The Ohio State University
Physical Therapy Division

Clinical Education Handbook

For Students and Clinical Instructors

2020

Section 1: ACADEMIC PROGRAM

A. Mission of the School of Health and Rehabilitation Sciences

To empower transformative leaders in health and rehabilitation sciences through excellence in collaborative education, discovery, and service to improve the health and wellbeing of all.

B. Mission of the Physical Therapy Program

The mission of the Division of Physical Therapy is to advance the profession of physical therapy through education, research and scholarship, leadership, and service.

C. Vision Statement

OSU DPT students, graduates, and faculty will be leaders in promoting and optimizing human movement.

D. Core Values

- ***Excellence***
  We pursue and expect excellence in what we do and how we do it.
- ***Accountability***
  We take responsibility for our actions and their consequences
- ***Professionalism***
  Teamwork, respect, dependability, and a commitment to lifelong improvement will continually guide us.
- ***Integrity***
  We strive for the consistent practice of honesty in adherence to our principles.
- ***Altruism***
  We place the needs of the patient ahead of our own self interest.
- ***Evidence-based practice***
  We use the best available evidence, combined with critical thinking, problem solving skills and patient values, when making physical therapy practice decisions.
- ***Service***
  We embrace the outreach mission of OSU as a land-grant university, providing education and assistance to benefit our local community, the people of Ohio, and ultimately the people of the world.
- ***Diversity***
  We strive to include peoples and viewpoints across the spectrum for the widest possible perspectives and most creative approaches to solve meaningful problems for the benefit of all.
- ***Efficiency***
  We seek to refine and reduce administrative processes to make teaching and learning the core focus of as much of our effort as is practicable.
- ***Collaboration***
  We work together among individuals and across disciplines to approach

and solve problems in the most robust and considered ways.

E. Philosophy

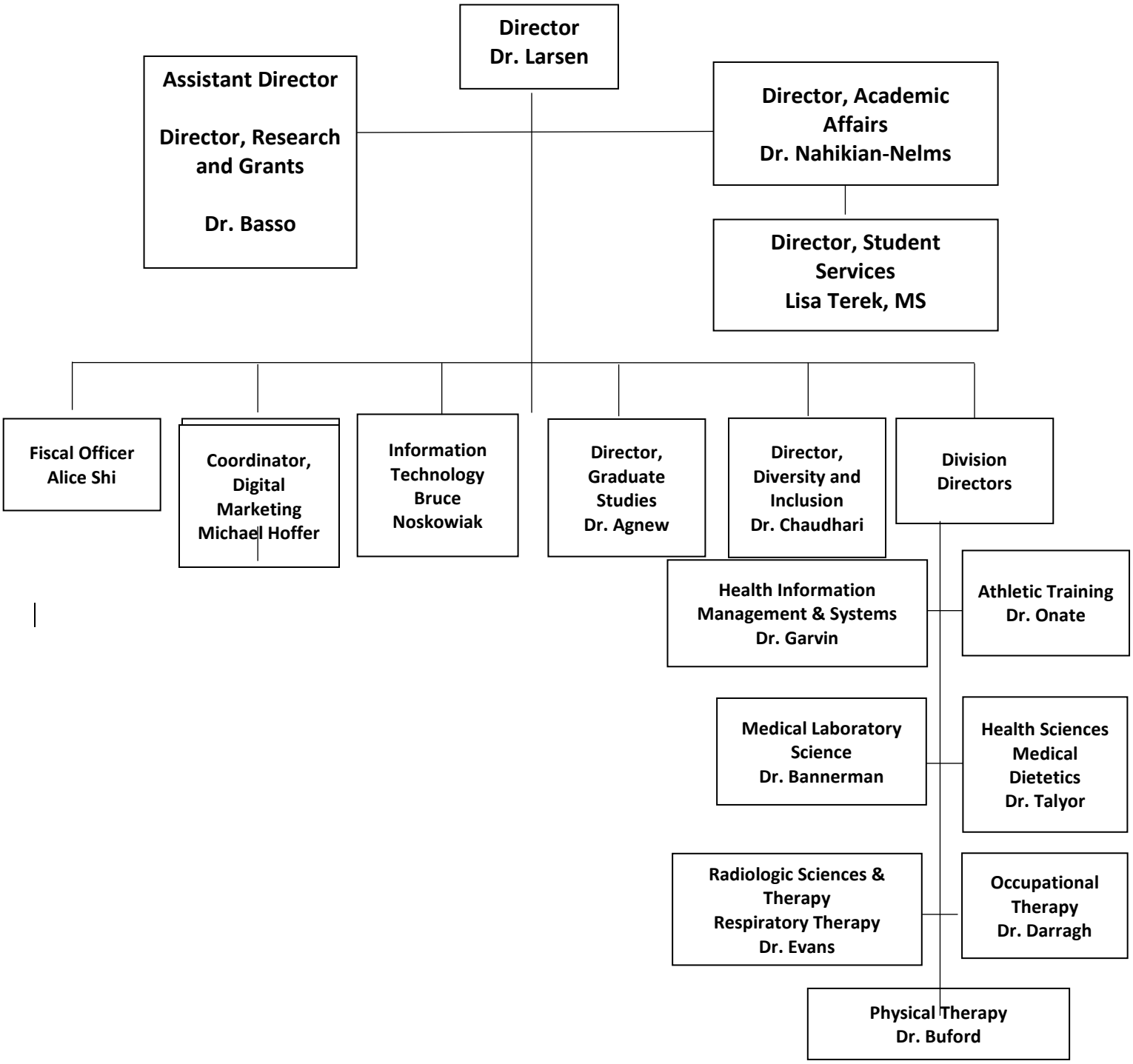
Graduates from the entry-level physical therapist educational program should be equipped to serve as the provider of choice for the diagnosis and management of movement dysfunction. The program graduate must demonstrate *1)* mastery of the profession's theoretical and scientific foundations, *2)* the clinical skills required to manage a comprehensive plan of care for their patients, and *3)* the professional behaviors necessary to advance the profession and develop as physical therapists.

The division believes that professional education in physical therapy should be based on prerequisite coursework in a four-year college degree program followed by graduate coursework in the doctorate of physical therapy program to develop a strong knowledge base in foundational sciences, including Anatomy, Physiology, Pathology, Human Development, Biomechanics and Kinesiology, Neuroscience, and Pharmacology. Mastery of the foundational content is critical to the integration and application of the clinical science that is unique to physical therapy. The clinical science content will be integrated throughout the curriculum with didactic content that is reinforced through problem solving and case studies. This provides the opportunity for students to take responsibility for their learning and to develop clinical reasoning and independent decision making skills.

Professional physical therapy education must also develop the entry level clinical skills necessary for examination, evaluation, diagnosis, prognosis, and intervention. Skill development must be integrated into the academic curriculum and reinforced through high quality clinical experiences. The learning of clinical skills should be based on sound scientific principles, investigations of clinical efficacy, and clinical reasoning based on critical analysis of the scientific literature and with consideration of individual differences. Scientific investigation and application of evidence should be taught as standard physical therapy practice. To emphasize this belief, the principles and interpretation of research will be taught throughout the curriculum. In addition, graduates will understand teaching and learning styles and their impact on communication with patients/clients. All education regarding clinical skills and behaviors will be focused on preparing graduates for self-directed practice across all settings. The ability to practice in a multi-disciplinary environment, working collaboratively to provide interprofessional management of patient care for optimal outcomes is valued by the faculty. Students are provided many opportunities to practice in this manner during their professional training.

Graduates of the physical therapy program are expected have the professional behaviors consistent with a normative model of physical therapist professional education. Professional behaviors such as altruism, accountability, compassion, duty, and social responsibility will be emphasized throughout the didactic curriculum and reinforced with service learning projects. Each graduate is expected to exhibit a dedication to the promotion of optimal health and physical function in patients/ clients of all ages, regardless of race, religion, age, gender, sexual orientation, or socioeconomic status.

F. Organizational Structure of the School of Health and Rehabilitation Sciences (SHRS)



SCHOOL OF HEALTH AND REHABILITATION SCIENCES

Director: Deborah Nichols Larsen, PT, PhD, FATPA, FASAHP
Associate Director & Director of Research: Michele Basso, PT, Ed.D.
Director of Academic Affairs: Marcia Nahikian-Nelms, PhD, RDN, LD, CNSC, FAND

DIVISION DIRECTORS	**ROOM NO.**	**TELEPHONE**
ATHLETIC TRAINING James Onate, PhD, AT, ATC, FNATA, Interim Director	206	247-6231
HEALTH INFORMATION MANAGEMENT & SYSTEMS Jennifer H. Garvin, PhD, MBA, RHIA, CPHQ, CCS, CTR FAHIMA	543	292-0567
HEALTH SCIENCES & MEDICAL DIETETICS Suzanne Leson, Phd, RDN, LD	306	292-0635
MEDICAL LABORATORY SCIENCE Tammy Bannerman, PhD, Director	535	292-7303
OCCUPATIONAL THERAPY Amy Darragh, PhD, OTR/L, FAOTA	406	293-3760
PHYSICAL THERAPY John Buford, PT, PhD	516	292-1520
RADIOLOGICAL SCIENCES & RESPIRATORY THERAPY Kevin Evans, PhD, RT, RDMS, RVS, FSDMS	340	292-0635

G. Program History

Ohio State's Physical Therapy program began in 1955 with a handful of core courses, a few faculty and 11 students enrolled in either a one-year certification program or a four-year undergraduate degree program within the College of Arts and Sciences.

In 1966, the program became one of the first divisions in the newly established School of Allied Medical Professions. During that time, most courses were taught in Dodd Hall. In 1971, the PT program moved, along with the School, into its current home in Atwell Hall.

In 2001, the PT curriculum was redesigned and upgraded to a master's degree program (MPT), offering 39 classroom-based courses and 5 clinical affiliations, to yield a total of 118 credit hours.

In 2007, a new Doctor of Physical Therapy (DPT) program was fully implemented to replace the MPT. The DPT required 13 consecutive quarters of work, including 21 post-master's credits in classroom and clinical coursework.

In 2012, we transitioned to semesters with the University. With this transition, our students now complete the program in 3 years and take part in 4 full-time clinicals and 1 final leadership practicum experience.

The following is a list of the core faculty and their duties and interests:

FACULTY	TEACHING RESPONSIBILITY	RESEARCH AND SERVICE
Dr. John A. Buford Program Director Professor BS (University of Wisconsin) PhD (UCLA)	Neuroscience Cardiopulmonary Rehabilitation	Dr. Buford's main area of research interest is neural control of movement and is currently studying the function of the reticulospinal system. He is a member of the APTA (Neurology, Research, and Education sections) and the Society for Neuroscience.
Dr. Tonya Apke Director of Clinical Education Assistant Professor, Clinical BA (Miami University) MPT (Hahnemann University) DPT (Arizona School of the Health Sciences)	Professional Issues Advanced Therepeutic Progressions Health Policy Clinical Education	Dr. Apke's research interests focus on clinical education models, development and assessment of professional behaviors and learning styles. She has been a member of several committees within the OPTA and APTA including the Conference Committee, past chair of the Student Affairs Committee, Director, and now President of the OPTA. She won the Meritorious Service Award from the OPTA in 2010.
Dr. Deborah Kegelmeyer Director of DPT Curriculum Professor, Clinical BS (OSU) MS (OSU) DPT (M.G.H. Institute of Health Professions)	Neurologic Rehabilitation Geriatrics Pathology Differential Diagnosis	Dr. Kegelmeyer's research focus is to determine an effective early intervention to prevent falls in the elderly including those with normal age related changes and those with neurologic disorders, especially Parkinson and Huntington's disease. She is a member of the APTA (Education, Geriatrics and Neurology sections), Chair of the PDEdge taskforce, and Founder of the Eastside Parkinson's Support Group.
Dr. Susan Appling Associate Professor Clinical BS (U of Central AR) MS and PhD (U of Memphis) tDPT (U of TN)	Musculoskeletal Professional Issues Health Policy	Dr. Appling teaches in the MSK component of the curriculum in several courses. She obtained her OCS in 1993. She serves as a board member for the APTA and was appointed to the Education Leadership Partnership (ELP) in 2016. Her research interests include educational research, orthopedics and FMS. She was a Lucy Blair Awardee for APTA in 2014. Her involvement nationally includes the ABPTS, PT Foundation, PT PAC trustee. She is a member of the orthopedics, education and HPA sections of the APTA.
Dr. Catherine Quatman-Yates Assistant Professor B.S (Edinboro U of Penn) DPT (U of Toledo) PhD (OSU)	Adult Neurologic Rehab (Concussion) Complex Cases Advanced Therapeutic Progressions Evidence-Based Practice I and II	Dr. Quatman-Yates is dedicated to pursuing research that empowers individuals to engage in safe and physical active lifestyles across the lifespan. She is the director for the Leading Improvement-Focused Teams for Advancing Health System Outocmes Lab (LIFT Lab). She is diversely trained in the philosophies and methods for a variety of inquiry paradigms including: classic experiemental and quasi-experimental designs, naturalistic/qualitative approaches, complexity science approaches (e.g. social network anaylsis and non-linear time series analyses), and improvement/implementation science methods.

