



AUGUSTA
UNIVERSITY

**DOCTOR OF PHYSICAL THERAPY
CLINICAL EDUCATION HANDBOOK**

Department of Physical Therapy
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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 (SCCEs and CIs), 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 Director of Clinical Education (DCE), the Program Director 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 provide state of the art educational opportunities to produce autonomous practitioners of physical therapy who employ evidenced-based practice to improve the physical function, overall health and quality of life of the population.

Vision: The Vision of the Department of Physical Therapy is to be a globally recognized leader and destination of choice for exceptional physical therapy education, scholarship, service and practice.

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

We, the faculty and staff, believe that the success of our graduates requires a culture of excellence attained through mutual engagement of teacher and learner in a collegial environment. We strive to develop and implement educational experiences using evidence-informed principles that inspire talented and ambitious students to grow into autonomous health care professionals. We are committed to creating an interactive learning environment with clear, concisely stated outcomes. We serve as role models by being reflective practitioners, contemporary clinicians, globally recognized researchers, and innovative 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.

Safety of Student during Clinical Experiences

Clinical education helps prepare students for the reality of clinical practice in a healthcare profession. Students may encounter known and unknown risks members of the physical therapy profession experience in the provision of health care. Risks may include contact with people having infectious and communicable diseases, progressive diseases, mental illness, and risks inherent to the work environment. Through providing basic instruction in prevention procedures and application of reasonable and prudent clinical practices, the Program makes every effort to protect the safety and interests of the student. Ultimately, it is the student's responsibility to apply these procedures and to take appropriate steps to protect patients and themselves.

Students are required by the facility and the University to show proof of health insurance as a condition of placement in a clinical experience. Another condition of placement in a clinical experience is completion and submission of immunizations and laboratory testing. Students are expected to follow policies the facility has regarding risk exposure management for its employees, even though they are not considered by the University or the facility to be an employee of the facility. Students should be aware that they are not eligible for coverage under the University or facility's workmen's compensation insurance, and there is no mechanism for compensation in the event of student injury during a clinical experience.

In the event of an accident resulting in student injury during a clinical experience, the student should immediately notify the clinical instructor of the accident and follow the policies of the facility including completing the appropriate incident report/documentation. Expenses related to student illnesses or injuries occurring during a clinical experience are covered by the student's personal health insurance.

OVERVIEW OF CLINICAL COURSES

The AU DPT clinical education program includes six part-time integrated clinical experiences (ICE) and three full time (one 8 week, one 16 week or two 8 weeks, and one 12 week) clinical internships. 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 Director of Clinical Education (DCE) 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 (ambulatory care) and one rotation in an inpatient acute/general medical setting (non-ambulatory care). 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 DCE.

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 (CSRA) 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

Course	Length	Time	Description
PTHP 8191 Clinical Experience I	8 weeks full-time in one setting (320 hours)	Year 2, Semester 4	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 in didactic coursework to examine, evaluate, diagnose, develop a prognosis, outline expected outcomes and design and implement an intervention plan for patients with orthopedic dysfunction. Students are expected to achieve Advanced Beginner on the clinical performance instrument (CPI)
PTHP 9292 Clinical Experience II	16 weeks full-time in one setting or two 8-week full-time assignments split between two different settings	Year 3, Semester 8	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. Students are

				expected to achieve Advanced Intermediate on the clinical performance instrument (CPI)
PTHP 9393 Clinical Experience III	12 weeks full-time in one setting		Year 3, Semester 9	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 patient/client diagnoses and needs and other factors.

Revised October 2018, Reviewed February 2021

PTHP 8191: Clinical Experience I: Year 2, Semester 4

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).

Course Objectives

At the conclusion of this course, the AU DPT student will be able to:

7D1: Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

7D1.1 Participate in the orientation process to the clinical facility, including orientation to clinical facility policies and procedures.

7D1.2 Identify appropriate resources available to them during their clinical assignment to assist them with identifying relevant regulations.

7D2: Report to appropriate authorities suspected cases of abuse of vulnerable populations

7D12.6 Recognize situations in the clinical setting in which screening for effects of elder abuse, domestic violence, mental illness, and/or substance abuse is indicated

7D12.7 Approach situations in which elder abuse, domestic violence, mental illness and/or substance abuse with sensitivity and professionalism.

7D4: Practice in a manner consistent with APTA Code of Ethics

7D4.1 Abide by positions and guidelines for reporting any observed questionable practices or behaviors to the school.

7D5: Practice in a manner consistent with APTA Core Values

7D5.1 Accept responsibility for decisions and actions by admitting errors and taking steps toward corrective action where possible.

7D5.2 Demonstrate progress toward individualized clinical goals as established on by their *pre-clinical goals form*.

7D5.3 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.

7D5.4 Actively seek feedback from clinical faculty regarding efforts to change behavior.

7D5.5 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.

7D5.6 Complete and submit *Patient Case Logs* according to the prescribed guidelines to ensure compliance with program expectations and outcomes for entry-level by graduation.

7D5.7 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.

7D5.8 Display expected levels of professionalism throughout the clinical experience.

7D5.9 Participate in making clinical decisions regarding continuing care for patients/clients whose insurance coverage or other resources have become exhausted.

7D5.10 Participate in *pro bono* service opportunities as available during the clinical experience.

7D5.11 Participate in identifying alternate resources to meet patients' needs when necessary.

7D5.12 Participate in activities to advocate for patients to have access and fiscal resources to meet their needs.

7D5.13 Discuss ideas for implementing *pro bono* services within their assigned clinical facility, as appropriate.

7D5.14 Recognize socio-cultural, economic, and psychological influences on patients/clients in whose care they are involved.

7D5.15 Discuss the impact of socio-cultural, economic, and psychological influences on patients'/clients' care and experiences with the healthcare system.

7D5.16 Account for the impact of socio-cultural, economic, and psychological factors in plans of care they develop for patients/clients.

7D5.17 Respond to patients in a positive manner without evidence of social, cultural, gender and sexual biases during the clinical experience.

7D5.18 Exhibit actions that demonstrate a desire to achieve the greatest well-being for patients/clients.

7D5.19 Abide by the clinical facility's policies and procedures for informed consent.

7D5.20 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.

7D5.21 Seek assistance from appropriate resources (internal and external) throughout duration of clinical experience.

7D5.22 Accept responsibility for decisions and actions during the clinical experience.

7D5.23 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.

7D5.24 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.

7D5.25 Achieve their individualized professionalism goals as indicated on their Introduction to Clinical Site *form*.

7D5.26 Meet performance expectations for each of the *Red Flag Criteria* on the APTA's Physical Therapist *Clinical Performance Instrument*. (Numbered 1, 2, 3, 4, and 7)

7D5.27 Seek feedback from clinical faculty regarding their professional behaviors and incorporate feedback into biweekly progress summary forms submitted to school.

7D5.28 Identify areas in which they need to further develop professional behaviors and indicate these on the biweekly progress summary forms submitted to school.

7D5.29 Link results of self-assessment to effectiveness of care.

7D5.30 Participate in the planning and direction of the clinical education experience, through effective use and timely submission of the Patient Logging.

7D5.31 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.

7D5.32 Implement a plan to address each area identified from assessment activities.

7D5.33 React professionally and responsibly to feedback and outcomes.

7D5.34 Collaborate with other students in the clinical setting to seek and provide assessment.

7D5.35 Mentor other students or support personnel, and seek opportunities to participate in mentoring relationships with clinical supervisors and others, as opportunities present.

7D7: Communicate effectively with all stakeholders including patients/clients, family members, caregivers, practitioners, inter-professional team members, consumers, payers and policymakers.

7D7.1 Demonstrate culturally competent communication, both expressive and receptive, during all patient/client and caregiver interactions throughout the clinical experience.

7D7.2 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.

7D7.3 Self-assess and seek feedback in communications skills throughout the clinical experience.

7D7.4 Demonstrate progress toward and achievement of their individualized communications goal as indicated on the PTHP8191 *Introduction to Clinical Site form*.

7D7.5 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.

7D8: Identify, respect and act with consideration for patients/clients differences, values, preferences and expressed needs in all professional activities.

7D8.1 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.

7D8.2 Incorporate awareness and understanding of cultural influences into all interactions with patients/clients, their families and caregivers, and other members of the healthcare team.

