at a variety of clinical sites and includes experience in evaluation, patient care, critical thinking, administration, teaching, supervision, and evidence based practice. The clinical education courses are critical to the development of competent, professional (entry-level) practitioners. It is important that the clinical education experiences be designed to maximize student learning. The DYC PT Department maintains responsibility for the clinical education courses while relying heavily on practitioners to design, implement, and assess student learning experiences and student performances. Therefore, coordination of student clinical assignments, communication with clinical education faculty, monitoring of the quality of the students’ experiences, and assessment of student performance are vital to the quality of the students’ education.

Professional Behavior Curriculum

As the basis for professional behavior development assessment, the DYC PT faculty has adopted both the APTA Core Values and the “PT Specific Generic Abilities/Professional Behaviors”, originally developed by the faculty at the University of Wisconsin – Madison Physical Therapy Program. The APTA Code of Ethics is also used to guide the professional development of physical therapy students.

Throughout didactic and clinical coursework, students are expected to consistently demonstrate professional behavior that adheres to the assessments and guidelines described in the documents listed in the prior paragraph (APTA Core Values, PT Specific Generic Abilities, and APTA Code of Ethics). If a student’s behavior is shown to be deficient in any of the professional realms, faculty members will complete a Generic Abilities Assessment form describing the student’s behavior. The faculty member will meet with the student to discuss the concerns and, if necessary, develop a plan to address and monitor the highlighted behaviors. If at any time a student’s unprofessional behavior is deemed by faculty members to potentially impact the student’s success during clinical experiences, the student may not be allowed to start the clinical phase of the curriculum or may be halted at any time during the clinical experiences.
**APTA Core Values**

The D’Youville College Physical Therapy Department embraces the American Physical Therapy Association (APTA) Core Values:

**Accountability:** Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.

**Altruism:** Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self-interest.

**Compassion/Caring:** Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring.

Caring is the concern, empathy, and consideration for the needs and values of others.

**Excellence:** Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.

**Integrity:** Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.

**Professional duty:** Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.

**Social responsibility:** Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.
**Generic Abilities**

In the physical therapy program at D'Youville College, each student is expected to learn, in addition to academic knowledge and psychomotor skills, the professional behaviors required to be a competent and caring physical therapist. The process of becoming a physical therapist begins on the first day of class in the first year and evolves progressively over the three years that the student spends at DYC.

Generic abilities are behaviors, attributes, or characteristics that are not explicitly part of a profession’s core of knowledge and technical skills, but are nevertheless required for success in that profession. The APTA endorses the work of May and colleagues (1995) which led to the identification of a core set of generic abilities for physical therapy. The Physical Therapy Program at D'Youville College has adopted this set of generic abilities.

<table>
<thead>
<tr>
<th>Generic Ability</th>
<th>Definition</th>
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<tbody>
<tr>
<td>1. Commitment to Learning</td>
<td>The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.</td>
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<tr>
<td>2. Interpersonal Skills</td>
<td>The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.</td>
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<tr>
<td>3. Communication Skills</td>
<td>The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.</td>
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<td>4. Effective Use of Time and Resources</td>
<td>The ability to obtain the maximum benefit from a minimum investment of time and resources.</td>
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<tr>
<td>5. Use of Constructive Feedback</td>
<td>The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.</td>
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<tr>
<td>6. Problem-Solving</td>
<td>The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</td>
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<td>7. Professionalism</td>
<td>The ability to exhibit appropriate professional conduct and to represent the profession effectively.</td>
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<tr>
<td>8. Responsibility</td>
<td>The ability to fulfill commitments and to be accountable for actions and outcomes.</td>
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<tr>
<td>9. Critical Thinking</td>
<td>The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.</td>
</tr>
<tr>
<td>10. Stress Management</td>
<td>The ability to identify sources of stress and to develop effective coping behaviors.</td>
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*Developed by the Physical Therapy Program, University of Wisconsin-Madison (May et al. Journal of Physical Therapy Education, 9, 3-6, 1995)
CLINICAL EDUCATION POLICIES AND PROCEDURES

Clinical Orientation Courses

Information about the clinical education process is disseminated in required clinical orientation courses (PT 503, PT 504, and PT 604). The clinical orientation courses provide information to students on the following: clinical education requirements, policies, and procedures; clinical selection process; Clinical Performance Instrument (CPI); and professional expectations. The selection of clinical placements occurs during the clinical orientation courses. Clinical Orientation I: PT503 is held during the summer at the start of the second year of study. Clinical Orientation II: PT504 is held during the fall semester of the second year of the program. Clinical Orientation III: PT604 is held during the summer at the start of the third year. Clinical experiences commence in the spring semester of the second year of study. There are a total of four full-time clinical education experiences. These full-time clinical education experiences occur in Year 2 and Year 3, for an equivalent total of 32 weeks of clinical experience.

Clinical Sites and Clinical Assignments

Philosophy for Establishing and Retaining Clinical Education Sites

Clinical education is an integral element in the physical therapy curriculum. The purpose of clinical education is to provide each student with a comprehensive sequence of clinical experiences in a variety of contemporary health care environments under the supervision and guidance of qualified clinical instructors. To assure that each student is exposed to a variety of quality clinical settings, sites are identified by several factors including the following:

- Appropriate accreditation by local, state, or federal organizations
- Congruence with DYC PT Program’s Mission and Educational Philosophy
- Strong professional role modeling is demonstrated by staff and administration
- Staff expertise in areas of clinical practice offered at the facility
- Provision of high quality patient care
- Responsiveness to the needs of students
- Adequate staffing for the patient load and patient population encountered
- Types and numbers of patients cared for are adequate to meet the educational needs of the students
- Consistent and timely communication with the DYC clinical education team
- Administration supports clinical education and is aware of the time and effort required to provide a quality clinical education experiences for physical therapy students
- Atmosphere of the facility is conducive to learning as demonstrated through the availability of supervision, equipment, space, and educational resources, as well as positive staff/administrative interactions
- Clinical atmosphere promotes learning through assisting and facilitating goal setting and goal attainment with students
- Clinical staff demonstrate interest and a sincere commitment to clinical education through well-constructed verbal and written feedback to students and the program
- Geographical location is in an area that will enhance student opportunities
- Availability of clinical experience in specialized areas of patient care

The ability to provide a quality learning experience will be assessed by the Director of Clinical Education based on input from members of the DYC clinical education team, Clinical Site Information Form, communication with the facility, site visits, and student feedback. From this information, D’Youville College may initiate or terminate a site agreement. When determining the initiation or continuance of a clinical education relationship with a facility, the bulleted factors listed above are considered. The guidelines published by the APTA in the document *Guidelines: Clinical Education Sites BOD G03-06-21-55* are used to guide decision making. (CAPTE CC-4)

Suggestions for future site development from students can be submitted to the Director of Clinical Education. Of note, students and family members are not to contact a potential clinical facility in an attempt to arrange a clinical experience. All new sites are evaluated by the Director of Clinical Education according to the guidelines listed above. Any student who bypasses this process may be referred for disciplinary action.

**Clinical Site Selection Procedure**

During PT503, the first of the clinical orientation courses, students are provided with details of the clinical inquiry process and the clinical placement process. Students are educated on the process by which the list of available sites for each clinical is determined as well as the clinical setting requirements they must fulfill. Students are provided with details regarding the specific process for assigning each clinical experience.

During the clinical orientation courses, students are provided with access to the list of available clinical sites for each rotation through the E*Value web-based system. Students have the ability to research available sites for each of the clinical rotations on E*Value, including reviewing CSIFs (Clinical Site Information Forms) and evaluations of clinical sites from previous students. Facilitating clinical education needs, each student has the opportunity to meet one-on-one with the DCE or ADCE to discuss planning and preferences for their clinical rotations.

During the clinical orientation courses, students submit preferences for their clinical experiences through the E*Value system. Each student is required to submit his/her top 15 site selections for each clinical rotation. Sites MUST be selected from the list of available sites in order for a student to qualify for the clinical placement process. The E*Value Optimization Scheduling (EVOS) tool is used to determine each student’s clinical assignments. Each student’s preferences are reviewed by the optimizing program simultaneously to determine the best possible clinical assignments for every student. The goal of the EVOS system is to assign student clinical placements with the highest level of student satisfaction. Every student is treated equally, and every student’s preferences are taken into
account. The faculty of the DYC Physical Therapy Department reserves the right to make final decisions regarding clinical placements.

In situations where a student does not receive a placement through E*Value’s optimization program or an assigned site becomes unavailable, students will be assigned to their clinical sites by the Director of Clinical Education based on matching clinical site availability, clinical education expectations, academic requirements, student needs identified by faculty, and student preferences. The faculty of the DYC Physical Therapy Department reserves the right to make final decisions regarding clinical placements.

Individuals with disabilities who provide appropriate documentation will be provided reasonable accommodations to assure access, independence and full participation in the clinical education process. For more information students should contact the coordinator of disability services at 716-829-7728.

**Clinical Setting Requirements**

Students are required to complete at least one rotation in an inpatient setting (hospital, sub-acute, MRU, long term care, etc.).

Students are required to complete at least one rotation in an outpatient setting (private clinic, corporate outpatient practice setting, or hospital-based clinic).

It is required that each student complete clinical experiences in a variety of clinical settings. This promotes diversity of exposure to a wide breadth of clinical experiences and facilitates optimal student exposure to learning experiences in the following realms: patient diagnoses; patient/client ages; geographical clinic settings; treatment approaches utilized; cultural diversity; private practice vs. hospital based vs. corporate practice settings.

Students **MUST** complete at least one rotation out of town, which is defined as greater than 50 miles from DYC campus. This enables students to experience the diversity of ways in which physical therapy is practiced in different geographical areas.

Students are responsible for **ALL** living and transportation costs incurred during clinical assignments, including but not limited to rent, airfare, rental car, food, parking, fuel, and uniforms.

