Preface

Clinical education is a required and essential part of the physical therapy curriculum. The provision of hands-on patient experiences in a variety of clinical settings under the supervision of a licensed physical therapist allows integration and application of knowledge and abilities learned in the classroom. Formal education in the clinical setting supports the mission and vision of the DPT program by preparing students for entry into the profession of physical therapy by providing opportunities for mastery of clinical skills and development of professional behaviors.

The purpose of the Augusta University DPT Clinical Education Handbook is to inform persons directly involved with the clinical education process, including academic faculty, clinical education faculty (CCCE’s and CI’s), and students, about the expectations, rules, regulations, and policies governing and related to the clinical education curriculum. It also serves to clearly disseminate information and guidelines for use in decision-making and to provide a common frame of reference. This Handbook is intended to supplement, not replace, the AU Student Handbook, AU DPT Program Student Handbook, or any clinical affiliate’s published policies and procedures.

DPT students are expected to abide by the policies established by this program, rules and policies of each clinical affiliate, and the standards established by the physical therapy profession.

Please read this handbook carefully. Questions related to the content of this manual should be directed to the Academic Coordinator of Clinical Education (ACCE) or the Program Chair.

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Thank you in advance for your commitment to the field of physical therapy and in participating in the education of the next generation of physical therapists by partnering with Augusta University.
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PROGRAM INFORMATION

Mission and Vision Statements

The Mission of the Department of Physical Therapy is to improve the physical function, overall health and quality of life of the population served by:

- Providing quality physical therapy educational programs (for students).
- Conducting scholarly inquiry into the biological, clinical and social sciences and to provide leadership in the generation of basic knowledge in physical therapy for rehabilitation, health promotion and disease prevention.
- Providing community and professional service at the local, state, national levels. (i.e. a resource for meeting the physical therapy needs of the community and a resource for continuing education)

Vision: To be a premier academic physical therapy program in the United States

Program Goals

- Graduates will demonstrate the necessary skills for the competent, ethical, entry level practice of physical therapy and the motivation for lifelong learning.
- Students will participate in service to the community and profession.
- Students will demonstrate critical and integrative thinking skills as applied to foundational and clinical sciences.
- Faculty members will contribute to improving the health of the population served through the discovery, dissemination and application of new knowledge relating to physical therapy education, research and clinical practice.
- Faculty will demonstrate a commitment to the community and profession through service activities, consulting, continuing education, and advocacy for the PT profession.
- The PT department will be a leader in the development of creative and innovative approaches for physical therapy education.

Philosophy Statement

The primary goal of the AU Physical Therapy Program is to provide the necessary foundational knowledge and skills for students to become reflective physical therapy practitioners. This reflective practitioner will possess technical proficiency and problem solving capabilities sufficient to enable the safe, efficient, and effective practice of physical therapy in a rapidly changing health care environment. We strive to create an educational experience using current evidence-based practices that will challenge talented and ambitious students to grow into autonomous health professionals. Student participation is facilitated through an interactive learning environment with clear, concisely stated outcomes. Maintenance and growth of the learning environment are the responsibility of both the faculty and the student. In addition to curricular and instructional responsibilities, faculty members strive to be role models of scholarly practitioners, competent and informed current clinicians, nationally recognized researchers, and skillful educators.
Core Values

1. A professional educational program characterized by
   - Self-directed learning
   - Spiraling of content - The expected transference of content throughout the curriculum (also simple to complex)
   - Value is placed on the learning process, as well as the outcomes
   - Students are invested in their learning (engaged, participatory and interactive, seeking resources, asking questions)
   - Students are responsible for their learning
   - Self-assessment and reflection

2. Participatory management

3. Collaborative team approach

Principles

Society and human beings are goal oriented, have a desire to learn, are influenced by their environment and the expectations of others, and function most effectively in an open and safe environment. We believe people can be trusted and wish to trust others.

Health Care Provision

People are entitled to high quality health care and should participate in decisions regarding the provisions of that care. Each individual has a high degree of responsibility for his or her health care, especially in the area of being an informed consumer of and an active participant in health services.

Physical Therapy is one part of the health care system, and is dedicated to the promotion of optimal human health and function, the prevention of disability, and the restoration and maintenance of function through application of scientific principles to prevent, identify, assess, correct or alleviate acute or prolonged movement dysfunctions.

We believe that to provide the services necessary to meet the health care needs of society, physical therapy practitioners must be clinically competent, mature, self-directed, and lifelong learners who can function autonomously within a complex health care system and exhibit intellectual curiosity, openness, caring, and flexibility.

Professional Education

We believe that to provide the services necessary to meet the health care needs of society, physical therapy practitioners must be clinically competent, mature, self-directed, and lifelong learners who can function autonomously within a complex health care system and exhibit intellectual curiosity, openness, caring, and flexibility.

We believe that an educational program designed to provide practitioners to meet the physical therapy
needs of society must reflect the views of people, society, and practitioners must include both general and professional components.

The purpose of general education is to provide a base on which the professional education can be built. General education also serves to educate individuals to function effectively in society. We believe that physical therapy practitioners need to be open-minded, thinking individuals who are able to critically analyze ideas, understand human nature, and who have broad interests. General education has the potential for and is designed to develop these qualities in individuals.

We believe that professional education develops or enhances clinical competence, critical thinking, communication skills, problem-solving abilities, and the formulation of value systems consistent with the profession. The two major components of the professional education curriculum are clinical and academic experiences. We believe that the two components should be planned and implemented to be interdependent and to reinforce one another. We believe that the clinical competence can only be verified in the clinical setting. The academic setting is designed to provide the information and theory base which is integrated and expanded in the clinical setting.

We believe that the curriculum should be organized in a manner to integrate discrete subject matter concepts, and to stimulate problem-solving, self-awareness, and the development of professional values. We believe that a curriculum designed around a competency based approach and organized around case based learning experiences is most effective and efficient. (Competency based means that learning experiences and evaluation are organized around the major performance behaviors that must be exhibited by the students at entry into the profession.) We believe that spiraling learning experiences throughout the curriculum enhances the acquisition, utilization, and retention of concepts and skills necessary for competent entry level practice.

We believe that the teaching learning activity is an interactive process requiring the active participation of both the teacher and learners. In addition, we believe that learning is an individual process and that individuality needs to be considered in the choices of teaching methodologies, within resource constraints. A wide range of teaching methodologies should be utilized to meet the stated objectives of the educational experience.
OVERVIEW OF CLINICAL COURSES

The clinical education portion of the curriculum provides opportunities for students to refine learned skills and behaviors and apply them in clinical practice settings. With supervision and instruction from a physical therapist clinical instructor, students work directly with patients, their families, and other members of the healthcare team in a variety of clinical settings. The expectation is that students will progress toward greater independence and improved consistency and efficiency with performance in increasingly complex environments and with increasingly complex patient/client problems. By the end of the final clinical course, students will be functioning on the level of an entry-level physical therapist.

Clinical education experiences are designed and planned to afford students opportunities to demonstrate mastery of the program’s expectations for clinical performance. Students are required to seek assignments based on available clinical slots that will ultimately provide them with the education and experience they need to function as entry-level practitioners across the life span and the continuum of care. Assignments are made via a computerized matching program which takes into account the students’ educational needs and individual preferences. Students consult with their faculty advisor and/or the Academic Coordinator of Clinical Education (ACCE) during the match process to ensure their preferences reflect individual educational needs and programmatic expectations. Every student will complete at least one rotation in an outpatient orthopedic setting and one rotation in an inpatient acute/general medical setting. Subsequent rotations will ensure students see patients across the lifespan and in all practice patterns defined by the Guide to Physical Therapist Practice. Final approval of clinical assignments is made by the ACCE.

In order to ensure that each student attains the desired depth and breadth of experiences, students should expect that at least one assignment will involve travel to a community outside the Augusta area; students should plan accordingly to meet cost of living expenses during all assignments. Other guidelines for selection of specific clinical settings are included in each course description below.

**Clinical Education Course Sequence**

<table>
<thead>
<tr>
<th>Course</th>
<th>Length</th>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTHP 8191 Clinical Experience I</td>
<td>8 weeks full-time in one setting</td>
<td>4th semester</td>
<td>This full-time clinical experience focuses on the care of patients with orthopedic problems. Students are assigned to outpatient clinical facilities. Under the direct supervision of a physical therapist, students use the knowledge and skills gained</td>
</tr>
<tr>
<td>Course</td>
<td>Duration</td>
<td>Setting</td>
<td>Semester</td>
</tr>
<tr>
<td>--------</td>
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<td>----------</td>
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<tr>
<td>PTHP 9292 Clinical Experience II</td>
<td>16 weeks full-time in one setting or two 8-week full-time assignments split between two different settings</td>
<td>8th semester</td>
<td>This full-time clinical experience focuses on the care of patients in various physical therapy settings. Practice settings may include inpatient, outpatient, subacute, rehabilitation, skilled nursing facilities, school systems, home health and others in which physical therapy is commonly practiced. Under the direct supervision of a physical therapist, students use the knowledge and skills gained in didactic coursework to examine, evaluate, diagnose, develop a prognosis, outline expected outcomes and design and implement an intervention plan for patients across the life span with problems encompassing any of the body systems and at any phase of care or rehabilitation.</td>
</tr>
<tr>
<td>PTHP 9393 Clinical Experience III</td>
<td>12 weeks full-time in one setting</td>
<td>9th semester</td>
<td>This full-time clinical experience focuses on the care of patients with a wide variety of diagnoses in settings encompassing the health care continuum. The experiences will vary with the student's previous clinical experiences and areas of interest serving as a guide for selection and assignment. Under the direct supervision of a physical therapist, students use the knowledge and skills gained in didactic coursework to examine, evaluate, diagnose, develop a prognosis, outline expected outcomes and design and implement an intervention plan for patients across the life span with problems encompassing any of the body systems and at any phase of care or rehabilitation.</td>
</tr>
</tbody>
</table>
outcomes and design and implement an intervention plan for patients with a wide variety of medical diagnoses. By the end of this clinical rotation, students are expected to be functioning at the level of an entry-level physical therapist, based on amount of supervision required, the complexity of patients’/clients’ diagnoses and needs and other factors.

Revised March 2013
Practice Expectations

*Practice Expectations* are those behaviors, skills, and/or knowledge that define the expected performance of the physical therapist. When taken in aggregate, they describe the performance of the graduate upon entry into the practice of physical therapy.

This full-time clinical experience focuses on the care of patients with musculoskeletal/orthopedic dysfunction. Students are assigned to outpatient clinical facilities. Under the direct supervision of a physical therapist, students use the knowledge and skills gained in didactic coursework to examine, evaluate, diagnose, develop a prognosis, outline expected outcomes and design and implement an intervention plan for patients with musculoskeletal/orthopedic dysfunction. The following *Practice Expectations* reflect those specific to the course Clinical Experience I (PTHP 8191).

**1.0 Professional Practice Expectation: Accountability**

1.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
   1.1.1 Students will participate in the orientation process to the clinical facility, including orientation to clinical facility policies and procedures.
   1.1.2 Students will identify appropriate resources available to them during their clinical assignment to assist them with identifying relevant regulations.

1.2 Has a fiduciary responsibility for all patients/clients.

1.3 Practice in a manner consistent with the professional code of ethics.
   1.3.1 Students will abide by positions and guidelines for reporting any observed questionable practices or behaviors to the school.

1.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.
   1.4.1 Students will actively seek feedback from clinical faculty regarding efforts to change behavior.
   1.4.2 Students will demonstrate progress toward individualized clinical goals as established on the PTHP 8191 *Clinical Expectations Form*.
   1.4.3 Students will demonstrate progress toward expected levels of performance (according to program grading requirements for this experience and the *Physical Therapist Clinical Performance Instrument*) throughout the clinical assignment.
      1.4.3.1 Students will actively seek feedback from clinical faculty regarding efforts to change behavior.
      1.4.3.2 Students will complete and document a summary of their progress toward clinical goals, with input from their clinical supervisors, and submit to the school according to guidelines.
      1.4.3.3 Students will complete and submit the *Clinical Tracking Tool* according to the prescribed guidelines to ensure that they are meeting program expectations and outcomes for entry-level by graduation.

1.5 Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.
   1.5.1 Students will participate in programs and external efforts that support the role of the physical therapist in furthering the health and wellness of the public as these opportunities become available during the clinical assignment.
2.0 Professional Practice Expectation: Altruism

2.1 Place patient’s/client’s needs above the physical therapist’s needs.
   2.1.1 Students will display expected levels of professionalism throughout the clinical experience.

2.2 Incorporate pro bono services into practice.
   2.2.1 Students will participate in pro bono service opportunities as available during the clinical experience.
   2.2.2 Students will participate in identifying alternate resources to meet patients’ needs when necessary.
   2.2.3 As opportunities present, students will participate in activities to advocate for patients to have access and fiscal resources to meet their needs.

3.0 Professional Practice Expectation: Compassion/Caring

3.1 Exhibit caring, compassion, and empathy in providing services to patients/clients.
   3.1.1 Students will recognize socio-cultural, economic, and psychological influences on patients/clients in whose care they are involved.
   3.1.2 Students will have no reported incidents of acting in a negative fashion on any of their own social, cultural, gender and sexual biases during the clinical experience.
   3.1.3 When presented with opportunities, students will exhibit actions that demonstrate a desire to achieve the greatest well-being for patients/clients.