FACULTY	TEACHING RESPONSIBILITY	RESEARCH AND SERVICE
Mr. John V. Chidley Assistant Professor, Emeritus BS (Bowling Green State Univ) MS (OSU) PT Certificate (OSU)	Gross Anatomy Surface Anatomy	Although Mr. Chidley retired in 2006, he continues to teach anatomy and is a valued member or the PT division. His research interests center around the anatomical substrates underlying various orthopedic conditions. He is a member of the APTA and has received numerous teaching awards during his decades of service at OSU.
Dr. John DeWitt Assistant Professor, Practice BS (Ohio University) DPT (Belmont University) Director of Residencies at OSU	Upper and Lower Quarter Orthopedics Therapeutic Exercise Sports Physical Therapy Imaging	Dr. DeWitt splits his time between teaching in the PT program and practicing at the OSU Sports Medicine Center. He also directs the post-professional Physical Therapy Residency and Fellowship Programs. He is a delegate to the OPTA, a Credentialed Clinical Instructor for the APTA, Residency SIG Chair within the Sports Section and sits on the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE).
Dr. Stephanie Di Stasi (Roewer) Assistant Professor B.S. (Springfield College) MSPT (Springfield College) Ph.D. (University of Delaware)	Orthopedics	The main focus of Dr. Di Stasi's research is to understand mechanisms of disability in individuals with hip and knee injuries, with the overall goal of developing effective rehabilitation strategies to improve function and maximize physical activity across the lifespan. Her expertise is in rehabilitation trials, three-dimensional biomechanical analyses and clinical testing procedures.
Dr. Jill C. Heathcock Associate Professor BS (University of Dayton) MPT (University of Delaware) PhD (University of Delaware)	Pediatrics	Dr. Heathcock is researching how young infants learn to use their spontaneous movements to control and interact with their environment. She would like to develop evidence-based intervention programs for very young infants at risk for long-term movement impairment and disability. She is a member of the APTA, the Society for Neuroscience, the NASPSPA, and ISIS
Ms. Vicky Humphrey Lecturer BS (OSU) MS (OSU)	Management	Ms. Humphrey is semi-retired with 38+ years of clinical and management experience. She teaches management and billing. Vicky is a CE reviewer for the OPTA, a part-time orthopedic clinician and an APTA member (HPA, Education and Orthopaedic sections)
Dr. Anne Kloos Professor, Clinical BS (University of Wisconsin) PhD (Cleveland State)	Adult Neurology Geriatrics Advanced Clinical Cases Pharmacology	Dr. Kloos teaches neurology and geriatrics. She has had numerous national and international invited presentations related to her research on neurodegenerative diseases, particularly Parkinson's Disease. She is a member of The APTA (Neurology section and Nominating Committee of the Degenerative Diseases Special Interest Group) and the American Stroke Assoc. Education Sub-Committee of Operation Stroke.
Dr. Laura Schmitt Associate Professor	Musculoskeletal PT	Dr. Schmitt's research focuses on neuromuscular and biomechanical aspects of lower extremity

BA (University of Delaware) DPT (University of Delaware) PhD (University of Delaware)	Orthopaedics/Sports Medicine Lower Extremity Biomechanics Gait	injury, rehabilitation and sports performance. Her research lab is in Sports Medicine and current work is related to neuromuscular and musculoskeletal adaptation to cartilage and knee ligament injuries, and development of rehabilitation guidelines that enhance recovery and return to sport. Dr. Schmitt is a research mentor for the Sport and Orthopaedic PT Residency programs. She is a member of the OPTA and APTA – Sports, Orthopaedic and Research Sections.
Dr. Ajit Chaudhari Professor BS (Stanford University) MS (Stanford University) PhD (Stanford University)	Biomechanics	Dr. Chaudhari is Co-Director of the Movement Analysis & Performance Research Program. He's the faculty advisor for the Minorities in HRS student group. He is on the Executive Board of the American Society of Biomechanics and is also a member of APTA, the Orthopaedic Research Society, and American Society of Mechanical Engineers.
Dr. Amelia Siles Assistant DCE, Assistant Professor, Practice BS (John Carroll University) DPT (Creighton University)	Adult Inpatient Rehabilitation Neuro lab coordinator Integumentary Systems and Rehabilitation	Dr. Siles is the Co-Assistant DCE, the Coordinator of the Neurologic and Geriatric Clinical Skills Lab, and teaches coursework on amputation/prosthetics and the integumentary system. Dr. Siles splits her time between the PT Division and Dodd Rehabilitation Hospital. She is a member of the APTA Neurology and Education sections and active in the Academy of Neurologic PT.
Dr. Erin Thomas Assistant DCE, Assistant Professor, Practice BS (University of Evansville) MPT (University of Evansville) DPT (MGH Institute of Health Professions)	Acute care Documentation Interprofessional Education and Practice Imaging	Dr. Thomas is the Co-Assistant DCE and is responsible for the curriculum related to acute care physical therapy. She is involved with the patient simulation lab and research related to patient simulations, and interprofessional training. Dr. Thomas is a member of the APTA, Acute Care, Cardiopulmonary, Pediatric, Neurology and Education sections. She is a research committee member for the Acute Care Academy.
Dr. Jennifer Wissinger Instructor BS (OU) DPT (Slippery Rock University)	Pediatric lab	Dr. Wissinger is the lab coordinator for the pediatric labs. She splits her time between academics in the lab and patient care at Nisonger Center at OSU. She is a member of the APTA, is involved with the Academy of Pediatric PT and has been a board certified specialist in pediatrics since 2008. She serives a faculty mentor for the Nisonger Center's Pediatric Residency Program. She serves on the PT Section of the Licensure Board for the State of Ohio.
Dr. Melissa Kidder Lecturer BS (OU) DPT (Belmont University)	Musculoskeletal lab	Dr. Kidder teaches the MSK lab in the first year of the DPT program. She is the Director of the Orthopaedic PT Residency at OSU and is involved in mentoring education and development. She received her OCS in 2003.

		She is a member of the Credentialing Services Committee of ABPTRFE.
Dr. Marka Gehrig Salsberry Assistant Professor, Practice BS (U of Findlay) MS (U of Findlay) DPT (Institute of Health Professionals)	Principles and Procedures Acute Care Adv Progressions	Dr. Salsberry teaches in the first and second years of the DPT program. She is the Coordinator of the Student Therapy Clinic at Primary One, which offers pro-bono and low cost PT services to patients who otherwise would not be able to access care. Her research interests are in early mobility in the ICU and student-led clinics. She is the Chair of the Faculty/Student Affairs Committee for OPTA.
Dr. Cristiane Meirelles Assistant Professor, Clinical Critical Care Physical Therapy Fellowship, University of Chicago Medical Center- Chicago, USA PhD (University of Gothenburg) BS (Brazilian Institute of Rehabilitation Medicine)	Cardiopulmonary Rehab Principles and Procedures Acute Care Adv Progressions	My research interests focus on cardiorespiratory physical therapy in the acute care setting, including pre and post physical therapy assessment and interventions in patients undergoing cardiothoracic surgery, such as heart and lung transplant. I have also studied early mobilization in critically ill patients in intensive care settings, including patients requiring mechanical circulatory and respiratory support. I also have an interest on physical performance and activity assessments in the later stage post-stroke, including cardiorespiratory fitness, walking performance, muscle strength and self-reported physical activity.

A. The Doctorate of Physical Therapy Curriculum

Year 1

SUMMER	Cr	AUTUMN	Cr	SPRING	Cr
AMI 6000: Anatomy	5	PT 6250: Neural Basis of Movement	2	PT 7250: Neurologic Basis of Rehabilitation	2
PT 6410: Principles & Procedures in PT Practice I	1	PT 6415: Principles and Procedures in PT Practice II	1	PT 6260: Pathology for PT	2
PT 6021: Intro to PT Profession	1	PT 7012: Documentation and Reimbursement	1	PT 8013: Contemporary Practice	1
HRS 5510: Pharmacology	2	PT 7220: Musculoskeletal Diagnosis and Management I	4	PT 8210: Musculoskeletal Diagnosis and Management II	6
		PT 7410: Musculoskeletal skills lab I	3	PT 8410: Musculoskeletal Skills Lab II	3
		HRS 7900: Evidence Based Practice I (EBP I)	1	HRS 7910: EBP II	1
		PT 8193: seminar (2018)	2	PT 6189: Integrated Clinical Experience	1
		PT 8998: Research Practicum*	1	PT 7245: Biomechanics for PT II (2019)	1
Semester Total:	**9**		**15**		**17**
		* PT 8998 can be taken AU or SP		**Year Total:**	**41**

Year 2

SUMMER	Cr	AUTUMN	Cr	SPRING	Cr
PT 7189 Intermed. Clin. Experience I	4	PT 8065 Service Learning in PT *	.5	PT 8065 Service Learning in PT	.5
PT 8230 Clinical Apps. in Pediatrics	3	PT 8250 Adult Neurologic Rehab.	5	PT 8274 Integumentary Systems and Rehabilitation	2
PT 8430 Pediatric Laboratory	1	PT 8450 Adult Neurologic Laboratory	3	PT 8474 Integumentary and Community Reintegration Laboratory	3
PT 8630 Clinical Sci. in Pediatrics	2	PT 8270 Geriatric Management	2	PT 8276 Adaptive Equipment and Community Re-integration	2
PT 8030 Topics in Pediatrics	1	PT 8050 Topics in Rehab and Long Term Care	1	PT 8674 Advanced Therapeutic Interventions and Progressions	1
PT 6389: Pediatric ICE	.5	PT 8272 Cardiopulmonary Rehab.	2	PT 8670 Imaging in PT Practice	2
		PT 6489 Acute Care ICE	.5		
Semester Total:	**11.5**		**14**		**10.5**
				Year Total:	**36**

Year 3

SUMMER	Cr	AUTUMN	Cr	SPRING	Cr
PT 7289: Intermediate Clinical Experience II	8	PT 8061: Director's Seminar: PT as a Profession	1	PT 8289: Terminal Experience	8
		PT 8070: Management	3	PT 8989: Capstone Leadership Practicum	4
		PT 8060: Healthcare in America & Impact on PT I	1		
PT 8189 Intermediate ClinicalExperience III	8	PT 8676: Differential Diagnosis for PT	4		
		PT 8999: Thesis	2		
		PT 8610: Advanced Orthopedic PT (1 cr. elective) PT 8640: Complex Scenarios in PT (1 cr. elective) PT 8612: Advanced Sports PT (1 cr. elective) PT 8650: Advanced Neuro. Rehab. (1 cr. elective) PT 8625 Private practice Management in PT (1 cr elective) PT 8645 Advanced Acute Care Practice (1 cr. elective) PT 8630 Advanced Pediatrics (1 cr. elective) HRS Interdisciplinary case mgt (1 cr elective) Rehabilitation Engineering (variable credit elective) Research, pediatric and global health specialization courses Clinical Elective PT 6589 Service Clinical Experience (.5 – 2 cr elective)	2		
Semester Total:	**16**		**13**		**12**
				Year Total:	**41**
				Total Credits	**118**

**other courses may be substituted with permission of the PT Program faculty.*

Total Credits: 118

I. Course Descriptions

Year 1

Summer Semester

AMI 6000*: Gross Anatomy* Neuromuscular anatomy of the human body

AMP 5510: *Pharmacology* Introduction to the general principles of pharmacology, drug classification, *and* the sites and mechanisms of drug action

6410 *Principles and Procedures in Physical Therapy Practice I:* Principles of palpation, manual muscle testing & goniometry

6021 *Introduction to the Physical Therapy Profession*: Introduction to the profession of physical therapy and the behaviors consistent with that profession

Autumn Semester

6250 *Neural Bases of Movement*: The neuroanatomical and physiological basis of sensorimotor function, providing a foundation in motor control and motor learning for the analysis of motor dysfunction

6415 *Principles and Procedures in Physical Therapy Practice II*: Principles of goniometry, MMT and basic gait and transfer training skills

7012 *Documentation and Reimbursement*: Clinical decision making and documentation related to evaluation, goal setting, and treatment of the patient with musculoskeletal conditions

7210 *Biomechanics for Physical Therapy*: Principles of biomechanics, normal and pathological movement involving the musculoskeletal system, in general, culminating in a focus on the shoulder region

7215 *Musculoskeletal Diagnosis and Management I:* Foundations, analysis and application of the concepts and principles of evaluation, examination, diagnosis, and treatment of problems of the musculoskeletal system and shoulder

7235 *Biomechanics for Physical Therapy*: Principles of biomechanics, normal and pathological movement involving the musculoskeletal system, in general, culminating in a focus on the shoulder region

7410 *Musculoskeletal Skills Lab I:* Laboratory application of skills for evaluation, diagnosis and treatment of musculoskeletal disorders

AMP 7900: *Evidence Based Practice I:* Critical Analysis of Measurement and Diagnostic Tests

PT 8998 *Research Practicum:* Research experience in a faculty member's research lab

Spring Semester

6189 *Integrated Clinical Experience*: First part-time clinical experience. Focuses on orthopedic practice.

6260 *Pathology for Physical Therapists*: Principles of disease of the organ systems

7245 *Biomechanics for Physical Therapy*: Principles of biomechanics, normal and pathological movement involving the musculoskeletal system of the spine and lower extremities.7250 *Neurologic Bases of rehabilitation*: Advanced concepts in neuroscience and the control of movement

8013 *Contemporary Practice:* Health care delivery systems and critical issues in physical therapy

8210 *Musculoskeletal Diagnosis and Management II*: Concepts and principles of musculoskeletal evaluation, examination, diagnosis, and treatment of the upper extremity, lower extremity and spine regions and gait

8410 *Musculoskeletal Skills Lab II*: Concepts and principles of musculoskeletal evaluation, examination, diagnosis, and treatment of the upper extremity, lower extremity and spine regions and gait
AMP 7910: *Evidence Based Practice II:* Critical Inquiry and analysis for EBP.

Year 2

Summer Semester

7189 *Clinical education: Intermediate full-time clinical experience I:* Full-time, 7-week clinical experience completed in an affiliated outpatient facility with the focus on patients with musculoskeletal impairments.
8030 *Topics in Pediatric Physical Therapy:* Critical topics related to health care and education systems delivery in pediatric practice and the role of family and culture in the therapeutic program of the child
8230 *Clinical Applications in Pediatrics*: Physical Therapy principles of examination, evaluation, diagnosis, prognosis and intervention with children
8430 *Pediatric Laboratory:* Applications and methods used in evaluation, diagnosis and intervention including neurological, musculoskeletal, cardiopulmonary and integumentary systems in children
8630 *Clinical Science in Pediatric:* Typical and atypical development including the effects of disease and damage to the nervous, musculoskeletal, cardiopulmonary and integumentary systems in pediatrics
6389 Pediatric Integrated Clinical Experience (ICE) - Second part-time clinical experience. Focuses on pediatrics.