The faculty of the DYC Physical Therapy Department reserves the right to make final decisions regarding clinical placements.

**Clinical Site Cancellation and Reassignment**

Occasionally it may become necessary for a clinical site or D'Youville College to cancel or reassign a clinical site placement. When the DCE is contacted, the students are immediately notified by e-mail. An unfortunate result of such changes is that the options for re-assignment can be quite limited. The student meets with the DCE to discuss preferences and options for a new site. The student is assigned to the first site that is available that meets the clinical education requirements.
Academic Requirements/Eligibility for Participation in Clinical Education Experiences

Academic requirements that all students must meet in order to participate in clinical education experiences are published in the D’Youville College Physical Therapy Department Student Manual.

Students are required to obtain permission of department faculty and successfully complete all course-related competency exams prior to registration in clinical education experiences. Permission may be denied on the basis of demonstrated weakness or inability to meet the program’s academic or professional standards.

All clinical education experiences must be completed with a satisfactory (S) grade. Students receiving an unsatisfactory (U) grade for a clinical experience must receive formal approval of program faculty to repeat the clinical experience. A second unsatisfactory (U) grade for a clinical experience will result in dismissal from the program. All clinical education experiences must be completed within 12 months of completion of professional academic coursework or repetition of academic courses may be required. A student will not be permitted to repeat more than one clinical education experience.
Roles and Responsibilities

**Director of Clinical Education (DCE)**

The Director of Clinical Education (DCE) is the licensed physical therapist employed by the academic institution who plans, develops, supervises, organizes, facilitates, monitors, assesses, coordinates, and administers the clinical education component of the physical therapy curriculum. The DCE is the faculty member of record for the clinical education courses. The DCE serves as the liaison between the didactic and clinical components of the curriculum.

The primary roles and responsibilities of the DCE include the following:

1) Communicate Between D’Youville College and Affiliated Clinical Sites
   a. Communicates current information about curriculum, program philosophy, clinical course objectives, and site availability to all concerned parties (clinical education sites, clinical education faculty, DYC clinical education team, students, D’Youville College).
   b. Provides ongoing communication with clinical education faculty (CCCEs and CIs) regarding the academic program, including curriculum, course objectives, and policies and procedures related to clinical education.
   c. Facilitates negotiations of affiliation contractual agreements as well as maintenance of the contracts.
   d. Communicates with clinical education sites about type of student placements available and expectations of clinical site.
   e. Communicates with CCCEs and CIs regarding clinical education faculty development opportunities.
   f. Communicates directly with and oversees communication with CCCEs and CIs regarding student progress and assessment of student progress during clinical experiences.
   g. Provides support and guidance as required in situations where issues or concerns are present during clinical experiences.

2) Communicate With DPT Program Students
   a. Informs students of clinical education policies and procedures.
   b. Provides students with access to information about clinical sites to facilitate selection of preferences for assignment of clinical rotations.
   c. Develops schedules of clinical placement assignments and coordinates the dissemination of this information to students and sites.
   d. Oversees the communication of DYC clinical education team members with students, including direct communication with students and clinical education faculty as needed to support, problem solve, and discuss relevant issues.
   e. Obtains and evaluates feedback from students regarding clinical education experiences and clinical instruction.

3) Clinical Education Program Planning, Implementation, and Assessment
   a. Plans and implements D’Youville College’s clinical education curriculum in collaboration with the Program Chairperson, academic faculty, clinical education faculty, and students.
   b. Develops, revises, and reviews clinical education policies and procedures.
c. Monitors student performance to ensure that they successfully complete the clinical education experiences, including reviewing student evaluations and overseeing communications with clinical education faculty and students.

d. Assigns the final grade for all clinical education courses, determining the grade based on the following: assessment of student performance on CPI; consultation with individual clinical instructors (CI) and their assigned students; review of documentation from in-person meeting or phone conference between clinical education team member, CI(s), and student; timely submission of required documents.

e. Utilizes appropriate intervention strategies with CCCEs, CIs, and students in situations where difficulties have been demonstrated while on clinical education experiences, including instances where learning strategies are necessary.

f. If necessary, develops remedial clinical experiences for students, including collaboration with other appropriate faculty and college resources.

g. Provides direct input into the curriculum development process, including design, review, and revision of curriculum, through collection, organization, and dissemination of pertinent information from clinical sites and students.

h. Administers the program’s clinical education records systems, including the database of affiliated sites, current information on clinical education sites and faculty, copies of negotiated affiliation agreements, student performance reports during clinical education experiences, and assessment data on clinical sites and clinical faculty.

i. Develops and coordinates the program’s evaluation process for the clinical education component of the curriculum, including determination of the tools used to evaluate the clinical sites, teaching effectiveness of clinical education faculty, and student performance.

j. Administers immunization and preventative health policies and procedures that are consistent with the requirements of federal, state, institutional, and site specific guidelines.

k. Implements liability protection of students that is consistent with legal, institutional, and site requirements for risk management.

l. Serves the Physical Therapy Program in additional teaching, advising, research, and service activities.

4) Clinical Site and Clinical Education Faculty Development

a. Determines criteria and procedures for selecting, utilizing, assessing, and maintaining clinical sites.

b. Establishes and maintains an appropriate number of quality clinical sites to meet the educational needs of the students and the DPT program.

c. Offers development opportunities for clinical education faculty at clinical education sites through collaboration with clinical education faculty and through ongoing evaluation of site needs.

d. Continues to be aware of and knowledgeable about current trends in health care and the effects on clinical education, apprising clinical education faculty and academic faculty about trends and changes.

e. Advises faculty members of the DPT program about their roles and responsibilities related to clinical education.
**Center Coordinator of Clinical Education (CCCE)**

The Center Coordinator of Clinical Education (CCCE) is the licensed physical therapist employed and designated by the clinical facility to direct, organize, coordinate, supervise, and evaluate the clinical education program in that facility. The CCCE’s primary role is to serve as a liaison between the academic institutions and the clinical facility.

The primary roles and responsibilities of the CCCE include the following:

1) Identify, organize, and coordinate the specific learning experiences available at the clinical education site.
2) Maintain communication with DCE and program faculty in regard to availability of clinical education experiences, scheduling of students, and site-specific requirements.
3) Once student is scheduled to the site, CCCE confirms placement and communicates directly with the student (or directs the CI to communicate directly to the student) about site expectations and requirements.
4) Assign clinical instructors (CIs) for each clinical placement, evaluating each CI’s readiness and preparedness to serve as a CI. It is strongly recommended that the CCCE use the APTA’s Guidelines: Clinical Instructors (HOD G06-93-28-52) and the APTA’s Guidelines and Self-Assessments for Clinical Education found at the following link: [http://www.apta.org/Educators/Assessments/ACCE/DCE/GuidelinesandAssessmentsforClinEd/](http://www.apta.org/Educators/Assessments/ACCE/DCE/GuidelinesandAssessmentsforClinEd/).
5) Provide or schedule provision of a thorough orientation of the facility, including but not limited to general policies and procedures, emergency procedures, philosophy of the site’s clinical education program, goals and expectations for the student while at the facility, and student learning objectives.
6) Maintain communication with DCE, program faculty, CI, and student during the clinical education experience.
7) In situations where indicated, collaborates with the DCE, CI, and student to problem solve and assist in planning remedial, alternative, accommodative, or challenging learning experiences.
8) Organize, coordinate, direct, evaluate, and supervise the activities of the clinical instructors and students assigned to the clinical site.
9) Revise and submit updated Clinical Site Information Form (CSIF).
10) Organize and implement development activities for the clinical instructors to enhance their skills as clinical educators.
11) Provide regular feedback to the program about student performance and perceived strengths and weaknesses of the academic program.
12) Provide regular assessment of the effectiveness of the DCE and program faculty involved in clinical education supervision.
13) Review the D’Youville College Department of Physical Therapy Clinical Education Manual.
14) Act as a role model for ethical, legal, and professional behavior.
15) Demonstrate effective communication, interpersonal, instructional, supervisory, performance evaluation, administrative, and managerial skills. (Refer to APTA’s Guidelines: Center Coordinators of Clinical Education HOD G06-93-29-52).
Clinical Instructor (CI)
The clinical instructor (CI) is the licensed physical therapist employed by the clinical facility who is designated by the Center Coordinator of Clinical Education to instruct, mentor, supervise, and evaluate the physical therapy students in the clinical education setting. The CI has a minimum of one year of clinical experience. The CI is involved with the daily responsibility and direct supervision of student clinical learning experiences.

The primary roles and responsibilities of the CI include the following:
1) Communicate with the CCCE and student prior to the student’s arrival at the facility, providing information to the student on the clinical site, expectations of students, and site requirements.
2) Plan and provide appropriate clinical learning experiences for the students taking into account the student’s level in the academic program as well as their previous clinical experiences.
3) Provide or schedule provision of a thorough orientation of the facility, including but not limited to general policies and procedures, emergency procedures, philosophy of the site’s clinical education program, goals and expectations for the student while at the facility, and student learning objectives.
4) Communicate expectations, assignments, and objectives to the student.
5) Maintain communication with the CCCCE, DCE, and supervising DYC clinical education team member regarding the student’s performance.
6) Provide appropriate supervision and guidance to the student throughout the clinical experience.
7) Contact the DCE with unexcused student absences or other student requests that are not consistent with a positive learning experience.
8) Contact the CCCE and DCE to identify any “red flag” areas on the CPI prior to midterm evaluation.
9) Formally evaluate the student’s performance at midterm and final using the Clinical Performance Instrument, providing comments to substantiate the level of performance.
10) Verbally review student performance formally at midterm and final through discussion of CPI evaluations completed by CI and student.
11) Promptly recognize student performance or professional concerns, identifying these concerns to the student as well as to the supervising clinical education team member and/or DCE.
12) Assure that in their absence at the clinical site that the student is provided with direct supervision from a licensed physical therapist. If another licensed physical therapist is not available to directly supervise the student in the CI’s absence, the student may not evaluate, treat, or otherwise be involved in treatment care for that time period.
13) Demonstrate clinical competence and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy. (Refer to APTA’s Guidelines: Clinical Instructors HOD G06-93-28-52).
14) Demonstrate effective behavior, conduct, and skill in interpersonal relationships (Refer to APTA’s Guidelines: Clinical Instructors HOD G06-93-28-52).
15) Demonstrate effective communication skills, instructional skills, supervisory skills, and evaluation skills (Refer to APTA’s Guidelines: Clinical Instructors HOD G06-93-28-52).
17) Complete the required documentation for the completion of the student’s clinical, including completion and sign-off on CPI Web, assessment of DCE and supervising faculty member, and evaluation of student in-service form.
18) Participate in development courses offered to enhance clinical instruction skills.
19) Act as a role model for ethical, legal, and professional behavior.
Responsibilities of the Student Physical Therapist (SPT)
The Student Physical Therapist is expected to fulfill all of the responsibilities listed below. Failure to meet the listed responsibilities may result in one of following: cancellation of the clinical experience; academic probation; and/or academic dismissal.

