



University of Findlay®

Doctor of Physical Therapy Program

Traditional Physical Therapy Curriculum

Weekend PTA to DPT Bridge Curriculum

Student Handbook

Part II: Clinical Education

Fall 2023/Winter 2024

Class of 2026

Updated 1/22/2024

Student Handbook Acknowledgement Form

Student's Name (Please print): _____

Address: _____

Phone: _____

I acknowledge that I have received an electronic copy of *The University of Findlay Doctor of Physical Therapy Program Student Handbook, Part I and II*. I also acknowledge there are two parts to the handbook: Part I Didactic Education and Part II Clinical Education. I also acknowledge that it is available during my enrollment at UF. I understand that program faculty will inform me of any changes and those changes will be presented at communication hour and posted on the Cohort Sharepoint Site. The student handbook also includes clinical education policies and procedures.

I have read or will read the material contained within The University of Findlay Doctor of Physical Therapy Program Student Handbook (Part I Didactic Education and Part II Clinical Education). I have had the opportunity to ask questions about this handbook.

I understand that I will be held responsible to understand and abide by the policies in The University of Findlay Doctor of Physical Therapy Program Student Handbook and The University of Findlay Graduate Catalog for the duration of my enrollment at the university, both the academic and clinical education components.

The Department of Physical Therapy reserves the right to make changes in policies, procedures and regulations subsequent to the publication of this Student Handbook. Notice of changes, revisions, or any additions to the Physical Therapy Student Handbook will be posted on Sharepoint and distributed to each student in verbally and in writing by the Associate Chair of the Physical Therapy Program.

Signature (Student)

Date

I further acknowledge that I have received a copy of the Technical Standards and Essential Functions required for the program. I understand that if I require reasonable accommodation to perform any of the required activities, it is my responsibility to contact the Office of Accommodation and Inclusion .

Signature (Student)

Date

The Student Handbook is intended only as a reference guide and does not constitute a contract between the student and The University of Findlay or its Physical Therapy Program.

STUDENT HANDBOOK ACKNOWLEDGEMENT FORM.....	i
OVERVIEW	1
CHAPTER I: CE DEFINITIONS, ROLES, AND RESPONSIBILITIES	2
A. CLINICAL EDUCATION DEFINITIONS	3
B. ROLES AND RESPONSIBILITIES OF PARTICIPANTS	4
CHAPTER II: DEVELOPMENT OF CLINICAL EDUCATION SITES.....	7
A. SELECTION/ESTABLISHMENT OF CLINICAL EDUCATION SITES.....	8
B. AGREEMENT FOR CLINICAL EDUCATION.....	9
C. ONGOING SUPPORT FOR THE CLINICAL EDUCATION SITES.....	10
CHAPTER III: STUDENT PREPARATION & ASSIGNMENTS	12
A. CLINICAL EDUCATION SITE ELECTRONIC FILES	13
B. STUDENT INTRODUCTION PACKET	13
C. REQUIRED PHYSICAL EXAM/MEDICAL TESTS AND PROCEDURES	14
D. MALPRACTICE INSURANCE.....	15
E. HEALTH INSURANCE	15
F. CPR & FIRST AID CERTIFICATION	16
G. OSHA & HIPAA CERTIFICATION	16
H. CRIMINAL BACKGROUND CHECK.....	16
I. STUDENT ASSIGNMENT/READINESS	17
PTA TO DPT BRIDGE PROGRAM.....	17
TRADITIONAL DPT PROGRAM.....	19
J. REQUEST FOR CLINICAL ACCOMMODATIONS.....	20
K. CPI 3.0 TRAINING	20
L. PANDEMIC REQUIREMENTS AND EXEMPTIONS.....	22
M. EXXAT POLICY	22
CHAPTER IV: CLINICAL EDUCATION EXPERIENCES.....	24
A. TRANSPORTATION AND LODGING	25
B. CLINICAL DRESS CODE.....	25
C. CLINICAL ATTENDANCE	25
D. CLINICAL INSERVICE	26
E. BACKUP SUPERVISION	26
F. DOCUMENTATION	27
G. CLINICAL EDUCATION DATA COLLECTION.....	27
H. MIDTERM CONTACT	28
I. GRADING FOR CLINICAL EDUCATION EXPERIENCE.....	29
PTA TO DPT BRIDGE PROGRAM	29
TRADITIONAL DPT PROGRAM	30
J. CLINICAL EDUCATION EXPERIENCE EVALUATION REPORT (CEEER).....	32
K. EVALUATION OF THE CLINICAL EDUCATION FACULTY (SCCE & CI).....	33
L. EVALUATION OF THE DIRECTOR OF CLINICAL EDUCATION	33
CHAPTER V: INTERVENTION STRATEGIES.....	34

A. EXCEPTIONAL STUDENT SITUATIONS.....	35
B. STUDENT WITHDRAWAL.....	36
C. RESCHEDULING OF CLINICAL EDUCATION EXPERIENCES.....	37
PTA TO DPT BRIDGE PROGRAM.....	37
TRADITIONAL DPT PROGRAM.....	37
D. CLINICAL EDUCATION EXPERIENCE REASSIGNMENT.....	37
E. APPEALING THE CLINICAL EDUCATION PORTION OF A GRADE.....	37
F. RECRUITMENT.....	38
G. CI CERTIFICATE.....	38
CONCLUSION.....	39
APPENDIX A.....	40
APTA CODE OF ETHICS & STANDARDS OF PRACTICE.....	40
AMERICAN PHYSICAL THERAPY ASSOCIATION.....	41
APPENDIX B.....	42
LETTER OF INTENT.....	42
APPENDIX C.....	44
SYLLABI.....	44
APPENDIX D.....	140
SCRIPT AND CLINICAL EDUCATION FACILITY REQUEST FORM.....	140
APPENDIX E.....	143
CLINICAL SITE INFORMATION FORM - MINIMUM DATA.....	143
APPENDIX F.....	145
UF CONTRACT TEMPLATE.....	145
APPENDIX G.....	151
REFERENCES ON ADULT LEARNING/GENERAL EDUCATION.....	151
APPENDIX H.....	156
STUDENT DATA SHEET.....	156
APPENDIX I.....	159
HEPATITIS B VACCINATION WAIVER FORM.....	159
APPENDIX J.....	161
OSHA/HIPAA CERTIFICATE OF TRAINING.....	161

APPENDIX K	163
PHYSICIAN’S EXAMINATION FORM.....	163
APPENDIX L	167
CLINICAL EDUCATION EXPERIENCE REQUEST FORM	167
APPENDIX M	170
STUDENT AGREEMENT TO THE CEF - BRIDGE PROGRAM.....	170
APPENDIX N	172
CLINICAL ACCOMMODATION FORMS.....	172
APPENDIX O	178
COVID-19 VACCINE MEDICAL EXEMPTION REQUEST FORM	178
APPENDIX P	180
CLINICAL EDUCATION TRACKING SHEET	180
APPENDIX Q	182
INSERVICE EVALUATION FORM	182
APPENDIX R	184
AGREEMENT FOR BACKUP SUPERVISION FORM	184
APPENDIX S	186
CE SITE AND CLINICAL INSTRUCTOR FORM	186
APPENDIX T	192
DAILY ACTIVITY & SUPERVISION FORM	192
APPENDIX U	197
WEEKLY REFLECTIONS FORM.....	197
APPENDIX V	199
MIDTERM CONTACT FORM	199
APPENDIX W	202
OVERVIEW OF STUDENT PROGRESS AT CLINICAL AFFILIATIONS (BRIDGE PROGRAM)	202

APPENDIX X	205
CLINICAL EDUCATION EXPERIENCE EVALUATION REPORT	205
APPENDIX Y	223
DCE ASSESSMENT QUESTIONNAIRE	223
APPENDIX Z	226
SAMPLE LEARNING CONTRACT.....	226
APPENDIX AA	228
CI SUPERVISION CERTIFICATE	228
APPENDIX BB	230
THE NON-EMERGENT CLINICAL ABSENCE DECISION TREE	230
APPENDIX CC	232
INFORMATION AND TIPS ON OBTAINING A BACKGROUND CHECK.....	232

Overview

The **Clinical Education portion, Part II of the Student Handbook** was developed to provide you with information about the clinical education component of the physical therapy curriculum. The University of Findlay has two physical therapy programs including the *PTA to DPT Bridge Program* and the Traditional DPT Program. **The sections that pertain uniquely to the Bridge program will be in italics.** The full-time clinical affiliations are designed to provide the student with a supervised, concentrated course of study in which the student is given opportunities to apply theory and practice learned skills in the clinic setting.

Clinical education in the PTA to DPT Bridge Program includes integrated clinical education experiences, intermediate full-time clinical education experiences, and a terminal full-time clinical education experience. Integrated clinical education (ICE) assignments and ICE courses are intended to assist the student with understanding the academic course work in the clinical setting, as well as demonstrate readiness for formal full-time clinical education experiences. For example, the ICE assignments may include observation of treatment/evaluation techniques, chart reviews, and data gathering. If clients are used in assignments, then the student is to obtain client consent and to maintain confidentiality of all information.

The ICE courses are developed in collaboration with the Director of Clinical Education, selected course instructor, and a community health care provider. An example of an ICE course would be the development of advanced wheelchair specifications for a geriatric patient.

In the PTA to DPT Bridge Program, three full-time clinical education experiences are required at the end of the student's academic course work. All three experiences are ten weeks in length. Experiences in inpatient (neuromuscular, cardiopulmonary, and integumentary emphasis) and outpatient (musculoskeletal emphasis) settings are obligatory. In addition, the student has the opportunity to continue with a general experience or to specialize in an area of their choice for the final clinical experience.

In the Traditional DPT Program, a series of four full-time clinical education experiences, ranging from seven weeks to ten weeks occur throughout the curriculum. The clinical experiences begin with a seven-week clinical experience, commencing during the first summer, in any setting. Upon completion of the second year of coursework, the students complete an eight-week clinical in outpatient orthopedics. The fall of the student's third year, the students complete an eight-week clinical in an acute or subacute setting. Upon completion of the remainder of the didactic portion, students complete a ten-week experience in the setting of the student's choice. The sequence is designed to give students experience in a variety of clinical settings. Students are encouraged to pursue physical therapy practice in small rural, suburban, as well as large urban settings. Students are also encouraged to participate in at least one out-of-state setting.

We hope that you will find the Student Handbook - Part II Clinical Education helpful with your clinical education experiences. If you have additional questions or concerns, please contact the **DCE of the PTA to DPT Bridge Program at 419-434-5884; the DCE of the Traditional DPT Program at 419-434-6943; or the Experiential Educator 419-434-5743.**

Chapter I:

CE Definitions, Roles, and Responsibilities

A. Clinical Education Definitions

To ensure proper communication, several definitions concerning clinical education are listed:

1. **Director of Clinical Education (DCE)**
The individual employed by the academic facility that organizes, directs, supervises, coordinates, and assesses the effectiveness of the clinical education component of the physical therapy curriculum. The DCE shall utilize the document, *Clinical Education Guidelines and Self-Assessments*, published by the APTA and guidelines, established by the American Council of Academic Physical Therapy (ACAPT), when selecting and developing clinical education facilities.
2. **Academic Institution (AI)**
The academic institution provides the entry-level curriculum in the professional preparation of the physical therapy student leading to a doctoral degree.
3. **Site Coordinator of Clinical Education (SCCE)**
The individual employed and designated by the clinical education site to organize, direct, supervise, coordinate, and evaluate the activities of the physical therapy student assigned to that clinical education site by the program. The SCCE is encouraged to utilize the document, *Clinical Education Guidelines and Self-Assessments*, published by the APTA and guidelines established by ACAPT to enhance the student's clinical experience. The SCCE must complete training for the *Clinical Performance Instrument (CPI)* tool. Completion of the APTA Clinical Education Credentialing Program is also encouraged.
4. **Clinical Education Site (CES)**
An accredited or approved health care facility or agency that provides the physical therapy student with a learning environment and patient contact for the development and acquisition of the PT competencies.
5. **Clinical Instructor (CI)**
The licensed physical therapist employed by the clinical education site that is designated by the SCCE to supervise and evaluate the activities of the assigned PT students. The clinical instructor has at least one year of clinical experience. The CI is encouraged to utilize the document, *Clinical Education Guidelines and Self-Assessments*, published by the APTA and guidelines established by ACAPT to enhance the student's clinical experience. The CI must complete training for the CPI tool. Completion of the APTA Clinical Education Credentialing Program is also encouraged.
6. **Experiential Educator (EE)**
The individual employed by the academic institution that supports the duties of the Directors of Clinical Education. Besides supporting the DCE, the EE shall complete development of the CE contracts; coordinate the CPI tool; and compile CE statistics and surveys.

B. Roles and Responsibilities of Participants

1. **Director of Clinical Education**

Role:

The licensed physical therapist employed by the academic institution that organizes, directs, supervises, coordinates, and assesses the clinical education component of the curriculum.

Responsibilities:

The DCE is responsible for:

- selecting clinical sites that will provide quality clinical education experiences for the students enrolled in the PT Program
- developing and coordinating the selected clinical sites with the SCCEs
- developing, organizing, directing, supervising, coordinating, and evaluating the series of clinical education courses
- assisting with the development, implementation, and evaluation of clinical education faculty development programs
- ongoing assessment and professional development in clinical education

2. **Site Coordinator of Clinical Education**

Role:

A professional who is employed and designated by the clinical site to organize, direct, supervise, coordinate, and evaluate the clinical education program of the clinical site.

Responsibilities:

The SCCE is responsible for:

- identifying, organizing, and coordinating (e.g., confirmation form and CE contracts) the specific learning experiences within the clinical site
- organizing, directing, supervising, coordinating, and evaluating the activities of the student assigned to the respective clinical site
- participating in clinical education faculty development programs and the CPI training
- maintaining communication with the DCE and the assigned student during the course of the clinical education experience (e.g. notification of progress and/or problems)
- abiding by the profession's *Code of Ethics*, and *Standards of Practice*, as published by the APTA and the *Physical Therapy Ohio Revised Code* (see **Appendix A**)
- evaluating, formally, the effectiveness of the DCE on a random basis

3. **Clinical Instructor (CI)**

Role:

The licensed physical therapist who is employed and designated by the clinical site to directly organize, supervise, coordinate, and evaluate the activities to facilitate the assigned student's development.

Responsibilities:

The CI is responsible for:

- identifying, organizing, and coordinating (e.g., letter of intent) the specific learning experiences within the clinical site
- organizing, directing, supervising, coordinating, and evaluating the activities of the student assigned to the respective clinical site
- assessing personal strengths and weaknesses as a CI and participating in clinical education faculty development programs and the CPI training
- maintaining communication with the DCE and the assigned student during the course of the clinical education experience (e.g., notification of progress and/or problems)
- abiding by the professions *Code of Ethics*, and *Standards of Practice*, as published by the APTA and the *Physical Therapy Ohio Revised Code* (see **Appendix A**)

4. **Experiential Educator (EE)**

Role:

The individual employed by the academic institution that supports the duties of the DCE. Besides supporting the DCE, the EE shall complete the development of the CE contracts; coordinate the CPI; and compile CE statistics and surveys.

Responsibilities:

The EE is responsible for:

- supporting the DCE duties of both programs
- completion of CE contracts with advisement from the DCEs
- coordination of the set-up of the CPI
- compiling CE statistics, such as aggregation of Clinical Education Experiences Evaluation Report and CPI results, compilation of CI and clinical site demographics, and summary of DCE results
- assisting with communication to clinical sites for clinical education placements
- update Database with information given from the clinical sites

5. **Student**

Role:

The individual who has successfully completed all designated Physical Therapy Program course work, has adhered to all policies and procedures of the academic institution and the clinical education site, and has completed the responsibilities required prior to the assignment.

Responsibilities:

PRIOR to the clinical site assignment,

The student is responsible for:

- reviewing the information concerning the assigned clinical site that is found within the Physical Therapy Program's electronic files
- reviewing the information concerning the assigned clinical site in the Exxat system Database (Traditional program only)
- reviewing the responsibilities of the student, the academic institution, and the clinical site as stated in the Clinical Education Agreement Form (Bridge program) and via the Exxat Database (Traditional program)
- reviewing and adhering to the policies and procedures found within the Physical Therapy Program's Student Handbook, Part I and Part II

- completing the Student Introduction Packet, having it approved by the DCE, and sending the packet to the assigned clinical sites by the assigned date (Bridge program)
- completing the Student Profile in Exxat, uploading required documents into Exxat, signing off on student profile, and having it approved by the DCE (Traditional program)
- adhering to the policy regarding health and malpractice insurance
- completing all medical tests, procedures, and other special requirements of the clinical site (e.g. interviews, drug screens, pandemic requirements)
- acquiring proper attire as required by the clinical sites (e.g. scrubs, student badges)
- successfully completing the CPI training
- completing onboarding requirements, which may include a fee, if it applies to the clinical site

DURING the clinical site assignment

The student is responsible for:

- designating and implementing an in-service education program for at least two affiliations
- participating in professional activities of the clinical site, as requested by the clinical instructor and in accordance with the policy established between the clinical site and the academic institution
- adhering to the rules and regulations of the clinical site and its Physical Therapy Department
- adhering to the rules and regulations of The University of Findlay's PT program
- arranging for health/medical service in the event of illness or accident according to the policy of The University of Findlay
- participating with the midterm phone session, including both CI and DCE together with the student
- facilitating the return of the completed letter of intent **on letterhead**. See the Letter of Intent in **Appendix B**
- participating with the completion of the Clinical Site Information Form - Minimum Data (CSIF) **Appendix E**
- participating in the evaluation of the physical therapist skills, as stated in the *Physical Therapist Clinical Performance Instrument (PT CPI)*. This includes a self-assessment component
- completing the Clinical Education Data Collection Form and weekly reflections
- evaluating the effectiveness of the clinical experience at the clinical site and returning a signed copy of the Clinical Education Experience Evaluation Report to the DCE by the assigned date
- evaluating the effectiveness of the DCE at the designated time
- Traditional students refer to the Exxat system equivalent assignments as outlined in **Chapter III**
- completing additional assignments as designated by the course syllabi. See Syllabi in **Appendix C**

Chapter II:

Development of Clinical Education Sites

A. Selection/Establishment of Clinical Education Sites

Policy:

Each clinical site is screened and its type is classified on the Database. Students are encouraged to review the Database of clinical sites and active files to assist with the placement process. Students may suggest potential sites not found on the Database by a set deadline date. However, it is the DCE's sole responsibility to select the appropriate clinical sites and classify their type.

Procedure for BRIDGE Program:

The student is responsible for:

- *reviewing the electronic clinical site files to determine the available sites, access through CANVAS*
- *collecting contact information for the potential clinical sites. Use the suggested script found in **Appendix D***
- *posting on CANVAS your CEF Request form in WordPerfect format, using the posted chart, also found in **Appendix D**. The needed information is the following: a) name of the potential clinical site, b) address of clinical site, c) phone number of SCCE, d) FAX number, e) name of the SCCE or director, e) email of SCCE, and a brief explanation of choices*
- *utilizing the Clinical Site Information Form - Minimum Data to update the minimum required data for the Database. (See **Appendix E**)*

The Bridge Program's DCE is responsible for:

- *determining the interest of potential clinical sites*
- *screening potential clinical sites through multiple venues: 1) EMAIL/Phone contact with SCCE; 2) Access to CSIF found within the CPI system; 3) Review of web postings of site information; and 4) Student collection of information with the Clinical Site Information Form - Minimum Data (See **Appendix E**)*
- *adhering to the Clinical Education Guidelines and Self-Assessments published by the APTA, guidelines established by ACAPT, and utilizing the Clinical Site Information Form - Minimum Data for Clinical Education Facilities to determine adequate adherence to APTA's guidelines*
- *communicating the results of the screening process to all concerned parties*
- *classifying the type of clinical site experience as being an inpatient with neuromuscular, cardiopulmonary, and integumentary emphasis, outpatient with musculoskeletal emphasis, or specialty experience (e.g. home health, sports medicine clinic, school system)*
- *organizing the information from the clinical sites into an electronic file system for the student*

The Bridge Program's SCCE is responsible for:

- *completing and updating the Clinical Site Information Form - Minimum Data and all other necessary paperwork*
- *organizing the information for the student in a designated place*

Procedure for Traditional Program:

The student is responsible for:

- reviewing the electronic clinical site files to determine the available sites, access through CANVAS and the Exxat system
- if applicable, collecting contact information for the potential clinical sites. Use the suggested script found in **Appendix D**
- complete CEF Request form, via electronic form. The needed information is the following: a) name of the potential clinical site, b) name of the director or SCCE, c) address of clinical site, d) email of SCCE, e) FAX number, f) phone number of SCCE, and g) a brief explanation of choices
- acknowledge and accept clinical placement via the Exxat system once placed by DCE

The Traditional Program's DCE is responsible for:

- determining the interest of potential clinical sites
- screening potential clinical sites through multiple venues: a) EMAIL/Phone contact with SCCE; b) Access to CEEER information found within the Exxat system; c) Review of web postings of site information; and d) Student collection of information with the Clinical Site Information Form - Minimum Data (See **Appendix E**)
- adhering to the Clinical Education Guidelines and Self-Assessments published by the APTA, guidelines established by ACAPT, and utilizing the Clinical Site Information Form - Minimum Data for Clinical Education Facilities to determine adequate adherence to APTA's guidelines
- communicating the results of the screening process to all concerned parties
- classifying the type of clinical site experience as being an inpatient with neuromuscular, cardiopulmonary, and integumentary emphasis, outpatient with musculoskeletal emphasis, or specialty experience (e.g. home health, sports medicine clinic, school system)
- organizing the information from the clinical sites into an electronic file system for the student

The Traditional Program's SCCE is responsible for:

- completing and updating the Clinical Site Information Form - Minimum Data and all other necessary paperwork
- organizing the information for the student in a designated place

B. Agreement for Clinical Education

Policy:

A written agreement is made between the academic institution and the clinical education site for the clinical education of physical therapy students and other health professions students, as appropriate (see **Appendix F- Clinical Education Agreement form**). Within the agreement form, the responsibilities of the academic institution and the clinical education site are listed. The clinical education site may choose to use their agreement form or add an addendum to the agreement form provided by The University of Findlay or modify the agreement form provided by The University of Findlay. All forms are reviewed by the University's legal counsel.

Procedure:

The student is responsible for:

- reviewing the terms of the agreement form prior to his/her clinical education experience
- adhering to the terms of the agreement form

The academic institution is responsible for:

- completing the dates and the name of the clinical education site
- acquiring the signatures of the designated administrators, the DCE, and other appropriate signatures
- reviewing any modifications in the chosen agreement form to determine if the agreement is congruent with the University's policies through the University's lawyer
- sending one completed agreement form to the clinical education site and maintaining a fully executed copy at the academic institution

The clinical education site is responsible for:

- completing the clinical education site's address, the section that outlines additional benefits to the student, and the section that indicates the type of student accepted (e.g. physical therapy student or occupational therapy student)
- notifying the academic institution of any changes made in the agreement form
- acquiring the authorizing signature(s)

C. Ongoing Support for the Clinical Education Sites

Policy:

Development of the selected clinical education sites results from interaction between the academic and clinical education faculty. The DCE and the SCCEs coordinate this process. The program of clinical education faculty development includes the following:

1. Recommended CE resources

There is a clinical educator's page, <https://www.findlay.edu/health-professions/physical-therapy> available on the University website. Click on the Clinical Educator tab to find resources, including recommended web links, videos, syllabi, recommended articles and other documents. There is also a University of Findlay Clinical Site Information Page on Exxat, <https://apps.exxat.com/public/steps/Findlay-PT/Home>.

2. CE References

There are recommended references that are listed in the **Appendix G** and available upon request. Requests should be made through the Director of Clinical Education or Experiential Educator.

3. Ohio/Kentucky Consortium of Physical Therapy Programs and Northwest Ohio Clinical Education Consortium

These organizations provide educational opportunities and support for Ohio and Kentucky academic and clinical education faculty. Meetings are held at least once/year for both consortia. Educational opportunities are offered yearly through these organizations. Additional information can be obtained from the DCE and the website, www.OKPTCE.com.

4. Grand Rounds

Mini lectures are provided once a year, which are open to clinical education faculty, academic faculty, students, and community. Topics are related to issues concerning PT clinical practice.

5. Research Forum

The University of Findlay offers an opportunity for continuing education in which members of the district, faculty members and students present research endeavors.

Procedure:

The DCE is responsible for continual development of the clinical education program through:

- communicating with the SCCE and CI on an ongoing basis (e.g. informal phone calls, site visits, written comments made on the CEEER)
- organizing learning experiences at the academic institution for the clinical education and academic faculty
- promoting the development of the references concerning clinical education
- maintaining close contact with the members of the Ohio/Kentucky Consortium of Physical Therapy Programs
- collecting data and providing feedback to the clinical education faculty with regards to the student's clinical education experience through the CEEER

The SCCE is responsible for continual development of the clinical education program through:

- communicating with the DCE on an ongoing basis, as needed
- participating in continuing education for the development of the CI and SCCE, such as the Clinical Education Faculty Development Seminar, the Ohio/Kentucky Consortium of Physical Therapy Programs
- reviewing clinical performance assessments and other forms of feedback from the DCE and determining a plan of development for the clinical education program

Chapter III:

Student Preparation & Assignments

A. Clinical Education Site Electronic Files

Policy:

Information concerning the approved clinical education facilities is found in an electronic file system. At a minimum the information includes the Agreement Form between the academic institution and the clinical education site; minimum data from the Clinical Site Information Form - Minimum Data; and copies of CEEER.

The Database of clinical sites is found on Google.doc and the active files of clinical sites are on OneDrive (Bridge program) and the Exxat system (Traditional program). Permission is granted for access to this information by the Experiential Educator. You may also access it through your cohort organization on CANVAS. You are encouraged to download any pertinent information for your clinical education learning experiences.

B. Student Introduction Packet

Policy:

The Student Introduction Packet (Bridge program) and Exxat Student Profile (Traditional program) is used to provide information to the assigned SCCE and the DCE about the individual student. The DCE is to approve the student introduction packet or Exxat Student Profile. All SCCEs assigned to the Bridge program students are to receive the packet through email from the student. All SCCEs assigned to Traditional program students are to receive the Exxat student profile link from the DCE. All clinical packets will be sent to SCCEs **AT LEAST TWO MONTHS** prior to the first clinical education affiliation. Certifications and medical procedures must be **within one year or less** from the start date of your clinical education experience, unless otherwise specified.

Traditional program students should refer to the Exxat Policy **Chapter III** for Exxat student Introduction packet equivalents.