Autumn Semester

8050 *Topics in Rehabilitation and Long Term Care:* Healthcare systems and critical topics in rehabilitation and geriatric care
8065 *Service Learning in Physical Therapy:* Service learning experience in physical therapy
8250 *Adult Neurologic Rehabilitation:* Analysis of body function and structure, activity, and participation levels associated with injury to the nervous system. Evidence and rationale for examination, evaluation, and interventions for adult neurologic physical therapy
8270 *Geriatric Management*: Critical issues in the management of geriatric clients.
8272 *Cardiopulmonary Rehabilitation:* Evidence and rationale for examination, evaluation, and interventions for prevention of cardiovascular disease and treatment of common cardiopulmonary system disorders
8450 *Adult Neurologic Laboratory:* Clinical decision making and techniques for examination, evaluation, and interventions for adult neurologic physical therapy
PT 6489 *Acute Care Integrated Clinical (ICE):* Third part-time clinical experience. Focuses on acute care practice.

Spring Semester

8065 *Service Learning in Physical Therapy:* Service learning experience in physical therapy
8274 *Integumentary Systems and Rehabilitation:* Analysis of body function and structure, activity, and participation levels associated with injury to the integumentary system. Evidence and rationale for examination, evaluation, and interventions for adults with conditions such as amputation, burns and wounds

8276 *Adaptive Equipment and Community Reintegration:* Analysis of the use of adaptive equipment such as orthotics and wheelchairs to augment rehabilitation. Evidence and rationale for the performance of functional capacity evaluations for community reintegration
8474 *Integumentary and community reintegration laboratory:* Clinical decision making and techniques for examination, evaluation, and interventions for those with disorders related to the integumentary system and the use of adaptive equipment and techniques for community reintegration
8670 *Imaging in Physical Therapy Practice:* Develop an understanding of the basic principles and interpretation of musculoskeletal and neuromuscular imaging. The course will focus on the application of radiographic, CT and MRI images into physical therapy practice
8674 *Advanced Therapeutic Interventions and Progressions:* Case based analysis, skill acquisition, and patient-centered clinical interventions

Year 3

Summer Semester
7289 *Clinical education: Intermediate clinical experience II:* Full-time, 10-week clinical experience in an acute care, rehab, or pediatric affiliated clinical site with the focus on management of patients with medical, neurological and/or pediatric diagnoses
8189 *Clinical education: Intermediate clinical experience III:* Full-time, 10-week clinical experience in an affiliated clinical facility in any setting

Autumn Semester
8060 *Health Care in America and its Impact on Physical Therapy:* Analysis of the healthcare system in America and importance of advocacy and how working within this system impacts the practice of physical therapy. Issues of reimbursement and payment models will also be explored
8061 *Director's Seminar* : Contemporary topics for discussion and preparation for entry into the workplace.
8070 *Management:* Administrative skills for the management of physical therapy practice in various settings. Introduce basic principles of administration and management that are applicable to problem solving in simulated administrative and management situations and developing a business plan
8676 *Differential Diagnosis for Physical Therapists:* Clinical decision making related to systemic disease that can present as neuromuscular or musculoskeletal conditions. Related literature will be utilized to explore systemic origins of disorders related to PT practice. Case studies and related literature will be used to explore systemic origins of musculoskeletal or neuromuscular signs and symptoms.
8999 *Thesis:* Development, completion and presentation of a final case study report and oral doctoral defense based on a case from one of the 2 clinicals in Summer, Year 3

Electives
8610 *Advanced Orthopedic Physical Therapy:* Critical analysis of the current literature and the application of advanced skills related to the orthopedic patient with an emphasis manual therapy techniques and evidence-based interventions
8612 *Advanced Sports Physical Therapy:* Introduction to Sports Physical Therapy concepts with emphasis on prevention, acute injury management, differential diagnosis, sports-specific rehabilitation and wellness.
8650 *Advanced Adult Neurologic Rehabilitation:* Critical analysis of the current literature and the application of advanced skills related to the neurologic patient with an emphasis on evidence-based assessment and interventions.
8640 *Complex Scenarios in PT:* Advanced diagnostic techniqes in geriatrics

8660 *Clinical Diagnostic Testing* (1 credit) Methods for clinical testing and examination of the peripheral nervous system with electrophysiologic approaches covered in combined lecture/lab format.
8620 *Entrepreneurial Leadership in PT:* Develop leadership skills and integrate leadership theory in running a physical therapy private practice
6589 *Service Clinical Experience:* Opportunity to provide students to practice clinical skills under the direction of a PT while providing service to an underserved population in central Ohio.
8645 *Advanced Acute Care Elective*: Enhance clinical knowledge and skills to facilitate best practice and early mobilization in the acute care and ICU settings. Includes simulated clinical scenarios.

Other courses approved by advisors of the Research, Pediatric or Global Health Specializations

Spring Semester
8289 *Clinical education: Terminal clinical internship:* Final, full-time, 10-week clinical internship in an affiliated clinical facility in any setting
8989 *Capstone Leadership Practicum Experience:* Full-time, 6-week individualized experience focusing on an aspect of physical therapy such as specialty clinical practice, administration or management, teaching, research, service, or advocacy. It must include the development of a related project and may or may not involve direct patient care.

B. Learning Objectives for Clinical Education Experiences

Upon successful completion of the clinical education experiences, as demonstrated by passing the Clinical Performance Indicators (CPI) at the required proficiency (see grading criteria) the student intern will be able to:

1. Complete an entire physical therapy examination and evaluation on patients/clients in a variety of settings.
2. Document findings from examinations and treatment sessions according to the facility and best practice guidelines accurately and in a timely manner.
3. Develop a comprehensive plan of care that is culturally sensitive and based on the results of the examination, diagnosis, co-morbidities and precautions for clients in the assigned settings.
4. Demonstrate safe and effective interventions that are based in evidence and/or best practice.
5. Complete all discharge planning and follow-up care as needed.
6. Effectively communicate with physicians and other health care personnel involved with patients receiving their care.
7. Demonstrate leadership by advocating for the patient and the profession.
8. Demonstrate appropriate management of resources available to therapists and patients.
9. Demonstrate effective delegation to and supervision of assistive personnel in the management of patient/client interventions.
10. Demonstrate sensitivity and respect for all patients irrespective of condition, race, religion, social status or other prejudicial circumstances.
11. Demonstrate appropriate professional behaviors, consistent with the *PT Code of Ethics, Guide for Professional Conduct,* and The Professional Behaviors for the 21st Century.

12. Present an in-service educational session on an evidence-based literature review agreed upon by the student and clinical instructor (CI).
13. Complete an journal article review.
14. Complete a case study on a patient.
15. Provide consultation services as needed.

C. Glossary of Terms

Affective domain:
The domain of learning associated with professional behavior, communication styles, and interpersonal skills.

Assistant DCE (Assistant Director of Clinical Education):
The Assistant DCE (ADCE) assists the Director of Clinical Education with the administration of the clinical education program. The ADCE also assists the DCE in relating the student's clinical education to the curriculum and evaluating the student's progress.

SCCE (Site Coordinator of Clinical Education):
The SCCE is the individual at each clinical education site who coordinates and arranges the clinical education of the physical therapy student. This person communicates with the DCE and faculty at the educational institution regarding student placement and clinical instructor/student issues. This individual is responsible for ensuring student supervision and a well-rounded clinical experience.

CI (Clinical Instructor):
The CI is the individual who is responsible for the direct instruction, supervision, and grading of the physical therapy student in the clinical education setting.

Clinical Education:
Clinical education is the method through which students are provided with clinically based, pre-planned learning activities. Clinical education provides “real life” learning experiences for the application of classroom knowledge and skills in the physical therapy clinical environment. This clinical education should require analytical thinking, problem solving, treatment design, and application on actual patients to insure that the student is able to function at the professional entry level.

Clinical Education Site:
A health care agency or other setting in which learning opportunities are provided. The site may be a hospital, agency, clinic, office, school, or home and is affiliated with one or more educational programs through a contractual agreement.

Cognitive domain:

The domain of learning associated with organization of thoughts, problem solving abilities and documentation skills.

Collaborative Learning:
A form of teaching in which the students work together with the assistance of the clinical instructor. In PT education, this can be 2 or more students with the same CI.

DCE (Director of Clinical Education):
The DCE's primary function is to provide comprehensive planning and direction for the clinical education program within the entry-level degree professional curriculum, mission and goals of the academic institution, professional and regional accreditation standards, and generally accepted norms in higher education. The DCE coordinates the administration of the clinical education program in association with the academic and clinical faculty and students. The DCE also relates the student's clinical education to the curriculum and evaluates the student's progress integrating academic and clinical experiences. This individual serves as a liaison between the University and clinical sites and is responsible for clinical site selection, development, and evaluation.

Additional responsibilities include planning, developing, implementing, and evaluating course content in the areas of expertise such as education, health care systems, or procedures. The DCE participates in curriculum development of the entry-level graduate degree program in physical therapy. The DCE conducts research in the area of clinical education.

Entry Level Performance:
"A physical therapist clinician performing at entry level utilizes critical thinking to make independent decisions concerning patient needs and provides quality care with simple or complex patients in a variety of clinical environments. [They] need[s] no guidance or supervision except when addressing new or complex problems." (*American Physical Therapy Association, Physical Therapy Student Clinical Performance Instrument... December 1995)*

Formative Evaluation:
An assessment of student performance that is ongoing throughout the instructional phase of physical therapy education for the purpose of self-assessment, counseling, and improving learning experiences (eg. Weekly progress forms).

Novice Clinical Performance:
“A physical therapy student who provides quality care only with uncomplicated patients and a high degree of supervision. Without close supervision, the student’s performance and clinical decision making are inconsistent and require constant monitoring and feedback. This is typically a student who is

inexperienced in clinical practice or who performs as though he or she has had limited or no opportunity to apply academic knowledge or clinical skills." (*American Physical Therapy Association, Physical Therapy Student Clinical Performance Instrument... December 1995)*

Performance Evaluation:
A method of gathering evidence about the extent to which a student has achieved previously established goals of clinical education as determined by observation of the student's performance behavior.

Physical Therapy Service:
The part of the clinical education experience that is managed and delivered exclusively by a physical therapy staff.

Psychomotor domain:
The domain of learning associated with the performance of an activity such as patient intervention or equipment application.

Summative Evaluation:
A summary assessment of student performance that is completed at the midterm and completion of the clinical experience (eg. CPI), as well as at the end of the didactic portion of the curriculum (eg. comprehensive final exam).

Section II: CLINICAL EDUCATION GENERAL INFORMATION

A. Clinical Experiences

The Ohio State University physical therapy students will have four types of clinical educational opportunities. Students are required to complete clinical experiences in 3 different settings: one in outpatient orthopedics, one in a rehab setting (this may be inpatient neurological rehab facility, outpatient neurological rehab facility or a skilled nursing facility), and one in acute care. One of their final 3 clinicals may be in the setting of their choice.

1. **Part-time Integrated Clinical Experiences (ICE):** Students will complete part-time clinical experiences during academic semesters with specific objectives related to their lab course for that semester. Students must successfully pass these ICEs to be eligible for full-time clinicals.

2. **Full-time Intermediate Clinical Education Experiences:** Students will have clinical experiences that are coordinated with coursework so that experience is gained working with patients/clients utilizing the skills learned in the classroom that preceding semester. These consist of a 7-week clinical in an outpatient orthopedic setting at the end of spring semester of the first year; a 10-week clinical in an acute care hospital, rehabilitation setting (skilled nursing facility (SNF), inpatient neurological rehab facility, OP neurological rehab setting), or pediatric setting at the end of the spring semester of

the second year; a 10-week clinical in any setting during the summer at the beginning of the third year.

3. **Full-time Terminal Clinical Education Experience:** Students will be assigned to a10-week full time clinical experience which may be in any setting.

4. **Final Leadership Practicum:** Students will be assigned a 6-week practicum with individually determined goals. These are not typical clinical experiences. The experience may involve specialty areas of clinical practice, advocacy, consultation, wellness, administration, education, service, research or some combination of these. Students work with the DCE/ADCEs to select an appropriate facility and mentor based on their interests. These are scheduled for mid-spring of their 3rd year just prior to graduation.

B. Communication

1. Affiliation Agreements:

The DCE, with the Assistant DCEs, acts as the communication facilitators. The initial communication with the facility is solely the responsibility of the DCE. The DCE contacts the SCCE or vice versa, to determine feasibility of establishing a clinical affiliation agreement. The Contract Coordinator for the School will handle the ongoing communication during the negotiation process. The contracts must be approved by the school's legal counsel.

2. Clinical Education Experiences:

Communication for full time clinical education experiences occurs between the DCE and the SCCE. The DCE will provide the SCCE with the information about the physical therapy curriculum, educational goals, and by virtue of placement in a clinical facility, confirm that all students have successfully completed all didactic coursework and health requirements. OSU requires students to have a yearly physical, a two-step PPD the first year and then annual one step PPD each additional year, immunization verification of MMR including a titer, varicella, tDAP, hepatits B including a titer, and a yearly flu vaccine to minimize their health risks during clinical experiences. Students are required to maintain current CPR certification, have training for infection prevention and HIPAA, and pass both an annual criminal background check and drug screen. Additionally, the SCCE will be given information about level of training of individual students to assist the CI in planning the learning experiences for the student(s).

The clinical site will be notified at least three months in advance of its planned schedule of clinical experience assignments, including the name of the student, level of academic preparation and length and dates of clinical experience. The students will send an introductory letter to the SCCE at least 6 weeks prior to the start of the clinical experience. This letter will include background information on the student, their learning style, goals, and any other pertinent information. Whenever possible, this communication will occur electronically.

The students will then follow up with a phone call approximately 2 weeks prior to the start date to confirm the details of the experience. The facility will be provided with clinical evaluation information necessary to evaluate students. Approximately six weeks prior to the clinical, the SCCE will be provided with directions to complete training for the PT CPI Web assessment tool. The DCE will request the name of the clinical instructor(s) for the upcoming clinical at this time in order to activate the tool.

