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Important Resources

- DPT Student Handbook
- American Physical Therapy Association (APTA)
- Commission on Accreditation of Physical Therapist Education (CAPTE)
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I have read and understand the policies contained in the Clinical Education Handbook. I agree to follow the policies as outlined in the Handbook while enrolled in the Doctor of Physical Therapy (DPT) program, and I agree to fully participate in the clinical education component of the program’s curriculum. I also understand that policies may change, and that it is my responsibility to review and follow any changes as they are provided to me by the program. Finally, I understand that failing to follow the policies in the Clinical Education Handbook may result in a non-passing grade for my clinical education experience(s).

Name (print): ____________________________________________________________

Signature: ______________________________________________________________________________________

Date: ____________________________________________________________________________________________
I. Introduction to Clinical Education

Purpose of the Clinical Education Handbook
This Clinical Education Handbook is intended to provide clinical faculty and students important information regarding the clinical education component of the UCSF/SFSU Doctor of Physical Therapy (DPT) program. The Handbook consists of policies, procedures, obligations, and principles relative to clinical education for students. It is the clinical faculty and student’s responsibility to thoroughly read this Handbook. Questions regarding any aspects of this Handbook or the clinical education program should be addressed to the Director of Clinical Education (DCE). Given the dynamic nature of physical therapy education, information in this Handbook will be updated frequently (at least annually). For the most updated version, please check the program’s website. Clinical faculty and students may photocopy this manual for purposes of enhancing clinical learning.

Philosophy of Clinical Education
Clinical education is a vital component of the basic curriculum of the DPT program, as are the basic, medical, and applied sciences. As the goal of the DPT program is to graduate competent generalist practitioners, the goal of the clinical experience is to provide students with a broad exposure to multiple aspects and settings of physical therapy practice. This spectrum includes the opportunity to experience team care and the interdisciplinary approach to health services. Within the clinical environment, students are provided opportunities to learn to apply didactic knowledge, and develop professional attitudes and practice skills. This aspect of the educational experience is essential, as these opportunities are difficult to duplicate within the academic classroom. Although well-designed simulations of patient management and laboratory experiences provide much needed preparation for their roles and responsibilities as physical therapists, it is only within the clinical setting that higher levels of integration and application of skills and behaviors may be learned or acquired. Although special needs and interests may be met and encouraged, the opportunity for true specialization is pursued after entry level.

Structure of Clinical Education
The DPT program consists of two part-time integrated clinical experiences (ICE) and three full-time clinical experiences spaced throughout the curriculum. The ICE occurs during students’ first year. Students spend four full days at multiple local clinical sites. The first full-time clinical experience occurs during the summer of the second year for ten weeks. Students then participate in a twelve-week full-time experience during the second winter term. In the spring of their third year, students participate in a final twelve-week experience. Students are required to complete a clinical experience in at least one inpatient and one outpatient setting. The program expects the first full-time experience to be in an acute care or outpatient setting (the outpatient setting must have a primarily musculoskeletal caseload), and at least one subsequent experience will be in a different setting than the first summer.

Clinical Settings
Clinical experiences for DPT students are offered by approximately 250 clinical sites in California. Due to SARA legislation, the DPT Program is now limited to sending students only within California. At this time (2017 clinical experiences) – there will be no further out of state clinical experiences. Part-time integrated clinical experiences are only offered in the San Francisco Bay Area to limit commuting time. The types of clinical settings of interest to the program include:

- Acute Care/Inpatient Hospital Facility/Acute Rehabilitation
- ECF/Nursing Home/SNF/Sub-acute Rehabilitation
- Home Health
- Industrial/Occupational Health Facility
- Outpatient Hospital
- Outpatient Private Practice
- Rehabilitation/Sub-acute Rehabilitation
- School/Preschool Program

Patient populations of interest to the program include:
UCSF/SFSU Clinical Education Handbook

- Patients/clients across the lifespan (pediatric, adult, geriatric)
- Patients/clients with a variety of diagnoses spanning the neuromuscular, cardiovascular/pulmonary, musculoskeletal, and integumentary systems

Course Descriptions

- **Integrated Clinical Experience – Year 1 (PT 410A and PT 410B)**
  
  The main purpose of the integrated clinical experience is to introduce students to the clinical environment and to develop clinical and professional skills. Specifically, the goals of this experience are to:
  
  o Allow students the opportunity to relate academic materials to patients.
  o Permit students to integrate didactic information in the clinical situation through observing, examining and treating patients under close supervision of the clinical instructor.
  o Allow students to develop documentation and clinical skills by beginning the process of patient care through supervised examination and treatment of patients.
  o Encourage students to develop interpersonal skills with patients, staff, and other members of the health care team.
  o Facilitate the integration of academic information with the clinical information gained from working with individual patients.

- **Full-time Clinical Experiences – Year 2 and 3**

  Students complete three full-time clinical experiences for a total of 34 weeks. The goal of these experiences is for students to have the opportunity to integrate and apply didactic and laboratory instruction to critical observation, examination, intervention and evaluation of the patient in a variety of settings observing different levels of injury and rehabilitation across a broad spectrum of age and disease.

  o **PT 801 Clinical Experience I (6 semester SFSU units, summer term, year 2)**
    - First full-time clinical experience for 10 weeks. Students submit goals and reflections, present inservices, and work under the supervision of a licensed PT.

  o **PT 802 Clinical Experience II (6 semester SFSU units, winter term, year 2)**
    - Second full-time clinical experience for 12 weeks. Students submit goals and reflections, present inservices, and work under the supervision of a licensed PT.

  o **PT 418 Clinical Internship (9 quarter UCSF units, spring term, year 3)**
    - Third full-time clinical experience for 12 weeks. Students submit goals and reflections, present a case study, and work with experienced clinicians who provide mentoring and consultation.
### UCSF/SFSU Clinical Education Handbook

#### Doctor of Physical Therapy (DPT) Program Curriculum

For the Class of 2016-19

<table>
<thead>
<tr>
<th>School Course</th>
<th>Qtr Units</th>
<th>Sem Units</th>
<th>Grade Option</th>
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### Summer Session - 2018

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### SFSP 211: Integrated Clinical Experience (300 hours)

- **Total Year 1 Credit Units:** 60
- **Total Year 1 Clinical ED Units:** 45
- **Grant Total Year 1 Units:** 36

### SFSP 212: Integrated Clinical Experience (300 hours)

- **Total Year 2 Credit Units:** 60
- **Total Year 2 Clinical ED Units:** 45
- **Grant Total Year 2 Units:** 36

### SFSP 213: Integrated Clinical Experience (300 hours)

- **Total Year 3 Credit Units:** 60
- **Total Year 3 Clinical ED Units:** 45
- **Grant Total Year 3 Units:** 36

1. Students must enroll in SFSP 212 in their second year and in SFSP 213 in their third year.
2. Students must complete either SFSP 210 or SFSP 211 in their first year (winter or fall semester, respectively).
Technical Standards
The following skills and standards are the technical standards considered necessary for completion of the Entry-level Doctor of Physical Therapy degree program. These technical standards enable each graduate to subsequently enter clinical practice as an entry-level physical therapist. Students must also be in compliance with legal and ethical standards as set forth by the APTA Code of Ethics and Standards of Practice.

Students must be capable to meet these minimal standards, with or without reasonable accommodation, for successful completion of the program:

1. Observation
Observation requires the functional use of vision, hearing and somatic senses. A student must be able to observe lectures, laboratory dissection of cadavers, class demonstrations and clinical patients. Specifically, a student must be able to observe a patient’s movements accurately; anatomic structures; and numbers and patterns associated with diagnostic instruments and tests. Examples in which these observational skills are required include: palpation of peripheral pulses, bony prominences and ligamentous structures, visual and tactile evaluation for areas of inflammation and presence and degree of edema, and use of a stethoscope, sphygmomanometer and goniometer.

2. Communication
Communication includes speech, language, reading, writing and computer literacy. Students must be able to relate and communicate effectively and sensitively with patients in order to elicit information regarding mood, activity, and posture, as well as to perceive non-verbal communications. Students must also be able to communicate effectively and efficiently with other members of the health care community to convey information essential for safe and effective care. Students must learn to recognize and respond promptly to emotional communications such as sadness, worry, agitation, and lack of comprehension of communication. Each student must be able to read and record observations and plans legibly, efficiently, and accurately in documents such as the patient record. Students must be able to prepare and communicate concise but complete summaries of individual encounters and complex, prolonged encounters, including hospitalizations. Student must be able to complete forms according to directions in a complete and timely fashion. Students must also have the ability to complete reading assignments and search and evaluate literature.

3. Sensory and Motor Function
Students must have sufficient motor function to elicit information from the patient examination by palpation, auscultation, percussion, manual positioning of body segments and other examination procedures. A student must be able to perform a basic screening and examination (physiological measures such as heart rate and respiration), diagnostic procedures (including but not limited to palpation, manual muscle testing, goniometry, sensory evaluation, gait analysis, and balance assessment), and evaluate EKGs and radiographic images. Students must be able to execute motor movements required to provide general care and emergency treatment to patients. Students are required to possess coordination of both gross and fine muscular movement, equilibrium, and the integrated use of touch and vision.

4. Intellectual, Conceptual, Integrative and Quantitative Abilities
A student must be able to effectively solve problems, and measure, calculate, reason, analyze, integrate and synthesize information in a timely fashion. Problem solving is a critical skill demanded of a physical therapist that requires all of these intellectual abilities. For example, the student must be able to synthesize knowledge and integrate the relevant aspects of a patient’s history and examination findings to develop an effective treatment program in an efficient and timely manner. Good judgment in patient assessment, diagnostic and therapeutic planning is essential; students must be able to identify and communicate the limits of their knowledge to others when appropriate. Students must be able to interpret graphs and spatial relationships.

5. Behavioral and Social Skills and Attributes
A student must possess the emotional skills required for the full utilization of their intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities as an entry-level physical therapist. Students must demonstrate the development of mature, sensitive and effective relationships with patients. They must demonstrate empathy, integrity, honesty, concern for others, good interpersonal skills, interest and motivation skills. Students must be able to tolerate physically and mentally taxing workloads and function effectively under stress. They must be able to adapt to a changing environment, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of patients, tired colleagues and personal fatigue. Students are expected to accept appropriate suggestions and criticism and, if necessary, respond by modification of behavior. As a component of their education, students must demonstrate ethical behavior in both the clinical and classroom setting.

Please note: It is our experience that a number of individuals with disabilities (as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, as amended) are qualified to study and practice physical therapy with the use of reasonable accommodations. To be qualified for the UCSF/SFSU Physical Therapy program, those individuals must be able to meet both the academic standards and the technical standards of the program, with or without reasonable accommodations. The program is committed to providing equal access in clinical education to students with disabilities.

Student Disability Services at UCSF (SDS) is the campus office that works with students who have disabilities to determine and coordinate reasonable accommodations. Students who have, or think they may have, a disability are invited to contact Timothy Montgomery at SDS for a confidential discussion to discuss registration for accommodations (timothy.montgomery@ucsf.edu or 415-502-2768). More information is available online at http://sds.ucsf.edu. If a student has already registered with SDS, we ask that they please provide their letter from SDS with information about their eligibility for accommodations within the first month of the program so the DCE can plan how to best coordinate your accommodations for their clinical experiences.

Disability Programs and Resource Center at SFSU: Students with disabilities who need reasonable accommodations are encouraged to work with the instructor and contact Disability Programs and Resource Center (DPRC). They are located in SSB 110, can be reached by telephone at 415-338-2472 (voice/TTY) or by e-mail at dprc@sfsu.edu.

Generic Abilities

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession’s core of knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at UW-Madison in 1991-92*. Students are expected to progress from beginning to developing to entry level behaviors through the course of the program. The ten abilities and definitions developed are:

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

*Developed by the Physical Therapy Program at the University of Wisconsin-Madison:

II. Clinical Education Roles

Individuals Involved in Clinical Education

Director of Clinical Education (DCE)
The DCE is the faculty member of record for the clinical education courses. The DCE is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating clinical site and clinical faculty development. The DCE is also responsible for coordinating student placements, communicating with clinical instructors about the academic program and student performance, and relaying current information to clinical sites. In addition to the logistics related to clinical education, the DCE also acts as an intermediary between the Universities, clinic, CCCE, CI, and student through phone and e-mail contact, and/or personal visits. A complete job description (as developed by the APTA) can be found in the Appendix.

Assistant Director of Clinical Education (A-DCE)
The A-DCE works alongside the DCE to complete all of the above tasks.

Center Coordinator of Clinical Education (CCCE)
The CCCE is the person in charge of overseeing the clinical education needs of a particular clinic and may additionally provide clinical instruction. The CCCE administers, manages, and coordinates clinical instructor (CI) assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of physical therapists to serve as CIs for students, supervises CIs in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs. The CCCE acts as a liaison between the facility, DCE, CI, and student. UCSF/SFSU expects that the CCCE meets certain minimal requirements to participate as a sponsoring facility in the program. These requirements are based on the APTA Guidelines and Self-Assessments for Clinical Education (see Appendix). It is the responsibility of the CCCE to review these requirements and ensure continued compliance. The DCE is available to provide assistance with understanding these guidelines.

Clinical Instructor (CI)
The CI is a licensed physical therapist at a clinical site who directly instructs and supervises students during their clinical experiences. These individuals are responsible for facilitating clinical learning experiences and assessing student performance in cognitive, psychomotor, and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. As a CI, the focus should be on facilitating learning experiences within the site as well as providing constructive feedback to the student in a timely manner allowing students sufficient opportunities to improve their skills. UCSF/SFSU expects that CIs meet certain minimal requirements to supervise students. These requirements are based on the APTA Guidelines and Self-Assessments for Clinical Education (see Appendix). Every CI must be a licensed physical therapist, possess a minimum of one year of clinical experience, demonstrate professional attributes and characteristics for role modeling, and be interested in working with students. Ideally, CIs will have completed or are planning to complete the APTA Clinical Instructor Education and Credentialing Program. The DCE is available to provide assistance with understanding these guidelines. All CIs will receive a certificate of appreciation after teaching and supervising a full-time student, which includes the number of teaching hours that can be used toward continuing education units.

Rights & Privileges of CCCEs & CIs

- To affiliate with as many programs as desired.
- To cancel or refuse a clinical placement if the site is unable to provide an adequate learning experience.
- To be treated fairly and without discrimination by all students, faculty, and administration in the UCSF/SFSU program.
- To receive information from UCSF/SFSU in a timely manner regarding clinical experience requests, confirmations, changes in the clinical education program, or any other relevant information.
- To request an on-site visit or phone conversation with the DCE during a clinical experience, if necessary.
• To terminate a student’s participation in a clinical education experience if a determination concludes that the continued participation of the student is unsafe, disruptive, or detrimental to the clinical site or otherwise not in conformity with the clinic’s standards, policies, procedures, or health requirements.
• To be given opportunities to provide input into the academic and clinical education aspects of the curriculum.
• To have access to an annual CEU-eligible CCCE/CI seminar sponsored by UCSF/SFSU.
• To have access to a low cost APTA CI Instructor Education and Credentialing Course through the Northern California Clinical Education Consortium.
• To be given discounted registration for the annual UCSF/SFSU evidence-based practice student symposium.

Student
The role of the student is to:
• Assume the role of an active adult learner. This includes a thorough understanding of the objectives for each clinical experience, as well as the expectations of the clinical site, DCE, CCCE, and CI regarding each experience.
• Be responsible for learning and make the most out of opportunities provided by the program, with the ultimate goal of becoming a competent physical therapist professional.
• Be accountable for personal and professional behaviors and actions.
• Participate in ongoing self-assessment, reflection on areas for growth, and identification of limitations.
• Welcome constructive criticism on clinical performance and use this feedback to develop a plan for growth and improvement.
• Practice diligently and be willing to make mistakes – and learn from them.
• Provide constructive criticism to academic and clinical faculty.
• Respect the rights of patients, clinical instructors, and any others associated with the clinical education program.

Core Faculty

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<thead>
<tr>
<th>Core Faculty Name</th>
<th>Location</th>
<th>Office</th>
<th>Phone &amp; Email</th>
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<tbody>
<tr>
<td>Diane Allen, PT, PhD Professor</td>
<td>SFSU</td>
<td>HSS 112</td>
<td>(415) 338-6837 <a href="mailto:ddallen@sfsu.edu">ddallen@sfsu.edu</a></td>
</tr>
<tr>
<td>Christopher DaPrato, PT, DPT, SCS, CSCS, PES Assistant Clinical Professor</td>
<td>UCSF</td>
<td>1500 Owens Street Suite 400</td>
<td>(415) 353-7598 <a href="mailto:daprato@ucsf.edu">daprato@ucsf.edu</a></td>
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<tr>
<td>Amber Fitzsimmons, PT, DPTSc Assistant Professor</td>
<td>UCSF</td>
<td>1500 Owens Street Suite 400</td>
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**Levels of Communication**

The DCE, CCCE, CI, and the student work in continual close alliance in order to foster an optimal learning experience and ultimately develop a competent generalist licensed physical therapist. To meet these goals, all parties must communicate with one another in a meaningful and productive manner. It is important, therefore, that each be familiar with the available channels of communication within the program, including:

1. **Letters/Phone Calls/Emails**
   Communication is welcome and encouraged, and clinical sites and students are encouraged to contact the DCE whenever there is a problem, concern, or opportunity to provide feedback.

2. **Forms and Questionnaires**
   At various times during the year forms and/or questionnaires are sent to clinical sites, usually in preparation for clinical experiences. Forms include:
   a. Clinical Site Information Form (CSIF)
   b. Notification of clinical experience dates
   c. Announcement of clinical experience assignments
   d. Student resume and objectives
   e. Course syllabus
   f. Information regarding changes in the program
   g. Local continuing education classes beneficial to CIs

3. **Clinical Performance Reports**
   Evaluation of student performance is of utmost importance in the clinical experience, as it provides the program, as well as the student, with feedback about each student’s clinical abilities. In addition, it provides the program with feedback about the strengths and weaknesses of the academic curriculum and thus serves as a basis for appropriate modifications.
4. **Clinical Site Visits**
UCSF/SFSU arranges an on-site visit, phone meeting, or email check-in midway through each student’s clinical experience. The purpose of the meeting is to provide a forum through which both students and clinical faculty can discuss activities and successes or identify problems and discuss remediation strategies. The DCE may make other site visits as necessary if situations arise which cannot be resolved by other methods.

5. **Clinical Educator Meetings**
UCSF/SFSU co-sponsors an annual meeting for CCCEs and CIs to discuss changes in the clinical education program. Information regarding curricular or other program changes is also sent to clinical sites as needed. Additionally, the DCE participates in the Northern California Clinical Education Consortium (NCCEC), which provides education on clinical education concerns to therapists throughout Northern California.

6. **Clinical Education Handbook**
The Handbook provides clinical sites and students with important information about the clinical education program. The Handbook is available for public viewing on the UCSF/SFSU website and it may also be mailed to a new site, if requested.

7. **Annual Clinical Mailing Request for Placements**
The APTA has deemed March 1 through March 15 as the standard time to request student placements at clinical sites for the following academic year. During this window each year, the DCE will send a letter to all affiliated clinical sites requesting placements for the following academic year.

8. **Student Concerns**
If a CI has concerns regarding the quality of a student’s performance at any point in a clinical experience, it is the CI’s responsibility to contact the DCE immediately and jointly determine a timely plan of action to address the problematic areas.

The DCE, core faculty, or Program Directors are the only representatives who may contact clinical sites directly. Students may only approach clinics which the DCE has confirmed do not have contracts with our Program.

**Conflict Resolution**
If, for any reason, a student feels that a clinical experience is not meeting his/her educational needs, it is the student’s responsibility to take action. Assistance in defining and solving “the problem” should first be sought from the CI. This applies even in situations in which the problem is perceived as a “personality conflict” between the CI and the student. If an effort to resolve the problem directly with the CI has failed, the student is then encouraged to approach the CCCE. At any point during this process, the student and/or the CCCE may elect to involve the DCE. Reassignment of a clinical experience may occur if the problem is deemed unresolvable, the student or CCCE requests termination of the clinical, and if another site can be arranged where the student may be able to satisfactorily complete the clinical experience.

When a problem with clinic performance or professional behavior is noted, all efforts should be made to resolve the problem with CCCE, CI and student input. The desired change in behavior should be outlined and opportunities for the student to demonstrate change should be allowed. Students and CIs/CCCEs should feel free to contact the DCE at any time during this process, and the earlier the better. The DCE has the benefit of being an impartial third party who can serve as a mediator between the student and the CCCE or CI. If possible, a site visit will be arranged to meet with the individuals involved. By contacting the DCE early in the process, small problems may be solved, thus avoiding the creation of bigger issues.
III. Requirements for Clinical Education

Standard Documentation Requirements – applies to all clinical sites

1. Student and Clinical Education Handbook Signature Pages

Proof: Signed Signature Page from the Student Handbook and Clinical Education Handbook

This form is signed and uploaded to CastleBranch by each student when they enter our program. It acknowledges that the student has read, understands, and agrees to abide by all policies and procedures outlined in the Student Handbook and the Clinical Education Handbook. A copy of the Signature Pages can be found after the Table of Contents.

2. American Physical Therapy Association Membership & Liability Insurance

Proof: Photocopy of APTA membership card and a check for $50 to cover malpractice liability insurance.

UCSF/SFSU provides substantial professional liability insurance for all students through the Healthcare Provider Service Organization. Students must be members of the American Physical Therapy Association (APTA) in order to purchase this insurance. All students must join the APTA and maintain professional malpractice liability insurance throughout their enrollment in the program. A copy of the student’s Certificate of Insurance is sent annually to each clinical site.

4. Health Insurance

Proof: A copy of the student’s health coverage insurance card.

All students must have health insurance either through the UCSF Student Health Services Insurance Plan or other health insurance coverage through a family or individual plan. If students are covered by other insurance, they have the option to waive the UCSF insurance plan. However, the plan must meet the minimum benefit requirements, and the waiver must be approved by UCSF Student Health Services. If a student chooses the UCSF Insurance Plan, the premium will be included in his/her UCSF registration fees.

UCSF Student Health Services has two primary care clinics. They are located at:

- Parnassus campus: Millberry Union, room H-005
- Mission Bay campus: William J. Rutter Center, 3rd Floor, room 330

4. Criminal Background Check

Proof: When the background check has been completed, the DCE will ensure clearance. If positive records are identified, the student will have an opportunity to dispute the finding.

All students are required to pay and complete a background check through CastleBranch when they enter the Program. Some clinical facilities require students to complete a more recent background check or one through the same company used for their new employees. Therefore, some students may be required to repeat a background check prior to commencing a clinical experience. Please note that it is the responsibility of each student to notify the DCE immediately if any event occurs that may change the results of their criminal background check.

5. Medical Examination & Verification of Immunizations

Proof: Physical exam verification and immunization history records.

When entering the DPT program, all students must be up to date on all immunizations (MMR, Tdap, Hep B, Varicella, etc.), including an updated TB test, and must upload documentation to CastleBranch. Students will be required to submit copies of medical records documenting the completion of all immunizations before attending any clinical experiences. Students must use the UCSF Student Health Services Center or their own private insurance provider to have these immunizations performed in a timely manner.

Many clinics have additional requirements beyond those of UCSF Student Health Services. If known, the DCE will communicate those requirements to students in preparation for their clinical experiences. Students are required to ask the CCCE of their assigned site...
what the immunization requirements or any other additional requirements are at least six weeks before they begin the clinical experience.

6. OSHA/Bloodborne Pathogen (BBP) Training
   *Proof: Students receive a certificate of completion through the UC Learning Center for the training.*

Students are required to complete a BBP training. This training is completed in PT 201 during the summer of students’ first year.

7. Infection Control Training for Ancillary Staff
   *Proof: Students receive a certificate of completion through the UC Learning Center for the training.*

Students are required to complete an infection control training. This training is completed in PT 201 during the summer of students’ first year.

8. Formaldehyde Training
   *Proof: Students receive a certificate of completion through the UC Learning Center for the training.*

Students are required to complete a formaldehyde training. This training is completed in PT 201 during the summer of students’ first year.

9. Annual Safety Training
   *Proof: Students receive a certificate of completion through the UC Learning Center for the training.*

Students are required to complete a safety training. This training is completed in PT 201 during the summer of students’ first year.

10. HIPAA Training
    *Proof: Students are provided a letter indicating completion of HIPAA Training.*

All students are required to complete training for awareness and compliance with the patient privacy regulations of the Health Insurance and Portability and Accountability Act (HIPAA). The training is completed in the summer of their first year in PT 201. Every student must protect patient confidentiality and is not to discuss the patient/patient condition outside the clinical setting. Patients may be discussed with classmates and faculty for educational purposes only, and in these cases all patient identifiers must be removed.

11. CPR Certification
    *Proof: A scanned copy of the CPR card.*

A current CPR for Health Care Provider card ONLY through the American Heart Association is required throughout a student’s studies. A CPR card is valid for two years.

**Other Documentation Requirements** – varies by clinical site

1. Drug Screens
   *Proof: When the drug screen has been completed, the DCE will verify that it has cleared. If any positive records are identified, the student will be contacted by the DCE.*

If a student will be attending a site that requires drug testing, the student is responsible for completing and paying for the testing in a timely manner through CastleBranch. It is up to the discretion of the clinical site how the site wants to handle a positive drug screen.

2. Additional Immunizations
   Some facilities require new two-step TB testing even if the past TB test was done within one year. There are also many facilities which require proof of the flu vaccination, and/or N95 respirator training.
Students must contact their assigned clinical site at least 4-6 weeks prior to their arrival (but ideally 8 weeks prior) after receiving consent from the DCE. Students may call or email the site, but they should include the following elements in their introduction:

- **Five objectives** for their clinical experience and the student’s preferred method of learning.
- Confirm the paperwork and documentation requirements (background checks, drug testing, etc.) that must be completed prior to beginning the clinical experience.
- Provide the clinic with a mailing address for the duration of the experience.
- Confirm the working hours, and the appropriate arrival time and location for the first day. Some clinics will mail information about the scheduled clinical experience in advance. Re-confirm arrival time and location for the first day by calling the clinic one week prior to the start date.

Students may also ask about the following topics in the initial introduction or in subsequent communications:

- Parking arrangements (if appropriate)
- Anything the student should read/review prior to the first day
- Information on the type(s) of patients to expect
- The facility’s dress code
- Confirm the facility has received all required paperwork

Information on a student’s assigned clinical site can be found on the UCSF CLE Clinical Education Resources site. Each clinic has completed the Clinical Site Information Form (see Appendix), which includes information on each site such as address, phone number, name of clinical coordinator, directions, and other general information. The DCE may provide students with additional paperwork prior to commencing the clinical experience, and all required documentation must be completed by the stated deadline.
IV. Criteria for Assignment of Students to Clinical Sites

Establishment of New Clinical Sites
Intensive effort is made to carefully select clinical sites that will provide a rich learning environment for students. The DCE is responsible for developing partnerships with new clinical sites. The DCE responds to inquiries from clinical sites interested in partnering with UCSF/SFSU for the provision of clinical learning and initiates contact with the site. Students, faculty, and clinicians are welcome to recommend new clinical sites. Students inquiring about external sites must direct all inquiries to the DCE. The DCE determines if the site meets the learning needs of students in the program and is a quality site. All clinical sites must be approved by the DCE, and a contract must be approved and executed prior to commencement of any clinical experiences. Potential new sites must follow the following steps:

1. Complete a Clinical Site Information Form (CSIF) and read the Clinical Education Handbook. The DCE may also communicate with other schools who presently affiliate with the site to solicit feedback.
2. If both parties remain interested in establishing an affiliation, the DCE requests a Training Affiliation Agreement (TAA) through the UCSF Office of Medical Education and the Contracts and Grants department. The approval process for new clinical sites usually takes between 6-12 months.
3. Once the Agreement is signed by both parties, the DCE is provided a PDF copy and the original is maintained in the UCSF Office of Medical Education.
4. The DCE then contacts the site to determine potential placement openings for future students. A site visit will occur, if possible, either before or once a student is placed at the new site.

Student Assignment Process
All clinical assignments are based on the academic learning requirements of students and are made by the DCE in coordination with clinical sites, students, and core faculty. In assigning students to clinical sites the program does not expect that a site will meet all of a student’s needs at all times. Part-time clinical experiences are assigned by the DCE. Full-time assignments are made by the DCE through the assistance of a lottery format to ensure the assignment process is as fair and objective as possible. Factors taken into account when determining clinical placements may include in no particular order:

1. Whether the clinical site will contribute to the student’s ability to be a generalist practitioner and will contribute to the student’s exposure to a diverse patient population as part of their full clinical experience.
2. Input from faculty regarding whether the educational needs of a student are likely to be met at a clinical site.
3. Clinical interests of the student.
4. Personal preferences of the student.
5. Hardship requests

The process of assigning students to clinical sites is as follows:
Preparation
- The DCE meets with each first year student individually during the first summer or fall to discuss his/her clinical education goals and potential geographical requests. Students will be asked to communicate their clinical requests to the DCE in writing before each clinical.
- The DCE provides all students a list of clinic placement options available. The DCE also notifies students when new placements become available. This may occur frequently throughout the selection process.
- Students are required to review the Clinical Site Information Forms for each site and review students’ comments on the sites of interest to them which are both on the CLE. These resources are available to educate students about each site,
including the types of patients treated, the staff and student resources, housing, meals, parking, the need for a car, etc. Additionally, students are encouraged to research clinical sites further online by reviewing their websites. Students should schedule an appointment with the DCE to discuss questions that arise through this process.

- Students then rank their site preferences based on the information provided from the above sources.
- The DCE attempts to confirm “First Come First Served” and “interview required” placements before the general lottery. First Come First Served placements are offered by a few clinics, and some clinics require applications or interviews, and the DCE confirms these placements first due to the time-sensitive nature of such placement openings. Students must keep in mind that given the nature of such offers the placement may not be available when the DCE calls to request the assignment.
- Students with documented disability needs may be assigned by the DCE before the general lottery.

**General Lottery**

- Students are provided a final date to input their placement selections into the random student assignment program.
- Once the lottery is run and all students are matched, the DCE notifies each student of their placement.

**Additional Information**

- Assignments may change due to cancellations at any time. Cancellations will be filled as soon as possible with an alternative site.
- The program is responsible for providing students with an opportunity to learn in a variety of clinical settings. However, adequate resources do not exist to consider a student’s financial or personal interests during the selection process. *Students may be inconvenienced by their assignments.* The process that is used has been developed with feedback from previous students, clinical sites, and faculty. It is considered to be the least biased and fairest process given the resources available.
- It is unreasonable to expect that every student will be placed in one of his/her top choices. The DCE retains the right to override the selection process at any time if it is deemed necessary to best serve the interests of the program and the needs of all students.
V. Clinical Education Policies

Attendance & Working Hours

Students are expected to always be prompt and follow the same work hours as their CI(s) during part-time and full-time clinical experiences.

Absences for reasons other than illness are **not** permitted. If a student is too ill to attend the clinic, the student must:

1. Notify the PT program by no later than 8am on the day of each absence using the Absence Notification Form on the Student Resources CLE page.
2. Call—and make contact with—the CI or CCCE at the site by no later than the start of their scheduled shift (and preferably prior to their scheduled shift), using the guidelines for notification of absence per each facility’s protocol.

Students must submit the Notification Form and call the clinic during **each day** of absence. Students failing to notify the clinic and school of an absence may result in a non-passing grade for the experience.

Students are allowed a maximum of one sick day without having to make up the missed time. Any time missed above the one sick day must be made up at a later date. Time can be fulfilled on Saturdays or Sundays if the facility permits, or the week after a student is scheduled to complete the experience. Time cannot be made up by the additional hours students typically need to complete patient documentation. Holidays are determined by the schedule of the clinic, and not by UCSF/SFSU. If the clinic incurs a holiday during the student’s experience, the student will have that day off and is not required to make up the time.

While at the clinical site, the student is directly responsible to the CI/CCCE and the clinical facility, and must abide by the policies and procedures of the hospital/department concerning breaks, parking, etc. Likewise, the student is responsible for setting up and cleaning up the work area of all assigned patients, as well as assisting in the general maintenance and orderliness of the facility.

Dress Code

The student should follow the dress code specified by each facility. The facility is the final authority on dress code policy. Students must always dress in a professional manner and remember that they represent the UCSF/SFSU program in all activities associated with physical therapy education, and their dress and personal appearance should always reflect this. Students should inquire about specific dress code guidelines prior to each clinical experience. Should a clinic not have a dress policy, or should the policy be less than comprehensive, students are required to follow the Employee Dress Standards Policy of the UCSF Medical Center (see Appendix).

Personal Hygiene

Students are expected to maintain appropriate personal hygiene such that body odor, smoke, and other odors are not detectable. All clothing must be clean, and any extreme or immodest attire or accessories are unacceptable. Examples of unacceptable attire include: sheer or tight garments that allow exposure of undergarments, halter or tank tops that expose the midriff in static and dynamic postures (e.g. standing or bending over), items designed to be worn as undergarments, and torn or frayed garments. Shoes must be safe, clean, and in good repair. Sandals are not permitted in the clinical facilities.