7D8.3 Incorporate appropriate methods to determine cultural influences that may affect patients'/clients' care and outcomes.

7D52.19 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.

7D10: Apply current knowledge, theory and professional judgement while considering the patient/client perspective, the environment, and available resources.

7D10.1 Apply learned models for clinical decision-making.

7D10.2 Demonstrate openness to contradictory ideas and determine solutions through logical consideration of these ideas.

7D10.3 Provide sound justification for clinical decisions.

- 7D10.4 Evaluate effectiveness of decisions made and alter actions/decisions accordingly.
- 7D10.5 Demonstrate responsibility for obtaining necessary information to support clinical decisions.
- 7D10.6 Demonstrate independent responsibility for increasing knowledge through seeking information to enhance clinical decision making.

7D11: Identify, evaluate and integrate the best evidence for practice with clinical judgement and patient/client values, needs, and preferences to determine the best care for a patient/client.

- 7D11.1 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.
- 7D11.2 Critically review in-services or other presented information based on familiarity and/or review of current literature.
- 7D11.3 Participate in activities at the clinical site as opportunities present, such as journal clubs, study groups, etc.
- 7D11.4 Differentiate traditional intervention methods from practices that are based on evidence.
- 7D11.5 Seek and report on disconfirming evidence in the process of making clinical decisions.
- 7D11.6 Select and use appropriate outcomes measures for assessing effectiveness of patient care.

7D12: Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.

- 7D12.1 Present educational in-service programs to physical therapy or other personnel as required by clinical site.
- 7D12.2 Select appropriate topic for staff educational programs as required by clinical site.
- 7D12.3 Modify delivery of information to incorporate teaching and learning theory and considering the needs of the target audience.
- 7D12.4 Evaluate effectiveness of educational programs by seeking and responding to feedback from participants.
- 7D12.5 Provide education of patients/clients with musculoskeletal dysfunction and aerobic deconditioning.
- 7D12.6 Participate in planning and presentation of educational programs for clinical staff and others on topics consistent with their current scope of knowledge.

7D13: Participate in professional and community organizations and the available opportunities for volunteerism, advocacy and leadership

- 7D13.1 Participate in professional activities beyond the practice setting that become available to them during their clinical experience.
- 7D13.2 Promote the profession by modeling professional behaviors and involvement and responding appropriately to others' questions about the profession
- 7D13.3 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
- 7D13.4 Participate in any community or volunteer programs that exist at the clinical site to which they are assigned.

7D14: Advocate for the profession and the healthcare needs of society through legislative and political processes

7D14.1 Participate through communication and volunteer activities addressing advocacy when opportunities arise during the clinical education experience.

7D14.2 Respond to efforts by professional associations to influence legislative and political processes when presented with opportunities.

7D14.3 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.

7D16: Determine when patients/clients need further examination or consultation by a PT or referral to another health care professional

7D16.1 Operate within their current scope of knowledge based on academic preparation when selecting screening procedures and evaluating screening results.

7D16.2 Perform screening activities in a technically competent manner and according to guidelines and policies of the clinical site.

7D16.3 Recognize signs and symptoms from screening procedures that indicate the need for further examination or referral to other health care professionals.

7D16.4 Recognize screening results that fall outside age-related norms for all body systems.

7D16.5 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.

7D18: Perform a systems review

7D18.1 Conduct a systems review to determine patients'/clients' need for further aerobic assessment

7D18.2 Conduct a systems review to assess the musculoskeletal system and determine the patients'/clients' need for further tests and measures with regards to ROM, strength and posture.

7D18.3 Conduct a systems review of the neurological system and assess motor control and gross movement to determine the patients'/clients' need for further tests and measures

7D18.4 Conduct a systems review to assess the cognition and determine the patients'/clients' need for further tests and measures with cognition, attention and learning styles.

7D18.5 Conduct a systems review to assess the integumentary system and determine the patients'/clients' need for further tests and measures with regards to skin integrity.

7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status including, but not limited to, those that assess:

7D19.1 Perform technically competent examination procedures, modifying approaches according to patients'/clients' responses and age-related norms, including the following:

7D19a Aerobic capacity/Endurance

7D19.a.1 Assess patients'/clients' cardiovascular and pulmonary systems' responses to exercise and conditioning activities.

7D19b Anthropometric characteristics

7D19d Balance

7D19e Circulation (heart rate and rhythm, blood pressure, ventilation patterns)

- 7D19f Self-care and civic, domestic, social, work life (Ergonomics and body mechanics, Self-care and ability to resume pre-injury activity levels in home, work, community and leisure settings)
- 7D19g Cranial and peripheral nerve (through dermatomal and myotomal examinations, tissue tension testing)
- 7D19h Environmental factor (Environmental barriers)
- 7D19i Gait: Safety with assistive gait devices
 - 7D19i.1 Examine use and safety with assistive gait or other locomotive devices
 - 7D19i.2 Examine gait and locomotion with or without use of assistive, adaptive, orthotic, protective, supportive or prosthetic devices or equipment.
- 7D19j Integumentary integrity
- 7D19k Joint integrity and motion:
- 7D19l Mental functions (cognition and alertness)
- 7D19m Mobility (including locomotion): Gait quality, use of AD
- 7D19o Muscle performance Muscle strength, power and endurance
- 7D19q Pain
- 7D19r Posture
- 7D19s ROM
- 7D19t Reflex integrity
- 7D19u Sensory integrity
- 7D19v Skeletal integrity
- 7D19w Ventilation and Respiration
- 7D19.2 Complete screening procedures within allotted time frames, according to facility/clinical supervisor guidelines.
- 7D19.3 Accurately document data obtained from tests and measures.

- 7D20: Evaluate data from the examination (history, health record, systems review, tests, and measures) to make clinical judgements
 - 7D20.1 Interpret examination data to establish diagnoses within their current knowledge base.
 - 7D20.2 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.
 - 7D20.3 Support clinical judgments based on current evidence.
 - 7D20.4 Consider other factors that influence patients'/clients' health status, needs and prognosis: medical, social, psychosocial, psychological.
 - 7D20.5 Recognize the need for periodic re-examination and re-evaluation.

- 7D22: Determine a diagnosis that guides future patient/client management
 - 7D22.1 Perform differential diagnostic procedures to rule out or confirm competing diagnoses.
 - 7D22.2 Establish impairment-based diagnoses for patients/clients with acquired non-progressive or progressive conditions or injuries.
 - 7D22.3 Determine accurate diagnoses for patients/clients across the life span.

7D22.4 Perform periodic re-examinations of patients/clients, according to changes in patient/client status and facility guidelines, to evaluate for changes in diagnosis/prognosis.

7D23: Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes

7D23.1 Consider multiple factors that influence outcomes and discharge potential for patients/clients, including past medical history, socioeconomic and psychological factors, and cultural influences.

7D23.2 Determine realistic prognoses for patients/clients, based on clinical findings, diagnosis, and factors listed above.

7D24: Establish a safe and effective plan of care in collaboration with appropriate stakeholders including patients/clients, family members, payers, other professionals and other appropriate individuals.

7D24.1 Obtain informed consent from patient/client or responsible party according to clinical facility procedures.

7D24.2 Consider indications/contraindications associated with available interventions when developing a plan of care.

7D24.3 Develop a plan of care that includes strategies and interventions consistent with the established diagnosis and prognosis.

7D24.4 Consider limitations in service availability or other resources when determining development of effective and efficient plan of care.

7D24.5 Consider availability of support personnel and will determine appropriate levels for their involvement in the delivery of plans of care.

7D24.6 Progress patients/clients through established plans of care, based on expected outcomes, changes in patient/client status, and patient/client response to interventions.

7D52.19 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.