Prior to the student’s arrival at the assigned clinical site, the student is responsible for:
1. Adhering to the PT Program’s policies for clinical education, in particular annual physical examination and health screens, immunizations and titers, annual PPD, HIPAA training, OSHA training and CPR/First Aid. If applicable, students must also adhere to facility requirements for criminal background checks and/or drug screening. It is strongly recommended that students have personal health insurance.
2. Reviewing the academic program’s Student Handbook and the Clinical Education Manual and abiding by all policies and procedures.
3. Completing the Student Affiliate Profile, Learning Style Inventory, and Letter of Introduction for each clinical rotation and mailing to their assigned site a minimum of 6 months prior to the start date of the clinical affiliation.
4. Making telephone contact with the facility CCCE in a timely manner as instructed by DCE and/or ADCE. Students are responsible for inquiring about and fulfilling all site requirements, which may include but are not limited to: annual physical exam; annual PPD and/or 2-step PPD; immunizations and titers; criminal background check; drug screen. Students should use the “Student Checklist for Clinical Education Experiences” document as a guide when contacting sites about these requirements (see Clinical Forms section).

While at the assigned clinical education site, the student is responsible for:
1. Adhering to the policies, procedures, rules, and regulations of the clinical education site.
3. Demonstrating the utmost professionalism and adult learning behaviors when participating in professional activities of the clinical education site, including adherence to the APTA Core Values.
4. Completing all assignments requested by the clinical site, CCCE, CI, and academic program within the timeframe given.
5. Completing CPI self-evaluation at midterm and final, providing comments that substantiate performance level.
6. Communicating regularly with assigned DYC clinical education team member regarding the clinical education experience. In cases where concerns or issues are present, the student is required to communicate immediately with the clinical education team member or DCE.
7. Reflecting on the quality of his/her own mastery of professional knowledge, attitudes, and skills by completing the required student self-assessments. At a minimum, this includes the Weekly Planning Form and the CPI Web midterm and final self-evaluations.
8. Evaluating the effectiveness of the clinical education experience at the clinical education site and providing feedback about the clinical education site and clinical instructor by completing the required evaluation forms at the completion of each clinical experience.
9. Evaluating the D’Youville College clinical education team, including direct faculty supervisors and DCE, at the end of each clinical education experience.
10. Adhering to all of the policies listed in the next section entitled “Clinical Education Student Policies”.

15
Clinical Education Student Policies

Submission of Documents to Facility

Students are required to mail the following documents to their assigned clinical site: 1) Letter of Introduction, 2) Learning Style Inventory, and 3) Student Affiliate Profile. These three documents are to be mailed to the site within one week after the DCE or ADCE has instructed students to send them. Students are expected to contact the CCCE via phone two weeks after mailing these documents to confirm receipt by the clinical site.

Expenses

Students are responsible for all expenses associated with clinical education. Expenses may include, but are not limited to, housing, meals, transportation, library fees, parking, tolls, and professional attire. When students are planning for financial aid, an expense budget for clinical education should be included.

Personal Appearance

When students are at clinical education facilities (whether on fieldtrips, observations, or full-time clinical education experiences), they must dress appropriately for that facility. It is expected that students will meet the following expectations for dress code and personal appearance:

General Personal Appearance Requirements
- All clothes should be neat, clean (no spots or odor), without tatters or holes, and pressed.
- Deodorant should be worn at all times.
- Due to the presence of allergies to certain smells, perfume/cologne should not be worn while at clinical education facilities.
- Lab coats should be worn if the facility requires.
- D’Youville College Student Physical Therapist photo identification badge must be worn and visible at all times.

Pants/Slacks
- Students must wear dress-styled slacks. Jeans of any style are neither professional nor acceptable. Shorts and capris are not appropriate.
- Pants should not reveal undergarments or skin when bending over or completing any squatting or reaching activities; visible undergarments are not acceptable.
- Tight fitting pants through the buttocks and thigh are unacceptable unless a shirt can adequately provide coverage.

Shirts/Tops
- Students must wear shirts/blouses/polo-style tops that coordinate with slacks.
- Shirts should not expose midriff when reaching overhead or bending over.
- Shirts should not be see-through (revealing undergarments).
- Shirts that are low cut or sleeveless are inappropriate.
Footwear
- Sandals/open-toed shoes and high heels are not appropriate. Students are expected to wear closed flat shoes. Athletic sneakers are permitted if the facility has no objections. Socks or stockings must be worn.

Jewelry
- Jewelry should be traditional/conservative and should be kept to a minimum (watch, non-abrasive ring, non-dangling earrings).

Piercings
- Visible jewelry/piercings of the head and face, other than simple ear piercing, is not permitted in the clinic. Exceptions are made only for cultural or religious mandates.

Hair
- Long hair should be secured back so that it remains out of the visual field of the student and does not pose a hazard during treatment.

Tattoos
- Tattoos should not be visible.

Fingernails
- Nails should be neatly trimmed to within 1/8” of white fingernail growth showing in order to prevent injury to the patient. If polish is worn, it should be modest in color and free of chips.

Personal Hygiene
- Students are required to maintain personal hygiene, including cleanliness of the body and absence of body odor.

Consequences of Unacceptable Personal Appearance
- Only one warning will be given with respect to unacceptable dress, inadequate hygiene, or inappropriate appearance during a clinical education experience. Failure to comply following one warning may result in dismissal from the clinical.

Clinical Hours
Students are required to adhere to the hours of the clinical education facility as specified by the Center Coordinator of Clinical Education (CCCE). Holidays and semester breaks, which are honored by the college, are not necessarily honored by the specific clinical facility.

A student is expected to be punctual in daily arrival at the facility and to remain at the facility until excused by the CI or CCCE. Excessive tardiness or a failure to maintain specified hours may be a cause for dismissal from a clinical experience by the CCCE. Students are not permitted to request a change of their clinical hours to accommodate personal schedules, including outside employment or family obligations.

If a student anticipates any missed days due to external circumstances, this MUST be discussed with the DCE. Permission is required from the DCE prior to discussing this with the CCCE or CI.
**Attendance**

Students are expected to avoid absences during clinical education experiences and to submit documentation of reasons for any absences that may occur. In the event a student is unable to report to a facility during a clinical experience, the student must inform the center CI/CCCE and DCE by telephone (716) 829-7828 at the start of the center normal workday. The CI/CCCE will inform the Program DCE at (716) 829-7828 if a student is absent during a clinical experience. **All absences must be made up to receive a passing grade for a clinical education experience.** Equivalent make-up time will be scheduled at the discretion of the CI/CCCE and will be subject to availability at the assigned facility.

In cases of inclement weather, student safety in travel is of utmost concern. Students are to use caution with inclement weather. Students are still expected to attend their clinical if the facility is open. If the clinical facility closes or the clinical instructor specifically tells the student to avoid travel due to inclement weather then the student will be excused. Generally it is not necessary to make up days missed due to inclement weather but the CCCE/CI will discuss expectations.

**Absence of Clinical Instructor**

Program students are not permitted to treat patients during clinical education experiences at times when a licensed physical therapist is not on the premises of an assigned facility. If a student’s clinical instructor is unable to report for work, the student must leave the clinical facility if the CCCE or another licensed physical therapist who the CCCE deems to be an approved qualified substitute is unable to serve as the on-site supervising therapist in the CI’s absence. Under no circumstances is a student allowed to engage in the treatment or evaluation of patients if a licensed physical therapist is not present on the premises. Students are not required to make-up time lost as a result of the unavailability of fully qualified professional supervision.

**Health Requirements**

Each student is required to have a complete physical examination by a physician prior to participating in any clinical practice course. A completed copy of the Clinical Placement Medical Certification/Assessment form must be submitted annually. The original copy of the health form must be submitted to the D’Youville College Health Center and a copy must be kept on file in the Physical Therapy Department office. Unless there is a current (completed within the last calendar year) physical examination form on file in the PT Department office, the student cannot participate in the clinical education course. Examinations are valid for a period of one year.

The student maintains the responsibility to provide documentation to the clinical site verifying physical health and immunization requirements. Each student must contact the CCCE to determine the site’s specific health requirements. The student must provide required documentation of health requirements within the timeframe specified by the site.
Each student is required to have proof of immunization to Measles, Mumps, and Rubella. Titers may be required for rubella and varicella depending on site requirements. Titers need only be drawn once, however, the results of the titers must be attached to all subsequent health forms.

A PPD test (TB test) is required annually. If there is a positive result on the tuberculin test, a chest roentgenogram is also required. Some clinical sites require that students have a two-step PPD test completed. It is the responsibility of the student to ask the CCCE about site health requirements and provide current documentation of the required PPD test.