Hair and facial hair must be clean and controlled as needed so as not to interfere with activities. Nails are to be kept neatly manicured and short (should not extend past the tip of the finger). Any arm tattoos must be covered by clothing. Jewelry and other accessories must not interfere with safety or activities. Out of consideration for those who are environmentally sensitive, scented personal products should be used sparingly. Headgear, except that required by religious belief, is not allowed.

Patient/Client Right to Refuse Care Provided by a Student

Patients/clients have the right to refuse therapy services provided by a student, and these requests must be honored by the student and the CI. This right includes observation of treatments.
Student Accommodations
The program is committed to providing equal access in clinical education to students with disabilities. Please see previous sections for student disability services and accommodation information.

At times, students may experience a physical, medical, or psychological concern that does not qualify as a disability, but could impact the student’s ability to complete the clinical education portion of the program. Students must provide written documentation of the health-related limitation(s) from an appropriate health care provider to the DCE and the clinical facility. Clinical education faculty will work with the site to determine whether strategies or supports may be developed that will allow the student to fully participate in the clinical education experience.

Illness & Medical Emergencies
Students must notify their CI/CCCE of any medical issues that may arise that impede their ability to participate in their experience or may put patients at risk (e.g. communicable illness) and inform the DCE. The clinic may be able to suggest a local medical physician/clinic that provides non-emergency care. In the event of an emergency, students should go to the nearest emergency room or call 911. Students are encouraged to identify local options available near the site during their first few days. The cost of medical care is the responsibility of the student through their medical insurance coverage.

Students will work in a variety of health care delivery settings and will learn to care for a variety of patients with infectious illnesses. All students receive instruction in the utilization of standard precautions and infection control procedure for the prevention of the transmission of blood borne pathogens, airborne diseases, and clients with infectious illnesses. Students are informed of these potential health risks/personal injuries and are trained on procedures in the event of an injury or occupational exposure. During clinical experiences unexpected occurrences or incidents may occur related to patient care. These incidents or occurrences must be reported to the DCE within 24 hours of their occurrence. Additionally, most clinics have policies and procedures that require reporting of these incidents and occurrences within the clinic. Students must follow those policies and procedures. If a student is in doubt as to whether an incident should be reported, the student is advised to consult with the CI or another supervisor and the DCE.

Housing and Transportation
It is the responsibility of the student to secure and finance transportation and appropriate living arrangements during all clinical experiences, including outside the San Francisco Bay Area. Housing or assistance to obtain housing may be provided by the clinical facility, and this information will be included on the site’s CSIF form. Clinic sites may not be accessible to public transportation; students are responsible for providing their own transportation to and from the site. Placement of students will not be based on transportation, proximity to housing, or personal needs.

Expenses during Clinical Experiences
Student should expect to incur additional living expenses during their full-time clinical experiences. Additional expenses incurred are the responsibility of the student. Some facilities are able to provide assistance in a variety of manners (e.g. housing, meals, parking, or stipends). This information can be found on the CSIF form and/or by contacting the site’s CCCE. Some facilities have an additional cost to add a student to their documentation program. If that happens the student will be responsible for that cost and it will be paid directly to the site.

Clinical Cancellations
Clinics cancel clinical placements if they are unable to provide an adequate learning experience for students. These cancellations may occur at any point before the start of a clinical experience. In the event that a clinic cancels, the DCE will make every attempt to find a replacement site in adequate time to allow the student to continue on track, but this is not guaranteed.
Confidentiality
Students are reminded that any information regarding patients and their families is strictly confidential. It should not be shared with classmates, friends or family, anyone on social media, or with other health care providers except in need-to-know situations such as emergencies. Breach of patient confidentiality is a federal offense and may be subject to penalty under law, as well as negative consequences to the grading of the experience. Any assignments from the clinical experience must be de-identified of all personal information prior to submission. Students must request permission from the clinic to obtain or use any clinical forms or department policies outside of the clinical site; this includes procedures or patient care protocols. Each student is responsible for clarifying each clinical site’s regulations on confidentiality and information sharing. Each clinical site is responsible for informing the student of specific confidentiality and/or HIPAA regulations upon orientation to the site.

Student Information Shared with the Clinical Site
Information is shared between the clinical site and the academic institution related to individual students. The information shared by the DCE with the clinical site includes a student’s name, class year, clinical education objectives, and curriculum vitae, along with the curriculum of the DPT program and general DPT policies. If a student has declared the need for a specific accommodation, such information is also shared with the clinical site if the student gives the DCE permission. If necessary, the student and the clinical site may require contact earlier than usual in order to prepare for meeting such accommodations.

The student is responsible for sharing with the CCCE and CI all information related to health records, immunizations, and any additional testing required by the clinical site (e.g. criminal background testing, drug testing, etc.). If the clinic requests health information for a student, the DCE can also share that information with the site.

Documentation/Charting
Documentation needs to be timely, accurate, thorough, and concise. Each site will have standards for documentation to which the student must adhere. The following should be observed as general guidelines:

1. Patient charts may never be removed from the clinical facility.
2. Electronic patient documentation may never be saved on personal computers or flash drives.
3. Charts should not be left in a treatment area when student or a staff member is not present.
4. Patients may not have access to their medical record unless they have gone through the appropriate procedures as determined by the site.
5. All documentation should be satisfactorily completed prior to the end of each clinical day.
6. Only abbreviations approved by the site should be used in documentation.
7. All documentation should be legible and use appropriate grammar and punctuation.

Required Equipment
As a professional, students are responsible for supplying their own “tools of the trade”, which may include but are not limited to:

1. Goniometer
2. Guarding belt
3. Reflex hammer
4. Tape measure
5. Stethoscope
6. Pocket size notebook (suggested for keeping patient notes)
7. Lab jacket (if required by the site)

Personal Communication
Personal phone calls to/from students in and out of the site should be limited to emergency situations only. Students may not employ cell phones for personal use during working hours.
Miscellaneous

It is the student’s responsibility to prepare for patient care and complete homework assignments in a timely fashion during each experience. Students are advised to review their notes in appropriate content areas prior to and during the clinical experience. Reference materials relevant to the assigned caseload may be available to students during the experience. A thank-you note sent by the student to the CI and/or CCCE after the experience is a thoughtful gesture.
VI. Evaluation of Clinical Education Experiences

Physical Therapist Clinical Performance Instrument (PT CPI)

The Physical Therapy Clinical Performance Instrument (PT CPI) allows students to self-assess their clinical performance throughout the clinical education experience, with formal documentation required at mid and final evaluation points. The CI formally evaluates the student’s performance on 18 performance criteria and comments on the student’s progress throughout the clinical experience.

The PT CPI was developed by the APTA in 1997 and was most recently revised in 2006. The PT CPI is used by the CI to evaluate the student’s performance during clinical experiences on both a summative and formative basis, and is one source of information used by the DCE in assigning course grades. The tool consists of 18 performance criteria with sample behaviors. The criteria for entry level are consistent with the both the **Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists**¹ and **A Normative Model of Physical Therapist Professional Education: Version 2004**². The tool allows students to be assessed on 18 criteria over five performance dimensions, including: quality of care; supervision/guidance required; consistency of performance; complexity of tasks/environments; and efficiency of performance.

The rating scale for the tool has six defined anchors for each criterion:

- beginning performance
- advance beginner performance
- intermediate performance
- advanced intermediate performance
- entry-level performance
- beyond entry-level performance

The expectation is that students should be at the following levels for each clinical experience. Each CI that uses the PT CPI must complete and pass a web-based training through the APTA before using the tool to evaluate students.

- **PT 801 Clinical Experience I** – between “advanced beginner” and “intermediate” on each criterion
- **PT 802 Clinical Experience II** – between “intermediate” and “advanced intermediate” on each criterion
- **PT 418 Clinical Internship** – between “entry-level” and “beyond entry-level” on each criterion

The program expects that students will be at the entry-level performance anchor by the end of their final clinical experience. The definition of the entry-level performance anchor is:

A student who is capable of functioning without guidance or clinical supervision managing simple or complex conditions; at this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning; consults with others and resolves unfamiliar or ambiguous situations; and the student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner (APTA, PT CPI revised 2006).

Schedule of Assessment

Midterm Evaluation of Clinical Experience

At the midpoint of each clinical experience the DCE (or core faculty designate) will assess the student’s progress toward entry-level criteria using the Midterm Visit Form (see Appendix). The DCE or faculty member will either visit the facility to discuss the student’s performance with the student and the CI, or conduct an email check-in or interview over the phone. During the check-ins, the student and CI may meet with the DCE or faculty member together or separately, as preferred. The Midterm Visit Forms summarize


the progress made to date, any alternative learning experiences that have occurred, red flag items or concerns, and appropriateness
of supervision. The DCE uses these evaluations to identify struggling students and to follow up with any students who require
additional supervision or remedial assistance.

Student Self-Assessment
Students are responsible for completing the PT CPI tool as a self-assessment at the midterm and final evaluation points for each
clinical experience. At the midterm and final evaluation meetings between the student and the CI, the student’s self-assessment
must be shared with the CI, and compared to the CI’s assessment of the student’s performance.

Student Evaluation of Clinical Experience
Students are required to complete the APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction
form (see Appendix) to provide feedback to the CI and the CCCE. The document provides students an opportunity to comment on their
academic preparation for the clinic and the teaching effectiveness of their CI. At the midterm point the student begins Part II, and
Parts I and II are completed at the final evaluation. The document must be submitted to the DCE upon completion of the clinical
experience.

Grading of Clinical Education Experiences

The DCE is the faculty member assigned to each clinical education course and is responsible for assigning the final grade for each
course. The grading policies for each course are as follows:

PT 410 Integrated Clinical Experience – first year
Students will be evaluated at the end of each part-time integrated clinical experience by their CI using the Integrated Clinical
Experience Evaluation Tool (see Appendix). Students must meet the expectations on each of the criteria to continue sequentially in
the program. If the CI does not document that the student meets the expectations for all five criteria, the student will be required to
meet individually with the DCE or Assistant DCE to determine a remediation plan. If the CI has any areas of concern regarding the
student’s safety or professional behavior the DCE must be notified immediately.

At the end of their two days in the clinic the CI will review the Evaluation Tool with the student and then electronically submit the
completed form to the DCE. The student may also deliver the form to the DCE if the CI places it in a sealed envelope and place’s
his/her signature across the seal. Students are graded on a satisfactory/unsatisfactory scale.

PT 801/802/418 Full-time Clinical Experiences – second and third years
The PT CPI is used to assess achievement of clinical competence in each full-time experience. Grades are assigned as credit/no credit
only. A “report in progress” grade may be given in extenuating circumstances. A student is eligible to extend his/her time in a clinical
experience in order to meet the passing requirements, if agreed upon by the DCE and CI. Factors taken into account include the
student’s midterm evaluation, the type of clinical setting, and the CI’s justification for an extension. For a passing grade students are
required to:

PT 801 Clinical Experience I – second year, summer quarter
1. Be capable of maintaining a patient caseload of at least 50% of an entry-level physical therapist employed at the facility in
which they are participating in their experience.
2. Demonstrate performance improvements in the criteria on the PT CPI from the midterm to final evaluation, as graded by
their CI.
3. Be graded by their CI on the final PT CPI evaluation between “advanced beginner” and “intermediate” performance level on
each of the 18 criteria.*
4. Have no areas of significant concern marked on the PT CPI. If significant concerns are marked, it may be grounds for failing
the student or requiring the student to perform remedial work before receiving credit.

5. Complete all related homework assignments by the assigned due date.

6. Complete and submit the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form (see Appendix).

PT 802 Clinical Experience II – second year, winter quarter

1. Be capable of maintaining a patient caseload of between 75% of an entry-level physical therapist employed at the facility in which they are participating in their experience.

2. Demonstrate performance improvements in the criteria on the PT CPI from the midterm to final evaluation, as graded by their CI.

3. Be graded by their CI on the final PT CPI evaluation between “intermediate” and “advanced intermediate” performance level on each of the 18 criteria.*

4. Have no areas of significant concern marked on the PT CPI. If significant concerns are marked, it may be grounds for failing the student or requiring the student to perform remedial work before receiving credit.

5. Complete all related homework assignments by the assigned due date.

6. Complete and submit the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form (see Appendix).

PT 418 Clinical Internship – third year, spring quarter

1. Be capable of maintaining a patient caseload of at least 100% of an entry-level physical therapist employed at the facility in which they are participating in their experience.

2. Demonstrate performance improvements in the criteria on the PT CPI from the midterm to final evaluation, as graded by their CI.

3. Be graded by their CI on the final PT CPI evaluation between “entry level” and “beyond entry level” performance level on each of the 18 criteria.*

4. Have no areas of significant concern marked on the PT CPI. If significant concerns are marked, it may be grounds for failing the student or requiring the student to perform remedial work before receiving credit.

5. Complete all related homework assignments by the assigned due date.

6. Complete and submit the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form (see Appendix).

* The DCE will make the final decision on a credit or no credit grade. In making this decision, the DCE may also consider the clinical setting, the student’s experience with patients/clients in that setting, the CI’s narrative midterm and final comments on the PT CPI, relative importance of any sub threshold performance criteria, progression of performance from midterm to final evaluations, and whether or not a significant concern was noted.

Students at Risk of Receiving a Non-Passing Grade

If a CI identifies a deficiency or other problem that may place a student at risk for receiving a non-passing grade, the CI is expected to share this information with the student and the DCE at the earliest possible moment. The student, CI, and DCE will then develop strategies to address the area(s) of concern. At the discretion of the DCE, a remediation learning contract may be developed, which will specify the problem and identify expected outcomes and behavioral objectives required for the student to successfully complete
the experience. If the student’s performance fails to improve, the student may be removed from the experience with a grade of No Credit/Unsatisfactory. The DCE holds the primary responsibility for assigning grades for all clinical experiences. Remediation activities and/or a repeat of the experience may be required and will be determined by the Academic Review Committee. Please refer to the Academic Policies section of the DPT Student Handbook for further description of the policies regarding unsatisfactory grades, appeals, and dismissal.

**Inability to Complete a Clinical Experience**

In the event that a student cannot complete a clinical experience due to illness, injury or family emergency, the experience may be graded as incomplete. An incomplete is an exceptional grade given only to a student whose work has been qualitatively satisfactory when, due to illness or other circumstances beyond his/her control, the student is unable to satisfactorily complete some small portion of the clinical experience. The length and placement of the makeup experience will be determined by the DCE. While an attempt will be made to accommodate the student’s choices for the repeat experience, it should be noted that the clinical options will be limited due to other commitments of the clinical sites.

**Failure of a Clinical Experience**

The DCE has the final responsibility for assigning a grade. Prior to assigning a grade the DCE will discuss all student evaluations with the core faculty and/or Academic Review Committee (ARC). In addition to the CI’s ratings and comments, multiple other sources of information are given due consideration, including the history of student performance in all clinical experiences in the curriculum, and the amount of student improvement throughout the experience.

If at any time a CI or CCCE requests that the student not continue at the site because of performance or professional issues the student will be assigned a failing grade for the experience. The failure of any clinical experience will necessitate review by the Academic Review Committee. The location, length, and type of a make-up clinical experience will be determined by the ARC. Students repeating a clinical experience may be required to complete weekly check-in assignments with the DCE for the length of the experience.

If a student fails two of the three full-time clinical experiences or fails a clinical experience twice, s/he will be subject to dismissal from the program, as determined by the ARC.

**Appeals**

Students have the right to appeal the grade of a clinical experience and/or the decision to fail a student. Students should reference the Appeals Policy in the DPT Student Handbook.

**Re-Entry into Clinical Curriculum following a Separation**

For students re-entering the curriculum following an approved leave of absence or a short-term temporary separation from the curriculum, the continuation of clinical experiences commences when the DCE is able to find an available and appropriate assignment for the student.

**Complaints against the Program**

**Complaints to the Program (outside due process)**

Any individual or organization who has a complaint that falls outside due process with a student, faculty, or staff member is advised to file a written complaint against the program. The process for handling complaints is as follows:

1. When possible, the Program Director or DCE, as appropriate, will discuss the complaint directly with the party involved within 14 business days. If at all possible, the matter is reconciled at this point. A letter from the Program Director acknowledging resolution of the complaint will be filed with the complaint in the program’s files and a copy will be sent to the complainant.
2. If the resolution of the complaint is not achieved, or if the complaint is against the Program Director, the involved party may submit a written complaint to the Dean of the SFSU College of Health & Human Services or the Dean of the UCSF Graduate Division. The Program Director will also forward a written summary of any previous discussions when appropriate. The Dean or Dean’s designate may meet with each party separately and may meet with both parties jointly to reconcile the complaint. A letter outlining the resolution by the Dean or Dean’s designate will be filed with the complaint in the program’s files.

3. If satisfactory resolution is not achieved the involved party may submit a written complaint to the Provost or Chancellor of the University. A letter outlining the resolution by the Chief Academic Officer will be filed with the complaint in the program’s files for a period of five years.

Complaints should be addressed to the appropriate person or persons below:

<table>
<thead>
<tr>
<th>Kimberly Topp, Program Director</th>
<th>Elizabeth Watkins, Dean</th>
<th>Sam Hawgood, Chancellor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Program in Physical Therapy</td>
<td>Graduate Division</td>
<td>Office of the Chancellor</td>
</tr>
<tr>
<td>UCSF</td>
<td>UCSF</td>
<td>UCSF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Linda Wanek, Program Director</th>
<th>Alvin Alvarez, Dean</th>
<th>Sue Rosser, Provost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Program in Physical Therapy</td>
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<tr>
<td>SFSU</td>
<td>SFSU</td>
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</tbody>
</table>

Additionally, should students wish to file a complaint against the University, they should follow either the Complaint Process Policy for UC Students or the Student Complaints about Actions Taken on Behalf of San Francisco State University policy.

Complaints to the Commission on Accreditation of Physical Therapy Education (CAPTE)
The Commission on Accreditation in Physical Therapy Education (CAPTE) is a nationally recognized accrediting agency by the US Department of Education and the Council for Higher Education Accreditation. CAPTE grants specialized accreditation status to qualified entry-level education programs for physical therapists and physical therapist assistants. The only mechanism through which CAPTE can act on an individual’s concerns is through a formal complaint process. For more information please visit the CAPTE website.
VII. Review of Responsibilities

Responsibilities of the Student

Integrated Clinical Experience – year 1

Prior to the Experience

• Each student is required to draft specific measurable objectives for each two-day experience and submit them to the DCE for review. Once the objectives have been approved, the student sends the objectives to the CCCE or CI (site-dependent) of the facility that they are assigned to.
• At least one week before the start date each student must contact the CCCE or CI (site-dependent) of the assigned clinic to confirm meeting time and location.

During the Experience

• Student must wear their student ID at all times.
• Students must be on time for each scheduled day.
• Students must continually communicate with their CI.
• Students must meet all homework requirements and deadlines set by the DCE.

Following the Experience

• Students must ensure the DCE receives all of the required homework and evaluation forms within five days of the conclusion of any clinical experience.
• Students may schedule an appointment to speak with the DCE if they have any specific feedback to share.

Full-time Clinical Experiences – years 2 and 3

Prior to the Experience

• Each student is required to complete the APTA PT CPI Training at least one month before their first experience and review the use of the tool before each subsequent clinical education experience.
• Each student is required to submit all required health documentation to the clinic at least 4 weeks before the experience begins.
• Each student is required to draft specific measurable objectives for each experience and submit them to the DCE for review. Once the objectives have been approved, the student sends the objectives along with an introduction letter including discussion of their preferred learning style to the CCCE and CI of the facility that they are assigned to. In the letter they must also request for any additional information such as the days and hours for their CI, dress code, and specific requirements (see the policy on Students Contacting Assigned Clinical Site).

During the Experience

• Student must wear their student ID at all times.
• Students must remember they have a responsibility to maximize their learning in the experience by being open to different teaching and learning styles, even if they are not preferred.
• Students must be on time for each scheduled day.
• Students must continually communicate with their CI.
• Students must submit and review their midterm PT CPI evaluation with their CI.
• Students must provide an in-service to the site during PT 801 and PT 802.
• Students must provide a case study in-service during PT 418.
Students must meet all homework requirements and deadlines as set by the DCE.

**Following the Experience**
- Students must submit all final homework assignments.
- Students must complete and submit evaluations of the clinical learning experiences (see below).
- Students must ensure the DCE receives all of the required homework and evaluation forms within five days of the conclusion of any clinical experience.
- Students may schedule an appointment to speak with the DCE if they have any specific feedback to share.
- Students must complete the survey of the DCE after PT 801, PT 802 and PT 418.

**Evaluations**

1. **Evaluation of Student's Clinical Performance with APTA Clinical Performance Instrument (PT CPI)**
   - Students will complete the online PT CPI Training at least one month before they begin their clinical experience.
   - At the midterm and final students must complete a self-assessment of their performance using the PT CPI tool and review the results with their CI.
   - Students will present their self-assessment in the same meeting that the CI reviews his/her assessment of the student’s performance at both the midterm and final.
   - Students must electronically sign their self-assessed PT CPI and co-sign their CI’s PT CPI evaluation at both the midterm and final.

2. **Student Evaluation: Clinical Experience and Clinical Instruction**
   - The form must be completed by students at the midterm and at the end of the experience.
   - Students must discuss their evaluation with their CI at the midterm and final evaluation session and ensure the CI signs the form.
   - The signature page must be emailed, mailed or dropped off at the PT Program Office. To pass each experience, students are responsible for returning the form to the DCE no later than 5 days after they complete the experience.

**Responsibilities of the CI**

**Integrated Clinical Experience – year 1**

**During the Experience**
- The CI will orient the student to all pertinent policies and procedures of the clinical site.
- The CI is responsible for supervising students at all times. A licensed physical therapist must be in the facility any time a student is working with a patient. Students may perform some documentation but they cannot work directly with a patient without the supervision of a licensed PT.
Following the Experience

- The CI will complete the Integrated Clinical Experience Evaluation Tool and email it to the DCE or give a sealed and signed envelope containing the evaluation to the student, who will then submit the form to the DCE.

Full-time Clinical Experiences – years 2 and 3

Prior to the Experience

- The CI will be trained to use the APTA Clinical Performance Instrument (PT CPI) before students begin their clinical experiences.
- The CI will review the materials sent about the student. The CI should take note of the student’s personal goals and objectives for the experience.
- The CI will plan a set of learning experiences for the student. If the CI would like to expose the student to other disciplines, appropriate planning for these experiences is required by the CI.

During the Experience

1. Student Orientation & Supervision

- The CI will orient the student to all pertinent policies and procedures of the clinical facility.
- The clinic is responsible for supervising students at all times. A licensed physical therapist must be in the facility any time a student is working with a patient. Students may perform documentation but they cannot work directly with a patient without the supervision of a licensed PT.
- The CI is expected to set aside time for the midterm visit, phone call, or email check-in.

2. Ongoing Performance Assessment

- The CI must provide direct instruction and supervision of the student during the clinical experience. Since each experience is a completely new learning experience, direct supervision is expected initially until the CI can assess the student’s abilities.
  One sample model would be:
  - The first week of the experience should consist of student observation of the CI plus the student beginning to assist in treatment and handling parts of an initial patient examination. CIs are encouraged to discuss the student’s measurable objectives for the experience.
  - During the second week students should start performing simple/direct patient examinations under the direct supervision of the CI.
  - By the third week most students will be starting to treat and examine patients with lessening amounts of supervision. Each student, CI, and clinic will vary but a systematic progression of decreasing supervision by the CI and increasing independence of the student is expected.
- The CI should meet with the student on a regular basis to provide immediate ongoing positive and constructive feedback on the student’s clinical performance.
- The CI must document any student performance problems and the steps taken to resolve the issue and notify the DCE. If the attempt at resolution is unsuccessful, the DCE may become more involved. The DCE will assist in devising a plan for remediation which will be documented and signed by those involved.
- The CI must contact the DCE as soon as possible if the student is having serious problems with performance and may not meet the required expectations for the clinical experience. If the DCE has not been notified by the fourth week of the experience about a possible problem, it is assumed that the student is performing well and will meet the required expectations for the experience.
3. **Review of Student Caseload**

- The CI will meet individually with the student to specifically review each student’s caseload.

4. **Summative Student Evaluation**

- The CI must complete the PT CPI tool for the student’s midterm and final. The CI must also review the results with the student. It is expected that the student will present his/her self-assessment on the PT CPI during this meeting.

**Following the Experience**

- The CI will evaluate the student using the PT CPI for the midterm and final. S/he will review the PT CPI results with the student who will then electronically sign the evaluation.

- The CI will provide any feedback to the DCE on the clinical education process, such as placement, effectiveness of the DCE, and management of the clinical contract through a formalized survey.

- Additional informal feedback regarding the clinical education program is welcome at any time.
Appendices

The following are forms and documents referenced throughout the Clinical Education Handbook.

- A: DCE Position Description
- B: Guidelines and Self Assessments for Clinical Education
- C: Clinical Site Information (CSIF) Form
- D: UCSF Medical Center Dress Code Policy
- E: Midterm Visit Form
- F: PT CPI
- G: Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction Form
- H: Integrated Clinical Experience Evaluation Tool
Appendix A:
DCE Position Description
ACCE/DCE Position Description

From http://www.apta.org/ModelPositionDescription/ACCE/DCE/PT/

The ACCE/DCE holds a faculty (academic or clinical) appointment and has administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the academic program. This individual demonstrates competence in clinical education, teaching, and curriculum development. In addition, the ACCE/DCE primary responsibilities are to plan, coordinate, facilitate, administer, and monitor activities on behalf of the academic program and in coordination with academic and clinical faculty. These activities include but are not limited to the following:

- developing, monitoring, and refining the clinical education component of the curriculum,
- facilitating quality learning experiences for students during clinical education,
- evaluating students' performance, in cooperation with other faculty, to determine their ability to integrate didactic and clinical learning experiences and to progress within the curriculum,
- educating students, clinical and academic faculty about clinical education,
- selecting clinical learning environments that demonstrate characteristics of sound patient/client management, ethical and professional behavior, and currency with physical therapy practice,
- maximizing available resources for the clinical education program,
- providing documented records and assessment of the clinical education component (includes clinical education sites, clinical educators, etc), and
- actively engaging core faculty clinical education planning, implementation, and assessment.

The ACCE/DCE serves as a liaison between the physical therapy program and the clinical education site as part of his/her responsibilities. The ACCE/DCE, in cooperation with other academic faculty, establishes clinical education site and facility standards, selects and evaluates clinical education sites, and facilitates ongoing development of and communication with clinical education sites and clinical faculty.

ACCE/DCE Position Responsibilities

The ACCE/DCE is responsible for coordinating and managing the efforts of the academic program and clinical education sites in the education and preparation of PT and PTA students by performing the following activities:

I. Communicates Between the Academic Institution and Affiliated Clinical Education Sites

A. Communicates news, and current information (eg, curriculum, clinical education objectives, staffing changes, and site availability) among all concerned stakeholders (eg, the academic institution, clinical education sites, clinical faculty and students) to maintain current knowledge of the educational program, the clinical education site, and health care changes affecting clinical practice and education.
B. Provides ongoing communication with clinical educators at each clinical education site to include:

- philosophy of the academic program;
- academic program curriculum and specific syllabus and learning objectives for each clinical experience and behavioral expectations that may not be addressed by learning objectives;
- policy and procedures of the academic program pertaining to clinical education;
- current materials required for accreditation;
- clinical education contractual agreement negotiated and maintained between the academic program and each clinical education site;
- dissemination of appropriate student and related information (e.g., health insurance, liability/malpractice insurance, state/federal laws and regulations such as ADA);
- collection of information about clinical education sites for use by students in their selection of or assignment to clinical education sites;
- provision of dates for each clinical education experience;
- academic program requests from clinical education sites regarding the number and type of available student clinical placements;
- coordinating student assignments (consideration might be given to items such as patient variety, health care settings and size, types of learning experiences, clinical site and student expectations, strengths/limitations of clinical experiences);
- clinical faculty development opportunities including educational seminars and faculty availability as a resource in their areas of expertise, and;
- maintenance and distribution of a clinical education manual.

C. Communicates and oversees communication with Center Coordinators of Clinical Education (CCCEs), Clinical Instructors (CIs), and students to monitor progress and assess student performance. Provides guidance and support as required to problem solve and discuss pertinent issues with student(s), CIs, and/or CCCEs.

D. Places, supervises, and communicates with students while on clinical experiences. Responsibilities associated with these roles include, but are not limited to:

- informing students of clinical education policies and procedures;
- supplying relevant clinical education site information to facilitate students' selection of or assignment to clinical education sites (e.g., learning experiences, clinical site prerequisites, housing availability);
- providing a process for students to assess their performance and satisfaction;
- preparing clinical rotation assignment schedules and coordinating information dissemination to clinical education sites;
- assisting with educational planning, behavior/performance modification, remedial education, referral to student support agencies (financial aid counseling as required), and;
- arranging for periodic and or impromptu visits/communication to students, clinical education sites and clinical faculty as needed to problem solve, support, and discuss pertinent issues with student(s), CIs, and/or CCCEs.
E. Evaluates each clinical education site through student feedback, on-site visits, and ongoing communications and routinely shares this information with academic and clinical faculties. Provides feedback to clinical educators concerning their effectiveness in delivering clinical learning experiences based on student feedback and through direct observations.

II. Clinical Education Program Planning, Implementation, and Assessment

A. Performs academic responsibilities consistent with the Commission on Accreditation in Physical Therapy Education (CAPTE), and with institutional policy.

- Coordinates and teaches clinical education courses and other related course content based on areas of content and clinical expertise.
- Directs effort and attention to teaching and learning processes used throughout the curriculum (eg, management and education theory, adult learning).
- Monitors and documents the academic performance of students to ensure that they successfully achieve the criteria for completing clinical learning experiences.
  - Reviews and records student evaluations from CIs and determines the final grade for all clinical education courses in the curriculum.
  - Utilizes intervention strategies with CIs, CCCEs, and students who excel or demonstrate difficulties while on clinical education experiences or require learning strategies where a disabling or learning condition is present.
  - Develops remedial experiences for students, if necessary. Confers with the appropriate faculty (clinical and academic), the Program Director, Dean, Administration and other individuals (eg, counseling staff) where applicable.

- Provides direct input into curriculum design, review, and revision processes by:
  - Collecting and organizing pertinent information from clinical education sites and students and disseminating this information to faculty during curricular review processes in a timely manner.
  - Preparing reports and/or engaging in discussions with faculty on student progress in clinical education.
  - Keeping faculty informed about the clinical education program, pertinent policies and procedures, and changes influenced by accreditation.

- Coordinates and/or provides leadership for a Clinical Education or Program Advisory Committee consisting of area clinical educators, employers, or other persons, where feasible.
- Participates in academic program meetings, institutional governance, and/or community service activities as appropriate to the mission of the academic institution.
- Develops and implements a plan for self-development that includes the participation in and enhancement of teaching, delivery of physical therapy services, and development of scholarly activities (eg, scholarship of teaching, application, integration and discovery).
Functions as a faculty member in other job responsibilities as delegated by the Program Director/Chair or as required by the academic institution, Dean or other Administrator.

Monitors the changing health care delivery system and advises the Program Director and faculty of changing trends and potential impact on student enrollment, instruction, curriculum design, clinical education, and equipment needs.

Develops and administers information and education technology systems which support clinical education and the curriculum.

Participates in regional, state, and/or national clinical education forums, clinical education related activities, and programs designed to foster clinical education (e.g., Clinical Education Consortia, Clinical Education Special Interest Group (SIG) of the Section for Education, Chapter Clinical Education SIGs, and APTA Education Division activities).

B. Manages administrative responsibilities consistent with CAPTE, federal/state regulations, institutional policy, and practice setting requirements.

Administers a system for the academic program's clinical education records which include:
- current database of clinical education sites;
- current information on clinical education site and clinical faculty;
- status of negotiated clinical education agreement between the academic program and clinical education site;
- utilization of clinical education sites;
- reports on the performance of students in clinical education, and
- reports on clinical site/faculty performance in clinical education.

Acts as an intermediary among the appropriate parties to:
- facilitate the acquisition of clinical education agreements;
- administer policies and procedures for immunization, preventive health care practices, and for management of student injury while at clinical sites, and
- ensure liability protection of students (and faculty if required) inclusive of professional, governmental, institutional, and current risk management principles.

Assists the Program Director in the development of a program budget by providing input on items related to the clinical education program and overall program budget.

Manages fiscal allocations budgeted for clinical education.

Develops, implements, and monitors adherence to policy and procedures for the clinical education component of the curriculum.
• Develops, administers, and monitors the academic program's evaluation process for the clinical education component, including instruments used for evaluation of student performance, clinical education sites and faculty.
• Participates in the preparation of accreditation documentation and outcome performance assessment of students in the physical therapy program.

III. Clinical Site Development

A. Develops criteria and procedures for clinical site selection, utilization, and assessment (eg, APTA Guidelines for Clinical Education).

B. Establishes, develops, and maintains an adequate number of clinical education sites relative to quality, quantity and diversity of learning experiences (i.e., continuum of care, commonly seen diagnoses, across the lifespan, health care delivery systems, payers, cultural competence issues) to meet the educational needs of students and the academic program, the philosophy and outcomes of the program, and evaluative criteria set by CAPTE.

C. Provides clinical education site development opportunities through ongoing evaluation and assessment of strengths and areas needing further development or action (eg, in service training, discontinue student placements).