The packet is to include:

- Cover letter
- Student Data Sheet (see **Appendix H**)
- Required medical tests/procedures (i.e., 2-step TB test; Hepatitis B vaccination or waiver (see **Appendix I**); surface antibody test-HBV; rubella titer test; and site-specific procedures)
- Physician's Exam Form (see **Appendix K**)
- Personal resume
- Proof of malpractice liability insurance and health insurance (i.e., copy of card)
- Proof of CPR certification at the Health Care Provider level (i.e., copy of card), First Aid certification (if needed), Occupational Safety and Health Administration (OSHA) and Health Insurance Portability and Accountability Act (HIPAA) training certification (see **Appendix J**), and CPI training certification
- Other facility required documents (e.g., COVID vaccine, criminal background check, drug screening, pandemic requirements)

Procedure:

The **student is** responsible for:

- completing a cover letter to all assigned SCCEs. At a minimum, the cover letter must include the dates of the clinical education affiliation, the type of clinical education experience, and the student's personal goals for that clinical education assignment
- completing the Student Data Sheet (see **Appendix H**) which, includes general demographics, transportation status, health insurance, liability insurance, and other information
- obtaining a physical examination, 2-step PPD Mantoux test, Hepatitis B vaccination (surface antibody test) or waiver, and rubella titer test. The Physician's Exam Form will be provided for the physician to complete. There needs to be a statement that you are physically and emotionally ready to participate in your clinicals. All procedures for the University must be 1 year or less from the initial clinical education experience. Any additional requirements designated by the clinical education site are the responsibility of the student
- providing the DCE one copy of the Student Data Sheet, the Physician's Exam Form, personal resume, proof of liability insurance, health insurance, 2-step PPD Mantoux test, Surface antibody test for the Hepatitis B vaccination or waiver, rubella titer test, CPR certification, First Aid certification (if needed), OSHA/HIPAA training, and other medical tests/procedures (if required). In addition, copies of the cover letters to each site are to be given to the DCE
- sending the introduction packet to the SCCE/CI and notifying the SCCE/CI if certain pieces of information should not be shared with other parties
- coordinating onboarding procedures with the information packet, if required by the clinical site; may include a fee, which is paid by the student
- completion of program clinical education requirements by due date specified by the DCE

The **DCE** is responsible for:

- providing the student with the Student Data Sheet, Physician's Exam Form, and other pertinent forms
- filing an electronic copy of the completed Student Introduction Packet (Bridge)
- reviewing the Exxat student profile, approving clinical education requirements, sending student profile link via the Exxat system to the clinical site (Traditional)

The **SCCE** is responsible for:

- utilizing the provided information to organize and plan the clinical education experience for the student
- sharing appropriate information with the CI, unless the student requests that certain pieces of information be withheld

C. Required Physical Exam/Medical Tests and Procedures

Policy/Procedure:

A physical examination by a physician must be completed within one year or less prior to the first clinical education experience for students. In addition to the physical examination, the student is required to complete the 2-step PPD Mantoux test, Hepatitis B vaccination (or waiver – see **Appendix I**), Hepatitis B surface antibody test, and the rubella titer test. Please refer to the Hepatitis B vaccination policy and procedure found in the *Student Handbook, Part I*. The results of these tests can be indicated on the Physician's Exam Form (**Appendix K**). Otherwise,

proof of the medical tests and the results needs to be attached to the exam form. Physician's consent to practice as a student PT must be included on the Physician's Exam Form.

Other tests and/or procedures (e.g. COVID vaccine or urinalysis) may be mandatory for certain clinical education sites, as specified by the site. The specific information about mandatory medical tests/procedures for an individual clinical education site can be found in various locations including the Database, the Exxat system, the Agreement Form and the Clinical Site Information Form - Minimum Data.

The student has the right to keep medical information confidential between themselves and their physician. However, the physician still needs to verify that the student does not have any physical and/or emotional conditions, which may interfere with functioning as a physical therapy student.

Individuals who have any physical and/or mental condition, which may interfere with their ability to function as a student physical therapist, are advised to inform the Office of Accommodation and Inclusion and the DCE as early in the professional curriculum as possible. Such individuals may be asked to provide a medical release to facilitate participation, optimal benefits, and safety while participating in clinical education experiences. Please know that at any time when a student suffers an injury or condition that requires the student to limit their activities in classes/clinical education experiences, a release to return to normal student activities is necessary.

Students who are pregnant will also be required to provide a medical release relating to their participation in clinical education. Many of the activities and/or agents used in physical therapy are contraindicated in the event of pregnancy. If the student is pregnant or suspects pregnancy, it is the student's responsibility to contact the instructor, DCE, the representative from the University's Office of Accommodation and Inclusion and Title IX Office. See the policy on Request for Clinical Accommodations Form, Flexible Attendance for Pregnant and Parenting Students Policy and Agreement form, and Accommodation Semester Service Contract (**Appendix N**). The latter two forms are subject to change by the Office of Equity & Title IX and/or Office of Accommodation & Inclusion.

Students are responsible for accessing information in the electronic files to determine all immunizations and procedures required of their assigned clinical education sites and are responsible for any fees incurred as a result of completing the required health forms and immunizations.

D. Malpractice Insurance

Policy:

The University of Findlay has a blanket policy of student malpractice insurance. The individual is covered ONLY as a student and ONLY during the scheduled clinical education experience. The clinical education site occasionally requires a higher amount of coverage and in those circumstances, it is the student's responsibility to acquire such insurance. Proof of your insurance and the blanket policy needs to be included in the Student Information Packet.

E. Health Insurance

Policy:

Students are expected to obtain personal health insurance coverage and must show proof of coverage with a copy of your card prior to being accepted for clinical education placement.

F. CPR & First Aid Certification

Policy:

It is mandatory for Traditional students to receive a Basic Life Support Certification (BLS). The BLS will meet the Traditional student's CPR and first aid requirement. Clinical sites may require an additional first aid certification. *Bridge program students must have CPR training, but may have the first aid training, if the clinical education site requires it. CPR and first aid certification should be at the Health Care Provider Level for all age levels.* It is recommended that the CPR course is completed through the American Heart Association. The completion dates are to be entered into the student data form. In addition, a copy of your CPR and first aid cards are to be included in the Student Introduction Packet. These certifications are to be kept up to date and current for each clinical education experience, thereafter.

G. OSHA & HIPAA Certification

Policy:

It is mandatory for students to receive OSHA and HIPAA training certification within 1 year from the start date of CE experience. The student is required to score an 80% on both the HIPAA and OSHA quizzes to receive a certificate of completion. A copy of your OSHA/HIPAA training certificate is to be included in the Student Introduction Packet. Training/testing may be completed online through CANVAS. Make sure to notify the Experiential Educator about its completion in order to receive the certificate. In addition, this certification is to be kept up to date (i.e., within 1 year or less) and current for each clinical education experience, thereafter. A sample *Certificate of Completion for OSHA/HIPAA training* is in **Appendix J**.

H. Criminal Background Check

Policy:

A state of residence background check and FBI background check will be required within the first academic year of the DPT program. If a criminal offense is reported on this or any subsequent background check, this may impact the student's ability to progress in the DPT program. Students are encouraged to read and understand the Background Check policy in the Graduate catalog regarding potential implications of misdemeanor or felony charges or convictions. This is particularly relevant to the ability to progress in the program and obtain professional licensure.

<https://findlay.smartcatalogiq.com/current/graduate-catalog/student-rights-and-responsibilities-statement/ix-policies-regulating-experiential-learning/background-check/>

Bridge program students are required to obtain a state of residence background check and an FBI background check within the first academic term of the DPT program. Bridge program students may be required to complete an additional background check later in the program if required by the clinical education site. It is the students' responsibility to check the information that is required by the clinical education site and to adhere to the requirements.

Traditional students are required to obtain a background check during the Fall term of their first year and on an annual basis. Individual clinical education sites may require an additional background check of their own specifications of which you will need to comply. A copy of your verification of completion should be included in your Exxat Student Profile. It is the

student's responsibility to review and adhere to the information provided by the clinical education site to ensure that all requirements are met.

Information and tips on obtaining a background check may be found in **Appendix CC**.

I. Student Assignment/Readiness

Policy:

The student is to be assigned to the clinical education experiences by the DCE. The assignment shall be based on:

- type of a clinical education site
- successful completion of all course work (to date)
- *successful completion of ICE I and ICE II for the Bridge program students*
- successful progress in the Core Values and Professional Development Plan
- availability of the approved clinical education site (*As of January 1, 2016, MUST be located in a State Authorization Reciprocity Agreement (SARA) approved state, as determined by the National Council for State Authorization Reciprocity Agreements; see <https://www.nc-sara.org/guide/state-authorization-guide> or in a state where UF has obtained separate state authorization*)
- student's preferences
- type of student contact with the clinical education site (i.e. past/present employment, pre-employment agreement)
- weaknesses, strengths, and goals of the student
- variety and type of clinical education experiences to date

The Bridge program, and as needed the Traditional program, sends out request/confirmation letters via EMAIL (See **Appendix L**).

PTA to DPT Bridge Program

Integrated clinical education (ICE) assignments and ICE courses are intended to assist the student with the application of academic course work in the clinical setting, as well as demonstrate readiness for formal full-time clinical education experiences. For example, the ICE assignments may include observation of treatment/evaluation techniques, chart reviews, and data gathering. If clients are used in assignments, then the student is to obtain client consent and to maintain confidentiality of all information.

The ICE courses are developed in collaboration with the Director of Clinical Education, selected course instructor, and a community health care provider. An example of an ICE course would be the development of advanced wheelchair specifications for a geriatric patient. Prior to the ICE course, students will develop a mini packet for the clinical site with PTA license; OSHA/HIPAA certificate; and clinical site documents.

The first full-time clinical education experience is to be in an inpatient setting and is required to have an emphasis on neuromuscular, cardiopulmonary, and integumentary practice patterns. The second clinical education experience is to be in an outpatient setting and is required to have an emphasis on the musculoskeletal practice pattern. The third clinical education experience is designed for the student to specialize in an area of their choice such as the school system, ICF facility, extended care facility, sports medicine clinic, industrial agency, or home health agency. Throughout the clinical education series, the student MUST be exposed to all practice patterns and all age groups.

If the availability of the clinical education site is limited, the student may not receive his/her own preference. If more than one student chooses the same site, then a random selection process shall be used.

The student's preference for a particular site is considered by the DCE. The reasons for the preference are to be communicated to the DCE during a scheduled appointment. Appropriate reasons can include location, type of a clinical education site, or a particular clinical instructor with special skills. In addition, the student who is a caretaker of an individual with special needs may be given special priority with the clinical education site location.

The student may be given the option of having two clinical education experiences within the same health care system (NOT the same site) as long as the student's needs are met. For example, the student may affiliate at a clinical education site that has general acute care and rehabilitation experiences for the first clinical education experience, followed by a satellite outpatient experience for the second affiliation. The clinical performance evaluation is continued with a midterm and a final of each type of clinical education experience.

The student may NOT be assigned to a clinical education site, in which the student has:

- *past work experience greater than 2 months in length and that occurred less than five years ago*
- *present employment, including sites involved with contract agencies*
- *pre-employment agreement.*
- *a family member(s) working in the PT department*

However, students may select a clinical education site where the student had past volunteer or educational experiences (e.g., PTA program affiliations).

In addition, the program may initiate any NEW clinical education site agreements which are:

- *practices not physician owned (as of May 1, 2005)*
- *located in a SARA approved state as determined by the National Council for State Authorization Reciprocity Agreements; see <https://www.nc-sara.org/> or in a state where UF has obtained separate state authorization (as of October 1, 2015)*
- *including the University's Title IX addendum or language or the University's agreement form (2020 version)*

Procedure:

The student is responsible for:

- *reviewing the information in electronic Database and active files; posted on CANVAS*
- *communicating with the DCE his/her preference for a particular clinical education site and reasons for that preference via email or a formal conference with the DCE*
- *agreeing to the assignment through the completion of the Student Agreement Form to the clinical education facility (See **Appendix M**)*

The DCE is responsible for:

- *communicating general information about the clinical education experiences and the selected clinical education sites*
- *listening to and considering the student's preferences, strengths, weaknesses, and goals through the scheduled conferences*

- *communicating with the SCCE to determine the availability of the clinical education site*
- *finalizing the clinical education assignments and relaying this information to the SCCEs through a written confirmation letter. In addition, this information shall be communicated to the students through a posting of a chart*

Traditional DPT program

The first clinical education experience (seven weeks) is to be in any setting. Of the remaining the next is an orthopedic outpatient site (8 weeks), followed by an acute/subacute site (8 weeks). The final clinical education experience (10 weeks) can be a continuation of general experience or designated for a specialty area.

The student must successfully complete academic course work to date prior to the onset of each clinical education experience. In addition, the student must successively complete each clinical education experience with a Satisfactory grade.

If the availability of the clinical education site is limited, the student may not receive his/her own preference for a site. If more than one student chooses the same site, then a random selection process shall be used.

The student's preference for a particular site is considered by the DCE. The reasons for the preference are to be communicated to the DCE during a scheduled appointment or other method of communication. Appropriate reasons can include location, type of a clinical education site, or a particular clinical instructor with special skills. In addition, the student who is a caretaker of an individual with special needs may be given special priority with the clinical education site location.

If you feel that there are extenuating circumstances that should be considered in determining your site assignment and/or change of site assignment over those of your peers, please put your reasons in writing and submit these to the DCE. The faculty will then meet to consider the aforementioned request.

The student may be given the option of having two clinical education experiences at the same site as long as the student's needs are met. For example, the student may affiliate at a single clinical education site that has general acute care experiences for the first clinical education experience, followed by rehabilitation experiences for the fourth clinical education experience. In order to do a second clinical education experience at a clinical education site, the CI s for each experience must be different. The clinical performance evaluation is continued with a midterm and a final evaluation for each type of clinical education experience.

The student may NOT be assigned to a clinical education site in which the student has:

- past work experience greater than 2 months in length and that occurred less than five years ago
- present employment, including sites involved with contract agencies
- pre-employment agreement
- a family member(s) working in the PT department

This does not apply to past volunteer or educational experiences

In addition, the program may initiate any NEW clinical education site agreements, which are:

- practices not physician owned (as of May 1, 2005)
- located in a SARA approved state as determined by the National Council for State Authorization Reciprocity Agreements; see <https://www.nc-sara.org/guide/state-authorization-guide> or in a state where UF has obtained separate state authorization (as of October 1, 2015)
- including the University's Title IX addendum or language or the University's agreement form (2020 version)

Procedure:

The student is responsible for:

- reviewing the information in electronic Database and the Exxat system
- communicating with the DCE his/her preference for a particular clinical education site and reasons for that preference via email or a formal conference with the DCE
- agreeing to the clinical assignment through the Exxat system

The DCE is responsible for:

- communicating general information about the clinical education experiences and the selected clinical education sites
- listening to and considering the student's preferences, strengths, weaknesses, and goals through the scheduled conferences
- communicating with the SCCE to determine the availability of the clinical education site
- finalizing the clinical education assignments and relaying this information to the SCCEs through the Exxat system or via email. In addition, this information shall be communicated to the students through a posting in the Exxat system

J. Request for Clinical Accommodations

Policy:

Due to the confidential nature of each student's counseling records, the DCE is unable to disclose any personal information. The DCE can recommend that the student communicate with the representative from the Office of Accommodation & Inclusion and/or Title IX representative. Written permission is needed prior to release the information to the SCCEs of the assigned clinical education site. The Request for Clinical Accommodations form (**Appendix N**) has the purpose of releasing information to the clinical site in hopes of maximizing the clinical education experience. Please note that this process needs to occur prior to the clinical education experience.

In some instances, the Office of Equity & Title IX may be consulted. See Title IX resources at <https://www.findlay.edu/offices/student-affairs/title-ix/>

K. CPI 3.0 Training

A) Before Logging In to the CPI 3.0 Platform:

- 1) System users must have an APTA account to access the CPI 3.0 system.
 - i) If the system user has previously had an APTA account, the system user is encouraged to use that account vs creating a second account. Having multiple APTA accounts may cause issues when trying to access the CPI 3.0 system.

- (1) To update system user information on a previous APTA account, visit apta.org, click the “Log In” button at the top middle of the screen, enter the system user’s credentials, click the “My Profile” button on the top right of the screen, click “My Account” at the top left of the screen, and “Contact Information”.
 - (2) If the system user cannot remember the password to their previous account, click the “Forgot your password?” button above the orange “Log in” button. Follow the prompts to reset the system user’s APTA account password.
 - (3) For APTA username and password issues, please contact APTA’s Member Success team at membersuccess@apta.org or 800-999-2782 from 8am-6pm ET Monday - Friday.
- ii) If the system user does not have an APTA account, please visit apta.org and click “Log In” at the top middle of the page. Under the orange “Log in” button, the system user will see the options to “Become an APTA member” or “Create a free account”. Follow the prompts to create an APTA account.
- 2) Take the free APTA CPI 3.0 – CI/SCCE Training in APTA’s Learning Center.
 - i) Link: <https://learningcenter.apta.org/products/apta-cpi-30-cisce-training>
 - ii) This course includes training for both PT and PTA students.
 - 3) **IMPORTANT:** When logged into the Learning Center, click on the “profile” tab on the left side of the screen. The email address listed on this screen is the email address associated with the system user’s APTA account. Send this email address to the educational program to grant access to the CPI 3.0.

B) How to Log In to the CPI 3.0 Platform:

- 1) Go to the CPI 3.0 platform: <https://cpi.apta.org/login>
- 2) Click on the “Login” button in the top right of the screen. This will take the system user to the APTA Login page.
- 3) Enter the system user’s APTA Login credentials. This is the same username and password the system user used to take the CPI 3.0 Training on APTA’s Learning Center.
 - i) Potential Error Messages:
 - (1) “Invalid Username or Password”
 - (a) For APTA username and password issues, please contact APTA’s Member Success team at membersuccess@apta.org or 800-999-2782 from 8am-6pm ET Monday - Friday.
 - (b) If the system user cannot remember the system user’s account password, click the “Forgot your password?” button above the orange “Log in” button. Follow the prompts to reset the system user’s APTA account password.
 - (2) “This account is not associated with any program or user role.”
 - (a) Contact the educational program to gain access to the CPI 3.0 portal.
 - (3) “Access denied due to not completing the CPI 3.0 Training. Please complete the CPI 3.0 Training at (website) to gain access to the system. Once you have completed the training, please refresh your screen to update the CPI 3.0 system to grant you access.”
 - (a) If the system user has not completed the APTA CPI 3.0 – CI/SCCE Training, please review the instructions above on how to complete the training.
 - (b) If the system user has completed APTA CPI 3.0 – CI/SCCE Training, please contact the CPI 3.0 team at cpi@apta.org or 703-706-8582.
- 4) Read and agree to the Terms of Use & Privacy Policy.
- 5) The system user will now be in the CPI 3.0 portal and will be brought to their dashboard page.

C) After Logging On to the CPI 3.0 Platform:

- 1) To access the CI and SCCE user guides, click on the white circle with a blue question mark icon at the top right of the screen. These instructions will explain the different functions of the CPI 3.0 system.
- 2) If there is a CPI 3.0 system issue, APTA will add a message on the CPI 3.0 portal Login page (<https://cpi.apta.org/login>). We will remove the message when the issue is resolved.
- 3) For any questions about the CPI 3.0 tool, please contact the CPI 3.0 Team at CPI@apta.org or 703-706-8582.

L. Pandemic Requirements and Exemptions

Students are expected to follow both the University and clinical site recommendations concerning any pandemic or catastrophic situations. For example, the site may require a vaccine and may or may not have an exemption process. By proceeding with the clinical education experience, you are agreeing to all guidelines and recommendations from both institutions. However, students have the right to request a delay for completion of the clinical education coursework. A delay in completion of this coursework would mean a delay in graduation.

The University of Findlay has an exemption process for both medical and religious reasons. If you have a medical exemption to a vaccine (e.g. COVID, flu) and have not already done so, please have your healthcare provider complete the exemption form. This form should then be sent to the Cosiano Health Center and the DCE. See **Appendix O** for the Covid-19 Vaccine Medical Exemption Request Form.

If you wish to apply for a religious exemption to a vaccine, you may do so by submitting your application in Workday according to the directions contained in the attached document. Your application will be expediently and confidentially reviewed by a University committee outside the College of Health Professions and the College of Pharmacy. Please have any supporting documentation ready to upload at the time of your submission. The committee reserves the right to communicate directly with you if further explanation or clarification is deemed necessary.

If your request is approved, you and your DCE will be notified. If your request is denied, only you will be notified. Personnel from your program of study will not be notified by the University that you applied for a religious exemption unless it is approved. You are encouraged to complete your application as soon as possible in order to minimize as much as possible delays in your experiential learning requirements. All students have the options of declining placement due to concerns about site specific requirements including, but not limited to the COVID-19 vaccination. Do be aware that declining placement could result in a delay in progression as the DCE finds the student an alternative placement.

M. Exxat Policy

Exxat is an electronic database and clinical education management system that has been utilized by the Traditional DPT program since January 1, 2022. The Exxat system will be utilized **only** by the Traditional program for clinical data management, student selection and acceptance of clinical placements, placement requests with clinical partners, student assignment of clinical placements, student introduction packet annual requirements, and clinical affiliation evaluations, documents, and forms.

Procedure:

The student is responsible for:

- first year early Spring semester, create a clinical site preference list for Clinical Education II
- second year early Spring semester, create a clinical site preference list for Clinical Education III and IV
- create and maintain a student profile in the Exxat system to serve as the Student Data Form in the Student Introduction Packet
- complete Personal statement, Education and Employment History sections of Exxat Student profile to serve as Resume in the Student Introduction Packet
- upload annual clinical education requirements and site-specific requirements as indicated in the Student Required Documents section of the Exxat system no later than two months prior to the start of the affiliation
- complete all clinical affiliation data forms, evaluations, and assignments for each clinical affiliation as designated by the course syllabi (see **Appendix C**) in the Exxat system.

The DCE is responsible for:

- utilize student preference lists to generate placement requests to clinical partners
- assign students to approved clinical facilities within the Exxat system
- maintain student and clinical site data within the Exxat system
- monitor and approve Student Introduction Packets in the Exxat system
- send Student Profile and Required Documents as the Student Introduction Packet along with site-specific requirements to the clinical site once students have completed requirements
- assign and grade clinical affiliation data forms, evaluations, and assignments in the Exxat system
- generate affiliation summary and statistic reports

Chapter IV:

Clinical Education Experiences

A. Transportation and Lodging

Policy:

The student is responsible for providing his/her own transportation and lodging for all learning experiences associated with the clinical education component of the curriculum. The clinical education site will occasionally offer extra benefits, which are listed on the agreement form and the Clinical Site Information Form - Minimum Data. Copies of the agreement form are found on OneDrive, as available.

B. Clinical Dress Code

Policy:

The student must follow the dress code at the assigned clinical education site. If no provided dress code, please dress professional casual and wear a name tag. The specific information about dress code may be found on the Database and on the CSIF that is filed on OneDrive.

C. Clinical Attendance

Policy:

All students are required to be in attendance with the assigned clinical education site during regularly scheduled Clinical Instructor hours, 35-40 hours/week (minimum, as required by CAPTE accreditation) and for the designated time period, during the following courses:

PTA to DPT Bridge program

- 1. PHTH 720: Third Year Spring Term (ten weeks)*
- 2. PHTH 726: Third Year Summer Term (ten weeks)*
- 3. PHTH 730: Third Year Fall Term (ten weeks)*

Traditional DPT program

- 1. PHTH 657: 7 weeks at the end of Second Summer Term*
- 2. PHTH 668: 8 weeks at the end of Third Summer Term*
- 3. PHTH 728: 8 weeks at the end of Third Fall Term*
- 4. PHTH 746: 10 weeks at the end of Third Spring Term*

The student is expected to follow the assigned site's schedule, with regards to attendance (e.g., holidays, snow days). The clinical experiences dates set forth by the program need strict adherence due to a variety of reasons such as liability. Failure to comply with this policy/procedure may result in disciplinary action and/or extension of your degree completion timeline.

Emergent Absences

The student is allowed one missed day due to extreme instances, such as the death of an immediate family member, serious personal illness or injury. For emergent absences over the one day, the student needs to make up the missed time. *For the Bridge program, documentation of the absence and made-up hours needs to be completed with a tracking sheet and recorded on the CPI tool.* For the Traditional program, documentation of the absence and made-up hours are to be completed in the Exxat system's Absence Request form.

Procedure:

- The student must make a reasonable effort to notify the Director of Clinical Education (DCE), the Clinical Instructor, and the Site Coordinator of Clinical Education. prior to any absence.
- If contact prior to the absence is not possible, the student is responsible for notifying the DCE and clinical faculty immediately following the absence.

- Student will document any absences via CPI tool (Bridge program) or Exxat (Traditional Program).
- Students will be required to collaborate with the DCE for a plan to make up any missed coursework.
- *For the Bridge program, the student will use the tracking form to document the hours made-up. The CI will need to sign off on this form. See **Appendix P** for the tracking form.*
- For the Traditional program, the student will use the Exxat Absence form to document the reason for absence and make up hours. The CI will need to sign off on this form.

Non- Emergent Absences

Consideration for non-emergent absences shall be made on a case-by-case basis and all time off must be made up. Please see **Appendix BB** for excusable non-emergent situations and The Non-Emergent Clinical Absence Decision Tree.

Procedure:

- Non-emergent absence requests must be submitted, in writing, to the DCE no later than 30 days prior to the clinical start date with the following:
 - Date(s) being requested off
 - Reason for non-emergent absence
 - Proposed plan of action to make up hours missed
- Final decision for approval, modification to proposed plan, denial, or request for more information will be made by the DCE and clinical faculty as stated by the decision tree. Certain circumstances may require collaboration with the academic faculty. The ultimate decision will be based on the clinical site's ability to accommodate the request.
- Students will be required to collaborate with the DCE for a plan to make up any missed coursework.
- Student will document any absences via CPI tool (Bridge program) or Exxat (Traditional Program).
- *For the Bridge program, the student will use the tracking form to document the hours made-up. The CI will need to sign off on this form. See **Appendix P** for the tracking form.*
- For the Traditional program, the student will use the Exxat Absence form to document the reason for absence and make up hours. The CI will need to sign off on this form.

D. Clinical Inservice

Policy:

A clinical in-service program is to be developed and presented by the student for at least two clinical education experiences. The specific sample behaviors are listed under the skill #9 of *Physical Therapist CPI 3.0*. The topic and the audience are to be mutually agreed upon by the student and the SCCE. The topic may be specifically related to a particular case and may be presented in a peer review fashion. A sample *Inservice Evaluation Form* is provided for the student's use in **Appendix Q**. This, along with a copy of your in-service, should be forwarded to the DCE at the end of the clinical education experience.