Students are strongly recommended, though not required, to receive the vaccinations for Hepatitis B and meningococcal meningitis. Should a student decline the vaccination(s), he/she will be required to sign a statement of declination.

Should a student’s health status change after a health form is submitted and before participation in a clinical education course, a medical release from a physician will be required before the student can participate in the clinical practice course.

Should a student’s health status change during a clinical education course, resulting in excessive absences (greater than 3 days), a medical release from a physician will be required for the student to continue the experience.

Individual clinical sites may request additional medical information from the student. It is the responsibility of the student to find out this information prior to attending the clinic. The student has the responsibility to fulfill these requirements in order to participate in the clinical experience.

**Liability Insurance**

All clinical sites require liability insurance coverage. The fee for the liability insurance has been included as part of the student activities fee. D’Youville College will complete the processing of the policy. Under no circumstances may a student participate in any clinical practice activity without current liability insurance.

**CPR/First Aid**

Students must provide evidence of current certification in Adult, Child, and Infant CPR as well as First Aid prior to starting each clinical education experience. CRP certification must have a hands-on training component and skills performance evaluation. Online courses will NOT be accepted.

**OSHA and HIPAA**

Students must maintain record of completion of Occupational Safety and Health Administration (OSHA) training. Students must maintain record of completion of Health Insurance Portability and Accountability Act (HIPAA) guidelines. Training for OSHA and HIPAA will occur in the Introduction to Physical Therapy course, however students are responsible for maintaining record of completion of each training.
Criminal Background Check

Some facilities require criminal background checks prior to the student starting a clinical placement at the site. It is the responsibility of the student to determine the specific background checks that are required as well as fulfill the appropriate requirements of the clinical site. Students are responsible for all costs associated with these checks if they are not covered by the clinical site.

Drug Screen

Some facilities require drug screening prior to the student starting a clinical placement at the site. It is the responsibility of the student to determine the type of drug screen required, including the number of panels required, as well as fulfill the appropriate requirements of the clinical site. Students are responsible for all costs associated with the drug screening if they are not covered by the clinical site.

Interview

Some facilities require an interview with the student prior to acceptance of the student for a clinical placement. If an interview is required, the student must confirm prior to attending the clinic.

Student Benefits/Remuneration During Clinical

A student who will be receiving any type of benefit or remuneration during a clinical experience MUST notify the DYC PT Director of Clinical Education at least one month prior to the clinical start date.

Any international student who is receiving any type of benefit or remuneration during a clinical experience MUST also contact Laryssa Petryshyn, Director of the International Student Office at D'Youville College, at least one month prior to the clinical start date.

Examples of benefits/remuneration include, but are not limited to, the following: stipend payment; discounted housing; free housing; free/discounted meals; and parking remuneration.

Confidentiality

All clinical education faculty, clinical facility employees or representatives, students, academic faculty, or D'Youville College representatives shall protect from unauthorized disclosure all information, records, and data pertaining to clinical facility patients/clients. Students must be in compliance with HIPAA regulations.
**Documentation**

Students are expected to begin to develop competency in writing evaluations and progress notes during Basic Skills I and II. Students should progress in developing their documentation skills by completing documentation on all services they provide. The CI should critically review the student’s notes and make suggestions for improvements as needed. The CI will determine when student notes are acceptable for inclusion in the medical record. All documentation written by the student will be co-signed by the CI prior to being entered into the medical record. This will indicate CI approval of accuracy of information included in a student note. Whether a note is co-signed or not, the assigned CI is responsible for the entirety of student performance during the clinical education experience, including all forms of medical documentation.

**Self-directed and Team Learning**

One of the keys to building a successful career as a physical therapist is to engage in self-directed learning. Students must take responsibility for attaining and maintaining skills during their clinical experiences and throughout their professional careers. A key component to success in clinical education experiences is the willingness to accept the responsibility of directing one’s own learning. Students may enter into their clinical experiences believing that they will passively absorb everything that they need to learn through observation and practice. However, it is imperative for students to take a more active role in providing direction for their individual learning experiences. Reading, study, discussion, research of evidence-based practice, and reflection are essential and should be done daily. Students will need to take responsibility for monitoring the types of learning experiences to which they are being exposed.

Students may also have the opportunity to act as a team with another PT student from this program or another PT program during some or all of their clinical experiences. Students will be expected to participate in and facilitate the learning of their fellow PT students. PT students are strongly encouraged to seek out opportunities to interact with OT, PTA and other health profession students when opportunities arise. Establishing early links with the other health professionals will help to prepare the PT student to refer appropriate clients for their individual services. Students are encouraged to contact core faculty if they have questions about core faculty specialty.

**Professional Conduct**

There is an expectation that students enrolled in the DYC DPT program accept full responsibility for their behavior, professionalism and performance of safe practice during clinical education courses. This is confirmed by student completion of the Statement of Understanding for Commitment to Safe Practice (found in the PT Student Manual) during the first semester of study.

A clinical education center CCCE may dismiss a student **without warning** for behavior regarded as being dangerous, disruptive, or unprofessional. In such cases, the CCCE will immediately notify the Program DCE by telephone (716) 829-7828. Following dismissal for behavior, the approval of both the CCCE and DCE are required for student resumption of the interrupted clinical education experience. Problems considered sufficiently difficult or serious by either the CCCE or DCE may be referred for appropriate professional counseling. In the event an unacceptable behavioral problem cannot be fully resolved, a student may be required to withdraw from the Program by formal action of the Progress Committee.
Evaluation of Student Clinical Performance

Assessment of Clinical Practice Performance

Clinical instructors will formally evaluate students at midterm and at the conclusion of a clinical education course. The evaluations will be documented using the Clinical Performance Instrument (CPI). Most facilities are currently using the on-line version of the CPI, the APTA PT CPI Web. This evaluation tool includes 18 items upon which student performance is assessed. The CI will formally discuss with his/her assigned student the specific assessments recorded in the CPI in terms of instructor perceptions of level of achievement on the evaluative items of the CPI. Additionally, CI feedback will be reflected on written comments on the CPI. Following this formal review, both the CI and the student will electronically sign-off on the instrument.

If a CI elects not to use the CPI Web, the 24-item written CPI hard copy document can be mailed to him/her upon request. If the hard copy version is used, reviewed instruments must be signed by both the CI and the student and will then be mailed by the CI to the program DCE at the conclusion of the clinical experience period.

Clinical Contact by Clinical Education Team

While completing clinical education experiences, each student will be assigned a member of the clinical education team as their faculty supervisor. Students will be notified of their assigned clinical education team member by the first day of the clinical experience. It is expected that any questions, concerns, or issues related to the current clinical experience be brought to the immediate attention of the assigned clinical education team member. The DCE will be notified of any issues or concerns during clinical experiences.

Students and CIs will be contacted by the assigned clinical education team member within the first week of the clinical experience. This is important in order to establish early communication with the site, CI, and student. Ongoing communication via phone and/or email between the student and the clinical education team member as well as between the CI and clinical education team member is important and valued. Students and CIs are expected to contact the supervising clinical education team member if any concerns are present.

Clinical Site Visits and Phone Conferences

At a mutually acceptable time, the assigned clinical education team member will schedule either a meeting or a phone conference with the CI and student for a formal discussion of student performance at the clinical site. Determination of whether a face-to-face site visit is made or a phone conference is conducted is dependent upon several factors, including geographic location, student and/or site needs, number of times site and/or student have been visited, and availability of clinical education team to travel to site location.

Additional visits may be scheduled if deemed necessary due to unusual circumstances or student difficulties. Should such circumstances arise, the student or CCCE is requested to contact the DCE by telephone at (716) 829-7828 to schedule additional meetings as required.
**In-service Presentation**

Students are required to complete an in-service presentation while completing clinical education experiences II, III, and IV. If the CCCE and CI request that a student complete a project instead of a traditional in-service presentation, the student is required to have this project approved by the DYC PT Program faculty to assure that the level of scholarly work involved is at a graduate level. Evaluation of the scholarly work completed by the student for the preparation and delivery of the in-service presentation is assessed by the CI using the *Inservice Evaluation Form* (see Clinical Forms section).

**Grading Clinical Education Courses**

**Clinical Education Objectives**

Acceptable levels of professionalism are required throughout all clinical education experiences. In addition, students must achieve the objectives specified for each clinical experience to be awarded a satisfactory (S) grade and receive credit for successful completion the clinical course. Student oriented objectives for each clinical education experience of the program curriculum are specified by the formal syllabi for the clinical education course.

**Evaluative Feedback**

A clinical instructor (CI) will provide ongoing evaluative feedback with respect to the progress of an assigned student toward the achievement of the objectives specified by the program for a clinical education experience. CIs and students are required to formally notify the Program DCE when a major deficiency in performance or some other serious concern becomes apparent during a clinical education experience. In the event there is a 2:1 CI:student ratio, both CIs are expected to provide adequate feedback relative to student clinical performance.

**Evaluation Format and Procedures**

CIs will formally evaluate assigned students at the midpoint and at the conclusion of a clinical education experience. The evaluations will include use of the Clinical Performance Instrument (CPI). The student is also required to complete a self-evaluation using the CPI at the midpoint and end of the clinical education experience.

A CI will formally inform an assigned student of the specific assessments recorded by the CI in the CPI, in terms of instructor perceptions of level of achievement of clinical experience course objectives. CI feedback will be reflected on written comments on the CPI. During this time, the self-evaluation will be shared with the CI. It is important that the CI and student determine if the CI’s assessment and the student’s self-assessment are similar in both the quantified markings on the rating scale as well as documented comments. Significant discrepancies should be formally discussed with the supervising clinical education team member and/or the DCE. Following this formal review, both the CI and the
student will sign the instrument, either electronically using the CPI Web or via hand written signature on the hard copy.

The electronic versions of the student evaluations are maintained through the CPI Web system. If the CI elects to complete the hand-written CPI, the signed completed evaluations (CI evaluation and self-evaluation) will be mailed by the CI to the program DCE at the conclusion of the clinical education experience time period and retained in program student files.