IV. Clinical Faculty Development

A. Collaborates with clinical faculty to promote, coordinate, plan, and provide clinical faculty development opportunities using effective instructional methodologies and technologies.

B. Encourages clinical faculty to participate in local, statewide, and national forums designed to foster and discuss issues addressing clinical education.

C. Maintains knowledge of current trends in health care and its affect on clinical education and apprises clinical educators and faculty of any changing trends.

D. Mentors other academic faculty about their role and responsibilities related to clinical education (eg, clinical site visits, determining readiness for the clinic).
Appendix B:

Guidelines
and Self-Assessments
for Clinical Education
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Clinical education represents a significant component of physical therapy curricula that has been continuously examined and discussed since the APTA publications of Moore and Perry (1976) entitled Clinical Education in Physical Therapy: Present Status/Future Needs and Barr and Gwyer (1981) entitled Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers. As a result, the Association and the Section for Education have launched a number of initiatives to explore and enhance clinical education and to clarify and revise the roles and expectations for individuals responsible for providing student clinical learning experiences. Some of these notable undertakings included conferences held in Kansas City, Missouri (1983), Rock Eagle, Georgia (1985), and Split Rock, Pennsylvania (1987). All of these efforts spurred the growth and development of clinical education research, student evaluation and outcome performance assessment, training and development programs for clinical educators, regional consortia, several National Task Forces on Clinical Education, and universal guidelines for clinical education.

Between 1989 and 1994, two Task Forces on Clinical Education (1989–1991 and 1992–1994), in concert with clinical educators throughout the nation, dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2,500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education, or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was the development of three documents: Guidelines for Clinical Education Sites, Guidelines for Clinical Instructors (CIs), and Guidelines for Center Coordinators of Clinical Education (CCCEs). These guidelines were first adopted by the APTA Board of Directors in November 1992 and endorsed by the APTA House of Delegates on June 13, 1993. Revisions to these Clinical Education Guidelines have been subsequently approved by the APTA Board of Directors in 1999 and 2004.

The intent of these voluntary guidelines is to provide academic and clinical educators with direction and guidance in the development and enhancement of clinical education sites and physical therapist and physical therapist assistant CIs and CCCEs. These documents reflect the nature of current practice and also represent the future ideals of physical therapy clinical education. The guidelines were designed to encourage and direct clinical education in diverse settings ranging from single or multiple clinicians, public or private clinical education sites, and clinical education sites housed within a building or a patient’s home.

These guidelines are most effective when used collectively; however, they have been written in a format that allows them to be used separately. Each guideline is accompanied by measurement statements to help the clinical education site, CIs, and CCCEs understand how to demonstrate the attainment of the specific guidelines and to delineate areas for further growth. In addition, each document provides minimal guidelines essential for quality clinical education as well as ideal guidelines to foster growth in the clinical education site, CI, and CCCE. Minimal guidelines are expressed through the active voice while ideals are designated by the use of “should” and “may.”

In addition to the development of guidelines for clinical education, the Task Force on Clinical Education (1992–1994) generated three assessment tools to be used by developing and existing clinical education sites providing physical therapy education. The self-assessment instruments for CCCEs, CIs, and clinical education sites, should be used in conjunction with the guidelines for clinical education. The assessment tools can be found after each of their respective clinical education guidelines. They are most effective when used as a comprehensive document for evaluating the effectiveness of the clinical education site’s program and its clinical teachers.
The purposes of these assessment tools are threefold:

1) To empower clinical education sites, CCCEs, and CIs to assess themselves in order to enhance the development and growth of student clinical education experiences;

2) To provide developing and existing clinical education sites with objective measures to evaluate their clinical education program’s assets and areas for growth; and

3) To provide clinical education sites with objective measures for the selection and development of CCCEs and CIs.

The self-assessment process is vital not only to the clinical education site, but also to the academic program. Information generated from this process can assist the academic coordinator/director of clinical education (ACCE/DCE) in developing insight into the clinical education site’s strengths and resources available to students for learning experiences. In addition, the ACCE/DCE can be provided with information about areas requiring further development of the clinical education site and clinical faculty.

In October 1998, the Guidelines and Self-Assessment for Clinical Education were reviewed and revised by an Ad Hoc Documentation Review Group to ensure that these documents reflected contemporary and forward-looking clinical education, practice, and care delivery. As part of the review process, current APTA documents were used to assist in editing the Guidelines and Self-Assessments for Clinical Education to ensure congruence in language, education and clinical education expectations, and practice philosophy and framework. Documents used to carry out this process included the Guide to Physical Therapist Practice and in particular the patient management model, A Normative Model of Physical Therapist Professional Education:: Version 1997, A Normative Model of Physical Therapist Assistant Education: First Revision (January 1998), Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. The revised Guidelines and Self-Assessments for Clinical Education were approved by the APTA Board of Directors in March 1999.

In March 2004, these Guidelines and Self-Assessments for Clinical Education were revised and approved by the Board of Directors. Revisions were made to reflect the most contemporary versions of the Guide to Physical Therapist Practice (2003), A Normative Model of Physical Therapist Professional Education: Version 2004, Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants, and APTA policies and positions.

We wish to extend our appreciation and gratitude to all of the clinical educators and educators who since 1993 have provided feedback and comments on these documents during their initial development through the process of widespread consensus building. Likewise, the contributions of Barr, Gwyer, and Talmor’s Standards for Clinical Education in Physical Therapy and the Northern California Clinical Education Consortium’s Self-Assessment of a Physical Therapy Clinical Education Site were instrumental to the initial development of the guidelines and self-assessment tools. We are also indebted to the Ad Hoc Documentation Review Group that participated in the process of revising the Guidelines and Self-Assessments for Clinical Education in 1999. The APTA is committed to ensuring that these guidelines and self-assessment tools continue to reflect contemporary and forward-looking standards for clinical education that are congruent with expectations for physical therapy education and practice.
This resource document should be used to guide the development and enhancement of clinical education sites and to clarify the roles, responsibilities, and expectations of CIs and CCCEs. There are 17 guidelines for clinical education sites and 6 guidelines for CIs and for CCCEs. Below each guideline are statements that clarify the intent, scope, and meaning of the guideline. These guidelines should be used by practice facilities to help determine their readiness to become a clinical education site, and by clinicians to help determine their readiness to become a CI or CCCE.

Following each set of guidelines is a companion self-assessment tool. Response options on the self-assessment forms include yes, no, or developing boxes. The user should check only one box for each item. A yes response indicates that the assessor demonstrates the item, a no response indicates that the assessor has not demonstrated the item, and a developing response indicates that this is an item that is in progress and that the assessor is working toward a yes response. When either a no or developing box is checked, the Comments/Plan section should be completed by briefly describing the actions to be taken to demonstrate the item(s). It is plausible that in some situations a no response could be checked because a particular item may not be relevant for the specific practice setting. Self-assessments for clinical education sites, CCCEs, and CIs may be separated and used in conjunction with their respective set of guidelines. They are most effective, however, when used as a comprehensive document for evaluating the effectiveness of the clinical education site’s program and its clinical teachers.

To provide clarity, the terms academic program, clinical education site, and provider of physical therapy are used consistently throughout the documents. Academic program is used to describe that part of the curriculum that occurs at the academic institution of higher education. Clinical education site indicates the entire clinical facility. Provider of physical therapy indicates that part of the clinical education experience that is managed and delivered exclusively under the direction and supervision of the physical therapist with the ability to direct and supervise the physical therapist assistant in providing physical therapy interventions. An asterisk indicates that the word can be found in the glossary. Users of this document are strongly encouraged to refer to the glossary because some commonly used terms may now have different meanings or intent. In addition, the plural form of “students” is used throughout the document to encourage clinical education sites to provide clinical learning experiences to more than one student simultaneously, using alternative collaborative and cooperative approaches to student supervision where feasible.

Opportunities should be provided for CIs and CCCEs to discuss the guidelines and self-assessments to determine how they should be applied to their specific clinical setting and how they may be used to determine an individual’s readiness to become a CI or CCCE. In addition, academic programs should consider using information from the clinical educators’ completed self-assessments to help in the development of the clinical site and the clinical educators. Based on this information, academic programs can ensure high-quality clinical learning experiences for their students by providing in-service and continuing education programs that will enhance the overall clinical education site* and will help CIs and CCCEs keep up-to-date on current practice.
1.0 THE PHILOSOPHY OF THE CLINICAL EDUCATION SITE AND PROVIDER OF PHYSICAL THERAPY FOR PATIENT/CLIENT CARE AND CLINICAL EDUCATION IS COMPATIBLE WITH THAT OF THE ACADEMIC PROGRAM.

1.1 The philosophies of the clinical education site and the academic program must be compatible, but not necessarily identical or in complete accord.

1.2 The clinical education site and the provider of physical therapy should have a written statement of philosophy.

1.2.1 The statement of philosophy may include comments concerning responsibilities for patient/client care, community service and resources, and educational and scholarly activities.

2.0 CLINICAL EDUCATION EXPERIENCES FOR STUDENTS ARE PLANNED TO MEET SPECIFIC OBJECTIVES OF THE ACADEMIC PROGRAM, THE PROVIDER OF PHYSICAL THERAPY, AND THE INDIVIDUAL STUDENT.

2.1 Planning for students should take place through communication* among the center coordinator of clinical education (CCCE), the clinical instructors (CIs), and the academic coordinator/director of clinical education (ACCE/DCE).

2.1.1 The provider of physical therapy has clearly stated, written objectives for its clinical education programs consistent with the philosophy and requirements of each academic program.

2.1.2 Clinical education objectives should be written specifically for the provider of physical therapy by physical therapy personnel.

2.1.3 Students should participate in planning their learning experiences according to mutually agreed-on objectives.

2.1.4 CIs should be prepared to modify learning experiences to meet individual student needs, objectives, and interests.

2.2 A thorough orientation to the clinical education program and the personnel of the clinical education site should be planned for students.

2.2.1 Organized procedures for the orientation of students exist. These procedures may include providing an orientation manual, a facility tour, and information related to housing, transportation, parking, dress code, documentation, scheduling procedures, and other important subjects.

2.3 Evaluation of student performance is an integral part of the learning plan to ensure that objectives are met.

2.3.1 Opportunities for discussion of strengths and weaknesses should be scheduled on a continual basis.
2.3.2 The provider of physical therapy gives both constructive and cumulative evaluations of students. These will be provided in both written and verbal forms, and the evaluation frequency will be scheduled as mutually agreed on by the academic program and the provider of physical therapy.

3.0 PHYSICAL THERAPY PERSONNEL PROVIDE SERVICES IN AN ETHICAL AND LEGAL MANNER.

3.1 All physical therapists and physical therapist assistants provide services in an ethical and legal manner as outlined by the standards of practice, the state/jurisdictional practice act, clinical education site policy, and APTA positions, policies, standards, codes, and guidelines.

3.1.1 The clinical education site has evidence of valid licensure, registration, or certification for all physical therapists and physical therapist assistants, where appropriate.

3.1.2 The provider of physical therapy has a current policy and procedure manual, which includes a copy of the state/jurisdictional practice act and interpretive rules and regulations, the APTA Code of Ethics, Standards for Ethical Conduct for the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Affiliate Member, Guide to Physical Therapist Practice, and a clinical education site code of ethics, if available.

3.2 The clinical education site policies are available to the personnel and students.

3.2.1 Written policies should include, but not be limited to, statements on patients/clients’ rights, release of confidential information (eg, HIPAA), photographic permission, clinical research, and safety and infection control.

3.2.2 The clinical education site has a mechanism for reporting unethical, illegal, unprofessional, or incompetent* practice.

4.0 THE CLINICAL EDUCATION SITE IS COMMITTED TO THE PRINCIPLE OF EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION AS REQUIRED BY FEDERAL LEGISLATION.

4.1 The clinical education site adheres to affirmative action policies and does not discriminate on the basis of race, creed, color, gender, age, national or ethnic origin, sexual orientation, or disability or health status. These policies apply to recruiting, hiring, promoting, retaining, training, or recommending benefits for all personnel.

4.1.1 The clinical education site has written statements regarding nondiscrimination in its hiring, promotion, and retention practices.

4.2 The clinical education site does not discriminate against students and ensures that each student is provided equal opportunities, learning experiences, and benefits.

4.2.1 The clinical education site does not discriminate in the selection or assignment of students or their learning experiences. Evidence of this nondiscrimination may be demonstrated through the clinical education agreement.*
4.2.2 The clinical education site is sensitive to issues of individual and cultural diversity in clinical education.

4.2.3 The clinical education site makes reasonable accommodations for personnel and students according to ADA* guidelines.

5.0 THE CLINICAL EDUCATION SITE DEMONSTRATES ADMINISTRATIVE SUPPORT OF PHYSICAL THERAPY CLINICAL EDUCATION.

5.1 A written clinical education agreement, in a format acceptable to both parties, exists between each academic program and each clinical education site.

5.1.1 A corporate clinical education agreement with an academic program may exist to cover multiple clinical education sites.

5.2 The clinical education site demonstrates support of the participation of its personnel in clinical education activities.

5.2.1 The clinical education site promotes participation of personnel as CIs and CCCEs.

5.2.2 The clinical education site facilitates growth of clinical educators by providing educational opportunities related to clinical education such as in-service presentations, CI training and credentialing programs, and attendance at clinical education conferences.

5.2.3 The clinical education site demonstrates commitment to clinical education by reasonable allocation of resources.

5.3 Administrative support should be demonstrated by the inclusion of a statement of educational commitment within the clinical education site’s philosophy statement.

5.4 A clinical education program manual exists, which might include, but should not be limited to, structure of the program, roles and responsibilities of personnel, quality improvement mechanisms, policies and procedures, sample forms, and a listing of current academic program relationships.

6.0 THE CLINICAL EDUCATION SITE HAS A VARIETY* OF LEARNING EXPERIENCES AVAILABLE TO STUDENTS.

6.1 Students in clinical education are primarily concerned with delivery of services to patients/clients; therefore, the provider of physical therapy must have an adequate number and variety of patients/clients.

6.1.1 The primary commitment of students is to patient/client care, including when appropriate, screening, examination, evaluation, diagnosis,* prognosis,* intervention, outcomes, and reexamination (see Guide to Physical Therapist Practice).

6.1.2 Provision of a “variety of learning experiences” may include, but should not be limited to, patient/client acuity, continuum of care, presence of a PT working
with a PTA, complexity of patient/client diagnoses and environment, health care systems, and health promotion.

6.1.3 The clinical education site provides a clinical experience appropriate to the students’ level of education and prior experiences.

6.1.4 The clinical education site will provide, if available and appropriate, opportunities for students to participate in other patient/client-related experiences, including, but not limited to, attendance on rounds, planning conferences, observation of other health professionals and medical procedures, and health promotion, prevention, and wellness programs.

6.1.5 The provider of physical therapy has adequate equipment to provide contemporary services to conduct screenings, perform examinations, and provide interventions.

6.1.6 The provider of physical therapy indicates the types of clinical learning experiences that are offered (eg, observational, part-time, full-time).

6.2 Other learning experiences should include opportunities in practice management (eg, indirect patient/client care). For physical therapist students, these opportunities may include consultation, education, critical inquiry, administration,* resource (financial and human) management, public relations and marketing, and social responsibility and advocacy. For physical therapist assistant students, these opportunities may include education, administration, and social responsibility and advocacy.

6.2.1 The clinical education site will expose students to various practice management opportunities, if available and appropriate, such as resource utilization, quality improvement, reimbursement, cost containment, scheduling, and productivity.

6.2.2 The clinical education site will expose students to various direction and supervision experiences, if available and appropriate, such as appropriate utilization of support personnel.

6.2.3 The clinical education site will expose students to teaching experiences, if available and appropriate, such as in-service programs and patient/client, family, caregiver, and consumer education.

6.2.4 The clinical education site will expose students to various scholarly activities, if available and appropriate, such as journal clubs, continuing education/in-services, literature review, case studies, and clinical research.

7.0 THE CLINICAL EDUCATION SITE PROVIDES AN ACTIVE, STIMULATING ENVIRONMENT APPROPRIATE TO THE LEARNING NEEDS OF STUDENTS.

7.1 The desirable learning environment in the clinical education site demonstrates characteristics of effective management, positive morale, collaborative working relationships, professionalism, and interdisciplinary patient/client management procedures.
7.1.1 Less tangible characteristics of the site’s personnel include receptiveness, a variety of expertise, interest in and use of evidence-based interventions, and involvement with care providers outside of physical therapy.

7.2 There is evidence of continuing and effective communication within the clinical education site.

7.2.1 Possible mechanisms of verbal communication might include personnel meetings, advisory committee meetings, and interaction with other care providers, referral agencies, and consumers.

7.2.2 Possible written communications available includes regular monthly or yearly reports, memorandums, and evaluations.*

7.2.3 Possible use of information technology includes e-mail, voice mail, computer documentation, electronic pagers, literature searches on the Internet, and use of APTA’s Hooked-on-Evidence database (http://www.apta.org/hookedonevidence/index.cfm).

7.3 The physical environment for clinical education should include adequate space for the student to conduct patient/client interventions and practice-management activities.

7.3.1 The physical environment may include some or all of the following physical resources: lockers for personal belongings, study/charting area, area for private conferences, classroom/conference space, library resources, and access to the Internet.

7.3.2 Patient/client-care areas are of adequate size to accommodate patients/clients, personnel, students, and necessary equipment.

7.4 The learning environment need not be elaborate, but should be organized, dynamic, and challenging.

8.0 SELECTED SUPPORT SERVICES ARE AVAILABLE TO STUDENTS.

8.1 Evidence exists that, prior to arrival, students are advised in writing of the availability of support services within the clinical education site and procedures for access to such services.

8.1.1 Support services may include, but are not limited to: health care, emergency medical care, and pharmaceutical supplies; library facilities, educational media and equipment, duplicating services, and computer services; support for conducting critical inquiry; and room and board, laundry, parking, special transportation, and recreational facilities.

8.1.2 Support services will be provided for special learning needs of students within reasonable accommodations and in accordance with ADA guidelines.
9.0 ROLES AND RESPONSIBILITIES OF PHYSICAL THERAPY PERSONNEL ARE CLEARLY DEFINED.

9.1 Current job descriptions exist which are consistent with the respective state/jurisdictional practice acts and rules and regulations, and are available for all physical therapy personnel.

9.1.1 Job responsibilities reflecting clinical education activities are clearly defined within the job descriptions of all physical therapy personnel.

9.2 Students are informed of the roles and responsibilities of all levels of personnel within the clinical education site and provider of physical therapy and how these responsibilities are distinguished from one another.

9.3 The clinical education site and the provider of physical therapy should have a current policy and procedure manual that includes a written organizational chart for the provider of physical therapy and for the provider of physical therapy in relation to the clinical education site.

9.3.1 The physical therapy organizational chart clearly identifies the lines of communication to be used by the student during clinical education experiences.*

9.3.2 Organizational charts should also reflect all personnel relationships, including the person to whom the students are responsible while at the clinical education site.

10.0 THE PHYSICAL THERAPY PERSONNEL ARE ADEQUATE IN NUMBER TO PROVIDE AN EDUCATIONAL PROGRAM FOR STUDENTS.

10.1 Comprehensive clinical education can be planned for students in a clinical education site with at least one physical therapist in accordance with APTA positions, policies, standards, codes, and guidelines.

10.1.1 Direct clinical supervision of a physical therapist assistant student is delegated to a physical therapist or a physical therapist/physical therapist assistant team.

10.2 Student-personnel ratio can vary according to the provision of physical therapy services, the composition and expertise of the personnel, the educational preparation of students, the type (PT or PTA) of students, the learning needs of students, the state/jurisdictional practice act, and the length of the clinical education assignments.

10.2.1 Alternative approaches to student supervision should be considered where feasible. Examples may include two or more students to one supervisor, and split supervision by two or more CIs or split supervision by rotation.

10.3 Physical therapist responsibilities for patient/client care, teaching, critical inquiry, and community service permit adequate time for supervision of physical therapy students.
11.0 A CENTER COORDINATOR OF CLINICAL EDUCATION IS SELECTED BASED ON SPECIFIC CRITERIA.

11.1 To qualify as a center coordinator of clinical education (CCCE), the individual should meet the *Guidelines for Center Coordinators of Clinical Education*. Preferably, a physical therapist and/or a physical therapist assistant are designated as the CCCE. Various alternatives may exist, including, but not limited to, non–physical therapy professionals who possess the skills to organize and maintain an appropriate clinical education program.*

11.1.1 If the CCCE is a physical therapist or physical therapist assistant, the CCCE should be experienced as a clinician, be experienced in clinical education, be interested in students, possess good interpersonal communication and organizational skills, be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process of students.

11.1.2 If the CCCE is not from the physical therapy profession, the CCCE should be experienced in clinical education, be interested in students, possess good interpersonal communication and organizational skills, be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist assistant who is experienced as a clinician must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of physical therapist students is delegated to a physical therapist. Direct clinical supervision of the physical therapist assistant student is delegated to a physical therapist or a physical therapist/physical therapist assistant team.

11.2 Planning and implementing the clinical education program in the clinical education site should be a joint effort among all physical therapy personnel with the CCCE serving as the key contact person for the clinical education site with academic programs.

12.0 PHYSICAL THERAPY CLINICAL INSTRUCTORS ARE SELECTED BASED ON SPECIFIC CRITERIA.

12.1 To qualify as a clinical instructor (CI), individuals should meet the *Guidelines for Clinical Instructors*.

12.1.1 One year of clinical experience with demonstrated clinical competence is preferred as the minimal criteria for serving as a CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.

12.1.2 CIs demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.

12.2 CIs should preferably complete a clinical instructor credentialing program such as the APTA Clinical Instructor Education and Credentialing Program.

12.2 CIs should be able to plan, conduct, and evaluate a clinical education experience based on sound educational principles.
12.2.1 Necessary educational skills include 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.

12.2.2 The CI is evaluated on the actual application of educational principles.

12.3 The primary CI for physical therapist students must be a physical therapist.

12.4 The PT working with the PTA is the preferred model of clinical instruction for the physical therapist assistant student to ensure that the student learns the appropriate aspects of the physical therapist assistant role.

12.4.1 Where the physical therapist is the CI, the preferred roles of the physical therapist assistant are to serve as a role model for the physical therapist assistant student and to maintain an active role in the feedback and evaluation of the physical therapist assistant student.

12.4.2 Where the physical therapist assistant is the CI working with the PT, the preferred roles of the physical therapist are to observe and consult on an ongoing basis, to model the essentials of the PT/PTA relationship, and to maintain an active role in feedback and evaluation of the physical therapist assistant students.

12.4.3 Regardless of who functions as the CI, a physical therapist will be the patient/client care team leader with ultimate responsibility for the provision of physical therapy services to all patients/clients for whom the physical therapist assistant student provides interventions.

13.0 SPECIAL EXPERTISE OF THE CLINICAL EDUCATION SITE PERSONNEL IS AVAILABLE TO STUDENTS.

13.1 The clinical education site personnel, when appropriate, provide a variety of learning opportunities consistent with their areas of expertise.

13.1.1 Special expertise may be offered by select physical therapy personnel or by other professional disciplines that can broaden the knowledge and competence of students.

13.1.2 Special knowledge and expertise can be shared with students through in-service education, demonstrations, lectures, observational experiences, clinical case conferences, meetings, or rotational assignments.

13.1.3 The involvement of the individual student in these experiences is determined by the CI.

14.0 THE CLINICAL EDUCATION SITE ENCOURAGES CLINICAL EDUCATOR (CI and CCCE) TRAINING AND DEVELOPMENT.

14.1 Clinical education sites foster participation in formal and informal clinical educator training, conducted either internally or externally.
14.1.1 The ACCE and the CCCE may collaborate on arrangements for presenting materials on clinical teaching to the Cls.

14.1.2 The clinical education site should provide support for attendance at clinical education conferences and clinical teaching seminars on the consortia, regional, component, and national levels.

14.1.3 The APTA Clinical Instructor Education and Credentialing Program is recommended for clinical educators.

15.0 THE CLINICAL EDUCATION SITE SUPPORTS ACTIVE CAREER DEVELOPMENT FOR PERSONNEL.

15.1 The clinical education site’s policy and procedure manuals outline policies concerning on-the-job training, in-service education, continuing education, and postprofessional physical therapist/post–entry-level physical therapist assistant study.

15.2 The clinical education site supports personnel participation in various development programs through mechanisms such as release time for in-services, on-site continuing education programs, and financial support and educational time for external seminars and workshops.

15.3 In-service education programs are scheduled on a regular basis and should be planned by personnel of the clinical education site.

15.4 Student participation in career development activities is expected and encouraged.

16.0 PHYSICAL THERAPY PERSONNEL ARE ACTIVE IN PROFESSIONAL ACTIVITIES.

16.1 Activities may include, but are not limited to, self-improvement activities; professional development and career enhancement activities; membership in professional associations, including the American Physical Therapy Association; activities related to offices or committees; paper or verbal presentations; community and human service organization activities; and other special activities.

16.2 The physical therapy personnel should be encouraged to be active at local, state, component, and/or national levels.

16.3 The physical therapy personnel should provide students with information about professional activities and encourage their participation.

16.4 The physical therapy personnel should be knowledgeable of professional issues.

16.5 Physical therapy personnel should model APTA’s core values for professionalism.
17.0 THE PROVIDER OF PHYSICAL THERAPY HAS AN ACTIVE AND VIABLE PROCESS OF INTERNAL EVALUATION OF ITS AFFAIRS AND IS RECEPTIVE TO PROCEDURES OF REVIEW AND AUDIT APPROVED BY APPROPRIATE EXTERNAL AGENCIES AND CONSUMERS.

17.1 Performance evaluations of physical therapy personnel should be completed at regularly scheduled intervals and should include appropriate feedback to the individuals evaluated.

17.2 Evaluation of the provider of physical therapy should occur at regularly scheduled intervals.

   17.2.1 Evaluation methods may include, but are not limited to, continuous quality improvement, peer review, utilization review, medical audit, program evaluation, and consumer satisfaction monitors.

   17.2.2 Evaluations should be continuous and include all aspects of the service, including, but not limited to, consultation, education, critical inquiry, and administration.

17.3 The clinical education site has successfully met the requirements of appropriate external agencies.

17.4 The provider of physical therapy involves students in the review processes whenever possible.

17.5 The physical therapy clinical education program should be reviewed and revised as changes occur in objectives, programs, and personnel.

The foundation for this document is:


Revisions of this document are based on:


## 1.0 THE PHILOSOPHY OF THE CLINICAL EDUCATION SITE AND PHYSICAL THERAPY SERVICE FOR PATIENT/CLIENT CARE AND CLINICAL EDUCATION IS COMPATIBLE WITH THAT OF THE ACADEMIC PROGRAM.

1. Does the provider of physical therapy policy and procedure manual contain a statement of philosophy for clinical education?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Developing

2. Does the clinical education site have a written statement of philosophy regarding clinical education?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Developing

3. Does the clinical education site statement of philosophy include comments related to the site’s responsibilities for patient/client care plans, community service and resources, and educational and scholarly activities?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Developing

4. After reviewing the academic program’s philosophy, do you believe the philosophy of the provider of physical therapy is compatible with that of the academic program?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Developing

## COMMENTS/PLAN:
2.0 CLINICAL EDUCATION EXPERIENCES FOR STUDENTS ARE PLANNED TO MEET SPECIFIC OBJECTIVES OF THE ACADEMIC PROGRAM, THE PHYSICAL THERAPY SERVICE, AND THE INDIVIDUAL STUDENT.

1. Does your provider of physical therapy:
   a) Have written objectives for clinical education? □ Yes □ No □ Developing
   b) Develop objectives with the input of physical therapy personnel? □ Yes □ No □ Developing
   c) Include students in planning learning experiences according to mutually agreed-on objectives? □ Yes □ No □ Developing
   d) Prepare CIs to modify particular learning experiences to meet individual student needs, objectives, and interests? □ Yes □ No □ Developing
   e) Have continuous communication with the academic program(s) about clinical education objectives? □ Yes □ No □ Developing

2. Are all members of the physical therapy staff who will be involved with clinical education familiar with the academic program and provider of physical therapy objectives for clinical education? □ Yes □ No □ Developing
   a) Is there a mechanism for staff to regularly review the academic program’s curriculum and objectives? □ Yes □ No □ Developing

3. Are the clinical education objectives sufficiently flexible to accommodate:
   a) The student’s objectives? □ Yes □ No □ Developing
   b) The clinical instructor’s objectives? □ Yes □ No □ Developing
   c) Student learning at different levels? □ Yes □ No □ Developing
   d) The academic program’s objectives for specific experiences? □ Yes □ No □ Developing

4. Are there organized procedures for the orientation of students? □ Yes □ No □ Developing
   a) Does a student orientation manual exist? □ Yes □ No □ Developing
b) Does student orientation include a facility tour and information related to housing, transportation, parking, dress code, documentation and scheduling procedures, and other important policies and procedures?

☐ Yes  ☐ No  ☐ Developing

5. Do your CIs participate in providing student feedback?

☐ Yes  ☐ No  ☐ Developing

   a) How do you or your CIs provide feedback to student(s)? [check all that apply]

   - Daily  
   - Weekly  
   - Periodically  
   - Orally  
   - Written  

6. Do your CIs participate in both constructive (interim) and cumulative (final) formative evaluations?

☐ Yes  ☐ No  ☐ Developing

   a) How do you or your CIs provide evaluations to the student(s)? [check all that apply]

   - Orally  
   - Written  
   - Predetermined schedule  

COMMENTS/PLAN:
3.0 PHYSICAL THERAPY PERSONNEL PROVIDE SERVICES IN AN ETHICAL AND LEGAL MANNER.

1. Does your clinical education site have a written policy for ethical standards of practice? □ Yes □ No □ Developing

2. Does your physical therapy service policy and procedure manual contain:
   a) A current copy of the APTA Code of Ethics, Standards for Ethical Conduct of the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Affiliate Member, and a clinical education site code of ethics? □ Yes □ No □ Developing
   b) A current copy of the state practice act and interpretive rules and regulations? □ Yes □ No □ Developing

3. Does your clinical education site have written policies, which include statements on patients’ rights, including HIPAA, release of confidential information, photographic permission, and clinical research? □ Yes □ No □ Developing

4. Does your clinical education site have a mechanism, formal or informal, for reporting:
   a) Unethical practice? □ Yes □ No □ Developing
   b) Illegal practice? □ Yes □ No □ Developing
   c) Unprofessional practice? □ Yes □ No □ Developing
   d) Incompetent practice? □ Yes □ No □ Developing

5. Does your clinical education site have evidence of valid licensure, registration, or certification for all physical therapists and physical therapist assistants, where appropriate? □ Yes □ No □ Developing

6. Is your physical therapy service consistent with policies and positions of the APTA? □ Yes □ No □ Developing

COMMENTS/PLAN:
1. Does your clinical education site have written policies prohibiting discrimination on the basis of race, creed, color, gender, age, religion, national or ethnic origin, sexual orientation, or disability or health status?

   ☐ Yes  ☐ No  ☐ Developing

These policies apply to [check all that apply]:

- Recruiting  ☐ Yes  ☐ No  ☐ Developing
- Hiring  ☐ Yes  ☐ No  ☐ Developing
- Promoting  ☐ Yes  ☐ No  ☐ Developing
- Retaining  ☐ Yes  ☐ No  ☐ Developing
- Training  ☐ Yes  ☐ No  ☐ Developing
- Recommending benefits  ☐ Yes  ☐ No  ☐ Developing

2. Does your clinical education site ensure each student is provided equal opportunities by:

   a) Accepting students regardless of race, creed, color, gender, age, religion, national or ethnic origin, sexual orientation, or disability or health status?

      ☐ Yes  ☐ No  ☐ Developing

   b) Providing equal opportunities, learning experiences, and benefits?

      ☐ Yes  ☐ No  ☐ Developing

   c) Evaluating student’s performance without regard race, creed, color, gender, age, religion, national or ethnic origin, sexual orientation, or disability or health status?

      ☐ Yes  ☐ No  ☐ Developing

   d) Demonstrating sensitivity to issues of cultural diversity in clinical education?

      ☐ Yes  ☐ No  ☐ Developing

3. Does the clinical education site make reasonable accommodations for personnel and students according to ADA guidelines?

      ☐ Yes  ☐ No  ☐ Developing
4. Does your clinical education site demonstrate evidence of the above through a clinical education agreement, policies and procedures, or organized activities addressing issues of cultural competence (e.g., sharing different foods, discussing cultural values)?