3.2 Promote active involvement of the patient/client in his or her care.
   3.2.1 Students will abide by the clinical facility’s policies and procedures for informed consent.
   3.2.2 Students will develop physical therapy plans of care that incorporate the patient’s/client’s involvement and that are congruent with the patient’s/client’s needs, taking into account factors related to the patient’s/client’s sociocultural, psychological and economic status.

4.0 Professional Practice Expectation: Integrity

4.1 Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
   4.1.1 Students will seek assistance from appropriate resources (internal and external) throughout duration of clinical experience.
   4.1.2 Students will treat patients/clients within the scope of their expertise.
   4.1.3 Students will participate in the referral process as appropriate.
   4.1.4 Students will accept responsibility for decisions and actions during the clinical experience.
   4.1.5 Students will abide by professional guidelines and positions for communicating information to the academic program regarding situations that appear to be in conflict with acceptable ethical and legal standards of physical therapy practice.
   4.1.6 Students will identify situations in which the potential for breach of confidentiality exists in the clinical environment, and will respond appropriately by exhibiting behaviors consistent with confidentiality protection.

5.0 Professional Practice Expectation: Professional Duty

5.1 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
   5.1.1 Students will demonstrate progress toward their individualized professionalism goal.
as indicated on PTHP 8191 Clinical Expectations Form.

5.1.2 Students will meet performance expectations for each of the Red Flag Criteria on the APTA’s Physical Therapist Clinical Performance Instrument.

5.2 Participate in self-assessment to improve the effectiveness of care.

5.2.1 Students will seek feedback from clinical faculty regarding their professional behaviors.

5.2.2 Students will identify areas in which they need to further develop professional behaviors.

5.2.3 Students will link results of self-assessment to effectiveness of care.

5.2.4 Students will participate in the planning and direction of the clinical education experience, through effective use and timely submission of the Clinical Tracking Tool.

5.4 Effectively deal with positive and negative outcomes resulting from assessment activities.

5.4.1 Students will implement a plan to address each area identified from assessment activities.

5.4.2 Students will react professionally and responsibly to feedback and outcomes.

5.6 Participate in professional organizations.

5.6.1 Students will participate in professional activities beyond the practice setting that become available to them during their clinical experience.

5.6.2 Students will promote the profession by modeling professional behaviors and involvement and responding appropriately to others’ questions about the profession.

6.0 Professional Practice Expectation: Communication

6.1 Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policy makers.

6.1.1 Students will demonstrate culturally competent communication, both expressive and receptive, during all patient/client and caregiver interactions throughout the clinical experience.

6.1.2 Students will demonstrate effective verbal and non-verbal skills and behaviors during interactions with patients/clients, family members and caregivers, practitioners, interdisciplinary team members, consumers, payers and policy makers.

6.1.3 Students will self-assess and seek feedback on their communications skills throughout the clinical experience.

6.1.4 Students will demonstrate progress toward and achievement of their individualized communications goal as indicated on the PTHP 8191 Clinical Expectations Form.

7.0 Professional Practice Expectation: Cultural Competence

7.1 Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities.

7.1.1 Students will adapt delivery of services to reflect respect for and sensitivity to all patients/clients, regardless of individuals’ race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status.

7.1.2 Students will incorporate awareness and understanding of cultural influences into all interactions with patients/clients, their families and caregivers, and other members of the healthcare team.

7.1.3 Students will incorporate appropriate methods to determine cultural influences that may affect patients’/clients’ care and outcomes.

8.0 Professional Practice Expectation: Clinical Reasoning
8.1 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning in order to minimize errors and enhance patient/client outcomes.
   8.1.1 Students will apply learned models for clinical decision-making.
   8.1.2 Students will demonstrate openness to contradictory ideas and determine solutions through logical consideration of these ideas.
   8.1.3 Students will provide sound justification for clinical decisions.
   8.1.4 Students will evaluate effectiveness of decisions made and alter actions/decisions accordingly.
   8.1.5 Students will demonstrate responsibility for obtaining necessary information to support clinical decisions.

9.0 Evidence-Based Practice
9.1 Consistently use information technology to access sources of information to support clinical decisions.
   9.1.1 Students will access and report on information technology methods used to gather information that supports clinical decisions or follows up on assignments given in the clinical setting.
9.2 Consistently and critically evaluate sources of information related to physical therapy practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.
   9.2.1 Students will critically review in-services or other presented information based on familiarity and/or review of current literature.
   9.2.2 Students will participate in activities at the clinical site as opportunities present, such as journal clubs, study groups, etc.
9.3 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.
   9.3.1 Students will differentiate traditional intervention methods from practices that are based on evidence.
9.5 Participate in the design and implementation of patterns of best clinical practice for various populations.
   9.5.1 Students will select and use appropriate outcomes measures for assessing effectiveness of patient care.

10.0 Professional Practice Expectation: Education
10.1 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.
   10.1 Students will present educational in-service programs to physical therapy or other personnel as required by clinical site.
   10.1.1 Students will select appropriate topic for staff educational programs as required by clinical site.
   10.1.2 Students will modify delivery of information to incorporate teaching and learning theory and considering the needs of the target audience.
   10.1.3 Students will evaluate effectiveness of educational programs by seeking and responding to feedback from participants.

11.0 Patient/Client Management Expectation: Screening
11.1 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.
   11.1.1 Students will operate within their current scope of knowledge based on academic
preparation when selecting screening procedures and evaluating screening results.

11.1.2 Students will perform screening activities in a technically competent manner and according to guidelines and policies of the clinical site.

11.1.3 Students will recognize signs and symptoms from screening procedures that indicate the need for further examination or referral to other health care professionals.

11.1.4 Students will recognize screening results that fall outside age-related norms for all body systems.

11.1.5 Students will screen patients/clients for potentially serious complications or secondary effects of musculoskeletal or cardiopulmonary events (i.e. deep vein thrombosis) and respond accordingly to findings.

12.0 Patient/Client Management Expectation: Examination

12.1 Examine patients/clients by obtaining a history from them and from other sources.

12.2 Examine patients/clients by performing systems reviews.

12.2.1 Students will conduct standardized exercise test protocols to determine patients’/clients’ aerobic capacity.

12.2.2 Students will assess patients’/clients’ aerobic capacity during functional activities.

12.2.3 Students will assess patients’/clients’ cardiovascular and pulmonary systems’ responses to exercise and conditioning activities.

12.2.4 Students will perform technically correct screening procedures.

12.3 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures.

12.3.1 Students will perform technically competent examination procedures, modifying approaches according to patients’/clients’ responses and age-related norms, including the following:

12.3.1.1 Aerobic capacity/Endurance
12.3.1.2 Anthropometric characteristics
12.3.1.3 Attention and cognitive function
12.3.1.4 Use and safety with assistive gait devices
12.3.1.5 Circulation (heart rate and rhythm, blood pressure, ventilation patterns)
12.3.1.6 Peripheral nerve integrity (through dermatomal and myotomal examinations, tissue tension testing)
12.3.1.7 Sensory integrity
12.3.1.8 Environmental barriers
12.3.1.9 Ergonomics and body mechanics
12.3.1.10 Gait
12.3.1.11 Basic balance function
12.3.1.12 Joint integrity and joint mobility
12.3.1.13 Muscle strength, power and endurance
12.3.1.14 Pain
12.3.1.15 Posture
12.3.1.16 Range of motion and muscle length
12.3.1.17 Deep tendon reflex integrity
12.3.1.18 Self-care and ability to resume pre-injury activity levels in home, work, community and leisure settings

12.3.2 Students will accurately document data obtained from tests and measures.

13.0 Patient/Client Management Expectation: Evaluation

13.1 Evaluate data from the examination (history, systems review, and tests and measures) to
make clinical judgments regarding patients/clients.

13.1.1 Students will interpret examination data to establish diagnoses within their current knowledge base.
13.1.2 Students will recognize signs and symptoms that are not consistent with musculoskeletal or aerobic deconditioning for purposes of differential diagnosis and appropriate referral where necessary.
13.1.3 Students will support clinical judgments based on current evidence.
13.1.4 Students will consider other factors that influence patients'/clients' health status, needs and prognosis: medical, social, psychosocial, psychological.
13.1.5 Students will recognize the need for periodic re-examination and re-evaluation.

14.0 Patient/Client Management Expectation: Diagnosis

14.1 Determine a diagnosis that guides future patient/client management

14.1.1 Students will differentiate signs and symptoms to determine musculoskeletal system versus cardiopulmonary system involvement.
14.1.2 Students will establish impairment-based diagnoses for patients/clients with acquired nonprogressive musculoskeletal system conditions or injuries.

15.0 Patient/Client Management Expectation: Prognosis

15.1 Determine patient/client prognoses.

15.1.1 Students will consider factors that influence outcomes for patients/clients with musculoskeletal diagnoses when establishing prognosis.
15.1.2 From the time of initial examination and evaluation, students will consider factors that influence discharge potential for patients/clients with acquired nonprogressive musculoskeletal diagnoses and conditions.

16.0 Patient/Client Management Expectation: Plan of Care

16.1 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient/client-centered.
16.2 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.

16.2.1 Obtain informed consent from patient/client or responsible party according to clinical facility procedures.
16.3 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.
16.4 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations, and administrative policies and procedures of the practice environment.
16.5 Monitor and adjust the plan of care in response to patient/client status.

17.0 Patient/Client Management Expectation: Intervention

17.1 Provide physical therapy interventions to achieve patient/client goals and outcomes.

17.1.1 Students will perform technically competent interventions as part of the plan of care for patients/clients in a general outpatient clinical setting, including:

17.1.1.1 Coordination and documentation of patient/client care.
17.1.1.2 Patient/client instruction within the scope of students’ knowledge and academic preparation to date.
17.1.1.3 Therapeutic exercise for:

17.1.1.3.1 Aerobic capacity/endurance conditioning or reconditioning
17.1.1.3.2 Coordination and agility training for patients/clients with
musculoskeletal dysfunction
17.1.1.3.4 Body mechanics and postural stabilization
17.1.1.3.5 Flexibility exercises
17.1.1.3.6 Gait training for patients/clients with musculoskeletal dysfunction
17.1.1.3.7 General relaxation techniques
17.1.1.3.8 Strength, power and endurance training for spine and extremities
17.1.1.4 Functional training, including:
   17.1.1.4.1 ADL training for self-care, bed mobility and transfers for patients/clients with musculoskeletal dysfunction and/or aerobic deconditioning
   17.1.1.4.2 Safe use of assistive gait and other ADL/adaptive devices in the presence of musculoskeletal dysfunction and/or aerobic deconditioning
   17.1.1.4.3 Techniques to prevent or reduce risk of re-injury, including task modification and use of appropriate assistive devices or adaptive equipment
17.1.1.5 Manual therapy techniques, including:
   17.1.1.5.1 Therapeutic massage
   17.1.1.5.2 Mobilization and manipulation techniques (soft tissue and spinal and peripheral joints, thrust and non-thrust techniques)
   17.1.1.5.3 Passive range of motion for spinal and peripheral joints
17.1.1.6 Prescription, application, and (as appropriate) fabrication of devices and equipment, including:
   17.1.1.6.1 Adaptive equipment, such as raised toilet seats
   17.1.1.6.2 Assistive devices, including gait devices and reachers
   17.1.1.6.3 Upper extremity splints to relieve stresses in the presence of certain musculoskeletal dysfunction/impairments
   17.1.1.6.4 Upper extremity slings and cervical collars for support/protection in the presence of certain musculoskeletal dysfunction/impairments
17.1.1.7 Breathing and airway clearance strategies
   17.1.1.7.1 Assisted cough/huff techniques
   17.1.1.7.2 Modified breathing techniques
   17.1.1.7.3 Manual techniques: chest percussion and vibration
   17.1.1.7.4 Pulmonary postural drainage
17.1.1.8 Physical agents, including:
   17.1.1.8.1 Electrotherapeutic agents as adjunct for treatment of musculoskeletal conditions
   17.1.1.8.2 Cold and heat agents as adjunct for treatment of musculoskeletal conditions
17.1.1.9 Mechanical devices, including spinal traction and continuous passive motion
17.2 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.
   17.2.1 Students will provide education of patients/clients with musculoskeletal dysfunction and aerobic deconditioning.
   17.2.2 Students will participate in planning and presentation of educational programs for clinical staff and others on topics consistent with their current scope of knowledge.
17.3 Complete documentation that follows professional guidelines, guidelines required of the health care systems, and guidelines required by the practice setting.

17.4 Practice using principles of risk management.
   17.4.1 Students will employ effective techniques of infection control in an outpatient general/orthopedic setting to reduce risk to patients/clients, others and self.

17.5 Respond effectively to patient/client and environmental emergencies in one’s practice setting.
   17.5.1 Students will observe safety standards and regulations in the clinical setting.
   17.5.2 Students will employ emergency management techniques during each patient/client interaction and at all other times in the clinical setting.
   17.5.2.1 Students will familiarize themselves with facility-specific emergency management procedures.