E. Backup Supervision

Policy:

A backup system must exist for the supervision of the physical therapy student at all clinical education sites that employ only one licensed physical therapist. This backup system is to be utilized only on a short-term basis (2 days) and only in an emergency situation when the SCCE/CI must be absent (e.g.

illness, death in the family). An Agreement for Backup Supervision Form is utilized between the SCCE of the backup clinical education site, the SCCE/CI of the primary clinical education site, and the DCE (See **Appendix R**).

Procedure:

The SCCE/CI is responsible for:

- orienting the student to the backup procedure during the orientation
- contacting the backup clinical instructor of the need to supervise the student for the involved day
- notifying the student of the need to implement the backup procedure
- notifying the DCE of the backup supervision and the outcome of the experience

The backup CI is responsible for:

- organizing, directing, supervising, and evaluating the activities of the student for the involved day or two days
- reporting to the SCCE/CI the outcome of the student's activities

The student is responsible for:

- working under the supervision of the backup clinical instructor for the involved day or two days
- communicating with the DCE of any problems, immediately.

F. Documentation

Policy:

The student must follow the documentation style that is utilized at the assigned clinical education site. In addition, the student may sign his/her name as student physical therapist, student PT or SPT. This is the position of the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainer's Board.

G. Clinical Education Data Collection

Policy:

Clinical education data includes information about the clinical site; the Clinical Instructor; and the CE learning experience. All are used for multiple reasons: 1. To ensure high quality learning experience for the assigned student and future students; 2. To share required data to accrediting bodies; 3. To share with faculty for program and course development. The Bridge program students do not use the Exxat system and therefore are responsible to completing the following:

- CE Site and Clinical Instructor Form (See **Appendix S**)
- Daily CEF data collection forms (See **Appendix T**)
- Weekly reflections (See **Appendix U**)

Traditional students should refer to the Exxat Policy in section III for Exxat system assignment equivalent.

Procedure:

The DCE is responsible for:

- compiling the data and relaying any necessary information to the SCCE/CI

- sharing the trends of learning activities and the practice patterns with the academic faculty

The Bridge program student is responsible for:

- completing and turning in the CE Data, as follows:
 - CE Site and Clinical Instructor Form on week one (See **Appendix S**)
 - Daily CEF data collection forms at the end of the CE experience (See **Appendix T**)
 - Weekly reflections at the end of the CE experience (See **Appendix U**)
- notifying the DCE of any concerns regarding their learning experience immediately

H. Midterm Contact

Policy:

The DCE or a representative for the DCE shall make at least one contact per clinical education experience for each student. Contact will be made with the student and the CI and/or SCCE during the approximate midpoint of each clinical education experience. The representative for the DCE should be one of the academic faculty who understands the clinical education policies and procedures and is approved by the director of the Physical Therapy Program. The midterm contact can be made through a phone call, zoom meeting, or site visit. See **Appendix V** for the Midterm Contact form.

Procedure:

The **DCE** or the representative is responsible for:

- communicating with the student at his/her assigned clinical education site:
 - types of learning experiences (e.g. diagnoses seen, treatment techniques observed and practiced, evaluation techniques observed and practiced, and other specific learning experiences)
 - degree and type of interaction with the CI (e.g. observation, supervised, independent)
 - the student's performance (i.e. strengths-vs.-weaknesses)
 - the student's academic preparation
- communicating with the CI and/or the SCCE:
 - the student's comments about the clinical education experiences
 - the strengths and weaknesses of the student's performance
 - discussion about solutions to problems that might exist
 - CI's self-assessment of his / her skills
- documenting the contact through the use of the Midterm Contact Form (see **Appendix V** or electronically on the Clinical performance Instrument
- filing the Midterm Contact Form, if used, within the student's file or maintain within the Exxat system
- relaying any necessary information to the academic faculty

The **CI and/or the SCCE** are responsible for:

- completing the Physical Therapist CPI at the midpoint of the clinical education experience
- discussing with the DCE the strengths and weaknesses of the student's performance and the student's academic preparation
- notifying the DCE of any problems IMMEDIATELY with a phone call. This includes but is not limited to any *Performance Concerns* checked on the CPI tool. The checked box indicates that the student's performance is unacceptable for this clinical experience. In addition, the CI/SCCE may need to consider written comments to substantiate the concern, as well as additional documentation such as a critical incident form and/or learning contract

The **student** is responsible for:

- completing the Physical Therapist CPI at the midpoint of the clinical education experience
- initiating the midterm contact phone call on the scheduled date and time period
- discussing with the DCE the types of learning experiences that he/she is having, the degree of interaction with his/her CI, his/her own performance level, and his/her academic preparation.

I. Grading for Clinical Education Experience

Policy:

The grading for the clinical education course series is based upon a Satisfactory/Unsatisfactory system.

PTA to DPT Bridge program

It is expected that students complete clinical education assignments by the designated due date. If a student is unable to meet the deadline due to extraordinary circumstances, it is expected that the student will contact the DCE prior to the assignment due date to request an extension. Repeated late submissions of clinical education assignments, without a request for an extension, will result in a learning contract. After the first late assignment, the student will receive a written warning and a new deadline to complete the assignment. If the student does not complete the assignment by the new deadline, a learning contract will be implemented. If a student misses the due date for a second assignment without requesting an extension, a learning contract will be implemented. Students will receive one verbal or written warning if the learning contract is not upheld. If the student continues to violate the learning contract after the verbal or written warning, the student will be dismissed from the clinical site. See dismissal guidelines below.

To obtain a satisfactory grade the student must have completed the following:

1. *Satisfactory attendance record (See the policy on attendance)*
2. *Timely completion of Letter of Intent (on letterhead); minimum data set from the CSIF; Weekly Reflections; Clinical Education Experience Evaluation Report (with CI signature); and Clinical Education Data Collection Forms.*
3. *Two Inservices minimum, however should all three clinical sites expect an inservice at all three sites then you must do three inservices. .*
4. *Satisfactory completion of clinical skills from Physical Therapist CPI with the following levels:*
 - FOR Clinical Education Experience ONE:***
 - *A MINIMUM of Intermediate to Advanced Intermediate Performance for ALL Skills*
 - FOR Clinical Education Experience TWO:***
 - *A MINIMUM of Advanced Intermediate to Entry-level Performance for ALL Skills*
 - FOR Clinical Education Experience THREE:***
 - *A MINIMUM of Entry-level Performance for ALL Skills*

*See the Overview of Student Progress at Clinical Affiliations-BRIDGE Form in **Appendix W** and syllabi in **Appendix C**.*
5. *No significant concerns noted from the CI either verbally or in writing.*

*ALL students must show **entry-level performance in ALL skills** by the end of the clinical education series. If there is no opportunity or minimal opportunity to work on a certain skill, then a mini-clinical or an extension of a clinical will need to occur.*

Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE, student advisor, and the Director have the right to review the requirements and make concessions on an individual basis.

Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical education experience may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Education Experiences in the Student Handbook, Clinical Education section.

Procedure:

The Bridge program student is responsible for:

- *completing and sending in the Letter of Intent; CE Site and Clinical Instructor form, minimum data set from the CSIF, Weekly reflections, Daily CEF data collection forms, proof of inservices, and the Clinical Education Experience Evaluation Report by the end of each clinical education experience*
- *completing and reviewing the Physical Therapist CPI with the assigned CI at the midpoint and end of the Term*

The CI and/or the SCCE is responsible for:

- *completing and reviewing the Physical Therapist CPI with the student at the midpoint and the end of the Term*
- *notifying the DCE of any problems IMMEDIATELY with a phone call. This includes but is not limited to any Performance Concerns checked on the CPI tool. The checked box indicates that the student's performance is unacceptable for this clinical experience. In addition, the CI/SCCE need to consider written comments to substantiate the concern, as well as additional documentation such as a critical incident form and/or learning contract*
- *reviewing the Clinical Education Experience Evaluation Report*

The Bridge program DCE is responsible for:

- *reviewing the results of the Physical Therapist CPI and the Clinical Education Experience Evaluation Report (CEEER)*
- *assigning either a Satisfactory, Unsatisfactory, or Extended Credit grade, based upon the requirements*
- *sharing information about student performance with the academic faculty*
- *utilizing the information from the CEEER to develop workshops for the clinical education site*

Traditional DPT Program

It is expected that students complete clinical education assignments by the designated due date. If a student is unable to meet the deadline due to extraordinary circumstances, it is expected that the student will contact the DCE prior to the assignment due date to request an extension. Repeated late submissions of clinical education assignments, without a request for an extension, will result in a learning contract. After the first late assignment, the student will

receive a written warning and a new deadline to complete the assignment. If the student does not complete the assignment by the new deadline, a learning contract will be implemented. If a student misses the due date for a second assignment without requesting an extension, a learning contract will be implemented. Students will receive one verbal or written warning if the learning contract is not upheld. If the student continues to violate the learning contract after the verbal or written warning, the student will be dismissed from the clinical site. See dismissal guidelines below.

To obtain a satisfactory grade the student must have completed the following:

1. Satisfactory attendance record (See the policy on attendance)
2. Timely completion of Letter of Intent (on letterhead); minimum data through the CSIF; Weekly Reflections; Clinical Education Experience Evaluation Reports; Supervisor Information Form and additional assignments designated on course syllabi.
3. Minimum of two in-services with proof of completion submitted in the Exxat system as required by the program; however, should all four clinical sites require an in-service, you must complete four in-services to meet site requirements.
4. Satisfactory completion of clinical skills from Physical Therapist CPI. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:

FOR Clinical Education Experience ONE:

- A MINIMUM of Advanced Beginner Performance for ALL Skills

FOR Clinical Education Experience TWO:

- A MINIMUM of Intermediate for Performance for ALL Skills

FOR Clinical Education Experience THREE:

- A MINIMUM of Advanced Intermediate for Performance for ALL Skills

FOR Clinical Education Experience FOUR:

- A MINIMUM of Entry-Level Performance for ALL Skills

5. No significant concerns noted from the CI either verbally or in writing.

ALL students must show **entry-level performance in ALL skills** by the end of the clinical education series. If there is no opportunity or minimal opportunity to work on a certain skill, then a mini-clinical or an extension of a clinical will need to occur. See Syllabi in **Appendix C**

Failure to complete any of the requirements will result in an unsatisfactory grade.

Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE, student advisor, and the chair of the DPT program have the right to review the requirements and make concessions on an individual basis.

Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical education experience may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Education Experiences in the Student Handbook, Clinical Education section.

Procedure:

The **Traditional student** is responsible for:

- completing and sending in the Letter of Intent; minimum data set from the CSIF, Weekly reflections, the Exxat system data forms, proof of inservices, and the Clinical Education Experience Evaluation Report by **the end of each clinical education experience**
- completing and reviewing the Physical Therapist CPI with the assigned CI at the midpoint and end of the Term

The **CI and/or the SCCE** is responsible for:

- completing and reviewing the Physical Therapist CPI with the student at the midpoint and the end of the Term
- notifying the DCE of any problems IMMEDIATELY with a phone call. This includes but is not limited to any Significant Concerns checked on the CPI tool. The checked box indicates that the student's performance is unacceptable for this clinical experience. In addition, the CI/SCCE need to consider written comments to substantiate the concern, as well as additional documentation such as a critical incident form and/or learning contract
- reviewing the Clinical Education Experience Evaluation Report

The **Traditional DCE** is responsible for:

- reviewing the results of the Physical Therapist CPI and the Clinical Education Experience Evaluation Report
- assigning either a Satisfactory, Unsatisfactory, or Extended Credit grade based upon the requirements
- sharing information about student performance with the academic faculty
- utilizing the information to develop workshops for the clinical education faculty

J. Clinical Education Experience Evaluation Report (CEEER)

Policy:

The student's Clinical Education Experience Evaluation Report is used to assist with the development of future clinical education experiences, the curriculum of the PT program, and the individual academic courses (see **Appendix X**). The information within this form can be used to determine areas of concern within the clinical education sites and the academic program.

Procedure:

The physical therapy student is responsible for:

- completing online the Clinical Education Experience Evaluation Report during the last week of the clinical education experience
- reviewing the Clinical Education Experience Evaluation Report with the assigned CI, after the student's final CPI review is completed
- obtaining the signature of the CI on the CEEER (Bridge program) or through the Exxat system (Traditional program)
- sending a copy of the signature page to the DCE (Bridge program) or submit in the Exxat system (Traditional program) at the end of the clinical education experiences. If the form is received late, then it will impact the grade

The DCE is responsible for:

- filing the form in the electronic Database
- sharing information with the academic faculty relevant to the academic course work

- utilizing the information to develop workshops for the clinical education faculty

K. Evaluation of the Clinical Education Faculty (SCCE & CI)

Policy:

Clinical education faculty members are to receive feedback through the APTA's self-assessment tool and the Clinical Education Experience Evaluation Report. Both the SCCE and the CI are encouraged to self-assess with the use of the APTA's self-assessment tool. A copy of the APTA's self-assessment tool can be made available by the DCE.

In addition, the student shall assess the learning experience and the Clinical Instructor with the Clinical Education Experience Evaluation Report (see **Appendix X**). Based on the results of these assessment tools, the clinical education faculty shall further develop their clinical education programs. The DCE is available for consultation, as well.

L. Evaluation of the Director of Clinical Education

Policy:

The DCE is to be evaluated through the DCE's Assessment Questionnaire (see **Appendix Y**) by students during designated time periods, a random sampling of the clinical education faculty from the assigned sites of that year, and a peer assessment. This feedback will be utilized to assist the DCE with development of communication abilities, knowledge of clinical education, knowledge of the PT program and students, interpersonal skills, organizational skills, and problem-solving strategies.

Chapter V:

Intervention Strategies

A. Exceptional Student Situations

Policy:

The two Exceptional Student Situations include:

- Student Reassignment due to unsatisfactory grade in either clinical or academic coursework
- Student Reset due to circumstances outside of the student's and DCE's control at the Clinical Site (e.g. lack of patients or resources)

The DCE, CI, and student shall use strategies if the student fails to show adequate progress anytime during the clinical education experience. These strategies shall be developed with the assistance of the DCE and student and may involve the assistance of the SCCE and/or University accommodations officer. The strategies shall be documented in the form of a checked significant concerns box on the CPI; an incident report, a learning contract and/or letter of reinstatement that will be signed by all concerned parties. The Learning Contract Form is found in **Appendix Z**.

If a student receives an unsatisfactory "U" grade in a clinical education course, the student may NOT proceed with coursework and may be suspended or dismissed from the DPT program pending review of the circumstances that warranted the unsatisfactory "U" grade. This is because the DPT program has a lockstep curriculum that prevents students from taking courses out of the designated order.

Procedure:

The student is responsible for:

- notifying the DCE of any problems (e.g. not challenged; supervision issues; performance difficulties) with the clinical education experience **IMMEDIATELY**
- participating with a meeting to determine, the problems associated with the clinical education experience, possible solutions to change the experience, and the consequence of the request
- completing a request letter to the DCE to remediate the clinical Education experience

The CI and/or the SCCE is responsible for:

- notifying the DCE of any problems **IMMEDIATELY** with a phone call
- checking the *Significant Concerns* box on the CPI tool, if appropriate. The checked box indicates that the student's performance is unacceptable for this clinical experience
- including written comments in the CPI to substantiate the concern
- considering additional documentation such as a critical incident form and/or learning contract
- participating with a meeting to determine the consequence of the request (i.e., goals and plan)

The DCE is responsible for:

- responding to the notification of a exceptional situation in a timely fashion
- notifying the CI/SCCE **IMMEDIATELY**, if the clinical education experience does not meet the needs of the student
- participating with a meeting to determine the consequence of the request from either the student or clinical faculty (i.e., goals and plan)
- considering the student's request for remediation with input from the DPT faculty. It should be noted that a remedial clinical is not guaranteed based on the circumstances of the unsatisfactory grade on the failed clinical experience. If the timing of the remedial

clinical involves the student moving from his or her current cohort to the next available cohort, the admissions committee chair will be consulted to determine if space exists for the student to join the next available class due to class size limits

- rescheduling the concerned clinical education experience, as appropriate. It should be noted that this is to be done at the **AVAILABILITY AND CONVENIENCE OF THE CLINICAL EDUCATION SITE AND THE ACADEMIC INSTITUTION**

B. Student Withdrawal

Policy:

Student withdrawal from a clinical education site may occur for the following reasons:

1. **Unsatisfactory student performance:** According to the CI and the SCCE, the student's performance is detrimental to the clinical education site in fulfilling its own health care responsibilities.
2. **Unsatisfactory clinical education experience:** According to the DCE and the Associate Chair, the clinical education experience does not meet the educational needs of the student (e.g. not challenged; supervision issues; lack of clients/resources; unsafe conditions).

The student is required to make up the clinical education experience that she/he is withdrawn from. However, certain circumstances may lead to dismissal (see the policy on grading in Part 1 of the Student Handbook). In addition, if the student is withdrawn from more than one clinical education experience and receives an unsatisfactory grade, then they are to be dismissed from the program.

Procedure:

The student is responsible for:

- notifying the DCE of any problems with the clinical education experience **IMMEDIATELY**
- participating with the withdrawal meeting to determine, the problems associated with the clinical education experience, possible solutions to change the experience, and the consequence of the request

The CI and/or SCCE is responsible for:

- notifying the DCE of any problems **IMMEDIATELY** with a phone call
- participating with the withdrawal meeting to determine the consequence of the request
- documenting the student's actions that are detrimental to the clinical education site in fulfilling its health care responsibilities

The DCE is responsible for:

- responding to the withdrawal request in a timely fashion
- notifying the CI and or SCCE **IMMEDIATELY**, if the clinical education experience does not meet the needs of the student
- participating with the withdrawal meeting to determine the consequence of the request from either the student or clinical faculty
- rescheduling the concerned clinical education experience. It should be noted that this is to be done at the **AVAILABILITY AND CONVENIENCE OF THE CLINICAL EDUCATION SITE AND THE ACADEMIC INSTITUTION**

C. Rescheduling of Clinical Education Experiences

Policy/Procedure:

If the student is withdrawn from a clinical education experience, then she/he is required to make up that clinical education experience. Rescheduling is dependent on the type of clinical education experience. Please note that any variation from the original clinical schedule may delay the student's progression in the curriculum and may also delay graduation.

PTA to DPT Bridge Program

*The type of clinical education experience that is rescheduled for the withdrawn student must be the same as the one that which the student is withdrawn from. For example, if the student is withdrawn from an inpatient clinical education experience then they must be rescheduled at that same type of clinical education experience. If there is a learning contract involved then the student will have until the end of the rescheduled clinical education experience to complete the learning contract. Rescheduling is to be at the **AVAILABILITY AND CONVENIENCE OF THE CLINICAL EDUCATION SITE AND THE ACADEMIC INSTITUTION.***

Traditional DPT program

The type of clinical education experience that is rescheduled for the withdrawn student must be the same as the one that which the student is withdrawn from. For example, if the student is withdrawn from an inpatient clinical education experience then they must be rescheduled at that same type of clinical education experience. If there is a learning contract involved then the student will have until the end of the rescheduled clinical education experience to complete the learning contract. Rescheduling is to be at the **AVAILABILITY AND CONVENIENCE OF THE CLINICAL EDUCATION SITE AND THE ACADEMIC INSTITUTION.**

D. Clinical Education Experience Reassignment

Policy/Procedure:

If the student is withdrawn from the academic program due to a failed course and returns the following year, then she/he is required to meet with the DCE for reassignment of her/his clinical education experiences. The reassignment shall occur after the student shows successful progress at the midterm of the course. This may delay progression in the curriculum and as well as graduation.

E. Appealing the Clinical Education Portion of a Grade

Policy:

A student, who is unsatisfied with the clinical education course grade may appeal their grade.

Procedure:

A student, who is unsatisfied with the clinical education course grade should:

1. Discuss the situation and the earned grade with the DCE responsible for the clinical education evaluation.
2. If resolution is not achieved with the DCE, the student has opportunity to discuss the situation with the DCE, adviser, and the program chair/associate chair.
3. If resolution is not achieved with the DCE, adviser, and the program chair/associate chair, then the appeal goes to the Dean of the College of Health Professions. Please refer to the following appeal process to be followed after an experiential learning event: <https://findlay.smartcatalogiq.com/en/current/graduate-catalog/appeals-records-and->

[concerns/](#)

F. Recruitment

Policy:

Career Services will post potential employment opportunities. If interested check out the website, <https://www.findlay.edu/offices/student-affairs/internships/job-listing>

Procedure:

The prospective employer of a clinical education site may:

- contact the career placement office
- provide necessary information for the announcement, such as a) type of a position, b) job description, c) job requirements, d) deadline for application, e) person to contact, f) phone number, and g) address

G. CI Certificate

Policy: Per Ohio laws and rules, serving as a clinical instructor will qualify for one contact hour for each eighty hours of clinical instruction. See <https://otptat.ohio.gov/Physical-Therapy/Continuing-Education> for specific details. **Appendix AA** contains the sample certificate that credentialed clinical instructors may use to claim continuing education.

Conclusion

The clinical education experience is a valuable opportunity for students to practice and develop their skills in a direct patient care environment; a privilege for students. The clinical education experience is an essential component of PT education for students to reach entry-level performance. Both Directors of Clinical Education and the academic faculty recognize and appreciate the commitment of time, resources, and efforts that our clinical affiliates extend in guiding and mentoring DPT students towards this outcome.

Most students have successful clinical education experiences and gain increased confidence and motivation. Faculty recognize the individual differences and encourage students to develop their own “style” within the accepted parameters of ethical and legal clinical practice, as well as the Essential Functions of this program. If a problem is identified early by any concerned party, it can be resolved appropriately and effectively through immediate communication and collaboration with the DCE. It takes the combined efforts of the student, the CI, the SCCE, the DCE, and the academic faculty to ensure a positive outcome.

****The Student Handbook, Clinical Education section is intended as a reference guide and does not constitute a contract between the student and the University and Physical Therapy Program.**

APPENDIX A

APTA Code of Ethics & Standards of Practice

American Physical Therapy Association

Code of Ethics

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/CodeofEthics.pdf

Standards of Practice

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Practice/Standards.pdf

APPENDIX B

Letter of Intent

Please use your facility letterhead OR tape your CI's card at the top

Letter of Intent

Date:

Clinical Site | Facility:

Address:

Dear DCE,

I agree to mentor the physical therapy student, _____ for a 2026 clinical education experience.

My main responsibilities include:

- Coordination of the specific learning experiences within the clinical site.
- Communication, as appropriate, with the Director of Clinical Education and the assigned student.
- Supervision, instruction, and evaluation of the student's performance, including the web-based Clinical Performance Instrument (CPI 3.0) tool.
- Assessment of my own personal strengths and weaknesses as a Clinical Instructor.
- Participation with CPI 3.0 training and other forms of professional development.
- View the student handbook, syllabus, and other clinical education documents found at the website: <https://www.findlay.edu/health-professions/physical-therapy/>

My contact information is as follows:

Phone: _____

APTA Email Address used with CPI 3.0 : _____

Professional Email Address: _____

Sincerely,

Clinical Instructor signature

Clinical Instructor printed name

APPENDIX C

Syllabi

**The University of Findlay
College of Health Professions
Doctor of Physical Therapy Program
SPRING Semester, 2026**

**The mission of The University of Findlay is to equip our students for
meaningful lives and productive careers.**

Course Number/Title: PHTH 720 Clinical Education II, Inpatient

Credit Hours: 5 semester hours

Class Time/Place: Assigned Clinical sites (40 hours/week, AT A MINIMUM)

Contact Time: hours reflect per semester totals based on 15-week semesters

Prerequisites, Co-requisites and Course Description: Successful Completion of Term VI in the PT Program. Full-time, ten-week clinical experience, supervised by a licensed physical therapist in an inpatient setting with emphasis on neuromuscular, cardiopulmonary, and integumentary practice patterns. Designed to provide students with the opportunity to analyze and synthesize current knowledge and experience with clinical practice. In addition, experience with education, management, and research is provided, as available.

Instructor: Robyn Wilhelm, PT, DPT, DCE

Instructor Contact Information: 349 Trenton Ave., Findlay; wilhelmr2@findlay.edu 419-434-5884 (office); 419-434-4336 (FAX)

Office Hours: Tuesdays and Thursdays 11:00am to 12:30pm; Also by appointment throughout the week

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Relationship to the Conceptual Framework: Clinical education is considered an integral component of the Weekend PTA to DPT Bridge program curriculum. The clinical education experiences are designed to provide the student with a supervised, concentrated course of study in which he/she is given opportunities to apply theory and practice learned skills in the clinic setting. Three full-time clinical education experiences (total of 30 weeks) are required at the end of the student's academic course work. Experiences with all practice patterns, all age groups, and in both outpatient and inpatient settings are obligatory. In addition, the student has the opportunity to continue with a general experience or to specialize in an area of their choice for the final clinical experience.