The CI and the student are expected to communicate on a regular daily basis during the student clinical experience. Weekly formative evaluations are required during all clinicals to set goals and evaluate progress. Formal evaluation of the student's performance will be done using the PT CPI Web tool at mid-term and at the conclusion of the clinical.

The student is expected to maintain open communication with the DCE and/or Assistant DCEs. The student's phone call, text or email will be returned as soon as possible and whenever possible, prior to the close of that business day. The DCE may ask for the student's cell phone number to call and talk with them outside of normal business hours.

3. Clinical site visits, virtual, and phone interviews:
The DCE, assistant DCEs or another member of the faculty will conduct a midterm evaluation with each student during their full time clinical experiences either in person, by telephone, or video conferencing. Every effort will be made to visit students in person during at least one of the clinical education experiences (see clinical site visit policy).

C. Guidelines for Effective Formative and Summative Evaluation

Counseling sessions or conferences in which students are provided a formative or summative evaluation should be:

1. **INDIVIDUALIZED**
Tell each student how he or she is doing rather than spending time discussing how "most" students do, or even comparing the student's performance with that of a group.

2. **GOAL-RELATED**
Focus the discussion of the student's progress toward clearly specified performance objectives. Be sure the student understands what those objectives are and how his/her performance is being judged.

3. **DIAGNOSTIC**
Identify specific strengths and weaknesses rather than simply making global comments about overall performance. Anecdotal comments or examples often help to clarify. When problems arise in mastery of complex skills, work with the student to analyze his/her performance to figure out where the difficulty lies.

4. **REMEDIAL**
Before the session ends, try to work out with the student a practical plan for future activity that will help to maintain present strengths and remedy weaknesses.

5. **COLLEGIAL**
Collaborate with the student in reaching conclusions and planning future action; listen, be flexible, give the student time to put his/her thoughts into words. Recognize that the student knows things about himself/herself you do not. Both your verbal and nonverbal behavior, and the setting in which you meet with the student, will have an important influence on your success.

6. **POSITIVE**
Be sure to mention the things that the student is doing right. You may also need to identify errors, but be certain that is NOT the only thing you do.

7. **LIBERATING**
Help the student learn to assess his/her own performance and the value of doing this well.

8. **TIMELY**
Try to arrange your schedule so that advising can be done soon after the events that need to be discussed. Plan some conferences early so there is still time to carry out the remedial plan you and the student develop. Remember several short sessions carried out at a time when they seem really relevant and fresh may be more valuable than a long, formal session scheduled at some arbitrary time.

9. **RECIPROCAL**
Use these conferences to get ideas about your own strengths and weaknesses as an instructor. Remember that if a student is having problems, you may need to make changes in what you are doing in order to help him/her improve.

D. Policies Related to Clinical Education

1. Cancellation Policy

It is the policy of the OSU Division of Physical Therapy that if a clinical experience should be canceled, the student will first be able to select another site from the remaining unassigned facilities. If there is no facility on the unassigned list that would fulfill specific requirements of the clinical, the DCE will solicit preferences from the student and then call the SCCE's at those specific facilities. The SCCEs will be asked if they can accommodate an additional student or participate in a 2:1 model. Facilities will be contacted until the student is placed. We cannot guarantee that students will be reassigned to the same type of facility or same geographical location that canceled but every effort will be made to do so.

2. Termination Policy

The University reserves the right to terminate a clinical education assignment at the University's discretion, if it is in the best interest of the Student, University or Facility. The Facility reserves the right to request in writing, that the University withdraw from a clinical education assignment if, upon mutual agreement, the University and the Facility both believe that it is not in either party's interest to continue the clinical education assignment. The Student has the right to request withdrawal from a clinical assignment, giving notice and cause in writing to both the facility and the University. The University makes the ultimate determination if the assignment will be terminated based on information in the student's written request and information obtained from the student's CI and the Facility SCCE.

3. Attendance Policy

Clinical education experiences (CEEs) provide the student the opportunity to apply theory in the practice of physical therapy. It is vital that the students take every opportunity to practice. Clinical practice is an essential part of the physical therapy education, in both the quality of time and the number of hours. A clinical failure may result due to lack of attendance or excessive tardiness. **Students must report their absences to the clinical instructor and the DCE.**

A. Students are expected to attend every day of the CEE.
B. Students are allowed one day of absence for each full-time clinical. These days are to be used **only** for illness, emergency or death in the family. Additional days missed for illness or other approved reasons must be made up during the current CEE.
C. Students observe the holidays of the facility and not of the school, unless otherwise notified.
D. Students may **not** request time off during clinicals for job interviews, vacation, or to work on other projects or presentations.
E. Students must notify the DCE of any absence or schedule changes during the clinical.
F. The student who is absent or tardy >1 time from a clinical will submit a statement in writing regarding the absence and include a plan for demonstration of achievement of the outcome during the remainder of the clinical. This plan must meet faculty approval.
G. Students may request time off from clinical for extenuating circumstances (eg. attendant in a wedding). Completion of the Unexcused Clinical Absence Form (Appendix J) is required **prior to leaving campus for the clinical experience.** The absence form will be reviewed by the clinical education team and returned to the student indicating if the time-off was approved. If the time-off is approved, the student must take the form to the CI and discuss the request. If the CI approves, the student will sign the form and the student will return to the DCE. The time missed for the absence must be made up through patient care hours, not just additional daily hours that do not include

patient care. Whenever possible, it should be scheduled in full or half day increments such as a weekend coverage.

H. A full time clinical is considered at least 35 hours of scheduled patient care per week.

I. Residency Interviews: A student must complete and submit the Residency Interview Absence Request Form (Appendix K). The detailed plan to attend a residency interview(s) must be included as well as the plan for travel and making up days. Up to 3 days may be considered by the DCE for missing clinical/practicum time for multiple residency interviews. The form must be turned into the DCE as soon as the student is notified of the interview timeframe. The DCE and clinical instructor/mentor must approve the plan for making up missed time. If all 3 days are requested, the expectation is the student will make up a minimum of 2 of those 3 days. The time missed for the interview(s) must be made up through patient care or regular practicum experience hours, not just additional daily hours that do not include patient care. Whenever possible, it should be scheduled in full or half day increments such as weekends or off days.

4. Transportation Policy

Transportation to and from the clinical facilities is the responsibility of the student. Student (or parent/guardian) is responsible for the appropriate insurance for vehicle.

5. Housing Policy

Students are responsible for housing during all clinical experiences and assuming any travel or living expenses incurred in relation to clinical education. The student may consult with the DCE to explore housing options for clinical sites away from home.

6. Professional Conduct Policy

The student is expected to conduct him/herself in a professional manner at all times and adhere to the professional behavior policies established by the facility, the Physical Therapy Division, and the profession. Students may refer to the Student Handbook, the Professional Behaviors for the 21st Century, the APTA Code of Ethics and Guide to Professional Conduct. Poor professional behavior may result in failure of the clinical experience.

7. Policy on Dress Code/Professional Appearance

Students are expected to demonstrate utilization of principles applicable to professional physical therapy in dress and grooming. The students must be dressed in such a manner that they can provide safe patient care. Dress and grooming are inherent factors of good infection control.

A. The official student uniform consists of:
    a. Professional, clean clothes; No jeans, sneakers, or sandals
    b. Dress slacks or khakis. No jeans, capri pants, or shorts

c. Dress shirt that can be tucked into pants. Midriff should not show with arms raised overhead
d. Socks, stockings, or knee highs
e. Shoes with closed toes
f. OSU PT Program Photo ID badge (or facility ID badge)
g. Lab coat (as appropriate for setting)
h. Tie (men)

B. The student will wear clothing appropriate to the clinical facility or agency. This may vary slightly according to the clinical agency's policy. The student will be advised of any deviations from the aforementioned dress code by the clinical instructor/SCCE. The student is also required to wear his/her University name badge in accordance with institutional policy. Again, the student will be advised of this by the clinical instructor.
C. Jewelry is to be kept at a minimum and should not interfere with patient care. Earrings should be kept small and no other body piercing or tattoos should be visible.
D. Proper grooming and hygiene is essential for all health care professionals. Specifically, hair is to be kept neatly groomed and not interfering with patient care activities. Facial hair for men should be well-groomed.
E. Equipment:
    a. Pocket notebook/clipboard
    b. Black ink pen
    c. Stethoscope
    d. Goniometer
    e. Reflex Hammer
    f. Tape Measure
    g. Gait Belt

8. Policy Related to Shortage of Clinical Sites

Qualified sites for clinical education are experiencing increasing demands on their resources. Sites have fluctuations in staffing or other administrative or fiscal restraints which may require them to withdraw from a clinical experience on short notice. Therefore, it is possible that students who are legitimately enrolled in one or more of the clinical education courses may discover that their choices are no longer available, and that no appropriate substitute is available.

The clinical education faculty of the Physical Therapy Division will make every effort to find a suitable clinical site to substitute for a cancelled experience. However, it is not possible to guarantee that the students will be accommodated during the original time slot. Students who cannot be accommodated during the original time period will be rescheduled at a later time. Therefore, it is possible that they will not graduate with their class and/or will not be on the customary time table for taking the Physical Therapy Board Examination.

9. Travel Policy

Students will be required to travel outside of the same geographic region for at least 1 of their clinical experiences. From Columbus, greater than 50 miles from Atwell or home address is considered a non-commutable distance, and therefore categorized as travel outside of the greater Columbus area. From other geographical areas, a similar formula will apply such that students do not complete all clinicals in the same geographic region. There are many reasons for this policy including limited sites, the diversity of health care models, and the opportunity to see healthcare delivery in other areas of the state/region/nation. Students are responsible for their own housing and transportation during all clinical experiences (see policies D.4 and D.5 for details).

Exceptions for this policy may be made for students with children at home or for medical conditions requiring ongoing care from a physician. For a medical exemption, a note from the appropriate health care provider must be submitted. Exceptions must be submitted in writing using the Special Requests for Local Clinical Education Experiences Form (Appendix G) and are subject to faculty approval.

Students seeking to establish residency in the state of Ohio, and thus in need of a clinical placement in Ohio, must complete the Special Requests for Local Clinical Education Experiences Form (Appendix G).

10. Policy Related to Assignments during Clinical Experiences

All assignments given during clinical experiences are expected to be turned in on time. Failure to turn in assignments may result in a clinical failure and will be considered for grading of the clinical course. Due dates for assignments will be written on the syllabus or available on Exxat.

11. Policy Related to Quality Clinical Instructors

The Ohio State University is dedicated to excellence in education, research and teaching. We set high expectations for our students to achieve in the classroom and clinic in their knowledge, skills, professional behavior and practice. We rely on our clinical instructors and clinical facilities to provide excellent learning opportunities to help shape the professionals of the future. As such, we are dedicated to having a clinical network with similar values. It is our expectation that clinical instructors will embrace evidence based practice, will be open to the two-way learning that occurs during student clinical experiences, will model professionalism in practice to students, and will provide feedback to the students and the program, both positive and constructive, in a timely manner. When necessary, feedback will be communicated to the SCCE regarding the quality of the clinical instructors at the facility. The DCE is available to assist in ongoing development of clinical sites and clinical instructors. If clinical instructors are not meeting our expectations, we will make every attempt to resolve the issue. If it is

not possible, then we reserve the right to terminate that clinical instructor from our network.

As a requirement of CAPTE, our accrediting body, we will conduct regular evaluations of our clinical sites and clinical instructors. This is done for each experience by the student and the DCE.

Our **requirements** for clinical instructors include the following:

CLINICAL COMPETENCE

- PT license in the state of practice
- At least 1 year of clinical experience
- Continuing education courses grounded in evidence and consistent with practice area and/or specialty area
- Utilizes the principles of *The Guide to Physical Therapist Practice*

PROFESSIONAL SKILLS

- Involvement in one or more professional development activities such as journal clubs, case conferences, case studies, literature reviews, facility sponsored courses, post professional education, area clinical education consortia
- Utilizes evidence based practice whenever possible

ETHICAL BEHAVIOR

- Abides by APTA *Code of Ethics* and *Guide for Professional Conduct*
- Demonstrates APTA Core Values
- No history of ethics violations

COMMUNICATION SKILLS

- Clearly defines student performance expectations
- Develops goals and objectives of the clinical experience with the student
- Utilizes active listening skills
- Provides timely positive and constructive feedback
- Consults with DCE as needed

INTERPERSONAL SKILLS

- Functions as role model/mentor for student
- Lack of significant patient/client, co worker, supervisor complaints

INSTRUCTIONAL SKILLS

- Demonstrates understanding of OSU curriculum, student's level of didactic preparation, and objectives of the clinical education experience
- Integrates knowledge of various learning styles
- Sequences learning experiences to progress toward objectives
- Monitors and modifies learning experience as needed
- Requires student to use evidence based practice

SUPERVISORY SKILLS

- Effectively communicates expectations to peers, personnel, students and others
- Effectively provides formal and informal feedback to supervised personnel/students
- Effectively supervises support personnel/others

PERFORMANCE EVALUATION SKILLS

- Understands how to properly use the Clinical Performance Instrument (CPI)
- Understands OSU clinical grading criteria
- Provides accurate, objective assessment
- Confronts and identifies plan for correction of undesirable behaviors

Other **Preferred** expectations:

- CI is a certified clinical specialist
- CI is an APTA member
- CI is an APTA Credentialed CI

12. Policy Related to Quality Clinical Sites

The Physical Therapy Program at The Ohio State University has chosen to adopt the standards of the American Physical Therapy Association's "Guidelines for Clinical Education Site Selection." The following criteria must be met by a facility in order to be selected as a member of the OSU Clinical Education Network.

- There must be mutual contractual agreement between the University and the Facility on the philosophy and objectives of the clinical education experience.
    - The philosophy for the clinical center and the college must be compatible, but not necessarily identical or in complete accord.
    - Planning for students should take place through communication among the SCCE, the CI's and the DCE. The clinical education objectives of the University and the physical therapy service should be used in the planning student learning experiences.
- The facility must have sufficient staff to provide adequate student supervision.
    - Comprehensive clinical education can be planned for students in a clinical center with one physical therapist.
    - Student-staff ratio can vary according to the nature of the physical therapy service, the nature of the staff, level of the students, the type of students, and the length of the clinical education assignments. The appropriate number of students at one time in a physical therapy service is dependent upon the nature of the learning experiences expected as determined by the SCCE and the DCE.
    - Staff responsibilities for patient care service, teaching, research, and community service permit adequate time for supervision of students in physical therapy.