☐ Yes  ☐ No  ☐ Developing

COMMENTS/PLAN:
1. Does your clinical education site have a mechanism for completion of clinical education agreements with academic programs? □ Yes □ No □ Developing

2. Does your administration demonstrate support for clinical education by:
   a) Including a statement of educational commitment within the clinical education site’s philosophy? □ Yes □ No □ Developing
   b) Showing a willingness to enter into a written agreement with an academic program? □ Yes □ No □ Developing

3. Does your clinical education site demonstrate continued support for clinical education by:
   a) Maintaining current clinical education agreements? □ Yes □ No □ Developing
   b) Providing educational opportunities related to clinical education? □ Yes □ No □ Developing
   c) Providing support to attend continuing education programs pertinent to clinical education? □ Yes □ No □ Developing
   d) Providing job flexibility to accommodate additional responsibilities in clinical education? □ Yes □ No □ Developing
   e) Allocating resources such as space, equipment, and supportive personnel? □ Yes □ No □ Developing

4. Does a clinical education program policy and procedure manual exist that includes, but is not limited to:
   a) Structure of the program? □ Yes □ No □ Developing
   b) Roles and responsibilities of personnel? □ Yes □ No □ Developing
   c) Quality assurance and improvement mechanisms? □ Yes □ No □ Developing
   d) Listing current academic program relationships? □ Yes □ No □ Developing
e) Policies and procedures?  
☐ Yes  ☐ No  ☐ Developing

f) Sample forms?  
☐ Yes  ☐ No  ☐ Developing

**COMMENTS/PLAN:**
6.0 THE CLINICAL EDUCATION SITE HAS A VARIETY OF LEARNING EXPERIENCES AVAILABLE TO STUDENTS.

1. Do you believe you can provide quality learning experiences for:
   a) Observational experiences? □ Yes □ No □ Developing
   b) Part-time experiences (less than 35 hours/week)? □ Yes □ No □ Developing
   c) Full-time experiences (greater than 35 hours/week)? □ Yes □ No □ Developing
   d) Extended experiences (greater than 16 weeks)? □ Yes □ No □ Developing

2. Do you provide patient/client care learning experiences for students, such as: (See Guide to Physical Therapist Practice)
   a) Observation? □ Yes □ No □ Developing
   b) Screening? □ Yes □ No □ Developing
   c) Examination*? □ Yes □ No □ Developing
   d) Evaluation? □ Yes □ No □ Developing
   e) Diagnosis? □ Yes □ No □ Developing
   f) Prognosis?
      ▪ Plan of care* □ Yes □ No □ Developing
      ▪ Consultation □ Yes □ No □ Developing
      ▪ Goals □ Yes □ No □ Developing
   g) Intervention*?
      ▪ Coordination, communication, and documentation □ Yes □ No □ Developing
      ▪ Patient/client-related instruction □ Yes □ No □ Developing
      ▪ Patient interventions □ Yes □ No □ Developing
   h) Outcome*?
      ▪ Data collection □ Yes □ No □ Developing
      ▪ Analysis □ Yes □ No □ Developing
      ▪ Development of statistical reports □ Yes □ No □ Developing
i) Discharge planning?
   - Follow-up/reexamination
     □ Yes □ No □ Developing

j) Complexity of patient/client learning experiences (level of acuity, comorbidities, etc)?
   □ Yes □ No □ Developing

3. Do your clinical education experiences provide for a continuum of patient/client care?
   □ Yes □ No □ Developing

4. Do you provide other learning experiences such as:
   a) Service consultation (other health professionals, schools, businesses, organizations, community, etc)?
      □ Yes □ No □ Developing
   b) Education?
      - In-service programs
      □ Yes □ No □ Developing
      - Patient care rounds
      □ Yes □ No □ Developing
      - Case conferences
      □ Yes □ No □ Developing
      - Observation of other health professionals and/or medical procedures
      □ Yes □ No □ Developing
   c) Clinical reasoning and evidenced-based practice?
      - Observation or participation in systematic data collection, clinical research, and clinical decision making
      □ Yes □ No □ Developing
   d) Administration/management?
      - Quality improvement
      □ Yes □ No □ Developing
      - Utilization of resources
      □ Yes □ No □ Developing
      - Reimbursement and billing procedures
      □ Yes □ No □ Developing
      - Cost containment
      □ Yes □ No □ Developing
      - Fiscal management
      □ Yes □ No □ Developing
      - Scheduling
      □ Yes □ No □ Developing
      - Productivity analysis
      □ Yes □ No □ Developing
- Direction, supervision, and appropriate utilization of the physical therapist assistant
  - Yes  No  Developing
- Utilization of support personnel
  - Yes  No  Developing
- Ability to supervise other students
  - Yes  No  Developing

**e) Social responsibility and advocacy?**
- Consumer education, prevention, wellness, and health promotion
  - Yes  No  Developing
- Exposure to pro bono work
  - Yes  No  Developing
- Exposure to community service activities
  - Yes  No  Developing
- Opportunities for patient/client advocacy and advocacy for the profession
  - Yes  No  Developing

**f) Other scholarly activities?**
- Journal club
  - Yes  No  Developing
- Literature review
  - Yes  No  Developing
- Case studies
  - Yes  No  Developing

5 Does your provider of physical therapy have equipment and space that is:

- Appropriate to the types of patients/clients managed?
  - Yes  No  Developing
- Appropriate to the physical therapy interventions provided?
  - Yes  No  Developing
- Contemporary?
  - Yes  No  Developing

6 Does your clinical education experience have accessibility to library, Internet, or audiovisual resources?
  - Yes  No  Developing

**COMMENTS/PLAN:**
1. Do your physical therapy personnel demonstrate characteristics, such as:
   a) Variety of expertise? □ Yes □ No □ Developing
   b) Flexibility? □ Yes □ No □ Developing
   c) Interest in contemporary theory and evidence-based practice? □ Yes □ No □ Developing
   d) Receptiveness to diversity? □ Yes □ No □ Developing
   e) Positive working relationships with other professions? □ Yes □ No □ Developing

2. Does your provider of physical therapy demonstrate:
   a) Positive collegial relationships? □ Yes □ No □ Developing
   b) Effective management? □ Yes □ No □ Developing
   c) Positive staff morale? □ Yes □ No □ Developing

3. Are there regular formal mechanisms for communication within the clinical education site, such as:
   a) Personnel meetings? □ Yes □ No □ Developing
   b) Advisory committee meetings? □ Yes □ No □ Developing
   c) Interdisciplinary conferences and meetings? □ Yes □ No □ Developing
   d) Interaction with referral agencies? □ Yes □ No □ Developing
   e) Interaction with consumers? □ Yes □ No □ Developing
   f) Written communications, which may include monthly or yearly reports, memorandums, or evaluations? □ Yes □ No □ Developing
   g) Use of information technology that may include, but is not limited to, e-mail, voicemail, computer documentation, and electronic pagers? □ Yes □ No □ Developing
4. Does the physical environment include appropriate space for:

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<td>a) Patient/client care services?</td>
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<td>d) Consultative functions?</td>
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<td>e) Documentation services?</td>
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<td>f) Personal belongings?</td>
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8.0 SELECTED SUPPORT SERVICES ARE AVAILABLE TO STUDENTS.

1. Is the student given advance written information concerning the availability, access, limitations, and cost of support services, such as:

   a) Health care? □ Yes □ No □ Developing

   b) Emergency medical care and pharmaceutical supplies? □ Yes □ No □ Developing

   c) Library facilities? □ Yes □ No □ Developing

   d) Educational media and equipment? □ Yes □ No □ Developing

   e) Duplicating services? □ Yes □ No □ Developing

   f) Computer services? □ Yes □ No □ Developing

   g) Research and independent study support? □ Yes □ No □ Developing

   h) Room and board? □ Yes □ No □ Developing

   i) Laundry? □ Yes □ No □ Developing

   j) Parking? □ Yes □ No □ Developing

   k) Public or special transportation? □ Yes □ No □ Developing

   l) Recreational facilities? □ Yes □ No □ Developing

2. Does your clinical education site provide for special learning needs of students, within reasonable accommodations and in accordance with ADA guidelines? □ Yes □ No □ Developing

COMMENTS/PLAN:
### 9.0 ROLES AND RESPONSIBILITIES OF PHYSICAL THERAPY PERSONNEL ARE CLEARLY DEFINED.

1. Do you have a job description for all personnel as the providers of physical therapy?  
   - Yes  - No  - Developing

2. Do the job descriptions include the clinical education responsibilities of the:
   a) CCCE?  
   - Yes  - No  - Developing
   b) CI?  
   - Yes  - No  - Developing

3. Are the roles of the various physical therapy personnel explained to the student(s)?  
   - Yes  - No  - Developing

4. Does your policy and procedure manual include a written organizational chart for the provider of physical therapy in relation to the other components of the clinical education site?  
   - Yes  - No  - Developing

5. Does the organizational chart for the physical therapy service clearly show:
   a) The relationship of personnel?  
   - Yes  - No  - Developing
   b) The person to whom the students are responsible while at the clinical education site?  
   - Yes  - No  - Developing

### COMMENTS/PLAN:

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1. Have you referred to your state practice act as a guideline in developing your clinical education program? [Yes] [No] [Developing]

2. Do your personnel have adequate time, aside from patient/client care responsibilities, to assume responsibility for the education of students? [Yes] [No] [Developing]

3. Have accommodations been made to provide student supervision in the absence of the clinical instructor? [Yes] [No] [Developing]

4. Are you currently using or willing to consider alternative approaches to student–staff ratios for the CI? [Yes] [No] [Developing]

Examples of such ratios are [check all that are used]:

a) 1 CI : 1 student [ ]
b) 1 CI : 2 students [ ]
c) 1 CI : > 2 students [ ]
d) 2 CIs : 2 students [ ]
e) 2 CIs (split rotations) : 1 student [ ]
f) 1 PT/1 PTA (CI team) : 1 PT/1 PTA (student team) [ ]
g) Other (list them) [ ]

COMMENTS/PLAN:
11.0 A CENTER COORDINATOR OF CLINICAL EDUCATION IS SELECTED BASED ON SPECIFIC CRITERIA.

1. Does your clinical education site have written criteria for the position of CCCE?
   - Yes □ No □ Developing

2. Are the criteria based on the *Guidelines for Center Coordinators of Clinical Education*?
   - Yes □ No □ Developing

3. Is the responsibility for coordination of clinical education assigned to one or more individuals?
   - Yes □ No □ Developing

   a) Is/are the designated person(s) physical therapist(s)?
   - Yes □ No □ Developing

   b) Is/are the designated person(s) physical therapist assistant(s)?
   - Yes □ No □ Developing

   c) Is/are the designated person(s) non-physical therapist professional(s) who possess the skills to organize and maintain an appropriate clinical education program?
   - Yes □ No □ Developing

4. If the CCCE is a non–physical therapist professional:
   - Yes □ No □ Developing

   a) Is the direct supervision of PT students provided by physical therapists?
   - Yes □ No □ Developing

   b) Is the direct supervision of PTA students provided by PTs or the PTA working with the PT?
   - Yes □ No □ Developing

5. Is the clinical education site’s CCCE the key contact person with academic programs?
   - Yes □ No □ Developing

**COMMENTS/PLAN:**

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12.0 PHYSICAL THERAPY CLINICAL INSTRUCTORS ARE SELECTED BASED ON SPECIFIC CRITERIA.

1. Does your clinical education site have written criteria for the position of CI? □ Yes □ No □ Developing

2. Are the criteria based on the Guidelines for Clinical Instructors? □ Yes □ No □ Developing

3. Do your CIs have at least 1 year of clinical experience and meet the recommended criteria as outlined by the Guidelines for Clinical Instructors? □ Yes □ No □ Developing

4. Do your CIs demonstrate:
   a) A desire to participate in the clinical education program? □ Yes □ No □ Developing
   b) The ability to plan, conduct, and evaluate a clinical education experience based on sound educational principles? □ Yes □ No □ Developing

5. Have your CIs attended formal CI training such as:
   a) APTA’s voluntary Clinical Instructor Education and Credentialing Program (www.apta.org, “Education”)? □ Yes □ No □ Developing
   b) Consortia/component-sponsored CI training? □ Yes □ No □ Developing
   c) Academic program-sponsored CI training? □ Yes □ No □ Developing

6. Does the clinical education site have a mechanism to determine CI competence in providing quality clinical education experiences? □ Yes □ No □ Developing

7. Is the direct supervision of a physical therapist student provided by a physical therapist? □ Yes □ No □ Developing

8. Is the direct supervision of a physical therapist assistant student provided by a physical therapist or a physical therapist assistant working with a physical therapist? □ Yes □ No □ Developing

COMMENTS/PLAN:
13.0 SPECIAL EXPERTISE OF THE CLINICAL EDUCATION SITE PERSONNEL IS AVAILABLE TO STUDENTS.

1. Are there any areas of special expertise within your clinical education site?  
   - Yes  
   - No  
   - Developing

   a) Are these experiences available to students?  
   - Yes  
   - No  
   - Developing

2. Does the CI’s responsibility include determining individual student readiness for these experiences?  
   - Yes  
   - No  
   - Developing

3. If your clinical education site is multidisciplinary, are learning experiences from other disciplines available to the student?  
   - Yes  
   - No  
   - Developing

COMMENTS/PLAN:
1. Does the clinical education site foster formal and informal clinical educator training by:

   a) Providing clinical teaching in-service education? □ Yes □ No □ Developing

   b) Providing support for attendance at clinical teaching seminars? □ Yes □ No □ Developing

   c) Encouraging attendance at clinical education conferences on the consortia, regional, component, and national levels? □ Yes □ No □ Developing

   d) Recommending the APTA Clinical Instructor Education and Credentialing Program? □ Yes □ No □ Developing

   e) Supporting collaborative efforts of the CCCE and ACCE/DCE for CI training? □ Yes □ No □ Developing

   f) Providing CI training materials, such as manuals and videotapes? □ Yes □ No □ Developing

COMMENTS/PLAN:
15.0 THE CLINICAL EDUCATION SITE SUPPORTS ACTIVE CAREER DEVELOPMENT FOR PERSONNEL.

1. Does the clinical education site’s policy and procedure manuals outline policies concerning:
   a) On-the-job training?  □ Yes  □ No  □ Developing
   b) In-service education?  □ Yes  □ No  □ Developing
   c) Continuing education?  □ Yes  □ No  □ Developing
   d) Post-entry-level study?  □ Yes  □ No  □ Developing

2. Does the clinical education site support personnel participation in various development programs through mechanisms, such as:
   a) Release time for in-services?  □ Yes  □ No  □ Developing
   b) On-site or online continuing education programming?  □ Yes  □ No  □ Developing
   c) Financial support or educational release time for external seminars and workshops?  □ Yes  □ No  □ Developing

3. Are personnel in-service programs scheduled on a regular basis?  □ Yes  □ No  □ Developing

4. Are in-service programs planned by clinical education site personnel?  □ Yes  □ No  □ Developing

5. Is student participation in career development activities expected and encouraged?  □ Yes  □ No  □ Developing

COMMENTS/PLAN:
1. Do physical therapy personnel participate in:
   a) Self-improvement, self-assessment, and peer assessment activities? □ Yes □ No □ Developing
   b) Professional career enhancement activities? □ Yes □ No □ Developing
   c) Membership in professional associations? □ Yes □ No □ Developing
   d) Professional activities relating to offices or committees? □ Yes □ No □ Developing
   e) Presentations? □ Yes □ No □ Developing
   f) Community and human service organization activities? □ Yes □ No □ Developing
   g) Other special activities? □ Yes □ No □ Developing

2. Are the physical therapy personnel knowledgeable about professional issues? □ Yes □ No □ Developing

3. Are the physical therapy personnel encouraged to be active in the profession? □ Yes □ No □ Developing

4. Are students aware of your personnel’s involvement in professional or career activities? □ Yes □ No □ Developing

5. Do your physical therapy personnel provide students with information about professional (eg, APTA) or career activities and encourage them to participate? □ Yes □ No □ Developing

COMMENTS/PLAN:
17.0  THE PHYSICAL THERAPY SERVICE HAS AN ACTIVE AND VIABLE PROCESS OF INTERNAL EVALUATION OF ITS AFFAIRS AND IS RECEPTIVE TO PROCEDURES OF REVIEW AND AUDIT APPROVED BY APPROPRIATE EXTERNAL AGENCIES AND CONSUMERS.

1. Are physical therapy personnel performance evaluations:
   a) Completed at regularly scheduled intervals?
      □ Yes  □ No  □ Developing
   b) Providing appropriate feedback to the individual being evaluated?
      □ Yes  □ No  □ Developing
   c) Covering all aspects of the job, including teaching and scholarly activities?
      □ Yes  □ No  □ Developing

2. Is the physical therapy service, including patient/client care and teaching and scholarly activities, evaluated at regularly scheduled intervals?
   □ Yes  □ No  □ Developing

3. Is the provider of physical therapy evaluated by: [check all that apply]
   a) Continuous quality improvement?
      □
   b) Peer review?
      □
   c) Utilization review?
      □
   d) Medical audit?
      □
   e) Consumer satisfaction monitors?
      □
   f) Program evaluation?
      □
   g) Other?
      □

4. Are the physical therapy personnel actively involved in these monitoring activities?
   □ Yes  □ No  □ Developing

5. Does the provider of physical therapy involve students in review processes?
   □ Yes  □ No  □ Developing

6. Has the clinical education site successfully met the requirements of external agencies, if applicable (ie, JCAHO, CARF, OSHA)?
   □ Yes  □ No  □ Developing
7. Is the physical therapy clinical education program reviewed and revised:
   a) On a regular basis? ☐ Yes ☐ No ☐ Developing
   b) As changes in objectives, programs, and staff occur? ☐ Yes ☐ No ☐ Developing

8. Are changes in the clinical education program communicated to the academic program(s)? ☐ Yes ☐ No ☐ Developing

COMMENTS/PLAN:
GUIDELINES FOR CLINICAL INSTRUCTORS

1.0 THE CLINICAL INSTRUCTOR (CI) DEMONSTRATES CLINICAL COMPETENCE, AND LEGAL AND ETHICAL BEHAVIOR THAT MEETS OR EXCEEDS THE EXPECTATIONS OF MEMBERS OF THE PROFESSION OF PHYSICAL THERAPY.

1.1 One year of clinical experience is preferred as minimal criteria for serving as the CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.

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

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

1.2.1 The CI demonstrates a systematic approach to patient/client care using the patient/client management model described in the *Guide to Physical Therapist Practice*.

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

1.2.3 Rationale and evidence is provided by:

1.2.3.1 The physical therapist for examination, evaluation, diagnosis, prognosis, interventions, outcomes, and reexaminations.

1.2.3.2 The physical therapist assistant for directed interventions, data collection associated with directed interventions, and outcomes.

1.2.4 The CI demonstrates effective time-management skills.

1.2.5 The CI demonstrates the core values (accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility) associated with professionalism in physical therapy.

1.3 The CI adheres to legal practice standards.

1.3.1 The CI holds a valid license, registration, or certification as required by the state in which the individual provides physical therapy services.

1.3.2 The CI provides physical therapy services that are consistent with the respective state/jurisdictional practice act and interpretive rules and regulations.

1.3.3 The CI provides physical therapy services that are consistent with state and federal legislation, including, but not limited to, equal opportunity and affirmative action policies, HIPAA, Medicare regulations regarding reimbursement for patient/client care where students are involved, and the ADA.

1.3.3.1 The physical therapist is solely responsible for ensuring the patient/client is aware of the student status of any student involved in providing physical therapy services.
1.4 The CI demonstrates ethical behavior.

1.4.1 The CI provides physical therapy services ethically as outlined by the clinical education site policy and the APTA Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Affiliate Member, and Guide to Physical Therapist Practice.

2.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

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

2.1.1 The CI defines performance expectations for students.

2.1.2 The CI and student(s) collaborate to develop mutually agreed-on goals and objectives for the clinical education experience.

2.1.3 The CI provides feedback to students.

2.1.4 The CI demonstrates skill in active listening.

2.1.5 The CI provides clear and concise communication.

2.2 The CI is responsible for facilitating communication.

2.2.1 The CI encourages dialogue with students.

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

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

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

3.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS.

3.1 The CI forms a collegial relationship with students.

3.1.1 The CI models behaviors and conduct, and instructional and supervisory skills that are expected of the physical therapist/physical therapist assistant and demonstrates an awareness of the impact of this role modeling on students.

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

3.1.3 The CI demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.

3.1.4 The CI is willing to share his or her strengths and weaknesses with students.
3.2 The CI is approachable by students.

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

3.3 The CI interacts with patients/clients, colleagues, and other health care providers to achieve identified goals.

3.4 The CI represents the physical therapy profession positively by assuming responsibility for career and self-development and demonstrates this responsibility to the students.

3.4.1 Activities for development may include, but are not limited to, continuing education courses, journal clubs, case conferences, case studies, literature review, facility sponsored courses, post-professional/entry-level education, area consortia programs, and active involvement in professional associations, including APTA.

4.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

4.1 The CI collaborates with students to plan learning experiences.

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

4.1.2 Learning experiences should include both patient/client interventions and patient/client practice management activities.

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

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

4.4 The CI integrates knowledge of various learning styles to implement strategies that accommodate students’ needs.

4.5 The CI sequences learning experiences to promote progression of the students’ personal and educational goals.

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

5.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

5.1 The CI supervises the student in the clinical environment by clarifying goals, objectives, and expectations.
5.1.1 The CI presents clear performance expectations to students at the beginning and throughout the learning experience.

5.1.2 Goals and objectives are mutually agreed on by the CI and student(s).

5.2 Feedback is provided both formally and informally.

5.2.1 To provide student feedback, the CI collects information through direct observation and discussion with students, review of the students’ patient/client documentation, available observations made by others, and students’ self-assessments.

5.2.2 The CI provides frequent, positive, constructive, and timely feedback.

5.2.3 The CI and students review and analyze feedback regularly and adjust the learning experiences accordingly.

5.3 The CI performs constructive and cumulative evaluations of the students’ performance.

5.3.1 The CI and students both participate in ongoing formative evaluation.

5.3.2 Cumulative evaluations are provided at least at midterm and at the completion of the clinical education experience and include student self-assessments.

6.0 THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS.

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

6.1.1 The CI familiarizes herself or himself with the student’s evaluation instrument prior to the clinical education experience.

6.1.2 The CI recognizes and documents students’ progress, identifies areas of entry-level competence, areas of distinction, and specific areas of performance that are unsafe, ineffective, or deficient in quality.

6.1.3 Based on areas of distinction, the CI plans, in collaboration with the CCCE and the ACCE/DCE when applicable, activities that continue to challenge students’ performance.

6.1.4 Based on the areas identified as inadequate, the CI plans, in collaboration with the CCCE and ACCE/DCE when applicable, remedial activities to address specific deficits in student performance.

6.2 The CI demonstrates awareness of the relationship between the academic program and clinical education site concerning student performance evaluations, grading, remedial activities, and due process in the case of student failure.

6.3 The CI demonstrates a constructive approach to student performance evaluation that is educational, objective, and reflective and engages students in self-assessment (eg,
6.4 The CI fosters student evaluations of the clinical education experience, including learning opportunities, CI and CCCE performance, and the evaluation process.

The foundation for this document is:


Revisions of this document are based on:

1. Do you, as the clinical instructor (CI), have at least 1 year of clinical experience?  
   □ Yes  □ No  □ Developing

2. Do you demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching?  
   □ Yes  □ No  □ Developing

3. Do you, as the CI, demonstrate competence as a physical therapist or a physical therapist assistant by:
   a) Utilizing the patient/client management model in the *Guide to Physical Therapist Practice* to demonstrate a systematic approach to patient care?  
      □ Yes  □ No  □ Developing
   
   b) Using clinical reasoning and evidence-based practice in the delivery of health services?  
      □ Yes  □ No  □ Developing
   
   c) Providing rationale for the patient/client?
      □ Yes  □ No  □ Developing
      • Examination, evaluation, diagnosis, prognosis, interventions, outcomes, and reexaminations (PT)
      □ Yes  □ No  □ Developing
      • Interventions (including data collection and outcomes associated with those interventions) as directed and supervised by the PT and within the plan of care (PTA)
      □ Yes  □ No  □ Developing
   
   d) Demonstrating effective time-management skills?  
      □ Yes  □ No  □ Developing

4. Do you, as the CI, adhere to legal practice standards?
   a) By holding a current license/registration/certification as required by the physical therapy practice act in the state in which you practice?  
      □ Yes  □ No  □ Developing
   
   b) By providing physical therapy services that are consistent with your state practice act and interpretive rules and regulations?  
      □ Yes  □ No  □ Developing
c) By providing physical therapy services that are consistent with state and federal legislation, including, but not limited to:

- Equal opportunity and affirmative action policies
- Americans With Disabilities Act (ADA)

☐ Yes  ☐ No  ☐ Developing

☐ Yes  ☐ No  ☐ Developing

d) By ensuring that the patients/clients have been informed of and consent to have a student involved in providing physical therapy services?

☐ Yes  ☐ No  ☐ Developing

5. Do you, as the CI, demonstrate ethical behavior, as outlined by the clinical education site policy and the APTA Code of Ethics and Guide for Professional Conduct?

☐ Yes  ☐ No  ☐ Developing

6. Do you, as the CI, consistently demonstrate the APTA Core Values (http://www.apta.org/documents/public/education/professionalism.pdf) of accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility?

☐ Yes  ☐ No  ☐ Developing

COMMENTS/PLAN:
2.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

1. Do you, as the CI, use verbal, nonverbal, and written communication skills and information technology to clearly express yourself to students to:

   a) Define performance expectations for students? □ Yes □ No □ Developing

   b) Collaborate to develop mutually agreed-on goals and objectives for the clinical education experience? □ Yes □ No □ Developing

   c) Provide feedback? □ Yes □ No □ Developing

   d) Demonstrate skill in active listening? □ Yes □ No □ Developing

2. Do you, as the CI, facilitate communication by:

   a) Encouraging dialogue with students? □ Yes □ No □ Developing

   b) Providing time and a place for ongoing dialogue to occur? □ Yes □ No □ Developing

   c) Initiating communication that may be difficult or confrontational around an issue of concern? □ Yes □ No □ Developing

   d) Remaining open to and encouraging feedback from students, clinical educators, and other colleagues? □ Yes □ No □ Developing

COMMENTS/PLAN:
3.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS.

1. Do you, as the CI, form a collegial relationship with students?  □ Yes □ No □ Developing

2. Do you model behaviors and conduct and instructional and supervisory skills that are expected of the PT or PTA?  □ Yes □ No □ Developing

3. Do you demonstrate an understanding of the impact of your behavior and conduct as a role model for students?  □ Yes □ No □ Developing

4. Do you promote the student as a colleague to others?  □ Yes □ No □ Developing

5. Do you demonstrate respect for and sensitivity to individual differences?  □ Yes □ No □ Developing

6. Are you willing to share your strengths and weaknesses with students?  □ Yes □ No □ Developing

7. Do you, as the CI, remain approachable by assessing and responding to student concerns with empathy, support, or interpretation, as appropriate?  □ Yes □ No □ Developing

8. Do you, as the CI, interact appropriately with patients, colleagues, and other health professionals to achieve identified goals?  □ Yes □ No □ Developing

9. Do you represent the physical therapy profession positively by assuming responsibility for career and self-development and demonstrate this responsibility to the student by participation in activities, such as:
   a) Continuing education courses?  □ Yes □ No □ Developing
   b) Journal club?  □ Yes □ No □ Developing
   c) Case conferences?  □ Yes □ No □ Developing
   d) Case studies?  □ Yes □ No □ Developing
   e) Literature review?  □ Yes □ No □ Developing
   f) Facility sponsored courses?  □ Yes □ No □ Developing
   g) Post-entry-level education?  □ Yes □ No □ Developing
h) Area consortia programs?  

- Yes
- No
- Developing

i) Membership and active involvement in the profession (e.g., America Physical Therapy Association)  

- Yes
- No
- Developing

COMMENTS/PLAN:
4.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

1. Do you, as the CI, implement, facilitate, and evaluate learning experiences for students based on a plan created in collaboration with students?
   - Yes
   - No
   - Developing

2. Do you, as the CI, review the student’s academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience?
   - Yes
   - No
   - Developing

3. Do you include learning experiences in the patient/client management model (eg, examination, evaluation, diagnosis, prognosis, plan of care, intervention, and outcomes for the PT student; directed interventions with the plan of care for the PTA student) and practice management activities (eg, billing, staff meetings, marketing)?
   - Yes
   - No
   - Developing

4. Do you, as the CI, maximize learning opportunities by using planned and unplanned experiences within the entire clinical environment?
   - Yes
   - No
   - Developing

5. Do you, as the CI, integrate knowledge of various learning styles to implement strategies that accommodate students’ needs?
   - Yes
   - No
   - Developing

6. Do you, as the CI, sequence learning experiences to allow progression towards the student’s personal and educational goals?
   - Yes
   - No
   - Developing

7. Do you, as the CI, monitor and modify learning experiences in a timely manner, based on the quality of the student’s performance?
   - Yes
   - No
   - Developing

COMMENTS/PLAN:
## 5.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

1. Do you, as the CI, present clear performance expectations to students at the beginning of and throughout the learning experience?  
   - Yes  - No  - Developing

2. Are goals and objectives mutually agreed on by you and students?  
   - Yes  - No  - Developing

3. Do you, as the CI, provide both formal and informal feedback?  
   - Yes  - No  - Developing

4. To provide student feedback, do you collect information through:
   a) Direct observation and discussions with students?  
      - Yes  - No  - Developing
   b) Review of the students’ patient/client documentation?  
      - Yes  - No  - Developing
   c) Available observations made by others?  
      - Yes  - No  - Developing
   d) Students’ self-assessments?  
      - Yes  - No  - Developing

5. Do you, as the CI, provide feedback to students that is:
   a) Frequent?  
      - Yes  - No  - Developing
   b) Positive?  
      - Yes  - No  - Developing
   c) Constructive?  
      - Yes  - No  - Developing
   d) Timely?  
      - Yes  - No  - Developing

6. Do you, as the CI, review and analyze feedback regularly and adjust learning experiences accordingly?  
   - Yes  - No  - Developing

7. Do you, as the CI, perform constructive (interim) and cumulative (final) evaluations of the students’ performance by:
   a) Participating with the student in ongoing constructive evaluations?  
      - Yes  - No  - Developing
   b) Providing cumulative evaluations at least at midterm and at the completion of the clinical education experience?  
      - Yes  - No  - Developing
   c) Including student self-assessments?  
      - Yes  - No  - Developing
### 6.0 The Clinical Instructor Demonstrates Performance Evaluation Skills

1. Do you, as the CI, familiarize yourself with the students’ evaluation instrument(s) prior to the clinical education experience?  
   - Yes  
   - No  
   - Developing

2. Do you, as the CI, use and articulate available information and observations when evaluating students’ knowledge, skills, and behavior as related to specific performance criteria?  
   - Yes  
   - No  
   - Developing

3. Do you, as the CI, recognize and document students’ progress by identifying areas of:  
   a) Entry-level competence?  
      - Yes  
      - No  
      - Developing  
   b) Exceptional performance?  
      - Yes  
      - No  
      - Developing  
   c) Unsafe or ineffective performance?  
      - Yes  
      - No  
      - Developing  
   d) Appropriate progression?  
      - Yes  
      - No  
      - Developing

4. In collaboration with the CCCE and ACCE/DCE, do you plan activities that continue to challenge student performance based on areas of:  
   a) Exceptional performance?  
      - Yes  
      - No  
      - Developing  
   b) Appropriate progression?  
      - Yes  
      - No  
      - Developing  
   c) Specific deficits?  
      - Yes  
      - No  
      - Developing

5. Do you, as the CI, demonstrate awareness of the relationship between the academic program and clinical education site as it relates to:  
   a) Student performance evaluations?  
      - Yes  
      - No  
      - Developing  
   b) Grading?  
      - Yes  
      - No  
      - Developing  
   c) Remedial activities?  
      - Yes  
      - No  
      - Developing  
   d) Due process in the case of student failure?  
      - Yes  
      - No  
      - Developing

6. Do you, as the CI, demonstrate a constructive approach to student performance evaluation that is:  
   a) Educational?  
      - Yes  
      - No  
      - Developing  
   b) Objective?  
      - Yes  
      - No  
      - Developing  
   c) Reflective?  
      - Yes  
      - No  
      - Developing
d) Directed at engaging students in self-assessment?

7. Do you foster student evaluation of the clinical education experience, including:

<table>
<thead>
<tr>
<th>a) Learning opportunities?</th>
<th>Yes</th>
<th>No</th>
<th>Developing</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) CI performance?</td>
<td>Yes</td>
<td>No</td>
<td>Developing</td>
</tr>
<tr>
<td>c) CCCE performance?</td>
<td>Yes</td>
<td>No</td>
<td>Developing</td>
</tr>
<tr>
<td>d) The evaluation process?</td>
<td>Yes</td>
<td>No</td>
<td>Developing</td>
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**COMMENTS/PLAN:**
1.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION (CCCE) HAS SPECIFIC QUALIFICATIONS AND IS RESPONSIBLE FOR COORDINATING THE ASSIGNMENTS AND ACTIVITIES OF STUDENTS AT THE CLINICAL EDUCATION SITE.

1.1 To qualify as a center coordinator of clinical education (CCCE), an individual should meet the Guidelines for Center Coordinators of Clinical Education. Preferably, a physical therapist or a physical therapist assistant is designated as the CCCE. Various alternatives may exist, including, but not limited to, non–physical therapist professionals who possess the skills to organize and maintain an appropriate clinical education program.

1.1.1 If the CCCE is a physical therapist or physical therapist assistant, he or she should be experienced as a clinician, be experienced in clinical education, be interested in students, possess good interpersonal communication and organizational skills, be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process of students.