PT Program Curricular Goals

Course meets the following curricular objectives in whole or in part:

Following completion of the PT program curriculum, the graduate PT will be a generalist who will be able to:

1.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy. **(7A, 7B, 7C)**

2.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. **(7D7, 7D8)**

3.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. **(7D8)**

4.0 Complete **screening** activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. **(7D16)**

5.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:

5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. **(7D17, 7D20)**

5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. **(7D18)**

5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes. **(7D11, 7D19)**

5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. **(7D11, 7D19)**

6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:

6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model. **(7D21, 7D22)**

6.2 Evaluate data from the examination to make clinical judgments. **(7D20)**

6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. **(7D16)**

7.0 Efficiently establish a physical therapy **diagnosis** by:

7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. **(7D22)**

7.2 Considering the policies and procedures of the practice setting. **(7D28)**

7.3 Effectively communicating diagnostic results and clinical impressions with all stakeholders as appropriate. **(7D7, 7D22)**

8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. **(7D23)**

9.0 Develop and execute a safe and effective **plan of care** by:

9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. **(7D23, 7D24, 7D26)**

9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. **(7D23, 7D24)**

9.3 Complying with the administrative policies and procedures of the practice environment. **(7D28)**

9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. **(7D24, 7D30, 7D31)**

9.5 Maintaining a fiduciary responsibility for all patients/clients. **(7D42)**

- 10.0 Competently provide physical therapy **intervention** by:
- 10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. **(7D27)**
 - 10.2 Carrying out all physical therapy procedures safely. **(7D27)**
 - 10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. **(7D12)**
 - 10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. **(7D32)**
 - 10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. **(7D33, 7D37)**
- 11.0 Appropriately utilize **outcome assessment** data by:
- 11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. **(7D19)**
 - 11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(7D19)**
 - 11.3 Analyzing and applying results to allow for modification of the plan of care. **(7D31)**
- 12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. **(7D34)**
- 13.0 Provide and manage care in a variety of **care delivery systems** by:
- 13.1 Providing physical therapy through direct access or referral based on patient/client goals, expected functional outcomes, and knowledge of one's own and other's capabilities. **(7D34, 7D35)**
 - 13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care. **(7D28, 7D29, 7D30, 7D31, 7D36, 7D42)**
 - 13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. **(7D7, 7D34, 7D39)**
 - 13.4 Participate in patient centered interprofessional and collaborative practice with active participation from the patient in aspects of his/her care and treatment. **(7D39)**
- 14.0 Demonstrate appropriate **professional behavior** by:
- 14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. **(7D4, 7D5, 7D6)**
 - 14.2 Adhering to the standards of practice, state and federal laws. **(7D1)**
 - 14.3 Reporting to appropriate authorities suspected cases of fraud and abuse. **(7D2, 7D3)**
 - 14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. **(7D5, 7D38)**
 - 14.5 Participating in both integrated and full-time terminal clinical education activities. **(6L)**
 - 14.6 Formulating and implementing a plan for personal and professional career development. **(7D15)**
 - 14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of society. **(7D13, 7D14)**
 - 14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. **(7D10, 7D11)**
 - 14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. **(7D9)**
 - 14.10 Critically evaluating current literature and information sources related to contemporary physical

therapy practice, research, administration, consultation, and education. **(7D9, 7D11 7D40)**

14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. **(7D9, 7D15)**

15.0 Function in the role of an **administrator** by:

15.1 Appropriately delegating to and supervising physical-therapy-related services to support personnel, physical therapist assistants and caregivers. **(7D25, 7D29)**

15.2 Demonstrating understanding of the history, current status and future projections for health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. **(7D41)**

15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. **(7D36, 7D43)**

15.4 Participating in the financial management of practice settings including billing and payment for services. **(7D42)**

15.5 Establishing a business plan on a programmatic level within a practice. **(7D43)**

15.6 Participating in activities related to marketing and public relations. **(7D43)**

16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities **(7D12)**

17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. **(7D13)**

18.0 Function as a **self-directed lifelong learner** by:

18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. **(7D9)**

18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. **(7D15)**

18.3 Seeking out new information regarding the practice of physical therapy. **(7D9)**

19.0 Use **critical thinking skills** to:

19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. **(7D9, 7D10, 7D11)**

19.2 Explain one's reasoning and conclusions. **(7D10, 7D11)**

19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. **(7D38)**

PT Program Course objectives:

Following completion of the course, the graduate PT will be a generalist who will be able to:

1. Practice according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations. **CPI skill # 1**
2. Practice according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management. **CPI skill #2**
3. Accept and be receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills. **CPI skill # 3**

4. Demonstrate professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., translators) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care. **CPI skill # 4**
5. Deliver physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status). **CPI skill # 5**
6. Strategically gather, interpret, and synthesize information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues). **CPI skill # 6**
7. Perform evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management. **CPI skill # 7**
8. Establish a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals. **CPI skill # 8**
9. Select and perform appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities. **CPI skill # 9**
10. Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation. **CPI skill # 10**
11. Identify financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including

time management and appropriate use of clinical supplies and equipment when providing physical therapy services. **CPI skill # 11**

12. Actively participate in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist. **CPI skill # 12**

Taken from:

American Physical Therapy Association Revised Clinical Performance Instruments: APTA Clinical Performance Instrument for PTs (PT CPI) 3.0; 2023

Required Textbooks and other materials:

Required:

American Physical Therapy Association Revised Clinical Performance Instruments: APTA Clinical Performance Instrument for PTs (PT CPI) 3.0; 2023

PT Faculty. *Student Handbook*. The University of Findlay.

Recommended:

Curricular Books

American College of Sports Medicine. ACSM's Guidelines for Exercise Testing and Prescription. 10th ed. Philadelphia, PA: Wolters Kluwers; 2018. ISBN: 978-1496339072.

American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015. ISBN: 978-1-931369-85-5. Available online at: <http://guidetoptpractice.apta.org/>

American Medical Association. *AMA Manual of Style*. 10th ed. Oxford, NY: Oxford University Press; 2007. ISBN: 978-0195176339.

Tecklin JS. *Pediatric Physical Therapy*. 5th ed. LWW; 2014. ISBN: 978-1451173451

Knowledge Base:

Anderson D, Irwin K. Self-assessment of professionalism in PT education. *Work*. 2013;44:275-281.

APTA. *Clinical Education: An Anthology I*; 1992.

APTA. *Clinical Education: An Anthology II*; 1996.

APTA. *Clinical Education: An Anthology III*; 2000.

Buccieri KM, Pivko SE, Olzenak DL. How does a physical therapist acquire the skills of an expert clinical instructor. *J Phys Ther Educ*. 2011; 25:17-25.

Buccieri KM, Schultze K, Dungey J, Kolodziej T, et al. Self-reported characteristics of physical therapy clinical instructors: a comparison to the American Physical Therapy Association's Guidelines and Self-Assessments for Clinical Education. *J Phys Ther Educ*. 2006;20:47-55.

Deusinger S. Establishing clinical education programs: a practical guide. *Journal of Physical Therapy Education*. 1990;4(2):58-61.

- Deusinger S. Evaluating effectiveness of clinical education. *Journal of Physical Therapy Education*. 1990;4(2): 66-70.
- Emery MJ. Effectiveness of the clinical instructor: student's perspective. *Physical Therapy*. 1984;64:1079-1083.
- Ettinger ER. Role modeling for clinical educators. *Journal of Optometric Education*. 1991;16(2): 60-62.
- George D. Bridge program: An alternative education. *Journal of Continuing Higher Education*. 2012; 60 (2): 66-79.
- Giberson TR, Black B, Pinkerton E. The impact of student-clinical instructor fit and student-organization fit on physical therapist clinical education experience outcomes. *J Phys Ther Educ*. 2008;22:59-64.
- Graham CL. Conceptual learning processes in physical therapy students. *Phys Ther*, 1996;76: 856-865.
- Gwyer J. Rewards of teaching physical therapy students: clinical instructor's perspective. *Journal of Physical Therapy Education*. 1993;7(2):63-66.
- Hall M, McFarlane L, Mulholland S. Positive clinical placements: perspectives of students and clinical educators in rehabilitation medicine. *Int J Ther Rehabil*. 2012;19:549-556.
- Haskins AR, Rose-St Prix C, Elbaum L. (1997). Covert bias in evaluation of physical therapist students' clinical performance. *Phys Ther*. 1997;77:155-163.
- Hayes KW, Huber G, Rogers J, Sanders B. Behaviors that cause clinical instructors to question the clinical competence of physical therapist students. *Phys Ther*. 1999;79:653-667.
- Healey WE. (2008). Physical therapist student approaches to learning during clinical education experiences: a qualitative study. *J Phys Ther Educ*. 2008;22:49-58.
- Higgs J. Managing clinical education: the programme. *Physiotherapy*. 1993;39(4):239-246.
- Housel N, Gandy J, Edmondson D. Clinical instructor credentialing and student assessment of clinical instructor effectiveness. *J Phys Ther Educ*. 2010;24:26-34.
- Jarski RW, Kulig K, Olson RE. Allied health perceptions of effective clinical instruction. *Journal of Allied Health*. 1989;19:469-478.
- Jette DU, Bertoni A, Coots R, Johnson H, et al. Clinical instructors' perceptions of behaviors that comprise entry-level clinical performance in physical therapist students: A qualitative study. *Phys Ther*. 2007; 87:833-843.
- Jette DU, Portney LG Construct validation of a model for professional behavior in physical therapist student. *Phys Ther*. 2003;83:432-443.
- Ladyshevsky RK, Barrie SC, Drake VM. A comparison of productivity and learning outcome in individual and cooperative physical therapy clinical education models. *Phys Ther*. 1998;78:1288-1298.
- Laitinen-Vaananen S, Taltitie U. (2007). Clinical supervision as an interaction between the clinical educator and the student. *Physiother Theory Pract*. 2007;23: 95-103.

- McCallum CA, Mosher PD, Jacobson PJ, Gallivan SP, Giuffre SM. Quality in physical therapist clinical education: A systematic review. *Phys Ther.* 2013;93:1298-1311.
- Moore A, Hilton R, Morris J, Caladine L, Bristow H. *The Clinical Educator - Role Development*. New York, NY: Curchill Livingston; 1997.
- Morren KK, Gordon SP, Sawyer BA. The relationship between clinical instructor characteristics and student perceptions of clinical instructor effectiveness. *J Phys Ther Educ.* 2008;22: 52-63.
- O'Connor A, Cahill M, McKay EA. Revisiting 1:1 and 2:1 clinical placement models: Student and clinical educator perspectives. *Aust Occup Ther J.* 2012;59:276-283.
- Page GG, MacKinnon JR. (1987). Cost of clinical instructors' time in clinical education--physical therapy students. *Phys Ther.* 1987;67:238-243.
- Plack MM. (2008). The learning triad: potential barriers and supports to learning in the physical therapy clinical environment. *J Phys Ther Educ.* 2008;22:7-18.
- Rindflesch A, Hoversten K, Patterson B, Thomas L, et al. Students' description of factors contributing to a meaningful clinical experience in entry-level physical therapist professional education. *Work.* 2013; 44:265-274.
- Roach KE, Frost JS, Francis NJ, Giles S, et al. Validation of the revised physical therapist Clinical Performance Instrument (PT CPI): Version 2006. *Phys Ther.* 2012;92:416-428.
- Roach K, Gandy J, Deusinger SS, Clark S, Gramet P et al. The Development and Testing of APTA Clinical Performance Instruments. *Phys Ther.* 2008;82:329-353.
- Stith JS, Butterfield WH, Strube MJ, Deusinger SS, Gillespie DF. (1998). Personal, interpersonal, and organizational influences on student satisfaction with clinical education. *Phys Ther.* 1998;78: 635-645.
- Strohschein J, Hagler P, May L. Assessing the need for change in clinical education practices. *Phys Ther.* 2002; 82: 160-172.
- Triggs M, Shepard KF. PT clinical education in a 2:1 student-instructor education model. *Phys Ther.* 1996;76:968-981.
- Vendrely A, Carter R. The influence of training on the rating of physical therapist student performance in the clinical setting. *J Allied Health.* 2004;33:62-69.
- Wolff-Burke M. Clinical instructors' descriptions of physical therapist student professional behaviors. *J Phys Ther Educ.* 2005;19:67-76.

Instructional Strategies:

Case Analysis		Library and Internet Research	
Debate		Practice/drill	
Discovery/Independent Research	X	Problem solving	X
Discussion/Questioning/Interviewing	X	Reading assignments	
Experiential Learning		Role playing/simulation games	
Field Experience	X	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

Methods of Assessment:

Method of Evaluation	Course Objective #	Points or Percentage
Abstracts		
Attendance		
Capstone Project		
Case Study		
Exams		
Group Projects		
Homework Assignments		
Internet Research		
Journaling		
Lab Performance		
Oral/written review of literature		
Participation		
Peer Evaluation		
Portfolio		
Portfolio Lab Performance		
Presentations		
Professional Evaluation		
Quizzes		
Research project		
Other : Clinical Performance Instrument		
Method of Evaluation	Course Objective #	Points or Percentage
CPI skill #1	#1	N/A – Satisfactory grade
CPI skill #2	#2	N/A – Satisfactory grade
CPI skill #3	#3	N/A – Satisfactory grade
CPI skill #4	#4	N/A – Satisfactory grade
CPI skill #5	#5	N/A – Satisfactory grade
CPI skill #6	#6	N/A – Satisfactory grade
CPI skill #7	#7	N/A – Satisfactory grade
CPI skill #8	#8	N/A – Satisfactory grade
CPI skill #9	#9	N/A – Satisfactory grade
CPI skill #10	#10	N/A – Satisfactory grade
CPI skill #11	#11	N/A – Satisfactory grade
CPI skill #12	#12	N/A – Satisfactory grade

Description of Assignments:

To obtain a satisfactory grade the student must have completed the following assignments/activity:

1. Satisfactory attendance record – 40 hrs. per week MINIMUM & follows CI SCHEDULE (See the policy on attendance in *Student Handbook*)
2. Completion of Letter of Intent and cover page (CE site & CI)
3. Completion of *Clinical Education Experience Evaluation Report*, online.
4. Completion of Clinical Education Data Collection Forms on a daily basis.
5. Completion of Weekly Reflection forms with CI.
6. Completion of Clinical Site Information Form-Minimum Data.
7. Completion of two inservices per CE series; minimum.
8. Satisfactory completion of clinical skills from *Physical Therapist Clinical Performance Instrument*.
9. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:
 - a. FOR Clinical Education Experience ONE: A MINIMUM of Intermediate or Above Performance for ALL Skills; **Number 3 or higher**
 - b. ALL students must show entry-level performance in ALL skills by the end of the clinical education series.
10. All practice patterns concerning clients across the lifespan also must be addressed. If there is no opportunity or minimal opportunity to work on a certain skill, practice pattern, or age group, then a mini-clinical or an extension of a clinical will need to occur.

Grading: Grading is satisfactory/unsatisfactory. Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE and the Director have the right to review the requirements and make concessions on an individual basis.

Grading Scale/Distribution:

<u>Grade</u>	<u>Points</u>	<u>Grading Scale</u>
A	4.00	93-100
A-	3.67	90-92
B+	3.33	87-89
B	3.00	83-86
B-	2.67	80-82
C+	2.33	77-79
C	2.00	73-76
C-	1.67	70-72
D+	1.33	67-69
D	1.00	63-66
D-	0.67	62-60
F	0.00	below 60
U	0.00	

University Honor Code:

Each and every student of the University will adhere to the following Honor Code:

“I will not knowingly engage in any dishonorable behavior, cheat, steal, lie, or commit any act of plagiarism during any academic work, course, or endeavor. If I observe an act which I believe violates the University’s Honor Code, I may, at my discretion, report it to the appropriate personnel.”

Student Acknowledgement of University Honor Code:

"I acknowledge that I have fully complied or will comply with all aspects of the University's Honor Code in submitting this work."

Student Rights and Responsibilities Statement, Article VIII-Academic Integrity:

<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Student-Rights-and-Responsibilities-Statement/VIII-Academic-Integrity>

University Diversity Statement:

As part of our commitment to achieve excellence, The University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers.

Course Policies and Practices: (Please refer to the DPT Student Handbook for a complete list of policies)

Attendance

Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students' progress. Excessive absence in a course can seriously threaten a student's academic progress and may result in suspension from the program course. More importantly, however, every absence represents a risk to the student's investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Dress Code:

Follow dress code of clinical site. If no dress code from the clinical site, then: Professional casual dress, close toed shoes and name tag. Tattoos must be covered. Simple jewelry and clean tennis shoes are acceptable.

Email Etiquette

It is expected that all email correspondences to the instructor will be conducted in a professional manner. When utilizing email for this class, students should: (1) include the course name and number in the email subject heading, (2) address the recipient in an appropriate manner, (3) utilize proper spelling, grammar, and punctuation, (4) close with your full name, and (5) name file attachments by including the course name and number, student last name, and assignment/document title.

Failed technical skill: Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical affiliation may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Affiliations in the Student Handbook, Clinical Education section.

Late Assignments:

Any student whose assignment is not received by the course instructor prior to the due date and time will have a **minimum 10%-point reduction for EACH CALENDAR DAY that the assignment is late**. Faculty have the right to create more strict late assignment penalties on a per assignment basis as well. Students who fail to pass the course at a minimum of 70% level may be asked to undergo a formal remediation of the course. The course instructor reserves the right to not offer remediation to any student.

Final Exam Date: Final CPI scoring in lieu of final examination.

Special Services: If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Accommodation and Inclusion (oai@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

Course and Instructor Evaluation: Each student is expected to complete the course and instructor evaluation which is sent electronically to the student.

Last Date of Attendance Policy: A student's last date of attendance is the date he/she was last present in class. If the student attends all classes, the official last date of the class, as determined by the institution, will be used for reporting purposes.

Tentative Course Outline:

Week One

- Completion of the letter of intent
- Completion of cover page from daily data

Week Four

- Completion of online self-assessment of CPI midterm & notify CI of its completion
- Call DCE for midterm contact

Midterm, Week Five

- Completion of online CPI by the CI
- Make sure the CPI is signed off on
- Completion of Clinical Site Information Form-Minimum Data

Week Nine

- Completion of online self-assessment of CPI final & notify CI of its completion

Final, Week Ten

- Completion of online CPI by the CI
- Completion of online CEEER; share with CI
- Make sure the CPI is signed off on by all parties
- POST on SHARE POINT:
 - Daily CEF data sheets & cover
 - Weekly reflections
 - Screening & Minimum Data
 - Inservice proof (needed for 2 clinicals; PP & Feedback forms)
 - Signature page of the CEEER
- Completion of Certificate of supervision for the CI & turn in with TY note to the CI

Additional Information

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Course Content is focused on the following CPI skills:

Professionalism: **Ethical Practice**

Professionalism: **Legal Practice**

Professionalism: **Professional Growth**

Interpersonal: **Communication**

Interpersonal: **Inclusivity**

Technical/Procedural: **Clinical Reasoning**

Technical/Procedural: **Examination, Evaluation, and Diagnosis**

Technical/Procedural: **Plan of Care and Case Management**

Technical/Procedural: **Interventions and Education**

Business: **Documentation**

Business: **Financial Management and Fiscal Responsibility**

Responsibility: **Guiding and Coordinating Support Staff**

Responsible Employee Duty

I am a responsible employee at UF, which means I am not a confidential resource. Therefore, I am required to report any information that I am aware that may violate UF's Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct Policy. If you would like to speak with someone confidentially, please contact Counseling Services, Cosiano Health Center or Campus Ministries. Other resources include Open Arms and Blanchard Valley Hospital. Otherwise, if you would like to report an incident involving a possible violation of UF's Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct Policy, please contact UF's Title IX Coordinator at 419-434-4739.

Classroom Environment, Language, and Behavior Expectations

In order to promote an inclusive and constructive learning environment, demeaning, marginalizing, and otherwise negative language and behavior will not be tolerated in the classroom. Respect and courtesy toward the instructor, classmates, and classroom guests are expected. Language and behaviors that are disruptive, abusive, or harassing may result in disciplinary action as specified by the Student's Rights and Responsibilities Statement.

Please be aware that due to the continuing COVID-19 pandemic, a change to fully online delivery may be required. If such a change occurs, all classes will be administered in Canvas. Changes to the schedule, with the exception of the scheduled final examination for the course, may also be required and will be communicated through Canvas & email. Please be sure to pay attention to Canvas notifications & emails from your instructor.

Note: This syllabus is subject to change at the discretion of the instructor

Syllabus Template Approved by Faculty Senate 26 October 2020
Modified 31 January 2022

**The University of Findlay
College of Health Professions
Doctor of Physical Therapy Program
SPRING Semester, 2026**

**The mission of The University of Findlay is to equip our students for
meaningful lives and productive careers.**

Course Number/Title: PHTH 720 Clinical Education II, Inpatient

Credit Hours: 5 semester hours

Class Time/Place: Assigned Clinical sites (40 hours/week, AT A MINIMUM)

Contact Time: hours reflect per semester totals based on 15-week semesters

Prerequisites, Co-requisites and Course Description: Successful Completion of Term VI in the PT Program. Full-time, ten-week clinical experience, supervised by a licensed physical therapist in an inpatient setting with emphasis on neuromuscular, cardiopulmonary, and integumentary practice patterns. Designed to provide students with the opportunity to analyze and synthesize current knowledge and experience with clinical practice. In addition, experience with education, management, and research is provided, as available.

Instructor: Robyn Wilhelm, PT, DPT, DCE

Instructor Contact Information: 349 Trenton Ave., Findlay; wilhelmr2@findlay.edu 419-434-5884 (office); 419-434-4336 (FAX)

Office Hours: Tuesdays and Thursdays 11:00am to 12:30pm; Also by appointment throughout the week

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Relationship to the Conceptual Framework: Clinical education is considered an integral component of the Weekend PTA to DPT Bridge program curriculum. The clinical education experiences are designed to provide the student with a supervised, concentrated course of study in which he/she is given opportunities to apply theory and practice learned skills in the clinic setting. Three full-time clinical education experiences (total of 30 weeks) are required at the end of the student's academic course work. Experiences with all practice patterns, all age groups, and in both outpatient and inpatient settings are obligatory. In addition, the student has the opportunity to continue with a general experience or to specialize in an area of their choice for the final clinical experience.

PT Program Curricular Goals

Course meets the following curricular objectives in whole or in part:

Following completion of the PT program curriculum, the graduate PT will be a generalist who will be able to:

1.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy. **(7A, 7B, 7C)**

2.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. **(7D7, 7D8)**

3.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. **(7D8)**

4.0 Complete **screening** activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. **(7D16)**

5.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:

5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. **(7D17, 7D20)**

5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. **(7D18)**

5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes. **(7D11, 7D19)**

5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. **(7D11, 7D19)**

6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:

6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model. **(7D21, 7D22)**

6.2 Evaluate data from the examination to make clinical judgments. **(7D20)**

6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. **(7D16)**

7.0 Efficiently establish a physical therapy **diagnosis** by:

7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. **(7D22)**

7.2 Considering the policies and procedures of the practice setting. **(7D28)**

7.3 Effectively communicating diagnostic results and clinical impressions with all stakeholders as appropriate. **(7D7, 7D22)**

8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. **(7D23)**

9.0 Develop and execute a safe and effective **plan of care** by:

9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. **(7D23, 7D24, 7D26)**

9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. **(7D23, 7D24)**

9.3 Complying with the administrative policies and procedures of the practice environment. **(7D28)**

9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. **(7D24, 7D30, 7D31)**

9.5 Maintaining a fiduciary responsibility for all patients/clients. **(7D42)**

10.0 Competently provide physical therapy **intervention** by:

10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. **(7D27)**

10.2 Carrying out all physical therapy procedures safely. **(7D27)**

10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. **(7D12)**

10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. **(7D32)**

10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. **(7D33, 7D37)**

11.0 Appropriately utilize **outcome assessment** data by:

11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. **(7D19)**

11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(7D19)**

11.3 Analyzing and applying results to allow for modification of the plan of care. **(7D31)**

12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. **(7D34)**

13.0 Provide and manage care in a variety of **care delivery systems** by:

13.1 Providing physical therapy through direct access or referral based on patient/client goals, expected functional outcomes, and knowledge of one's own and other's capabilities.

(7D34, 7D35)

13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care. **(7D28, 7D29, 7D30, 7D31, 7D36, 7D42)**

13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. **(7D7, 7D34, 7D39)**

13.4 Participate in patient centered interprofessional and collaborative practice with active participation from the patient in aspects of his/her care and treatment. **(7D39)**

14.0 Demonstrate appropriate **professional behavior** by:

14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. **(7D4, 7D5, 7D6)**

14.2 Adhering to the standards of practice, state and federal laws. **(7D1)**

14.3 Reporting to appropriate authorities suspected cases of fraud and abuse. **(7D2, 7D3)**

14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. **(7D5, 7D38)**

14.5 Participating in both integrated and full-time terminal clinical education activities. **(6L)**

14.6 Formulating and implementing a plan for personal and professional career development. **(7D15)**

14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of society. **(7D13, 7D14)**

14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. **(7D10, 7D11)**

14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. **(7D9)**

14.10 Critically evaluating current literature and information sources related to contemporary physical

therapy practice, research, administration, consultation, and education. (7D9, 7D11 7D40)

14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. (7D9, 7D15)

15.0 Function in the role of an **administrator** by:

15.1 Appropriately delegating to and supervising physical-therapy-related services to support personnel, physical therapist assistants and caregivers. (7D25, 7D29)

15.2 Demonstrating understanding of the history, current status and future projections for health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. (7D41)

15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. (7D36, 7D43)

15.4 Participating in the financial management of practice settings including billing and payment for services. (7D42)

15.5 Establishing a business plan on a programmatic level within a practice. (7D43)

15.6 Participating in activities related to marketing and public relations. (7D43)

16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities (7D12)

17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. (7D13)

18.0 Function as a **self-directed lifelong learner** by:

18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. (7D9)

18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. (7D15)

18.3 Seeking out new information regarding the practice of physical therapy. (7D9)

19.0 Use **critical thinking skills** to:

19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. (7D9, 7D10, 7D11)

19.2 Explain one's reasoning and conclusions. (7D10, 7D11)

19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. (7D38)

PT Program Course objectives:

Following completion of the course, the graduate PT will be a generalist who will be able to:

13. Practice according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations. **CPI skill # 1**
14. Practice according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management. **CPI skill #2**
15. Accept and be receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills. **CPI skill # 3**

16. Demonstrate professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., translators) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care. **CPI skill # 4**
17. Deliver physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status). **CPI skill # 5**
18. Strategically gather, interpret, and synthesize information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues). **CPI skill # 6**
19. Perform evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management. **CPI skill # 7**
20. Establish a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals. **CPI skill # 8**
21. Select and perform appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities. **CPI skill # 9**
22. Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation. **CPI skill # 10**
23. Identify financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including

time management and appropriate use of clinical supplies and equipment when providing physical therapy services. **CPI skill # 11**

24. Actively participate in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist. **CPI skill # 12**

Taken from:

American Physical Therapy Association Revised Clinical Performance Instruments: APTA Clinical Performance Instrument for PTs (PT CPI) 3.0; 2023

Required Textbooks and other materials:

Required:

American Physical Therapy Association Revised Clinical Performance Instruments: APTA Clinical Performance Instrument for PTs (PT CPI) 3.0; 2023

PT Faculty. *Student Handbook*. The University of Findlay.

Recommended:

Curricular Books

American College of Sports Medicine. ACSM's Guidelines for Exercise Testing and Prescription. 10th ed. Philadelphia, PA: Wolters Kluwers; 2018. ISBN: 978-1496339072.

American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015. ISBN: 978-1-931369-85-5. Available online at: <http://guidetoptpractice.apta.org/>

American Medical Association. *AMA Manual of Style*. 10th ed. Oxford, NY: Oxford University Press; 2007. ISBN: 978-0195176339.

Tecklin JS. *Pediatric Physical Therapy*. 5th ed. LWW; 2014. ISBN: 978-1451173451

Knowledge Base:

Anderson D, Irwin K. Self-assessment of professionalism in PT education. *Work*. 2013;44:275-281.