- The facility must be willing to consistently accept students for clinical experiences.
- The facility must provide opportunities for participation in planned learning experiences for each student.
    - Clinical education programs for students are planned to meet specific objectives of the academic program, the physical therapy service, and the individual. Students should participate in planning their learning experiences according to mutually agreed-upon objectives.
- The facility must provide evidence of an active staff development program.
    - There is evidence of clinical center support for a staff development program.
    - Staff in-service programs are scheduled on a regular basis and should be planned by members of the clinical center staff.
    - Student participation in staff development activities are expected and encouraged.
- The facility must demonstrate both the ethical and legal practice of physical therapy.
    - All physical therapists and physical therapist assistants on the staff practice ethically and legally as outlined by the state standards of practice, the state practice act, clinical center policy, the APTA Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant and the policy and positions of the APTA.
    - The clinical center adheres to affirmative action policies and does not knowingly discriminate on the basis of sex, race, creed, color, age, religion, sexual orientation, national or ethnic origin, or disability or health status. These policies apply to recruiting, hiring, promoting, retaining, training, or recommending benefits for professional or nonprofessional personnel.
    - The clinical center does not discriminate against students.
- The facility must have an active and stimulating environment for learning needs of the student.
    - Other learning experiences should be available and may include opportunities in management, supervision, teaching and scholarship.
- There should be evidence of clinical staff involvement in clinical education, state and local professional organizations, and/or the APTA.
    - Involvement may include, but is not limited to: self-improvement activities, professional enhancement activities, membership in professional associations, professional activities relating to offices or committees, papers or verbal presentations, other special activities.
    - The physical therapy staff should be encouraged to be professionally active at local, state and/or national levels.
    - The physical therapy staff should provide students with information about professional activities and encourage their participation.
    - The physical therapy staff should be knowledgeable about professional issues.

- The facility has clinicians who specialize and are available for student interaction during a clinical education experience.
    - The clinical center, when appropriate, provides a variety of learning opportunities consistent with the area(s) of expertise within the clinical center.
- The facility must not be a physician-owned practice (POPTS) or be in a referral for profit setting.

13. Policy for Development of New Clinical Sites and Special requests

A. New clinical sites may not be developed for the first clinical experience, PT 7189.

B. New clinical sites may be initiated by the following procedure:

- Student, DCE or faculty identify need or desire for a new site OR a new site contacts the University requesting to be part of the clinical education network.
- The DCE contacts the facility to determine if they meet our criteria and if they are willing and able to provide ongoing clinical experiences for our students.
- We execute an affiliation agreement between OSU and the clinical site.

The development of new clinical sites is a lengthy process and can take up to six months or more to finalize. It is recommended that if a student is interested in a new clinical site, the student will initiate this discussion as early as possible.

B. Guidelines for students

- No more than 3 new sites given to DCE in writing by the deadline communicated in class or by email.
- Completion of the New Clinical Site Request Form, located on Carmen and Appendix H.
- New site request must include: Name of facility, location (city & state), contact name and phone number, compelling reason(s) for adding this facility to our clinical education network
- Student may contact site ONLY to obtain SCCE name and phone number.
- If the site agrees, the contract process will begin. This is not a guaranteed spot until the contract has been completed, which may take up to six months.
- If the site agrees, the student who requested it is assigned to the facility, pending approval of the contract. If the contract does not go through, the student will then choose a site from the remaining facilities for that clinical timeframe.
- Students will be notified by email when the site either confirms or declines the clinical placement.
- Students may check with the DCE on the progress of the site request.

C. If a clinical site indicates on their annual slot request form that they will take students for a first come, first served (FCFS) placement or special request only, students are informed and instructed to complete the First Come, first Served and Special Request form (Appendix I) and submit it to the DCE prior to the deadline provided to the class. A list of "special request only" sites will be provided at the discretion of the Clinical Education faculty.

14. Policy for Clinical Site Visits

Clinical Education is an integral part of the overall education of a physical therapist. Doctor of Physical Therapy Students spend approximately 1/3 of their time in clinical education. It is the policy of OSU that students will have a formal evaluation from the program during the clinical education experiences. This may take the form of an in-person site visit, a phone call, video conferencing, or a written evaluation. Site visits and communication provide an opportunity for the DCE, CI and students to discuss issues, concerns and provide positive and constructive feedback to each other. Information gathered from these monitoring sessions may be shared with the academic faculty. If a specific problem arises with a student at any time during a clinical experience, every effort will be made by the DCE to visit that particular facility. Clinical instructors or students are urged to call the DCE or the Assistant DCE if any problem arises.

15. Policy for Corrective Intervention

If a student is determined to have unsatisfactory or lower than expected clinical performance at midterm, they may be placed on a learning contract or have specific expectations developed designed to address identified behaviors or skills that need improvement. The student, CI, SCCE and DCE will work closely together to address these behaviors and skills throughout the remainder of the clinical. This will likely involve additional communication between the DCE, the student and the CI.

16. Policy for Repeating a Clinical Course (from OSU DPT Student Handbook)

Policy on remediation or repeat of a failed course See PT Student Handbook

16. Policy for Clinical Placements

Students will not be placed in facilities where they are currently or have previously been employed or where they have signed contractual agreements for future employment. Assignment of clinical sites will be done in a fair manner with

consideration given for type of experience desired, learning opportunities available, student goals, learning environment, and lastly, geographic location. Students will not be placed in facilities where any real or potential conflict of interest exists. Some examples include but are not limited to: ownership of the clinic by a relative or relative by marriage, contract for future employment, previous personal relationship with staff of the PT department.

A. Policies specific to OSU Clinical Placements:

1) Students who are employed at OSU Wexner Medical Center Main Campus may not complete a clinical experience at OSU Main Campus or Dodd Rehabilitation Hospital, and vice versa. These departments are under the same administrative structure and therefore could result in a conflict of interest.
2) Students may be permitted to return to OSU for placement in a different level of care if the following are met:
    a. It is not in conflict with the status policy above #1
    b. Anyone who has not had the opportunity to go to OSU has been afforded that opportunity first
    c. There will be a separate process for selecting unused OSU spots.
3) Consideration will be given to a student request to return to OSU for a practicum, with preference given to students who have not had a previous clinical at OSU.
4) Students may not return to OSU for a practicum in the same setting.

B. Clinical Placements Outside of OSU:

Students may not complete more than 1 clinical at any one facility. Students may not complete more than 2 clinicals within the same health system and they cannot be in the same setting. An example of this may include completing an outpatient orthopedics clinical at Ohio Health Mansfield and acute care at Riverside. These are 2 separate facilities under the same healthcare system so this would be permissible. However, 2 clinicals at Ohio Health Mansfield, one in acute care and one in OP ortho would not be permissible. Practicum placements regarding this policy will be considered on a case by case basis by the DCE/ADCE. Considerations will be given to the type of experience and the available mentors in the specified area of request.

17. Policy for PT CPI Web Training

All students, CIs and SCCEs must complete the mandatory training for the PTCPI Web prior to the start of the clinical experience. The training only needs to be completed once with satisfactory completion of the test at the end. The results of the test should be forwarded to the DCE. The DCE will offer training for students and, upon request, for SCCEs/CIs. To prepare for use of the PT CPI web, DCE will solicit the name, email and phone of the CI approximately six weeks prior to the clinical. The SCCE should provide this information to the DCE by the requested deadline.

18. Policy for Health Requirements

All students are required to comply with the OSU College of Medicine Health Requirements for clinical education. Deadlines will be communicated to the students by the DCE. These requirements include an annual physical, annual PPD, annual flu vaccine, and updated vaccines with titers as indicated by the CDC. In addition, students must have an annual criminal background check, which will be coordinated by the School, an annual drug screen, and current CPR through the American Heart Association BLS certification for healthcare providers. The process for obtaining compliance will be coordinated through the School and the Assistant DCE in conjunction with Student Health Services. Dates of compliance will be provided each academic year in the fall. **The compliance date is the deadline in which all records must be current.** Therefore, all appointments, tests and lab values must be obtained well in advance of the compliance date in order to be compliant. It is the student's responsibility to maintain all necessary documentation of the health requirements. It is the student's responsibility to provide this documentation to the SCCE if requested. The student is also expected to verify with the Facility the need for any additional health requirements. Students are required to submit the above requirements to Student Health and assure that they are accurate and visible prior to the compliance date provided to the class.

19. Policy for Student Injury/Significant illness During A Clinical Experience

If a student experiences an injury, becomes ill, or experiences other unforeseen circumstances (henceforth called "the precipitating event") that prevent full participation in the remainder of the clinical experience, the DCE may, at his or her discretion based on professional judgment and the documented record of the students performance to date, elect to either pass the student based on work completed up until that time, or issue an incomplete and require the student to make up the remainder of the experience at a later time. This policy does not apply to a situation where the student voluntarily fails to complete a clinical, and does not apply to a situation where a student is forbidden to complete the clinical based on a decision made by the program or the clinical site. It only applies to a precipitating event beyond the student's control such as a personal injury, significant illness or family emergency.

Any makeup clinical required under this policy will be arranged based on availability of suitable sites at the discretion of the DCE, and will adhere to standard university and division policies for making up of incompletes for clinical experiences. As with all clinical experiences, travel and other incidental expenses for the makeup work are the responsibility of the student.

E. Processes for Clinical Placements

1. ICE: Students will be assigned by the DCE/ADCE/faculty for all ICE placements. Every effort will be made to avoid sites where clinical experiences are currently scheduled.
2. PT 7189: The first clinical experience placement will be done through Exxat. Students will be oriented to Exxat during the first summer. The DCE will release the sites to the students at least 3 weeks prior to the site selection day. During that time, students are expected to research available sites via student evaluations posted to Exxat. The DCE and ADCEs are available for counseling and questions.

   If there are students who are unmatched, they will be contacted by the DCE and have another opportunity to input selections 1-2 weeks later. Once the selections have been made and assigned, they are final.

3. For the remainder of the clinicals, PT 7289, PT 8189, and PT 8289 clinical placements may be done via lottery. If a lottery is utilized, students will be randomly assigned a lottery number. The cohort will be divided into thirds. We will select clinical sites in ascending order for 7289. For 8189, we will start with the middle third in reverse order of their 7289 number followed by the last third and the first third. For 8289, we will start with the final third, followed by the first third and then the middle third. The lottery for 7289 will take place during late summer, 8189 and 8289 will take place in early fall semester. Again, students are expected to to research available sites via the student evaluations posted to Exxat. The DCE and ADCEs are available for counseling and questions. Any request for new sites must be submitted by a pre-determined deadline.

   When the student's number is called during the lottery, they should come to the DCE and state their selected site and provide a rationale for why that site was chosen. The DCE will then determine if it is an appropriate choice and the site will be confirmed. Students are strongly encouraged to do a mock lottery or consult with each other prior to the lottery to work out any selections ahead of time. **When it is their time to select, each student will be given a maximum of 5 minutes.** If the student does not choose in that 5 minutes, they will forfeit their spot and have to wait until the end to choose.The DCE may disallow any clinical selection if it is deemed to be chosen for inappropriate reasons. Once the selections have been made and assigned, they are final.

4. Placements of those students (if any) who were not placed for 7189 and had to complete a second match will have the first opportunity to choose sites for PT 7289. They will put in their top 10 choices at least

1 week prior to the rest of the class. Once they have been assigned, the rest of the class will know which sites are remaining.

5. PT 8989: The final leadership practicum experience placements are done individually based on several factors. Toward the end of the 3rd clinical, the students will complete a professional development plan (PDP) to assist with career planning up to 5 years in the future after graduation. Once completed, the DCE will release information regarding possible practicum experiences, including information from previous years experiences, reserved slots on Exxat and have a personal discussion during the student's midterm visit or call. Students will look at all options and determine their top 5 choices and submit to the DCE with rationale for each choice to the Carmen dropbox by a determined deadline. Students also have the option of trying to set up a new experience or new mentor at this time with the assistance of the DCE or ADCE. No more than five new sites will be allowed per year. After the submission deadline, the clinical education team will review all student choices, compare to their PDP, and start to confirm placements. When there are multiple students interested in the same mentor or experience, the DCE or ADCE will solicit additional information from the students which may include additional written rationale, verbal discussions, phone or in-person meetings or group meetings. The clinical education team will then make a determination on which student is the best fit for the experience. The DCE/ADCE will then move to the student's next choice or recommend an alternative placement. **Students should be prepared to travel outside of Columbus and perhaps Ohio in order to get the experience/mentor that best meets their goals.** We will make every effort to get placements confirmed by November 1st. Once the placement is confirmed, a formal email will go to the mentor, SCCE and student. The student is then responsible for making contact to start working on objectives and determining a project.

F. Grading Criteria

All full-time clinical education experiences and integrated clinical experiences are graded based on a the grading scale in the syllabus. Students must earn a B- to pass the clinical. Grading percentages are assigned based on completion of assignments and quality of assignments. Overall, passage of the clinical will be determined by assessment of the Clinical Performance Instrument, the timeliness of submitted materials and the quality of submitted materials. Final grades are assigned by the DCE. For grading criteria for specific courses, please refer to syllabus for individual courses.

Completion of the weekly feedback form (Appendix E) by the student and CI is required for all full-time clinical education experiences. On the CPI, it is expected that the comments will correlate with the rating of each criteria.

Unsatisfactory (F) grades:
If the student is not performing at a satisfactory level during the clinical experience, the CI, SCCE and/or student should contact the DCE as soon as this is apparent. It is not appropriate to wait until the midterm grading point to discuss issues with student performance. A remediation plan will be established to correct the identified problem areas. It is expected that the students will take primary responsibility for the management and resolution of identified performance problems.