1.1.1.1 The CCCE meets the requirements of the APTA Guidelines for Clinical Instructors.

1.1.2 If the CCCE is not from the physical therapy profession, the CCCE should be experienced in clinical education, be interested in students, possess good interpersonal communication and organizational skills, be knowledgeable of the clinical education site and its resources, and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist and physical therapist assistant who are experienced clinicians must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of a physical therapist student is delegated to a physical therapist. Direct clinical supervision of a physical therapist assistant student is delegated to either a physical therapist or physical therapist working with a physical therapist assistant.

1.1.2.1 The CCCE meets the non–discipline-specific APTA Guidelines for Clinical Instructors (ie, Guidelines 2.0, 3.0, 4.0, and 5.0).

1.2 The CCCE demonstrates knowledge of contemporary issues of clinical practice, management of the clinical education program, educational theory, and issues in health care delivery.

1.3 The CCCE demonstrates ethical and legal behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy.
2.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE COMMUNICATION AND INTERPERSONAL SKILLS.

2.1 The CCCE interacts effectively and fosters collegial relationships with parties internal and external to the clinical education site, including students, clinical education site personnel, and representatives of the academic program.

2.1.1 The CCCE performs administrative functions between the academic program and clinical education site, including, but not limited to, completion of the clinical center information forms (CCIF), clinical education agreements, student placement forms,* and policy and procedure manuals.

2.1.2 The CCCE provides consultation to the clinical instructor (CI) in the evaluation process regarding clinical learning experiences.

2.1.3 The CCCE serves as a representative of the clinical education site to academic programs.

2.1.4 The CCCE is knowledgeable about the affiliated academic programs and their respective curricula and disseminates the information to clinical education site personnel.

2.1.5 The CCCE communicates with the academic coordinator of clinical education* (ACCE) regarding clinical education planning, evaluation, and CI development.

2.1.6 The CCCE is open to and encourages feedback from students, CIs, ACCE/DCEs, and other colleagues.

2.1.7 The CCCE demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.

3.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

3.1 The CCCE plans and implements activities that contribute to the professional development of the CIs.

3.1.1 The CCCE is knowledgeable about the concepts of adult and lifelong learning and life span development.

3.1.2 The CCCE recognizes the uniqueness of teaching in the clinical context.

3.2 The CCCE identifies needs and resources of CIs in the clinical education site.

3.3 The CCCE, in conjunction with CIs, plans and implements alternative or remedial learning experiences for students experiencing difficulty.

3.4 The CCCE, in conjunction with CIs, plans and implements challenging clinical learning experiences for students demonstrating distinctive performance.
3.5 The CCCE, in conjunction with CIs, plans and implements learning experiences to accommodate students with special needs.

4.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

4.1 The CCCE supervises the educational planning, clinical experiences, and performance evaluation of the CI(s)/student(s) team.

4.1.1 The CCCE provides consistent monitoring and feedback to CIs about clinical education activities.

4.1.2 The CCCE serves as a resource to both CIs and students.

4.1.3 The CCCE assists in planning and problem solving with the CI(s)/student(s) team in a positive manner that enhances the clinical learning experience.

5.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE PERFORMANCE EVALUATION SKILLS.

5.1 The CCCE is knowledgeable about educational evaluation methodologies and can apply these methodologies to the physical therapy clinical education program.

5.2 The CCCE contributes to the clinical education site’s process of personnel evaluation and development.

5.3 The CCCE provides feedback to CIs on their performance in relation to the APTA Guidelines for Clinical Instructors.

5.3.1 The CCCE assists CIs in their goal setting and in documenting progress toward achievement of these goals.

5.4 The CCCE consults with CIs in the assessment of student performance and goal setting as it relates to specific evaluative criteria established by academic programs.*

5.4.1 For student remedial activities, the CCCE participates in the development of an evaluation plan to specifically document progress.

6.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE ADMINISTRATIVE AND MANAGERIAL SKILLS.

6.1 The CCCE is responsible for the management of a comprehensive clinical education program.

6.1.1 The clinical education program includes, but is not limited to, the program’s goals and objectives; the learning experiences available and the logistical details for student placements; and a plan for CI training, evaluation, and development.

6.1.2 The CCCE implements a plan for program review and revision that reflects the changing health care environment.
6.2 The CCCE advocates for clinical education with the clinical education site’s administration, the provider of physical therapy’s administration, and physical therapy personnel.

6.3 The CCCE serves as the clinical education site’s formal representative and liaison with academic programs.

6.3.1 Activities include scheduling; providing information, documentation, and orientation to incoming students; and maintaining records of student performance, CI qualifications, and clinical education site resources.

6.4 The CCCE facilitates and maintains the necessary documentation to affiliate with academic programs.

6.4.1 The CCCE maintains current information, including clinical site information forms (CSIF), clinical education agreements, and policy and procedure manuals.

6.5 The CCCE has effective relationships with clinical education site administrators, representatives of other disciplines, and other departments to enhance the clinical education program.

6.6 The CCCE demonstrates knowledge of the clinical education site’s philosophy and commitment to clinical education.

6.7 The CCCE demonstrates an understanding of the clinical education site’s quality improvement and assessment activities.

The foundation for this document is:


Revisions of this document are based on:


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1.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION (CCCE) HAS SPECIFIC QUALIFICATIONS AND IS RESPONSIBLE FOR COORDINATING THE ASSIGNMENTS AND ACTIVITIES OF STUDENTS AT THE CLINICAL EDUCATION SITE.

1. Are you, as the Center Coordinator of Clinical Education (CCCE):

   a) Experienced in clinical education?  
      [☐] Yes  [☐] No  [☐] Developing

   b) Interested in students?  
      [☐] Yes  [☐] No  [☐] Developing

   c) Skilled in interpersonal relationships, communication, and organization?  
      [☐] Yes  [☐] No  [☐] Developing

   d) Knowledgeable about the clinical education site and its resources?  
      [☐] Yes  [☐] No  [☐] Developing

   e) Able to serve as a consultant in the evaluation process?  
      [☐] Yes  [☐] No  [☐] Developing

2. Are you a physical therapist or physical therapist assistant? If so:

   [☐] Yes  [☐] No  [☐] Developing

   a) Are you an experienced clinician?  
      [☐] Yes  [☐] No  [☐] Developing

   b) Do you meet the APTA Guidelines for Clinical Instructors?  
      [☐] Yes  [☐] No  [☐] Developing

3. If you are a non–physical therapy professional:

   a) Do you have an experienced physical therapist clinician available for consultation in planning clinical educational experiences?  
      [☐] Yes  [☐] No  [☐] Developing

   b) Do you have a physical therapist for direct clinical supervision of physical therapist students and a physical therapist or physical therapist assistant working with a physical therapist for the direct clinical supervision of the physical therapist assistant student?  
      [☐] Yes  [☐] No  [☐] Developing

   c) Do you meet Guidelines 2.0 through 5.0 for CIs, as outlined in the APTA Guidelines for Clinical Instructors?  
      [☐] Yes  [☐] No  [☐] Developing
4. Do you, as the CCCE, demonstrate knowledge of:
   a) Contemporary issues of clinical practice?  □ Yes  □ No  □ Developing
   b) Management of the clinical education program?  □ Yes  □ No  □ Developing
   c) Education theory?  □ Yes  □ No  □ Developing
   d) Issues in health care delivery?  □ Yes  □ No  □ Developing

5. Do you, as the CCCE, demonstrate legal and ethical behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy?  □ Yes  □ No  □ Developing

COMMENTS/PLAN:
2.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE COMMUNICATION AND INTERPERSONAL SKILLS.

1. Do you, as the CCCE, interact effectively and foster collegial relationships, both internal and external to the clinical education site, by:

   a) Performing administrative functions between academic programs and the clinical education site? Such as completing:
      - The clinical site information form (CSIF) □ Yes □ No □ Developing
      - Clinical education agreements □ Yes □ No □ Developing
      - Student placement forms □ Yes □ No □ Developing
      - Policy and procedure manual □ Yes □ No □ Developing

   b) Providing consultation to the CI in the evaluation process? □ Yes □ No □ Developing

   c) Serving as a representative of the clinical education site to academic programs? □ Yes □ No □ Developing

   d) Demonstrating knowledge of the affiliated academic programs and their respective curricula and disseminating the information to clinical education site personnel? □ Yes □ No □ Developing

   e) Communicating with the ACCE/DCE regarding clinical education planning, evaluation, and CI development? □ Yes □ No □ Developing

   f) Remaining open to and encouraging feedback from students, CIs, ACCEs/DCEs, and other colleagues? □ Yes □ No □ Developing

   g) Demonstrating respect for and sensitivity to individual and cultural differences? □ Yes □ No □ Developing

COMMENTS/PLAN:


3.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

1. Do you, as the CCCE, plan and implement activities that contribute to the development of CIs by fostering:
   a) Understanding of the concepts of adult and lifelong learning and life span development? □ Yes □ No □ Developing
   b) Recognition of the uniqueness of teaching in the clinical context? □ Yes □ No □ Developing

2. Do you, as the CCCE, identify needs and resources of CIs in the clinical education site? □ Yes □ No □ Developing

3. In conjunction with CIs, do you, as the CCCE, plan and implement:
   a) Alternative or remedial learning experiences for students experiencing difficulty? □ Yes □ No □ Developing
   b) Challenging learning experiences for students demonstrating exceptional clinical performance? □ Yes □ No □ Developing
   c) Learning experiences that accommodate students with special needs? □ Yes □ No □ Developing

COMMENTS/PLAN:
4.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

1. Do you, as the CCCE, supervise the CI(s)/student(s) team during the experience to ensure quality of:
   a) Educational planning?  
      ![Yes]  ![No]  ![Developing]
   b) Clinical learning experiences?  
      ![Yes]  ![No]  ![Developing]
   c) Performance evaluation?  
      ![Yes]  ![No]  ![Developing]

2. Do you, as the CCCE, provide consistent monitoring of and feedback to CIs regarding clinical education activities?  
   ![Yes]  ![No]  ![Developing]

3. Are you, as the CCCE, serving as a useful resource to:
   a) CIs?  
      ![Yes]  ![No]  ![Developing]
   b) Students?  
      ![Yes]  ![No]  ![Developing]
   c) ACCEs/DCEs?  
      ![Yes]  ![No]  ![Developing]

4. Do you, as the CCCE, enhance the clinical learning experience by assisting in planning and problem solving with the CI(s)/student(s) team?  
   ![Yes]  ![No]  ![Developing]

**COMMENTS/PLAN:**
5.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE PERFORMANCE EVALUATION SKILLS.

1. Are you, as the CCCE, knowledgeable about educational evaluation methodologies?  
   □ Yes □ No □ Developing  
   a) Do you apply these methodologies to the physical therapy clinical education program?  
      □ Yes □ No □ Developing

2. Do you, as the CCCE, contribute to the clinical education sites process of personnel evaluation development?  
   □ Yes □ No □ Developing

3. Do you, as the CCCE, provide feedback to CIs on their performance as clinical teachers in relation to the APTA Guidelines for Clinical Instructors?  
   □ Yes □ No □ Developing

4. Do you, as the CCCE, assist CIs in:  
   a) Goal setting?  
      □ Yes □ No □ Developing  
   b) Documenting progress toward achievement of goals?  
      □ Yes □ No □ Developing

5. Do you, as the CCCE, consult with CIs in the assessment of student performance as it relates to specific evaluative criteria established by each academic program?  
   □ Yes □ No □ Developing

6. When a student requires remedial activities, do you, as the CCCE, participate in the development of a plan to specifically document student progress?  
   □ Yes □ No □ Developing

COMMENTS/PLAN:


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6.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE ADMINISTRATIVE AND MANAGERIAL SKILLS.

1. Do you, as the CCCE, manage the comprehensive clinical education program?

   - Yes
   - No
   - Developing

2. Does your program include:

   a) Goals and objectives?

   - Yes
   - No
   - Developing

   b) Available learning experiences?

   - Yes
   - No
   - Developing

   c) Logistical details for student placements?

   - Yes
   - No
   - Developing

   d) A plan for CI training, development, and evaluation?

   - Yes
   - No
   - Developing

3. Do you, as the CCCE, routinely review and revise your clinical education program?

   - Yes
   - No
   - Developing

4. Do you, as the CCCE, advocate for clinical education with:

   a) Clinical education site administration?

   - Yes
   - No
   - Developing

   b) Provider pf physical therapy administration?

   - Yes
   - No
   - Developing

   c) Provider of physical therapy personnel?

   - Yes
   - No
   - Developing

5. Do you, as the CCCE, serve as the clinical education site’s formal representative and liaison with academic programs for activities such as:

   a) Scheduling of students?

   - Yes
   - No
   - Developing

   b) Orienting incoming students?

   - Yes
   - No
   - Developing

   c) Maintaining records of student performance?

   - Yes
   - No
   - Developing

   d) Maintaining records of CI qualifications?

   - Yes
   - No
   - Developing

   e) Maintaining records of clinical education site resources?

   - Yes
   - No
   - Developing

6. Are you, as the CCCE, responsible for facilitating and maintaining the necessary documentation to affiliate with academic programs such as:

   a) Clinical site information form (CSIF)?

   - Yes
   - No
   - Developing
b) Clinical education agreement?  □ Yes  □ No  □ Developing

c) Policy and procedure manual?  □ Yes  □ No  □ Developing

7. Do you, as the CCCE, enhance the clinical education program by developing effective relationships with:

   a) Clinical education site administrators?  □ Yes  □ No  □ Developing

   b) Representatives of other disciplines?  □ Yes  □ No  □ Developing

   c) Other site departments?  □ Yes  □ No  □ Developing

8. Do you, as the CCCE, demonstrate knowledge of the clinical education site’s philosophy and commitment to clinical education?  □ Yes  □ No  □ Developing

9. Do you, as the CCCE, demonstrate an understanding of the clinical education site’s quality improvement and assessment activities?  □ Yes  □ No  □ Developing

COMMENTS/PLAN:
Academic Coordinator/Director of Clinical Education (ACCE/DCE): An individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating development of the clinical education site and clinical educators. This person is also responsible for coordinating student placements, communicating with clinical educators about the academic program and student performance, and maintaining current information on clinical education sites.

Academic program: That aspect of the curriculum where students’ learning occurs directly as a function of being immersed in the academic institution of higher education; the didactic component of the curriculum that is managed and controlled by the physical therapy educational program.

Accountability: Active acceptance of responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society. (*Professionalism in Physical Therapy: Core Values; August 2003.*)

ADA (Americans with Disabilities Act): The 1990 federal statute that prohibits discrimination against individuals in employment, public accommodations, etc.

Administration: The skilled process of planning, directing, organizing, and managing human, technical, environmental, and financial resources effectively and efficiently. A physical therapist or physical therapist assistant can perform administrative activities, based on recognition of additional formal and informal training, certification, or education.

Affective: Relating to the expression of emotion (eg, affective behavior).

Altruism: The primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self interest. (*Professionalism in Physical Therapy: Core Values; August 2003.*)

Caring: The concern, empathy, and consideration for the needs and values of others. (*Professionalism in Physical Therapy: Core Values, August 2003.*)

Center Coordinator of Clinical Education (CCCE): Individual(s) who administer, manage, and coordinate clinical instructor assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of persons to serve as clinical instructors for students, supervises clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.

Clients: Individuals who are not necessarily sick or injured but can benefit from a physical therapist’s consultation, professional advice, or services. Clients are also businesses, school systems, families, caregivers, and others who benefit from physical therapy services.

Clinical education agreement: A legal contract that is negotiated between academic institutions and clinical education sites that specifies each party’s roles, responsibilities, and liabilities relating to student clinical education. (Synonyms: letter of agreement, affiliation contract)

Clinical education consortia: The formation of regional groups that may include physical therapy programs or clinical educators for the express purpose of sharing resources, ideas, and efforts.

Clinical education experience: That aspect of the curriculum where students’ learning occurs...
directly as a function of being immersed within physical therapy practice. These dynamic and progressive experiences comprise all of the direct and indirect formal and practical “real life” learning experiences provided for students to apply classroom knowledge, skills, and behaviors in the clinical environment. These experiences can be of short or long duration (eg, part-time and full-time experiences, internships that are most often full-time postgraduation experiences for a period of 1 year) and can vary by the manner in which the learning experiences are provided (eg, rotations on different units that vary within the same setting, rotations between different practice settings within the same health care system). These experiences include comprehensive care of patients across the life span and related activities. (Synonym: Clinical learning experiences)

**Clinical education program:** That portion of a physical therapy program that is conducted in the health care environment rather than the academic environment; the sum of all clinical education experiences provided.

**Clinical education site:** The physical therapy practice environment where clinical education occurs; that aspect of the clinical education experience that is managed and delivered exclusively within the physical therapy practice environment and encompasses the entire clinical facility.

**Clinical instructor (CI):** An individual at the clinical education site, who directly instructs and supervises students during their clinical learning experiences. These individuals are responsible for carrying out clinical learning experiences and assessing students’ performance in cognitive,*

communication,* and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. (Synonyms: clinical teacher; clinical tutor; clinical supervisor)

**Clinical Performance Instrument (CPI):** American Physical Therapy Association developed student evaluation instruments that are used to assess the clinical education performance of physical therapist and physical therapist assistant students. The Physical Therapist CPI consists of 24 performance criteria and the Physical Therapist Assistant CPI consists of 20 performance criteria.

**Cognitive:** Characterized by knowledge, awareness, reasoning, and judgment.

**Communication:** A verbal or nonverbal exchange between two or more individuals or groups that is: open and honest; accurate and complete; timely and ongoing; and occurs between physical therapists and physical therapist assistants, as well as between patients, family or caregivers, health care providers, and the health care delivery system.

**Compassion:** The desire to identify with or sense something of another’s experience; a precursor of caring. (Professionalism in Physical Therapy: Core Values; August 2003.)

**Competent:** Demonstrates skill and proficiency in a fluid and coordinated manner in rendering physical therapy care (physical therapist), or those aspects of physical therapy care (eg, interventions) as directed and supervised by the physical therapist (physical therapist assistant).

**Competencies:** A set of standard criteria, determined by practice setting and scope, by which one is objectively evaluated.

**Cultural competence:** Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. “Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Working definition adapted from...
Cultural and individual differences: The recognition and respect for and response to, age, gender, race, creed, national and ethnic origin, sexual orientation, marital status, health status, disability or limitations, socioeconomic status, and language.

Data collection: For the physical therapist assistant, this term is used in the context of providing interventions that are directed by the physical therapist and within the plan of care and consist of processes or procedures used to collect information relative to the intervention, which may include observation, measurement, and subjective, objective, and functional findings.

Diagnosis: Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person. (Guide to Physical Therapist Practice. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Ethical and legal behaviors: Those behaviors that result from a deliberate decision-making process that adheres to an established set of standards for conduct that are derived from values that have been mutually agreed on and adopted for that group.

Excellence: Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. (Professionalism in Physical Therapy: Core Values; August 2003.)

Evaluation: A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. No defined number or range of number of visits is established for this type of episode. (Guide to Physical Therapist Practice. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Examination: A comprehensive and specific testing process performed by a physical therapist that leads to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems reviews, and tests and measures. (Guide to Physical Therapist Practice. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Integrity: Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do. (Professionalism in Physical Therapy: Core Values; August 2003.)

Intervention: The purposeful and skilled interaction of the physical therapist with the patient/client and, when appropriate, with other individuals involved in care (ie, physical therapist assistant), using various methods and techniques to produce changes in the condition. (Guide to Physical Therapist Practice. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Outcomes (assessment of the individual): Performed by the physical therapist and is a measure (or measures) of the intended results of patient/client management, including changes in impairments,
functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

**Patients:** Individuals who are the recipients of physical therapy direct intervention.

**Patient/client management model:** Elements of physical therapist patient care that lead to optimal outcomes through examination, evaluation, diagnosis, prognosis, intervention, and outcomes. (Adapted from the *Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Philosophy:** Broad context and theoretical framework provided for program purpose, organization, structure, goals, and objectives; a statement of philosophy under some conditions may be synonymous with a mission statement.

**Physical therapist:** A person who is a graduate of an accredited physical therapist education program and is licensed to practice physical therapy.

**Physical therapist assistant:** A person who is a graduate of an accredited physical therapist assistant program and who assists the physical therapist in the provision of physical therapy. The physical therapist assistant may perform physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

**Physical therapist professional education:** First level of education that prepares student to enter the practice of physical therapy.

**Physical therapy:** Use of this term encompasses both physical therapists and physical therapist assistants.

**Physical therapy personnel:** This includes all persons who are associated with the provision of physical therapy services, including physical therapists, physical therapist assistants who work under the direction and supervision of a physical therapist, and other support personnel. (*Synonym:* physical therapy staff)

**Plan of care:** Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Professional:** A person who is educated to the level of possessing a unique body of knowledge, adheres to ethical conduct, requires licensure to practice, participates in the monitoring of one’s peers, and is accepted and recognized by the public as being a professional. (See Physical Therapist.)

**Professional duty:** Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society. (*Professionalism in Physical Therapy: Core Values;* August 2003.)

**Prognosis:** The determination by the physical therapist of the predicted optimal level of improvement in function and the amount of time needed to reach that level. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Provider of physical therapy:** This indicates the part of the clinical education experience that is managed and delivered exclusively under the direction and supervision of the physical therapist.
including within the plan of care physical therapy interventions provided by the physical therapist assistant.

**Psychomotor:** Refers to motor activity that is preceded by or related to mental activity.

**Reexamination:** The process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions. (*Guide to Physical Therapist Practice.* Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Screening:** Determining the need for further examination or consultation by a physical therapist or for referral to another health professional. (*Guide to Physical Therapist Practice.* Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.) (See also: Cognitive.)

**Social responsibility:** The promotion of a mutual trust between the physical therapist as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. (*Professionalism in Physical Therapy: Core Values,* August 2003.)

**Student placement forms:** A questionnaire distributed by physical therapy education programs to clinical education sites requesting the number and type of available placements for students to complete clinical education experiences.

**Supervision:** A process where two or more people actively participate in a joint effort to establish, maintain, and elevate a level of performance; it is structured according to the supervisee’s qualifications, position, level of preparation, depth of experience, and the environment in which the supervisee functions.

**Treatment:** The sum of all interventions provided by the physical therapist to a patient/client during an episode of care. (*Guide to Physical Therapist Practice.* Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Validity:** The degree to which accumulated evidence and theory support specific interpretation of test scores entailed by proposed use of a test. The degree to which a test measures what it is intended to measure; a test is valid for a particular purpose for a particular group.

**Variety of clinical education experiences:** Considers multiple variables when providing students with clinical learning experiences relative to patient care including, but not limited to, patient acuity, continuum of care, use of a PT/PTA care-delivery team, complexity of patient diagnoses and environment, and health care delivery system.
Appendix C:

Clinical Site Information (CSIF) Form
INTRODUCTION:

The primary purpose of the Clinical Site Information Form (CSIF) is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites to:

- Facilitate clinical site selection,
- Assist in student placements,
- Assess the learning experiences and clinical practice opportunities available to students; and
- Provide assistance with completion of documentation required for accreditation.

The CSIF is divided into two sections:

- Part I: Information for Academic Programs (pages 4-16)
  - Information About the Clinical Site (pages 4-6)
  - Information About the Clinical Teaching Faculty (pages 7-10)
  - Information About the Physical Therapy Service (pages 10-12)
  - Information About the Clinical Education Experience (pages 13-16)
- Part II: Information for Students (pages 17-20)

Duplication of requested information is kept to a minimum except when separation of Part I and Part II of the CSIF would omit critical information needed by both students and the academic program. The CSIF is also designed using a check-off format wherever possible to reduce the amount of time required for completion.
DIRECTIONS FOR COMPLETION:

To complete the CSIF go to APTA’s website at under “Education Programs,” click on “Clinical” and choose “Clinical Site Information Form.” This document is available as a Word document.

1. **Save the CSIF on your computer** before entering your facility’s information. The title should be the clinical site’s zip code, clinical site’s name, and the date (e.g. 90210BevHillsRehab10-26-2005). Using this format for titling the document allows the users to quickly identify the facility and most recent version of the CSIF from a folder. Saving the document will preserve the original copy on the disk or hard drive, allowing for ease in updating the document as changes in the clinical site information occurs.

2. **Complete the CSIF thoroughly and accurately.** Use the tab key or arrow keys to move to the desired blank space. The form is comprised of a series of tables to enable use of the tab key for quicker data entry. Use the Comment section to provide addition information as needed. If you need additional space please attach a separate sheet of paper.

3. **Save the completed CSIF.**
4. **E-mail** the completed CSIF to each academic program with whom the clinic affiliates (accepts students).
5. In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, e-mail a copy of the completed CSIF to the Department of Physical Therapy Education at angelaboyd@apta.org.
6. **Update the CSIF on an annual basis** to assist in maintaining accurate and relevant information about your physical therapy service for academic programs, students, and the national database.

**What should I do if my physical therapy service is associated with multiple satellite sites that also provide clinical learning experiences?**

If your physical therapy service is associated with multiple satellite sites that offer a variety of clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, provide information regarding the primary clinical site for the clinical experience on page 4. Complete page 4, to provide essential information on all additional clinical sites or satellites associated with the primary clinical site. **Please note that if the satellite site(s) offering a clinical experience differs from the primary clinical site, a separate CSIF must be completed for each satellite site. Additionally, if any of the satellite sites have a different CCCE, an abbreviated resume must be completed for each individual serving as CCCE.**

**What should I do if specific items are not applicable to my clinical site or I need to further clarify a response?**

If specific items on the CSIF do not apply to your clinical education site at the time you are completing the form, please leave the item(s) blank. Provide additional information and/or comments in the Comment box associated with the item.
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**Person Completing CSIF**

E-mail address of person completing CSIF

**Name of Clinical Center**

**Street Address**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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**Facility Phone**

**PT Department Phone**

**PT Department Fax**

**PT Department E-mail**

**Clinical Center Web Address**

**Director of Physical Therapy**

**Director of Physical Therapy E-mail**

**Center Coordinator of Clinical Education (CCCE) / Contact Person**

**CCCE / Contact Person Phone**

**CCCE / Contact Person E-mail**

**APTA Credentialed Clinical Instructors (CI) (List name and credentials)**

**Other Credentialed CIs (List name and credentials)**

**Indicate which of the following are required by your facility prior to the clinical education experience:**

- [ ] Proof of student health clearance
- [ ] Criminal background check
- [ ] Child clearance
- [ ] Drug screening
- [ ] First Aid and CPR
- [ ] HIPAA education
- [ ] OSHA education
- [ ] Other: Please list
**Information About Multi-Center Facilities**

If your health care system or practice has multiple sites or clinical centers, complete the following table(s) for each of the sites. Where information is the same as the primary clinical site, indicate “SAME.” If more than three sites, copy this table before entering the requested information. Note that you must complete an abbreviated resume for each CCCE.

<table>
<thead>
<tr>
<th>Name of Clinical Site</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tbody>
<tr>
<td>Facility Phone</td>
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<tr>
<td>PT Department Phone</td>
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<td>Fax Number</td>
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<td>Director of Physical Therapy</td>
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<td>PT Department Phone</td>
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<td>Director of Physical Therapy</td>
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<td>PT Department Phone</td>
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<td>Fax Number</td>
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## Clinical Site Accreditation/Ownership

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Date of Last Accreditation/Certification</th>
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<tr>
<td></td>
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<td>Is your clinical site certified/ accredited? If no, go to #3.</td>
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<td>If yes, has your clinical site been certified/accredited by:</td>
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<td>JCAHO</td>
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<td>CARF</td>
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<td>Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)</td>
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<td>Other</td>
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<td>Which of the following best describes the ownership category for your clinical site? (check all that apply)</td>
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<td>Corporate/Privately Owned</td>
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<td>Physician/Physician Group Owned</td>
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<td>PT Owned</td>
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<td>PT/PTA Owned</td>
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<td>Other (please specify)</td>
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## Clinical Site Primary Classification

To complete this section, please:

A. Place the number 1 (1) beside the category that best describes how your facility functions the majority (> 50%) of the time.

B. Next, if appropriate, check (√) up to four additional categories that describe the other clinical centers associated with your facility.

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<td></td>
<td>ECF/Nursing Home/SNF</td>
<td>Private Practice</td>
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<td></td>
<td>Federal/State/County Health</td>
<td>Rehabilitation/Sub-acute Rehabilitation</td>
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## Clinical Site Location

Which of the following best describes your clinical site’s location?

- Rural
- Suburban
- Urban
Information About the Clinical Teaching Faculty

**ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION**
*Please update as each new CCCE assumes this position.*

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Length of time as the CCCE:</th>
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<th>DATE: (mm/dd/yy)</th>
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<tr>
<th>PRESENT POSITION:</th>
<th>Mark (X) all that apply:</th>
<th>Length of time in clinical practice:</th>
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<tbody>
<tr>
<td>(Title, Name of Facility)</td>
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<td>□ Other, specify</td>
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<th>Other CI Credentialing</th>
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<tr>
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<td>Yes ☐ No ☐</td>
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<th>Eligible for Licensure:</th>
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**SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION** (Start with most current):

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<th>DEGREE</th>
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<td>FROM</td>
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**SUMMARY OF PRIMARY EMPLOYMENT** (For current and previous four positions since graduation from college; start with most current):

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<th>EMPLOYER</th>
<th>POSITION</th>
<th>PERIOD OF EMPLOYMENT</th>
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CONTINUING PROFESSIONAL PREPARATION RELATED DIRECTLY TO CLINICAL TEACHING RESPONSIBILITIES (for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the last three (3) years):

<table>
<thead>
<tr>
<th>Course</th>
<th>Provider/Location</th>
<th>Date</th>
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</tbody>
</table>
CLINICAL INSTRUCTOR INFORMATION

Provide the following information on all PTs or PTAs employed at your clinical site who are CIs. For clinical sites with multiple locations, use one form for each location and identify the location here.

<table>
<thead>
<tr>
<th>Name followed by credentials (eg, Joe Therapist, DPT, OCS Jane Assistant, PTA, BS)</th>
<th>PT/PTA Program from Which CI Graduated</th>
<th>Year of Graduation</th>
<th>Highest Earned Physical Therapy Degree</th>
<th>No. of Years of Clinical Practice</th>
<th>No. of Years of Clinical Teaching</th>
<th>List Certifications</th>
<th>APTA Member Yes/No</th>
<th>L= Licensed, Number E= Eligible T= Temporary</th>
<th>State of Licensure</th>
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</table>
Clinical Instructors

What criteria do you use to select clinical instructors? (Mark (X) all that apply):

- ☐ APTA Clinical Instructor Credentialing
- ☐ Career ladder opportunity
- ☐ Certification/training course
- ☐ Clinical competence
- ☐ Delegated in job description
- ☐ Demonstrated strength in clinical teaching
- ☐ No criteria
- ☐ Other (not APTA) clinical instructor credentialing
- ☐ Therapist initiative/volunteer
- ☐ Years of experience: Number:
- ☐ Other (please specify):

How are clinical instructors trained? (Mark (X) all that apply)

- ☐ 1:1 individual training (CCCE:CI)
- ☐ Academic for-credit coursework
- ☐ APTA Clinical Instructor Education and Credentialing Program
- ☐ Clinical center inservices
- ☐ Continuing education by academic program
- ☐ Continuing education by consortia
- ☐ No training
- ☐ Other (not APTA) clinical instructor credentialing program
- ☐ Professional continuing education (eg, chapter, CEU course)
- ☐ Other (please specify):

Information About the Physical Therapy Service

Number of Inpatient Beds

For clinical sites with inpatient care, please provide the number of beds available in each of the subcategories listed below: (If this does not apply to your facility, please skip and move to the next table.)