APTA. *Clinical Education: An Anthology I*; 1992.

APTA. *Clinical Education: An Anthology II*; 1996.

APTA. *Clinical Education: An Anthology III*; 2000.

Buccieri KM, Pivko SE, Olzenak DL. How does a physical therapist acquire the skills of an expert clinical instructor. *J Phys Ther Educ*. 2011; 25:17-25.

Buccieri KM, Schultze K, Dungey J, Kolodziej T, et al. Self-reported characteristics of physical therapy clinical instructors: a comparison to the American Physical Therapy Association's Guidelines and Self-Assessments for Clinical Education. *J Phys Ther Educ*. 2006;20:47-55.

Deusinger S. Establishing clinical education programs: a practical guide. *Journal of Physical Therapy Education*. 1990;4(2):58-61.

- Deusinger S. Evaluating effectiveness of clinical education. *Journal of Physical Therapy Education*. 1990;4(2): 66-70.
- Emery MJ. Effectiveness of the clinical instructor: student's perspective. *Physical Therapy*. 1984;64:1079-1083.
- Ettinger ER. Role modeling for clinical educators. *Journal of Optometric Education*. 1991;16(2): 60-62.
- George D. Bridge program: An alternative education. *Journal of Continuing Higher Education*. 2012; 60 (2): 66-79.
- Giberson TR, Black B, Pinkerton E. The impact of student-clinical instructor fit and student-organization fit on physical therapist clinical education experience outcomes. *J Phys Ther Educ*. 2008;22:59-64.
- Graham CL. Conceptual learning processes in physical therapy students. *Phys Ther*, 1996;76: 856-865.
- Gwyer J. Rewards of teaching physical therapy students: clinical instructor's perspective. *Journal of Physical Therapy Education*. 1993;7(2):63-66.
- Hall M, McFarlane L, Mulholland S. Positive clinical placements: perspectives of students and clinical educators in rehabilitation medicine. *Int J Ther Rehabil*. 2012;19:549-556.
- Haskins AR, Rose-St Prix C, Elbaum L. (1997). Covert bias in evaluation of physical therapist students' clinical performance. *Phys Ther*. 1997;77:155-163.
- Hayes KW, Huber G, Rogers J, Sanders B. Behaviors that cause clinical instructors to question the clinical competence of physical therapist students. *Phys Ther*. 1999;79:653-667.
- Healey WE. (2008). Physical therapist student approaches to learning during clinical education experiences: a qualitative study. *J Phys Ther Educ*. 2008;22:49-58.
- Higgs J. Managing clinical education: the programme. *Physiotherapy*. 1993;39(4):239-246.
- Housel N, Gandy J, Edmondson D. Clinical instructor credentialing and student assessment of clinical instructor effectiveness. *J Phys Ther Educ*. 2010;24:26-34.
- Jarski RW, Kulig K, Olson RE. Allied health perceptions of effective clinical instruction. *Journal of Allied Health*. 1989;19:469-478.
- Jette DU, Bertoni A, Coots R, Johnson H, et al. Clinical instructors' perceptions of behaviors that comprise entry-level clinical performance in physical therapist students: A qualitative study. *Phys Ther*. 2007; 87:833-843.
- Jette DU, Portney LG Construct validation of a model for professional behavior in physical therapist student. *Phys Ther*. 2003;83:432-443.
- Ladyshevsky RK, Barrie SC, Drake VM. A comparison of productivity and learning outcome in individual and cooperative physical therapy clinical education models. *Phys Ther*. 1998;78:1288-1298.
- Laitinen-Vaananen S, Taltitie U. (2007). Clinical supervision as an interaction between the clinical educator and the student. *Physiother Theory Pract*. 2007;23: 95-103.

- McCallum CA, Mosher PD, Jacobson PJ, Gallivan SP, Giuffre SM. Quality in physical therapist clinical education: A systematic review. *Phys Ther.* 2013;93:1298-1311.
- Moore A, Hilton R, Morris J, Caladine L, Bristow H. *The Clinical Educator - Role Development*. New York, NY: Curchill Livingston; 1997.
- Morren KK, Gordon SP, Sawyer BA. The relationship between clinical instructor characteristics and student perceptions of clinical instructor effectiveness. *J Phys Ther Educ.* 2008;22: 52-63.
- O'Connor A, Cahill M, McKay EA. Revisiting 1:1 and 2:1 clinical placement models: Student and clinical educator perspectives. *Aust Occup Ther J.* 2012;59:276-283.
- Page GG, MacKinnon JR. (1987). Cost of clinical instructors' time in clinical education--physical therapy students. *Phys Ther.* 1987;67:238-243.
- Plack MM. (2008). The learning triad: potential barriers and supports to learning in the physical therapy clinical environment. *J Phys Ther Educ.* 2008;22:7-18.
- Rindflesch A, Hoversten K, Patterson B, Thomas L, et al. Students' description of factors contributing to a meaningful clinical experience in entry-level physical therapist professional education. *Work.* 2013; 44:265-274.
- Roach KE, Frost JS, Francis NJ, Giles S, et al. Validation of the revised physical therapist Clinical Performance Instrument (PT CPI): Version 2006. *Phys Ther.* 2012;92:416-428.
- Roach K, Gandy J, Deusinger SS, Clark S, Gramet P et al. The Development and Testing of APTA Clinical Performance Instruments. *Phys Ther.* 2008;82:329-353.
- Stith JS, Butterfield WH, Strube MJ, Deusinger SS, Gillespie DF. (1998). Personal, interpersonal, and organizational influences on student satisfaction with clinical education. *Phys Ther.* 1998;78: 635-645.
- Strohschein J, Hagler P, May L. Assessing the need for change in clinical education practices. *Phys Ther.* 2002; 82: 160-172.
- Triggs M, Shepard KF. PT clinical education in a 2:1 student-instructor education model. *Phys Ther.* 1996;76:968-981.
- Vendrey A, Carter R. The influence of training on the rating of physical therapist student performance in the clinical setting. *J Allied Health.* 2004;33:62-69.
- Wolff-Burke M. Clinical instructors' descriptions of physical therapist student professional behaviors. *J Phys Ther Educ.* 2005;19:67-76.

Instructional Strategies:

Case Analysis		Library and Internet Research	
Debate		Practice/drill	
Discovery/Independent Research	X	Problem solving	X
Discussion/Questioning/Interviewing	X	Reading assignments	
Experiential Learning		Role playing/simulation games	
Field Experience	X	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

Methods of Assessment:

Method of Evaluation	Course Objective #	Points or Percentage
Abstracts		
Attendance		
Capstone Project		
Case Study		
Exams		
Group Projects		
Homework Assignments		
Internet Research		
Journaling		
Lab Performance		
Oral/written review of literature		
Participation		
Peer Evaluation		
Portfolio		
Portfolio Lab Performance		
Presentations		
Professional Evaluation		
Quizzes		
Research project		
Other : Clinical Performance Instrument		
Method of Evaluation	Course Objective #	Points or Percentage
CPI skill #1	#1	N/A – Satisfactory grade
CPI skill #2	#2	N/A – Satisfactory grade
CPI skill #3	#3	N/A – Satisfactory grade
CPI skill #4	#4	N/A – Satisfactory grade
CPI skill #5	#5	N/A – Satisfactory grade
CPI skill #6	#6	N/A – Satisfactory grade
CPI skill #7	#7	N/A – Satisfactory grade
CPI skill #8	#8	N/A – Satisfactory grade
CPI skill #9	#9	N/A – Satisfactory grade
CPI skill #10	#10	N/A – Satisfactory grade
CPI skill #11	#11	N/A – Satisfactory grade
CPI skill #12	#12	N/A – Satisfactory grade

Description of Assignments:

To obtain a satisfactory grade the student must have completed the following assignments/activity:

1. Satisfactory attendance record – 40 hrs. per week MINIMUM & follows CI SCHEDULE (See the policy on attendance in *Student Handbook*)
2. Completion of Letter of Intent and cover page (CE site & CI)
3. Completion of *Clinical Education Experience Evaluation Report*, online.
4. Completion of Clinical Education Data Collection Forms on a daily basis.
5. Completion of Weekly Reflection forms with CI.
6. Completion of Clinical Site Information Form-Minimum Data.
7. Completion of two inservices per CE series; minimum.
8. Satisfactory completion of clinical skills from *Physical Therapist Clinical Performance Instrument*.
9. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:
 - c. FOR Clinical Education Experience ONE: A MINIMUM of Intermediate or Above Performance for ALL Skills; **Number 3 or higher**
 - d. ALL students must show entry-level performance in ALL skills by the end of the clinical education series.
10. All practice patterns concerning clients across the lifespan also must be addressed. If there is no opportunity or minimal opportunity to work on a certain skill, practice pattern, or age group, then a mini-clinical or an extension of a clinical will need to occur.

Grading: Grading is satisfactory/unsatisfactory. Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE and the Director have the right to review the requirements and make concessions on an individual basis.

Grading Scale/Distribution:

<u>Grade</u>	<u>Points</u>	<u>Grading Scale</u>
A	4.00	93-100
A-	3.67	90-92
B+	3.33	87-89
B	3.00	83-86
B-	2.67	80-82
C+	2.33	77-79
C	2.00	73-76
C-	1.67	70-72
D+	1.33	67-69
D	1.00	63-66
D-	0.67	62-60
F	0.00	below 60
U	0.00	

University Honor Code:

Each and every student of the University will adhere to the following Honor Code:

“I will not knowingly engage in any dishonorable behavior, cheat, steal, lie, or commit any act of plagiarism during any academic work, course, or endeavor. If I observe an act which I believe violates the University’s Honor Code, I may, at my discretion, report it to the appropriate personnel.”

Student Acknowledgement of University Honor Code:

"I acknowledge that I have fully complied or will comply with all aspects of the University's Honor Code in submitting this work."

Student Rights and Responsibilities Statement, Article VIII-Academic Integrity:

<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Student-Rights-and-Responsibilities-Statement/VIII-Academic-Integrity>

University Diversity Statement:

As part of our commitment to achieve excellence, The University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers.

Course Policies and Practices: (Please refer to the DPT Student Handbook for a complete list of policies)

Attendance

Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students' progress. Excessive absence in a course can seriously threaten a student's academic progress and may result in suspension from the program course. More importantly, however, every absence represents a risk to the student's investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Dress Code:

Follow dress code of clinical site. If no dress code from the clinical site, then: Professional casual dress, close toed shoes and name tag. Tattoos must be covered. Simple jewelry and clean tennis shoes are acceptable.

Email Etiquette

It is expected that all email correspondences to the instructor will be conducted in a professional manner. When utilizing email for this class, students should: (1) include the course name and number in the email subject heading, (2) address the recipient in an appropriate manner, (3) utilize proper spelling, grammar, and punctuation, (4) close with your full name, and (5) name file attachments by including the course name and number, student last name, and assignment/document title.

Failed technical skill: Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical affiliation may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Affiliations in the Student Handbook, Clinical Education section.

Late Assignments:

Any student whose assignment is not received by the course instructor prior to the due date and time will have a **minimum 10%-point reduction for EACH CALENDAR DAY that the assignment is late**. Faculty have the right to create more strict late assignment penalties on a per assignment basis as well. Students who fail to pass the course at a minimum of 70% level may be asked to undergo a formal remediation of the course. The course instructor reserves the right to not offer remediation to any student.

Final Exam Date: Final CPI scoring in lieu of final examination.

Special Services: If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Accommodation and Inclusion (oai@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

Course and Instructor Evaluation: Each student is expected to complete the course and instructor evaluation which is sent electronically to the student.

Last Date of Attendance Policy: A student's last date of attendance is the date he/she was last present in class. If the student attends all classes, the official last date of the class, as determined by the institution, will be used for reporting purposes.

Tentative Course Outline:

Week One

- Completion of the letter of intent
- Completion of cover page from daily data

Week Four

- Completion of online self-assessment of CPI midterm & notify CI of its completion
- Call DCE for midterm contact

Midterm, Week Five

- Completion of online CPI by the CI
- Make sure the CPI is signed off on
- Completion of Clinical Site Information Form-Minimum Data

Week Nine

- Completion of online self-assessment of CPI final & notify CI of its completion

Final, Week Ten

- Completion of online CPI by the CI
- Completion of online CEEER; share with CI
- Make sure the CPI is signed off on by all parties
- POST on SHARE POINT:
 - Daily CEF data sheets & cover
 - Weekly reflections
 - Screening & Minimum Data
 - Inservice proof (needed for 2 clinicals; PP & Feedback forms)
 - Signature page of the CEEER
- Completion of Certificate of supervision for the CI & turn in with TY note to the CI

Additional Information

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Course Content is focused on the following CPI skills:

Professionalism: **Ethical Practice**

Professionalism: **Legal Practice**

Professionalism: **Professional Growth**

Interpersonal: **Communication**

Interpersonal: **Inclusivity**

Technical/Procedural: **Clinical Reasoning**

Technical/Procedural: **Examination, Evaluation, and Diagnosis**

Technical/Procedural: **Plan of Care and Case Management**

Technical/Procedural: **Interventions and Education**

Business: **Documentation**

Business: **Financial Management and Fiscal Responsibility**

Responsibility: **Guiding and Coordinating Support Staff**

Responsible Employee Duty

I am a responsible employee at UF, which means I am not a confidential resource. Therefore, I am required to report any information that I am aware that may violate UF's Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct Policy. If you would like to speak with someone confidentially, please contact Counseling Services, Cosiano Health Center or Campus Ministries. Other resources include Open Arms and Blanchard Valley Hospital. Otherwise, if you would like to report an incident involving a possible violation of UF's Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct Policy, please contact UF's Title IX Coordinator at 419-434-4739.

Classroom Environment, Language, and Behavior Expectations

In order to promote an inclusive and constructive learning environment, demeaning, marginalizing, and otherwise negative language and behavior will not be tolerated in the classroom. Respect and courtesy toward the instructor, classmates, and classroom guests are expected. Language and behaviors that are disruptive, abusive, or harassing may result in disciplinary action as specified by the Student's Rights and Responsibilities Statement.

Please be aware that due to the continuing COVID-19 pandemic, a change to fully online delivery may be required. If such a change occurs, all classes will be administered in Canvas. Changes to the schedule, with the exception of the scheduled final examination for the course, may also be required and will be communicated through Canvas & email. Please be sure to pay attention to Canvas notifications & emails from your instructor.

Note: This syllabus is subject to change at the discretion of the instructor

Syllabus Template Approved by Faculty Senate 26 October 2020
Modified 31 January 2022

**The University of Findlay
College of Health Professions
Doctor of Physical Therapy Program
Fall Semester, 2026**

**The mission of The University of Findlay is to equip our students for
meaningful lives and productive careers.**

Course Number/Title: PHTH 730 Clinical Education III, Specialty

Credit Hours: 5 semester hours

Class Time/Place: Assigned Clinical sites (*40 hours/week, AT A MINIMUM*)

Prerequisites, Co-requisites and Course Description: Full-time, ten-week clinical experience supervised by a licensed physical therapist in a specialty setting chosen by the student (e.g. school system, MRDD facility, sports medicine clinic, home health agency, SNF). Designed to provide students with the opportunity to analyze and synthesize current knowledge and experience with clinical practice. In addition, experience with education, management, and research is provided, as available.

Instructor: Robyn Wilhelm, PT, DPT, DCE

Instructor Contact Information: 349 Trenton Ave., Findlay; wilhelmr2@findlay.edu 419-434-5884 (office); 419-434-4336 (FAX)

Office Hours: Tuesdays and Thursdays 11:00am to 12:30pm; Also by appointment throughout the week

Relationship to the Conceptual Framework: Clinical education is considered an integral component of the Weekend PTA to DPT Bridge program curriculum. The clinical education experiences are designed to provide the student with a supervised, concentrated course of study in which he/she is given opportunities to apply theory and practice learned skills in the clinic setting. Three full-time clinical education experiences (total of 30 weeks) are required at the end of the student's academic course work. Experiences with all practice patterns, all age groups, and in both outpatient and inpatient settings are obligatory. In addition, the student has the opportunity to continue with a general experience or to specialize in an area of their choice for the final clinical experience.

PT Program Curricular Goals

Course meets the following curricular objectives in whole or in part:

Following completion of the PT program curriculum, the graduate PT will be a generalist who will be able to:

1.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy. **(7A, 7B, 7C)**

2.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. **(7D7, 7D8)**

3.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. **(7D8)**

4.0 Complete **screening** activities to determine the need for further examination or consultation by a

physical therapist or referral to another health care professional. **(7D16)**

5.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:

5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. **(7D17, 7D20)**

5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. **(7D18)**

5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes. **(7D11, 7D19)**

5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. **(7D11, 7D19)**

6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:

6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model. **(7D21, 7D22)**

6.2 Evaluate data from the examination to make clinical judgments. **(7D20)**

6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. **(7D16)**

7.0 Efficiently establish a physical therapy **diagnosis** by:

7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. **(7D22)**

7.2 Considering the policies and procedures of the practice setting. **(7D28)**

7.3 Effectively communicating diagnostic results and clinical impressions with all stakeholders as appropriate. **(7D7, 7D22)**

8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. **(7D23)**

9.0 Develop and execute a safe and effective **plan of care** by:

9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. **(7D23, 7D24, 7D26)**

9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. **(7D23, 7D24)**

9.3 Complying with the administrative policies and procedures of the practice environment. **(7D28)**

9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. **(7D24, 7D30, 7D31)**

9.5 Maintaining a fiduciary responsibility for all patients/clients. **(7D42)**

10.0 Competently provide physical therapy **intervention** by:

10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. **(7D27)**

10.2 Carrying out all physical therapy procedures safely. **(7D27)**

10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. **(7D12)** 10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. **(7D32)**

10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. **(7D33, 7D37)**

11.0 Appropriately utilize **outcome assessment** data by:

11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. **(7D19)**

11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(7D19)**

11.3 Analyzing and applying results to allow for modification of the plan of care. **(7D31)**

12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. **(7D34)**

13.0 Provide and manage care in a variety of **care delivery systems** by:

13.1 Providing physical therapy through direct access or referral based on patient/client goals, expected functional outcomes, and knowledge of one's own and other's capabilities. **(7D34, 7D35)**

13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care. **(7D28, 7D29, 7D30, 7D31, 7D36, 7D42)**

13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. **(7D7, 7D34, 7D39)**

13.4 Participate in patient centered interprofessional and collaborative practice with active participation from the patient in aspects of his/her care and treatment. **(7D39)**

14.0 Demonstrate appropriate **professional behavior** by:

14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. **(7D4, 7D5, 7D6)**

14.2 Adhering to the standards of practice, state and federal laws. **(7D1)**

14.3 Reporting to appropriate authorities suspected cases of fraud and abuse. **(7D2, 7D3)**

14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. **(7D5, 7D38)**

14.5 Participating in both integrated and full-time terminal clinical education activities. **(6L)**

14.6 Formulating and implementing a plan for personal and professional career development. **(7D15)**

14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of society. **(7D13, 7D14)**

14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. **(7D10, 7D11)**

14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. **(7D9)**

14.10 Critically evaluating current literature and information sources related to contemporary physical therapy practice, research, administration, consultation, and education. **(7D9, 7D11 7D40)**

14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. **(7D9, 7D15)**

15.0 Function in the role of an **administrator** by:

15.1 Appropriately delegating to and supervising physical-therapy-related services to support personnel, physical therapist assistants and caregivers. **(7D25, 7D29)**

15.2 Demonstrating understanding of the history, current status and future projections for

health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. **(7D41)**

15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. **(7D36, 7D43)**

15.4 Participating in the financial management of practice settings including billing and payment for services. **(7D42)**

15.5 Establishing a business plan on a programmatic level within a practice. **(7D43)**

15.6 Participating in activities related to marketing and public relations. **(7D43)**

16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities **(7D12)**

17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. **(7D13)**

18.0 Function as a **self-directed lifelong learner** by:

18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. **(7D9)**

18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. **(7D15)**

18.3 Seeking out new information regarding the practice of physical therapy. **(7D9)**

19.0 Use **critical thinking skills** to:

19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. **(7D9, 7D10, 7D11)**

19.2 Explain one's reasoning and conclusions. **(7D10, 7D11)**

19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. **(7D38)**

PT Program Course objectives:

Following completion of the course, the graduate PT will be a generalist who will be able to:

25. Practice according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations. **CPI skill # 1**
26. Practice according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management. **CPI skill #2**
27. Accept and be receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills. **CPI skill # 3**
28. Demonstrate professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., translators) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care. **CPI skill # 4**

29. Deliver physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status). **CPI skill # 5**
30. Strategically gather, interpret, and synthesize information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues). **CPI skill # 6**
31. Perform evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management. **CPI skill # 7**
32. Establish a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals. **CPI skill # 8**
33. Select and perform appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities. **CPI skill # 9**
34. Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation. **CPI skill # 10**
35. Identify financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services. **CPI skill # 11**
36. Actively participate in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist. **CPI skill # 12**

Taken from:

American Physical Therapy Association Revised Clinical Performance Instruments: APTA Clinical Performance Instrument for PTs (PT CPI) 3.0; 2023

Required Textbooks and other materials:

Required:

American Physical Therapy Association Revised Clinical Performance Instruments: APTA Clinical Performance Instrument for PTs (PT CPI) 3.0; 2023

PT Faculty. *Student Handbook*. The University of Findlay.

Recommended:

Curricular Books

American College of Sports Medicine. ACSM's Guidelines for Exercise Testing and Prescription. 10th ed. Philadelphia, PA: Wolters Kluwers; 2018. ISBN: 978-1496339072.

American Physical Therapy Association. The Guide to Physical Therapist Practice. 4th ed. Alexandria, VA: American Physical Therapy Association; 2015. ISBN: 978-1-931369-85-5. Available online at: <http://guidetoptpractice.apta.org/>

American Medical Association. AMA Manual of Style. 10th ed. Oxford, NY: Oxford University Press; 2007. ISBN: 978-0195176339.

Tecklin JS. Pediatric Physical Therapy. 5th ed. LWW; 2014. ISBN: 978-1451173451

Knowledge Base:

Anderson DK, Irwin KE. Self-assessment of professionalism in physical therapy education. *Work*. 2013; 44: 275-281.

APTA. *Clinical Education: An Anthology I*; 1992.

APTA. *Clinical Education: An Anthology II*; 1996.

APTA. *Clinical Education: An Anthology III*; 2000.

Buccieri KM, Pivko SE, Olzenak DL. How does a physical therapist acquire the skills of an expert clinical instructor. *J Phys Ther Educ*, 2011; 25:17-25.

Buccieri KM, Schultze K, Dungey J, Kolodziej T, et al. Self-reported characteristics of physical therapy clinical instructors: a comparison to the American Physical Therapy Association's Guidelines and Self-Assessments for Clinical Education. *J Phys Ther Educ*, 2006; 20: 47-55.

Deusinger S. Establishing clinical education programs: a practical guide. *Journal of Physical Therapy Education*. 1990; 4(2): 58-61.

Deusinger S. Evaluating effectiveness of clinical education. *Journal of Physical Therapy Education*. 1990; 4(2): 66-70.

Emery MJ. Effectiveness of the clinical instructor: student's perspective. *Physical Therapy*. 1984; 64: 1079-1083.

- Ettinger ER. Role modeling for clinical educators. *Journal of Optometric Education*. 1991; 16(2): 60-62.
- George D. Bridge program: An alternative education. *Journal of Continuing Higher Education*. 2012; 60 (2): 66-79.
- Giberson TR, Black B, Pinkerton E. The impact of student-clinical instructor fit and student-organization fit on physical therapist clinical education experience outcomes. *J Phys Ther Educ*. 2008; 22: 59-64.
- Graham CL. Conceptual learning processes in physical therapy students. *Phys Ther*, 1996; 76: 856-865.
- Gwyer J. Rewards of teaching physical therapy students: clinical instructor's perspective. *Journal of Physical Therapy Education*. 1993; 7(2): 63-66.
- Hall M, McFarlane L, Mulholland S. Positive clinical placements: perspectives of students and clinical educators in rehabilitation medicine. *Int J Ther Rehabil*. 2012; 19: 549-556.
- Haskins AR, Rose-St Prix C, Elbaum L. (1997). Covert bias in evaluation of physical therapist students' clinical performance. *Phys Ther*. 1997; 77:155-163.
- Hayes KW, Huber G, Rogers J, Sanders B. Behaviors that cause clinical instructors to question the clinical competence of physical therapist students. *Phys Ther*. 1999; 79: 653-667.
- Healey WE. (2008). Physical therapist student approaches to learning during clinical education experiences: a qualitative study. *J Phys Ther Educ*. 2008; 22: 49-58.
- Higgs J. Managing clinical education: the programme. *Physiotherapy*. 1993; 39(4): 239-246.
- Housel N, Gandy J, Edmondson D. Clinical instructor credentialing and student assessment of clinical instructor effectiveness. *J Phys Ther Educ*. 2010; 24: 26-34.
- Jarski RW, Kulig K, Olson RE. Allied health perceptions of effective clinical instruction. *Journal of Allied Health*. 1989; 19: 469-478.
- Jette DU, Bertoni A, Coots R, Johnson H, et al. Clinical instructors' perceptions of behaviors that comprise entry-level clinical performance in physical therapist students: A qualitative study. *Phys Ther*. 2007; 87: 833-843.
- Jette DU, Portney LG Construct validation of a model for professional behavior in physical therapist student. *Phys Ther*. 2003; 83: 432-443.
- Ladyshevsky RK, Barrie SC, Drake VM. A comparison of productivity and learning outcome in individual and cooperative physical therapy clinical education models. *Phys Ther*. 1998; 78:1288-1298.
- Laitinen-Vaananen S, Taltitie U. (2007). Clinical supervision as an interaction between the clinical educator and the student. *Physiother Theory Pract*. 2007; 23: 95-103.
- McCallum CA, Mosher PD, Jacobson PJ, Gallivan SP, Giuffre SM. Quality in physical therapist clinical education: A systematic review. *Phys Ther*. 2013; 93: 1298-1311.
- Moore A, Hilton R, Morris J, Caladine L, Bristow H. *The Clinical Educator - Role Development*. New York, NY: Curchill Livingston; 1997.

Morren KK, Gordon SP, Sawyer BA. The relationship between clinical instructor characteristics and student perceptions of clinical instructor effectiveness. *J Phys Ther Educ.* 2008; 22: 52-63.

O'Connor A, Cahill M, McKay EA. Revisiting 1:1 and 2:1 clinical placement models: Student and clinical educator perspectives. *Aust Occup Ther J.* 2012; 59: 276-283.