18.0 Patient/Client Management Expectation: Outcomes Assessment
18.1 Select outcome measures to assess individual and collective outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.
   18.1.1 Students will participate in the determination of appropriate outcomes measures with clinical supervisors in the general/orthopedic outpatient clinical setting.

18.2 Collect data from the selected outcomes measures in a manner that supports accurate analysis of individual patient/client outcomes.

18.3 Analyze results arising from outcomes measures selected to assess individual outcomes of patients/clients.
   18.3.1 Students will provide recommendations for developing clinical pathways or guidelines based on outcomes data in a general/orthopedic outpatient clinical setting.

18.4 Use analysis from individual outcomes measurements to modify the plan of care.

19.0 Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness
19.1 Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.
   19.1.1 Students will recognize potential existence of cultural influences affecting the clinical population’s health beliefs and will seek guidance from the clinical supervisor as necessary to address these factors when providing services for prevention, health promotion, fitness, and wellness to individuals or groups in a general/orthopedic outpatient clinical setting.

19.2 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice.

19.3 Apply principles of prevention to defined population groups.
   19.3.1 Provide education and other interventions to reduce modifiable cardiopulmonary risk factors for patients/clients with musculoskeletal impairments/dysfunction.

20.0 Practice Management Expectation: Management of Care Delivery
20.1 Provide culturally competent first contact through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.
   20.1.1 Students will abide by state regulations for providing services via direct access and for consultation when appropriate for patients/clients in a general/orthopedic outpatient clinical setting.
20.2 Provide culturally competent care to patients/clients referred by other practitioners and ensure that care is continuous and reliable.

20.3 Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.

20.3.1 Students will respond appropriately in a situation of a difference of opinion about case management for patients/clients in a general/orthopedic outpatient clinical setting.

20.4 Participate in the case management process.

20.4.1 Students, with the clinical supervisor’s input and direction, will progressively increase the volume and variety of a patient caseload in a general/orthopedic outpatient clinical setting.

20.4.2 Students will manage scheduling and coordinating a portion of a caseload as prescribed by the clinical supervisor in a general/orthopedic outpatient clinical setting.

21.0 Practice Management Expectation: Practice Management

21.1 Direct and supervise human resources to meet the patient’s/client’s goals and expected outcomes.

21.1.1 Students will provide direction to support personnel as guided by clinical supervisor to do so, abiding by all state regulations and facility policies and procedures.

21.1.2 Students will exhibit professional judgment and decision-making in determining tasks that may be directed to support personnel.

21.2 Participate in financial management of the practice.

21.2.1 Students will submit timely, accurate and appropriately recorded documentation of services provided to patients/clients in a manner consistent with facility guidelines for billing.

21.2.2 Students will use resources effectively and efficiently, demonstrating recognition and respect for clinical facility as a business.

21.2.3 Students will demonstrate respect for the multiple responsibilities of clinical supervisor and other personnel.

21.4 Participate in activities related to marketing and public relations.

21.4.1 Students will participate in marketing and public relations activities with their assigned clinical site as offered the opportunity and with direction and supervision of the clinical supervisor as indicated.

22.0 Practice Management Expectation: Consultation

22.1 Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

22.1.1 Students will, when provided the opportunity, provide consultation regarding patients’/clients’ need for physical therapy services following screening or evaluation, or for wellness and prevention services.

22.1.2 Students will provide consultation in a technically competent and professionally presented manner.

22.1.3 Students will, if given the opportunity, participate in consultation for businesses or other community entities on ergonomics assessment findings and make recommendations.

23.0 Practice Management Expectation: Social Responsibility and Advocacy

23.1 Challenge the status quo of practice to raise it to the most effective level of care.

23.1.1 Students will demonstrate professional behaviors in addressing challenges regarding practice issues in the clinical setting.

23.2 Advocate for the health and wellness needs of society.
23.3 Participate and show leadership in community organizations and volunteer service.
23.4 Influence legislative and political processes.
   23.4.1 Students will, when presented with opportunities, respond to efforts by professional
   associations to influence legislative and political processes.
   23.4.2 Students will inform clinical supervisors and other appropriate parties of current
   legislative and political issues affecting the delivery of physical therapy and other healthcare
   services to consumers.

Revised August 2007
Revised February 2008
Revised April 2008
Reviewed March 2013
Practice Expectations

Practice Expectations are those behaviors, skills, and/or knowledge that define the expected performance of the physical therapist. When taken in aggregate, they describe the performance of the graduate upon entry into the practice of physical therapy.

This full-time clinical experience focuses on the care of patients in various physical therapy settings. Practice settings may include inpatient, outpatient, subacute, rehabilitation, skilled nursing facilities, school systems, home health and others in which physical therapy is commonly practiced. Under the direct supervision of a physical therapist, students use the knowledge and skills gained in didactic coursework to examine, evaluate, diagnose, develop a prognosis, outline expected outcomes and design and implement an intervention plan for patients across the life span with problems encompassing any of the body systems and at any phase of care or rehabilitation. The following Practice Expectations reflect those specific to the course Clinical Experience II (PTHP 9292).

1.0 Professional Practice Expectation: Accountability

1.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
   1.1.1 Students will participate in the orientation process to the clinical facility, including orientation to clinical facility policies and procedures.
   1.1.2 Students will identify appropriate resources available to them during their clinical assignment to assist them with identifying relevant regulations.

1.2 Has a fiduciary responsibility for all patients/clients.

1.3 Practice in a manner consistent with the professional code of ethics.
   1.3.1 Students will abide by positions and guidelines for reporting any observed questionable practices or behaviors to the school.

1.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.
   1.4.1 Students will accept responsibility for decisions and actions by admitting errors and taking steps toward corrective action where possible.
   1.4.2 Students will demonstrate progress toward individualized clinical goals as established on the PTHP 9292 Clinical Expectations Form.
   1.4.3 Students will demonstrate progress toward expected levels of performance (according to program grading requirements for this experience and the Physical Therapist Clinical Performance Instrument) throughout the clinical assignment.
      1.4.3.1 Students will actively seek feedback from clinical faculty regarding efforts to change behavior.
      1.4.3.2 Students will complete and document a summary of their progress toward clinical goals, with input from their clinical supervisors, and submit to the school according to guidelines.
      1.4.3.3 Students will complete and submit the Clinical Tracking Tool according to the prescribed guidelines to ensure that they are meeting program expectations and outcomes for entry-level by graduation.

1.5 Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.
   1.5.1 Students will participate in programs and external efforts that support the role of the
physical therapist in furthering the health and wellness of the public as these opportunities become available during the clinical assignment.

2.0 Professional Practice Expectation: Altruism
2.1 Place patient’s/client’s needs above the physical therapist’s needs.
   2.1.1 Students will display expected levels of professionalism throughout the clinical experience.
   2.1.2 Students will participate in making clinical decisions regarding continuing care for patients/clients whose insurance coverage or other resources have become exhausted.

2.2 Incorporate pro bono services into practice.
   2.2.1 Students will participate in pro bono service opportunities as available during the clinical experience.
   2.2.2 Students will participate in identifying alternate resources to meet patients’ needs when necessary.
   2.2.3 As opportunities present, students will participate in activities to advocate for patients to have access and fiscal resources to meet their needs.
   2.2.4 Students will discuss ideas for implementing pro bono services within their assigned clinical facility, as appropriate.

3.0 Professional Practice Expectation: Compassion/Caring
3.1 Exhibit caring, compassion, and empathy in providing services to patients/clients.
   3.1.1 Students will recognize socio-cultural, economic, and psychological influences on patients/clients in whose care they are involved.
   3.1.2 Students will discuss the impact of socio-cultural, economic, and psychological influences on patients’/clients’ care and experiences with the healthcare system.
   3.1.3 Students will account for the impact of socio-cultural, economic, and psychological factors in plans of care they develop for patients/clients.
   3.1.2 Students will have no reported incidents of acting in a negative fashion on any of their own social, cultural, gender and sexual biases during the clinical experience.
   3.1.3 Students will exhibit actions that demonstrate a desire to achieve the greatest well-being for patients/clients.

3.2 Promote active involvement of the patient/client in his or her care.
   3.2.1 Students will abide by the clinical facility’s policies and procedures for informed consent.
   3.2.2 Students will develop physical therapy plans of care that incorporate the patient’s/client’s involvement and that are congruent with the patient’s/client’s needs, taking into account factors related to the patient’s/client’s sociocultural, psychological and economic status.

4.0 Professional Practice Expectation: Integrity
4.1 Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
   4.1.1 Students will seek assistance from appropriate resources (internal and external) throughout duration of clinical experience.
   4.1.2 Students will treat patients/clients within the scope of their expertise.
   4.1.3 Students will participate in the referral process as appropriate.
   4.1.4 Students will accept responsibility for decisions and actions during the clinical experience.
4.1.5 Students will abide by professional guidelines and positions for communicating information to the academic program regarding situations that appear to be in conflict with acceptable ethical and legal standards of physical therapy practice.

4.1.6 Students will identify situations in which the potential for breach of confidentiality exists in the clinical environment, and will respond appropriately by exhibiting behaviors consistent with confidentiality protection.

5.0 Professional Practice Expectation: Professional Duty

5.1 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

5.1.1 Students will achieve their individualized professionalism goal as indicated on PTHP 9292 Clinical Expectations Form.

5.1.2 Students will meet entry-level performance expectations for each of the Red Flag Criteria on the APTA’s Physical Therapist Clinical Performance Instrument.

5.2 Participate in self-assessment to improve the effectiveness of care.

5.2.1 Students will seek feedback from clinical faculty regarding their professional behaviors and incorporate feedback into weekly progress summary forms to submit to school.

5.2.2 Students will identify areas in which they need to further develop professional behaviors and indicate these on the weekly progress summary forms to submit to school.

5.2.3 Students will link results of self-assessment to effectiveness of care.

5.2.4 Students will participate in the planning and direction of the clinical education experience, through effective use and timely submission of the Clinical Tracking Tool.

5.3 Participate in peer assessment activities.

5.3.1 Students will actively participate in journal clubs or other staff development programs, including providing feedback for peers and other presenters, as available in their assigned clinical setting.

5.4 Effectively deal with positive and negative outcomes resulting from assessment activities.

5.4.1 Students will implement a plan to address each area identified from assessment activities.

5.4.2 Students will react professionally and responsibly to feedback and outcomes.

5.5 Participate in clinical education of students.

5.5.1 Students will, when presented with opportunities, collaborate with other students in the clinical setting to seek and provide assessment.

5.5.2 Students will actively engage in mentoring other students or support personnel, and will seek opportunities to participate in mentoring relationships with clinical supervisors and others, as opportunities present.

5.6 Participate in professional organizations.

5.6.1 Students will participate in professional activities beyond the practice setting that become available to them during their clinical experience.

5.6.2 Students will promote the profession by modeling professional behaviors and involvement and responding appropriately to others’ questions about the profession.

6.0 Professional Practice Expectation: Communication

6.1 Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policy makers.

6.1.1 Students will demonstrate culturally competent communication, both expressive and receptive, during all patient/client and caregiver interactions throughout the clinical
experience.
6.1.2 Students will demonstrate effective verbal and non-verbal skills and behaviors during interactions with patients/clients, family members and caregivers, practitioners, interdisciplinary team members, consumers, payers and policy makers.
6.1.3 Students will self-assess and seek feedback on their communications skills throughout the clinical experience.
6.1.4 Students will demonstrate progress toward and achievement of their individualized communications goal as indicated on the PTHP 9292 Clinical Expectations Form.
6.1.5 Students will provide constructive and professionally presented feedback related to the clinical experience, including quality of instruction, clinical site, and clinical education program, upon completion of the clinical experience.

7.0 Professional Practice Expectation: Cultural Competence
7.1 Identify, respect, and act with consideration for patients'/clients’ differences, values, preferences, and expressed needs in all professional activities.
   7.1.1 Students will adapt delivery of services to reflect respect for and sensitivity to all patients/clients, regardless of individuals’ race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status.
   7.1.2 Students will incorporate awareness and understanding of cultural influences into all interactions with patients/clients, their families and caregivers, and other members of the healthcare team.
   7.1.3 Students will incorporate appropriate methods to determine cultural influences that may affect patients'/clients’ care and outcomes.

8.0 Professional Practice Expectation: Clinical Reasoning
8.1 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning in order to minimize errors and enhance patient/client outcomes.
   8.1.1 Students will apply learned models for clinical decision-making.
   8.1.2 Students will demonstrate openness to contradictory ideas and determine solutions through logical consideration of these ideas.
   8.1.3 Students will provide sound justification for clinical decisions.
   8.1.4 Students will evaluate effectiveness of decisions made and alter actions/decisions accordingly.
   8.1.5 Students will demonstrate responsibility for obtaining necessary information to support clinical decisions.
8.2 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.
   8.2.1 Students will demonstrate independent responsibility for increasing knowledge through seeking information to enhance clinical decision making.