7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:

7D27.1 Perform technically competent interventions as part of the plan of care for patients/clients with various conditions or diagnoses, including:

7D27a Airway clearance techniques

7D27a.1 Breathing and airway clearance strategies

7D27a.2 Assisted cough/huff techniques

7D27a.3 Modified breathing techniques

7D27a.4 Manual techniques: chest percussion and vibration

7D27a.5 Pulmonary postural drainage

7D27b Assistive technology prescription, application, fabrication

7D27b.1 Prescription, application, and (as appropriate) fabrication of devices and equipment, including:

7D27b.2 Adaptive equipment, such as raised toilet seats

7D27b.3 Assistive devices, including gait devices and reachers

7D27b.4 Upper extremity splints to relieve stresses in the presence of certain musculoskeletal dysfunction/impairments

- 7D27b.5 Upper extremity slings and cervical collars for support/protection in the presence of certain musculoskeletal dysfunction/impairments
- 7D27b.6 Mechanical modalities including: Spinal traction, continuous passive motion and compression therapies
- 7D27c Biophysical Agents
 - 7D27c.1 Electrotherapeutic agents as adjunct for treatment of musculoskeletal conditions
 - 7D27c.2 Cold and heat agents as adjunct for treatment of musculoskeletal conditions
 - 7D27c.3 Mechanical devices, including spinal traction and continuous passive motion
- 7D27d Functional Training in self-care and in domestic, education, work, community, social and civic life
- 7D27e Integumentary repair and protection techniques,
 - 7D27e.1 Wound cleansing and debridement
 - 7D27e.2 Selection and application of dressings
 - 7D27e.3 Selection and application of topical agents
- 7D27f Manual Therapy Techniques
 - 7D27f.1 Therapeutic massage
 - 7D27f.2 Mobilization and manipulation techniques (soft tissue and spinal and peripheral joints, thrust and non-thrust techniques)
- 7D27g Motor function training
 - 7D27g.1 Balance training, gait training with assistive devices
- 7D27h Patient/client education
- 7D27i Therapeutic exercise
 - 7D27i.1 Aerobic capacity/endurance conditioning or reconditioning
 - 7D27i.2 Coordination and agility training for patients/clients with musculoskeletal dysfunction
 - 7D27i.3 Body mechanics and postural stabilization
 - 7D27i.4 Flexibility exercises
 - 7D27i.5 Gait training for patients/clients with musculoskeletal dysfunction
 - 7D27i.6 General relaxation techniques
 - 7D27i.7 Strength, power and endurance training for spine and extremities
 - 7D27i.8 Functional training, including:
 - 7D27i.8.1 ADL training for self-care, bed mobility and transfers for patients/clients with musculoskeletal dysfunction and/or aerobic deconditioning
 - 7D27i.8.2 Safe use of assistive gait and other ADL/adaptive devices
 - 7D27i.8.3 Techniques to prevent or reduce risk of re-injury, including task modification and use of appropriate assistive devices or adaptive equipment
 - 7D27i.8.4 Modification or adaptation to environmental barriers
 - 7D27i.8.5 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

- 7D27i.9 AOL training for self-care, bed mobility and transfers for patients/clients with musculoskeletal dysfunction and/or aerobic deconditioning
- 7D27i.10 Safe use of assistive gait and other AOL/adaptive devices in the presence of musculoskeletal dysfunction and/or aerobic deconditioning
- 7D27i.11 Techniques to prevent or reduce risk of re-injury, including task modification and use of appropriate assistive devices or adaptive equipment
- 7D27i.12 Passive range of motion for spinal and peripheral joints

7D29: Delineate and communicate, and supervise those areas of the plan of care that will be delegated to the PTA

- 7D29.1 Provide direction to support personnel as guided by clinical supervisor to do so, abiding by all state regulations and facility policies and procedures.
- 7D29.2 Exhibit professional judgment and decision-making in determining tasks that may be directed to support personnel.

7D30: Monitor and adjust the plan of care in response to patient/client status

- 7D30.1 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.

7D31: Assess patient outcomes including the use of appropriate standardized tests and measures that address impairments, functional status and participation

- 7D31.1 Participate in the determination of appropriate outcomes measures with clinical supervisors in the clinical setting to which they are assigned.
- 7D31.2 Collect and record outcomes data in accordance with systems and procedures that exist in the clinical setting to which they are assigned.
- 7D31.3 Provide recommendations for developing clinical pathways or guidelines based on outcomes data.

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- 7D32.1 Produce documentation that follows facility guidelines for timeliness and format.
- 7D32.2 Produce documentation that is accurate, concise and professionally and technically correct.

7D33: Respond effectively to patient/client and environmental emergencies in one's practice setting

- 7D33.1 Observe safety standards and regulations in the clinical setting.
- 7D33.2 Employ emergency management techniques during each patient/client interaction and at all other times in the clinical setting.
- 7D33.3 Familiarize themselves with facility-specific emergency management procedures.

7D34: Provide PT services that address primary, secondary, and tertiary prevention, health promotion, and wellness to individuals, groups and communities.

- 7D34.1 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.

7D34.2 Incorporate principles of wellness, fitness and prevention to all populations, including those with existing conditions or diagnoses.

7D34.3 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.

7D34.4 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.

7D35: Provide care through direct access

7D35.1 Abide by state regulations for providing services via direct access and for consultation when appropriate for patients/clients in the assigned clinical setting.

7D5.21 Treat patients/clients within the scope of their expertise

7D36: Participate in the case management process

7D36.1 Manage the appropriate volume and variety patient caseload in the assigned clinical setting with the clinical supervisor's input and direction.

7D36.2 Manage scheduling and coordinating a portion of a caseload as prescribed by the clinical supervisor in the assigned clinical setting.

7D36.3 Modify schedule as needed to accommodate patient/client and facility needs.

7D37: Assess safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the inter-professional healthcare team

7D37.1 Employ effective techniques of infection control in an outpatient general/orthopedic setting to reduce risk to patients/clients, others and self.

7D12.8 Recognize screening results that fall outside age-related norms for all body systems.

7D12.9 Screen patients/clients for potentially serious complications or secondary effects of primary diagnosis (such as deep vein thrombosis) and respond accordingly to findings.

7D39: Participate in the provision of patient-centered inter-professional collaborative care

7D39.1 Adhere to facility guidelines for communication to other practitioners to ensure continuity of care.

7D39.2 Respond appropriately in a situation of a difference of opinion about case management for patients/clients in the assigned clinical setting.

7D39.3 Coordination, communication and documentation of patient/client care, including that related to coordinating care with other members of the health care team through documentation and care planning activities.

7D41: Assess health care policies and their potential impact on the healthcare environment and practice

7D41.1 Demonstrate professional behaviors in addressing challenges regarding practice issues in the clinical setting.

7D41.2 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.

7D42: Participate in the financial management of the practice setting, including billing and payment for service rendered

7D42.1 Submit timely, accurate and appropriately recorded documentation of services provided to patients/clients in a manner consistent with facility guidelines for billing.

7D42.2 Use resources effectively and efficiently, demonstrating recognition and respect for clinical facility as a business.

7D42.3 Demonstrate respect for the multiple responsibilities of clinical supervisor and other personnel.

7D43: Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement

7D43.1 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.

Revised August 2007

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Revised May 2018

Reviewed February 2021

PTHP 9292: Clinical Experience II: Year 3, Semester 8

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).

Course Objectives

At the conclusion of this course, the AU DPT student will be able to:

7D1: Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

7D1.1 Participate in the orientation process to the clinical facility, including orientation to clinical facility policies and procedures.

7D1.2 Identify appropriate resources available to them during their clinical assignment to assist them with identifying relevant regulations.

7D2: Report to appropriate authorities suspected cases of abuse of vulnerable populations

7D12.6 Recognize situations in the clinical setting in which screening for effects of elder abuse, domestic violence, mental illness, and/or substance abuse is indicated

7D12.7 Approach situations in which elder abuse, domestic violence, mental illness and/or substance abuse with sensitivity and professionalism.

7D4: Practice in a manner consistent with APTA Code of Ethics

7D4.1 Abide by positions and guidelines for reporting any observed questionable practices or behaviors to the school.

7D5: Practice in a manner consistent with APTA Core Values

7D5.1 Accept responsibility for decisions and actions by admitting errors and taking steps toward corrective action where possible.

7D5.2 Demonstrate progress toward individualized clinical goals as established on by their *pre-clinical goals form*.

7D5.3 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.

7D5.4 Actively seek feedback from clinical faculty regarding efforts to change behavior.

7D5.5 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.

7D5.6 Complete and submit *Patient Case Logs* according to the prescribed guidelines to ensure compliance with program expectations and outcomes for entry-level by graduation.

7D5.7 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.

7D5.8 Display expected levels of professionalism throughout the clinical experience.

7D5.9 Participate in making clinical decisions regarding continuing care for patients/clients whose insurance coverage or other resources have become exhausted.

7D5.10 Participate in *pro bono* service opportunities as available during the clinical experience.