Page GG, MacKinnon JR. (1987). Cost of clinical instructors' time in clinical education--physical therapy students. *Phys Ther.* 1987; 67: 238-243.

Plack MM. (2008). The learning triad: potential barriers and supports to learning in the physical therapy clinical environment. *J Phys Ther Educ.* 2008; 22: 7-18.

Rindflesch A, Hoversten K, Patterson B, Thomas L, et al. Students' description of factors contributing to a meaningful clinical experience in entry-level physical therapist professional education. *Work.* 2013; 44: 265-274.

Roach KE, Frost JS, Francis NJ, Giles S, et al. Validation of the revised physical therapist Clinical Performance Instrument (PT CPI): Version 2006. *Phys Ther.* 2012; 92: 416-428.

Roach K, Gandy J, Deusinger SS, Clark S, Gramet P et al. The Development and Testing of APTA Clinical Performance Instruments. *Phys Ther.* 2008; 82: 329-353.

School of Allied Health, Seminar 1 - *Teaching Guide and Learner's Workbook.*

School of Allied Health, Seminar 2 - *Teaching Guide and Learner's Workbook.*

Stith JS, Butterfield WH, Strube MJ, Deusinger SS, Gillespie DF. (1998). Personal, interpersonal, and organizational influences on student satisfaction with clinical education. *Phys Ther.* 1998; 78: 635-645.

Strohschein J, Hagler P, May L. Assessing the need for change in clinical education practices. *Phys Ther.* 2002; 82: 160-172.

Triggs M, Shepard KF. Physical therapy clinical education in a 2:1 student-instructor education model. *Phys Ther.* 1996; 76: 968-981.

Vendrely A, Carter R. The influence of training on the rating of physical therapist student performance in the clinical setting. *J Allied Health.* 2004; 33: 62-69.

Wolff-Burke M. Clinical instructors' descriptions of physical therapist student professional behaviors. *J Phys Ther Educ.* 2005; 19: 67-76.

Instructional Strategies:

Case Analysis		Library and Internet Research	
Debate		Practice/drill	
Discovery/Independent Research	X	Problem solving	X
Discussion/Questioning/Interviewing	X	Reading assignments	
Experiential Learning		Role playing/simulation games	
Field Experience	X	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

Methods of Assessment:

Method of Evaluation	Course Objective #	Points or Percentage
Abstracts		
Attendance		
Capstone Project		
Case Study		
Exams		
Group Projects		
Homework Assignments		
Internet Research		
Journaling		
Lab Performance		
Oral/written review of literature		
Participation		
Peer Evaluation		
Portfolio		
Portfolio Lab Performance		
Presentations		
Professional Evaluation		
Quizzes		
Research project		
Other: Clinical Performance Instrument		
Method of Evaluation	Course Objective #	Points or Percentage
CPI skill #1	#11	N/A – Satisfactory grade
CPI skill #2	#16	
CPI skill #3	#17	
CPI skill #4	#2	
CPI skill #5	#4	
CPI skill #6	#21	
CPI skill #7	#1, #22	
CPI skill #8	#5	
CPI skill #9	#6	
CPI skill #10	#7	
CPI skill #11	#8, #9	
CPI skill #12	#10	
CPI skill #13	#12, #14	
CPI skill #14	#19, #20	
CPI skill #15	#3	
CPI skill #16	#13	
CPI skill #17	#18	
CPI skill #18	#15	

Description of Assignments:

Grading is satisfactory/unsatisfactory. To obtain a satisfactory grade the student must have completed the following assignments/activity:

1. Satisfactory attendance record – 35 to 40 hrs. per week MINIMUM & follows CI SCHEDULE (See the policy on attendance in *Student Handbook*)

2. Completion of Letter of Intent and cover page (CE site & CI)
3. Completion of *Clinical Education Experience Evaluation Report*, online.
4. Completion of Clinical Education Data Collection Forms on a daily basis.
5. Completion of Weekly Reflection forms with CI.
6. Completion of Clinical Site Information Form-Minimum Data
7. Completion of two inservices per CE series; minimum.
8. Satisfactory completion of clinical skills from Physical Therapist Clinical Performance Instrument.
9. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance at the following levels:
 - FOR Clinical Education Experience THREE: A MINIMUM of Entry-level Performance for ALL Skills; **Number 5 or higher**
 - ALL students must show entry-level performance in ALL skills by the end of the clinical education series.
10. All practice patterns concerning clients across the lifespan also must be addressed. If there is no opportunity or minimal opportunity to work on a certain skill, practice pattern, or age group, then a mini-clinical or an extension of a clinical will need to occur.

Grading: Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE and the Director have the right to review the requirements and make concessions on an individual basis.

Grading Scale/Distribution:

Grade	Points	Grading Scale
A	4.00	93-100
A-	3.67	90-92
B+	3.33	87-89
B	3.00	83-86
B-	2.67	80-82
C+	2.33	77-79
C	2.00	73-76
C-	1.67	70-72
D+	1.33	67-69
D	1.00	63-66
D-	0.67	62-60
F	0.00	below 60
U	0.00	

University Honor Code:

Each and every student of the University will adhere to the following Honor Code:

“I will not knowingly engage in any dishonorable behavior, cheat, steal, lie, or commit any act of plagiarism during any academic work, course, or endeavor. If I observe an act which I believe violates the University’s Honor Code, I may, at my discretion, report it to the appropriate personnel.”

Student Acknowledgement of University Honor Code:

“I acknowledge that I have fully complied or will comply with all aspects of the University’s Honor Code in submitting this work.”

Student Rights and Responsibilities Statement, Article VIII-Academic Integrity:

<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Student-Rights-and-Responsibilities-Statement/VIII-Academic-Integrity>

University Diversity Statement:

As part of our commitment to achieve excellence, The University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers.

Course Policies and Practices: (Please refer to the DPT Student Handbook for a complete list of policies)

Attendance: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students' progress. Excessive absence in a course can seriously threaten a student's academic progress and may result in suspension from the program course. More importantly, however, every absence represents a risk to the student's investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Dress Code:

Follow dress code of clinical site. If no dress code from the clinical site, then: Professional casual dress, close toed shoes and name tag. Tattoos must be covered. Simple jewelry and clean tennis shoes are acceptable.

Email Etiquette:

It is expected that all email correspondences to the instructor will be conducted in a professional manner. When utilizing email for this class, students should: (1) include the course name and number in the email subject heading, (2) address the recipient in an appropriate manner, (3) utilize proper spelling, grammar, and punctuation, (4) close with your full name, and (5) name file attachments by including the course name and number, student last name, and assignment/document title.

Failed technical skill: Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical affiliation may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Affiliations in the Student Handbook, Clinical Education section.

Late Assignments:

Any student whose assignment is not received by the course instructor prior to the due date and time will have a **minimum 10%-point reduction for EACH CALENDAR DAY that the assignment is late**. Faculty have the right to create more strict late assignment penalties on a per assignment basis as well. Students who fail to pass the course at a minimum of 70% level may be asked to undergo a formal remediation of the course. The course instructor reserves the right to not offer remediation to any student.

Final Exam Date: Final CPI scoring in lieu of final examination.

Special Services: If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Accommodation and Inclusion (oai@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

Course and Instructor Evaluation: Each student is expected to complete the course and instructor evaluation which is sent electronically to the student.

Last Date of Attendance Policy: A student's last date of attendance is the date he/she was last present in class. If the student attends all classes, the official last date of the class, as determined by the institution, will be used for reporting purposes. (Note, instructors of online courses must be able to meet the federal expectation for tracking Last Date of Attendance. The federal guideline states: the last date of attendance is calculated by the last time a student participated in an online discussion or made contact with a faculty member.)

Tentative Course Outline:

Week One

- Completion of the letter of intent
- Completion of cover page (CE site & CI)

Week Four

- Completion of online self-assessment of CPI midterm & notify CI of its completion
- Call DCE for midterm contact

Midterm, Week Five

- Completion of online CPI by the CI
- Make sure the CPI is signed off on
- Completion of Clinical Site Information Form-Minimum Data

Week Nine

- Completion of online self-assessment of CPI final & notify CI of its completion

Final, Week Ten

- Completion of online CPI by the CI
- Completion of online CEEER; share with CI
- Make sure the CPI is signed off on by all parties
- POST on SHARE POINT:
 - Daily CEF data sheets & cover
 - Weekly reflections
 - Clinical Site Information Form-Minimum Data
 - Inservice proof (needed for 2 clinicals; PP & feedback forms)
 - and the signature page of the CEEER
- Completion of Certificate of supervision for the CI & turn in with TY note to the CI

Additional Information

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Course Content is focused on the following CPI skills:

Professionalism: **Ethical Practice**

Professionalism: **Legal Practice**

Professionalism: **Professional Growth**

Interpersonal: **Communication**

Interpersonal: **Inclusivity**

Technical/Procedural: **Clinical Reasoning**

Technical/Procedural: **Examination, Evaluation, and Diagnosis**

Technical/Procedural: **Plan of Care and Case Management**

Technical/Procedural: **Interventions and Education**

Business: **Documentation**

Business: **Financial Management and Fiscal Responsibility**

Responsibility: **Guiding and Coordinating Support Staff**

Responsible Employee Duty

I am a responsible employee at UF, which means I am not a confidential resource. Therefore, I am required to report any information that I am aware that may violate UF's Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct Policy. If you would like to speak with someone confidentially, please contact Counseling Services, Cosiano Health Center or Campus Ministries. Other resources include Open Arms and Blanchard Valley Hospital. Otherwise, if you would like to report an incident involving a possible violation of UF's Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct Policy, please contact UF's Title IX Coordinator at 419-434-4739.

Classroom Environment, Language, and Behavior Expectations

In order to promote an inclusive and constructive learning environment, demeaning, marginalizing, and otherwise negative language and behavior will not be tolerated in the classroom. Respect and courtesy toward the instructor, classmates, and classroom guests are expected. Language and behaviors that are disruptive, abusive, or harassing may result in disciplinary action as specified by the Student's Rights and Responsibilities Statement.

Please be aware that due to the continuing COVID-19 pandemic, a change to fully online delivery may be required. If such a change occurs, all classes will be administered in Canvas. Changes to the schedule, with the exception of the scheduled final examination for the course, may also be required and will be communicated through Canvas & email. Please be sure to pay attention to Canvas notifications & emails from your instructor.

Note: This syllabus is subject to change at the discretion of the instructor.

Syllabus Template Approved by Faculty Senate 26 October 2020

Modified 31 January 2022

The University of Findlay
College of Health Professions
Traditional Physical Therapy Program
Summer 2024

*The mission of The University of Findlay is to equip our students for
meaningful lives and productive careers.*

Course Number/Title: PHTH 657 Clinical Education I

Credit Hours: 3.0 Semester Hours

Class Time/Place: Assigned Clinical sites (40 hours/week, CAPTE 35 hour MINIMUM); 7 weeks at clinical sites as assigned by DCE during the second professional year, summer semester. This course occurs during the semester commencing June 2023.

Prerequisites, Co-requisites and Course Description: Prerequisite: successful completion of the previous DPT term or permission of the PT faculty. This is the first of four clinical education experiences. This course includes a seven-week, full-time clinical affiliation under the supervision of a licensed physical therapist. It is designed to allow students to gain practical experience related to classroom learning. Course is graded S/U.

Instructor: Stefanie Anderson, PT, DPT, DCE

Instructor Contact Information: 349 Trenton Ave, #124, Findlay, OH 45840, Office phone: 419-434-6943, email: andersons4@findlay.edu; FAX: 419-434-4336

Office Hours: DCE: Available on campus or by phone as posted; CI: available daily

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Relationship to the Conceptual Framework: This is a clinical education course. It is designed to provide students with the opportunity to analyze and synthesize current knowledge and experience with clinical practice. In addition, experience with education, management, and research is provided as available.

PT Program Curricular Goals

Course meets the following curricular objectives in whole or in part:

Following completion of the physical therapy program curriculum, the graduate physical therapist will be a generalist who will be able to:

- 1.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy **(7A, 7B, 7C)**
- 2.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. **(7D7, 7D8)**
- 3.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. **(7D8)**

- 4.0 Complete **screening** activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. **(7D16)**
- 5.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:
- 5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. **(7D17, 7D20)**
 - 5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. **(7D18)**
 - 5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes. **(7D11, 7D19)**
 - 5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. **(7D11, 7D19)**
- 6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:
- 6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model. **(7D21, 7D22)**
 - 6.2 Evaluate data from the examination to make clinical judgments. **(7D20)**
 - 6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. **(7D16)**
- 7.0 Efficiently establish a physical therapy **diagnosis** by:
- 7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. **(7D22)**
 - 7.2 Considering the policies and procedures of the practice setting. **(7D28)**
 - 7.3 Effectively communicating diagnostic results and clinical impressions with all stakeholders as appropriate. **(7D7, 7D22)**
- 8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. **(7D23)**
- 9.0 Develop and execute a safe and effective **plan of care** by:
- 9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. **(7D23, 7D24, 7D26)**
 - 9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. **(7D23, 7D24)**
 - 9.3 Complying with the administrative policies and procedures of the practice environment. **(7D28)**
 - 9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. **(7D24, 7D30, 7D31)**
 - 9.5 Maintaining a fiduciary responsibility for all patients/clients. **(7D42)**
- 10.0 Competently provide physical therapy **intervention** by:
- 10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. **(7D27)**
 - 10.2 Carrying out all physical therapy procedures safely. **(7D27)**
 - 10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. **(7D12)**
 - 10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. **(7D32)**
 - 10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. **(7D33, 7D37)**

- 11.0 Appropriately utilize **outcome assessment** data by:
- 11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. **(7D19)**
- 11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(7D19)**
- 11.3 Analyzing and applying results to allow for modification of the plan of care. **(7D31)**
- 12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. **(7D34)**
- 13.0 Provide and manage care in a variety of **care delivery systems** by:
- 13.1 Providing physical therapy through direct access or referral based on patient/client goals, expected functional outcomes, and knowledge of one's own and other's capabilities. **(7D34, 7D35)**
- 13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care. **(7D28, 7D29, 7D30, 7D31, 7D36, 7D42)**
- 13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. **(7D7, 7D34, 7D39)**
- 13.4 Participate in patient centered interprofessional and collaborative practice with active participation from the patient in aspects of his/her care and treatment. **(7D39)**
- 14.0 Demonstrate appropriate **professional behavior** by:
- 14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. **(7D4, 7D5, 7D6)**
- 14.2 Adhering to the standards of practice, state and federal laws. **(7D1)**
- 14.3 Reporting to appropriate authorities suspected cases of fraud and abuse. **(7D2, 7D3)**
- 14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. **(7D5, 7D38)**
- 14.5 Participating in both integrated and full-time terminal clinical education activities. **(6L)**
- 14.6 Formulating and implementing a plan for personal and professional career development. **(7D15)**
- 14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of society. **(7D13, 7D14)**
- 14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. **(7D10, 7D11)**
- 14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. **(7D9)**
- 14.10 Critically evaluating current literature and information sources related to contemporary physical therapy practice, research, administration, consultation, and education. **(7D9, 7D11 7D40)**
- 14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. **(7D9, 7D15)**
- 15.0 Function in the role of an **administrator** by:
- 15.1 Appropriately delegating to and supervising physical-therapy-related services to support personnel, physical therapist assistants and caregivers. **(7D25, 7D29)**
- 15.2 Demonstrating understanding of the history, current status and future projections for health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. **(7D41)**
- 15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. **(7D36, 7D43)**
- 15.4 Participating in the financial management of practice settings including billing and payment for services.

(7D42)

15.5 Establishing a business plan on a programmatic level within a practice. **(7D43)**

15.6 Participating in activities related to marketing and public relations. **(7D43)**

16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities **(7D12)**

17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. **(7D13)**

18.0 Function as a **self-directed lifelong learner** by:

18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. **(7D9)**

18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. **(7D15)**

18.3 Seeking out new information regarding the practice of physical therapy. **(7D9)**

19.0 Use **critical thinking skills** to:

19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. **(7D9, 7D10, 7D11)**

19.2 Explain one's reasoning and conclusions. **(7D10, 7D11)**

19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. **(7D38)**

PT Program Course objectives:

Following completion of clinical education courses, the graduate PT will be a generalist who will be able to:

1. Practice according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations. **CPI skill # 1**
2. Practice according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management. **CPI skill #2**
3. Accept and be receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills. **CPI skill # 3**
4. Demonstrate professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., translators) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care. **CPI skill # 4**
5. Deliver physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status). **CPI skill # 5**

6. Strategically gather, interpret, and synthesize information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues). **CPI skill # 6**
7. Perform evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management. **CPI skill # 7**
8. Establish a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals. **CPI skill # 8**
9. Select and perform appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities. **CPI skill # 9**
10. Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation. **CPI skill # 10**
11. Identify financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services. **CPI skill # 11**
12. Actively participate in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist. **CPI skill # 12**

Required Textbooks and other materials:**Required:**

American Physical Therapy Association Revised Clinical Performance Instruments: APTA Clinical Performance Instrument for PTs (PT CPI) 3.0; 2023

DPT *Student Handbook*. The University of Findlay; 2025.

Recommended: Rothstein JM, Roy SH, Wolf SL. *The Rehabilitation Specialist's Handbook*. 2nd ed. Philadelphia, PA:F.A. Davis Co.;1998

Curricular Books

American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015. Available online at:

<http://guidetoptpractice.apta.org/>

Instructional Strategies:

Case Analysis		Library and Internet Research	
Debate		Practice/drill	X
Discovery/Independent Research	X	Problem solving	X
Discussion/Questioning/Interviewing	X	Reading assignments	
Experiential Learning	X	Role playing/simulation games	X
Field Experience	X	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

Methods of Assessment:

Method of Evaluation	Course Objective #	Points or Percentage
Abstracts		
Attendance	#16	N/A –Satisfactory grade
Capstone Project		
Case Study		
Exams		
Group Projects		
Homework Assignments (reflections)	#21, #22	N/A –Satisfactory grade
Internet Research		
Journaling		
Lab Performance		
Oral/written review of literature		
Participation		
Peer Evaluation		
Portfolio		
Portfolio Lab Performance		
Presentations		
Professional Evaluation	#21, #22	N/A –Satisfactory grade
Quizzes		
Research project		
Other: Clinical Performance Instrument (CPI)		
Method of Evaluation	Course Objective #	Points or Percentage
CPI skill #1	#11	N/A – Satisfactory grade

CPI skill #2	#16	
CPI skill #3	#17	
CPI skill #4	#2	
CPI skill #5	#4	
CPI skill #6	#21	
CPI skill #7	#1, #22	
CPI skill #8	#5	
CPI skill #9	#6	
CPI skill #10	#7	
CPI skill #11	#8, #9	
CPI skill #12	#10	
CPI skill #13	#12, #14	
CPI skill #14	#19, #20	
CPI skill #15	#3	
CPI skill #16	#13	
CPI skill #17	#18	
CPI skill #18	#15	

Description of Assignments:

Grading is satisfactory/unsatisfactory. To obtain a satisfactory grade the student must have completed the following assignments/activity:

1. Satisfactory attendance record (See the policy on attendance in *Student Handbook*)
2. Completion of Clinical Site Form
3. Completion of Clinical Education Experience Evaluation Report 1&2, online.
4. Completion of additional assignments in the Exxat system (journal reflections, patient dx summaries, etc)
5. Completion of two in-services over the course of 4 clinical education experiences.
6. Satisfactory completion of clinical skills from Physical Therapist Clinical Performance Instrument (CPI) including the minimum data required for the Clinical Site Information Form.
7. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:
 - FOR Clinical Education I: A MINIMUM of Advanced Beginner or above performance for ALL CPI Skills; **Number 2 or higher**
 - ALL students must show entry-level performance in ALL skills by the end of the clinical education series.
8. All practice patterns concerning clients across the lifespan also must be addressed. If there is no opportunity or minimal opportunity to work on a certain skill, practice pattern, or age group, then a mini-clinical or an extension of a clinical will need to occur.

Grading Scale: This course is grade satisfactory or unsatisfactory. Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE and the Director have the right to review the requirements and make concessions on an individual basis.

Grading is satisfactory or unsatisfactory and is assigned by the DCE with input from the CI's CPI and feedback at the midterm phone call. Students will be given an Extended Credit until the completion of Clinical I.

University Honor Code:

Each and every student of the University will adhere to the following Honor Code:

“I will not knowingly engage in any dishonorable behavior, cheat, steal, lie, or commit any act of plagiarism during any academic work, course, or endeavor. If I observe an act which I believe violates the University’s Honor Code, I may, at my discretion, report it to the appropriate personnel.”

Student Acknowledgement of University Honor Code:

“I acknowledge that I have fully complied or will comply with all aspects of the University’s Honor Code in submitting this work.”

Student Rights and Responsibilities Statement, Article VIII-Academic Integrity:

<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Student-Rights-and-Responsibilities-Statement/VIII-Academic-Integrity>

University Diversity Statement:

As part of our commitment to achieve excellence, The University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers.

Course Policies and Practices: (Please refer to the DPT Student Handbook for a complete list of policies)

Attendance: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students’ progress. Excessive absence in a course can seriously threaten a student’s academic progress and may result in suspension from the program course. More importantly, however, every absence represents a risk to the student’s investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Email Etiquette: It is expected that all email correspondences to the instructor will be conducted in a professional manner. When utilizing email for this class, students should: (1) include the course name and number in the email subject heading, (2) address the recipient in an appropriate manner, (3) utilize proper spelling, grammar, and punctuation, (4) close with your full name, and (5) name file attachments by including the course name and number, student last name, and assignment/document title.

Failed technical skill: Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical affiliation may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Affiliations in the Student Handbook, Clinical Education section.

Special Services: If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Accommodation and Inclusion (oai@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

Course and Instructor Evaluation: Each student is expected to complete the course and instructor evaluation which is sent electronically to the student by the Office of the Registrar. The electronic notification comes in the form of an e-mail from the UF Registrar’s Office with the following subject line: Online survey for the designated course (e.g., BIOL 102).

Last Date of Attendance Policy: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students' progress. Excessive absence in a course can seriously threaten a student's academic progress and may result in suspension from the program course.

More importantly, however, every absence represents a risk to the student's investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Responsible Employee Duty

I am a responsible employee at UF, which means I am not a confidential resource. Therefore, I am required to report any information that I am aware that may violate UF's Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct Policy. If you would like to speak with someone confidentially, please contact Counseling Services, Cosiano Health Center or Campus Ministries. Other resources include Open Arms and Blanchard Valley Hospital. Otherwise, if you would like to report an incident involving a possible violation of UF's Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct Policy, please contact UF's Title IX Coordinator at 419-434-4739.

Classroom Environment, Language, and Behavior Expectations

In order to promote an inclusive and constructive learning environment, demeaning, marginalizing, and otherwise negative language and behavior will not be tolerated in the classroom. Respect and courtesy toward the instructor, classmates, and classroom guests are expected. Language and behaviors that are disruptive, abusive, or harassing may result in disciplinary action as specified by the Student's Rights and Responsibilities Statement

Tentative Course Outline:

Week One

- Complete Supervisor information in Exxat system
- Complete and submit the Letter of Intent, signed by the CI in Exxat system
- Complete week 1 journal reflection, submit in Exxat system
- Complete Clinical Site Information form, upload into Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week 2 of the experience:

- Complete and submit weekly journal reflection
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week Three

- Completion of online self-assessment of CPI midterm & notify CI of its completion
- Complete and submit weekly journal reflection
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Midterm, Week Four

- Completion of online CPI by the CI
- Call DCE for midterm contact
- Make sure the CPI is signed off on
- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week Five of the experience:

- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week Six

- Completion of online self-assessment of CPI final & notify CI of its completion
- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients
- Have CI complete CI Feedback Form

Final, Week Seven

- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients
- Completion of online CPI by the CI
- Completion of online CEEER 1& 2 via Exxat, review with CI
- Make sure the CPI is signed off on by all parties
- Submit via Exxat
 - Inservice proof (needed for 2 clinicals)
 - and the signature page of the CEEER
 - Ensure all assignments are completed and submitted in the Exxat system
- Completion of CEU certificate for CI & give copy with TY note to the CI

COVID-19 pandemic

Students are expected to follow The University of Findlay, DPT program's recommendations concerning the COVID-19 pandemic and clinical education experiences. Each individual site will also have their own set of guidelines that need to be followed. By proceeding with the clinical education experience, you are agreeing to all guidelines & recommendations.

Students have the right to REQUEST a delay for completion of the clinical education coursework for issues related to the pandemic. It is understood that any delay in completion of this coursework, through no fault of the university, could mean a delay in graduation. Please send all requests to the DCE and Associate chair; see attendance policy in the Student Handbook.

Course Content:

Course content is focused on the following CPI skills:

1. Professionalism- Ethical Practice
2. Professionalism-Legal Practice
3. Professionalism: Professional Growth
4. Interpersonal: Communication
5. Interpersonal: Inclusivity
6. Technical/Procedural: Clinical Reasoning
7. Technical/Procedural: Examination, Evaluation, and Diagnosis
8. Technical/Procedural: Plan of Care and Case Management
9. Technical/Procedural: Interventions and Education
10. Business: Documentation
11. Business: Financial Management and Fiscal Responsibility
12. Responsibility: Guiding and Coordinating Support Staff

Note: This syllabus is subject to change at the discretion of the instructor.

The University of Findlay
College of Health Professions
Doctor of Physical Therapy Program
Summer 2025

The mission of The University of Findlay is to equip our students for meaningful lives and productive careers.

Course Number/Title: PHTH 668 Clinical Education II

Credit Hours: 4

Class Time/Place: Assigned Clinical sites (40 hours/week, CAPTE 35 hours/week MINIMUM); Eight weeks at clinical sites as assigned by DCE. Second professional year, summer semester. This course commences June 2023.

Contact Time: hours reflect per semester totals based on 15 week semesters

Lecture (face-to-face, seat time)		Lab Hours (face-to-face, seat time)	
Study <ul style="list-style-type: none"> • <i>test preparation</i> • <i>lab preparation</i> 		Clinical Cases	
Homework <ul style="list-style-type: none"> • <i>Assignment One</i> • <i>Assignment Two</i> 		On-line (Comtasia/Screencast, asynchronous)	
		Total	See above under Class Time/ Place

Prerequisites, Co-requisites and Course Description: Prerequisite: successful completion of the previous DPT term or permission of the PT faculty. This is the SECOND of four clinical education experiences. It includes an 8-week, full-time clinical affiliation under the supervision of a licensed physical therapist. Grading for this course is S/U.