<table>
<thead>
<tr>
<th>Acute care</th>
<th>Psychiatric center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive care</td>
<td>Rehabilitation center</td>
</tr>
<tr>
<td>Step down</td>
<td>Other specialty centers: Specify</td>
</tr>
<tr>
<td>Subacute/transitional care unit</td>
<td></td>
</tr>
<tr>
<td>Extended care</td>
<td><strong>Total Number of Beds</strong></td>
</tr>
</tbody>
</table>

Number of Patients/ Clients

Estimate the average number of patient/client visits per day:

<table>
<thead>
<tr>
<th>INPATIENT</th>
<th>OUTPATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual PT</td>
<td>Individual PT</td>
</tr>
<tr>
<td>Student PT</td>
<td>Student PT</td>
</tr>
<tr>
<td>Individual PTA</td>
<td>Individual PTA</td>
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<tr>
<td>Student PTA</td>
<td>Student PTA</td>
</tr>
<tr>
<td>PT/PTA Team</td>
<td>PT/PTA Team</td>
</tr>
<tr>
<td><strong>Total</strong> patient/client visits per day</td>
<td><strong>Total</strong> patient/client visits per day</td>
</tr>
</tbody>
</table>
### Patient/Client Lifespan and Continuum of Care

Indicate the frequency of time typically spent with patients/clients in each of the categories using the key below:

1 = (0%)  2 = (1-25%)  3 = (26-50%)  4 = (51-75%)  5 = (76-100%)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Patient Lifespan</th>
<th>Rating</th>
<th>Continuum of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12 years</td>
<td></td>
<td></td>
<td>Critical care, ICU, acute</td>
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<tr>
<td>13-21 years</td>
<td></td>
<td></td>
<td>SNF/ECF/sub-acute</td>
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<tr>
<td>22-65 years</td>
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<td></td>
<td>Rehabilitation</td>
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<tr>
<td>Over 65 years</td>
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<td>Ambulatory/outpatient</td>
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<td>Home health/hospice</td>
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<td>Wellness/fitness/industry</td>
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</tbody>
</table>

### Patient/Client Diagnoses

1. Indicate the frequency of time typically spent with patients/clients in the primary diagnostic groups (bolded) using the key below:

1 = (0%)  2 = (1-25%)  3 = (26-50%)  4 = (51-75%)  5 = (76-100%)

2. Check (√) those patient/client diagnostic sub-categories available to the student.

<table>
<thead>
<tr>
<th>(1-5)</th>
<th>Musculoskeletal</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>Acute injury</td>
</tr>
<tr>
<td>□</td>
<td>Amputation</td>
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<tr>
<td>□</td>
<td>Arthritis</td>
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<tr>
<td>□</td>
<td>Bone disease/dysfunction</td>
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<tr>
<td>□</td>
<td>Connective tissue disease/dysfunction</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(1-5)</th>
<th>Neuro-muscular</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>Brain injury</td>
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<tr>
<td>□</td>
<td>Cerebral vascular accident</td>
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<tr>
<td>□</td>
<td>Chronic pain</td>
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<tr>
<td>□</td>
<td>Congenital/developmental</td>
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<tr>
<td>□</td>
<td>Neuromuscular degenerative disease</td>
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</table>

<table>
<thead>
<tr>
<th>(1-5)</th>
<th>Cardiovascular-pulmonary</th>
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</thead>
<tbody>
<tr>
<td>□</td>
<td>Cardiac dysfunction/disease</td>
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<tr>
<td>□</td>
<td>Fitness</td>
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<tr>
<td>□</td>
<td>Lymphedema</td>
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<tr>
<td>□</td>
<td>Pulmonary dysfunction/disease</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(1-5)</th>
<th>Integumentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>Burns</td>
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<tr>
<td>□</td>
<td>Open wounds</td>
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<tr>
<td>□</td>
<td>Scar formation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(1-5)</th>
<th>Other (May cross a number of diagnostic groups)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>Cognitive impairment</td>
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<tr>
<td>□</td>
<td>General medical conditions</td>
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<tr>
<td>□</td>
<td>General surgery</td>
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<tr>
<td>□</td>
<td>Oncologic conditions</td>
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<td>□</td>
<td>Organ transplant</td>
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<td>□</td>
<td>Wellness/Prevention</td>
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<tr>
<td>□</td>
<td>Other: (Specify)</td>
</tr>
</tbody>
</table>
**Hours of Operation**
Facilities with multiple sites with different hours must complete this section for each clinical center.

<table>
<thead>
<tr>
<th>Days of the Week</th>
<th>From: (a.m.)</th>
<th>To: (p.m.)</th>
<th>Comments</th>
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</thead>
<tbody>
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<td>Monday</td>
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<td>Sunday</td>
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**Student Schedule**
Indicate which of the following best describes the typical student work schedule:
- [ ] Standard 8 hour day  
- [ ] Varied schedules

Describe the schedule(s) the student is expected to follow during the clinical experience:

**Staffing**
Indicate the number of full-time and part-time budgeted and filled positions:

<table>
<thead>
<tr>
<th></th>
<th>Full-time budgeted</th>
<th>Part-time budgeted</th>
<th>Current Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTAs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aides/Techs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others: Specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Information About the Clinical Education Experience

**Special Programs/Activities/Learning Opportunities**

Please mark (X) all special programs/activities/learning opportunities available to students.

| ☐ Administration | ☐ Industrial/ergonomic PT | ☐ Quality Assurance/CQI/TQM |
| ☐ Aquatic therapy | ☐ Inservice training/lectures | ☐ Radiology |
| ☐ Athletic venue coverage | ☐ Neonatal care | ☐ Research experience |
| ☐ Back school | ☐ Nursing home/ECF/SNF | ☐ Screening/prevention |
| ☐ Biomechanics lab | ☐ Orthotic/Prosthetic fabrication | ☐ Sports physical therapy |
| ☐ Cardiac rehabilitation | ☐ Pain management program | ☐ Surgery (observation) |
| ☐ Community/re-entry activities | ☐ Pediatric-general (emphasis on): | ☐ Team meetings/rounds |
| ☐ Critical care/intensive care | ☐ Classroom consultation | ☐ Vestibular rehab |
| ☐ Departmental administration | ☐ Developmental program | ☐ Women’s Health/OB-GYN |
| ☐ Early intervention | ☐ Cognitive impairment | ☐ Work Hardening/conditioning |
| ☐ Employee intervention | ☐ Musculoskeletal | ☐ Wound care |
| ☐ Employee wellness program | ☐ Neurological | ☐ Other (specify below) |
| ☐ Group programs/classes | ☐ Prevention/wellness | |
| ☐ Home health program | ☐ Pulmonary rehabilitation | |

**Specialty Clinics**

Please mark (X) all specialty clinics available as student learning experiences.

| ☐ Arthritis | ☐ Orthopedic clinic | ☐ Screening clinics |
| ☐ Balance | ☐ Pain clinic | ☐ Developmental |
| ☐ Feeding clinic | ☐ Prosthetic/orthotic clinic | ☐ Scoliosis |
| ☐ Hand clinic | ☐ Seating/mobility clinic | ☐ Preparticipation sports |
| ☐ Hemophilia clinic | ☐ Sports medicine clinic | ☐ Wellness |
| ☐ Industry | ☐ Women’s health | ☐ Other (specify below) |
| ☐ Neurology clinic | | |
**Health and Educational Providers at the Clinical Site**

Please mark (X) all health care and educational providers at your clinical site students typically observe and/or with whom they interact.

<table>
<thead>
<tr>
<th></th>
<th>Administrators</th>
<th>Massage therapists</th>
<th>Speech/language pathologists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative therapies:</td>
<td>Nurses</td>
<td>Speech/language pathologists</td>
<td></td>
</tr>
<tr>
<td>List:</td>
<td></td>
<td>Social workers</td>
<td></td>
</tr>
<tr>
<td>Athletic trainers</td>
<td>Occupational therapists</td>
<td>Special education teachers</td>
<td></td>
</tr>
<tr>
<td>Audiologys</td>
<td>Physicians (list specialties)</td>
<td>Students from other disciplines</td>
<td></td>
</tr>
<tr>
<td>Dietitians</td>
<td>Physician assistants</td>
<td>Students from other physical therapy education programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Podiatrists</td>
<td>Therapeutic recreation therapists</td>
<td></td>
</tr>
<tr>
<td>Enterostomal /wound specialists</td>
<td>Prosthetists /orthotists</td>
<td>Vocational rehabilitation counselors</td>
<td></td>
</tr>
<tr>
<td>Exercise physiologists</td>
<td>Psychologists</td>
<td>Others (specify below)</td>
<td></td>
</tr>
<tr>
<td>Fitness professionals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health information technologists</td>
<td>Respiratory therapists</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Affiliated PT and PTA Educational Programs**

List all PT and PTA education programs with which you currently affiliate.

<table>
<thead>
<tr>
<th>Program Name</th>
<th>City and State</th>
<th>PT</th>
<th>PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
**Availability of the Clinical Education Experience**

Indicate educational levels at which you accept PT and PTA students for clinical experiences *(Mark (X) all that apply)*.

<table>
<thead>
<tr>
<th>Physical Therapist</th>
<th>Physical Therapist Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>First experience: Check all that apply.</td>
<td>First experience: Check all that apply.</td>
</tr>
<tr>
<td>□ Half days</td>
<td>□ Half days</td>
</tr>
<tr>
<td>□ Full days</td>
<td>□ Full days</td>
</tr>
<tr>
<td>□ Other: (Specify)</td>
<td>□ Other: (Specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intermediate experiences: Check all that apply.</th>
<th>Intermediate experiences: Check all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Half days</td>
<td>□ Half days</td>
</tr>
<tr>
<td>□ Full days</td>
<td>□ Full days</td>
</tr>
<tr>
<td>□ Other: (Specify)</td>
<td>□ Other: (Specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final experience</th>
<th>Final experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Internship (6 months or longer)</th>
<th>Specialty experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT</td>
<td></td>
<td>PTA</td>
<td></td>
</tr>
</tbody>
</table>

Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.

Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.

| Average number of PT and PTA students affiliating per year. Clarify if multiple sites. |
|-----------------------------------------------|-----------------------------------------------|
| PT                                           | PTA                                           |

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td>Is your clinical site willing to offer reasonable accommodations for students under ADA?</td>
</tr>
</tbody>
</table>

What is the procedure for managing students whose performance is below expectations or unsafe?

**Answer if the clinical center employs only one PT or PTA.**

Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.
### Clinical Site’s Learning Objectives and Assessment

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Does your clinical site provide written clinical education objectives to students?  
   If no, go to # 3.

2. Do these objectives accommodate:
   - The student’s objectives?
   - Students prepared at different levels within the academic curriculum?
   - The academic program's objectives for specific learning experiences?
   - Students with disabilities?

3. Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? **(Mark (X) all that apply)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□  Beginning of the clinical experience</td>
<td>□  At mid-clinical experience</td>
</tr>
<tr>
<td>□  Daily</td>
<td>□  At end of clinical experience</td>
</tr>
<tr>
<td>□  Weekly</td>
<td>□  Other</td>
</tr>
</tbody>
</table>

Indicate which of the following methods are typically utilized to inform students about their clinical performance? **(Mark (X) all that apply)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□  Written and oral mid-evaluation</td>
<td>□  Ongoing feedback throughout the clinical</td>
</tr>
<tr>
<td>□  Written and oral summative final evaluation</td>
<td>□  As per student request in addition to formal and ongoing written &amp; oral feedback</td>
</tr>
<tr>
<td>□  Student self-assessment throughout the clinical</td>
<td>□</td>
</tr>
</tbody>
</table>

**OPTIONAL:** Please feel free to use the space provided below to share additional information about your clinical site (eg, strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students [early, final]).
**Part II. Information for Students**

Use the check (√) boxes provided for Yes/No responses. **For all other responses or to provide additional detail, please use the Comment box.**

**Arranging the Experience**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>1.</strong> Do students need to contact the clinical site for specific work hours related to the clinical experience?</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>2.</strong> Do students receive the same official holidays as staff?</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>3.</strong> Does your clinical site require a student interview?</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>4.</strong> Indicate the time the student should report to the clinical site on the first day of the experience.</td>
</tr>
</tbody>
</table>
|     |    | **5.** Is a Mantoux TB test (PPD) required?  
|     |    | a) one step (√ check)  
|     |    | b) two step (√ check)  
|     |    | If yes, within what time frame? |
|     |    | **6.** Is a Rubella Titer Test or immunization required? |
|     |    | **7.** Are any other health tests/immunizations required prior to the clinical experience?  
|     |    | If yes, please specify: |
|     |    | **8.** How is this information communicated to the clinic? Provide fax number if required. |
|     |    | **9.** How current are student physical exam records required to be? |
|     |    | **10.** Are any other health tests or immunizations required on-site?  
|     |    | If yes, please specify: |
|     |    | **11.** Is the student required to provide proof of OSHA training? |
|     |    | **12.** Is the student required to provide proof of HIPAA training? |
|     |    | **13.** Is the student required to provide proof of any other training prior to orientation at your facility?  
|     |    | If yes, please list. |
|     |    | **14.** Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization? |
|     |    | **15.** Is the student required to have proof of health insurance? |
|     |    | **16.** Is emergency health care available for students?  
|     |    | a) Is the student responsible for emergency health care costs?  
|     |    | **17.** Is other non-emergency medical care available to students?  
|     |    | **18.** Is the student required to be CPR certified?  
|     |    | (Please note if a specific course is required). |
### CPR Certification

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>a) Can the student receive CPR certification while on-site?</td>
</tr>
</tbody>
</table>

### First Aid Certification

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>a) Can the student receive First Aid certification on-site?</td>
</tr>
</tbody>
</table>

### Background Check

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>20. Is a criminal background check required (e.g., Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.</td>
</tr>
</tbody>
</table>

### Child Abuse Clearance

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>21. Is a child abuse clearance required?</td>
</tr>
</tbody>
</table>

### Responsible for Costs

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>22. Is the student responsible for the cost or required clearances?</td>
</tr>
</tbody>
</table>

### Drug Test

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>23. Is the student required to submit to a drug test? If yes, please describe parameters.</td>
</tr>
</tbody>
</table>

### Medical Testing

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>24. Is medical testing available on-site for students?</td>
</tr>
</tbody>
</table>

### Other Requirements

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>25. Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.)</td>
</tr>
</tbody>
</table>

### Housing

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>26. Is housing provided for male students? (If no, go to #32)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>27. Is housing provided for female students? (If no, go to #32)</td>
</tr>
</tbody>
</table>

### Housing Cost

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>28. What is the average cost of housing?</td>
</tr>
</tbody>
</table>

### Housing Description

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>29. Description of the type of housing provided:</td>
</tr>
</tbody>
</table>

### Distance from Facility

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>30. How far is the housing from the facility?</td>
</tr>
</tbody>
</table>

### Contact Information

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>31. Person to contact to obtain/confirm housing:</td>
</tr>
</tbody>
</table>

| Name: |
| Address: |
| City: | State: | Zip: |
| Phone: | E-mail: |
### Housing

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>32. If housing is <strong>not</strong> provided for either gender:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Is there a contact person for information on housing in the area of the clinic? Please list contact person and phone #.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.</td>
</tr>
</tbody>
</table>

### Transportation

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>33. Will a student need a car to complete the clinical experience?</td>
</tr>
<tr>
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<td>34. Is parking available at the clinical center?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) What is the cost for parking?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>35. Is public transportation available?</td>
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<tr>
<td></td>
<td></td>
<td>36. How close is the nearest transportation (in miles) to your site?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Train station? miles</td>
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<tr>
<td></td>
<td></td>
<td>b) Subway station? miles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) Bus station? miles</td>
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<tr>
<td></td>
<td></td>
<td>d) Airport? miles</td>
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<tr>
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<td></td>
<td>37. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.</td>
</tr>
<tr>
<td></td>
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<td>38. Please enclose a map of your facility, specifically the location of the department and parking. <strong>Travel directions can be obtained from several travel directories on the internet.</strong> (eg, Delorme, Microsoft, Yahoo, Mapquest).</td>
</tr>
</tbody>
</table>

### Meals

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>39. Are meals available for students on-site? (If no, go to #40)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breakfast (if yes, indicate approximate cost)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lunch (if yes, indicate approximate cost)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dinner (if yes, indicate approximate cost)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40. Are facilities available for the storage and preparation of food?</td>
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</tbody>
</table>
### Stipend/Scholarship

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>41. Is a stipend/salary provided for students? If no, go to #43.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) How much is the stipend/salary? ($ / week)</td>
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<tr>
<td></td>
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<td>42. Is this stipend/salary in lieu of meals or housing?</td>
</tr>
<tr>
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<td></td>
<td>43. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?</td>
</tr>
</tbody>
</table>

### Special Information

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>44. Is there a facility/student dress code? If no, go to #45. If yes, please describe or attach.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Specify dress code for men:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Specify dress code for women:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>45. Do you require a case study or inservice from all students (part-time and full-time)?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>46. Do you require any additional written or verbal work from the student (eg, article critiques, journal review, patient/client education handout/brochure)?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>47. Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>48. Will the student have access to the Internet at the clinical site?</td>
</tr>
</tbody>
</table>

### Other Student Information

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>49. Do you provide the student with an on-site orientation to your clinical site? (mark X below)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Please indicate the typical orientation content by marking an X by all items that are included.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Documentation/billing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facility-wide or volunteer orientation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Learning style inventory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient information/assignments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policies and procedures (specifically outlined plan for emergency responses)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quality assurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reimbursement issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Required assignments (eg, case study, diary/log, inservice)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review of goals/objectives of clinical experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Student expectations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supplemental readings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tour of facility/department</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (specify below - eg, bloodborne pathogens, hazardous materials, etc.)</td>
</tr>
</tbody>
</table>
In appreciation...

Many thanks for your time and cooperation in completing the CSIF and continuing to serve the physical therapy profession as clinical mentors and role models. Your contributions to learners’ professional growth and development ensure that patients/clients today and tomorrow receive high-quality patient/client care services.
Appendix D:

UCSF Medical Center
Dress Code Policy
I. PURPOSE

To establish standards of dress and personal appearance for employees, volunteers and others who represent the UCSF Medical Center and UCSF Benioff Children’s Hospital (collectively referred to as UCSF Medical Center), and to provide guidelines for specific departmental dress, and personal appearance standards.

These standards are designed to promote employee and patient safety, portray a professional image to patients, visitors and colleagues, and to enable patients, visitors and colleagues to identify professional staff and their roles. All personnel must maintain an overall appearance that will demonstrate respect for others and maintain professional dignity and standards in the eyes of patients, physicians, co-workers and visitors. Employees can expect to receive feedback from both staff members and managers when overall appearance is not congruent with a professional image.

II. REFERENCES

UCSF Medical Center Administrative Policies:

4.01.03 Employee Identification
4.01.01 Employment
3.05.15 Scrub Apparel Policy
1.01.19 Tobacco Free Environment

Campus Administrative Policies:

550-10 Smoke Free Workplace
550-22 Tobacco Free At Work

III. DEFINITIONS

Not applicable.

IV. POLICY

All UCSF Medical Center employees are required to follow the Employee Dress Policy, which reflects the professional standards to service excellence, as well as a safe and secure environment for all patients, visitors and staff.

A. Dress and Personal Appearance Requirements for all staff

1. All clothing must be neat, clean and appropriate to work assignments. Managers will address any questions regarding appropriateness of attire. Extreme or immodest attire or accessories could be of concern to patients who are confused or medicated, or may be offensive to our patient population.
a. Examples of unacceptable attire include, but are not limited to: sheer garments, halter or tank tops, items designed to be worn as undergarments, oversized or baggy garments or garments such as leggings and spandex pants designed to be worn as athletic wear. Soiled, torn or frayed garments are also unacceptable. Blue jeans, patient or isolation gowns, and apparel accessories containing phrases or pictures unrelated to the professional environment of the Medical Center are unacceptable.

b. Medical Center laundered scrub apparel will be issued to staff who work in areas where scrubs are required to ensure an appropriate environment for the safety of patients. Medical Center laundered scrub apparel should only be provided to employees who would be unable to perform their duties in the event that their ordinary clothes or uniform become contaminated. Refer to 3.05.15 Scrub Apparel Policy for more information.

c. Employees in specific positions are required to wear uniforms assigned by the UCSF Medical Center/UCSF Benioff Children’s Hospital to enable patients, visitors and colleagues to identify staff and their roles on the healthcare team (Appendix A). The uniforms are the property of the employee. It is the employee’s responsibility to properly maintain their uniforms.

2. Employees are expected to maintain good personal hygiene such that body odor, smoke and other odors are not detectable.

3. The natural nails of healthcare workers are to be kept neatly manicured and short, i.e. should not extend past the tip of the finger. Artificial nail enhancements are not to be worn by anyone who has direct patient contact. Nail polish is permitted, provided it is not chipped. Anything else applied to natural nails other than polish is considered an enhancement. This includes, but is not limited to artificial nails, tips, wraps, appliqués, acrylics, gels, and any additional items applied to the nail surface. Specific non-direct patient care delivery departments may choose to implement this policy if the work product of the department involves an item that will be used by a patient.

4. UCSF Medical Center Photo identification badges must be worn above the waist and be clearly visible. If an employee forgets his/her nametag for a shift, a substitute nametag must be worn.

5. Shoes must be safe, clean, in good repair, and appropriate for the work to be performed. Safety shoes may be required. Sandals, thongs, and bare feet are unacceptable.

6. Hair and facial hair must be clean and dry, controlled and trimmed, so as not to interfere with job duties.
7. Jewelry, cosmetics, and other accessories shall be appropriate to work assignments and may not be worn where safety or health standards would be compromised. Moderation is encouraged.

8. Out of consideration for patients and staff who are environmentally sensitive, the use of scented personal products is strongly discouraged.

9. Uniforms, smocks, or lab coats may be required to facilitate safety and health standards or to more clearly identify departmental designations.

10. Headgear, except that required by religious belief, is not allowed. Stereo headphones are also prohibited.

V. PROCEDURES

A. The Medical Center Associate Directors, Department Directors, and Department Managers are responsible for enforcing this policy and for ensuring that departments reporting to them maintain dress and personal appearance standards when either professional standards and/or health and safety mandates require them.

B. Employees reporting to work dressed or groomed in direct violation of this policy may be subject to corrective action and may be required to make corrections before reporting/returning for duty.

C. It is the responsibility of the manager to determine compliance with these standards. Corrective action for not meeting these standards will include but not be limited to the following:

1. Patient care personnel need to be aware of the image they project and take responsibility for adjusting their appearance if feedback suggests changes are necessary.

2. An employee not in compliance with minimum standards will be required to change clothing and will be issued a counseling letter for failure to comply with the department dress code policy.

3. Continued failure to comply with department and Medical Center dress and personal appearance policies may result in disciplinary action, up to and including dismissal.

VI. RESPONSIBILITY

Questions about the implementation of this policy should be directed to the Executive Director of Human Resources at 353-4688.

VII. HISTORY OF POLICY

Issued October 1994 at UCSF/Mount Zion

Reviewed May 1998
Issued May 1995 at UCSF Medical Center
Reviewed May 1998
Combined July 1999, by Jane Hirsch, Director of Nursing and Patient Care Services
Approved July 1999 by William B. Kerr, Executive Vice President and Chief Operating Officer for Adult Services
Reviewed April 2001 by Medical Center Human Resources
Reviewed April 2001 by David Odato, Associate Director
Approved April 2001 by Mark R. Laret, CEO
Revised November 2002
Reviewed December 2002 by Infection Control Committee
Approved December 2002 by Mark R. Laret, CEO
Approved December 2002 by Executive Medical Board
Approved December 2002 by Governance Advisory Council and Chancellor J. Michael Bishop
Reviewed March 2010 by Children’s Hospital, Director Pediatric Heart Center and Executive Director, Children’s Hospital
Reviewed March 2010 by Sheila Antrum, Chief Nursing Officer, Medical Center Administration
Updated (Appendix A for Adult Nursing Uniform Requirements) and Approved May 2011 by Sheila Antrum, Chief Nursing Officer, Traci Hoiting, Associate Chief Nursing Officer and Anna Cho, Service Excellence.
Updated Appendix A: Reviewed and approved March 2012 by Sheila Antrum, Chief Nursing Officer, Ken Jones, Chief Operations Officer and Kim Scurr, Executive Director of UCSF Benioff Children’s Hospital
Approved by Jennifer Herman, Director of Human Resources for the Policy Steering Committee
Updated Appendix A: December 2012 by Anna Cho, Service Excellence and Jennifer Herman, Director of Human Resources for the Policy Steering Committee
Reviewed and revised (with non-substantive edits) June 2014 Jeffrey Chiu, Director Talent Acquisition and Medical Center Human Resources Operations and Shelley Nielsen, Director of Employee and Labor Relations
Approved June 2014 by Jennifer Hermann, Executive Director of Human Resources on behalf of the Policy Steering Committee
VIII. APPENDIX

Appendix A: UCSF Medical Center / UCSF Benioff Children’s Hospital Employee Dress Standards

This guideline is intended for use by UCSF Medical Center staff and personnel and no representations or warranties are made for outside use. Not for outside production or publication without permission. Direct inquiries to the Office of Origin or Medical Center Administration at (415) 353-2733.
# Appendix A: UCSF Medical Center / UCSF Benioff Children’s Hospital Employee Dress Standards

## Function/Role

<table>
<thead>
<tr>
<th>Administrative Assistant</th>
<th>Ambulatory Services:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. The uniforms contain approved short/long sleeve white and navy polo shirts and navy cardigan sweater.</td>
</tr>
<tr>
<td></td>
<td>2. The polo shirts and cardigan sweater contain a UCSF Medical Center and UCSF Benioff Children’s Hospital monogram by an approved vendor on the left upper chest area that identifies UCSF Medical Center and UCSF Benioff Children’s Hospital.</td>
</tr>
<tr>
<td></td>
<td>3. The employees will wear khaki, black or grey pants or skirts of their own choosing. Denim fabric or scrub bottoms are not allowed.</td>
</tr>
<tr>
<td></td>
<td>4. If stockings/hosiery are worn with a skirt then they must either be skin tone or white only.</td>
</tr>
<tr>
<td></td>
<td>5. Optional items include undershirt (white or skin tone only) without monogram under the uniform tops.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Admissions &amp; Registration</th>
<th>Ambulatory Services:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. The uniforms contain approved short/long sleeve white and navy polo shirts and navy cardigan sweater.</td>
</tr>
<tr>
<td></td>
<td>2. The polo shirts and cardigan sweater contain a UCSF Medical Center and UCSF Benioff Children’s Hospital monogram by an approved vendor on the left upper chest area that identifies UCSF Medical Center and UCSF Benioff Children’s Hospital.</td>
</tr>
<tr>
<td></td>
<td>3. The employees will wear khaki, black or grey pants or skirts of their own choosing. Denim fabric or scrub bottoms are not allowed.</td>
</tr>
<tr>
<td></td>
<td>4. If stockings/hosiery are worn with a skirt then they must either be skin tone or white only.</td>
</tr>
<tr>
<td></td>
<td>5. Optional items include undershirt (white or skin tone only) without monogram under the uniform tops.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ancillary Services</th>
<th>Ambulatory Services:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Ancillary Services includes Clinical Labs, Dialysis, ECHO, EKG, EKG, Pharmacy, Pulmonary, Radiation Oncology, Radiology, Respiratory, Sleep Center and Vascular. Also applicable technicians and therapists who report directly to Ambulatory Services clinics.</td>
</tr>
<tr>
<td></td>
<td>2. The uniforms contain approved Caribbean blue top, bottom and jacket.</td>
</tr>
<tr>
<td></td>
<td>3. The uniform tops and jackets contain a UCSF Medical Center and UCSF Benioff Children’s Hospital monogram by an approved vendor on the left upper chest area that identifies UCSF Medical Center and UCSF Benioff Children’s Hospital.</td>
</tr>
<tr>
<td></td>
<td>4. Optional items include short and long sleeve (white only in children’s hospital/pediatric services and black, white, or grey only in adult services) undershirt for warmth without monogram under the uniform tops.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Assistants</th>
<th>Ambulatory Services:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. The uniforms contain approved charcoal grey top, bottom and jacket.</td>
</tr>
<tr>
<td></td>
<td>2. The uniform tops and jackets contain a UCSF Medical Center and UCSF Benioff Children’s Hospital monogram by an approved vendor on the left upper chest area that identifies UCSF Medical Center and UCSF Benioff Children’s Hospital.</td>
</tr>
<tr>
<td></td>
<td>3. Optional items include short and long sleeve (white only in children’s hospital/pediatric services and black, white, or grey only in adult services) undershirt for warmth without monogram under the uniform tops.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Unit Service Coordinators</th>
<th>Ambulatory Services:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. The uniforms contain approved short/long sleeve white and navy polo shirts and navy cardigan sweater.</td>
</tr>
<tr>
<td></td>
<td>2. The polo shirts and cardigan sweater contain a UCSF Medical Center and UCSF Benioff Children’s Hospital monogram by an approved vendor on the left upper chest area that identifies UCSF Medical Center and UCSF Benioff Children’s Hospital.</td>
</tr>
<tr>
<td></td>
<td>3. The employees will wear khaki, black or grey pants or skirts of their own choosing. Denim fabric or scrub bottoms are not allowed.</td>
</tr>
<tr>
<td></td>
<td>4. If stockings/hosiery is worn with a skirt then the stockings/hosiery must either be skin tone or white only.</td>
</tr>
<tr>
<td></td>
<td>5. Optional items include undershirt (white or skin tone only) without monogram under the uniform tops.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licensed Vocational Nurses</th>
<th>Ambulatory Services:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. The uniforms contain approved Senspray top, bottom and jacket.</td>
</tr>
<tr>
<td></td>
<td>2. The uniform tops and jackets contain a UCSF Medical Center and UCSF Benioff Children’s Hospital monogram by an approved vendor on the left upper chest area that identifies UCSF Medical Center and UCSF Benioff Children’s Hospital.</td>
</tr>
<tr>
<td></td>
<td>3. Optional items include short and long sleeve (white only in children’s hospital/pediatric services and black, white, or grey only in adult services) undershirt for warmth without monogram under the uniform tops.</td>
</tr>
<tr>
<td>Function/Role</td>
<td>1. The uniforms contain approved charcoal grey top, bottom and jacket.</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>2. The uniform tops and jackets contain a UCSF Medical Center and UCSF Benioff Children’s Hospital monogram by an approved vendor on the left upper chest area that identifies UCSF Medical Center and UCSF Benioff Children’s Hospital.</td>
</tr>
<tr>
<td></td>
<td>3. Optional items include short and long sleeve (white only in children’s hospital/pediatric services and black, white, or grey only in adult services) undershirt for warmth without monogram under the uniform tops.</td>
</tr>
<tr>
<td>Medical Assistants</td>
<td>1. The uniforms contain approved charcoal grey top, bottom and jacket.</td>
</tr>
<tr>
<td></td>
<td>2. The uniform tops and jackets contain a UCSF Medical Center and UCSF Benioff Children’s Hospital monogram by an approved vendor on the left upper chest area that identifies UCSF Medical Center and UCSF Benioff Children’s Hospital.</td>
</tr>
<tr>
<td></td>
<td>3. Optional items include short and long sleeve (white only in children’s hospital/pediatric services and black, white, or grey only in adult services) undershirt for warmth without monogram under the uniform tops.</td>
</tr>
<tr>
<td>Patient Care Assistants</td>
<td>1. The uniforms contain approved charcoal grey top, bottom and jacket.</td>
</tr>
<tr>
<td></td>
<td>2. The uniform tops and jackets contain a UCSF Medical Center and UCSF Benioff Children’s Hospital monogram by an approved vendor on the left upper chest area that identifies UCSF Medical Center and UCSF Benioff Children’s Hospital.</td>
</tr>
<tr>
<td></td>
<td>3. Optional items include short and long sleeve (white only in children’s hospital/pediatric services and black, white, or grey only in adult services) undershirt for warmth without monogram under the uniform tops.</td>
</tr>
<tr>
<td>Prepare</td>
<td>1. The uniforms contain approved short/long sleeve white and navy polo shirts and navy cardigan sweater.</td>
</tr>
<tr>
<td></td>
<td>2. The polo shirts and cardigan sweater contain a UCSF Medical Center and UCSF Benioff Children’s Hospital monogram by an approved vendor on the left upper chest area that identifies UCSF Medical Center and UCSF Benioff Children’s Hospital.</td>
</tr>
<tr>
<td></td>
<td>3. The employees will wear khaki, black or grey pants or skirts of their own choosing. Denim fabric or scrub bottoms are not allowed.</td>
</tr>
<tr>
<td></td>
<td>4. If stockings/hosiery is worn with a skirt then the stocking/hosiery must either be skin tone or white only.</td>
</tr>
<tr>
<td></td>
<td>5. Optional items include undershirt (white or skin tone only) without monogram under the uniform tops.</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>Adult Services:</td>
</tr>
<tr>
<td></td>
<td>1. The uniforms contain approved navy blue top, bottom, and jacket.</td>
</tr>
<tr>
<td></td>
<td>2. The uniform tops and jackets contain a UCSF Medical Center, Registered Nurse monogram by an approved vendor on the left upper chest area that identifies UCSF Medical Center.</td>
</tr>
<tr>
<td></td>
<td>3. Uniforms contain an approved navy blue bottoms.</td>
</tr>
<tr>
<td></td>
<td>4. If stockings/hosiery are worn with dresses then the stocking/hosiery must be either skin tone or white only.</td>
</tr>
<tr>
<td></td>
<td>5. Optional items include short and long sleeve (black, white, or grey only) undershirts for warmth without monogram under the uniform tops. UCSF Medical Center approved fleece jacket may be worn over garments.</td>
</tr>
<tr>
<td>Benioff Children’s Hospital:</td>
<td>1. The uniforms contain approved royal blue top, bottom, and jacket.</td>
</tr>
<tr>
<td></td>
<td>2. The uniform tops and jackets contain a UCSF Benioff Children’s Hospital monogram by an approved vendor on the left upper chest area that identifies UCSF Benioff Children’s Hospital.</td>
</tr>
<tr>
<td></td>
<td>3. Uniforms contain an approved royal blue bottoms.</td>
</tr>
<tr>
<td></td>
<td>4. If stockings/hosiery are worn with dresses or skirts that the stocking/hosiery must be either skin tone or white only. Stockings (skin tone or white only) must be worn with dresses and skirts.</td>
</tr>
<tr>
<td></td>
<td>5. Optional items include long sleeved (white only) undershirts for warmth without monogram for warmth without logos under the uniform tops. UCSF Benioff Children’s Hospital approved fleece vest may be worn over garments.</td>
</tr>
<tr>
<td>Rehabilitation Services</td>
<td>1. The uniforms contain approved evergreen top, bottom and jacket.</td>
</tr>
<tr>
<td></td>
<td>2. The uniform tops and jackets contain a UCSF Medical Center and UCSF Benioff Children’s Hospital monogram by an approved vendor on the left upper chest area that identifies UCSF Medical Center and UCSF Benioff Children’s Hospital.</td>
</tr>
</tbody>
</table>
|               | 3. Optional items include short and long sleeve (black, white, or grey only) undershirt for warmth without monogram under the uniform tops.
<table>
<thead>
<tr>
<th>Function/Role</th>
<th>Details</th>
</tr>
</thead>
</table>
| Other Administrative Supports | 1 Other Administrative Supports include: Administrative Nurse I-V, Analyst I-V, Authorization Coordinator, Birth Certificate Coordinator, BMT Financial Case Manager, File Clerk, Financial Counselor, Front Desk Assistant/Coordinator, HIMS Assistant, Inpatient/Outpatient Authorization Coordinator, New Patient Coordinator, Nurse Staffing Coordinator, Optometry Assistant, Patient Care Coordinator, Physician Assistant, Practice Assistant, Principal Admitting Worker, Program Coordinator, Referral Coordinator, Senior Admitting Worker, Manager/Supervisor.  
2 The uniforms contain approved short/long sleeve white and navy polo shirts and navy cardigan sweater.  
3 The polo shirts and cardigan sweater contain a UCSF Medical Center and UCSF Benioff Children's Hospital monogram by an approved vendor on the left upper chest area that identifies UCSF Medical Center and UCSF Benioff Children's Hospital.  
4 The employees will wear khaki, black or grey pants or skirts of their own choosing. Denim fabric or scrub bottoms are not allowed.  
5 If stockings/hosiery is worn with a skirt that the stocking/hosiery must either be skin tone or white only.  
6 Optional items include undershirt (white or skin tone only) without monogram under the uniform tops. |
Appendix E:
Midterm Visit Form
UCSF/SFSU GRADUATE PROGRAM IN PHYSICAL THERAPY
FULL-TIME MIDTERM VISIT/PHONE CALL

Student: __________________________ Facility: __________________________

Course: □ PT 801 □ PT 802 □ PT 418 Date of Visit/Call: __________________________

Clinical Instructor: __________________________ Years as PT: __________ Years as CI: __________

APTA Certified CI? □ Yes □ No APTA Certified Advanced CI? □ Yes □ No

Specialty Certifications: __________________________

**Student Comments**


Entry level Patient Load at the Facility: __________________________

**Supervision**

1. Availability/Amount

2. How I feel about it

**Communication**

1. Feedback: □ Timely □ Constructive □ Clear and Concise

   **Comments**

   2. How I feel about it: □ Sufficient □ Need more feedback

   **Comments**

3. Suggestions for change:

   In-service Topic: __________________________ Date: __________________________

   Are there any extra learning experiences planned for your time there? (observations, surgeries, marketing, groups)

   **CI Comments**

   Did you receive information from the school about objectives and grading policies? □ Yes □ No

   Does the clinic have overall objectives for the student? □ Yes □ No

   **Is the student meeting your expectations at this point?** □ Yes □ No

   **Comments:**
Do you have any significant concerns regarding the student?  □ Yes  □ No
If so, please describe:

Any critical incidents?  □ Yes  □ No  (If yes, please comment: was the DCE told? Is there documentation?)
Comments:

If already completed, how did the student self-assess as compared to the CI on the CPI?
Or, if not already completed, when do you plan to complete the CPI assessment?