The CI will complete the Evaluation of Student In-service form assessing the student’s scholarly work in presenting and delivering the in-service presentation.

**Required Documents for Completion of Clinical Experience Courses**

In order for a student to receive a satisfactory “S” grade for a clinical education course, the following documents must be submitted by the established due date. Some of these forms are completed electronically through CPI Web and E*Value, however others must be handed in as a completed hard copy document. Students will be notified via email during each clinical education experience regarding which documents must be completed electronically and which must be completed in hard copy form.

- Clinical Instructor Clinical Performance Instrument (CPI)
- Student (Self) Clinical Performance Instrument (CPI)
- Physical Therapist Student Assessment of the Clinical Experience (completed on E*Value)
- Physical Therapist Student Assessment of the Clinical Instruction (completed on E*Value)
- Clinical Education Team Assessment Form: CCCE and CI Version
- Student Assessment of DCE (completed on E*Value)
- Student Assessment of Supervising Faculty (completed on E*Value)
- Clinical Instructor Evaluation of In-service or Project (PT 674, PT 675 & PT 720/PT725)
- Copy of In-service or Project (PT 674, PT 675 & PT 720/PT725)

**Award of Grades for Clinical Experiences**

The Director of Clinical Education (DCE) will determine final grades for each clinical education experience included in program curriculum. Expected levels of student performance for each of the four clinicals are specified on the respective clinical course syllabi. The final grade is based on the following: assessment of student performance on CPI; consultation with individual clinical instructors (CI) and their assigned students; review of documentation from in-person meeting or phone conference between program supervising faculty member, CI(s), and student; timely submission of required documents. All clinical education experiences will be graded as satisfactory (S) or unsatisfactory (U). Submission of all required clinical paperwork is necessary for achievement of an “S” grade.
Failure to Achieve Satisfactory Grade in a Clinical Education Course

Failure to achieve a satisfactory (S) grade for a clinical education experience may occur in cases of professional behavior concerns or in cases where the student has not achieved the required level of performance on the Clinical Performance Instrument as identified on each clinical course syllabus.

If the failure to achieve a satisfactory grade for the clinical education course is related to professional behavior concerns, a Generic Abilities form will be completed by the supervising DYC clinical education team member or DCE to identify areas of deficiencies. The student will also complete a self-assessment of the Generic Abilities form. The student, DCE, and at least one additional program faculty member will formally meet to determine an appropriate course of action. Alternative courses of action may include, but are not limited to, additional time for achievement of objectives or repeat of clinical education experience. Descriptions of these courses of action are listed below.

If the failure to achieve a satisfactory grade for the clinical education course is the result of the student not achieving the level of performance on the CPI required for the specific clinical education course, the student, DCE, and at least one additional program member will meet to determine an appropriate course of action. Alternative courses of action may include, but are not limited to, additional time for achievement of objectives or repeat of the clinical education experience.

Additional Time for Achievement of Objectives
A student who fails to achieve a satisfactory grade in a clinical education course may be required to complete additional time in an appropriate clinical setting. The student will receive a grade of incomplete “I” for the course. The DCE will determine the additional time considered necessary to remedy deficiencies after consultation with the CCCE, CI(s), and student. Additional clinical experience may be completed at the same clinical facility or at another facility selected by the DCE. Additional time will be provided on a space available basis and may result in delayed graduation for the student.

Repeat of Clinical Education Experience
A student who fails to achieve a satisfactory grade in a clinical education course will receive an unsatisfactory “U” grade, and the student will be required to re-register for the course and complete the full-time clinical education course in its entirety. The student will be assigned by the DCE to a clinical placement similar in type and diversity of patients to the site from which the student was removed. Repeat clinical education placements will not necessarily follow the regular course schedule and sequence. The student may be permitted to continue study within the program on the specified condition that the unsatisfactory clinical education experience be repeated in its entirety on a space available basis.

A student will only be permitted to repeat one clinical education experience if fully justified. A student will not be allowed to repeat more than one clinical education experience. If a student fails a second clinical experience, either failure of a repeated clinical experience or failure of a different clinical experience, the student will be dismissed from the program. All clinical education experiences must be completed within twelve months of completion of pre-professional academic course work or repetition of academic courses may be required.
Dismissal From the Program
If a student fails a second clinical education experience, either failure of a repeated clinical education experience or failure of a different clinical education experience, the student will be dismissed from the program. A dismissed student will be required to complete a change of major to continue enrollment at D’Youville College.

Guidelines for Professional Behaviors
As the basis for professional behavior development assessment, the DYC PT program has adopted both the APTA Core Values and the “PT Specific Generic Abilities/Professional Behaviors”, originally developed by the faculty at the University of Wisconsin – Madison Physical Therapy Program. The APTA Code of Ethics is also used to guide the professional development of physical therapist students. Throughout didactic and clinical coursework, students are expected to consistently demonstrate professional behavior that adheres to these assessments and guidelines. Failure to perform in a professional manner during a clinical experience may result in failure of the clinical education experience.
Procedures for Concerns or Issues During Clinical Education Experiences

Student Concerns Process in the Clinic

If a problem arises while completing a clinical experience (i.e. supervision, academic preparation, professional behaviors, or injuries), the student should discuss the issue with the CI immediately. If the situation is not improved the student should next notify their supervising clinical education team member for assistance in resolving the problem. The DYC clinical education team member will convey to the DCE all concerns or issues that are identified. The supervising clinical education team member will work with the student to develop a plan of action to facilitate resolution of the problem. If the problem persists or if there are issues outside of the realm of the supervising clinical education team member, the DCE will intervene. Due to the nature of some issues faced by students, it may be appropriate to contact the DCE immediately to discuss strategies for resolving the problem.

Clinical Instructor Concerns Process in the Clinic

If a problem arises while a student is completing a clinical experience (i.e. supervision, academic preparation, professional behaviors, or injuries), the CI should discuss the problem with the student immediately. If the situation is not improved, the CI should next notify the CCCE of the facility for assistance in resolving the problem. If the problem is not resolved, the CI should notify the DYC supervising clinical education team member for assistance in resolving the problem. The DYC clinical education team member will convey to the DCE all concerns or issues that are identified. The supervising clinical education team member will work with the CI to develop a plan of action to facilitate resolution of the problem. If the problem persists or if there are issues outside of the realm of the supervising faculty member, the DCE will intervene. Due to the nature of some issues, it may be appropriate to contact the DCE immediately to discuss strategies for resolving the problem.

Student Withdrawal

Student withdrawal from a clinical educational facility may occur for the following reasons:

- Unsatisfactory student performance: if the student behaves or exhibits characteristics that are detrimental to the clinical site in carrying out its health care responsibilities. In this case, the Center Coordinator of Clinical Education (CCCE) is to direct the request for student withdrawal to the Director of Clinical Education (DCE).

- Unsatisfactory clinical education experience: if there is knowledge of unsafe or unethical patient care at the clinical site, the student will be withdrawn. The DCE will contact the CCCE and will discuss the rationale for the necessity of student withdrawal from the clinical site.
**Backup Supervision of Students**

A plan must exist for supervision of the physical therapy student if the assigned Clinical Instructor is absent. In situations of planned absences, the CI should discuss with the student ahead of time who the substitute supervising physical therapist will be. It is important to note that all students must be supervised by a licensed physical therapist at all times during the clinical experience. If a licensed physical therapist is not available to supervise the student, the student is not allowed to carry out patient care. A backup supervision plan is essential at all clinical educational facilities that employ only one licensed physical therapist in the case of the absence of that PT. This backup system is to be utilized only on a short-term basis and only in emergency situations when the Clinical Instructor must be absent (i.e. illness or death in the family).

**Patient’s Right to Refuse**

All patients have the right to refuse treatment from a student during a clinical affiliation. If a patient prefers not to be treated by a student, the student should immediately inform his or her CI and/or CCCE and discuss alternative options.

**Incident Reporting**

If a student is involved in any incident in which he or she sustains an injury, the student must immediately notify the CI of the incident. The student must immediately notify the DCE of the event and provide the DCE with a written copy of the incident report from the student and CI. The DYC Accident Report form can be found on the college’s website at the following link: [https://www.dyc.edu/campus_life/services/docs/accident_report.pdf](https://www.dyc.edu/campus_life/services/docs/accident_report.pdf). If the site elects to use their incident report, the student must provide the DCE with a copy of the completed site form as well as the DYC form.

If a student is injured at the clinical site, the cost of the care is the student’s responsibility though students will be provided access to any health services required.
INTERNATIONAL STUDENTS WHO PLAN TO WORK IN THE UNITED STATES AFTER GRADUATION

Any international student who plans to work in the United States after graduation **MUST** contact Laryssa Petryshyn, Director of the International Student Office, **PRIOR TO GRADUATION**.

Information can be found on the D’Youville College website at the following link: [http://www.dyc.edu/iso/f1status/training.aspx](http://www.dyc.edu/iso/f1status/training.aspx).
DEPARTMENT POSITION STATEMENT

Referral for Profit

The D’Youville College Department of Physical Therapy supports the American Physical Therapy Association’s Position on Physician-Owned Physical Therapy Services (POPTS). The D’Youville College Department of Physical Therapy will not participate in clinical education with practice settings that identify themselves as physician owned physical therapy services (POPTS).
APPENDICES

A. Rights and Privileges of Adjunct Clinical Faculty
B. Access Information for APTA CPI Web
C. Medicare Guidelines for Supervising PT Students
D. APTA Code of Ethics
E. Professionalism in Physical Therapy: Core Values (APTA)
F. Generic Abilities
G. CPI Web Rating Anchors
APPENDIX A

CLINICAL EDUCATION FACULTY RIGHTS AND PRIVILEGES

NYS Continuing Education Credits

Physical Therapists are awarded 0.25 hour of continuing education for each two-week period of supervision per student, capped at 6 hours per three-year registration period per New York State Education Office of Professions (http:www.op.nysed.gov/prof/pt/ptceapplicantinfo.htm). Please note that it is the responsibility of each physical therapist to monitor their 6 hour cap per registration period.