9.0 Evidence-Based Practice
9.1 Consistently use information technology to access sources of information to support clinical decisions.
   9.1.1 Students will access and report on information technology methods used to gather information that supports clinical decisions or follows up on assignments given in the clinical setting.
9.4 Consistently and critically evaluate sources of information related to physical therapy practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.
9.4.1 Students will critically review in-services or other presented information based on familiarity and/or review of current literature.
9.4.2 Students will participate in activities at the clinical site as opportunities present, such as journal clubs, study groups, etc.
9.5 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.
9.5.1 Students will differentiate traditional intervention methods from practices that are based on evidence.
9.5.2 Students will seek and report on disconfirming evidence in the process of making clinical decisions.
9.6 Participate in the design and implementation of patterns of best clinical practice for various populations.
9.6.1 Students will select and use appropriate outcomes measures for assessing effectiveness of patient care.

10.0 Professional Practice Expectation: Education
10.1 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.
10.1 Students will present educational in-service programs to physical therapy or other personnel as required by clinical site.
10.1.1 Students will identify learning needs of clinical staff, design learning objectives, and present an educational program for clinical and/or other personnel as required by clinical site.
10.1.2 Students will modify delivery of information to incorporate teaching and learning theory and considering the needs of the target audience.
10.1.3 Students will evaluate effectiveness of educational programs by seeking and responding to feedback from participants.

11.0 Patient/Client Management Expectation: Screening
11.1 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.
11.1.1 Students will perform screening activities in a technically competent manner and according to guidelines and policies of the clinical site.
11.1.2 Students will recognize signs and symptoms from screening procedures that indicate the need for further examination or referral to other health care professionals.
11.1.2.1 Students will recognize situations in the clinical setting in which screening for effects of elder abuse, domestic violence, mental illness, and/or substance abuse is indicated.
11.1.2.2 Students will approach situations in which elder abuse, domestic violence, mental illness and/or substance abuse with sensitivity and professionalism.
11.1.3 Students will recognize screening results that fall outside age-related norms for all body systems.
11.1.4 Students will screen patients/clients for potentially serious complications or secondary effects of primary diagnosis (such as deep vein thrombosis) and respond accordingly to findings.

12.0 Patient/Client Management Expectation: Examination
12.1 Examine patients/clients by obtaining a history from them and from other sources.
12.2 Examine patients/clients by performing systems reviews.  
12.2.1 Students will prioritize tests and measures to perform systems reviews on all body systems and cognition for patients/clients with various general medical, neurological or complex conditions.  
12.2.2 Students will perform technically competent systems review on all body systems and cognition.  
12.3 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures.  
12.3.1 Students will perform technically competent examination procedures, modifying approaches according to patients'/clients’ responses and age-related norms, including the following:  
12.3.1.1 Aerobic capacity/Endurance  
12.3.1.2 Anthropometric characteristics  
12.3.1.3 Arousal, attention and cognitive function  
12.3.1.4 Gait and locomotion  
  12.3.1.4.1 Students will examine use and safety with assistive gait or other locomotive devices  
  12.3.1.4.2 Students will examine gait and locomotion with or without use of assistive, adaptive, orthotic, protective, supportive or prosthetic devices or equipment.  
12.3.1.5 Circulation (heart rate and rhythm, blood pressure, ventilation patterns, superficial vascular responses)  
12.3.1.6 Cranial and peripheral nerve integrity (through dermatomal and myotomal examinations, tissue tension testing)  
  12.3.1.6.1 Students will participate in electrophysiological examination, if available at clinical site, with direction and supervision of appropriate provider.  
12.3.1.7 Environmental barriers in home, work, and community settings  
12.3.1.8 Ergonomics and body mechanics  
12.3.1.9 Balance and vestibular function  
12.3.1.10 Joint integrity and joint mobility  
12.3.1.11 Muscle power, strength and endurance  
12.3.1.12 Neuromotor development and sensory integration  
12.3.1.13 Pain  
12.3.1.14 Posture  
12.3.1.15 Range of motion and muscle length  
12.3.1.16 Reflex integrity  
12.3.1.17 Self-care and ability to resume pre-injury activity levels in home, work, community and leisure settings  
12.3.1.18 Integumentary integrity  
12.3.1.19 Motor function (motor control and motor learning)  
12.3.1.20 Prosthetic requirements, including:  
  12.3.1.20.1 Components, alignment, fit, care of devices  
  12.3.1.20.2 Prosthetic device use for mobility and other functional activities  
12.3.1.21 Sensory integrity  
12.3.1.22 Work, community  
12.3.1.23 Use and safety with assistive and adaptive devices and equipment  
12.3.2 Students will complete screening procedures within allotted time frames,
12.3.3 Students will accurately document data obtained from tests and measures.

13.0 Patient/Client Management Expectation: Evaluation

13.1 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.
   13.1.1 Students will interpret examination data to establish diagnoses within their current knowledge base.
   13.1.2 Students will recognize signs and symptoms that are not consistent with the scope of physical therapy problems for purposes of differential diagnosis and appropriate referral where necessary.
   13.1.3 Students will support clinical judgments based on current evidence.
   13.1.4 Students will consider other factors that influence patients’/clients’ health status, needs and prognosis: medical, social, psychosocial, psychological.
   13.1.5 Students will recognize the need for periodic re-examination and re-evaluation.

14.0 Patient/Client Management Expectation: Diagnosis

14.1 Determine a diagnosis that guides future patient/client management
   14.1.1 Students will perform differential diagnostic procedures to rule out or confirm competing diagnoses.
   14.1.2 Students will establish impairment-based diagnoses for patients/clients with acquired non-progressive or progressive conditions or injuries.
   14.1.3 Students will determine accurate diagnoses for patients/clients across the life span.
   14.1.4 Students will perform periodic re-examinations of patients/clients, according to changes in patient/client status and facility guidelines, to evaluate for changes in diagnosis/prognosis.

15.0 Patient/Client Management Expectation: Prognosis

15.1 Determine patient/client prognoses.
   15.1.1 Students will consider multiple factors that influence outcomes and discharge potential for patients/clients, including past medical history, socioeconomic and psychological factors, and cultural influences.
   15.1.2 Students will determine realistic prognoses for patients/clients, based on clinical findings, diagnosis, and factors listed above.

16.0 Patient/Client Management Expectation: Plan of Care

16.1 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient/client-centered.
   16.6 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.
      16.6.1 Students will obtain informed consent from patient/client or responsible party according to clinical facility procedures.
      16.6.2 Students will consider indications/contraindications associated with available interventions when developing a plan of care.
      16.6.3 Students will develop a plan of care that includes strategies and interventions consistent with the established diagnosis and prognosis.
   16.7 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.
16.7.1 Students will consider limitations in service availability or other resources when determining development of effective and efficient plan of care.

16.8 Deliberate and manage a plan of care that is consistent with legal, ethical, and professional obligations, and administrative policies and procedures of the practice environment.

16.8.1 Students will consider availability of support personnel and will determine appropriate levels for their involvement in the delivery of plans of care.

16.9 Monitor and adjust the plan of care in response to patient/client status.

16.9.1 Students will progress patients/clients through established plans of care, based on expected outcomes, changes in patient/client status, and patient/client response to interventions.

17.0 Patient/Client Management Expectation: Intervention

17.1 Provide physical therapy interventions to achieve patient/client goals and outcomes.

17.1.1 Students will perform technically competent interventions as part of the plan of care for patients/clients with various conditions or diagnoses, including:

- 17.1.1.1 Coordination, communication and documentation of patient/client care, including that related to:
  - 17.1.1.1.1 Coordinate care with other members of the health care team through documentation and care planning activities.

- 17.1.1.2 Patient/client instruction.

- 17.1.1.3 Therapeutic exercise for:
  - 17.1.1.3.1 Aerobic capacity/endurance conditioning or reconditioning
  - 17.1.1.3.2 Balance, coordination and agility training
  - 17.1.1.3.4 Body mechanics and postural stabilization
  - 17.1.1.3.5 Flexibility exercises
  - 17.1.1.3.6 Gait and locomotion training
  - 17.1.1.3.7 General relaxation techniques
  - 17.1.1.3.8 Strength, power and endurance training for head, neck, limb, pelvic floor, trunk and ventilatory muscles
  - 17.1.1.3.9 Neuromotor development training

- 17.1.1.4 Functional training, including:
  - 17.1.1.4.1 ADL training for self-care, bed mobility and transfers
  - 17.1.1.4.2 Safe use of assistive gait and other ADL/adaptive devices
  - 17.1.1.4.3 Techniques to prevent or reduce risk of re-injury, including task modification and use of appropriate assistive devices or adaptive equipment
  - 17.1.1.4.4 Modification or adaptation to environmental barriers
  - 17.1.1.4.5 Instrumental activities of daily living in the home and immediate environment of discharge and community, depending on programs and resources available in the assigned practice environment

- 17.1.1.5 Manual therapy techniques, including:
  - 17.1.1.5.1 Therapeutic massage
  - 17.1.1.5.2 Mobilization and manipulation techniques (soft tissue and spinal and peripheral joints, thrust and non-thrust techniques)
  - 17.1.1.5.3 Passive range of motion for spinal and peripheral joints

- 17.1.1.6 Prescription, application, and (as appropriate) fabrication of devices and equipment, including:
  - 17.1.1.6.1 Adaptive equipment, such as raised toilet seats
  - 17.1.1.6.2 Assistive devices, including gait devices and reachers
17.1.1.6.3 Upper extremity splints to relieve mechanical stresses
17.1.1.6.4 Upper extremity slings and cervical collars for support/protection
17.1.1.6.5 Orthotic, prosthetic, supportive and protective devices
17.1.1.7 Breathing and airway clearance strategies, including:
   17.1.1.7.1 Assisted cough/huff techniques
   17.1.1.7.2 Modified breathing techniques
   17.1.1.7.3 Manual techniques: chest percussion and vibration
   17.1.1.7.4 Pulmonary postural drainage
17.1.1.8 Physical agents, including:
   17.1.1.8.1 Electrotherapeutic agents
   17.1.1.8.2 Cold and heat agents
17.1.1.9 Mechanical modalities including:
   17.1.1.9.1 Spinal traction
   17.1.1.9.2 Continuous passive motion
   17.1.1.9.3 Compression therapies
17.1.1.10 Integumentary repair and protection techniques, including:
   17.1.1.10.1 Wound cleansing and debridement
   17.1.1.10.2 Selection and application of dressings
   17.1.1.10.3 Selection and application of topical agents

17.2 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.
   17.2.1 Students will provide education of patients/clients and their caregivers that is consistent with the established goals and plan of care.
   17.2.2 Students will participate in planning and presentation of educational programs for clinical staff and others on topics identified as needs for learning in the clinical setting to which they are assigned.

17.6 Complete documentation that follows professional guidelines, guidelines required of the health care systems, and guidelines required by the practice setting.
   17.6.1 Students will produce documentation that follows facility guidelines for timeliness and format.
   17.6.2 Students will produce documentation that is accurate, concise and professionally and technically correct.

17.7 Practice using principles of risk management.
   17.7.1 Students will employ effective techniques of infection control in an outpatient general/orthopedic setting to reduce risk to patients/clients, others and self.

17.8 Respond effectively to patient/client and environmental emergencies in one’s practice setting.
   17.8.1 Students will observe safety standards and regulations in the clinical setting.
   17.8.2 Students will employ emergency management techniques during each patient/client interaction and at all other times in the clinical setting.
       17.8.2.1 Students will familiarize themselves with facility-specific emergency management procedures.

18.0 Patient/Client Management Expectation: Outcomes Assessment
18.1 Select outcome measures to assess individual and collective outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.
   18.1.1 Students will participate in the determination of appropriate outcomes measures
with clinical supervisors in the clinical setting to which they are assigned.

18.2 Collect data from the selected outcomes measures in a manner that supports accurate analysis of individual patient/client outcomes.

18.2.1 Students will collect and record outcomes data in accordance with systems and procedures that exist in the clinical setting to which they are assigned.

18.3 Analyze results arising from outcomes measures selected to assess individual outcomes of patients/clients.

18.3.1 Students will provide recommendations for developing clinical pathways or guidelines based on outcomes data.

18.4 Use analysis from individual outcomes measurements to modify the plan of care.

18.4.1 Students will modify plans of care based on assessment of outcomes by continuing the plan of care, changing the plan of care (interventions), or discharging the patient/client.

19.0 Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

19.1 Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.

19.1.1 Students will recognize potential existence of cultural influences affecting the clinical population’s health beliefs and will seek guidance from the clinical supervisor as necessary to address these factors when providing services for prevention, health promotion, fitness, and wellness to individuals or groups.

19.1.2 Students will incorporate principles of wellness, fitness and prevention to all populations, including those with existing conditions or diagnoses.

19.2 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice.

19.2 Students will participate in conducting or organizing community-based opportunities to provide information on health, fitness, wellness and prevention, as opportunities arise during the clinical education experience.

19.3 Apply principles of prevention to defined population groups.

19.3.1 Provide education and other interventions to reduce modifiable risk factors for various conditions and impairments, including those related to normal aging, gender-specific conditions, cardiopulmonary, musculoskeletal and neuromuscular conditions.

20.0 Practice Management Expectation: Management of Care Delivery

20.1 Provide culturally competent first contact through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.

20.1.1 Students will abide by state regulations for providing services via direct access and for consultation when appropriate for patients/clients in the assigned clinical setting.

20.2 Provide culturally competent care to patients/clients referred by other practitioners and ensure that care is continuous and reliable.