Instructor: Stefanie Anderson PT, DPT, DCE

Instructor Contact Information: 349 Trenton Ave, Findlay, OH 45840, Office phone: 419-434-6943, Cell phone: 419-902-4204 email: andersons4@findlay.edu; FAX: 419-434-4336

Office Hours: DCE: Available on campus or by phone as posted; CI: available daily

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Relationship to the Conceptual Framework: This is a clinical education course. It is designed to provide students with the opportunity to analyze and synthesize current knowledge and experience with clinical practice. In addition, experience with education, management, and research is provided as available.

PT Program Curricular Goals

Course meets the following curricular objectives in whole or in part:

Following completion of the physical therapy program curriculum, the graduate physical therapist will be a generalist who will be able to:

- 6.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy **(7A, 7B, 7C)**
- 7.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. **(7D7, 7D8)**
- 8.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. **(7D8)**
- 9.0 Complete **screening** activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. **(7D16)**
- 10.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:
 - 5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. **(7D17, 7D20)**
 - 5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. **(7D18)**
 - 5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes. **(7D11, 7D19)**
 - 5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. **(7D11, 7D19)**
- 6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:
 - 6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model. **(7D21, 7D22)**
 - 6.2 Evaluate data from the examination to make clinical judgments. **(7D20)**
 - 6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. **(7D16)**
- 7.0 Efficiently establish a physical therapy **diagnosis** by:

- 7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. **(7D22)**
- 7.2 Considering the policies and procedures of the practice setting. **(7D28)**
- 7.3 Effectively communicating diagnostic results and clinical impressions with all stakeholders as appropriate. **(7D7, 7D22)**
- 8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. **(7D23)**
- 9.0 Develop and execute a safe and effective **plan of care** by:
- 9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. **(7D23, 7D24, 7D26)**
- 9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. **(7D23, 7D24)**
- 9.3 Complying with the administrative policies and procedures of the practice environment. **(7D28)**
- 9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. **(7D24, 7D30, 7D31)**
- 9.5 Maintaining a fiduciary responsibility for all patients/clients. **(7D42)**
- 10.0 Competently provide physical therapy **intervention** by:
- 10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. **(7D27)**
- 10.2 Carrying out all physical therapy procedures safely. **(7D27)**
- 10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. **(7D12)**
- 10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. **(7D32)**
- 10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. **(7D33, 7D37)**
- 11.0 Appropriately utilize **outcome assessment** data by:
- 11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. **(7D19)**
- 11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(7D19)**
- 11.3 Analyzing and applying results to allow for modification of the plan of care. **(7D31)**
- 12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. **(7D34)**
- 13.0 Provide and manage care in a variety of **care delivery systems** by:
- 13.1 Providing physical therapy through direct access or referral based on patient/client goals, expected functional outcomes, and knowledge of one's own and other's capabilities. **(7D34, 7D35)**
- 13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care. **(7D28, 7D29, 7D30, 7D31, 7D36, 7D42)**
- 13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. **(7D7, 7D34, 7D39)**
- 13.4 Participate in patient centered interprofessional and collaborative practice with active participation from

the patient in aspects of his/her care and treatment. **(7D39)**

14.0 Demonstrate appropriate **professional behavior** by:

14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. **(7D4, 7D5, 7D6)**

14.2 Adhering to the standards of practice, state and federal laws. **(7D1)**

14.3 Reporting to appropriate authorities suspected cases of fraud and abuse. **(7D2, 7D3)**

14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. **(7D5, 7D38)**

14.5 Participating in both integrated and full-time terminal clinical education activities. **(6L)**

14.6 Formulating and implementing a plan for personal and professional career development. **(7D15)**

14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of society. **(7D13, 7D14)**

14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. **(7D10, 7D11)**

14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. **(7D9)**

14.10 Critically evaluating current literature and information sources related to contemporary physical therapy practice, research, administration, consultation, and education. **(7D9, 7D11 7D40)**

14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. **(7D9, 7D15)**

15.0 Function in the role of an **administrator** by:

15.1 Appropriately delegating to and supervising physical-therapy-related services to support personnel, physical therapist assistants and caregivers. **(7D25, 7D29)**

15.2 Demonstrating understanding of the history, current status and future projections for health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. **(7D41)**

15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. **(7D36, 7D43)**

15.4 Participating in the financial management of practice settings including billing and payment for services. **(7D42)**

15.5 Establishing a business plan on a programmatic level within a practice. **(7D43)**

15.6 Participating in activities related to marketing and public relations. **(7D43)**

16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities **(7D12)**

17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. **(7D13)**

18.0 Function as a **self-directed lifelong learner** by:

18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. **(7D9)**

18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. **(7D15)**

18.3 Seeking out new information regarding the practice of physical therapy. **(7D9)**

19.0 Use **critical thinking skills** to:

19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. (7D9, 7D10, 7D11)

19.2 Explain one's reasoning and conclusions. (7D10, 7D11)

19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. (7D38)

PT Program Course objectives:

Following completion of clinical education courses, the graduate PT will be a generalist who will be able to:

13. Practice according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations. **CPI skill # 1**
14. Practice according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management. **CPI skill #2**
15. Accept and be receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills. **CPI skill # 3**
16. Demonstrate professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., translators) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care. **CPI skill # 4**
17. Deliver physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status). **CPI skill # 5**
18. Strategically gather, interpret, and synthesize information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues). **CPI skill # 6**
19. Perform evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management. **CPI skill # 7**

20. Establish a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals. **CPI skill # 8**
21. Select and perform appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities. **CPI skill # 9**
22. Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation. **CPI skill # 10**
23. Identify financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services. **CPI skill # 11**
24. Actively participate in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist. **CPI skill # 12**

Required Textbooks and other materials:

Required:

American Physical Therapy Association Revised Clinical Performance Instruments: APTA Clinical Performance Instrument for PTs (PT CPI) 3.0; 2023

Student Handbook. The University of Findlay; 2024.

Recommended: Rothstein JM, Roy SH, Wolf SL. *The Rehabilitation Specialist's Handbook*. 2nd ed. Philadelphia, PA:F.A. Davis Co.;1998

Curricular Books

- American College of Sports Medicine. *ACSM's Guidelines for Exercise Testing and Prescription*. 9th ed. Baltimore, MD: Lippincott, Williams and Williams; 2014. ISBN: 978-1609139551.

- American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015. ISBN: 978-1-931369-85-5. Available online at: <http://guidetoptpractice.apta.org/>
- American Medical Association. *AMA Manual of Style*. 10th ed. Oxford, NY: Oxford University Press; 2007. ISBN: 978-0195176339.
- Tecklin JS. *Pediatric Physical Therapy*. 5th ed. LWW; 2014. ISBN: 978-1451173451

Knowledge Base: DPT Didactic Curriculum

Instructional Strategies:

Case Analysis		Library and Internet Research	
Debate		Practice/drill	
Discovery/Independent Research	X	Problem solving	X
Discussion/Questioning/Interviewing	X	Reading assignments	
Experiential Learning		Role playing/simulation games	
Field Experience	X	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

Methods of Assessment:

Method of Evaluation	Course Objective #	Points or Percentage
Abstracts		
Attendance	#16	N/A –Satisfactory grade
Capstone Project		
Case Study		
Exams		
Group Projects		
Homework Assignments (reflections)	#21, #22	N/A –Satisfactory grade
Internet Research		
Journaling		
Lab Performance		
Oral/written review of literature		
Participation		
Peer Evaluation		
Portfolio		
Portfolio Lab Performance		
Presentations		
Professional Evaluation	#21, #22	N/A –Satisfactory grade
Quizzes		
Research project		
Other: Clinical Performance Instrument (CPI)		
Method of Evaluation	Course Objective #	Points or Percentage

CPI skill #1	#11	N/A – Satisfactory grade
CPI skill #2	#16	
CPI skill #3	#17	
CPI skill #4	#2	
CPI skill #5	#4	
CPI skill #6	#21	
CPI skill #7	#1, #22	
CPI skill #8	#5	
CPI skill #9	#6	
CPI skill #10	#7	
CPI skill #11	#8, #9	
CPI skill #12	#10	

Description of Assignments:

Grading is satisfactory/unsatisfactory. To obtain a satisfactory grade the student must have completed the following assignments/activity:

1. Satisfactory attendance record (See the policy on attendance in *Student Handbook*)
2. Completion of Clinical Site Form
3. Completion of Clinical Education Experience Evaluation Report 1&2, online.
4. Completion of additional assignments in the Exxat system (weekly journal reflection, letter of intent, Patient Dx summaries, etc)
5. Completion of two in-services over the course of 4 clinical education experiences.
6. Satisfactory completion of clinical skills from Physical Therapist Clinical Performance Instrument (CPI) including the minimum data required for the Clinical Site Information Form.
7. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:
 - FOR Clinical Education II: A MINIMUM of **INTERMEDIATE** level or above performance for ALL CPI Skills; **Number 3 or higher**
 - ALL students must show entry-level performance in ALL skills by the end of the clinical education series.
8. All practice patterns concerning clients across the lifespan also must be addressed. If there is no opportunity or minimal opportunity to work on a certain skill, practice pattern, or age group, then a mini-clinical or an extension of a clinical will need to occur.

Grading Scale: This course is grade satisfactory or unsatisfactory. Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE and the Director have the right to review the requirements and make concessions on an individual basis.

University Honor Code:

Each and every student of the University will adhere to the following Honor Code:

“I will not knowingly engage in any dishonorable behavior, cheat, steal, lie, or commit any act of plagiarism during any academic work, course, or endeavor. If I observe an act which I believe violates the University’s Honor Code, I may, at my discretion, report it to the appropriate personnel.”

Student Acknowledgement of University Honor Code:

"I acknowledge that I have fully complied or will comply with all aspects of the University's Honor Code in submitting this work."

Student Rights and Responsibilities Statement, Article VIII-Academic Integrity:

<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Student-Rights-and-Responsibilities-Statement/VIII-Academic-Integrity>

University Diversity Statement:

As part of our commitment to achieve excellence, The University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers.

Course Policies and Practices: (Please refer to the DPT Student Handbook for a complete list of policies)

Special Services: If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Accommodation and Inclusion (oai@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

Attendance: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students' progress. Excessive absence in a course can seriously threaten a student's academic progress and may result in suspension from the program course. More importantly, however, every absence represents a risk to the student's investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Email Etiquette: It is expected that all email correspondences to the instructor will be conducted in a professional manner. When utilizing email for this class, students should: (1) include the course name and number in the email subject heading, (2) address the recipient in an appropriate manner, (3) utilize proper spelling, grammar, and punctuation, (4) close with your full name, and (5) name file attachments by including the course name and number, student last name, and assignment/document title.

Failed technical skill: Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical affiliation may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Affiliations in the Student Handbook, Clinical Education section.

Course and Instructor Evaluation: Each student is expected to complete the course and instructor evaluation which is sent electronically to the student by the Office of the Registrar. The electronic notification comes in the form of an e-mail from the UF Registrar's Office with the following subject line: Online survey for the designated course (e.g., BIOL 102).

Last Date of Attendance Policy: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students' progress. Excessive absence in a course can seriously threaten a student's academic progress and may result in suspension from the program course.

More importantly, however, every absence represents a risk to the student's investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Responsible Employee Duty

I am a responsible employee at UF, which means I am not a confidential resource. Therefore, I am required to report any information that I am aware that may violate UF's Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct Policy. If you would like to speak with someone confidentially, please contact Counseling Services, Cosiano Health Center or Campus Ministries. Other resources include Open Arms and Blanchard Valley Hospital. Otherwise, if you would like to report an incident involving a possible violation of UF's Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct Policy, please contact UF's Title IX Coordinator at 419-434-4739.

Classroom Environment, Language, and Behavior Expectations

In order to promote an inclusive and constructive learning environment, demeaning, marginalizing, and otherwise negative language and behavior will not be tolerated in the classroom. Respect and courtesy toward the instructor, classmates, and classroom guests are expected. Language and behaviors that are disruptive, abusive, or harassing may result in disciplinary action as specified by the Student's Rights and Responsibilities Statement.

Tentative Course Outline:

Week One

- Complete Supervisor information in Exxat system
- Complete and submit the Letter of Intent, signed by the CI in Exxat system
- Complete week 1 journal reflection, submit in Exxat system
- Complete Clinical Site Information form, upload into Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week 2 of the experience:

- Complete and submit weekly journal reflection
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week Three

- Completion of online self-assessment of CPI midterm & notify CI of its completion
- Complete and submit weekly journal reflection
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Midterm, Week Four

- Completion of online CPI by the CI

- Call DCE for midterm contact
- Make sure the CPI is signed off on
- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week Five of the experience:

- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week Six of the experience:

- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week Seven

- Completion of online self-assessment of CPI final & notify CI of its completion
- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients
- Have CI complete CI Feedback Form & submit in Exxat

Final, Week Eight

- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients
- Completion of online CPI by the CI
- Completion of online CEEER 1& 2 via Exxat, review with CI
- Make sure the CPI is signed off on by all parties
- Submit via Exxat
 - Inservice proof (needed for 2 clinicals)
 - and the signature page of the CEEER
 - Ensure all assignments are completed and submitted in the Exxat system
- Completion of CEU certificate for CI & give copy with TY note to the CI

COVID-19 pandemic

- **Students are expected to follow The University of Findlay, DPT program’s recommendations concerning the COVID-19 pandemic and clinical education experiences. Each individual site will also have their own set of guidelines that need to be followed. By proceeding with the clinical education experience, you are agreeing to all guidelines & recommendations.**
- **Students have the right to REQUEST a delay for completion of the clinical education coursework for issues related to the pandemic. It is understood that any delay in completion of this coursework, through no fault of the university, could mean a delay in graduation. Please send all requests to the DCE and Associate chair; see attendance policy in the Student Handbook.**

Course Content:

Course content is focused on the following CPI skills:

1. Professionalism- Ethical Practice
2. Professionalism-Legal Practice
3. Professionalism: Professional Growth
4. Interpersonal: Communication
5. Interpersonal: Inclusivity
6. Technical/Procedural: Clinical Reasoning
7. Technical/Procedural: Examination, Evaluation, and Diagnosis
8. Technical/Procedural: Plan of Care and Case Management
9. Technical/Procedural: Interventions and Education
10. Business: Documentation
11. Business: Financial Management and Fiscal Responsibility
12. Responsibility: Guiding and Coordinating Support Staff

Note: This syllabus is subject to change at the discretion of the instructor.

The University of Findlay
College of Health Professions
Doctor of Physical Therapy Program
Fall 2025

The mission of The University of Findlay is to equip our students for meaningful lives and productive careers.

Course Number/Title: PTH 728 Clinical Education III

Credit Hours: 4

Class Time/Place: Assigned Clinical sites (40 hours/week, CAPTE 35 hours/week MINIMUM); Eight weeks at clinical sites as assigned by DCE. Third professional year, commencing October 2025.

Contact Time: hours reflect per semester totals based on 15 week semesters

Lecture (face-to-face, seat time)		Lab Hours (face-to-face, seat time)	
Study <ul style="list-style-type: none"> • <i>test preparation</i> • <i>lab preparation</i> 		Clinical Cases	
Homework <ul style="list-style-type: none"> • <i>Assignment One</i> • <i>Assignment Two</i> 		On-line (Comtasia/Screencast, asynchronous)	
		Total	See above under Class Time/ Place

Prerequisites, Co-requisites and Course Description: Prerequisite: successful completion of the previous DPT term or permission of the PT faculty. This is the Third of four clinical education experiences. It includes an 8-week, full-time clinical affiliation under the supervision of a licensed physical therapist. Grading for this course is S/U.

Instructor: Stefanie Anderson PT, DPT, DCE

Instructor Contact Information: 349 Trenton Ave, Findlay, OH 45840, Office phone: 419-434-6943, email: andersons4@findlay.edu; FAX: 419-434-4336

Office Hours: DCE: Available on campus or by phone as posted; CI: available daily

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Relationship to the Conceptual Framework: This is a clinical education course. It is designed to provide students with the opportunity to analyze and synthesize current knowledge and experience with clinical practice. In addition, experience with education, management, and research is provided as available.

PT Program Curricular Goals

Course meets the following curricular objectives in whole or in part:

Following completion of the physical therapy program curriculum, the graduate physical therapist will be a generalist who will be able to:

- 11.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy **(7A, 7B, 7C)**
- 12.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. **(7D7, 7D8)**
- 13.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. **(7D8)**
- 14.0 Complete **screening** activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. **(7D16)**
- 15.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:
 - 5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. **(7D17, 7D20)**
 - 5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. **(7D18)**
 - 5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes. **(7D11, 7D19)**
 - 5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. **(7D11, 7D19)**
- 6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:
 - 6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model. **(7D21, 7D22)**
 - 6.2 Evaluate data from the examination to make clinical judgments. **(7D20)**
 - 6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. **(7D16)**
- 7.0 Efficiently establish a physical therapy **diagnosis** by:
 - 7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. **(7D22)**
 - 7.2 Considering the policies and procedures of the practice setting. **(7D28)**
 - 7.3 Effectively communicating diagnostic results and clinical impressions with all stakeholders as appropriate. **(7D7, 7D22)**

8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. **(7D23)**

9.0 Develop and execute a safe and effective **plan of care** by:

9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. **(7D23, 7D24, 7D26)**

9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. **(7D23, 7D24)**

9.3 Complying with the administrative policies and procedures of the practice environment. **(7D28)**

9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. **(7D24, 7D30, 7D31)**

9.5 Maintaining a fiduciary responsibility for all patients/clients. **(7D42)**

10.0 Competently provide physical therapy **intervention** by:

10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. **(7D27)**

10.2 Carrying out all physical therapy procedures safely. **(7D27)**

10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. **(7D12)**

10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. **(7D32)**

10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. **(7D33, 7D37)**

11.0 Appropriately utilize **outcome assessment** data by:

11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. **(7D19)**

11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(7D19)**

11.3 Analyzing and applying results to allow for modification of the plan of care. **(7D31)**

12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. **(7D34)**

13.0 Provide and manage care in a variety of **care delivery systems** by:

13.1 Providing physical therapy through direct access or referral based on patient/client goals, expected functional outcomes, and knowledge of one's own and other's capabilities. **(7D34, 7D35)**

13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care. **(7D28, 7D29, 7D30, 7D31, 7D36, 7D42)**

13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. **(7D7, 7D34, 7D39)**

13.4 Participate in patient centered interprofessional and collaborative practice with active participation from the patient in aspects of his/her care and treatment. **(7D39)**

14.0 Demonstrate appropriate **professional behavior** by:

14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. **(7D4, 7D5, 7D6)**

- 14.2 Adhering to the standards of practice, state and federal laws. **(7D1)**
- 14.3 Reporting to appropriate authorities suspected cases of fraud and abuse. **(7D2, 7D3)**
- 14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. **(7D5, 7D38)**
- 14.5 Participating in both integrated and full-time terminal clinical education activities. **(6L)**
- 14.6 Formulating and implementing a plan for personal and professional career development. **(7D15)**
- 14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of society. **(7D13, 7D14)**
- 14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. **(7D10, 7D11)**
- 14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. **(7D9)**
- 14.10 Critically evaluating current literature and information sources related to contemporary physical therapy practice, research, administration, consultation, and education. **(7D9, 7D11 7D40)**
- 14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. **(7D9, 7D15)**
- 15.0 Function in the role of an **administrator** by:
- 15.1 Appropriately delegating to and supervising physical-therapy-related services to support personnel, physical therapist assistants and caregivers. **(7D25, 7D29)**
- 15.2 Demonstrating understanding of the history, current status and future projections for health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. **(7D41)**
- 15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. **(7D36, 7D43)**
- 15.4 Participating in the financial management of practice settings including billing and payment for services. **(7D42)**
- 15.5 Establishing a business plan on a programmatic level within a practice. **(7D43)**
- 15.6 Participating in activities related to marketing and public relations. **(7D43)**
- 16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities **(7D12)**
- 17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. **(7D13)**
- 18.0 Function as a **self-directed lifelong learner** by:
- 18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. **(7D9)**
- 18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. **(7D15)**
- 18.3 Seeking out new information regarding the practice of physical therapy. **(7D9)**
- 19.0 Use **critical thinking skills** to:
- 19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. **(7D9, 7D10, 7D11)**
- 19.2 Explain one's reasoning and conclusions. **(7D10, 7D11)**
- 19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. **(7D38)**

PT Program Course objectives:

Following completion of clinical education courses, the graduate PT will be a generalist who will be able to:

25. Practice according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations. **CPI skill # 1**
26. Practice according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management. **CPI skill #2**
27. Accept and be receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills. **CPI skill # 3**
28. Demonstrate professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., translators) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care. **CPI skill # 4**
29. Deliver physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status). **CPI skill # 5**
30. Strategically gather, interpret, and synthesize information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues). **CPI skill # 6**
31. Perform evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management. **CPI skill # 7**
32. Establish a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals. **CPI skill # 8**

33. Select and perform appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities. **CPI skill # 9**
34. Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation. **CPI skill # 10**
35. Identify financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services. **CPI skill # 11**
36. Actively participate in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist. **CPI skill # 12**

Required Textbooks and other materials:

Required: American Physical Therapy Association. *Physical Therapist Clinical Performance Instrument*. 2nd ed. Alexandria, VA: American Physical Therapy Association; June 2006.

Student Handbook. The University of Findlay; 2019.

Recommended: Rothstein JM, Roy SH, Wolf SL. *The Rehabilitation Specialist's Handbook*. 2nd ed. Philadelphia, PA:F.A. Davis Co.;1998

Curricular Books

- American College of Sports Medicine. *ACSM's Guidelines for Exercise Testing and Prescription*. 9th ed. Baltimore, MD: Lippincott, Williams and Williams; 2014. ISBN: 978-1609139551.
- American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015. ISBN: 978-1-931369-85-5. Available online at: <http://guidetoptpractice.apta.org/>
- American Medical Association. *AMA Manual of Style*. 10th ed. Oxford, NY: Oxford University Press; 2007. ISBN: 978-0195176339.
- Tecklin JS. *Pediatric Physical Therapy*. 5th ed. LWW; 2014. ISBN: 978-1451173451

Knowledge Base: DPT Didactic Curriculum

Instructional Strategies:

Case Analysis		Library and Internet Research	
Debate		Practice/drill	
Discovery/Independent Research	X	Problem solving	X
Discussion/Questioning/Interviewing	X	Reading assignments	
Experiential Learning		Role playing/simulation games	
Field Experience	X	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

Methods of Assessment:

Method of Evaluation	Course Objective #	Points or Percentage
Abstracts		
Attendance	#16	N/A –Satisfactory grade
Capstone Project		
Case Study		
Exams		
Group Projects		
Homework Assignments (reflections)	#21, #22	N/A –Satisfactory grade
Internet Research		
Journaling		
Lab Performance		
Oral/written review of literature		
Participation		
Peer Evaluation		
Portfolio		
Portfolio Lab Performance		
Presentations		
Professional Evaluation	#21, #22	N/A –Satisfactory grade
Quizzes		
Research project		
Other: Clinical Performance Instrument (CPI)		
Method of Evaluation	Course Objective #	Points or Percentage
CPI skill #1	#11	N/A – Satisfactory grade
CPI skill #2	#16	
CPI skill #3	#17	
CPI skill #4	#2	
CPI skill #5	#4	
CPI skill #6	#21	
CPI skill #7	#1, #22	
CPI skill #8	#5	
CPI skill #9	#6	

CPI skill #10	#7	
CPI skill #11	#8, #9	
CPI skill #12	#10	

Description of Assignments:

Grading is satisfactory/unsatisfactory. To obtain a satisfactory grade the student must have completed the following assignments/activity:

1. Satisfactory attendance record (See the policy on attendance in *Student Handbook*)
2. Completion of Clinical Education Experience Evaluation Report 1&2, online.
3. Completion of weekly journal reflections
4. Completion of Clinical Site Form.
5. Completion of additional assignments in the Exxat system
6. Completion of two in-services over the course of 4 clinical education experiences.
7. Satisfactory completion of clinical skills from Physical Therapist Clinical Performance Instrument (CPI) including the minimum data required for the Clinical Site Information Form.
8. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:
 - FOR Clinical Education III: A MINIMUM of **ADVANCED INTERMEDIATE** level or above performance for ALL Skills
 - ALL students must show entry-level performance in ALL skills by the end of the clinical education series.
9. All practice patterns concerning clients across the lifespan also must be addressed. If there is no opportunity or minimal opportunity to work on a certain skill, practice pattern, or age group, then a mini-clinical or an extension of a clinical will need to occur.

Grading Scale: This course is grade satisfactory or unsatisfactory. Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE and the Director have the right to review the requirements and make concessions on an individual basis.

University Honor Code:

Each and every student of the University will adhere to the following Honor Code:

“I will not knowingly engage in any dishonorable behavior, cheat, steal, lie, or commit any act of plagiarism during any academic work, course, or endeavor. If I observe an act which I believe violates the University’s Honor Code, I may, at my discretion, report it to the appropriate personnel.”

Student Acknowledgement of University Honor Code:

“I acknowledge that I have fully complied or will comply with all aspects of the University’s Honor Code in submitting this work.”

Student Rights and Responsibilities Statement, Article VIII-Academic Integrity:

<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Student-Rights-and-Responsibilities-Statement/VIII-Academic-Integrity>

University Diversity Statement:

As part of our commitment to achieve excellence, The University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster

acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers.

Course Policies and Practices: (Please refer to the DPT Student Handbook for a complete list of policies)

Special Services: If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Accommodation and Inclusion (oai@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

Attendance: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students' progress. Excessive absence in a course can seriously threaten a student's academic progress and may result in suspension from the program course. More importantly, however, every absence represents a risk to the student's investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Email Etiquette: It is expected that all email correspondences to the instructor will be conducted in a professional manner. When utilizing email for this class, students should: (1) include the course name and number in the email subject heading, (2) address the recipient in an appropriate manner, (3) utilize proper spelling, grammar, and punctuation, (4) close with your full name, and (5) name file attachments by including the course name and number, student last name, and assignment/document title.

Failed technical skill: Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical affiliation may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Affiliations in the Student Handbook, Clinical Education section.

Course and Instructor Evaluation: Each student is expected to complete the course and instructor evaluation which is sent electronically to the student by the Office of the Registrar. The electronic notification comes in the form of an e-mail from the UF Registrar's Office with the following subject line: Online survey for the designated course (e.g., BIOL 102).

Last Date of Attendance Policy: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students' progress. Excessive absence in a course can seriously threaten a student's academic progress and may result in suspension from the program course.