7D5.11 Participate in identifying alternate resources to meet patients' needs when necessary.

7D5.12 Participate in activities to advocate for patients to have access and fiscal resources to meet their needs.

7D5.13 Discuss ideas for implementing *pro bono* services within their assigned clinical facility, as appropriate.

7D5.14 Recognize socio-cultural, economic, and psychological influences on patients/clients in whose care they are involved.

7D5.15 Discuss the impact of socio-cultural, economic, and psychological influences on patients'/clients' care and experiences with the healthcare system.

7D5.16 Account for the impact of socio-cultural, economic, and psychological factors in plans of care they develop for patients/clients.

7D5.17 Respond to patients in a positive manner without evidence of social, cultural, gender and sexual biases during the clinical experience.

7D5.18 Exhibit actions that demonstrate a desire to achieve the greatest well-being for patients/clients.

7D5.19 Abide by the clinical facility's policies and procedures for informed consent.

7D5.20 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.

7D5.21 Seek assistance from appropriate resources (internal and external) throughout duration of clinical experience.

7D5.22 Accept responsibility for decisions and actions during the clinical experience.

7D5.23 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.

7D5.24 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.

7D5.25 Achieve their individualized professionalism goals as indicated on their Introduction to Clinical Site *form*.

7D5.26 Meet entry-level performance expectations for each of the *Red Flag Criteria* on the APTA's Physical Therapist *Clinical Performance Instrument*. (numbers 1, 2, 3, 4, and 7)

7D5.27 Seek feedback from clinical faculty regarding their professional behaviors and incorporate feedback into biweekly progress summary forms submitted to school.

7D5.28 Identify areas in which they need to further develop professional behaviors and indicate these on the biweekly progress summary forms submitted to school.

7D5.29 Link results of self-assessment to effectiveness of care.

7D5.30 Participate in the planning and direction of the clinical education experience, through effective use and timely submission of the Patient Logging.

7D5.31 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.

7D5.32 Implement a plan to address each area identified from assessment activities.

7D5.33 React professionally and responsibly to feedback and outcomes.

7D5.34 Collaborate with other students in the clinical setting to seek and provide assessment.

7D5.35 Mentor other students or support personnel, and seek opportunities to participate in mentoring relationships with clinical supervisors and others, as opportunities present.

7D7: Communicate effectively with all stakeholders including patients/clients, family members, caregivers, practitioners, inter-professional team members, consumers, payers and policymakers.

7D7.1 Demonstrate culturally competent communication, both expressive and receptive, during all patient/client and caregiver interactions throughout the clinical experience.

7D7.2 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.

7D7.3 Self-assess and seek feedback in communications skills throughout the clinical experience.

7D7.4 Demonstrate progress toward and achievement of their individualized communications goal as indicated on the PTHP 9292 *Introduction to Clinical Site form*.

7D7.5 Provide constructive feedback related to the clinical experience, including quality of instruction, clinical site, and clinical education program, upon completion of the clinical experience.

7D8: Identify, respect and act with consideration for patients/clients differences, values, preferences and expressed needs in all professional activities.

7D8.1 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.

7D8.2 Incorporate awareness and understanding of cultural influences into all interactions with patients/clients, their families and caregivers, and other members of the healthcare team.

7D8.3 Incorporate appropriate methods to determine cultural influences that may affect patients'/clients' care and outcomes.

7D8.4 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.

7D10: Apply current knowledge, theory and professional judgement while considering the patient/client perspective, the environment, and available resources.

7D10.1 Apply learned models for clinical decision-making.

7D10.2 Demonstrate openness to contradictory ideas and determine solutions through logical consideration of these ideas.

7D10.3 Provide sound justification for clinical decisions.

7D10.4 Evaluate effectiveness of decisions made and alter actions/decisions accordingly.

7D10.5 Demonstrate responsibility for obtaining necessary information to support clinical decisions.

7D10.6 Demonstrate independent responsibility for increasing knowledge through seeking information to enhance clinical decision making.

7D11: Identify, evaluate and integrate the best evidence for practice with clinical judgement and patient/client values, needs, and preferences to determine the best care for a patient/client.

7D11.1 ACCE/DCEss and report on information technology methods used to gather information that supports clinical decisions or follows up on assignments given in the clinical setting.

7D11.2 Critically review in-services or other presented information based on familiarity and/or review of current literature.

7D11.3 Participate in activities at the clinical site as opportunities present, such as journal clubs, study groups, etc.

7D11.4 Differentiate traditional intervention methods from practices that are based on evidence.

7D11.5 Seek and report on disconfirming evidence in the process of making clinical decisions.

7D11.6 Select and use appropriate outcomes measures for assessing effectiveness of patient care.

7D12: Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.

7D12.1 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.

7D12.2 Modify delivery of information to incorporate teaching and learning theory and considering the needs of the target audience.

7D12.3 Evaluate effectiveness of educational programs by seeking and responding to feedback from participants.

7D12.4 Provide education of patients/clients and their caregivers that is consistent with the established goals and plan of care.

7D12.5 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.

7D13: Participate in professional and community organizations and the available opportunities for volunteerism, advocacy and leadership

7D13.1 Participate in professional activities beyond the practice setting that become available to them during their clinical experience.

7D13.2 Promote the profession by modeling professional behaviors and involvement and responding appropriately to others' questions about the profession

7D13.3 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

7D13.4 Participate in any community or volunteer programs that exist at the clinical site to which they are assigned.

7D14: Advocate for the profession and the healthcare needs of society through legislative and political processes

7D14.1 Participate through communication and volunteer activities addressing advocacy when opportunities arise during the clinical education experience.

7D14.2 Respond to efforts by professional associations to influence legislative and political processes when presented with opportunities,

7D14.3 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.

7D18: Perform a systems review

7D18.1 Perform system reviews on all body systems and cognition to prioritize tests and measures for patients/clients with various general medical, neurological or complex conditions.

7D18.2 Perform technically competent systems review on all body systems and cognition.

7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status including, but not limited to, those that assess:

7D19.1 Perform technically competent examination procedures, modifying approaches according to patients'/clients' responses and age-related norms, including the following:

7D19a Aerobic capacity/Endurance

7D19.a.1 Assess patients'/clients' cardiovascular and pulmonary systems' responses to exercise and conditioning activities.

7D19b Anthropometric characteristics

7D19d Balance

7D19e Circulation (heart rate and rhythm, blood pressure, ventilation patterns)

7D19f Self-care and civic, domestic, social, work life (Ergonomics and body mechanics, Self-care and ability to resume pre-injury activity levels in home, work, community and leisure settings)

7D19g Cranial and peripheral nerve (through dermatomal and myotomal examinations, tissue tension testing)

7D19g.1 Participate in electrophysiological examination, if available at clinical site, with direction and supervision of appropriate provider.

7D19h Environmental factor (Environmental barriers)

7D19i Gait: Safety with assistive gait devices

7D19i.1 Examine use and safety with assistive gait or other locomotive devices

7D19i.2 Examine gait and locomotion with or without use of assistive, adaptive, orthotic, protective, supportive or prosthetic devices or equipment.

7D19j Integumentary integrity

7D19k Joint integrity and motion:

7D19l Mental functions (cognition and alertness)

7D19m Mobility (including locomotion): Gait quality, use of AD

7D19o Muscle performance Muscle strength, power and endurance

7D19q Pain

7D19r Posture

7D19s ROM

7D19t Reflex integrity

7D19u Sensory integrity

7D19v Skeletal integrity

7D19w Ventilation and Respiration

7D19.2 Complete screening procedures within allotted time frames, according to facility/clinical supervisor guidelines.

7D19.3 Accurately document data obtained from tests and measures.

7D20: Evaluate data from the examination (history, health record, systems review and tests and measures) to make clinical judgements

7D20.1 Interpret examination data to establish diagnoses within their current knowledge base.

7D20.2 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.

7D20.3 Support clinical judgments based on current evidence.

7D20.4 Consider other factors that influence patients'/clients' health status, needs and prognosis: medical, social, psychosocial, psychological.

7D20.5 Recognize the need for periodic re-examination and re-evaluation.

7D22: Determine a diagnosis that guides future patient/client management

7D22.1 Perform differential diagnostic procedures to rule out or confirm competing diagnoses.