20.2.1 Students will adhere to facility guidelines for communication to other practitioners to ensure continuity of care.

20.3 Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.

20.3.1 Students will respond appropriately in a situation of a difference of opinion about case management for patients/clients in the assigned clinical setting.

20.5 Participate in the case management process.
20.5.1 Students, with the clinical supervisor’s input and direction, will progressively increase the volume and variety of a patient caseload in the assigned clinical setting.
20.5.2 Students will manage scheduling and coordinating a portion of a caseload as prescribed by the clinical supervisor in the assigned clinical setting.
20.5.3 Students will alter their schedule as needed to accommodate patient/client and facility needs.

21.0 Practice Management Expectation: Practice Management
21.1 Direct and supervise human resources to meet the patient’s/client’s goals and expected outcomes.
   21.1.1 Students will provide direction to support personnel as guided by clinical supervisor to do so, abiding by all state regulations and facility policies and procedures.
   21.1.2 Students will exhibit professional judgment and decision-making in determining tasks that may be directed to support personnel.
21.3 Participate in financial management of the practice.
   21.3.1 Students will submit timely, accurate and appropriately recorded documentation of services provided to patients/clients in a manner consistent with facility guidelines for billing.
   21.3.2 Students will use resources effectively and efficiently, demonstrating recognition and respect for clinical facility as a business.
   21.3.3 Students will demonstrate respect for the multiple responsibilities of clinical supervisor and other personnel.
21.5 Participate in activities related to marketing and public relations.
   21.5.1 Students will participate in marketing and public relations activities with their assigned clinical site as offered the opportunity and with direction and supervision of the clinical supervisor as indicated.

22.0 Practice Management Expectation: Consultation
22.1 Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.
   22.1.1 Students will, when provided the opportunity, provide consultation regarding patients’/clients’ need for physical therapy services following screening or evaluation, or for wellness and prevention services.
   22.1.2 Students will provide consultation in a technically competent and professionally presented manner.
   22.1.3 Students will, if given the opportunity, participate in consultation for businesses or other community entities on ergonomics and environmental assessment findings and recommendations.

23.0 Practice Management Expectation: Social Responsibility and Advocacy
23.1 Challenge the status quo of practice to raise it to the most effective level of care.
   23.1.1 Students will demonstrate professional behaviors in addressing challenges regarding practice issues in the clinical setting.
   23.1.2 Students will recognize disparity between the status quo of practice and optimal levels of care in the assigned clinical setting and will offer a plan for remediation.
23.2 Advocate for the health and wellness needs of society.
   23.2.1 Students will participate through communication and volunteer activities addressing advocacy when opportunities arise during the clinical education experience.
23.3 Participate and show leadership in community organizations and volunteer service.
23.3.2 Students will participate in any community or volunteer programs that exist at the clinical site to which they are assigned.

23.4 Influence legislative and political processes.
   23.4.1 Students will, when presented with opportunities, respond to efforts by professional associations to influence legislative and political processes.
   23.4.2 Students will inform clinical supervisors and other appropriate parties of current legislative and political issues affecting the delivery of physical therapy and other healthcare services to consumers.

August 2007
Revised February 2008
Revised April 2008
Reviewed March 2013
Practice Expectations

Practice Expectations are those behaviors, skills, and/or knowledge that define the expected performance of the physical therapist. When taken in aggregate, they describe the performance of the graduate upon entry into the practice of physical therapy.

This full-time clinical experience focuses on the care of patients with a wide variety of diagnoses in settings encompassing the health care continuum. The experiences will vary with the student's previous clinical experiences and areas of interest serving as a guide for selection and assignment. Under the direct supervision of a physical therapist, students use the knowledge and skills gained in didactic coursework to examine, evaluate, diagnose, develop a prognosis, outline expected outcomes and design and implement an intervention plan for patients with a wide variety of medical diagnoses. By the end of this clinical rotation, students are expected to be functioning at the level of an entry-level physical therapist, based on amount of supervision required, the complexity of patients’/clients’ diagnoses and needs and other factors. The following Practice Expectations reflect those specific to the course Clinical Experience III (PTHP 9393).

1.0 Professional Practice Expectation: Accountability

1.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
   1.1.1 Students will participate in the orientation process to the clinical facility, including orientation to clinical facility policies and procedures.
   1.1.2 Students will identify appropriate resources available to them during their clinical assignment to assist them with identifying relevant regulations.
1.2 Has a fiduciary responsibility for all patients/clients.
1.3 Practice in a manner consistent with the professional code of ethics.
   1.3.1 Students will abide by positions and guidelines for reporting any observed questionable practices or behaviors to the school.
1.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.
   1.4.1 Students will accept responsibility for decisions and actions by admitting errors and taking steps toward corrective action where possible.
   1.4.2 Students will demonstrate progress toward individualized clinical goals as established on the PTHP 9393 Clinical Expectations Form.
   1.4.3 Students will demonstrate progress toward expected levels of performance (according to program grading requirements for this experience and the Physical Therapist Clinical Performance Instrument) throughout the clinical assignment.
      1.4.3.1 Students will actively seek feedback from clinical faculty regarding efforts to change behavior.
      1.4.3.2 Students will complete and document a summary of their progress toward clinical goals, with input from their clinical supervisors, and submit to the school according to guidelines.
      1.4.3.3 Students will complete and submit the Clinical Tracking Tool according to the prescribed guidelines to ensure that they are meeting program expectations and outcomes for entry-level by graduation.
1.5 Participate in organizations and efforts that support the role of the physical therapist in
furthering the health and wellness of the public.

1.5.1 Students will participate in programs and external efforts that support the role of the physical therapist in furthering the health and wellness of the public as these opportunities become available during the clinical assignment.

2.0 Professional Practice Expectation: Altruism

2.1 Place patient’s/client’s needs above the physical therapist’s needs.

2.1.1 Students will display expected levels of professionalism throughout the clinical experience.

2.1.2 Students will participate in making clinical decisions regarding continuing care for patients/clients whose insurance coverage or other resources have become exhausted.

2.2 Incorporate pro bono services into practice.

2.2.1 Students will participate in pro bono service opportunities as available during the clinical experience.

2.2.2 Students will participate in identifying alternate resources to meet patients’ needs when necessary.

2.2.3 As opportunities present, students will participate in activities to advocate for patients to have access and fiscal resources to meet their needs.

2.2.4 Students will discuss ideas for implementing pro bono services within their assigned clinical facility, as appropriate.

3.0 Professional Practice Expectation: Compassion/Caring

3.1 Exhibit caring, compassion, and empathy in providing services to patients/clients.

3.1.1 Students will recognize socio-cultural, economic, and psychological influences on patients/clients in whose care they are involved.

3.1.2 Students will discuss the impact of socio-cultural, economic, and psychological influences on patients’/clients’ care and experiences with the healthcare system.

3.1.3 Students will account for the impact of socio-cultural, economic, and psychological factors in plans of care they develop for patients/clients.

3.1.2 Students will have no reported incidents of acting in a negative fashion on any of their own social, cultural, gender and sexual biases during the clinical experience.

3.1.3 Students will exhibit actions that demonstrate a desire to achieve the greatest well-being for patients/clients.

3.2 Promote active involvement of the patient/client in his or her care.

3.2.1 Students will abide by the clinical facility’s policies and procedures for informed consent.

3.2.2 Students will develop physical therapy plans of care that incorporate the patient’s/client’s involvement and that are congruent with the patient’s/client’s needs, taking into account factors related to the patient’s/client’s sociocultural, psychological and economic status.

4.0 Professional Practice Expectation: Integrity

4.1 Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

4.1.1 Students will seek assistance from appropriate resources (internal and external) throughout duration of clinical experience.

4.1.2 Students will treat patients/clients within the scope of their expertise.

4.1.3 Students will participate in the referral process as appropriate.
4.1.4 Students will accept responsibility for decisions and actions during the clinical experience.
4.1.5 Students will abide by professional guidelines and positions for communicating information to the academic program regarding situations that appear to be in conflict with acceptable ethical and legal standards of physical therapy practice.
4.1.6 Students will identify situations in which the potential for breach of confidentiality exists in the clinical environment, and will respond appropriately by exhibiting behaviors consistent with confidentiality protection.

5.0 Professional Practice Expectation: Professional Duty
5.1 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
   5.1.1 Students will achieve their individualized professionalism goal as indicated on PTHP 9393 Clinical Expectations Form.
   5.1.2 Students will meet entry-level performance expectations for each of the Red Flag Criteria on the APTA’s Physical Therapist Clinical Performance Instrument.

5.2 Participate in self-assessment to improve the effectiveness of care.
   5.2.1 Students will seek feedback from clinical faculty regarding their professional behaviors and incorporate feedback into weekly progress summary forms to submit to school.
   5.2.2 Students will identify areas in which they need to further develop professional behaviors and indicate these on the weekly progress summary forms to submit to school.
   5.2.3 Students will link results of self-assessment to effectiveness of care.
   5.2.4 Students will participate in the planning and direction of the clinical education experience, through effective use and timely submission of the Clinical Tracking Tool.

5.3 Participate in peer assessment activities.
   5.3.1 Students will actively participate in journal clubs or other staff development programs, including providing feedback for peers and other presenters, as available in their assigned clinical setting.

5.4 Effectively deal with positive and negative outcomes resulting from assessment activities.
   5.4.1 Students will implement a plan to address each area identified from assessment activities.
   5.4.2 Students will react professionally and responsibly to feedback and outcomes.

5.5 Participate in clinical education of students.
   5.5.1 Students will, when presented with opportunities, collaborate with other students in the clinical setting to seek and provide assessment.
   5.5.2 Students will actively engage in mentoring other students or support personnel, and will seek opportunities to participate in mentoring relationships with clinical supervisors and others, as opportunities present.

5.6 Participate in professional organizations.
   5.6.1 Students will participate in professional activities beyond the practice setting that become available to them during their clinical experience.
   5.6.2 Students will promote the profession by modeling professional behaviors and involvement and responding appropriately to others’ questions about the profession.

6.0 Professional Practice Expectation: Communication
6.1 Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members,
consumers, payers, and policy makers.

6.1.1 Students will demonstrate culturally competent communication, both expressive and receptive, during all patient/client and caregiver interactions throughout the clinical experience.

6.1.2 Students will demonstrate effective verbal and non-verbal skills and behaviors during interactions with patients/clients, family members and caregivers, practitioners, interdisciplinary team members, consumers, payers and policy makers.

6.1.3 Students will self-assess and seek feedback on their communications skills throughout the clinical experience.

6.1.4 Students will demonstrate progress toward and achievement of their individualized communications goal as indicated on the PTHP 9393 Clinical Expectations Form.

6.1.5 Students will provide constructive and professionally presented feedback related to the clinical experience, including quality of instruction, clinical site, and clinical education program, upon completion of the clinical experience.

7.0 Professional Practice Expectation: Cultural Competence

7.1 Identify, respect, and act with consideration for patients'/clients’ differences, values, preferences, and expressed needs in all professional activities.

7.1.1 Students will adapt delivery of services to reflect respect for and sensitivity to all patients/clients, regardless of individuals’ race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status.

7.1.2 Students will incorporate awareness and understanding of cultural influences into all interactions with patients/clients, their families and caregivers, and other members of the healthcare team.

7.1.3 Students will incorporate appropriate methods to determine cultural influences that may affect patients'/clients’ care and outcomes.

8.0 Professional Practice Expectation: Clinical Reasoning

8.1 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning in order to minimize errors and enhance patient/client outcomes.

8.1.1 Students will apply learned models for clinical decision-making.

8.1.2 Students will demonstrate openness to contradictory ideas and determine solutions through logical consideration of these ideas.

8.1.3 Students will provide sound justification for clinical decisions.

8.1.4 Students will evaluate effectiveness of decisions made and alter actions/decisions accordingly.

8.1.5 Students will demonstrate responsibility for obtaining necessary information to support clinical decisions.

8.2 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

8.2.1 Students will demonstrate independent responsibility for increasing knowledge through seeking information to enhance clinical decision making.

9.0 Evidence-Based Practice

9.1 Consistently use information technology to access sources of information to support clinical decisions.

9.1.1 Students will access and report on information technology methods used to gather information that supports clinical decisions or follows up on assignments given in the
9.6 Consistently and critically evaluate sources of information related to physical therapy practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.

9.6.1 Students will critically review in-services or other presented information based on familiarity and/or review of current literature.

9.6.2 Students will participate in activities at the clinical site as opportunities present, such as journal clubs, study groups, etc.

9.7 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.

9.7.1 Students will differentiate traditional intervention methods from practices that are based on evidence.

9.7.2 Students will seek and report on disconfirming evidence in the process of making clinical decisions.

9.7 Participate in the design and implementation of patterns of best clinical practice for various populations.

9.7.1 Students will select and use appropriate outcomes measures for assessing effectiveness of patient care.

10.0 Professional Practice Expectation: Education

10.1 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

10.1 Students will present educational in-service programs to physical therapy or other personnel as required by clinical site.

10.1.1 Students will identify learning needs of clinical staff, design learning objectives, and present an educational program for clinical and/or other personnel as required by clinical site.

10.1.2 Students will modify delivery of information to incorporate teaching and learning theory and considering the needs of the target audience.