If the problems cannot be resolved in a satisfactory manner during the clinical experience and the student does not meet the requirements as stated above, the student will fail that course. This includes problems in the cognitive, psychomotor and/or affective domains. The student will also fail the clinical course if asked to leave a clinical experience prior to the actual scheduled conclusion of the clinical due to poor performance or unacceptable professional behavior.

Refer to the student handbook for policy on failing a course. LINK

G. Rights and Responsibilities of the University

1. The University will assume responsibility for developing and implementing the educational program in physical therapy.

2. The University will refer to the Facility only those students who are enrolled in the University's physical therapy curriculum and for the full-time clinical education experiences, those who have satisfactorily completed the academic prerequisites for clinical education experience per program requirements (See Physical Therapy Student Handbook).

3. The University will designate a person to direct the clinical education programs at the University and to act as liaison for the University, the Facility and the student(s). This person shall be:

Tonya Norris Apke, DPT, OCS
Director of Clinical Education and
Assistant Professor
The Ohio State University
School of Health and Rehabilitation Sciences
Division of Physical Therapy
453 W. 10th Avenue
Columbus, OH 43210
614-292-2410

Apke.5@osu.edu

4. The University will be responsible for the determination of a student's final grade for clinical education experiences. Feedback from the Facility evaluation forms will be used in making this determination. The students are graded on a pass/fail basis.

5. The University will notify the Facility of its planned schedule of student assignments, including the dates of full-time clinical experiences, the name(s) of the student(s), contact information and the level of academic and preclinical preparation of each student.

6. The University will provide the Facility with educational objectives and evaluation forms for each clinical education assignment.

7. The University will provide students with education regarding universal precautions for infectious exposure and general HIPAA training.

8. The University will maintain communication with the Facility on matters pertinent to clinical education. Such communication may include, but not be limited to, on-site visits to the Facility, workshops, meetings, and the provision of educational materials relevant to the clinical education program.

9. The University will advise students assigned to the Facility of their responsibility for complying with the existing rules and regulations of the Facility, their policies and procedures including, but not limited to, complying with any physical examination/immunization requirements of the Facility.

10. The University will maintain professional liability insurance for each student assigned to the Facility and will provide the Facility with information regarding such liability insurance.

11. The University reserves the right to terminate a clinical education assignment at the University's discretion, if it is in the best interest of the Student, University or Facility.

12. The University will make every effort to place students in all clinical education experiences; however, completion of coursework does not guarantee that a student will be provided a CEE at a specific time period or at a particular facility, as this depends upon the availability for clinical sites.

13. The University will only place students with facilities that have a signed legal agreement.

14. It is the policy of the Division of Physical Therapy to attempt to visit students during the clinical time periods. This is done, however, within the constraints

of availability of faculty and travel funds. If a visit is not made, a conference via telephone or videoconference will be arranged.

15. The University will communicate necessary student information to the clinical site/SCCE prior to the clinical experience. We are obligated to respect student privacy per the Family Educational Rights and Privacy Act (FERPA).

H. Responsibilities of the DCE & Assistant DCE

1. Certify eligibility of students for training and education.

2. Submit names of eligible student(s) to the SCCE.

3. Provide students with information about the clinical education site.

4. Schedule the clinical education experience for individual students. Clinical experiences will be scheduled by the DCE for 6189, 6489, and 8989 and by lottery selection or through our clinical education database system, Exxat, for 7189, 7289, 8189, and 8289.

5. Provide the SCCE/CI with information about the physical therapy curriculum and educational goals.

6. Provide the SCCE/CI with information about level of training of individual student interns to assist the CI in planning learning experiences for students.

7. Maintain a database for all contracted facilities that will be used to maintain communication records with the SCCE/CI, provide assistance to students with planning clinical experiences, monitor clinical sites and clinical instructors from year to year, evaluate clinical sites and CIs, and assist with counseling students regarding program participation and internship availability.

8. Provide the clinical site with clinical evaluation forms necessary to evaluate students.

9. Make clinical site visits, phone calls, or assessments to review student progress during the full-time clinical experiences.

10. Post and monitor weekly posted discussions.

11. Notify the clinical site at least three months in advance of its planned schedule of student assignments, including the name of the student, level of academic preparation, length and dates of the clinical experience.

12. Notify the clinical site at least two weeks in advance of the scheduled start date in the event of change or cancellation of the assignment, whenever possible.

13. Require students to abide by the rules, regulations, and policies of the clinical site while assigned to that facility as well as the policies outlined in their Clinical Education and Student Handbooks.

14. Establish, maintain, and review annually affiliation agreements.

15. Conduct annual assessment of select clinical sites and Clinical Instructors.

I. Rights and Responsibilities of the Clinical Facility & SCCE

The DPT program at The Ohio State University has chosen to adopt the APTA Guidelines for Clinical Education Sites, Guidelines for Center Coordinators of Clinical Education, and Guidelines for Clinical Instructors. Facilities, SCCEs, and CIs are encouraged to access these guidelines among the APTA Board of Directors and House of Delegates documents on the APTA website.

The APTA has published Guidelines and Self-Assessments for Clinical Education with accompanying self-assessment tools for sites, SCCEs, and CIs. These documents can be downloaded by members for free on the APTA website.

Finally, the APTA has published a Center Coordinator of Clinical Education Reference Manual which can be accessed on the APTA website.

For the Clinical Facility:

1. The Facility will designate one person to serve as SCCE for the Facility and to act as liaison with the University.

2. The Facility will have ultimate responsibility for patient care at the Facility and will comply with any state, federal governmental or administrative laws, rules, regulations and statutes governing the practice of physical therapy.

3. The Facility will provide qualified staff, patients, physical facilities, clinical equipment and materials in accordance with clinical education objectives as agreed upon by the Facility and the University (See Clinical Education Objectives).

4. The Facility will provide each assigned student with a planned, supervised program of clinical experience in accordance with the clinical education objectives.

5. The Facility will provide each assigned student with an orientation to the Facility, including a copy of pertinent rules and regulations of the Facility, emergency procedures, expectations from the site and CI, and review of student goals on the first day of the full-time clinical.

6. The Facility will advise the University immediately of any changes in its operation, policies, or personnel, which may affect clinical education.

7. The Facility will advise the University immediately of any serious deficiencies noted in an assigned student's performance. It will then be the mutual responsibilities of the student, the Facility and the University to devise a plan by which the student may be assisted towards achieving the stated objectives of the clinical education experience.

8. The Facility will provide the University with information regarding the availability of first aid and emergency care for students while on clinical education assignment on the property of the Facility. If the Facility provides first aid and/or emergency care to an assigned student, the Facility may charge reasonable fees for such services.

9. The Facility will offer appropriate environments, staffing, and resources for clinical experiences.

10. The Facility will support the clinical education program, its participants, and development.

11. The Facility may terminate a clinical experience or change locations if the student is negatively affecting patient care or staff morale or if the student is not meeting educational goals for the experience.

For the SCCE:

1. The SCCE will have expertise in clinical education and interactions with students.

2. The SCCE will designate a physical therapist to serve as the CI for the assigned student(s) that meets the stated CI requirement from Policy #11 Policy Related to Quality Clinical Instructors.

3. The SCCE will oversee the evaluation of the performance of the assigned student(s) using forms provided or approved by the University. Presently, OSU uses the PT CPI Web as the evaluation tool for the clinical experiences.

4. The SCCE will complete the training & test for the PT CPI Web for the clinical experiences. This training needs only to be completed once.

5. The SCCE will demonstrate strong communication and interpersonal skills with colleagues, students and the School.

6. The SCCE will exhibit appropriate managerial, supervisory, organizational, and administrative skills.

7. The SCCE assists in the professional development of the CIs.

8. The SCCE has opportunites to provide feedback regarding the effectiveness of the DCE and the clinical education program as requested by the PT program.

J. Rights and Responsibilities of the Clinical Faculty (CIs)

1. The Clinical Instructor will complete the training and test for the PT CPI Web prior to the student's arrival and forward the information to the DCE.

2. They will review the CPI with the student on the first day or two of the CEE to set goals for the clinical.

3. They will provide weekly feedback sessions throughout the clinical, including the completion of the weekly feedback form as indicated previously.

4. They will provide formal review of the PT CPI Web at mid-term and final. More frequent review of the CPI should occur as needed.

5. They will provide adequate supervision of the student and a good learning environment. Structure learning experiences, interact directly with the student, and adjust workload to student's needs.

6. They will serve as a role model and demonstrate a positive attitude toward students. Challenge students to utilize skills and resources available.

7. They will maintain ethical standards. A physical therapist must always be present when a student is in the clinic. A student must not treat patients if only a physical therapist assistant or aide is in the clinic or on the premises. Clinical Instructors are also expected to abide by the supervision requirements dictated by state law and federal agencies such as Medicare.

8. They will respect the rights and dignity of the student. Provide a private setting for evaluation and feedback sessions.

9. They will plan the learning experience based on the clinical objectives and student learning goals.

10. They will follow APTA Guidelines for Clinical Instructors. (See Appendix B)

11. They may consult with the DCE to obtain information for enhancing clinical teaching skills.

12. They may contact the DCE or Chair at any time regarding student performance or any other issue related to the PT program.

13. They will protect the rights of their patients to refuse examination and treatment by a student physical therapist.

14. They may request information regarding a student prior to and during a clinical experience.

15. They may request inservices from the DCE or academic faculty.

16. They may request inservices, journal club or projects from the student during their clinical experience.

17. They may be included in invitations for events hosted by the PT program.

K. Student Responsibilities

1. Before Full-time Clinical Experiences:

a. Students must have successfully completed all physical therapy coursework preceding the full-time clinical. Successful completion is defined as maintaining a 3.0/4.0 overall grade point average in their professional courses.

b. Students must be officially registered for clinical education courses before they can begin a clinical experience. All clinical coursework requires payment of tuition. Each student's name must appear on the class roll in order to begin the clinical experience.

c. CPR Certification for the healthcare provider must be valid and from the be American Heart Association BLS (Basic Life Support) for HCP (Healthcare Provider) that includes adult, child and infant as well as AED for the Healthcare provider. The CPR course must include an <u>in person check off of skills</u>. An online only course is not sufficient and will not meet the requirements.

d. The student must complete an annual physical, including an update to needed immunizations as well as a yearly criminal background check and drug screen by the stated deadline prior to all clinical experiences. **Students will not be permitted to begin any clinical experience without these conditions listed in c and d being met fully.**

e. Student must sign the Student Agreement for Clinical Education Form (APPENDIX C) and submit this form to Exxat. This signed form will be placed in the student's permanent record.

f. Students are responsible for submitting their clinical site choices by a specific date announced by the DCE.

g. Students must read the contracts for clinical education for each of their assigned clinical facilities. Students have access to the contracts via the faculty offices located on the 5th floor in Atwell Hall. The Exxat database

system houses all information related to the OSU Clinical Education Program. Students will be trained on the use of Exxat during their first semester.

h. Students must determine the facility's required dress code prior to their arrival. If unclear, the OSU PT Division dress code should be followed.

i. Students must write a letter 4-6 weeks prior to the clinical experience introducing themselves and stating their goals for the experience.

j. Students must provide requested information to DCE/Assistant DCE at requested deadline. This may include CI, SCCE or clinical site information.

k. Students must call the clinic 2 weeks prior to the clinical experience to confirm their arrival and work out any other details.

l. Student must review the CPI prior to the CEE to determine skills they would like to work on**.**

m. In addition to the required University background check and drug testing, an additional criminal background check or drug test may be required by some clinical facilities that accept students for clinical experiences. It is the student's responsibility to know if these requirements are necessary and the time frame in which they must be completed to begin a clinical experience at their assigned facility. The student is responsible for any expenses incurred to meet these requirements. If the student is unable to be cleared on these requirements, then the student may not be eligible to continue with the scheduled clinical experience until the necessary processes to be cleared have been completed.

n. The student must complete and submit certification of HIPAA and Infection Prevention training.

2. General Student Responsibilities:

a. The student is required to comply with all applicable policies, procedures and rules of the Facility, the College, and the Code of Ethics of the American Physical Therapy Association.

b. The student is required to maintain health insurance during a clinical education assignment and to keep a current copy of their insurance card in Exxat.

c. The student is responsible for demonstrating professional behavior including but not limited to protecting the confidentiality of patient information appropriate to the environment of the Facility and maintaining acceptable standards of patient care.

d. The student is responsible for making appropriate arrangements for transportation to and from the Facility, housing, if necessary, and assuming any travel or living expenses incurred related to clinical education.

e. The student must notify the school of their residence address and telephone number and emergency contact information during all clinical experiences.

f. Student must review the facility's emergency procedures within the first two days of the clinical.

g. Students must maintain close communication with the clinical instructor and come prepared to share written goals and expectations for the internship with the clinical instructor. They shall discuss individual learning style and feedback preference and let the clinical instructor know if they are upset about something or are not feeling well.

h. The student is responsible for using spare time constructively. Ask about resources available. Resources may include a medical library, journals, observing in other disciplines, observing other patient treatments, etc.

i. The student is responsible for respecting the knowledge and experience of the clinical instructors. Offer suggestions or alternatives in a tactful manner.

j. The student is responsible for accepting feedback and constructive criticism in a positive manner, being flexible and identifying their own strengths and weaknesses. Always demonstrate a positive learning attitude, initiative to do off-duty study, and the ability and willingness to problem solve.

k. Students are responsible for the completion of the CPI.

l. The student is responsible for completing the weekly feedback form and assuring that the CI is contributing their feedback to it each week.

m. The student is responsible for bringing the checklists and assuring that CIs complete them correctly and completing Student Evaluation of the Clinical Experience.

n. The student is responsible for promptly submitting the completed paperwork for the clinical by the stated deadline.

o. The student is responsible for the timely completion of any projects or assignments made by the clinical instructor.

p. The student shall report any questionable practices or problems to the DCE.

q. The student shall acknowledge their status as a student and obtain consent from patients/clients or their responsible parties for treatment with the understanding that patients may refuse care by a student at no risk to themselves.

r. The student understands the potential health risks of working with patients which may include exposure to disease, blood and bodily fluids and injury from assisting patients.