7D22.2 Establish impairment-based diagnoses for patients/clients with acquired non-progressive or progressive conditions or injuries.

7D22.3 Determine accurate diagnoses for patients/clients across the life span.

7D22.4 Perform periodic re-examinations of patients/clients, according to changes in patient/client status and facility guidelines, to evaluate for changes in diagnosis/prognosis.

7D23: Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes

7D23.1 Consider multiple factors that influence outcomes and discharge potential for patients/clients, including past medical history, socioeconomic and psychological factors, and cultural influences.

7D23.2 Determine realistic prognoses for patients/clients, based on clinical findings, diagnosis, and factors listed above.

7D24: Establish a safe and effective plan of care in collaboration with appropriate stakeholders including patients/clients, family members, payers, other professionals and other appropriate individuals.

7D24.1 Obtain informed consent from patient/client or responsible party according to clinical facility procedures.

7D24.2 Consider indications/contraindications associated with available interventions when developing a plan of care.

7D24.3 Develop a plan of care that includes strategies and interventions consistent with the established diagnosis and prognosis.

7D24.4 Consider limitations in service availability or other resources when determining development of effective and efficient plan of care.

7D24.5 Consider availability of support personnel and will determine appropriate levels for their involvement in the delivery of plans of care.

7D24.6 Progress patients/clients through established plans of care, based on expected outcomes, changes in patient/client status, and patient/client response to interventions.

7D24.7 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.

7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:

- 7D27.1 Perform technically competent interventions as part of the plan of care for patients/clients with various conditions or diagnoses, including:
 - 7D27a Airway clearance techniques
 - 7D27a.1 Breathing and airway clearance strategies
 - 7D27a.2 Assisted cough/huff techniques
 - 7D27a.3 Modified breathing techniques
 - 7D27a.4 Manual techniques: chest percussion and vibration
 - 7D27a.5 Pulmonary postural drainage
 - 7D27b Assistive technology prescription, application, fabrication
 - 7D27b.1 Prescription, application, and (as appropriate) fabrication of devices and equipment, including:
 - 7D27b.2 Adaptive equipment, such as raised toilet seats
 - 7D27b.3 Assistive devices, including gait devices and reachers
 - 7D27b.4 Upper extremity splints to relieve stresses in the presence of certain musculoskeletal dysfunction/impairments
 - 7D27b.5 Upper extremity slings and cervical collars for support/protection in the presence of certain musculoskeletal dysfunction/impairments
 - 7D27b.6 Mechanical modalities including: Spinal traction, continuous passive motion and compression therapies
 - 7D27c Biophysical Agents
 - 7D27c.1 Electrotherapeutic agents as adjunct for treatment of musculoskeletal conditions
 - 7D27c.2 Cold and heat agents as adjunct for treatment of musculoskeletal conditions
 - 7D27c.3 Mechanical devices, including spinal traction and continuous passive motion
 - 7D27d Functional Training in self-care and in domestic, education, work, community, social and civic life
 - 7D27e Integumentary repair and protection techniques,
 - 7D27e.1 Wound cleansing and debridement
 - 7D27e.2 Selection and application of dressings
 - 7D27e.3 Selection and application of topical agents
 - 7D27f Manual Therapy Techniques
 - 7D27f.1 Therapeutic massage
 - 7D27f.2 Mobilization and manipulation techniques (soft tissue and spinal and peripheral joints, thrust and non-thrust techniques)
 - 7D27g Motor function training
 - 7D27g.1 Balance training, gait training with assistive devices
 - 7D27h Patient/client education
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 - 7D27i.1 Aerobic capacity/endurance conditioning or reconditioning
 - 7D27i.2 Coordination and agility training for patients/clients with musculoskeletal dysfunction
 - 7D27i.3 Body mechanics and postural stabilization
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 - 7D27i.6 General relaxation techniques
 - 7D27i.7 Strength, power and endurance training for spine and extremities
 - 7D27i.8 Functional training, including:

- 7D27i.8.1 ADL training for self-care, bed mobility and transfers
- 7D27i.8.2 Safe use of assistive gait and other ADL/adaptive devices
- 7D27i.8.3 Techniques to prevent or reduce risk of re-injury, including task modification and use of appropriate assistive devices or adaptive equipment
- 7D27i.8.4 Modification or adaptation to environmental barriers
- 7D27i.8.5 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
- 7D27i.9 AOL training for self-care, bed mobility and transfers for patients/clients with musculoskeletal dysfunction and/or aerobic deconditioning
- 7D27i.10 Safe use of assistive gait and other AOL/adaptive devices in the presence of musculoskeletal dysfunction and/or aerobic deconditioning
- 7D27i.11 Techniques to prevent or reduce risk of re-injury, including task modification and use of appropriate assistive devices or adaptive equipment
- 7D27i.12 Passive range of motion for spinal and peripheral joints
- 7D29: Delineate and communicate, and supervise those areas of the plan of care that will be delegated to the PTA
 - 7D29.1 Provide direction to support personnel as guided by clinical supervisor to do so, abiding by all state regulations and facility policies and procedures.
 - 7D29.2 Exhibit professional judgment and decision-making in determining tasks that may be directed to support personnel.
- 7D30: Monitor and adjust the plan of care in response to patient/client status
 - 7D30.1 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.
- 7D31: Assess patient outcomes including the use of appropriate standardized tests and measures that address impairments, functional status and participation
 - 7D31.1 Participate in the determination of appropriate outcomes measures with clinical supervisors in the clinical setting to which they are assigned.
 - 7D31.2 Collect and record outcomes data in accordance with systems and procedures that exist in the clinical setting to which they are assigned.
 - 7D31.3 Provide recommendations for developing clinical pathways or guidelines based on outcomes data.
- 7D32: Complete documentation that follows guidelines and specific documentation format required by state practice acts, the practice setting, and other regulatory agencies.
 - 7D32.1 Produce documentation that follows facility guidelines for timeliness and format.
 - 7D32.2 Produce documentation that is accurate, concise and professionally and technically correct.
- 7D33: Respond effectively to patient/client and environmental emergencies in one's practice setting
 - 7D33.1 Observe safety standards and regulations in the clinical setting.
 - 7D33.2 Employ emergency management techniques during each patient/client interaction and at all other times in the clinical setting.

- 7D33.3 Familiarize themselves with facility-specific emergency management procedures.
- 7D34: Provide PT services that address primary, secondary, and tertiary prevention, health promotion, and wellness to individuals, groups and communities.
 - 7D34.1 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.
 - 7D34.2 Incorporate principles of wellness into patient encounters to include fitness and prevention to all populations, including those with existing conditions or diagnoses.
 - 7D34.3 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.
 - 7D34.4 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.
 - 7D34.5 Screen patients in a technically competent manner and according to guidelines and policies of the clinical site.
- 7D35: Provide care through direct access
 - 7D35.1 Abide by state regulations for providing services via direct access and for consultation when appropriate for patients/clients in the assigned clinical setting.
 - 7D35.2 Treat patients/clients within the scope of their expertise
- 7D36: Participate in the case management process
 - 7D36.1 Manage the appropriate volume and variety patient caseload in the assigned clinical setting with the clinical supervisor's input and direction.
 - 7D36.2 Manage scheduling and coordinating a portion of a caseload as prescribed by the clinical supervisor in the assigned clinical setting.
 - 7D36.3 Modify schedule as needed to accommodate patient/client and facility needs.
- 7D37: Assess safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the inter-professional healthcare team
 - 7D37.1 Employ effective techniques of infection control in an outpatient general/orthopedic setting to reduce risk to patients/clients, others and self.
 - 7D37.2 Identify screening results that fall outside age-related norms for all body systems.
 - 7D37.3 Screen patients/clients for potentially serious complications or secondary effects of primary diagnosis (such as deep vein thrombosis) and respond accordingly to findings.
- 7D39: Participate in the provision of patient-centered inter-professional collaborative care
 - 7D39.1 Adhere to facility guidelines for communication to other practitioners to ensure continuity of care.
 - 7D39.2 Respond appropriately in a situation of a difference of opinion about case management for patients/clients in the assigned clinical setting.
 - 7D39.3 Coordination, communication and documentation of patient/client care, including that related to coordinating care with other members of the health care team through documentation and care planning activities.

7D39.4 Participate in the referral process as appropriate.

7D39.5 Recognize signs and symptoms from screening procedures that indicate the need for further examination or referral to other health care professionals.