What are the strengths of the student?

What are the areas needing improvement/emphasis for remaining time?

---

**Strengths & Weaknesses of Students and/or Program**

CI:

Student:

General Suggestions for UCSF/SFSU:

Suggestions for improved communication from the DCE:
Appendix F:

PT CPI
PHYSICAL THERAPIST

CLINICAL PERFORMANCE INSTRUMENT

FOR STUDENTS

June 2006

American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia  22314

APTA
American Physical Therapy Association
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1 Terms used in this instrument are denoted by an asterisk (*) and can be found in the Glossary.
COPYRIGHT, DISCLAIMER, AND VALIDITY AND RELIABILITY IN USING THE INSTRUMENT

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VALIDITY AND RELIABILITY

The psychometric properties of the Instrument (ie, validity and reliability) are preserved only when it is used in accordance with the instructions that accompany it and only if the Instrument is not altered (by addition, deletion, revision, or otherwise) in any way.
INTRODUCTION

- This instrument should only be used after completing the APTA web-based training for the Physical Therapist Clinical Performance Instrument (PT CPI) at www.apta/education (TBD).

- The PT CPI is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical learning experiences.

- Every performance criterion* in this instrument is important to the overall assessment of clinical competence, and all criteria are observable in every clinical experience.

- All performance criteria should be rated based on observation of student performance relative to entry-level.

- The PT CPI from any previous student experience should not be shared with any subsequent experiences.

- The PT CPI consists of 18 performance criteria.

- Each performance criterion includes a list of sample behaviors, a section for midterm and final comments for each performance dimension, a rating scale consisting of a line with 6 defined anchors, and a significant concerns box for midterm and final evaluations.

- Terms used in this instrument are denoted by an asterisk (*) and can be found in the Glossary.

- Summative midterm and final comments and recommendations are provided at the end of the CPI.

- **Altering this instrument is a violation of copyright law.**
Instructions for the Clinical Instructor

- Sources of information to complete the PT CPI may include, but are not limited to, clinical instructors (CIs), other physical therapists, physical therapist assistants*, other professionals, patients/clients*, and students. Methods of data collection may include direct observation, videotapes, documentation review, role playing, interviews, standardized practical activities, portfolios, journals, computer-generated tests, and patient and outcome surveys.

- Prior to beginning to use the instrument in your clinical setting it would be useful to discuss and reach agreement on how the sample behaviors would be specifically demonstrated at entry-level by students in your clinical setting.

- The CI(s) will assess a student’s performance and complete the instrument at midterm and final evaluation periods.

- The CI(s) reviews the completed instrument formally with the student at a minimum at the midterm evaluation and at the end of the clinical experience and signs the signature pages (midterm 35 and final 36) following each evaluation.

- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from “Beginning Performance” to “Beyond Entry-Level Performance.” Student performance should be described in relation to one or more of the six anchors. For example, consider the following rating on a selected performance criterion.

- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of “intermediate performance,” however the student has yet to satisfy the definition associated with “advanced intermediate performance.” In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 6 anchors.
Instructions for the Student

- The student is expected to perform self-assessment based on CI feedback, student peer assessments, and patient/client assessments.
- The student self-assesses his/her performance on a separate copy of the instrument.
- The student reviews the completed instrument with the CI at the midterm evaluation and at the end of the clinical experience and signs the signature page (midterm 35 and final 36) following each evaluation.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since CIs are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance.

Rating Scale

- The rating scale was designed to reflect a continuum of performance ranging from “Beginning Performance” to “Beyond Entry-Level Performance.” Student performance should be described in relation to one or more of the six anchors. For example, consider the following rating on a selected performance criterion.

![Rating Scale Diagram]

- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of “intermediate performance” however the student has yet to satisfy the definition associated with “advanced intermediate performance.” In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 6 anchors.
Instructions for the Academic Coordinator/Director of Clinical Education (ACCE/DCE*)

- A physical therapist (PT) student assessment* system evaluates knowledge, skills, and attitudes and incorporates multiple sources of information to make decisions about readiness to practice.
- Sources of information may include clinical performance evaluations of students, classroom performance evaluations, students’ self-assessments, peer assessments, and patient assessments. The system is intended to enable clinical educators and academic faculty to obtain a comprehensive perspective of students' progress through the curriculum and competence* to practice at entry-level. The uniform adoption and consistent use of this instrument will ensure that all practitioners entering practice have demonstrated a core set of clinical attributes.
- The ACCE/DCE* reviews the completed form at the end of the clinical experience and assigns a grade or pass/fail according to institution policy.

**Rating Scale**

- The rating scale was designed to reflect a continuum of performance ranging from “Beginning Performance” to “Beyond Entry-Level Performance.” Student performance should be described in relation to one or more of the six anchors. For example, consider the following rating on a selected performance criterion.

```
<table>
<thead>
<tr>
<th></th>
<th>Beginning Performance</th>
<th>Advanced Intermediate Performance</th>
<th>Advanced Performance</th>
<th>Entry-level Performance</th>
<th>Beyond Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
```

- The rating scale was not designed to be a visual analog scale. The vertical mark indicates that the student has exceeded the anchor definition of “intermediate performance,” however the student has yet to satisfy the definition associated with “advanced intermediate performance.” In order to place the rating on an anchor, all of the conditions of that level of the rating must be satisfied as provided in the description for each of the 6 anchors.
- Attempts to quantify a rating on the scale in millimeters or as a percentage would be considered an invalid use of the assessment tool. For example, a given academic institution may require their students to achieve a minimum student rating of “intermediate performance” by the conclusion of an initial clinical experience. It was not the intention of the developers to establish uniform grading criteria given the unique curricular design of each academic institution.
- Each academic institution is responsible for determining minimum performance expectations for successful completion of each clinical experience. Since clinical instructors (CIs) are not responsible for assigning grades it is essential for them to rate student performance based only on their direct observations of student performance. It would be inappropriate for the ACCE/DCE to provide a pre-marked PT CPI with minimum performance expectations, send an additional page of information that identify specific marked expectations, or add/delete items from PT CPI.

**Determining a Grade**

- Each academic institution determines what constitutes satisfactory performance. The guide below is provided to assist the program in identifying what is expected for the student’s performance depending upon their level of education* and clinical experience within the program.
➢ **First clinical experience:** Depending upon your academic curriculum, ratings of student performance may be expected in the first two intervals between beginning clinical performance,* advanced beginner performance, and intermediate clinical performance.

➢ **Intermediate clinical experiences:** Depending upon your academic curriculum, student performance ratings are expected to progress along the continuum ranging from a minimum of advanced beginner clinical performance (interval 2) to advanced intermediate clinical performance* (interval 4). The ratings on the performance criteria will be dependent upon the clinical setting, level of didactic and clinical experience within the curriculum, and expectations of the clinical site and the academic program.

➢ **Final clinical experience:** Students should achieve ratings of entry-level or beyond (interval 5) for all 18 performance criteria.

- At the conclusion of a clinical experience, grading decisions made by the ACCE/DCE, may also consider:
  - clinical setting,
  - experience with patients or clients* in that setting,
  - relative weighting or importance of each performance criterion,
  - expectations for the clinical experience,
  - progression of performance from midterm to final evaluations,
  - level of experience within the didactic and clinical components,
  - whether or not “significant concerns” box was checked, and
  - the congruence between the CI’s narrative midterm and final comments related to the five performance dimensions and the ratings provided.
COMPONENTS OF THE FORM

Performance Criteria*
- The 18 performance criteria* describe the essential aspects of professional practice of a physical therapist* clinician performing at entry-level.
- The performance criteria are grouped by the aspects of practice that they represent.
- Items 1-6 are related to professional practice, items 7-15 address patient management, and items 16-18 address practice management*.

Red Flag Item
- A flag (\[\checkmark\]) to the left of a performance criterion indicates a “red-flag” item.
- The five “red-flag” items (numbered 1, 2, 3, 4, and 7) are considered foundational elements in clinical practice.
- Students may progress more rapidly in the “red flag” areas than other performance criteria.
- Significant concerns related to a performance criterion that is a red-flag item warrants immediate attention, more expansive documentation*, and a telephone call to the ACCE/DCE*. Possible outcomes from difficulty in performance with a red-flag item may include remediation, extension of the experience with a learning contract, and/or dismissal from the clinical experience.

Sample Behaviors
- The sample of commonly observed behaviors (denoted with lower-case letters in shaded boxes) for each criterion are used to guide assessment* of students’ competence relative to the performance criteria.
- Given the diversity and complexity of clinical practice, it must be emphasized that the sample behaviors provided are not meant to be an exhaustive list.
- There may be additional or alternative behaviors relevant and critical to a given clinical setting and all listed behaviors need not be present to rate student performance at the various levels.
- Sample behaviors are not listed in order of priority, but most behaviors are presented in logical order.

Midterm and Final Comments
- The clinical instructor* must provide descriptive narrative comments for all performance criteria.
- For each performance criterion, space is provided for written comments for midterm and final ratings.
- Each of the five performance dimensions (supervision/guidance*, quality*, complexity*, consistency*, and efficiency*) are common to all types and levels of performance and should be addressed in providing written comments.

Performance Dimensions
- **Supervision/guidance** refers to the level and extent of assistance required by the student to achieve entry-level performance.
  - As a student progresses through clinical education experiences*, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation* and may vary with the complexity of the patient or environment.

- **Quality** refers to the degree of knowledge and skill proficiency demonstrated.
  - As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance.
• **Complexity** refers to the number of elements that must be considered relative to the patient*, task, and/or environment.
  ➢ As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.

• **Consistency** refers to the frequency of occurrences of desired behaviors related to the performance criterion.
  ➢ As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

• **Efficiency** refers to the ability to perform in a cost-effective and timely manner.
  ➢ As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.

**Rating Student Performance**

- Each performance criterion is rated relative to entry-level practice as a physical therapist.
- The rating scale consists of a horizontal line with 6 vertical lines defining anchors at each end and at four intermediate points along that line.
- The 6 vertical lines define the borders of five intervals.
- Rating marks may be placed on the 6 vertical lines or anywhere within the five intervals.
- The same rating scale is used for midterm evaluations and final evaluations.
- Place one vertical line on the rating scale at the appropriate point indicating the midterm evaluation rating and label it with an “M”.
- Place one vertical line on the rating scale at the appropriate point indicating the final evaluation rating and label it with an “F”.
- Placing a rating mark on a vertical line indicates the student’s performance matches the definition attached to that particular vertical line.
- Placing a rating mark in an interval indicates that the student’s performance is somewhere between the definitions attached to the vertical marks defining that interval.
- For completed examples of how to mark the rating scale, refer to *Appendix A: Examples*.

```
Interval 1  Interval 2  Interval 3  Interval 4  Interval 5
Beginning Performance  Advanced Beginner Performance  Intermediate Performance  Advanced Intermediate Performance  Entry-level Performance  Beyond Entry-level Performance
```
Anchor Definitions

Beginning performance*:
- A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.
- At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.
- Performance reflects little or no experience.
- The student does not carry a caseload.

Advanced beginner performance*:
- A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.
- At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.
- The student may begin to share a caseload with the clinical instructor.

Intermediate performance*:
- A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.
- At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.
- The student is capable of maintaining 50% of a full-time physical therapist’s caseload.

Advanced intermediate performance*:
- A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.
- At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.
- The student is capable of maintaining 75% of a full-time physical therapist’s caseload.

Entry-level performance*:
- A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.
- At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.
- Consults with others and resolves unfamiliar or ambiguous situations.
- The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.

Beyond entry-level performance*:
- A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.
- At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.
- The student is capable of maintaining 100% of a full-time physical therapist’s caseload and seeks to assist others where needed.
- The student is capable of supervising others.
- The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.
Active contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.

**Significant Concerns Box**

- Checking this box (☐) indicates that the student’s performance on this criterion is unacceptable for this clinical experience.
- When the Significant Concerns Box is checked, written comments to substantiate the concern, additional documentation such as a critical incident form and learning contract are required with a phone call (📞) placed to the ACCE.
- The significant concerns box provides an early warning system to identify student performance problems thereby enabling the CI, student, and ACCE/DCE to determine a mechanism for remediation, if appropriate.
- A box is provided for midterm and final assessments*.

**Summative Comments**

- Summative comments should be used to provide a global perspective of the student’s performance across all 18 criteria at midterm and final evaluations.
- The summative comments, located after the last performance criterion, provide a section for the rater to comment on the overall strengths, areas requiring further development, other general comments, and any specific recommendations with respect to the learner’s needs, interests, planning, or performance.
- Comments should be based on the student’s performance relative to stated objectives* for the clinical experience.
CLINICAL PERFORMANCE INSTRUMENT INFORMATION

STUDENT INFORMATION (Student to Complete)

Student’s Name: _____________________________________________________________

Date of Clinical Experience: __________________________ Course Number: _________________________

E-mail: _____________________________________________________________________________

Total Number of Days Absent: _________________________________________________________

Specify Clinical Experience(s)/Rotation(s) Completed:

  _____ Acute Care/Inpatient
  _____ Ambulatory Care/Outpatient
  _____ ECF/Nursing Home/SNF
  _____ Federal/State/County Health
  _____ Industrial/Occupational Health
  _____ Other; specify _______________________

  _____ Private Practice
  _____ Rehab/Sub-Acute Rehab
  _____ School/Pre-school
  _____ Wellness/Prevention/Fitness

ACADEMIC PROGRAM INFORMATION (Program to Complete)

Name of Academic Institution: _______________________________________________________

Address: ___________________________________________________________________________

                  (Department)                        (Street)

                  (City)                                             (State/Province)   (Zip)

Phone: ____________________________ ext. ______ Fax: _____________________________

E-mail: ____________________________ Website: _________________________________

CLINICAL EDUCATION SITE INFORMATION (Clinical Site to Complete)

Name of Clinical Site: ___________________________________________________________

Address: __________________________________________________________________________

                  (Department)                        (Street)

                  (City)                                             (State/Province)   (Zip)

Phone: ____________________________ ext. ______ Fax: _____________________________

E-mail: ____________________________ Website: _________________________________

Clinical Instructor’s* Name: _________________________________________________________

Clinical Instructor’s Name: _________________________________________________________

Clinical Instructor’s Name: _________________________________________________________

Center Coordinator of Clinical Education’s Name: ____________________________________
PROFESSIONAL PRACTICE  
SAFETY

1. Practices in a safe manner that minimizes the risk to patient, self, and others.

SAMPLE BEHAVIORS

a. Establishes and maintains safe working environment.
b. Recognizes physiological and psychological changes in patients* and adjusts patient interventions* accordingly.
c. Demonstrates awareness of contraindications and precautions of patient intervention.
d. Ensures the safety of self, patient, and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations, etc).
e. Requests assistance when necessary.
f. Uses acceptable techniques for safe handling of patients (eg, body mechanics, guarding, level of assistance, etc.).
g. Demonstrates knowledge of facility safety policies and procedures.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance* Advanced Beginner Performance* Intermediate Performance* Advanced Intermediate Performance* Entry-level Performance* Beyond Entry-level Performance*

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm ❧ Final ❧
2. Demonstrates professional behavior in all situations.

**SAMPLE BEHAVIORS**

- a. Demonstrates initiative (e.g., arrives well prepared, offers assistance, seeks learning opportunities).
- b. Is punctual and dependable.
- c. Wears attire consistent with expectations of the practice setting.
- d. Demonstrates integrity* in all interactions.
- e. Exhibits caring*, compassion*, and empathy* in providing services to patients.
- f. Maintains productive working relationships with patients, families, CI, and others.
- g. Demonstrates behaviors that contribute to a positive work environment.
- h. Accepts feedback without defensiveness.
- i. Manages conflict in constructive ways.
- j. Maintains patient privacy and modesty.
- k. Values the dignity of patients as individuals.
- l. Seeks feedback from clinical instructor related to clinical performance.
- m. Provides effective feedback to CI related to clinical/teaching mentoring.

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency.)

Rate this student's clinical performance based on the sample behaviors and comments above:

- Beginning Performance
- Advanced Beginner Performance
- Intermediate Performance
- Advanced Intermediate Performance
- Entry-level Performance
- Beyond Entry-level Performance

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- Midterm
- Final
PROFESSIONAL PRACTICE
ACCOUNTABILITY*

3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.

SAMPLE BEHAVIORS

a. Places patient’s needs above self interests.
b. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
c. Takes steps to remedy errors in a timely manner.
d. Abides by policies and procedures of the practice setting (eg, OSHA, HIPAA, PIPEDA [Canada], etc.)
e. Maintains patient confidentiality.
f. Adheres to legal practice standards including all federal, state/province, and institutional regulations related to patient care and fiscal management.*
g. Identifies ethical or legal concerns and initiates action to address the concerns.
h. Displays generosity as evidenced in the use of time and effort to meet patient needs.
i. Recognizes the need for physical therapy services to underserved and under represented populations.
j. Strive to provide patient/client services that go beyond expected standards of practice.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance  Advanced Beginner Performance  Intermediate Performance  Advanced Intermediate Performance  Entry-level Performance  Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

 środkowym tyntem markera Midterm  Final
4. Communicates in ways that are congruent with situational needs.

**SAMPLE BEHAVIORS**

a. Communicates, verbally and nonverbally, in a professional and timely manner.
b. Initiates communication* in difficult situations.
c. Selects the most appropriate person(s) with whom to communicate.
d. Communicates respect for the roles* and contributions of all participants in patient care.
e. Listens actively and attentively to understand what is being communicated by others.
f. Demonstrates professionally and technically correct written and verbal communication without jargon.
g. Communicates using nonverbal messages that are consistent with intended message.
h. Engages in ongoing dialogue with professional peers or team members.
i. Interprets and responds to the nonverbal communication of others.
j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
k. Seeks and responds to feedback from multiple sources in providing patient care.
l. Adjusts style of communication based on target audience.
m. Communicates with the patient using language the patient can understand (eg, translator, sign language, level of education*, cognitive* impairment*, etc).

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

[ ] Midterm [ ] Final
PROFESSIONAL PRACTICE
CULTURAL COMPETENCE

5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.

SAMPLE BEHAVIORS

- a. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services.
- b. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability* or health status.*
- c. Provides care in a nonjudgmental manner when the patients’ beliefs and values conflict with the individual's belief system.
- d. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.
- e. Values the socio-cultural, psychological, and economic influences on patients and clients* and responds accordingly.
- f. Is aware of and suspends own social and cultural biases.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- Midterm [ ]
- Final [ ]

**SAMPLE BEHAVIORS**

a. Identifies strengths and limitations in clinical performance.
b. Seeks guidance as necessary to address limitations.
c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice and professional development.
d. Acknowledges and accepts responsibility for and consequences of his or her actions.
e. Establishes realistic short and long-term goals in a plan for professional development.
f. Seeks out additional learning experiences to enhance clinical and professional performance.
g. Discusses progress of clinical and professional growth.
h. Accepts responsibility for continuous professional learning.
i. Discusses professional issues related to physical therapy practice.
j. Participates in professional activities beyond the practice environment.
k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc) to achieve optimal patient care.

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

 alunos Midterm alunos Final
PATIENT MANAGEMENT

CLINICAL REASONING*

7. Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.

SAMPLE BEHAVIORS

a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
b. Makes clinical decisions within the context of ethical practice.
c. Utilizes information from multiple data sources to make clinical decisions (e.g., patient and caregivers*, health care professionals, hooked on evidence, databases, medical records).
d. Seeks disconfirming evidence in the process of making clinical decisions.
e. Recognizes when plan of care* and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
f. Critically evaluates published articles relevant to physical therapy and applies them to clinical practice.
g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
h. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
i. Assesses patient response to interventions using credible measures.
j. Integrates patient needs and values in making decisions in developing the plan of care.
k. Clinical decisions focus on the whole person rather than the disease.
l. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm [ ]  Final [ ]
PATIENT MANAGEMENT

SCREENING*

8. Determines with each patient encounter the patient’s need for further examination or consultation* by a physical therapist* or referral to another health care professional.

SAMPLE BEHAVIORS

a. Utilizes test and measures sensitive to indications for physical therapy intervention.
b. Advises practitioner about indications for intervention.
c. Reviews medical history* from patients and other sources (eg, medical records, family, other health care staff).
d. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
e. Selects the appropriate screening* tests and measurements.
f. Conducts tests and measurements appropriately.
g. Interprets tests and measurements accurately.
h. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.
i. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary.
j. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance Advanced Beginner Performance Intermediate Performance Advanced Intermediate Performance Entry-level Performance Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm ☐ Final ☐
9. Performs a physical therapy patient examination using evidenced-based* tests and measures.

**SAMPLE BEHAVIORS**

- a. Obtains a history* from patients and other sources as part of the examination.*
- b. Utilizes information from history and other data (e.g., laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
- c. Performs systems review.
- d. Selects evidence-based tests and measures* that are relevant to the history, chief complaint, and screening.
  
  Tests and measures* (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
- e. Conducts tests and measures accurately and proficiently.
- f. Sequences tests and measures in a logical manner to optimize efficiency*.
- g. Adjusts tests and measures according to patient's response.
- h. Performs regular reexaminations* of patient status.
- i. Performs an examination using evidence-based test and measures.

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

![Performance scale]

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- [ ] Midterm
- [ ] Final
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.

**SAMPLE BEHAVIORS**

a. Synthesizes examination data and identifies pertinent impairments, functional limitations* and quality of life. [WHO – ICF Model for Canada]
b. Makes clinical judgments based on data from examination (history, system review, tests and measurements).
c. Reaches clinical decisions efficiently.
d. Cites the evidence to support a clinical decision.

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- [ ] Midterm
- [ ] Final
PATIENT MANAGEMENT

DIAGNOSIS* AND PROGNOSIS*

11. Determines a diagnosis* and prognosis* that guides future patient management.

SAMPLE BEHAVIORS

a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis*.
b. Determines a diagnosis that is congruent with pathology, impairment, functional limitation, and disability.
c. Integrates data and arrives at an accurate prognosis* with regard to intensity and duration of interventions and discharge* status.
d. Estimates the contribution of factors (e.g., pre-existing health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
e. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc.) that help predict patient outcomes.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

☑️ Midterm ☐️ Final
PATIENT MANAGEMENT

PLAN OF CARE*

12. Establishes a physical therapy plan of care* that is safe, effective, patient-centered, and evidence-based.

SAMPLE BEHAVIORS

| a. Establishes goals* and desired functional outcomes* that specify expected time durations. |
| b. Establishes a physical therapy plan of care* in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services. |
| c. Establishes a plan of care consistent with the examination and evaluation.* |
| d. Selects interventions based on the best available evidence and patient preferences. |
| e. Follows established guidelines (eg, best practice, clinical pathways, and protocol) when designing the plan of care. |
| f. Progresses and modifies plan of care and discharge planning based on patient responses. |
| g. Identifies the resources needed to achieve the goals included in the patient care. |
| h. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning. |
| i. Discusses the risks and benefits of the use of alternative interventions with the patient. |
| j. Identifies patients who would benefit from further follow-up. |
| k. Advocates for the patients’ access to services. |

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm | Final
13. Performs physical therapy interventions* in a competent manner.

**SAMPLE BEHAVIORS**

**a.** Performs interventions* safely, effectively, efficiently, fluidly, and in a coordinated and technically competent* manner.

Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques*: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).

**b.** Performs interventions consistent with the plan of care.

**c.** Utilizes alternative strategies to accomplish functional goals.

**d.** Follows established guidelines when implementing an existing plan of care.

**e.** Provides rationale for interventions selected for patients presenting with various diagnoses.

**f.** Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.

**g.** Assesses patient response to interventions and adjusts accordingly.

**h.** Discusses strategies for caregivers to minimize risk of injury and to enhance function.

**i.** Considers prevention*, health, wellness* and fitness* in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.

**j.** Incorporates the concept of self-efficacy in wellness and health promotion.*

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

- Beginning Performance
- Advanced Beginner Performance
- Intermediate Performance
- Advanced Intermediate Performance
- Entry-level Performance
- Beyond Entry-level Performance

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

[ ] Midterm
[ ] Final
PATIENT MANAGEMENT

EDUCATIONAL INTERVENTIONS*

14. Educates* others (patients, caregivers, staff, students, other health care providers*, business and industry representatives, school systems) using relevant and effective teaching methods.

SAMPLE BEHAVIORS

a. Identifies and establishes priorities for educational needs in collaboration with the learner.
b. Identifies patient learning style (eg, demonstration, verbal, written).
c. Identifies barriers to learning (eg, literacy, language, cognition).
d. Modifies interaction based on patient learning style.
e. Instructs patient, family members and other caregivers regarding the patient’s condition, intervention and transition to his or her role at home, work, school or community.
f. Ensures understanding and effectiveness of recommended ongoing program.
g. Tailors interventions with consideration for patient family situation and resources.
h. Provides patients with the necessary tools and education* to manage their problem.
i. Determines need for consultative services.
j. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (eg, ergonomic evaluations, school system assessments*, corporate environmental assessments*).
k. Provides education and promotion of health, wellness, and fitness.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm ☐ Final ☐
15. Produces quality documentation* in a timely manner to support the delivery of physical therapy services.

SAMPLE BEHAVIORS

a. Selects relevant information to document the delivery of physical therapy care.

b. Documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication* with others involved in the delivery of care.

c. Produces documentation (eg, electronic, dictation, chart) that follows guidelines and format required by the practice setting.

d. Documents patient care consistent with guidelines and requirements of regulatory agencies and third-party payers.

e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.

f. Produces documentation that is accurate, concise, timely and legible.

g. Utilizes terminology that is professionally and technically correct.

h. Documentation accurately describes care delivery that justifies physical therapy services.

i. Participates in quality improvement* review of documentation (chart audit, peer review, goals achievement).

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm □ Final □
16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.*

**SAMPLE BEHAVIORS**

a. Applies, interprets, and reports results of standardized assessments throughout a patient’s episode of care.
b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.
c. Seeks information regarding quality of care rendered by self and others under clinical supervision.
d. Evaluates and uses published studies related to outcomes effectiveness.
e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.
f. Assesses the patient’s response to intervention in practical terms.
g. Evaluates whether functional goals from the plan of care have been met.
h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- Midterm
- Final
PATIENT MANAGEMENT
FINANCIAL RESOURCES

17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.

SAMPLE BEHAVIORS

a. Schedules patients, equipment, and space.
b. Coordinates physical therapy with other services to facilitate efficient and effective patient care.
c. Sets priorities for the use of resources to maximize patient and facility outcomes.
d. Uses time effectively.
e. Adheres to or accommodates unexpected changes in the patient’s schedule and facility’s requirements.
f. Provides recommendations for equipment and supply needs.
g. Submits billing charges on time.
h. Adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility.
i. Requests and obtains authorization for clinically necessary reimbursable visits.
j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.
k. Negotiates with reimbursement entities for changes in individual patient services.
l. Utilizes the facility’s information technology effectively.
m. Functions within the organizational structure of the practice setting.
n. Implements risk-management strategies (ie, prevention of injury, infection control, etc).
o. Markets services to customers (eg, physicians, corporate clients*, general public).
p. Promotes the profession of physical therapy.
q. Participates in special events organized in the practice setting related to patients and care delivery.
r. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance
Advanced Beginner Performance
Intermediate Performance
Advanced Intermediate Performance
Entry-level Performance
Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm ☐  Final ☐
PATIENT MANAGEMENT
DIRECTION AND SUPERVISION OF PERSONNEL

18. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

SAMPLE BEHAVIORS

- a. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
- b. Applies time-management principles to supervision and patient care.
- c. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (eg, secretary, volunteers, PT Aides, Physical Therapist Assistants).
- d. Determines the amount of instruction necessary for personnel to perform directed tasks.
- e. Provides instruction to personnel in the performance of directed tasks.
- f. Supervises those physical therapy services directed to physical therapist assistants* and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
- g. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.
- h. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.
- i. Demonstrates respect for the contributions of other support personnel.
- j. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant’s ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
- k. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance
Advanced Performance
Intermediate Performance
Advanced Performance
Entry-level Performance
Beyond Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm
Final
SUMMATIVE COMMENTS

Given this student's level of academic and clinical preparation and the objectives for this clinical experience, identify strengths and areas for further development. If this is the student's final clinical experience, comment on the student's readiness to practice as a physical therapist.

AREAS OF STRENGTH

Midterm:

Final:

AREAS FOR FURTHER DEVELOPMENT

Midterm:

Final:
OTHER COMMENTS

Midterm:

Final:

RECOMMENDATIONS

Midterm:

Final:
EVALUATION SIGNATURES

MIDTERM EVALUATION

For the Student
I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I have completed the on-line training (website) prior to using this instrument and completed the PT CPI midterm self-assessment according to the training and directions. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

_________________________________________________________  ______________________________
Signature of Student                                      Date

Name of Academic Institution

For the Evaluator(s)
I/We, the evaluator(s), have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I/We have completed the on-line training (website) prior to using this instrument. I/We have completed this instrument, as the evaluator(s) according to the training and directions for the PT CPI. I/We have prepared, reviewed, and discussed the midterm completed PT CPI with the student with respect to his/her clinical performance.

_________________________________________________________  ______________________________
Evaluator Name (1) (Print)                                        Position/title

_________________________________________________________  ______________________________
Signature of Evaluator (1)                                      Date

_________________________________________________________  ______________________________
Evaluator Name (2) (Print)                                        Position/Title

_________________________________________________________  ______________________________
Signature of Evaluator (2)                                      Date

_________________________________________________________  ______________________________
CCCE Signature                                      Date
FINAL EVALUATION

For the Student
I, the student, have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I have completed the on-line training (website) prior to using this instrument and completed the PT CPI final self-assessment according to the training and directions. I have also read, reviewed, and discussed my completed performance evaluation with the clinical instructor(s) who evaluated my performance.

Signature of Student

Date

Name of Academic Institution

For the Evaluator(s)
I/We, the evaluator(s), have read and understood the disclaimer (page 4) and directions (pages 5-13) for the PT CPI. I/We have completed the on-line training (website) prior to using this instrument. I/We have completed this instrument, as the evaluator(s) according to the training and directions for the PT CPI. I/We have prepared, reviewed, and discussed the final completed PT CPI with the student with respect to his/her clinical performance.