10.1.3 Students will evaluate effectiveness of educational programs by seeking and responding to feedback from participants.

11.0 Patient/Client Management Expectation: Screening

11.1 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

11.1.1 Students will perform screening activities in a technically competent manner and according to guidelines and policies of the clinical site.

11.1.2 Students will recognize signs and symptoms from screening procedures that indicate the need for further examination or referral to other health care professionals.

11.1.2.1 Students will recognize situations in the clinical setting in which screening for effects of elder abuse, domestic violence, mental illness, and/or substance abuse is indicated.

11.1.2.2 Students will approach situations in which elder abuse, domestic violence, mental illness and/or substance abuse with sensitivity and professionalism.

11.1.3 Students will recognize screening results that fall outside age-related norms for all body systems.

11.1.4 Students will screen patients/clients for potentially serious complications or
secondary effects of primary diagnosis (such as deep vein thrombosis) and respond accordingly to findings.

12.0 Patient/Client Management Expectation: Examination
12.1 Examine patients/clients by obtaining a history from them and from other sources.
12.2 Examine patients/clients by performing systems reviews.
   12.2.1 Students will prioritize tests and measures to perform systems reviews on all body systems and cognition for patients/clients with various general medical, neurological or complex conditions.
   12.2.2 Students will perform technically competent systems review on all body systems and cognition.
12.3 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures.
   12.3.1 Students will perform technically competent examination procedures, modifying approaches according to patients’/clients’ responses and age-related norms, including the following:
      12.3.1.1 Aerobic capacity/Endurance
      12.3.1.2 Anthropometric characteristics
      12.3.1.3 Arousal, attention and cognitive function
      12.3.1.4 Gait and locomotion
         12.3.1.4.1 Students will examine use and safety with assistive gait or other locomotive devices
         12.3.1.4.2 Students will examine gait and locomotion with or without use of assistive, adaptive, orthotic, protective, supportive or prosthetic devices or equipment.
      12.3.1.5 Circulation (heart rate and rhythm, blood pressure, ventilation patterns, superficial vascular responses)
      12.3.1.6 Cranial and peripheral nerve integrity (through dermatomal and myotomal examinations, tissue tension testing)
         12.3.1.6.1 Students will participate in electrophysiological examination, if available at clinical site, with direction and supervision of appropriate provider.
      12.3.1.7 Environmental barriers in home, work, and community settings
      12.3.1.8 Ergonomics and body mechanics
      12.3.1.9 Balance and vestibular function
      12.3.1.10 Joint integrity and joint mobility
      12.3.1.11 Muscle power, strength and endurance
      12.3.1.12 Neuromotor development and sensory integration
      12.3.1.13 Pain
      12.3.1.14 Posture
      12.3.1.15 Range of motion and muscle length
      12.3.1.16 Reflex integrity
      12.3.1.17 Self-care and ability to resume pre-injury activity levels in home, work, community and leisure settings
      12.3.1.18 Integumentary integrity
      12.3.1.19 Motor function (motor control and motor learning)
      12.3.1.20 Prosthetic requirements, including:
         12.3.1.20.1 Components, alignment, fit, care of devices
         12.3.1.20.2 Prosthetic device use for mobility and other functional
activities
12.3.1.21 Sensory integrity
12.3.1.22 Work, community
12.3.1.23 Use and safety with assistive and adaptive devices and equipment
12.3.2 Students will complete screening procedures within allotted time frames, according to facility/clinical supervisor guidelines.
12.3.3 Students will accurately document data obtained from tests and measures.

13.0 Patient/Client Management Expectation: Evaluation
13.1 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.
   13.1.1 Students will interpret examination data to establish diagnoses within their current knowledge base.
   13.1.2 Students will recognize signs and symptoms that are not consistent with the scope of physical therapy problems for purposes of differential diagnosis and appropriate referral where necessary.
   13.1.3 Students will support clinical judgments based on current evidence.
   13.1.4 Students will consider other factors that influence patients’/clients’ health status, needs and prognosis: medical, social, psychosocial, psychological.
   13.1.5 Students will recognize the need for periodic re-examination and re-evaluation.

14.0 Patient/Client Management Expectation: Diagnosis
14.1 Determine a diagnosis that guides future patient/client management
   14.1.1 Students will perform differential diagnostic procedures to rule out or confirm competing diagnoses.
   14.1.2 Students will establish impairment-based diagnoses for patients/clients with acquired or progressive or non-progressive conditions or injuries involving any of the body systems.
   14.1.3 Students will determine accurate diagnoses for patients/clients across the life span.
   14.1.4 Students will perform periodic re-examinations of patients/clients, according to changes in patient/client status and facility guidelines, to evaluate for changes in diagnosis/prognosis.

15.0 Patient/Client Management Expectation: Prognosis
15.1 Determine patient/client prognoses.
   15.1.1 Students will consider multiple factors that influence outcomes and discharge potential for patients/clients, including past medical history, socioeconomic and psychological factors, and cultural influences.
   15.1.2 Students will determine realistic prognoses for patients/clients, based on clinical findings, diagnosis, and factors listed above.

16.0 Patient/Client Management Expectation: Plan of Care
16.1 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient/client-centered.
   16.10 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.
   16.11 Students will obtain informed consent from patient/client or responsible party according to clinical facility procedures.
16.11.1 Students will consider indications/contraindications associated with available interventions when developing a plan of care.
16.11.2 Students will develop a plan of care that includes strategies and interventions consistent with the established diagnosis and prognosis.

16.12 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.
16.12.1 Students will consider limitations in service availability or other resources when determining development of effective and efficient plan of care.

16.13 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations, and administrative policies and procedures of the practice environment.
16.13.1 Students will consider availability of support personnel and will determine appropriate levels for their involvement in the delivery of plans of care.

16.14 Monitor and adjust the plan of care in response to patient/client status.
16.14.1 Students will progress patients/clients through established plans of care, based on expected outcomes, changes in patient/client status, and patient/client response to interventions.

17.0 Patient/Client Management Expectation: Intervention
17.1 Provide physical therapy interventions to achieve patient/client goals and outcomes.
17.1.1 Students will perform technically competent interventions as part of the plan of care for patients/clients with various conditions or diagnoses, including:
   17.1.1.1 Coordination, communication and documentation of patient/client care, including that related to:
      17.1.1.1.1 Coordinate care with other members of the health care team through documentation and care planning activities.
   17.1.1.2 Patient/client instruction.
   17.1.1.3 Therapeutic exercise for:
      17.1.1.3.1 Aerobic capacity/endurance conditioning or reconditioning
      17.1.1.3.2 Balance, coordination and agility training
      17.1.1.3.4 Body mechanics and postural stabilization
      17.1.1.3.5 Flexibility exercises
      17.1.1.3.6 Gait and locomotion training
      17.1.1.3.7 General relaxation techniques
      17.1.1.3.8 Strength, power and endurance training for head, neck, limb, pelvic floor, trunk and ventilatory muscles
      17.1.1.3.9 Neuromotor development training
   17.1.1.4 Functional training, including:
      17.1.1.4.1 ADL training for self-care, bed mobility and transfers
      17.1.1.4.2 Safe use of assistive gait and other ADL/adaptive devices
      17.1.1.4.3 Techniques to prevent or reduce risk of re-injury, including task modification and use of appropriate assistive devices or adaptive equipment
      17.1.1.4.4 Modification or adaptation to environmental barriers
      17.1.1.4.5 Instrumental activities of daily living in the home and immediate environment of discharge and community, depending on programs and resources available in the assigned practice environment
   17.1.1.5 Manual therapy techniques, including:
      17.1.1.5.1 Therapeutic massage
17.1.1.5.2 Mobilization and manipulation techniques (soft tissue and spinal and peripheral joints, thrust and non-thrust techniques)
17.1.1.5.3 Passive range of motion for spinal and peripheral joints
17.1.1.6 Prescription, application, and (as appropriate) fabrication of devices and equipment, including:
   17.1.1.6.1 Adaptive equipment, such as raised toilet seats
   17.1.1.6.2 Assistive devices, including gait devices and reachers
   17.1.1.6.3 Upper extremity splints to relieve mechanical stresses
   17.1.1.6.4 Upper extremity slings and cervical collars for support/protection
   17.1.1.6.5 Orthotic, prosthetic, supportive and protective devices
17.1.1.7 Breathing and airway clearance strategies, including:
   17.1.1.7.1 Assisted cough/huff techniques
   17.1.1.7.2 Modified breathing techniques
   17.1.1.7.3 Manual techniques: chest percussion and vibration
   17.1.1.7.4 Pulmonary postural drainage
17.1.1.8 Physical agents, including:
   17.1.1.8.1 Electrotherapeutic agents
   17.1.1.8.2 Cold and heat agents
17.1.1.9 Mechanical modalities including:
   17.1.1.9.1 Spinal traction
   17.1.1.9.2 Continuous passive motion
   17.1.1.9.3 Compression therapies
17.1.1.10 Integumentary repair and protection techniques, including:
   17.1.1.10.1 Wound cleansing and debridement
   17.1.1.10.2 Selection and application of dressings
   17.1.1.10.3 Selection and application of topical agents
17.2 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.
   17.2.1 Students will provide education of patients/clients and their caregivers that is consistent with the established goals and plan of care.
   17.2.2 Students will participate in planning and presentation of educational programs for clinical staff and others on topics identified as needs for learning in the clinical setting to which they are assigned.
17.9 Complete documentation that follows professional guidelines, guidelines required of the health care systems, and guidelines required by the practice setting.
   17.9.1 Students will produce documentation that follows facility guidelines for timeliness and format.
   17.9.2 Students will produce documentation that is accurate, concise and professionally and technically correct.
17.10 Practice using principles of risk management.
   Students will employ effective techniques of infection control in an outpatient general/orthopedic setting to reduce risk to patients/clients, others and self.
17.11 Respond effectively to patient/client and environmental emergencies in one’s practice setting.
   Students will observe safety standards and regulations in the clinical setting.
   Students will employ emergency management techniques during each patient/client interaction and at all other times in the clinical setting.
Students will familiarize themselves with facility-specific emergency management procedures.

18.0 Patient/Client Management Expectation: Outcomes Assessment
18.1 Select outcome measures to assess individual and collective outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.
18.1.1 Students will participate in the determination of appropriate outcomes measures with clinical supervisors in the clinical setting to which they are assigned.
18.2 Collect data from the selected outcomes measures in a manner that supports accurate analysis of individual patient/client outcomes.
18.2.1 Students will collect and record outcomes data in accordance with systems and procedures that exist in the clinical setting to which they are assigned.
18.3 Analyze results arising from outcomes measures selected to assess individual outcomes of patients/clients.
18.3.1 Students will provide recommendations for developing clinical pathways or guidelines based on outcomes data.
18.4 Use analysis from individual outcomes measurements to modify the plan of care.
18.4.1 Students will modify plans of care based on assessment of outcomes by continuing the plan of care, changing the plan of care (interventions), or discharging the patient/client.

19.0 Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness
19.1 Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.
19.1.1 Students will recognize potential existence of cultural influences affecting the clinical population’s health beliefs and will seek guidance from the clinical supervisor as necessary to address these factors when providing services for prevention, health promotion, fitness, and wellness to individuals or groups.
19.1.2 Students will incorporate principles of wellness, fitness and prevention to all populations, including those with existing conditions or diagnoses.
19.2 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice.
19.2 Students will participate in conducting or organizing community-based opportunities to provide information on health, fitness, wellness and prevention, as opportunities arise during the clinical education experience.
19.3 Apply principles of prevention to defined population groups.
19.3.1 Provide education and other interventions to reduce modifiable risk factors for various conditions and impairments, including those related to normal aging, gender-specific conditions, cardiopulmonary, musculoskeletal and neuromuscular conditions.

20.0 Practice Management Expectation: Management of Care Delivery
20.1 Provide culturally competent first contact through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.
20.1.1 Students will abide by state regulations for providing services via direct access and for consultation when appropriate for patients/clients in the assigned clinical setting.
20.2 Provide culturally competent care to patients/clients referred by other practitioners and ensure that care is continuous and reliable.
20.2.1 Students will adhere to facility guidelines for communication to other practitioners to ensure continuity of care.
20.3 Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.
20.3.1 Students will respond appropriately in a situation of a difference of opinion about case management for patients/clients in the assigned clinical setting.
20.6 Participate in the case management process.
20.6.1 Students, with the clinical supervisor’s input and direction, will progressively increase the volume and variety of a patient caseload in the assigned clinical setting.
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   23.1.1 Students will demonstrate professional behaviors in addressing challenges regarding
   practice issues in the clinical setting.
   23.1.1 Students will recognize disparity between the status quo of practice and optimal levels
   of care in the assigned clinical setting and will offer a plan for remediation.
23.2 Advocate for the health and wellness needs of society.
   23.2.1 Students will participate through communication and volunteer activities addressing
   advocacy when opportunities arise during the clinical education experience.
23.3 Participate and show leadership in community organizations and volunteer service.
   23.3.2 Students will participate in any community or volunteer programs that exist at the
   clinical site to which they are assigned.
23.4 Influence legislative and political processes.
   23.4.1 Students will, when presented with opportunities, respond to efforts by professional
   associations to influence legislative and political processes.
   23.4.2 Students will inform clinical supervisors and other appropriate parties of current
   legislative and political issues affecting the delivery of physical therapy and other healthcare
   services to consumers.