7D41: Assess health care policies and their potential impact on the healthcare environment and practice

7D41.1 Demonstrate professional behaviors in addressing challenges regarding practice issues in the clinical setting.

7D41.2 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.

7D42: Participate in the financial management of the practice setting, including billing and payment for service rendered

7D42.1 Submit timely, accurate and appropriately recorded documentation of services provided to patients/clients in a manner consistent with facility guidelines for billing.

7D42.2 Use resources effectively and efficiently, demonstrating recognition and respect for clinical facility as a business.

7D42.3 Demonstrate respect for the multiple responsibilities of clinical supervisor and other personnel.

August 2007

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PTHP 9393: Clinical Experience III: Year 3, Semester 9

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).

Course Objectives

At the conclusion of this course, the AU DPT student will be able to:

7D1: Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

7D1.1 Participate in the orientation process to the clinical facility, including orientation to clinical facility policies and procedures.

7D1.2 Identify appropriate resources available to them during their clinical assignment to assist them with identifying relevant regulations.

7D2: Report to appropriate authorities suspected cases of abuse of vulnerable populations

7D12.6 Recognize situations in the clinical setting in which screening for effects of elder abuse, domestic violence, mental illness, and/or substance abuse is indicated

7D12.7 Approach situations in which elder abuse, domestic violence, mental illness and/or substance abuse with sensitivity and professionalism.

7D4: Practice in a manner consistent with APTA Code of Ethics

7D4.1 Abide by positions and guidelines for reporting any observed questionable practices or behaviors to the school.

7D5: Practice in a manner consistent with APTA Core Values

7D5.1 Accept responsibility for decisions and actions by admitting errors and taking steps toward corrective action where possible.

7D5.2 Demonstrate progress toward individualized clinical goals as established on by their *pre-clinical goals form*.

7D5.3 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.

7D5.4 Actively seek feedback from clinical faculty regarding efforts to change behavior.

7D5.5 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.

7D5.6 Complete and submit *Patient Case Logs* according to the prescribed guidelines to ensure compliance with program expectations and outcomes for entry-level by graduation.

7D5.7 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.

7D5.8 Display expected levels of professionalism throughout the clinical experience.

7D5.9 Participate in making clinical decisions regarding continuing care for patients/clients whose insurance coverage or other resources have become exhausted.

7D5.10 Participate in *pro bono* service opportunities as available during the clinical experience.

7D5.11 Participate in identifying alternate resources to meet patients' needs when necessary.

7D5.12 Participate in activities to advocate for patients to have access and fiscal resources to meet their needs.

7D5.13 Discuss ideas for implementing *pro bono* services within their assigned clinical facility, as appropriate.

7D5.14 Recognize socio-cultural, economic, and psychological influences on patients/clients in whose care they are involved.

7D5.15 Discuss the impact of socio-cultural, economic, and psychological influences on patients'/clients' care and experiences with the healthcare system.

7D5.16 Account for the impact of socio-cultural, economic, and psychological factors in plans of care they develop for patients/clients.

7D5.17 Respond to patients in a positive manner without evidence of social, cultural, gender and sexual biases during the clinical experience.

7D5.18 Exhibit actions that demonstrate a desire to achieve the greatest well-being for patients/clients.

7D5.19 Abide by the clinical facility's policies and procedures for informed consent.

7D5.20 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.

7D5.21 Seek assistance from appropriate resources (internal and external) throughout duration of clinical experience.

7D5.22 Accept responsibility for decisions and actions during the clinical experience.

7D5.23 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.

7D5.24 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.

7D5.25 Achieve their individualized professionalism goals as indicated on their Introduction to Clinical Site *form*.

7D5.26 Meet entry-level performance expectations for each of the *Red Flag Criteria* on the APTA's Physical Therapist *Clinical Performance Instrument*. (numbered 1, 2, 3, 4, and 7)

- 7D5.27 Seek feedback from clinical faculty regarding their professional behaviors and incorporate feedback into biweekly progress summary forms submitted to school.
- 7D5.28 Identify areas in which they need to further develop professional behaviors and indicate these on the biweekly progress summary forms submitted to school.
- 7D5.29 Link results of self-assessment to effectiveness of care.
- 7D5.30 Participate in the planning and direction of the clinical education experience, through effective use and timely submission of the Patient Logging.
- 7D5.31 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.
- 7D5.32 Implement a plan to address each area identified from assessment activities.
- 7D5.33 React professionally and responsibly to feedback and outcomes.
- 7D5.34 Collaborate with other students in the clinical setting to seek and provide assessment.
- 7D5.35 Mentor other students or support personnel, and seek opportunities to participate in mentoring relationships with clinical supervisors and others, as opportunities present.

7D7: Communicate effectively with all stakeholders including patients/clients, family members, caregivers, practitioners, inter-professional team members, consumers, payers and policymakers.

- 7D7.1 Demonstrate culturally competent communication, both expressive and receptive, during all patient/client and caregiver interactions throughout the clinical experience.
- 7D7.2 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.
- 7D7.3 Self-assess and seek feedback in communications skills throughout the clinical experience.
- 7D7.4 Demonstrate progress toward and achievement of their individualized communications goal as indicated on the PTHP 9393 *Introduction to Clinical Site form*.
- 7D7.5 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.

7D8: Identify, respect and act with consideration for patients/clients differences, values, preferences and expressed needs in all professional activities.

- 7D8.1 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.
- 7D8.2 Incorporate awareness and understanding of cultural influences into all interactions with patients/clients, their families and caregivers, and other members of the healthcare team.
- 7D8.3 Incorporate appropriate methods to determine cultural influences that may affect patients'/clients' care and outcomes.

7D10: Apply current knowledge, theory and professional judgement while considering the patient/client perspective, the environment, and available resources.

- 7D10.1 Apply learned models for clinical decision-making.

- 7D10.2 Demonstrate openness to contradictory ideas and determine solutions through logical consideration of these ideas.
- 7D10.3 Provide sound justification for clinical decisions.
- 7D10.4 Evaluate effectiveness of decisions made and alter actions/decisions accordingly.
- 7D10.5 Demonstrate responsibility for obtaining necessary information to support clinical decisions.
- 7D10.6 Demonstrate independent responsibility for increasing knowledge through seeking information to enhance clinical decision making.

7D11: Identify, evaluate and integrate the best evidence for practice with clinical judgement and patient/client values, needs, and preferences to determine the best care for a patient/client.

- 7D11.1 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.
- 7D11.2 Critically review in-services or other presented information based on familiarity and/or review of current literature.
- 7D11.3 Participate in activities at the clinical site as opportunities present, such as journal clubs, study groups, etc.
- 7D11.4 Differentiate traditional intervention methods from practices that are based on evidence.
- 7D11.5 Seek and report on disconfirming evidence in the process of making clinical decisions.
- 7D11.6 Select and use appropriate outcomes measures for assessing effectiveness of patient care.

7D12: Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.

- 7D12.1 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.
- 7D12.2 Modify delivery of information to incorporate teaching and learning theory and considering the needs of the target audience.
- 7D12.3 Evaluate effectiveness of educational programs by seeking and responding to feedback from participants.
- 7D12.4 Provide education of patients/clients and their caregivers that is consistent with the established goals and plan of care.
- 7D12.5 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.

7D13: Participate in professional and community organizations and the available opportunities for volunteerism, advocacy and leadership

- 7D13.1 Participate in professional activities beyond the practice setting that become available to them during their clinical experience.
- 7D13.2 Promote the profession by modeling professional behaviors and involvement and responding appropriately to others' questions about the profession
- 7D13.3 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
- 7D13.4 Participate in any community or volunteer programs that exist at the clinical site to which they are assigned.

7D14: Advocate for the profession and the healthcare needs of society through legislative and political processes

7D14.1 Participate through communication and volunteer activities addressing advocacy when opportunities arise during the clinical education experience.

7D14.2 Respond to efforts by professional associations to influence legislative and political processes when presented with opportunities.

7D14.3 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.

7D16: Determine when patients/clients need further examination or consultation by a PT or referral to another health care professional

7D16.1 Perform screening activities in a technically competent manner and according to guidelines and policies of the clinical site.

7D16.2 Recognize signs and symptoms from screening procedures that indicate the need for further examination or referral to other health care professionals.