On September 30th of each year, the Physical Therapy Department sends a letter to each clinical education faculty who served as a clinical instructor for the preceding academic year. This letter provides documentation of the continuing education units accrued for clinical supervision.

D'Youville College Tuition Credits

In return for service to D'Youville College in the form of supervising physical therapy students for their clinical rotations, clinical instructors will accrue one tuition credit hour for each 160 hours of supervision. Credits may be applied toward tuition only for undergraduate or graduate courses and do not cover college fees. The credits may also be applied to the cost of elective courses offered through the college.

If a clinical instructor does not wish to use the credits him/herself, they may be transferred to a facility associate of the clinical instructor, to a direct family member (i.e., spouse, child, sibling) of the clinical instructor, or to a direct family member of a facility associate.

To utilize the tuition credits, an individual must present this signed tuition credit waiver letter to the financial aid office at D'Youville College (2nd floor of the Koessler Administration Building) with identification and/or evidence of employment at the site/facility that is granting the tuition credit waiver to you (e.g., recent paystub and office business card). If giving the voucher to a direct family member, please have a facility administrator attach a business card and sign the voucher.

Rights and Privileges

Library privileges are available through the D'Youville College Library or interlibrary loan system. Clinical education faculty may make use of the physical facilities at D'Youville College with prior approval of the Department Chair for seminars, workshops, or research activities.

D'Youville College is committed to providing professional learning opportunities for faculty and staff. Our Center for Professional Studies provides workshops aligned with the strategic plan and designed to enhance your professional practice. As a benefit to all D'Youville faculty and staff (including clinical education faculty—CCCEs and CIs), the courses at the Center are offered FREE of charge.

Visit the Center for Professional Studies website for course listings:
http://www.dyc.edu/professional/index.aspx
APPENDIX B
ACCESS INFORMATION FOR APTA CPI WEB

The APTA CPI Web can be accessed through the following link:

https://cpi2.amsapps.com/user_session/new

NOTE: Prior to accessing the APTA CPI Web for the first time, users must complete the free online training course through the APTA Learning Center. Please see instructions below for accessing the online training.

GETTING STARTED WITH THE APTA LEARNING CENTER
FOR PT CPI COURSE PARTICIPANTS

APTA Members/Current or Former APTA Customers

1. Login to www.apta.org
   • Enter your username and password and select "click here to continue:" http://www.apta.org/APTALogin.aspx
   • Under http://www.apta.org/myAPTA make note of the email address associated with your apta.org account. You will need to use the same address to verify your training completion in PT CPI Web.

2. Important! It is essential that you do not purchase or register for courses in the APTA Learning Center using more than one account number. If you've forgotten your password or were at one time an APTA member, please use the “Forgot My Password” option to have it emailed to you OR contact 800/999-2782, ext 3395 for assistance.

3. Set up your computer
   • Enable pop-ups for http://www.apta.org and http://learningcenter.apta.org. (Make sure pop-ups are enabled both in your Internet browser and in your Google/Yahoo/AOL toolbar, if installed. Learn how: http://learningcenter.apta.org/oht.aspx#q1

4. "Purchase" the free PT CPI online course
   • To access the PT CPI online course, go to: http://learningcenter.apta.org/free_membercourses.aspx (this is the “Free Member”
course catalog, accessible from the public course catalog) in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

5. Take the PT CPI online course

- After purchasing the course, go to My Courses http://learningcenter.apta.org/My_Courses.aspx within the APTA Learning Center.

6. Print CEU certificate

- Claim credit and print your 0.2 CEU certificate through My Courses http://learningcenter.apta.org/My_Courses.aspx at the APTA Learning Center.

7. Access the PT CPI Web site

- To access PT CPI Web 2.0, please click: https://cpi2.amsapps.com

The academic program with whom you affiliate can provide you with your username (the email address provided to them). If you do not have a password, you will need to use the ‘I forgot or do not have a password’ link to establish a password. The password to login to PT CPI Web 2.0 is NOT the same as the password used to login to the APTA Web site.

New Customers/Never Been an APTA Member

1. Create an account at www.apta.org

- Register at apta.org: http://www.apta.org/APTALogin.aspx. Complete the required information and write down your username and password.

- Please make a note of the e-mail address that you use when completing this registration information as you will need to use the same email address to verify your training completion in PT CPI Web.

2. Set up your computer


- Important! You are now ready to purchase the free online course.

3. "Purchase" the free PT CPI online course

- To access the PT CPI online course, go to: http://learningcenter.apta.org/free_membercourses.aspx (this is the "Free member” course catalog, accessible from the public course catalog) in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

4. Take the PT CPI online course
• After purchasing the course, go to My Courses http://learningcenter.apta.org/My_Courses.aspx within the APTA Learning Center.

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APPENDIX C
MEDICARE GUIDELINES FOR SUPERVISING PHYSICAL THERAPY STUDENTS

Implementing MDS 3.0: Use of Therapy Students

As facilities continue to change their current practices to implement the Minimum Data Set Version 3.0 (better known as MDS 3.0), one of the emerging issues is the manner in which they document and utilize therapy students. Under the new rules, in order to record the minutes as individual therapy when a therapy student is involved in the treatment of a resident, only one resident can be treated by the therapy student and the supervising therapist or assistant (for Medicare Part A and Part B). In addition, the supervising therapist or assistant cannot engage in any other activity or treatment when the resident is receiving treatment under Medicare Part B. However, for those residents whose stay is covered under Medicare Part A, the supervising therapist or assistant cannot be treating or supervising other individuals and the therapist or assistant must be able to immediately intervene or assist the student as needed while the student and resident are both within line of sight supervision. For example under Part A, the therapist or assistant could be attending to paperwork while supervising the student and resident.

Under Medicare Part A, when a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:

- The therapy student is treating one resident and the supervising therapist or assistant is treating another resident and the therapy student and the resident the student is treating are in line of sight of the supervising therapist or assistant;
- or
- The therapy student is treating two residents, both of whom are in line of sight of the therapy student and the supervising therapist or assistant, and the therapist is not treating any residents and not supervising other individuals;
- or
- The therapy student is not treating any residents and the supervising therapist or assistant is treating two residents at the same time, regardless of payer source, both of whom are in line of sight.

The student would be precluded from treating the resident and recording the minutes as concurrent therapy under Medicare Part B.

Under Medicare Part A, when a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing the group treatment and all the residents participating in the group and the therapy student are in line of sight of the supervising therapist or assistant who is not treating any residents and is not supervising other individuals (students or residents); or
- The supervising therapist/assistant is providing the group treatment and the therapy student is not providing treatment to any resident.

Under Medicare Part B, when a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing group treatment and the supervising therapist or assistant is present and in the room and is not engaged in any other activity or treatment; or The supervising therapist or assistant is providing group treatment and the therapy student is not providing treatment to any resident.

These changes as well as other changes regarding MDS 3.0 will take effect October 1, 2010. If you have questions regarding this provision or other provisions within MDS 3.0, please contact the APTA at advocacy@apta.org or at 800.999.2782 ext. 8533.
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 access 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 under-utilization 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.
# APPENDIX E

**PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES**

**BOD P05-04-02-03**  [Amended BOD 08-03-04-10]

<table>
<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
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</thead>
</table>
| **Accountability** | Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society. | 1. Responding to patient’s/client’s goals and needs.  
2. Seeking and responding to feedback from multiple sources.  
3. Acknowledging and accepting consequences of his/her actions.  
4. Assuming responsibility for learning and change.  
5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities.  
6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions.  
7. Participating in the achievement of health goals of patients/clients and society.  
8. Seeking continuous improvement in quality of care.  
9. Maintaining membership in APTA and other organizations.  
10. Educating students in a manner that facilitates the pursuit of learning. |
| **Altruism**      | Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self interest. | 1. Placing patient’s/client’s needs above the physical therapists.  
2. Providing pro-bono services.  
3. Providing physical therapy services to underserved and underrepresented populations.  
4. Providing patient/client services that go beyond expected standards of practice.  
5. Completing patient/client care and professional responsibility prior to personal needs. |
<p>| <strong>Compassion/ Caring</strong> | Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring. | 1. Understanding the socio-cultural, economic, and psychological influences on the individual’s life in their environment. |</p>
<table>
<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
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</table>
| Caring     | Caring is the concern, empathy, and consideration for the needs and values of others. | 2. Understanding an individual’s perspective.  
3. Being an advocate for patient’s/client’s needs.  
4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc.  
5. Designing patient/client programs/ interventions that are congruent with patient/client needs.  
6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care.  
7. Focusing on achieving the greatest well-being and the highest potential for a patient/client.  
8. Recognizing and refraining from acting on one’s social, cultural, gender, and sexual biases.  
10. Attending to the patient’s/client’s personal needs and comforts.  
11. Demonstrating respect for others and considers others as unique and of value. |
| Excellence | Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. | 1. Demonstrating investment in the profession of physical therapy.  
2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions.  
3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes.  
4. Conveying intellectual humility in professional and interpersonal situations.  
5. Demonstrating high levels of knowledge and skill in all aspects of the profession.  
6. Using evidence consistently to support professional decisions.  
7. Demonstrating a tolerance for ambiguity.  
8. Pursuing new evidence to expand knowledge. |
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<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
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</table>
| **Core Values** | **Definition** | 9. Engaging in acquisition of new knowledge throughout one’s professional career.  
10. Sharing one’s knowledge with others.  
11. Contributing to the development and shaping of excellence in all professional roles. |