APPENDIX A

Student's Name_____

The Ohio-Kentucky Consortium of PT Programs

CRITERIA 9: PERFORMS A PHYSICAL THERAPY PATIENT EXAMINATION TESTS AND MEASURES

Please indicate the student's skill level at the final evaluation only.
Key: NO=not observed, 1=observed only/minimum exposure 2=competent
The goal is to have each skill rated at "2" at least once by end of the final clinical.

Skill		7189	7289	8189	8289
a.	aerobic capacity *				
b	anthropometric characteristics (ex. LLD, Circumferential)				
c.	arousal, mentation, cognition				
d.	assistive and adaptive devices				
e.	community and work reintegration				
f.	environmental, home and work barriers				
g.	ergonomics and body mechanics				
h.	gait, assisted locomotion, and balance				
i.	integumentary integrity				
j.	joint integrity and mobility				
k.	motor function				
l.	muscle performance (including strength, power, endurance)				
m.	neuromotor development and sensory integration				
n.	pain				
o.	posture				
p.	prosthetic requirements				
q.	range of motion				
r.	reflex integrity				
s.	self-care and home management (including ADLs and IADLs)				
t.	sensory integration (including proprioception and kinesthesia)				
u.	ventilation, respiration, circulation **				

1st CI Signature:_____Date:_____

2nd CI Signature:_____Date:_____

3rd CI Signature:_____Date:_____

4th CI Signature:_____Date:_____

* (eg. RPE, MET level, Max HR, target HR, exs BP)
** (eg. VO, MAX, respiratory rate, pulse oximetry, peripheral pulse)

The Ohio-Kentucky Consortium of PT Programs

CRITERIA 13: PERFORMS PROCEDURAL INTERVENTIONS

Student's Name_____

Please indicate the student's skill level at the <u>final evaluation</u> only.
Key: NO=not observed, 1=observed only/minimum exposure 2=competent
The goal is to have each skill rated at "2" at least once by end of the final clinical.

Skill		7189	7289	8189	8289
a.	*airway clearance techniques				
b.	debridement and wound care				
c.	electrotherapeutic modalities				
d.	functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning				
e.	functional training in self-care and home management (including activities of daily living and instrumental activities of daily living)				
f.	manual therapy techniques				
g.	patient-related instruction				
h.	physical agents and mechanical modalities				
i.	prescription, application, and as appropriate fabrication of adaptive, assistive, orthotics, protective, and supportive devices and equipment				
j.	therapeutic exercise (including aerobic conditioning)				

*Airway clearance techniques may include: Breathing strategies – e.g. Active cycle of breathing or forced expiratory techniques, assisted cough/huff techniques, paced breathing, pursed lip breathing, techniques to maximize ventilation (e.g. maximum inspiratory hold, breath stacking, manual hyperinflation)

1st CI Signature:_____Date:_____

2nd CI Signature:_____Date:_____

3rd CI Signature:_____Date:_____

4th CI Signature:_____Date:_____

APPENDIX B
Guidelines for Clinical Instructors

1.0 THE CLINICAL INSTRUCTOR (CI) DEMONSTRATES CLINICAL COMPETENCE, PROFESSIONAL SKILLS AND ETHICAL BEHAVIOR IN CLINICAL PRACTICE.

1.1 The Clinical Instructor (CI) has at least one year of clinical experience, or in special programs or areas of expertise less experience has proven to be satisfactory.

1.1.1 The CI demonstrates a willingness to work with student by pursuing learning experiences to develop knowledge and skills in clinical teaching.

1.2 The CI is a competent physical therapist or physical therapist assistant.

1.2.1 The CI holds a current license as required by the physical therapy practice act in the state in which one practices.

1.2.2 The CI demonstrates a systematic approach to patient care.

1.2.3 The CI uses critical thinking in the delivery of health services.

1.2.4 The CI provides rationale for evaluation and treatment approaches.

1.2.5 The CI demonstrates the appropriate time management skills.

1.3 The CI demonstrates professional skills.

1.3.1 The CI acts as a professional role model and demonstrates an awareness of the impact of this role on students.

1.3.2 The CI represents the profession positively by assuming responsibility for professional self-development and demonstrates this responsibility to the students.

1.3.2.1 Activities for professional development may include continuing education courses, journal club, case conferences, case studies, literature review, facility sponsored courses, post-professional education and area consortia programs.

1.4 The CI demonstrates ethical behavior.

1.4.1 The CI practices ethically as outlined by the clinical center policy and the APTA Code of Ethics and Guide for Professional Conduct.

2.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

2.1 The CI uses verbal, nonverbal, and written communication skills to clearly express himself/herself to students and others.

2.1.1 The CI defines expectations for students.

2.1.2 The CI provides feedback to students.

2.1.3 The CI demonstrates skill in active listening.

2.1.4 The CI provides clear and concise written communication.

2.2 The CI is responsible for facilitating communication.

2.2.1 The CI encourages dialogue with students.

2.2.2 The CI provides time and a place for ongoing dialogue to occur.

2.2.3 The CI initiates communication that may be difficult or confrontational.

2.2.4 The CI is open to and encourages feedback from students, clinical educators and other professional colleagues.

3.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SKILL IN INTERPERSONAL RELATIONSHIPS.

3.1 The CI forms a professional peer relationship with students.

3.1.1 The CI acts as a role model of professional behaviors, instruction, and supervision.

3.1.2 The CI promotes the student as a professional to others.

3.1.3 The CI recognizes students as individuals.

3.1.4 The CI is willing to share his/her strengths and weaknesses with students.

3.2 The CI is approachable by students.

3.2.1 The CI assesses and responds to student concerns with empathy, support or interpretation, as appropriate.

3.3 The CI interacts with patients, colleagues and other health professionals to achieve identified goals.

4.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS

4.1 The CI and students plan the learning experiences.

4.1.1 Based on a plan, the CI implements, facilitates, and evaluates learning experiences for students.

4.2 The CI demonstrates knowledge of the student's academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience.

4.3 The CI recognizes and uses the entire clinical environment as potential learning experiences, both planned and unplanned.

4.4 The CI demonstrates knowledge of various learning styles.

4.4.1 The CI should attempt to integrate this knowledge in providing student instruction.

4.5 The CI sequences learning experiences to allow progression towards students' personal and programmatic goals.

4.6 The CI monitors and modifies learning experiences in a timely manner based on the quality of the student's performance.

5.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

5.1 The CI supervises the student in the clinical environment by clarifying goals, objectives and expectations.

5.1.1 The CI presents clear performance expectations to students at the beginning and throughout the learning experience.

5.1.2 Goals and objectives are mutually agreed upon by the CI and students.

5.2 Feedback is provided both formally and informally.

5.2.1 To provide student feedback, the CI collects information through direct observation and discussions with students, through review of the students' patient documentation and through available observations made by others.

5.2.2 The CI provides frequent and timely feedback.

5.3 The CI and students review and analyze this information regularly and adjust the learning experiences accordingly.

5.4 The CI performs formative and summative evaluations of the students' performance.

5.4.1 The CI and students both participate in ongoing formative evaluation of the clinical education experience.

5.4.2 Summative evaluations are provided at least at midterm and at completion of the clinical education experience.

5.4.3 The students have input into the evaluation process at midterm and at completion of the clinical education experience.

6.0 THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS

6.1 The CI articulates observations of students' knowledge, skills and behavior as related to specific student performance standards.

6.1.1 The CI recognizes and documents students' progress, identifies areas of entry-level competence, areas of excellence and areas of performance that are unsafe or ineffective.

6.1.2 Based on areas of excellence, the CI plans activities that continue to challenge students' performance in collaboration with the SCCE and the ACCE, if appropriate.

6.1.3 Based on the areas identified as inadequate, the CI plans remedial activities to address specific deficits in student performance in collaboration with the Center Coordinator of Clinical Education (SCCE) and the Academic Coordinator of Clinical Education (ACCE), if appropriate.

6.2 The CI demonstrates awareness of the relationship between the academic program and clinical center as it relates to student performance evaluations, grading, remedial activities and due process in the case student failure.

6.3 The CI demonstrates a constructive approach to the student performance evaluation that is educational , objective and engages students in self-assessment (e.g., problem identification, processing, and solving) as part of the performance evaluation process.

The foundation of this document was:

1) Barr JS, Gwyer J: Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers. American Physical Therapy Association, 1981;
2) Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists; and
3) Moore ML, Perry JF: Clinical Education in Physical Therapy: Present Status/Future Needs. American Physical Therapy Association and the Section for Education, 1976.

The development of this document was a result of combined efforts of the Task Force on Clinical Education 1989-91 and the Task Force on Clinical Education 1992-94.

APPENDIX C
Student Agreement for Clinical Education

THIS AGREEMENT, made and entered into this _____ day of _____, 20___, by and between the Physical Therapy Division at The Ohio State University, hereafter referred to as the "School," and _____, a Student of the School, hereafter referred to as "Student."

WHEREAS, both parties to this Agreement want the Student to have a safe and quality learning experience, and , in consideration of the mutual advantage occurring to both parties hereto, the School and Student agree as follows:

ARTICLE I. TERM

The term of this Agreement shall begin on the date of this Agreement and shall continue until such time as the Student is no longer affiliated with the School. This Agreement may be modified by mutual consent at any time.

ARTICLE II. RIGHTS AND RESPONSIBILITIES

A. The School shall not discriminate against any Student because of the Student's race, color, religion, sex, marital status, national origin, age, or ancestry. The School shall not discriminate against any Student on the basis of handicap, if such Student is a "qualified individual with a disability," as defined by the Americans with Disability Act of 1990.

B. Prior to the Student entering into the first clinical experience, the Student will have a physical examination, a Tuberculosis two-step Mantoux test, an updated tetanus/tDAP, varicella, Hepatitis B vaccines with a positive antibody titer, a flu vaccine, and MMR vaccinations. Also, the Student will have a current CPR (Cardiopulmonary Resuscitation) Certification for Healthcare practitioners from the American Heart Association., passed the Criminal Background Check and drug screen. Proof of the above will be provided by the Student to the Director of Clinical Education (DCE), prior to entering the School's Clinical Education Program.

C. The Student, annually, will have a physical examination,flu vaccination, drug screen, and a Tuberculosis one-step Mantoux test. The Student will continually have an updated CPR Certification from the American Heart Association and an updated tetanus vaccination. Proof of the above will be provided by the Student to the DCE in order to continue in the School's Clinical Education Program.

D. Prior to the Student entering into the Program, the Student will complete a Criminal Background Check as coordinated by the School. This will be done each year of the program.

E. The School shall provide professional liability insurance, within limits of at least $1,000,000.00 per incident and a $3,000,000.00 aggregate.

F. The Student shall at all times indemnify and hold harmless the School, its employees, agents, and representatives, from any and all suits, claims, demands, costs, damages, counsel fees, charges, liabilities and expenses whatsoever, which they shall or may at any time sustain or incur or become liable for, by reason of in consequence of , any action or omission of the Student.

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be duly executed.

_____ _____

Student Date

APPENDIX D
Professional Behaviors for the 21st Century

Definitions of Behavioral Criteria Levels
Beginning Level – behaviors consistent with a learner in the beginning of the professional phase of physical therapy education and before the first significant clinical experience.
Intermediate Level – behaviors consistent with a learner after the first significant clinical experience
Entry Level – behaviors consistent with a learner who has completed all didactic work and is able to independently manage a caseload with consultation as needed from clinical instructors, co-workers and other health care professionals
Post-Entry Level – behaviors consistent with an autonomous practitioner beyond entry level

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

   Beginning Level:
   - ❖ Raises relevant questions
   - ❖ Considers all available information
   - ❖ Articulates ideas
   - ❖ Understands the scientific method
   - ❖ States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)
   - ❖ Recognizes holes in knowledge base
   - ❖ Demonstrates acceptance of limited knowledge and experience

   Intermediate Level:
   - ❖ Feels challenged to examine ideas
   - ❖ Critically analyzes the literature and applies it to patient management
   - ❖ Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas
   - ❖ Seeks alternative ideas
   - ❖ Formulates alternative hypotheses
   - ❖ Critiques hypotheses and ideas at a level consistent with knowledge base
   - ❖ Acknowledges presence of contradictions

   Entry Level:
   - ❖ Distinguishes relevant from irrelevant patient data
   - ❖ Readily formulates and critiques alternative hypotheses and ideas
   - ❖ Infers applicability of information across populations
   - ❖ Exhibits openness to contradictory ideas
   - ❖ Identifies appropriate measures and determines effectiveness of applied solutions efficiently
   - ❖ Justifies solutions selected

   Post-Entry Level:
   - ❖ Develops new knowledge through research, professional writing and/or professional

presentations

- ❖ Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process
- ❖ Weighs information value based on source and level of evidence
- ❖ Identifies complex patterns of associations
- ❖ Distinguishes when to think intuitively vs. analytically
- ❖ Recognizes own biases and suspends judgmental thinking
- ❖ Challenges others to think critically

2. **Communication -** The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

Beginning Level:

- ❖ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
- ❖ Recognizes impact of non-verbal communication in self and others
- ❖ Recognizes the verbal and non-verbal characteristics that portray confidence
- ❖ Utilizes electronic communication appropriately

Intermediate Level:

- ❖ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
- ❖ Restates, reflects and clarifies message(s)
- ❖ Communicates collaboratively with both individuals and groups
- ❖ Collects necessary information from all pertinent individuals in the patient/client management process
- ❖ Provides effective education (verbal, non-verbal, written and electronic)

Entry Level:

- ❖ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups
- ❖ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing
- ❖ Maintains open and constructive communication
- ❖ Utilizes communication technology effectively and efficiently

Post Entry Level:

- ❖ Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning
- ❖ Effectively delivers messages capable of influencing patients, the community and society
- ❖ Provides education locally, regionally and/or nationally
- ❖ Mediates conflict

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

Beginning Level:

- ❖ Recognizes problems
- ❖ States problems clearly
- ❖ Describes known solutions to problems
- ❖ Identifies resources needed to develop solutions
- ❖ Uses technology to search for and locate resources
- ❖ Identifies possible solutions and probable outcomes

Intermediate Level:

- ❖ Prioritizes problems
- ❖ Identifies contributors to problems
- ❖ Consults with others to clarify problems
- ❖ Appropriately seeks input or guidance
- ❖ Prioritizes resources (analysis and critique of resources)
- ❖ Considers consequences of possible solutions

Entry Level:

- ❖ Independently locates, prioritizes and uses resources to solve problems
- ❖ Accepts responsibility for implementing solutions
- ❖ Implements solutions
- ❖ Reassesses solutions
- ❖ Evaluates outcomes
- ❖ Modifies solutions based on the outcome and current evidence
- ❖ Evaluates generalizability of current evidence to a particular problem
- ❖ Evaluates generalizability of current evidence to a particular problem

Post Entry Level:

- ❖ Weighs advantages and disadvantages of a solution to a problem
- ❖ Participates in outcome studies
- ❖ Participates in formal quality assessment in work environment
- ❖ Seeks solutions to community health-related problems
- ❖ Considers second and third order effects of solutions chosen

4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

Beginning Level:

- ❖ Maintains professional demeanor in all interactions
- ❖ Demonstrates interest in patients as individuals
- ❖ Communicates with others in a respectful and confident manner
- ❖ Respects differences in personality, lifestyle and learning styles during interactions with all persons
- ❖ Maintains confidentiality in all interactions
- ❖ Recognizes the emotions and bias that one brings to all professional interactions

Intermediate Level:

- ❖ Recognizes the non-verbal communication and emotions that others bring to professional interactions
- ❖ Establishes trust
- ❖ Seeks to gain input from others
- ❖ Respects role of others
- ❖ Accommodates differences in learning styles as appropriate

Entry Level:

- ❖ Demonstrates active listening skills and reflects back to original concern to determine course of action
- ❖ Responds effectively to unexpected situations

- ❖ Demonstrates ability to build partnerships
- ❖ Applies conflict management strategies when dealing with challenging interactions
- ❖ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them

Post Entry Level:

- ❖ Establishes mentor relationships
- ❖ Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction.