7D16.3 Recognize situations in the clinical setting in which screening for effects of elder abuse, domestic violence, mental illness, and/or substance abuse is indicated.

7D16.4 Approach situations in which elder abuse, domestic violence, mental illness and/or substance abuse with sensitivity and professionalism.

7D16.5 Recognize screening results that fall outside age-related norms for all body systems.

7D16.6 Screen patients/clients for potentially serious complications or secondary effects of primary diagnosis (such as deep vein thrombosis) and respond accordingly to findings.

7D18: Perform a systems review

7D18.1 Perform system reviews on all body systems and cognition to prioritize tests and measures for patients/clients with various general medical, neurological or complex conditions.

7D18.2 Perform technically competent systems review on all body systems and cognition.

7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status including, but not limited to, those that assess:

7D19.1 Perform technically competent examination procedures, modifying approaches according to patients'/clients' responses and age-related norms, including the following:

7D19a Aerobic capacity/Endurance

7D19.a.1 Assess patients'/clients' cardiovascular and pulmonary systems' responses to exercise and conditioning activities.

7D19b Anthropometric characteristics

7D19d Balance

7D19e Circulation (heart rate and rhythm, blood pressure, ventilation patterns)

7D19f Self-care and civic, domestic, social, work life (Ergonomics and body mechanics, Self-care and ability to resume pre-injury activity levels in home, work, community and leisure settings)

7D19g Cranial and peripheral nerve (through dermatomal and myotomal examinations, tissue tension testing)

7D19g.1 Participate in electrophysiological examination, if available at clinical site, with direction and supervision of appropriate provider.

- 7D19h Environmental factor (Environmental barriers)
- 7D19i Gait: Safety with assistive gait devices
 - 7D19i.1 Examine use and safety with assistive gait or other locomotive devices
 - 7D19i.2 Examine gait and locomotion with or without use of assistive, adaptive, orthotic, protective, supportive or prosthetic devices or equipment.
- 7D19j Integumentary integrity
- 7D19k Joint integrity and motion:
- 7D19l Mental functions (cognition and alertness)
- 7D19m Mobility (including locomotion): Gait quality, use of AD
- 7D19o Muscle performance Muscle strength, power and endurance
- 7D19q Pain
- 7D19r Posture
- 7D19s ROM
- 7D19t Reflex integrity
- 7D19u Sensory integrity
- 7D19v Skeletal integrity
- 7D19w Ventilation and Respiration
- 7D19.2 Complete screening procedures within allotted time frames, according to facility/clinical supervisor guidelines.
- 7D19.3 Accurately document data obtained from tests and measures.

7D20: Evaluate data from the examination (history, health record, systems review, tests, and measures) to make clinical judgements

- 7D20.1 Interpret examination data to establish diagnoses within their current knowledge base.
- 7D20.2 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.
- 7D20.3 Support clinical judgments based on current evidence.
- 7D20.4 Consider other factors that influence patients'/clients' health status, needs and prognosis: medical, social, psychosocial, psychological.
- 7D20.5 Recognize the need for periodic re-examination and re-evaluation.

7D22: Determine a diagnosis that guides future patient/client management

- 7D22.1 Perform differential diagnostic procedures to rule out or confirm competing diagnoses.
- 7D22.2 Establish impairment-based diagnoses for patients/clients with acquired non-progressive or progressive conditions or injuries.
- 7D22.3 Determine accurate diagnoses for patients/clients across the life span.
- 7D22.4 Perform periodic re-examinations of patients/clients, according to changes in patient/client status and facility guidelines, to evaluate for changes in diagnosis/prognosis.

7D23: Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes

7D23.1 Consider multiple factors that influence outcomes and discharge potential for patients/clients, including past medical history, socioeconomic and psychological factors, and cultural influences.

7D23.2 Determine realistic prognoses for patients/clients, based on clinical findings, diagnosis, and factors listed above.

7D24: Establish a safe and effective plan of care in collaboration with appropriate stakeholders including patients/clients, family members, payers, other professionals and other appropriate individuals.

7D24.1 Obtain informed consent from patient/client or responsible party according to clinical facility procedures.

7D24.2 Consider indications/contraindications associated with available interventions when developing a plan of care.

7D24.3 Develop a plan of care that includes strategies and interventions consistent with the established diagnosis and prognosis.

7D24.4 Consider limitations in service availability or other resources when determining development of effective and efficient plan of care.

7D24.5 Consider availability of support personnel and will determine appropriate levels for their involvement in the delivery of plans of care.

7D24.6 Progress patients/clients through established plans of care, based on expected outcomes, changes in patient/client status, and patient/client response to interventions.

7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:

7D27.1 Perform technically competent interventions as part of the plan of care for patients/clients with various conditions or diagnoses, including:

7D27a Airway clearance techniques

7D27a.1 Breathing and airway clearance strategies

7D27a.2 Assisted cough/huff techniques

7D27a.3 Modified breathing techniques

7D27a.4 Manual techniques: chest percussion and vibration

7D27a.5 Pulmonary postural drainage

7D27b Assistive technology prescription, application, fabrication

7D27b.1 Prescription, application, and (as appropriate) fabrication of devices and equipment, including:

7D27b.2 Adaptive equipment, such as raised toilet seats

7D27b.3 Assistive devices, including gait devices and reachers

7D27b.4 Upper extremity splints to relieve stresses in the presence of certain musculoskeletal dysfunction/impairments

7D27b.5 Upper extremity slings and cervical collars for support/protection in the presence of certain musculoskeletal dysfunction/impairments

7D27b.6 Mechanical modalities including: Spinal traction, continuous

passive motion and compression therapies

7D27c Biophysical Agents

7D27c.1 Electrotherapeutic agents as adjunct for treatment of musculoskeletal conditions

7D27c.2 Cold and heat agents as adjunct for treatment of musculoskeletal conditions

- 7D27c.3 Mechanical devices, including spinal traction and continuous passive motion
- 7D27d Functional Training in self-care and in domestic, education, work, community, social and civic life
- 7D27e Integumentary repair and protection techniques,
 - 7D27e.1 Wound cleansing and debridement
 - 7D27e.2 Selection and application of dressings
 - 7D27e.3 Selection and application of topical agents
- 7D27f Manual Therapy Techniques
 - 7D27f.1 Therapeutic massage
 - 7D27f.2 Mobilization and manipulation techniques (soft tissue and spinal and peripheral joints, thrust and non-thrust techniques)
- 7D27g Motor function training
 - 7D27g.1 Balance training, gait training with assistive devices
- 7D27h Patient/client education
- 7D27i Therapeutic exercise
 - 7D27i.1 Aerobic capacity/endurance conditioning or reconditioning
 - 7D27i.2 Coordination and agility training for patients/clients with musculoskeletal dysfunction
 - 7D27i.3 Body mechanics and postural stabilization
 - 7D27i.4 Flexibility exercises
 - 7D27i.5 Gait training for patients/clients with musculoskeletal dysfunction
 - 7D27i.6 General relaxation techniques
 - 7D27i.7 Strength, power and endurance training for spine and extremities
 - 7D27i.8 Functional training, including:
 - 7D27i.8.1 ADL training for self-care, bed mobility and transfers
 - 7D27i.8.2 Safe use of assistive gait and other ADL/adaptive devices
 - 7D27i.8.3 Techniques to prevent or reduce risk of re-injury, including task modification and use of appropriate assistive devices or adaptive equipment
 - 7D27i.8.4 Modification or adaptation to environmental barriers
 - 7D27i.8.5 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
 - 7D27i.9 ADL training for self-care, bed mobility and transfers for patients/clients with musculoskeletal dysfunction and/or aerobic deconditioning
 - 7D27i.10 Safe use of assistive gait and other AOL/adaptive devices in the presence of musculoskeletal dysfunction and/or aerobic deconditioning
 - 7D27i.11 Techniques to prevent or reduce risk of re-injury, including task modification and use of appropriate assistive devices or adaptive equipment
 - 7D27i.12 Passive range of motion for spinal and peripheral joints

7D29: Delineate and communicate, and supervise those areas of the plan of care that will be delegated to the PTA

7D29.1 Provide direction to support personnel as guided by clinical supervisor to do so, abiding by all state regulations and facility policies and procedures.

7D29.2 Exhibit professional judgment and decision-making in determining tasks that may be directed to support personnel.