| Integrity | Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do. | 1. Abiding by the rules, regulations, and laws applicable to the profession.  
2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc).  
3. Articulating and internalizing stated ideals and professional values.  
4. Using power (including avoidance of use of unearned privilege) judiciously.  
5. Resolving dilemmas with respect to a consistent set of core values.  
7. Taking responsibility to be an integral part in the continuing management of patients/clients.  
8. Knowing one’s limitations and acting accordingly.  
9. Confronting harassment and bias among ourselves and others.  
10. Recognizing the limits of one’s expertise and making referrals appropriately.  
11. Choosing employment situations that are congruent with practice values and professional ethical standards.  
12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk. |

| Professional Duty | Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society. | 1. Demonstrating beneficence by providing “optimal care”.  
2. Facilitating each individual's achievement of goals for function, health, and wellness.  
3. Preserving the safety, security and confidentiality of individuals in all professional contexts.  
4. Involved in professional activities beyond the practice setting. |
<table>
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<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
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<tbody>
<tr>
<td>Social Responsibility</td>
<td>Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.</td>
<td>5. Promoting the profession of physical therapy. 6. Mentoring others to realize their potential. 7. Taking pride in one’s profession.</td>
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<tr>
<td></td>
<td></td>
<td>1. Advocating for the health and wellness needs of society including access to health care and physical therapy services.</td>
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<td>2. Promoting cultural competence within the profession and the larger public.</td>
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<td>3. Promoting social policy that effect function, health, and wellness needs of patients/clients.</td>
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<td>4. Ensuring that existing social policy is in the best interest of the patient/client.</td>
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<td>5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision.</td>
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<td>6. Promoting community volunteerism.</td>
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<td>7. Participating in political activism.</td>
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<td>8. Participating in achievement of societal health goals.</td>
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<td></td>
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<td>9. Understanding of current community wide, nationwide and worldwide issues and how they impact society’s health and well-being and the delivery of physical therapy.</td>
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<td>10. Providing leadership in the community.</td>
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<td>11. Participating in collaborative relationships with other health practitioners and the public at large.</td>
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<td>12. Ensuring the blending of social justice and economic efficiency of services.</td>
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References


APPENDIX F

Generic Abilities

D'Youville College Physical Therapy Department

Generic Abilities Assessment

Student

Faculty Member

☐ Student is performing at the appropriate level in all areas of the generic abilities in this course.

If the student has demonstrated unsatisfactory performance in any of the generic abilities, please comment:

1. Commitment to Learning

2. Interpersonal Skills

3. Communication Skills

4. Effective Use of Time and Resources

5. Use of Constructive Feedback

6. Problem Solving

7. Professionalism

8. Responsibility

9. Critical Thinking

10. Stress Management

Summary of the faculty/student meeting, including the action plan to improve in identified areas:

Student Signature _______________________________________________ Date______________

Faculty Signature________________________________________________ Date______________
Generic Ability Definitions

1. **Commitment to Learning**
The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.

2. **Interpersonal Skills**
The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.

3. **Communication Skills**
The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.

4. **Effective Use of Time and Resources**
The ability to obtain the maximum benefit from a minimum investment of time and resources.

5. **Use of Constructive Feedback**
The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.

6. **Problem Solving**
The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

7. **Professionalism**
The ability to exhibit appropriate professional conduct and to represent the profession effectively.

8. **Responsibility**
The ability to fulfill commitments and to be accountable for actions and outcomes.

9. **Critical Thinking**
The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.

10. **Stress Management**
The ability to identify sources of stress and to develop effective coping behaviors.

*Developed by the Physical Therapy Program, University of Wisconsin-Madison (May et al. Journal of Physical Therapy Education, 9, 3-6, 1995)*

*In instances where unsatisfactory performance in any of the generic abilities has been reported, students will be notified and encouraged to meet with the DCE to discuss these problem areas. A copy of this form will be placed in the student’s file. Students may request a copy of this form. It is important for students’ clinical success that they perform satisfactorily in these generic abilities. The faculty is committed to assisting the student in formulating a plan that will lead to satisfactory performance in all Physical Therapy professional behaviors.*
## APPENDIX G

CPI Web Appendix C: Definitions of Performance Dimensions and Rating Scale Anchors

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DEFINITIONS</th>
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<td><strong>Performance Dimensions</strong></td>
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| Supervision/Guidance      | Level and extent of assistance required by the student to achieve entry-level performance.  
- As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.  
- Number of elements that must be considered relative to the task, patient, and/or environment.  
- As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.                                                                                                                                                                  |
| Quality                   | Degree of knowledge and skill proficiency demonstrated.  
- As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.                                                                                                                                                                                                                                                     |
| Complexity                | Frequency of occurrences of desired behaviors related to the performance criterion.  
- As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.                                                                                                                                                                                                                           |
| Efficiency                | Ability to perform in a cost-effective and timely manner.  
- As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.                                                                                                                                                                                                                      |
| **Rating Scale Anchors**  |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Beginning performance     | A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.  
- At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner.  
- Performance reflects little or no experience.  
- The student does not carry a caseload.                                                                                                                                                                                                                                                                                                   |
| Advanced beginner performance | A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.  
- At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.  
- The student may begin to share a caseload with the clinical instructor.                                                                                                                                                                                                                                                                   |
| Intermediate performance  | A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.  
- At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.  
- The student is capable of maintaining 50% of a full-time physical therapist’s caseload.                                                                                                                                                                                                                                     |
| Advanced intermediate performance | A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.  
- At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.  
- The student is capable of maintaining 75% of a full-time physical therapist’s caseload.                                                                                                                                                                                                                   |
| Entry-level performance   | A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.  
- At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.  
- Consults with others and resolves unfamiliar or ambiguous situations.  
- The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.                                                                                                                                                                                                                           |
| Beyond entry-level performance | A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.  
- At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others.  
- The student is capable of maintaining 100% of a full-time physical therapist’s caseload and seeks to assist others where needed.  
- The student is capable of supervising others.  
- The student willingly assumes a leadership role for managing patients with more difficult or complex conditions.                                                                                                                                                                                                 |
CLINICAL EDUCATION FORMS

1. Student Evaluation of Clinical Education Experience
2. Student Evaluation of Clinical Education Team
3. Evaluation of In-service
4. Weekly Planning Form
5. Sample Letter of Introduction
6. Physical Therapy Student Affiliate Profile
7. Learning Style Inventory
8. Student Checklist for Clinical Education Experiences
STUDENT EVALUATION OF CLINICAL EDUCATION EXPERIENCE

Student Evaluation of Clinical Education Experience is completed by each student on E*Value. Conversion of this evaluation tool to an on-line assessment through E*Value was completed with written permission from the APTA. The assessment form can be viewed on the APTA website at the following link:

http://www.apta.org/uploadedFiles/APTAorg/Educators/Assessments/StudentPTEvaluationForm.doc

On E*Value, this evaluation tool is separated into two separate evaluations (PT Student Assessment of Clinical Experience and PT Student Assessment of Clinical Instruction) in order to adhere to the ATPA’s guidelines that the PT Student Assessment of Clinical Instruction remain confidential and not be shared by the academic program with other students.
STUDENT EVALUATION OF CLINICAL EDUCATION TEAM

Clinical Education Team Assessment Form

Student Version

The Clinical Education Team Assessment Form is designed to allow students an opportunity to provide feedback to both the Director of Clinical Education (DCE) and the supervising faculty regarding their performance and fulfillment of responsibilities. Please provide responses relevant to your interactions with the individuals being assessed. Please use the scale provided to rate behavior and provide comments as applicable. The ultimate purpose of this feedback is to improve the overall quality of the clinical experience for the student, the clinical faculty, and the patients/clients.

Clinical Education Experience

Date____________

☐ Clinical I – PT574    ☐ Clinical II – PT674
☐ Clinical III – PT720

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Is exceptional in exhibiting the behavior</td>
</tr>
<tr>
<td>4</td>
<td>Always exhibits behavior</td>
</tr>
<tr>
<td>3</td>
<td>Usually exhibits behavior</td>
</tr>
<tr>
<td>2</td>
<td>Sometimes exhibits behavior</td>
</tr>
<tr>
<td>1</td>
<td>Rarely/never exhibits behavior</td>
</tr>
<tr>
<td>IE</td>
<td>Insufficient evidence to rate behavior</td>
</tr>
</tbody>
</table>

Please use the tool below to assess the DYC PT Director of Clinical Education.

<table>
<thead>
<tr>
<th>Description</th>
<th>Exceptional</th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>IE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The DCE accurately communicates necessary information to students in a timely manner</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>IE</td>
</tr>
<tr>
<td>The DCE accurately manages and maintains the academic program’s clinical education files containing information about clinical sites</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>IE</td>
</tr>
<tr>
<td>The DCE clearly explains the clinical placement process, provides individualized guidance for each student as appropriate during the decision making process, and is approachable when the student requires clarification</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>IE</td>
</tr>
<tr>
<td>The DCE demonstrates an adequate level of knowledge regarding the clinical education program by answering questions thoroughly and efficiently</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>IE</td>
</tr>
<tr>
<td>The DCE is accessible for questions and support throughout the clinical planning process and during clinical rotations</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>IE</td>
</tr>
<tr>
<td>The DCE provides guidance and support as needed during challenging clinical experiences</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>IE</td>
</tr>
<tr>
<td>The DCE maintains consistent communication throughout the clinical planning process and during clinical rotations</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>IE</td>
</tr>
</tbody>
</table>

Comments
Assessment of DYC PT Faculty Supervisor

Student Version

Clinical Education Experience
☐ Clinical I – PT574  ☐ Clinical II – PT674
☐ Clinical III – PT675  ☐ Clinical IV – PT720

Name of DYC PT Faculty Supervisor ____________________________ Date __________________

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Is exceptional in exhibiting the behavior</td>
</tr>
<tr>
<td>4</td>
<td>Always exhibits behavior</td>
</tr>
<tr>
<td>3</td>
<td>Usually exhibits behavior</td>
</tr>
<tr>
<td>2</td>
<td>Sometimes exhibits behavior</td>
</tr>
<tr>
<td>1</td>
<td>Rarely/never exhibits behavior</td>
</tr>
<tr>
<td>IE</td>
<td>Insufficient evidence to rate behavior</td>
</tr>
</tbody>
</table>

Please use the tool below to assess the DYC PT faculty member who directly supervised you during the clinical rotation.