November 2007
Revised February 2008
Reviewed April 2008
Reviewed March 2009
Reviewed March 2013
Purpose

To publish the philosophy and process of making assignments to clinical facilities, to list the faculty's expectations of students during clinical education courses, and to clarify methods of dealing with emergencies within the process.

Philosophy

All clinical education courses are viewed by the faculty as being of equal importance with the didactic DPT courses, which lay the foundation for safe and effective clinical practice knowledge and skills. Clinical education is a series of structured learning experiences designed to allow students to develop and improve clinical skills, to seek opportunities for the development of advanced professional behaviors, and to be socialized into the profession.

Policies

All policies regarding academic behavior in the Department of Physical Therapy apply to clinical education courses, with the addition of the following policies:

I. Rights and Privileges of Clinical Faculty

A. Clinical faculty members are defined as faculty who are not AU employees but are involved in teaching associated with patient care.
B. Clinical faculty members are afforded access to academic program faculty to serve as resources. Through routine scheduled and other informal contact with academic faculty, clinical faculty may request assistance with resources or other support.
C. Clinical faculty are invited (through routine contacts) to partner with AU faculty-advised student research projects. Involvement in a formal research project allows clinical faculty to avail themselves of certain program resources, primarily through their contact with academic faculty. Also, projects may result in publication or other scholarly products, thus offering clinical faculty professional development opportunities. Interested clinical educators may contact the ACCE or AU PT research faculty for further information or to express an interest in this program.
D. Qualified health professional personnel across the State are a critically important constituency to the Augusta University. As appointed clinical and adjunct faculty members these health professionals significantly broaden the perspectives and strengthen the community role of the academic health center. The Augusta University, in turn, provides vital resources for their enrichment, development and recognition. Together, these mutual benefits advance the mission of the institution in education, research and service on
II. Student Assignment to Clinical Facilities

A. Assignments to clinical facilities are made by the Academic Coordinator of Clinical Education (ACCE). The process for making assignments takes into account the following factors:

1. The availability of clinical facilities having current affiliation agreements with AU;
2. The sequence and types of learning experiences available at the facilities;
3. The actual slots reserved by the clinical facilities for AU DPT students on any given rotation.
4. Clinical education experiences must be scheduled in more than one geographical area or in more than one healthcare cultural environment;
5. PTHP 8191 is an experience focusing on the care of individuals with orthopedic dysfunction in an out-patient facility;
6. PTHP 9292 focuses on the care of patients across the life span with problems encompassing any of the body systems and at any phase of care or rehabilitation. Experiences occur in various settings in which physical therapy is commonly practiced;
7. PTHP 9393 focuses on the care of patients with a wide variety of diagnoses in settings encompassing the health care continuum. The experiences will vary according to the student's previous clinical experiences and areas of interest serving as a guide for selection and assignment. By the end of this clinical rotation, students are expected to be functioning at the level of an entry-level physical therapist.

B. Clinical assignments are made via a computerized matching software program which takes into account the students’ educational needs and individual preferences. Students consult with their faculty advisor and/or the Academic Coordinator of Clinical Education (ACCE) during the match process to ensure their preferences reflect individual educational needs and programmatic expectations. Every student will complete at least one rotation in an outpatient orthopedic setting and one rotation in an inpatient acute/general medical setting. Subsequent rotations will ensure students see patients across the lifespan and in all practice patterns defined by the Guide to Physical Therapist Practice. Final assignments are approved at the discretion of the Academic Coordinator of Clinical Education.

The following procedures will be followed when the students are being assigned to the clinical facilities:

1. Clinical preparation sessions prior to the date of assignment are utilized to acquaint students with the proper procedure for completing and submitting their clinical preference sheets and are mandatory.
2. Students may not contact potential or current clinical sites for the purpose of
determining availability or seeking placement at a site.

3. Students will review slot availability lists and prepare a list of preferences for each clinical experience being assigned. Students may be allowed an opportunity to submit preferences not on the list to the ACCE within prescribed time frames to determine potential availability of a site not on the list.

Students are advised to consider the following guidelines in developing their list of preferences:

a. Students usually cannot complete more than one clinical course at the same site;

b. Students usually cannot be assigned to a facility where they have volunteered;

c. Students usually cannot be assigned to a facility where they have previously been employed;

d. Students cannot be assigned to a facility that is providing financial assistance or where they have a current work or tuition assistance agreement;

e. Students cannot be assigned to a facility where they will be supervised by any individual in which a conflict of interest may arise; this may include family members, friends, previous employers or others.

4. Students will seek input from their advisor, other faculty and/or the ACCE in preparing their preference list; preference lists must be approved by the ACCE. Students will then submit their preferences to the Clinical Education Office Specialist by the assigned date.

5. Preferences will be entered into the computer after all preference sheets have been submitted, and the computer matching software program will generate potential assignments.

6. The final assignment list will be posted when computer assignments have been verified and approved by the ACCE.

7. In the event a student does not match to a clinical site listed on his or her preference sheet, the student will select alternate preferences from a list of facilities that remain available for that clinical assignment. Alternative placements will be verified and approved by the ACCE.

8. In the event that a student is experiencing circumstances that are beyond the student’s control and that will have an impact on the clinical assignment, the student may submit a formal request in writing to waive participation in the computerized match process. If the request is approved by the Clinical Education Committee, the ACCE will work with the student to find an appropriate clinical assignment, based on the availability of clinical sites, the student’s needs, and the ACCE’s discretion. In some cases, waiving the computerized match process may result in an inability to find timely and appropriate placement, which may subsequently delay the student’s graduation.

C. On occasion, a previously confirmed clinical assignment placement must be changed, as determined by the clinical site or the ACCE. When a change of clinical assignment is necessitated, the following procedures will be followed:

1. If the change is for a dedicated clinic (i.e., required type of experience):
a. The student will be given a list of potentially available sites;
b. The student will have the opportunity to select prioritized preferences of clinics for further consideration;
c. The clinics will be contacted in order of priority preference to determine availability and, if confirmed by the clinic, the student will be assigned without further consultation or discussion;
d. The student will be advised of the assignment when it is determined and confirmed;
e. In the event none of the clinics are available, the student will be assigned to an available clinic by the ACCE.

III. Student Requirements to Attend a Clinical Experience
(Refer to the Department of Physical Therapy Student Handbook regarding academic policies dealing with grades, passing, failing and remediation of courses)

A. Successful completion of all preceding coursework is considered prerequisite for clinical courses.

B. Students must furnish the Clinical Education Office Specialist with proof of current health care provider’s adult-child-infant CPR certification prior to attending the initial clinical experience. If the CPR certification expires prior to any clinical experience, the student must become recertified and furnish proof of recertification. Individual clinical sites may require certification from a particular provider. It is the student’s responsibility to ensure that the proper certification is obtained.

C. The student must be aware of and meet all health and other requirements of the clinical facility. It is the student’s responsibility to obtain and submit all required documentation to the clinical facility. Requirements may include but are not limited to:
1. proof of liability insurance;
2. proof of HIPAA training;
3. proof of training in OSHA regulations and infection control procedures;
4. proof of completion of the Hepatitis B series or statement of declination;
5. proof of current TB screening;
6. proof of MMR vaccination or rubella immunizations;
7. criminal background check;
8. drug screen;
9. other requirements as directed the assigned facility.

D. If a student encounters performance difficulties in either a clinical or didactic course, future clinical placements will be at the discretion of the Academic Coordinator of Clinical Education.

IV. Student Preparation for a Clinical Experience
A. When a student receives confirmation (Clinical Site Demographic Information
form) for a clinical assignment, each student is expected to:

1. Contact the clinical site within 2 weeks of receipt of this confirmation, to make initial contact with the clinical supervisor. The purpose of this call is for the student to introduce himself/herself and to gather information regarding dress code, schedule, resources for housing,* etc. Thereafter, it is the student’s responsibility to maintain contact with the clinical site as appropriate until the start of the assignment.

*NOTE: Securing housing is the responsibility of the student.

2. Read the objectives and evaluation tool to be used during the clinical experience and come to the clinical preparation sessions prepared to discuss the upcoming clinical experience with the ACCE.

3. Complete the Pre-Clinical Professionalism Self-Assessment and the Clinical Expectation Form and meet with his/her assigned faculty advisor to review these forms prior to the specified date for submission to the Clinical Education Office Specialist. Refer to Appendix C of the APTA’s CPI training program (http://www.apta.org/AM/APTAAPPS/restricted/ptcpi/login.cfm?notloggedin=yes) for definitions of rating anchors (beginning through entry-level) for the Clinical Expectation form.

4. Take responsibility for the timely submission of the completed and signed Clinical Expectation Form to the Clinical Education Office Specialist.

V. Expectations during the Clinical Education Course

Orientation

A. Orientation to the clinical facility should ideally occur on the first day of the clinical rotation. Students should:

   a. receive an orientation to the facility
   b. discuss their expectations and goals for the clinical rotation with their CI.
   c. go over all forms and discuss due dates with their CI.
   d. inquire about the CI’s expectations of the student

B. Students will adhere to all administrative and personnel policies of the clinical facility to which they are assigned.

C. Students are expected to adhere to all principles of ethical and legal practice during clinical education experiences, including honoring patients’ risk-free rights to refuse to participate in clinical education. Each student is expected to adhere to legal requirements for identifying him/herself as a Student Physical Therapist to all parties during clinical education experiences.

D. Within one week of beginning each clinical education assignment, students must verify that they have access to and understand that it is their responsibility to review clinical assignment facility policies and procedures. Written verification of this
requirement is part of the Week One Communication Form that must be sent to the ACCE by the end of the first week of the clinical education experience.

**Dress Code**

Professional attire and behavior are expected at all times.
1. Students are expected to conform to the dress code of the clinical facility. If the clinical facility does not provide a dress code, students are expected to conform to the AU PT program dress code, as described in Departmental Policies in the Student Handbook. Lab coats should be available at all times to wear when going into clinical areas requiring professional attire.
2. Students **MUST** wear their AU issued identification badge indicating student status at all times.

**Attendance**

The following attendance requirements will apply:
1. Attendance at clinical assignments is required as scheduled. Students are governed by the rules and regulations of the clinical facility. Credit for clinical education is based on a minimum average of 40 hours/week, which may include holiday and weekend hours.
2. In the event of illness or emergency, the student must contact the clinic and the ACCE (706/721-2141) prior to the start of the clinical day.
3. In the event of 2 or more absences due to illness during the clinical rotation, a signed medical excuse must be provided.
4. In the event of illness or injury that may affect the student’s ability to fully participate in the clinical education experience, the student must also provide a medical release to return to full participation in the clinical education experience. Physical Therapy Program Technical Standards are available in the AU DPT Student Handbook.
5. Any absences will be made up at the discretion of the ACCE with input from the Clinical Instructor (CI). It is the student’s responsibility to make arrangements when make-up days are required. Students must notify the ACCE of any such arrangements.
6. Absence or tardiness from a clinical education course may result in an unsatisfactory grade.

**Emergency/Medical Care**

In the event a student requires emergency or other medical attention during a clinical education experience, services are to be sought according to the individual memorandum of agreement with the particular clinical facility. If the agreement does not specify stipulations for medical care, the student is responsible for
obtaining proper attention and for costs incurred accordingly. Make sure proof of health insurance is available at all times.

VI. Student Evaluations and Forms

The CI is responsible for evaluating the student’s progress and final performance in the clinical setting by completing the Clinical Performance Instrument (CPI) at the mid-term point and upon completion of the experience. Students are required to complete midterm and final CPI self-assessments prior to respective evaluation meetings with the CI.

A. Students are encouraged to evaluate themselves and the clinical experience on an ongoing basis. If problems are identified, they need to be addressed early.
1. Students are encouraged to discuss problems with their CI and CCCE.
2. When problems are identified, the ACCE should be contacted immediately.
3. The ACCE and CCCE/CI will work toward a satisfactory resolution with the student.
4. Premature termination of the clinical experience is at the discretion of the ACCE and the CCCE and CI.

B. Week One Communication Form
1. Within one week of beginning each clinical education assignment, students must verify that they have access to and understand that it is their responsibility to review clinical assignment facility policies and procedures. Students must also verify the name and contact information of their CI. Written verification of this requirement is part of the Week One Communication Form that must be sent faxed to the ACCE by the end of the first week of the clinical education experience.

C. Biweekly Clinical Education Planning Form
1. Students are responsible for completion and submission of the Biweekly Clinical Education Planning form according to instructions provided on the form.
2. The form must be signed by the student and the CI and uploaded to AHST on a biweekly basis to assist with tracking student performance and progress. These forms are reviewed by the student’s academic advisor as they are received.

D. Allied Health Student Tracking System (AHST)
https://www.typhongroup.net/ahst/
1. Students are responsible for maintaining a record of their patient interactions, CI communication, and other clinical related time in AHST.
2. AHST is used to assist with planning and goal-setting for upcoming clinical experiences and to determine the student’s progress toward meeting program expectations for clinical practice.
E. Midterm CPI Evaluation

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

Student self-evaluation and CI evaluation of the student is completed via the online CPI.