7D30: Monitor and adjust the plan of care in response to patient/client status

7D30.1 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.

7D31: Assess patient outcomes including the use of appropriate standardized tests and measures that address impairments, functional status and participation

7D31.1 Participate in the determination of appropriate outcomes measures with clinical supervisors in the clinical setting to which they are assigned.

7D31.2 Collect and record outcomes data in accordance with systems and procedures that exist in the clinical setting to which they are assigned.

7D31.3 Provide recommendations for developing clinical pathways or guidelines based on outcomes data.

7D32: Complete documentation that follows guidelines and specific documentation format required by state practice acts, the practice setting, and other regulatory agencies.

7D32.1 Produce documentation that follows facility guidelines for timeliness and format.

7D32.2 Produce documentation that is accurate, concise and professionally and technically correct.

7D33: Respond effectively to patient/client and environmental emergencies in one's practice setting

7D33.1 Observe safety standards and regulations in the clinical setting.

7D33.2 Employ emergency management techniques during each patient/client interaction and at all other times in the clinical setting.

7D33.3 Familiarize themselves with facility-specific emergency management procedures.

7D34: Provide PT services that address primary, secondary, and tertiary prevention, health promotion, and wellness to individuals, groups and communities.

7D34.1 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.

7D34.2 Incorporate principles of wellness, fitness and prevention to all populations, including those with existing conditions or diagnoses.

7D34.3 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.

7D34.4 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.

7D35: Provide care through direct access

7D35.1 Abide by state regulations for providing services via direct access and for consultation when appropriate for patients/clients in the assigned clinical setting.

7D5.21 Treat patients/clients within the scope of their expertise

7D36: Participate in the case management process

7D36.1 Manage the appropriate volume and variety patient caseload in the assigned clinical setting with the clinical supervisor's input and direction.

7D36.2 Manage scheduling and coordinating a portion of a caseload as prescribed by the clinical supervisor in the assigned clinical setting.

7D36.3 Modify schedule as needed to accommodate patient/client and facility needs.

7D37: Assess safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the inter-professional healthcare team

7D37.1 Employ effective techniques of infection control in an outpatient general/orthopedic setting to reduce risk to patients/clients, others and self.

7D39: Participate in the provision of patient-centered inter-professional collaborative care

7D39.1 Adhere to facility guidelines for communication to other practitioners to ensure continuity of care.

7D39.2 Respond appropriately in a situation of a difference of opinion about case management for patients/clients in the assigned clinical setting.

7D39.3 Coordination, communication and documentation of patient/client care, including that related to coordinating care with other members of the health care team through documentation and care planning activities.

7D41: Assess health care policies and their potential impact on the healthcare environment and practice

7D41.1 Demonstrate professional behaviors in addressing challenges regarding practice issues in the clinical setting.

7D41.2 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.

7D42: Participate in the financial management of the practice setting, including billing and payment for service rendered

7D42.1 Submit timely, accurate and appropriately recorded documentation of services provided to patients/clients in a manner consistent with facility guidelines for billing.

7D42.2 Use resources effectively and efficiently, demonstrating recognition and respect for clinical facility as a business.

7D42.3 Demonstrate respect for the multiple responsibilities of clinical supervisor and other personnel.

7D52.19 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.

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CLINICAL EDUCATION POLICIES AND PROCEDURES

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. Qualifications of Clinical Education Faculty

The clinical instructor (CI) is the licensed physical therapist employed by the clinical facility who is designated by the Site Coordinator of Clinical Education to instruct,

mentor, supervise, and evaluate the physical therapy students in the clinical education setting.

- A. The CI has a minimum of one year of clinical experience.
- B. CIs demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.
- C. CIs should preferably complete a clinical instructor credentialing program such as the APTA Clinical Instructor Education and Credentialing Program.
- D. CIs should possess the ability to develop written objectives for a variety of learning experiences, organize activities to accomplish these objectives, effectively supervise students to facilitate learning and clinical reasoning, and participate in a multifaceted process for evaluation of the clinical education experience.

II. 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/DCE or AU PT research faculty for further information or to express an interest in this program.
- D. Clinical faculty members are assisted in attaining CI Certification and attending continuing education based on their level of involvement in AU clinical education.

III. Student Assignment to Clinical Facilities

- A. Assignments to clinical facilities are made by the Director of Clinical Education (DCE). 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 Director of Clinical Education (DCE) 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 Director 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 and prepare a wish list of preferences for each clinical experience being assigned. Students may be allowed an opportunity to submit preferences not on the slot availability list to the DCE 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 DCE in preparing their preference list; preference lists must be approved by the DCE. Students will then submit their preferences to the Clinical Education Office Specialist by the assigned date.
 5. The final assignment list will be posted when computer assignments have been verified and approved by the DCE.
 6. In the event a student does not match to a clinical site listed on his or her

preference list, 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 DCE.

7. 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 DCE will work with the student to find an appropriate clinical assignment, based on the availability of clinical sites, the student's needs, and the DCE'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 DCE. 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 DCE.

IV. Student Requirements to Attend a Clinical Experience

(Refer to the AU 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 current flu vaccination
7. proof of MMR vaccination or rubella immunizations;
8. criminal background check;
9. drug screen;
10. 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 DCE.

V. Student Preparation for a Clinical Experience

A. When a student receives confirmation from the Clinical Education Office Specialist 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 DCE.
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.
4. Complete the *Clinical Expectation Form* and submit to the Clinical Education Office Specialist.

VI. Expectations during the Clinical Education Course

Expectations of the Clinical Site Personnel

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 clinical instructor (CI).
- c. go over all forms and discuss due dates with their CI.
- d. inquire about the CI's expectations of the student

Expectations of the Student

- A. Students will adhere to all administrative and personnel policies of the clinical facility to which they are assigned.
- B. 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 and to recognize a patient's right to refuse treatment by a student.
- C. 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 uploaded to EXXAT 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 DCE (706/721-1501) 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 DCE 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 DCE 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.

VII. 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 SCCE.
 2. When problems are identified, the DCE should be contacted immediately.
 3. The DCE and SCCE/CI will work toward a satisfactory resolution with the student.
 4. Premature termination of the clinical experience is at the discretion of the DCE and the SCCE 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 uploaded to Exxat 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 Exxat on a biweekly basis to assist with tracking student performance and progress. These forms are reviewed by the DCE as they are received.

D. Exxat

1. Students are responsible for maintaining a record of their patient interactions, CI communication, and other clinical related time in Exxat.
2. Exxat 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 Forms

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/DCE for follow up.
6. The CI midterm feedback form and the student midterm feedback form are to be uploaded to Exxat 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 through Exxat.

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 DCE.
- 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 SCCE. 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.

VIII: Student Assessment

A. Grades

The DCE, 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 to earn the grade of satisfactory (S). 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 DCE after consulting with the clinical education committee, program director and department chair. Remediation of a clinical course may result 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 DCE, based upon the identified needs of the individual student.
3. Before the remediation experience begins, the student, with input from the DCE, 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 /DCE. In cases where the remediation arrangements include a clinical site, the SCCE 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 Program Director, along with the DCE'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 DCE 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

Revised February 2021

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.

Commented [NMK1]: No PPDP first semester, just advisor meeting. Start PPDPs in 2nd semester

- 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:						
3. Areas of needed improvement (utilize the attribute descriptions in the Appendix for specific indicators)	4. Goals for improvement in identified areas (State goals in behavioral and measurable terms to aid with assessment)	5. Plan for development (How will you achieve your goals? What outside resources or assistance will you seek?)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> _____ Advisor signature </td> <td style="width: 50%; border: none;"> _____ Date </td> </tr> <tr> <td style="border: none;"> _____ Student signature </td> <td style="border: none;"> _____ Date </td> </tr> </table>			_____ Advisor signature	_____ Date	_____ Student signature	_____ Date
_____ Advisor signature	_____ Date					
_____ Student signature	_____ Date					

October 2007, Reviewed March 2009, February 2021

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

*From: May, W., Morgan, B. et al. *Model for Ability-Based Assessment in Physical Therapy Education*. Journal of Physical Therapy Education. 9:1, 3-6, Spring 1995.

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

*From: *Professionalism in Physical Therapy: Core Values: Self-Assessment*. Alexandria, Va: American Physical Therapy Association; 2003.

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

Reviewed February 2021