<table>
<thead>
<tr>
<th>DYC PT supervising faculty member communicated with PT student within the first week of the clinical rotation</th>
<th>Exceptional</th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>IE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>IE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DYC PT supervising faculty member was accessible and responsive to questions or concerns raised by the student during the clinical experience</th>
<th>Exceptional</th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>IE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>IE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DYC PT supervising faculty member completed a midterm conference with the CI and student, either in person or via telephone call</th>
<th>Exceptional</th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>IE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>IE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DYC PT supervising faculty member provided guidance and support as needed in order to provide strategies and options for improving the clinical experience for the student and CI</th>
<th>Exceptional</th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>IE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>IE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DYC PT supervising faculty member maintained consistent communication and accessibility as needed throughout the clinical rotation</th>
<th>Exceptional</th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>IE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>IE</td>
</tr>
</tbody>
</table>

Additional Comments

Thank you for taking the time to complete this assessment.
# EVALUATION OF IN-SERVICE

D'Youville College Physical Therapy Program: Evaluation of Student In-service

| Student Name: _______________________________ | Date: __________________________ |
| Topic: ______________________________________________________________ | Presented To: ______________________________________________________________________ |

## BODY OF PRESENTATION/CONTENT

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Acceptable</th>
<th>Poor</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction of the topic</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Rationale/significance to PT</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Preparation was evident</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Resources reflect evidence based practice</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Resources reflect peer reviewed work</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Content reflects graduate level work</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

## DELIVERY OF PRESENTATION

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Acceptable</th>
<th>Poor</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organized and logical</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Communication skills</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Eye contact</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Body language</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Voice volume</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Rate of speaking</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Demonstrated enthusiasm about material</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Visually/handouts were informative and helpful to the overall presentation</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Maintained time limits</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Overall confidence with the material/topic</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

## FACILITATION OF DISCUSSION

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Acceptable</th>
<th>Poor</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowed time for Q&amp;A</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Answered questions in a professional manner and tone</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Able to site valid sources (not opinions) with answers</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

## ADDITIONAL COMMENTS:

____________________________________________________________________________

____________________________________________________________________________

## SIGNATURE OF CI OR OTHER EVALUATOR: ________________________________
WEEKLY PLANNING FORM

Weekly Planning Form

Student: 

CI: 

Date: 

Experience Week Number: 

STUDENT’S REVIEW OF THE WEEK
When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

CI’S REVIEW OF THE WEEK
When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

GOALS FOR THE UPCOMING WEEK OF ________________

Student’s Signature 

CI Signature 

SAMPLE LETTER OF INTRODUCTION

August 26, 2011

Ms. Jane Doe, PT, CCCE
East Hospital
Physical Therapy Department
1 Second Street
Happy Towne, New York 10101

Dear Ms. Doe,

I am looking forward to my clinical education experience at ___________ East Hospital _______ scheduled from _____________ to _________________. This will be the (first, second, etc.) of my four full-time clinical affiliations. Enclosed please find my student affiliate profile and learning style inventory to help you become familiar with me prior to my arrival. In addition, the following information should be helpful for both of us to plan appropriately.

Upon my arrival at your facility, I will provide you with proof of my health insurance, CPR certification, and a copy of my completed health examination including TB test results and immunizations of Hep B, DpT, and MMR. If your facility requires additional health information, such as a 2-step PPD or a drug screen, please notify me so that I may take care of these matters well in advance. If there are additional requirements necessary prior to my start date, such as a background check, please let me know as well.

Optional section: If you have questions about housing:
I am interested in utilizing the housing provided by your facility. Please provide me with contact information so that I may begin setting up these housing arrangements.

OR

I am interested in obtaining information about available housing in the area. It would be appreciated if you could please provide me with any available housing information, such as a list of possible accommodations or the name of a person to contact for additional information.

The address where I can be contacted during the month prior to my arrival at your facility is:

E-mail Address:
Phone Number:

I look forward to my clinical experience at _______________. Thank you for your work in clinical education.

Sincerely,

, Student Physical Therapist
D'Youville College Physical Therapy Program
PHYSICAL THERAPY STUDENT AFFILIATE PROFILE

Student Name:

Gender:  □ Male   □ Female

Mailing address for the 4 weeks preceding the start of the affiliation (where pre-clinical information should be sent):

Phone #: (      )  E-mail:

In case of an emergency while I am at your facility, please notify:

Name:  Relationship:

Address & Phone Number:

Describe any conditions (medical or otherwise) that may affect your ability to perform in the clinic that we need to be aware of:

Previous Education (undergraduate and graduate):

Previous Full Time Physical Therapy Clinical Affiliations (please list locations, length of affiliation, patient populations treated/activities performed):

Other Internships, Observations, or Clinical Experience:
Previous Work Experience:

Related to Physical Therapy

Unrelated to Physical Therapy

Briefly describe yourself – what would you like the clinical coordinator and/or clinical instructor to know about you as a person:

What are your general goals, practice areas of interests and activities you would like to gain experience in during this clinical experience?

What are your clinical strengths? (Consider previous work experience, previous affiliations and any special training you may have had.)

What clinical skills would you like to upgrade during this affiliation?
LEARNING STYLE INVENTORY
PHYSICAL THERAPY STUDENT LEARNING STYLE INVENTORY

Name: Date:

1. Time of day I am most energized:
   □ AM
   □ PM
   □ Varies
   □ Doesn’t matter

2. I prefer to learn: (check all that apply)
   □ With specific goals and deadlines
   □ With general goals and flexible deadlines
   □ With a certain amount of pressure
   □ With a relaxed atmosphere

3. I prefer to study:
   □ In a quiet place, working alone
   □ Around people, but with my own space
   □ Where ever there is room

4. When learning something **new**, I prefer:
   □ Looking at the whole process first then working on the specifics (Global)
   □ Get to the details first and look at the whole process later (Sequential)

5. When being supervised performing a **new** activity I prefer:
   □ Close supervision during the activity with discussion following
   □ Line of sight supervision with discussion following

6. I require constructive feedback to maximize my learning experience:
   □ Immediately following an activity and in private
   □ At least twice a day and in private
   □ At the end of each work day and in private

7. My learning style preferences are: (Rank in order #1 most preferred #4 least)
   □ Reading/writing
   □ Hearing/auditory
   □ Seeing/visual
   □ Hands-on/kinesthetic
STUDENT CHECKLIST FOR CLINICAL EDUCATION EXPERIENCES

Mail To Your Clinical Site – 6 months prior to start date of clinical

☐ Letter of Introduction

☐ Learning Style Inventory

☐ Student Affiliate Profile

Phone Contact With Clinical Site—call CCCE two weeks after mailing paperwork
Inquire about requirements for the following:

☐ Is a drug screen required? If yes:
  ☐ Is it required that the drug screen be completed at your facility?
  ☐ Is it required that the drug screen be completed at a specific facility?
  ☐ What is the timeframe in which the drug screen must be completed? (i.e. within 90 days of start date of clinical)
  ☐ How many panels must be tested for the drug screen? (i.e. 7-panel drug screen, 9-panel drug screen, etc.)
  ☐ Who do I send the results of the drug screen to? (i.e. CCCE, Human Resources, Employee Health, etc.)

☐ Is background check required? If yes:
  ☐ Is it required that the background check be completed at your facility?
  ☐ Is it required that the background check be completed by a specific company? (i.e. Certified Background.com)
  ☐ What is the timeframe in which the background check must be completed? (i.e. within 90 days of start date of clinical)
  ☐ Specifically what types of background checks are needed?
  ☐ If you are a Canadian resident, inquire if there are any additional background checks necessary.
  ☐ Who do I send the results of the background check to? (i.e. CCCE, Human Resources, etc.)

☐ Are there additional physical health requirements? (i.e. 2-step PPD, flu vaccine, etc.)

☐ Who will my assigned Clinical Instructor (CI) be?

☐ What is the dress code?

☐ What will my clinical hours be?

☐ Is there parking available? Is there a cost for parking?

☐ What time should I report the first day and where in the facility should I meet you and/or my CI?

☐ What types of patients should I be prepared to see my first day?

☐ What would you suggest that I review and study prior to my first day?
Take to Clinical Site on First Day

- Copy of CPR and First Aid card
- Copy of Clinical Rotation Physical Form
- Photo Identification Badge
- Instructions for CPI Web (student and CI version)

By End of Week ONE of Clinical Rotation

Email assigned Clinical Education Team member the following:

- Name of Clinical Instructor
- Contact Phone Number for Clinical Instructor
- Contact Email Address for Clinical Instructor
- Narrative update of your clinical experience for the first week
- Contact phone number for you outside of clinical hours (i.e. cell phone)

Required Documentation to be Complete at End of Clinical – see notes below for those documents submitted electronically and those submitted in hard copy; all due to DYC within ONE WEEK of end date of clinical

- Completed on E*Value—PT Student Assessment of the Clinical Experience
- Completed on E*Value—PT Student Assessment of the Clinical Instruction
- Completed on E*Value—Student Assessment of DCE
- Completed on E*Value—Student Assessment of Supervising Faculty
- Completed Forms (hard copies)—Clinical Education Team Assessment Form—CCCE/CI Versions
- Completed In-service Evaluation Form (hard copy), signed by your CI
- Hard copy or email copy of your In-service Presentation

Mail or Fax To:
Patricia Nowakowski PT PhD
Director of Clinical Education
D’Youville College
KAB 341
320 Porter Ave.
Buffalo, NY 14201
716-829-7828
E-mail: nowakow@dyce.edu