F. Midterm Evaluation Form

1. The purpose of the midterm evaluation is to allow the student and CI to review course objectives and determine student progress toward meeting the objectives.
2. The CI will complete the CPI prior to the scheduled meeting with the student.
3. The student will complete the self-assessment CPI prior to the scheduled meeting.
4. The student and the CI will meet to formally discuss the student’s progress in the clinical experience.
5. The student or CI can request a phone or video meeting to discuss clinical performance and verify that the clinical learning experience is progressing according to plans and expectations.
   a. Any issues or concerns that are identified during the phone visit will be referred to the ACCE for follow up.
6. The CI midterm feedback form and the student midterm feedback form are to be uploaded to AHST by the due date.

G. Verification of Clinical Progress

1. At a point mid-way between the midterm phone visit and the final evaluation (date to be determined for each assignment), students are required to submit the completed and signed Verification of Clinical Progress form to the school.

H. Final CPI Evaluation

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

1. The purpose of the final student performance evaluation is to determine that course objectives have been satisfactorily met and that the student has demonstrated progression toward entry level.
2. The CI will complete the CPI and discuss results with the student during the final week of the clinical experience.
3. The student will complete the self-assessment CPI prior to the scheduled meeting.
4. The final evaluation CPI and student self-evaluation CPI signed by both the student and CI(s) must be electronically submitted to the program by the assigned date or a grade of “U” will be assigned for that clinical experience. Students are directly responsible for submitting all required forms on time. 5. Final grades are assigned by the ACCE.

I. Student Evaluation of the Facility and Learning Experience

1. The purpose of this evaluation is to provide the clinical supervisor(s) with feedback on the clinical experience and facility from the student’s perspective
at the midterm point and upon completion of the experience.

2. **ALL** students are required to complete an evaluation of the facility and of the learning experience upon completion of each clinical experience. Students must complete the *Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction* form according to instructions, including collection of demographic data and all required signatures.

3. Upon completion of the assignment, the student evaluation of the facility and the learning experience is shared with the CI and CCCE. The CI signs the form, and may keep a copy, before the original is returned to AU by the assigned date.

4. The student evaluation form of the clinical experience signed by both the student and CI(s) must be returned electronically to the Clinical Education Office Specialist by the assigned date or a grade of “U” will be assigned for that clinical experience. Students are directly responsible for submitting all required forms on time.

**VII: Student Assessment**

A. Grades
   The ACCE, as course coordinator for all clinical education courses, assigns the final grade. Grades issued for clinical education experiences are “Satisfactory” or “Unsatisfactory.” A required minimum acceptable performance level is established for each clinical course. If the student’s performance does not meet that performance level, a grade of Unsatisfactory (“U”) will be issued.

B. Clinical Experience Remediation
   1. Students may be granted the opportunity to remediate an unsatisfactory clinical education experience, at the discretion of the ACCE. Remediation of a clinical course results in delayed graduation. This is necessary to allow time for remediation of the failed course and successful completion of the required repeat clinical education experience. The schedule for remediation of a clinical course is dependent upon the availability of both time and a suitable clinical site.
   2. The design and schedule of the remediation experience are at the discretion of the ACCE, based upon the identified needs of the individual student.
   3. Before the remediation experience begins, the student, with input from the ACCE, and other academic and/or clinical faculty as appropriate, will develop goals and a formal plan of action. The final plan requires approval from the ACCE. In cases where the remediation arrangements include a clinical site, the CCCE and the CI at that site will be apprised of all areas in which the student requires remediation, and the approved plan will be shared with them.
   4. If the student does not successfully complete the remediation experience, s/he will be referred to the Student Affairs Committee, along with the ACCE’s recommendation for administrative withdrawal from the program.
   5. If the remediation is for PTHP 8191 (Clinical Education Experience I), and the student satisfactorily completes the remediation, the student may be eligible to re-enroll in the program the next time this course is offered.
6. If the remediation is for PTHP 9292 (Clinical Education Experience II) or PTHP 9393 (Clinical Education Experience III), and the student is successful with the remediation assignment, the ACCE will arrange a repeat clinical experience for a course that is similar in character and length to the original unsatisfactory clinical experience. In this event, the new clinical site will not be apprised of the areas in which the student had unsatisfactory performance, though the student may choose to disclose this information to the new clinical site.

C. Dismissal from the program
The same rules and regulations regarding failure of classes and administrative withdrawal from the program that apply to the didactic courses apply to the clinical education courses.

Revised November 2007
Revised March 2008
Revised July 2008
Revised March 2013
APPENDIX
Professional and Personal Development Plan
Augusta University DPT Program

Name: ___________________________    Semester: ________________

Introduction
The purpose of this tool is to provide structure for each student to develop a formal, progressive plan for professional development in consultation with his/her advisor. Program faculty and students who participated in the development of this form and its application subscribe to the belief that students and graduates of the Augusta University Physical Therapy Program strive to exceed minimum expectations in all aspects of professionalism.

Instructions
Advisor meetings
- During the first semester (Summer 1) of the program, an advisor meeting is to be scheduled between the sixth and seventh weeks of the semester.*

- During subsequent semesters (with the exception of semesters 4, 8 and 9) an advisor meeting is to be scheduled within one month of the beginning of the semester; follow-up sessions may be planned and scheduled on an individual basis, as determined by a student and his/her advisor.

- Although completing the template is not mandatory during the fourth semester (Summer 2), you must still meet with your advisor as required at least once during the semester.

*A minimum of 1 advisor meeting per semester is required. Students are encouraged to schedule advisor meetings as needed or desired in addition to the required meeting.

Completing the template
- Accomplishments (box 1) and Overall Professionalism Objective for this semester (box 2) are to be completed prior to meeting with your advisor.

- You may begin to complete the Areas of Needed Improvement section (box 3) prior to meeting with your advisor, or you may complete this section with your advisor’s input during your advisement session.

- The Goals (box 4) and Plan (box 5) sections will be completed with your advisor’s input.

- You and your advisor both sign and date your plan once finalized.

- On subsequent meetings each semester, what you document in the Accomplishments section (box 1) on a new form is based on your reassessment of how you did with your plan.
To help you describe your accomplishments, identify areas of needed improvement, and compose your goals, refer to the Generic Abilities and the Core Values of Professionalism in Physical Therapy documents (Appendix).
Professional and Personal Development Plan
Augusta University DPT Program

| Semester: |

1. Accomplishments (Sample indicators of current level of Professionalism):

2. Overall professionalism objective for this semester:

<table>
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<tr>
<th>3. Areas of needed improvement (utilize the attribute descriptions in the Appendix for specific indicators)</th>
<th>4. Goals for improvement in identified areas (State goals in behavioral and measurable terms to aid with assessment)</th>
<th>5. Plan for development (How will you achieve your goals? What outside resources or assistance will you seek?)</th>
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Advisor signature  Date

Student signature  Date

October 2007, Reviewed March 2009
Attribute Descriptions for Generic Abilities and Core Values

Attribute Descriptions for Generic Abilities:*  

1) Commitment to Learning  
   a. Identify problems and prioritize your learning needs  
   b. Demonstrate a positive attitude toward learning; seek and welcome new learning opportunities  
   c. Set personal and professional goals  
   d. Offer your own thoughts and ideas during learning activities  
   e. Research and study areas when you identify lacking knowledge  

2) Interpersonal Skills  
   a. Maintain professional demeanor in interactions as each situation demands  
   b. Communicate with others in a respectful, confident manner  
   c. Demonstrate acceptance of any limitations in your knowledge and experience  
   d. Demonstrate respect for all peers, faculty and staff within and outside of this department  
   e. Demonstrate responsibility and accountability for your own actions  
   f. Respond appropriately to unexpected situations  
   g. Talk about difficult issues with sensitivity and objectivity  
   h. Approach others appropriately to discuss a difference in opinion  

3) Communication Skills  
   a. Recognize the impact of non-verbal communication: eye contact, active listening, body language  
   b. Demonstrate effective active listening skills  
   c. Use standardized English for oral and written communications, using logical organization, correct grammar and accurate spelling and expression  
   d. Mediate conflict if necessary, using effective professional and interpersonal communication techniques  
   e. Submit professionally written papers and assignments, according to recommended or prescribed format  

4) Effective Use of Time and Resources  
   a. Focus on the task at hand without dwelling on past mistakes  
   b. Use unscheduled time efficiently  
   c. Respect demands on others’ time and make arrangements accordingly  
   d. Set priorities and reorganize as needed  
   e. Demonstrate the ability to say “No” when this would be most effective  
   f. Advance personal and professional goals while maintaining expected workload  

5) Use of Constructive Feedback  
   a. Demonstrate active listening skills during feedback sessions  
   b. Perform ongoing self assessment and actively seek peer and faculty feedback and help  
   c. Use feedback to establish professional goals  
   d. Provide constructive and timely feedback to peers and faculty (academic and clinical) and staff as appropriate  
   e. Engage in non-judgmental, constructive problem-solving discussions
f. Reconcile differences in feedback with sensitivity

6) Problem-Solving
   a. State problems and potential solutions clearly utilizing appropriate assertiveness skills
   b. Examine multiple solutions to problems
   c. Consider consequences/effects of possible solutions
   d. Accept responsibility for implementing solutions to problems
   e. Participate in efforts to examine and resolve problems in community

7) Professionalism
   a. Abide by program and professional association (APTA) codes and positions
   b. Demonstrate honesty, courage and continuous regard for all
   c. Project professional image
   d. Act on moral commitment
   e. Seek and emulate positive professional role models
   f. Participate actively in professional associations (regional, state, national)
   g. Act in leadership role when called or led to do so
   h. Support and engage in research

8) Responsibility
   a. Demonstrate dependability and punctuality
   b. Follow through on commitments
   c. Accept responsibility for actions and outcomes
   d. Offer and accept help when needed
   e. Encourage accountability among peers and class communities

9) Critical Thinking
   a. Raise relevant questions
   b. Consider available information (based on knowledge and experience) and articulately offer ideas
   c. Recognize gaps in knowledge and seek further information/understanding
   d. Demonstrate an openness to be challenged with new and/or contradictory ideas and information
   e. Justify suggested solutions to problems
   f. Recognize own biases and suspend judgmental thinking
   g. Challenge others to think critically

10) Stress Management
    a. Recognize own stressors or problems and seek help as needed
    b. Recognize distress or problems in others and help them recognize these
    c. Maintain professional demeanor in all situations
    d. Maintain balance between professional and personal life, establishing appropriate/healthy outlets to cope with stressors
    e. Demonstrate effective affective responses in all situations, including remaining calm in urgent situations
    f. Prioritize multiple commitments and obligations
    g. Recognize when problems are out of your control or unsolvable
    h. Offer solutions for stress reduction for individual peers and in classroom community

**Attribute Descriptions for Core Values:**

1) Accountability
   a. Seek and respond to feedback from peers and faculty
   b. Acknowledge and accept consequences of your actions
   c. Maintain membership in APTA

2) Compassion/Caring
   a. Communicate effectively, both verbally and nonverbally, with others, taking into consideration individual differences in learning styles, language, cognitive abilities, etc
   b. Recognize and refrain from acting on your social, cultural, gender and sexual biases
   c. Demonstrate respect for others and consider others as unique and of value

3) Excellence
   a. Demonstrate initiative, evidenced by investing time, original thought and personal action
   b. Demonstrate appropriate levels of knowledge and skill in all courses and learning activities
   c. Use evidence consistently to support professional decisions
   d. Demonstrate a tolerance for ambiguity – accept that there may be more than one “right” answer or way to approach problems
   e. Share your knowledge with others

4) Integrity
   a. Abide by Program policies and procedures
   b. Articulate and internalize stated ideals and professional values
   c. Resolve dilemmas with respect to a consistent set of core values
   d. Be trustworthy
   e. Know your limitations and act accordingly
   f. Confront harassment and bias among others
   g. Act on the basis of professional values even when the results of the behavior may place you at risk

5) Professional Duty
   a. Preserve confidentiality of peers and others in all professional contexts
   b. Involve yourself in professional activities beyond the academic setting
   c. Take pride in one’s profession

6) Social Responsibility
   a. Participate in community volunteerism
   b. Provide leadership in the academic community

Pre-Clinical Professionalism Self-Assessment

AUGUSTA UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY
PTHP 8191

Instructions:
• Refer to the Professional and Personal Development Plan form to complete this activity. Scan the Appendix for the attributes of the 16 professionalism qualities (from the Generic Abilities and the Core Values).
• Select 3 of the 16 areas that you feel are priorities for you at this time or that you would particularly like to address in the clinical setting and rank your current level of behavior for those 3 attributes*.
• Then select the top priority from those 3 – draft a goal for this ability and mark it for later use (expectations form)

*Ranking for levels of behavior: B = Beginning D = Developing E = Entry-level

1. Attribute: ________________________________
   Current rating: B D E

2. Attribute: ________________________________
   Current rating: B D E

3. Attribute: ________________________________
   Current rating: B D E

#1 priority attribute for Professionalism goal for Clinical Experience 1:
Attribute: ________________________________

Clinical Goal for this attribute**:

**This goal will be included as Goal F on your Student Clinical Expectations Form.

March 3, 2008
Reviewed March 2009