5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

Beginning Level:

- ❖ Demonstrates punctuality
- ❖ Provides a safe and secure environment for patients
- ❖ Assumes responsibility for actions
- ❖ Follows through on commitments
- ❖ Articulates limitations and readiness to learn
- ❖ Abides by all policies of academic program and clinical facility

Intermediate Level:

- ❖ Displays awareness of and sensitivity to diverse populations
- ❖ Completes projects without prompting
- ❖ Delegates tasks as needed
- ❖ Collaborates with team members, patients and families
- ❖ Provides evidence-based patient care

Entry Level:

- ❖ Educates patients as consumers of health care services
- ❖ Encourages patient accountability
- ❖ Directs patients to other health care professionals as needed
- ❖ Acts as a patient advocate
- ❖ Promotes evidence-based practice in health care settings
- ❖ Accepts responsibility for implementing solutions
- ❖ Demonstrates accountability for all decisions and behaviors in academic and clinical settings

Post Entry Level:

- ❖ Recognizes role as a leader
- ❖ Encourages and displays leadership
- ❖ Facilitates program development and modification
- ❖ Promotes clinical training for students and coworkers
- ❖ Monitors and adapts to changes in the health care system
- ❖ Promotes service to the community

6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

Beginning Level:

- ❖ Abides by all aspects of the academic program honor code and the APTA Code of Ethics
- ❖ Demonstrates awareness of state licensure regulations
- ❖ Projects professional image
- ❖ Attends professional meetings
- ❖ Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

Intermediate Level:

- ❖ Identifies positive professional role models within the academic and clinical settings
- ❖ Acts on moral commitment during all academic and clinical activities
- ❖ Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making
- ❖ Discusses societal expectations of the profession

Entry Level:

- ❖ Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
- ❖ Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity
- ❖ Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development
- ❖ Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices
- ❖ Discusses role of physical therapy within the healthcare system and in population health
- ❖ Demonstrates leadership in collaboration with both individuals and groups

Post Entry Level:

- ❖ Actively promotes and advocates for the profession
- ❖ Pursues leadership roles
- ❖ Supports research
- ❖ Participates in program development
- ❖ Participates in education of the community
- ❖ Demonstrates the ability to practice effectively in multiple settings
- ❖ Acts as a clinical instructor
- ❖ Advocates for the patient, the community and society

7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

Beginning Level:

- ❖ Demonstrates active listening skills
- ❖ Assesses own performance
- ❖ Actively seeks feedback from appropriate sources
- ❖ Demonstrates receptive behavior and positive attitude toward feedback
- ❖ Incorporates specific feedback into behaviors
- ❖ Maintains two-way communication without defensiveness

Intermediate Level:

- ❖ Critiques own performance accurately
- ❖ Responds effectively to constructive feedback
- ❖ Utilizes feedback when establishing professional and patient related goals
- ❖ Develops and implements a plan of action in response to feedback
- ❖ Provides constructive and timely feedback

Entry Level:

- ❖ Independently engages in a continual process of self-evaluation of skills, knowledge and abilities
- ❖ Seeks feedback from patients/clients and peers/mentors
- ❖ Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities
- ❖ Uses multiple approaches when responding to feedback
- ❖ Reconciles differences with sensitivity
- ❖ Modifies feedback given to patients/clients according to their learning styles

Post Entry Level:

- ❖ Engages in non-judgmental, constructive problem-solving discussions
- ❖ Acts as conduit for feedback between multiple sources
- ❖ Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients
- ❖ Utilizes feedback when analyzing and updating professional goals

8. **Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.

Beginning Level:

- ❖ Comes prepared for the day's activities/responsibilities
- ❖ Identifies resource limitations (i.e. information, time, experience)
- ❖ Determines when and how much help/assistance is needed
- ❖ Accesses current evidence in a timely manner
- ❖ Verbalizes productivity standards and identifies barriers to meeting productivity standards
- ❖ Self-identifies and initiates learning opportunities during unscheduled time

Intermediate Level:

- ❖ Utilizes effective methods of searching for evidence for practice decisions
- ❖ Recognizes own resource contributions
- ❖ Shares knowledge and collaborates with staff to utilize best current evidence
- ❖ Discusses and implements strategies for meeting productivity standards
- ❖ Identifies need for and seeks referrals to other disciplines

Entry Level:

- ❖ Uses current best evidence
- ❖ Collaborates with members of the team to maximize the impact of treatment available
- ❖ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations
- ❖ Gathers data and effectively interprets and assimilates the data to determine plan of care
- ❖ Utilizes community resources in discharge planning
- ❖ Adjusts plans, schedule etc. as patient needs and circumstances dictate

- ❖ Meets productivity standards of facility while providing quality care and completing non-productive work activities

Post Entry Level:

- ❖ Advances profession by contributing to the body of knowledge (outcomes, case studies, etc.)
- ❖ Applies best evidence considering available resources and constraints
- ❖ Organizes and prioritizes effectively
- ❖ Prioritizes multiple demands and situations that arise on a given day
- ❖ Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care

9. **Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

Beginning Level:

- ❖ Recognizes own stressors
- ❖ Recognizes distress or problems in others
- ❖ Seeks assistance as needed
- ❖ Maintains professional demeanor in all situations

Intermediate Level:

- ❖ Actively employs stress management techniques
- ❖ Reconciles inconsistencies in the educational process
- ❖ Maintains balance between professional and personal life
- ❖ Accepts constructive feedback and clarifies expectations
- ❖ Establishes outlets to cope with stressors

Entry Level:

- ❖ Demonstrates appropriate affective responses in all situations
- ❖ Responds calmly to urgent situations with reflection and debriefing as needed
- ❖ Prioritizes multiple commitments
- ❖ Reconciles inconsistencies within professional, personal and work/life environments
- ❖ Demonstrates ability to defuse potential stressors with self and others

Post Entry Level:

- ❖ Recognizes when problems are unsolvable
- ❖ Assists others in recognizing and managing stressors
- ❖ Demonstrates preventative approach to stress management
- ❖ Establishes support networks for self and others
- ❖ Offers solutions to the reduction of stress
- ❖ Models work/life balance through health/wellness behaviors in professional and personal life

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

Beginning Level:

- ❖ Prioritizes information needs

- Analyzes and subdivides large questions into components
- Identifies own learning needs based on previous experiences
- Welcomes and/or seeks new learning opportunities
- Seeks out professional literature
- Plans and presents an in-service, research or cases studies

Intermediate Level:

- Researches and studies areas where own knowledge base is lacking in order to augment learning and practice
- Applies new information and re-evaluates performance
- Accepts that there may be more than one answer to a problem
- Recognizes the need to and is able to verify solutions to problems
- Reads articles critically and understands limits of application to professional practice

Entry Level:

- Respectfully questions conventional wisdom
- Formulates and re-evaluates position based on available evidence
- Demonstrates confidence in sharing new knowledge with all staff levels
- Modifies programs and treatments based on newly-learned skills and considerations
- Consults with other health professionals and physical therapists for treatment ideas

Post Entry Level:

- Acts as a mentor not only to other PT's, but to other health professionals
- Utilizes mentors who have knowledge available to them
- Continues to seek and review relevant literature
- Works towards clinical specialty certifications
- Seeks specialty training
- Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)
- Pursues participation in clinical education as an educational opportunity

APPENDIX E
Weekly Planning Form

Name: _____ Week number: _____

STUDENT'S REVIEW OF THE WEEK: (consider goals from previous week, performance dimensions from CPI: quality, supervision/guidance, consistency, complexity, efficiency)
Strengths (what went well):

Areas to improve:

CIs REVIEW OF THE WEEK: (consider goals from previous week, performance dimensions from CPI: quality, supervision/guidance, consistency, complexity, efficiency)

Strengths (what went well):

Areas to improve:

Goals from last week: (Indicate if met or continued)

Goals for upcoming week:

Comment on clinical teaching/supervision/feedback:

Student's signature_____CI's signature_____

APPENDIX F

Special Consideration for Local Clinical Education Experience Placement Request Form

Student Name: _____ Date:_____

Clinical Experience requested (Please indicate which ones apply):

PT 7189 PT 7289 PT 8189 PT 8289 PT 8989

☐ Medical Reason

For a medical exemption, a note from the appropriate health care provider must be submitted.

☐ Children – Ages _____ _____ _____ _____

☐ Other

Please explain in detail why a local clinical experience placement is needed. Please use a 2nd page if necessary.

Student Signature: _____ Date:_____

Exceptions to the travel policy are subject to faculty approval.

APPENDIX G

New Clinical Site Request Form

Please complete the top part of this form and email to Dr. Apke, Dr. Siles and Dr. Thomas

Student Name:

Clinical timeframe (which clinical):

Type of clinical (setting):

Name of facility:

Address of facility:

Website of facility:

Name of SCCE:

Email of SCCE:

Phone # of SCCE:

If sending more than 1 request (3 is the max), priority # for this request.
1 2 3

Why should we add this site to our clinical network?

FOR OFFICE USE ONLY:

Response from site:

Confirmed

__Email student

__Info sent for contract

__Info input to Exxat

Unable

Reason:

APPENDIX H

First Come, First Served or Special Request Form

(For sites that offers first come-first serve or special request placement)

Please complete the top part of this form and email to Drs. Apke, Siles, and Thomas

Student Name:

Clinical timeframe (which clinical):

Type of clinical (eg. Acute care):

Name of facility:

Rationale and additional information for this request. May include things such as family in the area, from the area, plans to relocate to area, etc.

FOR OFFICE USE ONLY:

Response from site:

Confirmed

__Email student

__Contract verified

__Info input to Exxat

Unable

Reason:

APPENDIX I
Policy for Unexcused Clinical Absences

If a student requests an absence from a clinical experience that is not one of the excused absences (illness, death in the family, family emergency) then the following process is required **prior to leaving campus** to the request absence:

1. Submit a formal request to the DCE for approval with details of the time requested, the reason for the absence and your plan for making up the hours. (Top half of form)
2. If approved by the DCE, you may proceed to submitting this form to your CI.
3. Student then requests approval by the CI for the time out of the clinic.
4. Submit completed and signed form via email or fax with CI's signature to DCE.

Reason for absence:

_____
_____
_____
_____

Date and time requested for leave: _____

Total number of hours missed in clinic: _____

Plan for making up time (refer to Policy D3 in Handbook): _____
_____
_____
_____
_____
_____

Student Name (print): _____

Signature of Student: _____Date: _____

Signature of CI (indicating approval of plan): _____Date: _____

DO NOT WRITE HERE – THIS SPACE FOR FACULTY USE ONLY

Approved: **Y N**

Signature of DCE: _____ Date: _____

APPENDIX J
Residency Interviews Absence Request Form

The detailed plan to attend a residency interview(s) must be included as well as the plan for travel and making up days. Up to 3 days may be considered by the DCE for missing clinical/practicum time for multiple residency interviews. The form must be turned into the DCE as soon as the student is notified of the interview timeframe. The DCE and clinical instructor/mentor must approve the plan for making up missed time. If all 3 days are requested, the expectation is the student will make up a minimum of 2 of those 3 days. The time missed for the interview(s) must be made up through patient care or regular practicum experience hours, not just additional daily hours that do not include patient care. Whenever possible, it should be scheduled in full or half day increments such as weekends or off days.

1. Submit this form to the DCE for approval with details of the time requested, the dates and location of your residency interview, and your plan for making up the time. (Top half of form)
2. If approved by the DCE, you may proceed to submitting this form to your CI/mentor. The DCE will make every effort to return the form back to you within 3 business days.
3. Student then requests approval by the CI/mentor for the time out of the facility.
4. Submit completed and signed form via email or fax with signatures to DCE.

Residency interview facility and location: _____

_____

Date and time requested for leave: _____

_____

Total number of hours/days missed: _____

Plan for making up time: _____

_____

Student Name (print): _____

Signature of Student: _____Date: _____

CI/Mentor Name (print): _____

Signature of CI/mentor (indicating approval of plan): _____

Date: _____

DO NOT WRITE HERE – THIS SPACE FOR FACULTY USE ONLY

Approved: **Y N**

Signature of DCE: _____ Date: _____