Evaluator Name (1) (Print)

Position/title

Signature of Evaluator (1)

Date

Evaluator Name (2) (Print)

Position/Title

Signature of Evaluator (2)

Date

CCCE Signature

Date
GLOSSARY

**Academic coordinator/Director of clinical education (ACCE/DCE):** Individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating clinical site and clinical faculty development. This person also is responsible for the academic program and student performance, and maintaining current information on clinical sites.

**Accountability:** Active acceptance of responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society. ([Professionalism in Physical Therapy: Core Values, August 2003.](#))

**Adaptive devices:** A variety of implements or equipment used to aid patients/clients in performing movements, tasks, or activities. Adaptive devices include raised toilet seats, seating systems, environmental controls, and other devices.

**Advanced beginner performance:** A student who requires clinical supervision 75% – 90% of the time with simple patients, and 100% of the time with complex patients. At this level, the student demonstrates developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions) but is unable to perform skilled examinations, interventions, and clinical reasoning skills. The student may begin to share a caseload with the clinical instructor.

**Advanced intermediate performance:** A student who requires clinical supervision less than 25% of the time with new or complex patients and is independent with simple patients. At this level, the student is proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 75% of a full-time physical therapist’s caseload.

**Altruism:** The primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self interest. ([Professionalism in Physical Therapy: Core Values, August 2003.](#))

**Assessment:** The measurement or quantification of a variable or the placement of a value on something. Assessment should not be confused with examination or evaluation.

**Beginning performance:** A student who requires close clinical supervision 100% of the time with constant monitoring and feedback, even with simple patients. At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner. Performance reflects little or no experience. The student does not carry a caseload.

**Beyond entry-level performance:** A student who is capable of functioning without clinical supervision with simple, highly complex patients, and is able to function in unfamiliar or ambiguous situations. Student is capable of supervising others. At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others. Student is capable of maintaining 100% of a full-time physical therapist’s caseload, seeks to assist others where needed. The student willingly assumes a leadership role for managing more difficult or complex cases. Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.

**Caring:** The concern, empathy, and consideration for the needs and values of others. ([Professionalism in Physical Therapy: Core Values, August 2003.](#))

**Caregiver:** One who provides care, often used to describe a person other than a health care professional.

**Case management:** The coordination of patient care or client activities.
Center Coordinator of Clinical Education: Individual who administers, manages, and coordinates CI assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of persons to serve as clinical instructors for students, supervises clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.

Client: An individual who is not necessarily sick or injured but who can benefit from a physical therapist’s consultation, professional advice, or services. A client also is a business, a school system, or other entity that may benefit from specific recommendations from a physical therapist.

Clinical decision making (CDM): Interactive model in which hypotheses are generated early in an encounter based on initial cues drawn from observation of the patient or client, a letter of referral, the medical record, or other resources.

Clinical education experiences: These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge and skills in the clinical environment. Experiences would include those of short and long duration (eg, part-time, full-time, internships) and those that provide a variety of learning experiences (eg, rotations on different units within the same practice setting, rotations between different practice settings within the same health care system) to include comprehensive care of patients across the life span and related activities.

Clinical indications: The patient factors (eg, symptoms, impairments, deficits) that suggest that a particular kind of care (examination, intervention) would be appropriate.

Clinical instructor (CI): Individual at the clinical education site who directly instructs and supervises students during their clinical learning experiences. CIs are responsible for facilitating clinical learning experiences and assessing students’ performance in cognitive, psychomotor, and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. (Syn: clinical teacher, clinical tutor, and clinical supervisor.)

Clinical reasoning: A systematic process used to assist students and practitioners in inferring or drawing conclusions about patient/client care under various situations and conditions.

Cognitive: Characterized by awareness, reasoning, and judgment.

Communication: A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.

Compassion: The desire to identify with or sense something of another’s experience; a precursor of caring. (Professionalism in Physical Therapy: Core Values, August 2003.)

Competence: The possession, application, and evaluation of requisite professional knowledge, skills, and abilities to meet or exceed the performance standards, based on the physical therapist’s roles and responsibilities, within the context of public health, welfare, and safety.

Competency: A significant, skillful, work-related activity that is performed efficiently, effectively, fluidly, and in a coordinated manner.

Complexity: Multiple requirements of the tasks or environment (eg, simple, complex), or patient (see Complex patient). The complexity of the tasks or environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.
Complex patient: Refers to patients presenting with multiple co-morbidities, multi-system involvement, needs for extensive equipment, multiple lines, cognitive impairments, and multifaceted psychosocial needs. As a student progresses through clinical education experiences, the student should be able to manage patients with increasingly more complex conditions with fewer elements or interventions controlled by the CI.

Conflict management: The act, manner, or practice of handling or controlling the impact of disagreement, controversy, or opposition; may or may not involve resolution of the conflict.

Consistency: The frequency of occurrences of desired behaviors related to the performance criterion (eg, infrequently, occasionally, and routinely). As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

Consultation: The rendering of professional or expert opinion or advice by a physical therapist. The consulting physical therapist applies highly specialized knowledge and skills to identify problems, recommend solutions, or produce a specified outcome or product in a given amount of time. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Consumer: One who acquires, uses, or purchases goods or services; any actual or potential recipient of health care.

Cost-effectiveness: Economically worthwhile in terms of what is achieved for the amount of money spent; tangible benefits in relation to expenditures.

Critical inquiry: The process of applying the principles of scientific methods to read and interpret professional literature, participate in research activities, and analyze patient care outcomes, new concepts, and findings.

Cultural awareness: Refers to the basic idea that behavior and ways of thinking and perceiving are culturally conditioned rather than universal aspects of human nature. (Pusch MD, ed. Multicultural Education. Yarmouth, Maine: Intercultural Press Inc; 1999.)

Cultural competence: Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups. “Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities. (Working definition adapted from Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda, Office of Minority Health, Public Health Service, U S Department of Health and Human Services; 1999.


Diagnosis: Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Diagnostic process: The evaluation of information obtained from the patient examination organized into clusters, syndromes, or categories.
**Differential diagnosis:** The determination of which one of two or more different disorders or conditions is applicable to a patient or client.

**Direct access:** Practice mode in which physical therapists examine, evaluate, diagnose, and provide interventions to patients/clients without a referral from a gatekeeper, usually the physician.

**Disability:** The inability to perform or a limitation in the performance of actions, tasks, and activities usually expected in specific social roles that are customary for the individual or expected for the person’s status or role in a specific sociocultural context and physical environment. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Disease:** A pathological condition or abnormal entity with a characteristic group of signs and symptoms affecting the body and with known or unknown etiology. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Discharge:** The process of ending physical therapy services that have been provided during a single episode of care, when the anticipated goals and expected outcomes have been achieved. Discharge does not occur with a transfer (that is, when the patient is moved from one site to another site within the same setting or across setting during a single episode of care). (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Documentation:** All written forms of communication provided related to the delivery of patient care, to include written correspondence, electronic record keeping, and word processing.


**Education:** Knowledge or skill obtained or developed by a learning process; a process designed to change behavior by formal instruction and/or supervised practice, which includes teaching, training, information sharing, and specific instructions.

**Efficiency:** The ability to perform in a cost-effective and timely manner (eg, inefficient/slow, efficient/timely). As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely.

**Empathy:** The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.

**Entry-level performance:** A student who is capable of functioning without guidance or clinical supervision with simple or complex patients. Consults with others and resolves unfamiliar or ambiguous situations. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.

**Episode of physical therapy prevention:** A series of occasional, clinical, educational, and administrative services related to primary prevention, wellness, health promotion, and to the preservation of optimal function. Prevention services and programs that promote health, wellness, and fitness are a vital part of the practice of physical therapy. No defined number or range of number of visits is established for this type of episode. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Evaluation:** A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. No defined number or range of number of visits is established for this type of episode. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)
**Evidenced-based practice**: Integration of the best possible research evidence with clinical expertise and patient values, to optimize patient/client outcomes and quality of life to achieve the highest level of excellence in clinical practice. (Sackett DL, Haynes RB, Guyatt GH, Tugwell P. *Clinical Epidemiology: A Basic Science for Clinical Medicine. 2nd ed*. Boston: Little, Brown and Company; 1991:1.) Evidence includes randomized or nonrandomized controlled trials, testimony or theory, meta-analysis, case reports and anecdotes, observational studies, narrative review articles, case series in decision making for clinical practice and policy, effectiveness research for guidelines development, patient outcomes research, and coverage decisions by health care plans.

**Examination**: A comprehensive and specific testing process performed by a physical therapist that leads to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems reviews, and tests and measures. (*Guide to Physical Therapist Practice*. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Excellence**: Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. (*Professionalism in Physical Therapy: Core Values*, August 2003.)

**Fiscal management**: An ability to identify the fiscal needs of a unit and to manage available fiscal resources to maximize the benefits and minimize constraints.

**Fitness**: A dynamic physical state—comprising cardiovascular/pulmonary endurance; muscle strength, power, endurance, and flexibility; relaxation; and body composition—that allows optimal and efficient performance of daily and leisure activities. (*Guide to Physical Therapist Practice*. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Function**: The special, normal, or proper action of any part or organ; an activity identified by an individual as essential to support physical and psychological well-being as well as to create a personal sense of meaningful living; the action specifically for which a person or thing is fitted or employed; an act, process, or series of processes that serve a purpose; to perform an activity or to work properly or normally.

**Functional limitation**: A restriction of the ability to perform a physical action, activity, or task in a typically expected, efficient, or competent manner. (*Guide to Physical Therapist Practice*. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Functional outcomes**: The desired result of an act, process, or intervention that serves a purpose (eg, improvement in a patient’s ability to engage in activities identified by the individual as essential to support physical or psychological well-being).

**Goals**: The intended results of patient/client management. Goals indicate changes in impairment, functional limitations, and disabilities and changes in health, wellness, and fitness needs that are expected as a result of implementing the plan of care. Goals should be measurable and time limited (if required, goals may be expressed as short-term and long-term goals.) (*Guide to Physical Therapist Practice*. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Guide to Physical Therapist Practice**: Document that describes the scope of practice of physical therapy and assists physical therapists in patient/client management. Specifically, the *Guide* is designed to help physical therapists: 1) enhance quality of care, 2) improve patient/client satisfaction, 3) promote appropriate utilization of health care services, 4) increase efficiency and reduce unwarranted variation in the provision of services, and 5) promote cost reduction through prevention and wellness initiatives. The *Guide* also provides a framework for physical therapist clinicians and researchers as they refine outcomes data collection and analysis and develop questions for clinical research. (*Guide to Physical Therapist Practice*. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Health care provider**: A person or organization offering health services directly to patients or clients.
Health promotion: The combination of educational and environmental supports for actions and conditions of living conducive to health. The purpose of health promotion is to enable people to gain greater control over the determinants of their own health. (Green LW, Kreuter MW. Health Promotion Planning. 2nd ed. Mountain View, Calif: Mayfield Publishers; 1991:4.)

Health status: The level of an individual’s physical, mental, affective, and social function: health status is an element of well-being.

History: An account of past and present health status that includes the identification of complaints and provides the initial source of information about the patient. The history also suggests the patient’s ability to benefit from physical therapy services.

Personnel management: Selection, training, supervision, and deployment of appropriately qualified persons for specific tasks/functions.


Integrity: Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do. (Professionalism in Physical Therapy: Core Values, August 2003.)

Intermediate clinical performance: A student who requires clinical supervision less than 50% of the time with simple patients, and 75% of the time with complex patients. At this level, the student is proficient with simple tasks and is developing the ability to perform skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 50% of a full-time physical therapist’s caseload.

Intervention: The purposeful interaction of the physical therapist with the patient/client, and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques to produce changes in the condition. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Manual therapy techniques: Skilled hand movements intended to improve tissue extensibility; increase range of motion; induce relaxation; mobilize or manipulate soft tissue and joints; modulate pain; and reduce soft tissue swelling, inflammation, or restriction. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Mobilization/manipulation: A manual therapy technique comprising a continuum of skilled passive movements to the joints and/or related soft tissues that are applied at varying speeds and amplitudes, including a small amplitude/high velocity therapeutic movement. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Multicultural/multilingual: Characteristics of populations defined by changes in the demographic patterns of consumers.

Negotiation: The act or procedure of treating another or others in order to come to terms or reach an agreement.

Objective: A measurable behavioral statement of an expected response or outcome; something worked toward or striven for; a statement of direction or desired achievement that guides actions and activities.

Outcomes assessment of the individual: Performed by the physical therapist and is a measure (or measures) of the intended results of patient/client management, including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are
expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

**Outcomes assessment of groups of patients/clients:** Performed by the physical therapist and is a measure [or measures] of physical therapy care to groups of patients/clients including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are expected as the results of that physical therapy.

**Outcomes analysis:** A systematic examination of patient/client outcomes in relation to selected patient/client variables (eg, age, sex, diagnosis, interventions performed); outcomes analysis may be used in quality assessment, economic analysis of practice, and other processes.

**Patients:** Individuals who are the recipients of physical therapy and direct interventions.

**Patient/client management model:**


**Performance criterion:** A description of outcome knowledge, skills, and behaviors that define the expected performance of students. When criteria are taken in aggregate, they describe the expected performance of the graduate upon entry into the practice of physical therapy.

**Physical function:** Fundamental components of health status describing the state of those sensory and motor skills necessary for mobility, work, and recreation.

**Physical therapist:** A licensed health care professional who offers services designed to preserve, develop, and restore maximum physical function.

**Physical therapist assistant:** An educated health care provider who performs physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

**Plan of care:** (Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. *(Guide to Physical Therapist Practice*, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)
Practice management: The coordination, promotion, and resource (financial and human) management of practice that follows regulatory and legal guidelines.

Practitioner of choice: Consumers choose the most appropriate health care provider for the diagnosis, intervention, or prevention of an impairment, functional limitation, or disability.

Presenting problem: The specific dysfunction that causes an individual to seek attention or intervention (i.e., chief complaint).

Prevention: Activities that are directed toward 1) achieving and restoring optimal functional capacity, 2) minimizing impairments, functional limitations, and disabilities, 3) maintaining health (thereby preventing further deterioration or future illness), 4) creating appropriate environmental adaptations to enhance independent function. Primary prevention: Prevention of disease in a susceptible or potentially susceptible population through such specific measures as general health promotion efforts. Secondary prevention: Efforts to decrease the duration of illness, severity of diseases, and sequelae through early diagnosis and prompt intervention. Tertiary prevention: Efforts to limit the degree of disability and promote rehabilitation and restoration of function in patients/clients with chronic and irreversible diseases. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Professional duty: Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society. (Professionalism in Physical Therapy: Core Values, August 2003.)

Professionalism: The conduct, aims, or qualities that characterize or mark a profession or a professional person; A systematic and integrated set of core values that through assessment, critical reflection, and change, guides the judgment, decisions, behaviors, and attitudes of the physical therapist, in relation to patients/clients, other professionals, the public, and the profession. (APTA Consensus Conference to Develop Core Values in Physical Therapy, July 2002, Alexandria, Va)

Prognosis: The determination by the physical therapist of the predicted optimal level of improvement in function and the amount of time needed to reach that level. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Quality: The degree of skill or competence demonstrated (e.g., limited skill, high skill), the relative effectiveness of the performance (e.g., ineffective, highly effective), and the extent to which outcomes meet the desired goals. A continuum of quality might range from demonstration of limited skill and effectiveness to a highly skilled and highly effective performance.

Quality improvement (QI): A management technique to assess and improve internal operations. Quality improvement focuses on organizational systems rather than individual performance and seeks to continuously improve quality rather than reacting when certain baseline statistical thresholds are crossed. The process involves setting goals, implementing systematic changes, measuring outcomes, and making subsequent appropriate improvements. (www.tmci.org/other_resources/glossaryquality.html#quality)

Role: A behavior pattern that defines a person's social obligations and relationships with others (e.g., father, husband, son).

Reexamination: The process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Screening: Determining the need for further examination or consultation by a physical therapist or for referral to another health professional. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.) (See also: Cognitive screening.)
Social responsibility: The promotion of a mutual trust between the physical therapist as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. (Professionalism in Physical Therapy: Core Values, August 2003.)

Supervision/guidance: Level and extent of assistance required by the student to achieve clinical performance at entry-level. As a student progresses through clinical education experiences, the degree of monitoring needed is expected to progress from full-time monitoring/direct supervision or cuing for assistance to initiate, to independent performance with consultation. The degree of supervision and guidance may vary with the complexity of the patient or environment.

Technically competent: Correct performance of a skill.

Tests and measures: Specific standardized methods and techniques used to gather data about the patient/client after the history and systems review have been performed. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Treatment: The sum of all interventions provided by the physical therapist to a patient/client during an episode of care. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Wellness: An active process of becoming aware of and making choices toward a more successful existence. (National Wellness Organization. A Definition of Wellness. Stevens Point, Wis: National Wellness Institute Inc; 2003.)
APPENDIX A
EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Competent)

EXAMINATION*

9. Performs a physical therapy patient examination* using evidenced-based* test and measures.

SAMPLE BEHAVIORS

| a) Obtains a history from patients and other sources as part of the examination.* |
| b) Utilizes information from history and other data (eg, laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures. |
| c) Performs systems review. |
| d) Selects evidence-based tests and measures* that are relevant to the history, chief complaint, and screening. |

Tests and measures* (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.

e) Conducts tests and measures accurately and proficiently.

f) Sequences tests and measures in a logical manner to optimize efficiency*.

i) Performs an examination using evidence based test and measures.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency.)

This student requires guidance 25% of the time in selecting appropriate examination methods based on the patient’s history and initial screening. Examinations are performed consistently, accurately, thoroughly, and skillfully. She almost always is able to complete examinations in the time allotted, except for patients with the most complex conditions. She manages a 75% caseload of the PT with some difficulty and requires assistance in completing the examination for a patient with a complex condition of dementia and multiple diagnoses. Overall she has achieved a level of performance consistent with advanced intermediate performance for this criterion and continues to improve in all areas.

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*.)

This student requires no guidance in selecting appropriate examination methods for patients with complex conditions and with multiple diagnoses. Examinations are performed consistently and skillfully. She consistently selects all appropriate examination methods based on the patient’s history and initial screening. She consistently completes examinations in the time allotted and manages a 100% caseload of the PT. She is able to examine a number of patients with complex conditions and with multiple diagnoses with only minimal input from the CI. Overall this student has improved across all performance dimensions to achieve entry-level clinical performance.

Rate this student’s clinical performance based on the sample behaviors and comments above:

<table>
<thead>
<tr>
<th>Beginning Performance</th>
<th>Advanced Beginner Performance</th>
<th>Intermediate Performance</th>
<th>Advanced Intermediate Performance</th>
<th>Entry-level Performance</th>
<th>Beyond Entry-level Performance</th>
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Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

👩‍⚕️ Midterm □   👩‍⚕️ Final □
APPENDIX A
EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Not Competent)

EXAMINATION*

9. Performs a physical therapy patient examination* using evidenced-based* test and measures.

SAMPLE BEHAVIORS

| e) | Obtains a history from patients and other sources as part of the examination. |
| f) | Utilizes information from history and other data (eg, laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures. |
| g) | Performs systems review. |
| h) | Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening. |
|     | Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation. |
| j) | Conducts tests and measures accurately and proficiently. |
| k) | Sequences tests and measures in a logical manner to optimize efficiency*. |
| l) | Adjusts tests and measures according to patient’s response. |
| m) | Performs regular re-examinations of patient status. |
| n) | Performs an examination using evidence based test and measures. |

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*)

This student requires guidance 75% of the time to select relevant tests and measures and does not ask relevant background questions to identify tests and measures needed. Tests and measures selected are inappropriate for the patient's diagnosis and condition. When questioned, he is unable to explain why specific tests and measures were selected. He is not accurate in performing examination techniques (eg, fails to correctly align the goniometer, places patients in uncomfortable examination positions) and requires assistance when completing exams on all patients with complex conditions and with 75% of patients with simple conditions. He is unable to complete 60% of the exams in the time allotted and demonstrates difficulty across all performance dimensions for the final clinical experience.

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*)

This student requires guidance 50% of the time to select relevant tests and measures. He selects tests and measures that are appropriate for patients with simple conditions 50% of the time, however 50% of the time he is unable to explain the tests and measures selected. Likewise, 50% of the time, he selects tests and measures that are inappropriate for the patient’s diagnosis. He demonstrates 50% accuracy in performing the required examination techniques, including goniometry and requires assistance to complete examinations on 95% of patients with complex conditions and 50% of patients with simple conditions. He is unable to complete 50% of the exams in the time allotted. Although some limited improvement has been shown, performance across all performance dimensions for the final clinical experience is still in the advanced beginner performance interval, which is below expected performance of entry-level on this criterion for a final clinical experience.

Rate this student's clinical performance based on the sample behaviors and comments above:

<table>
<thead>
<tr>
<th>Beginning Performance</th>
<th>Advanced Performance</th>
<th>Intermediate Performance</th>
<th>Advanced Performance</th>
<th>Entry-level Performance</th>
<th>Beyond Performance</th>
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Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

[ ] Midterm [ ] Final [ ]
APPENDIX A
COMPLETED FOR INTERMEDIATE EXPERIENCE (COMPETENT)

EXAMINATION*

9. Performs a physical therapy patient examination* using evidenced-based* test and measures.

SAMPLE BEHAVIORS

- i) Obtains a history from patients and other sources as part of the examination.
- j) Utilizes information from history and other data (e.g., laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
- k) Performs systems review.
- l) Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening.

Tests and measures (listed alphabetically) include, but are not limited to, the following:
- a) aerobic capacity,
- b) anthropometric characteristics,
- c) arousal, mentation, and cognition,
- d) assistive and adaptive devices*,
- e) community and work (job, school, or play) reintegration,
- f) cranial nerve integrity,
- g) environmental, home, and work barriers,
- h) ergonomics and body mechanics,
- i) gait, assisted locomotion, and balance,
- j) integumentary integrity,
- k) joint integrity and mobility,
- l) motor function*,
- m) muscle performance (including strength, power, and endurance),
- n) neuromotor development and sensory integration,
- o) orthotic, protective, and supportive devices,
- p) pain,
- q) posture,
- r) prosthetic requirements,
- s) range of motion,
- t) reflex integrity,
- u) self-care and home management (including activities of daily living and instrumental activities of daily living),
- v) sensory integration (including proprioception and kinesthesia), and
- w) ventilation, respiration, and circulation.

- o) Conducts tests and measures accurately and proficiently.
- p) Sequences tests and measures in a logical manner to optimize efficiency*.
- q) Adjusts tests and measures according to patient’s response.
- r) Performs regular re-examinations of patient status.
- s) Performs an examination using evidence based test and measures.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*.)

This student requires supervision for managing patients with simple conditions 50% of the time and managing patients with complex neurological conditions 95% of the time. He selects relevant examination methods for patients with simple conditions 85% of the time, however sometimes over tires patients during the examination. He requires limited assistance to perform examination methods accurately (sensory testing) and completes examinations in the time allotted most of the time. He carries a 25% caseload of the PT and is able to use good judgment in the selection and implementation of examinations for this level of clinical experience.

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance, quality, complexity, consistency, and efficiency*.)

The student requires supervision for managing patients with simple conditions 25% of the time and managing patients with complex conditions 75% of the time. He selects relevant examination methods for patients with simple conditions 100% of the time and consistently monitors the patient’s fatigue level during the examination. He performs complete and accurate examinations of patients with simple orthopedic conditions and is beginning to describe movement patterns in patients with complex neurological conditions. However, he continues to require frequent input to complete a neurological examination and is unable to consistently complete examinations in the time allotted. He carries a 50% caseload of the PT and has shown improvement in advancing from advanced beginner performance to intermediate performance for this second clinical experience.

Rate this student’s clinical performance based on the sample behaviors and comments above:

<table>
<thead>
<tr>
<th>Performance</th>
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<tbody>
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Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- Midterm
- Final
APPENDIX B
PT CPI Performance Criteria Matched with Evaluative Criteria for PT Programs

This table provides the physical therapist academic program with a mechanism to relate the performance criteria from the Physical Therapist Clinical Performance Instrument with the Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists.

<table>
<thead>
<tr>
<th>Evaluative Criteria for Accreditation of Physical Therapist Programs</th>
<th>Physical Therapist Clinical Performance Instrument Performance Criteria (PC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability (5.1-5.5)</td>
<td>Accountability (PC #3; 5.1-5.3)</td>
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<tr>
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<td>Professional Development (PC #6; 5.4, 5.5)</td>
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<tr>
<td>Altruism (5.6, 5.7)</td>
<td>Accountability (PC #3; 5.6 and 5.7)</td>
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<tr>
<td>Compassion/Caring (5.8, 5.9)</td>
<td>Professional Behavior (PC #2; 5.8)</td>
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<td>Plan of Care (PC #12, #13; 5.9)</td>
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<td>Integrity (5.10)</td>
<td>Professional Behavior (PC #2; 5.10)</td>
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<td>Professional Duty (5.11-5.16)</td>
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<td>Communication (5.17)</td>
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<td>Cultural Competence (5.18)</td>
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<td>Clinical Reasoning (5.19, 5.20)</td>
<td>Clinical Reasoning (PC #7; 5.19, 5.20)</td>
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<td>Evidenced-Based Practice (5.21-5.25)</td>
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<td>Evaluation (5.31)</td>
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<td>Intervention (5.39-5.44)</td>
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<td>Direction and Supervision of Personnel (PC #18; 5.40)</td>
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<td>Educational Interventions (PC #14; 5.41)</td>
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<td>Financial Resources (PC #17; 5.55)</td>
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<td>Practice Management (5.57-5.61)</td>
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<tr>
<td></td>
<td>Direction and Supervision of Personnel (PC #18; 5.57)</td>
</tr>
<tr>
<td></td>
<td>Not included: 5.59</td>
</tr>
<tr>
<td>Consultation (5.62)</td>
<td>Screening (PC #8; 5.62)</td>
</tr>
<tr>
<td></td>
<td>Educational Interventions (PC #14; 5.62)</td>
</tr>
<tr>
<td>Social Responsibility and Advocacy (5.63-5.66)</td>
<td>Accountability (PC #2; 5.63-5.66)</td>
</tr>
</tbody>
</table>

APPENDIX C
DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

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

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003
(updated 12/27/10)

American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314
PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators’ requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student’s assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA’s Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O’Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name

Academic Institution

Name of Clinical Education Site

Address       City       State

Clinical Experience Number       Clinical Experience Dates

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature)      Date

Primary Clinical Instructor Name (Print name)     Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned
Highest degree earned       Degree area
Years experience as a CI
Years experience as a clinician
Areas of expertise
Clinical Certification, specify area
APTA Credentialed CI       Yes       No
Other CI Credential       State       Yes       No
Professional organization memberships       APTA       Other

Additional Clinical Instructor Name (Print name)     Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned
Highest degree earned       Degree area
Years experience as a CI
Years experience as a clinician
Areas of expertise
Clinical Certification, specify area
APTA Credentialed CI       Yes       No
Other CI Credential       State       Yes       No
Professional organization memberships       APTA       Other
SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site
   Address        City        State

2. Clinical Experience Number

3. Specify the number of weeks for each applicable clinical experience/rotation.
   - Acute Care/Inpatient Hospital Facility
   - Ambulatory Care/Outpatient
   - ECF/Nursing Home/SNF
   - Federal/State/County Health
   - Industrial/Occupational Health Facility
   - Private Practice
   - Rehabilitation/Sub-acute Rehabilitation
   - School/Preschool Program
   - Wellness/Prevention/Fitness Program
   - Other

Orientation

4. Did you receive information from the clinical facility prior to your arrival?  
   □ Yes  □ No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience?  
   □ Yes  □ No

6. What else could have been provided during the orientation?

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1 = Never  2 = Rarely  3 = Occasionally  4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

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

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale.

<table>
<thead>
<tr>
<th>Components Of Care</th>
<th>Rating</th>
<th>Components Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Screening</td>
<td>Prognosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• History taking</td>
<td>Plan of Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Systems review</td>
<td>Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tests and measures</td>
<td>Outcomes Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

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

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth?

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

☐ Physical therapist students
☐ Physical therapist assistant students
☐ Students from other disciplines or service departments (Please specify)

12. Identify the ratio of students to CIs for your clinical experience:

☐ 1 student to 1 CI
☐ 1 student to greater than 1 CI
☐ 1 CI to greater than1 student; Describe

13. How did the clinical supervision ratio in Question #12 influence your learning experience?

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

☐ Attended in-services/educational programs
☐ Presented an in-service
☐ Attended special clinics
☐ Attended team meetings/conferences/grand rounds
☐ Directed and supervised physical therapist assistants and other support personnel
☐ Observed surgery
☐ Participated in administrative and business practice management
☐ Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines)
☐ Participated in opportunities to provide consultation
☐ Participated in service learning
☐ Participated in wellness/health promotion/screening programs
☐ Performed systematic data collection as part of an investigative study
☐ Other; Please specify

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.
Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)

☐ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
☐ Time well spent; would recommend this clinical education site to another student.
☐ Some good learning experiences; student program needs further development.
☐ Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?

20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for this clinical experience?

21. What curricular suggestions do you have that would have prepared you better for this clinical experience?
**SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION**

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

**Assessment of Clinical Instruction**

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree    2=Disagree    3=Neutral    4=Agree    5=Strongly Agree

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

23. Was your CI(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation  ☐ Yes  ☐ No  Final Evaluation  ☐ Yes  ☐ No
24. If there were inconsistencies, how were they discussed and managed?
   Midterm Evaluation
   Final Evaluation

25. What did your CI(s) do well to contribute to your learning?
   Midterm Comments
   Final Comments

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?
   Midterm Comments
   Final Comments

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.
Appendix H:
Integrated Clinical Experience Evaluation Tool
Student Name: _______________________________  Clinical Dates: _______________________________

Facility & Setting: _______________________________  Clinical Instructor: _______________________________

Please assess the student’s abilities and behaviors on each of the following criteria. Sample behaviors for the “Meets Expectation” rating are included with each criterion as examples of the program’s expectations for students. Comments are encouraged, as they provide valuable insight into the student’s strengths and weaknesses.

1. Safety: Practices in a safe manner that minimizes risk to patient, self and others.

   Sample behaviors for the “Meets Expectations” rating:
   - Recognizes and responds to potential or real risks presented by patients.
   - Practices in a safe manner that minimizes risk to patient, self, and others.
   - Requests assistance when necessary.

   [ ] Needs Improvement  [ ] Meets Expectations  [ ] Exceeds Expectations

   Comments:

   [ ] Area of Concern – if checked, please explain and then contact the DCE to discuss the concern.

2. Interpersonal & Communication Skills: Communicates in ways that are congruent with situational needs.

   Sample behaviors for the “Meets Expectations” rating:
   - Effectively and respectfully communicates verbally and nonverbally with patients and staff (e.g. student introduces self).
   - Effectively seeks and responds to constructive feedback.
   - Adjusts communication style based on audience (e.g. language, level of education, cognitive impairment, cultural differences).

   [ ] Needs Improvement  [ ] Meets Expectations  [ ] Exceeds Expectations

   Comments:

   [ ] Area of Concern – if checked, please explain and then contact the DCE to discuss the concern.

3. Professional Behavior: Demonstrates professional behavior in all situations.

   Sample behaviors for the “Meets Expectations” rating:
   - Effectively uses time and resources.
   - Adheres to legal and ethical standards.
   - Demonstrates initiative (e.g. arrives well prepared, offers assistance, seeks learning opportunities).

   [ ] Needs Improvement  [ ] Meets Expectations  [ ] Exceeds Expectations

   Comments:

   [ ] Area of Concern – if checked, please explain and then contact the DCE to discuss the concern.
4. **Patient Care**: Performs a patient examination and intervention with assistance.

**Sample behaviors** for the “Meets Expectations” rating:

- Assists with patient examination.
  - Performs a chart review.
  - Performs patient history.
  - Chooses best tests and measures.
  - Identifies body structure and function impairments.
  - Identifies measurable time-based goals.
- Assists with patient interventions.
  - Recognizes indications, precautions, and contraindications to interventions.
  - Prioritizes interventions.
  - Administers interventions under supervision.
  - Modifies interventions based on patient response.

[ ] Needs Improvement  [ ] Meets Expectations  [ ] Exceeds Expectations

**Comments:**

[ ] Area of Concern – if checked, please explain and then contact the DCE to discuss the concern.

5. **Problem Solving**: Applies current knowledge, theory, clinical judgment, and the patient’s values and perspectives in patient management.

**Sample behaviors** for the “Meets Expectations” rating:

- Synthesizes examination data to determine simple physical therapy diagnosis and prognosis, with guidance.
- Utilizes information from multiple data sources to make clinical decisions (e.g. patient, clinical instructor, evidence, didactic coursework).
- Presents a logical rationale for clinical decisions.

[ ] Needs Improvement  [ ] Meets Expectations  [ ] Exceeds Expectations

**Comments:**

[ ] Area of Concern – if checked, please explain and then contact the DCE to discuss the concern.

**Overall comments:**

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Clinical Instructor: ________________________________ Signature ______________ Date __________

Student: ________________________________ Signature ______________ Date __________

Please double check that both the CI and student have signed the form. Then give this form to the student in a sealed envelope with the CI’s signature across the seal for the student to deliver to the university.