More importantly, however, every absence represents a risk to the student's investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Responsible Employee Duty

I am a responsible employee at UF, which means I am not a confidential resource. Therefore, I am required to report any information that I am aware that may violate UF's Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct Policy. If you would like to speak with someone confidentially, please contact Counseling Services, Cosiano Health Center or Campus Ministries. Other resources include Open Arms

and Blanchard Valley Hospital. Otherwise, if you would like to report an incident involving a possible violation of UF's Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct Policy, please contact UF's Title IX Coordinator at 419-434-4739.

Classroom Environment, Language, and Behavior Expectations

In order to promote an inclusive and constructive learning environment, demeaning, marginalizing, and otherwise negative language and behavior will not be tolerated in the classroom. Respect and courtesy toward the instructor, classmates, and classroom guests are expected. Language and behaviors that are disruptive, abusive, or harassing may result in disciplinary action as specified by the Student's Rights and Responsibilities Statement.

Tentative Course Outline:

Week One

- Complete Supervisor information in Exxat system
- Complete and submit the Letter of Intent, signed by the CI in Exxat system
- Complete week 1 journal reflection, submit in Exxat system
- Complete Clinical Site Information form, upload into Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week 2 of the experience:

- Complete and submit weekly journal reflection
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week Three

- Completion of online self-assessment of CPI midterm & notify CI of its completion
- Complete and submit weekly journal reflection
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Midterm, Week Four

- Completion of online CPI by the CI
- Call DCE for midterm contact
- Make sure the CPI is signed off on
- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week Five of the experience:

- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week Six of the experience:

- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week Seven

- Completion of online self-assessment of CPI final & notify CI of its completion
- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients
- Have CI complete CI Feedback Form

Final, Week Eight

- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients
- Completion of online CPI by the CI
- Completion of online CEEER 1& 2 via Exxat, review with CI
- Make sure the CPI is signed off on by all parties
- Submit via Exxat
 - Inservice proof (needed for 2 clinicals)
 - and the signature page of the CEEER
 - Ensure all assignments are completed and submitted in the Exxat system
 - Ensure all secondary clinical instructor requirements are completed
- Completion of CEU certificate for CI & give copy with TY note to the CI

COVID-19 pandemic

- **Students are expected to follow The University of Findlay, DPT program's recommendations concerning the COVID-19 pandemic and clinical education experiences. Each individual site will also have their own**

set of guidelines that need to be followed. By proceeding with the clinical education experience, you are agreeing to all guidelines & recommendations.

- **Students have the right to REQUEST a delay for completion of the clinical education coursework for issues related to the pandemic. It is understood that any delay in completion of this coursework, through no fault of the university, could mean a delay in graduation. Please send all requests to the DCE and Associate chair; see attendance policy in the Student Handbook.**

Course Content:

Course content is focused on the following CPI skills:

1. Professionalism- Ethical Practice
2. Professionalism-Legal Practice
3. Professionalism: Professional Growth
4. Interpersonal: Communication
5. Interpersonal: Inclusivity
6. Technical/Procedural: Clinical Reasoning
7. Technical/Procedural: Examination, Evaluation, and Diagnosis
8. Technical/Procedural: Plan of Care and Case Management
9. Technical/Procedural: Interventions and Education
10. Business: Documentation
11. Business: Financial Management and Fiscal Responsibility
12. Responsibility: Guiding and Coordinating Support Staff

Note: This syllabus is subject to change at the discretion of the instructor.

Syllabus Template Approved by Faculty Senate 26 October 2020

Modified 2 October 2023

The University of Findlay
College of Health Professions
Doctor of Physical Therapy Program
Spring 2026

The mission of The University of Findlay is to equip our students for meaningful lives and productive careers.

Course Number/Title: PHTH 746 Clinical Education IV

Credit Hours: 5

Class Time/Place: Assigned Clinical sites (40 hours/week, 35 hours/week MINIMUM); Ten weeks at clinical sites as assigned by DCE. Third professional year, summer semester. This course occurs at the beginning of the semester commencing February 2026.

Contact Time: hours reflect per semester totals based on 15 week semesters

Lecture (face-to-face, seat time)		Lab Hours (face-to-face, seat time)	
Study <ul style="list-style-type: none"> • <i>test preparation</i> • <i>lab preparation</i> 		Clinical Cases	
Homework <ul style="list-style-type: none"> • <i>Assignment One</i> • <i>Assignment Two</i> 		On-line (Comtasia/Screencast, asynchronous)	
		Total	See above under Class Time/ Place

Prerequisites, Co-requisites and Course Description: Prerequisite: successful completion of the previous DPT term or permission of the PT faculty. This is the fourth of four clinical education experiences. It includes a 10-week, full-time clinical affiliation under the supervision of a licensed physical therapist. Grading for this course is S/U.

Instructor: Stefanie Anderson PT, DPT, DCE

Instructor Contact Information: 349 Trenton Ave, Findlay, OH 45840, Office phone: 419-434-6943, email: andersons4@findlay.edu; FAX: 419-434-4336

Office Hours: DCE: Available on campus or by phone as posted; CI: available daily

PT Program Mission

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Relationship to the Conceptual Framework: This is a clinical education course. It is designed to provide students with the opportunity to analyze and synthesize current knowledge and experience with clinical practice. In addition, experience with education, management, and research is provided as available.

PT Program Curricular Goals

Course meets the following curricular objectives in whole or in part:

Following completion of the physical therapy program curriculum, the graduate physical therapist will be a generalist who will be able to:

- 16.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy **(7A, 7B, 7C)**
- 17.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. **(7D7, 7D8)**
- 18.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. **(7D8)**
- 19.0 Complete **screening** activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. **(7D16)**
- 20.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:
 - 5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. **(7D17, 7D20)**
 - 5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. **(7D18)**
 - 5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes. **(7D11, 7D19)**
 - 5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. **(7D11, 7D19)**
- 6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:
 - 6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model. **(7D21, 7D22)**
 - 6.2 Evaluate data from the examination to make clinical judgments. **(7D20)**
 - 6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. **(7D16)**
- 7.0 Efficiently establish a physical therapy **diagnosis** by:

- 7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. **(7D22)**
- 7.2 Considering the policies and procedures of the practice setting. **(7D28)**
- 7.3 Effectively communicating diagnostic results and clinical impressions with all stakeholders as appropriate. **(7D7, 7D22)**

8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. **(7D23)**

9.0 Develop and execute a safe and effective **plan of care** by:

- 9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. **(7D23, 7D24, 7D26)**
- 9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. **(7D23, 7D24)**
- 9.3 Complying with the administrative policies and procedures of the practice environment. **(7D28)**
- 9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. **(7D24, 7D30, 7D31)**
- 9.5 Maintaining a fiduciary responsibility for all patients/clients. **(7D42)**

10.0 Competently provide physical therapy **intervention** by:

- 10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. **(7D27)**
- 10.2 Carrying out all physical therapy procedures safely. **(7D27)**
- 10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. **(7D12)**
- 10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. **(7D32)**
- 10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. **(7D33, 7D37)**

11.0 Appropriately utilize **outcome assessment** data by:

- 11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. **(7D19)**
- 11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(7D19)**
- 11.3 Analyzing and applying results to allow for modification of the plan of care. **(7D31)**

12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. **(7D34)**

13.0 Provide and manage care in a variety of **care delivery systems** by:

- 13.1 Providing physical therapy through direct access or referral based on patient/client goals, expected functional outcomes, and knowledge of one's own and other's capabilities. **(7D34, 7D35)**
- 13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care. **(7D28, 7D29, 7D30, 7D31, 7D36, 7D42)**
- 13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. **(7D7, 7D34, 7D39)**

13.4 Participate in patient centered interprofessional and collaborative practice with active participation from the patient in aspects of his/her care and treatment. **(7D39)**

14.0 Demonstrate appropriate **professional behavior** by:

14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. **(7D4, 7D5, 7D6)**

14.2 Adhering to the standards of practice, state and federal laws. **(7D1)**

14.3 Reporting to appropriate authorities suspected cases of fraud and abuse. **(7D2, 7D3)**

14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. **(7D5, 7D38)**

14.5 Participating in both integrated and full-time terminal clinical education activities. **(6L)**

14.6 Formulating and implementing a plan for personal and professional career development. **(7D15)**

14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of society. **(7D13, 7D14)**

14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. **(7D10, 7D11)**

14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. **(7D9)**

14.10 Critically evaluating current literature and information sources related to contemporary physical therapy practice, research, administration, consultation, and education. **(7D9, 7D11 7D40)**

14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. **(7D9, 7D15)**

15.0 Function in the role of an **administrator** by:

15.1 Appropriately delegating to and supervising physical-therapy-related services to support personnel, physical therapist assistants and caregivers. **(7D25, 7D29)**

15.2 Demonstrating understanding of the history, current status and future projections for health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. **(7D41)**

15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. **(7D36, 7D43)**

15.4 Participating in the financial management of practice settings including billing and payment for services. **(7D42)**

15.5 Establishing a business plan on a programmatic level within a practice. **(7D43)**

15.6 Participating in activities related to marketing and public relations. **(7D43)**

16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities **(7D12)**

17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. **(7D13)**

18.0 Function as a **self-directed lifelong learner** by:

18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. **(7D9)**

18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. **(7D15)**

18.3 Seeking out new information regarding the practice of physical therapy. **(7D9)**

19.0 Use **critical thinking skills** to:

19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. **(7D9, 7D10, 7D11)**

19.2 Explain one's reasoning and conclusions. **(7D10, 7D11)**

19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. **(7D38)**

Course Objectives:

37. Applies current knowledge, theory, clinical judgment, skills, and the patient's values and perspective in patient management. **CPI skill #7 (7D9-11,7D34,7D36,7D40)**
- a. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
 - b. Assesses patient response to interventions using credible measures.
 - c. Integrates patient needs and values in making decisions in developing the plan of care.
 - d. Clinical decisions focus on the whole person rather than the disease.
 - e. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.
38. Communicates in ways that are congruent with situational needs. **CPI skill #4 (7D7,7D21)**
- 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. Adjust style of communication based on target audience.
 - m. Communicates with the patient using language the patient can understand (e.g.,

translator, sign language, level of education, cognitive impairment, etc.).

39. Produces quality documentation in a timely manner to support the delivery of physical therapy services. **CPI skill #15 (7D32,7D38)**
- a. Selects relevant information to document the delivery of physical therapy patient care.
 - b. Documents all aspects of PT care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication with others involved in delivery of patient care.
 - c. Produces documentation (e.g., electronic, dictation, chart) that follows guidelines and format required by the practice setting.
 - d. Documents patient care consistent with guidelines & requirements of regulatory agencies & 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).
40. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. **CPI skill #5 (7D8)**
- a. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of PT 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 conflicts 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.
41. 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. **CPI skill #8**

(7D16,7D34-35)

- 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 (e.g., 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.
42. Performs a physical therapy patient examination using evidence-based tests and measures. **CPI skill #9 (7D17-19, 7D35)**
- 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 & 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.
43. Evaluates data from the patient examination (history, system review, and tests & measures) to make clinical judgments. **CPI skill #10 (7D20, 7D35, 7D40)**
- a. Synthesizes examination data and identifies pertinent health disorder, body structure and function, activity and participation restrictions based on environmental and personal contextual factors.
 - b. Makes clinical judgments based on data from examination (history, system review, tests and measures)
 - c. Reaches clinical decisions efficiently.
 - d. Cites the evidence to support a clinical decision.
44. Determines a diagnosis that guides future patient management. **CPI skill #11 (7D22-23, 7D35, 7D40)**
- a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis.
 - b. Determines a diagnosis that is congruent with health disorder or disease, body structure and function, activity restrictions, participation restrictions and contextual factors (environmental and personal).
45. Determines a diagnosis and prognosis that guides future patient management. **CPI skill #11 (7D22-23, 7D35, 7D40)**
- a. Integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status.
 - b. Estimates the contribution of factors (e.g., preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
 - c. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc.) that help predict patient outcomes.
46. Establishes a physical therapy plan of care that is safe, effective, patient centered, and evidence-based. **CPI skill #12 (7D24, 7D26, 7D28, 7D30, 7D35-36, 7D39-40)**

- a. Establishes goals and desired functional outcomes that specify expected time durations.
 - b. Establishes a PT plan of care in collaboration with the patient family, caregiver, and others involved in the delivery of health care services.
 - c. Establishes a PT 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 (e.g., 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.
47. Practices in a safe manner that minimizes risk to patient, self, and others. **CPI skill #1 (7D33, 7D37)**
- a. Establishes & maintains safe working environment.
 - b. Recognizes physiological and psychological changes in patients and adjusts 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 (e.g., universal precautions, responding and reporting emergency situations etc.)
 - e. Requests assistance when necessary.
 - f. Uses acceptable techniques for safe handling of patients (e.g., body mechanics, guarding, level of assistance etc.).
 - g. Demonstrates knowledge of facility safety policies and procedures.
48. Performs physical therapy interventions in a competent manner. **CPI skill #13 (7D27, 7D34-35)**
- 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.
49. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. **CPI skill #16 (7D31, 7D38, 7D40)**
- a. Applies, interprets, & 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).
50. Performs physical therapy interventions in a competent manner for the promotion of health

wellness and fitness. **CPI skill #13 (7D27, 7D34-35)**

- a. Discusses strategies for caregivers to minimize risk of injury and to enhance function.
 - b. Considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.
 - c. Incorporates the concept of self-efficacy in wellness and health promotion.
51. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. **CPI skill #18 (7D25, 7D29)**
- 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 (e.g., secretary, PT Aides, PT 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.
52. Demonstrates professional behavior in all situations. **CPI skill #2 (7D1, 7D4-6, 7D14)**
- a. Demonstrates initiative (e.g., Arrives well prepared, offers assistance, and 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 CI related to clinical performance.
 - m. Provides effective feedback to CI related to clinical/teaching mentoring.
53. Practices in a manner consistent with established legal and professional standards & ethical guidelines. **CPI skill #3 (7D2-3, 7D41)**
- 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 (e.g., OSHA, HIPAA etc.).
 - e. Maintains patient confidentiality.
 - f. Adheres to legal practice standards including all federal state/province, and institutional
 - g. regulations related to patient care and fiscal management.
 - h. Identifies ethical or legal concerns and initiates action to address the concerns.
 - i. Displays generosity as evidenced in the use of time and effort to meet patient needs.
 - j. Recognize the need for PT services to underserved and underrepresented populations.
 - k. Strive to provide patient/client services that go beyond expected standards of practice.
54. 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. **CPI skill #17 (7D35-36, 7D38, 7D40-42)**
- 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, & 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).
55. Educates others (patients, family, caregivers, staff, students, other health care providers, business and industry reps., school systems) using relevant and effective teaching methods.
CPI skill #14 (7D12, 7D34-35)
- a. Identifies and establishes priorities for educational needs in collaboration with the learner.
 - b. Identifies patient learning style (e.g., demonstration, verbal, written).
 - c. Identifies barriers to learning (e.g., 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. Provides education and promotion of health, wellness, and fitness.
56. Provides consultation to individuals, businesses, schools, government agencies, or other organizations. **CPI skill #14 (7D12, 7D34-35)**
- a. Determines need for consultative services.
 - b. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (e.g., ergonomic evaluations, school system assessments, corporate environmental assessments).
57. Participates in self-assessment to improve clinical and professional performance. **CPI skill #6 (7D13, 7D15)**
- 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 & professional development.
 - d. Acknowledges and accepts responsibility 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.
58. Utilizes critical thinking skills in patient management. **CPI Skill #7 (7D9-11, 7D34, 7D36, 7D40)**

- a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
- b. Makes clinical decisions within the context of ethical practice and informed consent.
- c. Utilizes information from multiple data sources to make clinical decisions (e.g., patient and caregivers, health care professionals, hooked on evidence, databases, and 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 research articles relevant to physical therapy and applies to clinical practice.
- g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
- h. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

Required Textbooks and other materials:

Required: American Physical Therapy Association. *Physical Therapist Clinical Performance Instrument*. 2nd ed. Alexandria, VA: American Physical Therapy Association; June 2006.

Student Handbook. The University of Findlay; 2018.

Recommended: Rothstein JM, Roy SH, Wolf SL. *The Rehabilitation Specialist’s Handbook*. 2nd ed. Philadelphia, PA:F.A. Davis Co.;1998

Curricular Books

- American College of Sports Medicine. *ACSM’s Guidelines for Exercise Testing and Prescription*. 9th ed. Baltimore, MD: Lippincott, Williams and Williams; 2014. ISBN: 978-1609139551.
- American Physical Therapy Association. *The Guide to Physical Therapist Practice*. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015. ISBN: 978-1-931369-85-5. Available online at: <http://guidetoptpractice.apta.org/>
- American Medical Association. *AMA Manual of Style*. 10th ed. Oxford, NY: Oxford University Press; 2007. ISBN: 978-0195176339.
- Tecklin JS. *Pediatric Physical Therapy*. 5th ed. LWW; 2014. ISBN: 978-1451173451

Knowledge Base: DPT Didactic Curriculum

Instructional Strategies:

Case Analysis		Library and Internet Research	
---------------	--	-------------------------------	--

Debate		Practice/drill	
Discovery/Independent Research	X	Problem solving	X
Discussion/Questioning/Interviewing	X	Reading assignments	
Experiential Learning		Role playing/simulation games	
Field Experience	X	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

Methods of Assessment:

Method of Evaluation	Course Objective #	Points or Percentage
Abstracts		
Attendance	#16	N/A –Satisfactory grade
Capstone Project		
Case Study		
Exams		
Group Projects		
Homework Assignments (reflections)	#21, #22	N/A –Satisfactory grade
Internet Research		
Journaling		
Lab Performance		
Oral/written review of literature		
Participation		
Peer Evaluation		
Portfolio		
Portfolio Lab Performance		
Presentations		
Professional Evaluation	#21, #22	N/A –Satisfactory grade
Quizzes		
Research project		
Other: Clinical Performance Instrument (CPI)		
Method of Evaluation	Course Objective #	Points or Percentage
CPI skill #1	#11	N/A – Satisfactory grade
CPI skill #2	#16	
CPI skill #3	#17	
CPI skill #4	#2	
CPI skill #5	#4	
CPI skill #6	#21	
CPI skill #7	#1, #22	
CPI skill #8	#5	
CPI skill #9	#6	
CPI skill #10	#7	
CPI skill #11	#8, #9	
CPI skill #12	#10	

Description of Assignments:

Grading is satisfactory/unsatisfactory. To obtain a satisfactory grade the student must have completed the following assignments/activity:

1. Satisfactory attendance record (See the policy on attendance in *Student Handbook*)
2. Completion of the Clinical Site Form
3. Completion of Clinical Education Experience Evaluation Report 1&2, online.
5. Completion of additional assignments in the Exxat system (journal reflections, Patient Dx Summaries, etc)
6. Completion of two in-services over the course of 4 clinical education experiences.
7. Satisfactory completion of clinical skills from Physical Therapist Clinical Performance Instrument (CPI) including the minimum data required for the Clinical Site Information Form.
8. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:
 - FOR Clinical Education I: A MINIMUM of **ENTRY** level or above performance for ALL Skills
 - ALL students must show entry-level performance in ALL skills by the end of the clinical education series.
9. All practice patterns concerning clients across the lifespan also must be addressed. If there is no opportunity or minimal opportunity to work on a certain skill, practice pattern, or age group, then a mini-clinical or an extension of a clinical will need to occur.

Grading Scale: This course is grade satisfactory or unsatisfactory. Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE and the Director have the right to review the requirements and make concessions on an individual basis.

University Honor Code:

Each and every student of the University will adhere to the following Honor Code:

“I will not knowingly engage in any dishonorable behavior, cheat, steal, lie, or commit any act of plagiarism during any academic work, course, or endeavor. If I observe an act which I believe violates the University’s Honor Code, I may, at my discretion, report it to the appropriate personnel.”

Student Acknowledgement of University Honor Code:

“I acknowledge that I have fully complied or will comply with all aspects of the University’s Honor Code in submitting this work.”

Student Rights and Responsibilities Statement, Article VIII-Academic Integrity:

<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Student-Rights-and-Responsibilities-Statement/VIII-Academic-Integrity>

University Diversity Statement:

As part of our commitment to achieve excellence, The University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers.

Course Policies and Practices: (Please refer to the DPT Student Handbook for a complete list of policies)

Special Services: If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Accommodation and Inclusion (oai@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

Attendance: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students' progress. Excessive absence in a course can seriously threaten a student's academic progress and may result in suspension from the program course. More importantly, however, every absence represents a risk to the student's investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Email Etiquette: It is expected that all email correspondences to the instructor will be conducted in a professional manner. When utilizing email for this class, students should: (1) include the course name and number in the email subject heading, (2) address the recipient in an appropriate manner, (3) utilize proper spelling, grammar, and punctuation, (4) close with your full name, and (5) name file attachments by including the course name and number, student last name, and assignment/document title.

Failed technical skill: Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical affiliation may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Affiliations in the Student Handbook, Clinical Education section.

Course and Instructor Evaluation: Each student is expected to complete the course and instructor evaluation which is sent electronically to the student by the Office of the Registrar. The electronic notification comes in the form of an e-mail from the UF Registrar's Office with the following subject line: Online survey for the designated course (e.g., BIOL 102).

Last Date of Attendance Policy: Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students' progress. Excessive absence in a course can seriously threaten a student's academic progress and may result in suspension from the program course.

More importantly, however, every absence represents a risk to the student's investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

Responsible Employee Duty

I am a responsible employee at UF, which means I am not a confidential resource. Therefore, I am required to report any information that I am aware that may violate UF's Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct Policy. If you would like to speak with someone confidentially, please contact Counseling Services, Cosiano Health Center or Campus Ministries. Other resources include Open Arms and Blanchard Valley Hospital. Otherwise, if you would like to report an incident involving a possible violation of UF's Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct Policy, please contact UF's Title IX Coordinator at 419-434-4739.

Classroom Environment, Language, and Behavior Expectations

In order to promote an inclusive and constructive learning environment, demeaning, marginalizing, and otherwise negative language and behavior will not be tolerated in the classroom. Respect and courtesy toward the instructor, classmates, and classroom guests are expected. Language and behaviors that are disruptive, abusive, or harassing may result in disciplinary action as specified by the Student's Rights and Responsibilities Statement.

Tentative Course Outline:

Week One

- Complete Supervisor information in Exxat system
- Complete and submit the Letter of Intent, signed by the CI in Exxat system
- Complete week 1 journal reflection, submit in Exxat system
- Complete Clinical Site Information form, upload into Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week two of the experience:

- Complete and submit weekly journal reflection
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week three of the experience:

- Complete and submit weekly journal reflection
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week Four of the experience:

- Completion of online self-assessment of CPI midterm & notify CI of its completion
- Complete and submit weekly journal reflection
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Midterm, Week Five

- Completion of online CPI by the CI
- Call DCE for midterm contact
- Make sure the CPI is signed off on
- Complete and submit weekly journal reflection in the Exxat system

- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week Six of the experience:

- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week Seven of the experience:

- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week eight of the experience:

- Complete and submit weekly journal reflection
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients

Week Nine of the experience:

- Completion of online self-assessment of CPI final & notify CI of its completion
- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients
- Have CI complete CI Feedback Form

Final, Week Ten of the experience:

- Complete and submit weekly journal reflection in the Exxat system
- Complete Patient Diagnoses (DX) Summary in Exxat for all new patients
- Completion of online CPI by the CI
- Completion of online CEEER 1& 2 via Exxat, review with CI
- Make sure the CPI is signed off on by all parties
- Submit via Exxat
 - Inservice proof (needed for 2 clinicals)
 - and the signature page of the CEEER
 - Ensure all assignments are completed and submitted in the Exxat system

- Completion of CEU certificate for CI & give copy with TY note to the CI

COVID-19 pandemic

Students are expected to follow The University of Findlay, DPT program's recommendations concerning the COVID-19 pandemic and clinical education experiences. Each individual site will also have their own set of guidelines that need to be followed. By proceeding with the clinical education experience, you are agreeing to all guidelines & recommendations.

Students have the right to REQUEST a delay for completion of the clinical education coursework for issues related to the pandemic. It is understood that any delay in completion of this coursework, through no fault of the university, could mean a delay in graduation. Please send all requests to the DCE and Associate chair; see attendance policy in the Student Handbook.

Course Content:

Course content is focused on the following CPI skills:

1. Professionalism- Ethical Practice
2. Professionalism-Legal Practice
3. Professionalism: Professional Growth
4. Interpersonal: Communication
5. Interpersonal: Inclusivity
6. Technical/Procedural: Clinical Reasoning
7. Technical/Procedural: Examination, Evaluation, and Diagnosis
8. Technical/Procedural: Plan of Care and Case Management
9. Technical/Procedural: Interventions and Education
10. Business: Documentation
11. Business: Financial Management and Fiscal Responsibility
12. Responsibility: Guiding and Coordinating Support Staff

Note: This syllabus is subject to change at the discretion of the instructor.

APPENDIX D

Script and Clinical Education Facility Request Form



University of Findlay

Doctor of Physical Therapy

SCRIPT to use when completing CEF REQUEST Form

When determining a clinical site in which you would like to attend, please use the process detailed below. Please understand that we are not asking you to set up an initial clinical contract; that is our responsibility. Your responsibility is to contact the clinical site of your choice and determine if they are amenable to being contacted from the DCE.

FIRST, you add in name of site & exact address.

SECOND, call the clinical site following the script below:

Hello, my name is _____; I am a PTA to DPT Bridge student from The University of Findlay, located in Ohio. However, I have been practicing as a PTA for _____ number of years and have a home in this community. I would like to stay in my hometown for my clinical affiliations. Would it be possible for our Director of Clinical Education to contact you about setting up a clinical affiliation?

If YES.....

What is the name of the Site Coordinator of CE?

What is the phone number, fax number, and email best to use?

If NO or NO ANSWER.....move on.

CEF Request Form - COHORT OF 2026						NAME:		
1st Clinical Rotation MARCH - JUNE - Inpatient (Neuromuscular; Cardiopulmonary; Integumentary)								
1st Choice SITE NAME	ADDRESS	CITY	ST	ZIP	PHONE	Fax	SCCE	SCCE EMAIL
2nd Choice SITE NAME	ADDRESS	CITY	ST	ZIP	PHONE	Fax	SCCE	SCCE EMAIL
3rd Choice SITE NAME	ADDRESS	CITY	ST	ZIP	PHONE	Fax	SCCE	SCCE EMAIL
2nd Clinical Rotation JUNE - AUGUST - Outpatient (Musculoskeletal)								
1st Choice SITE NAME	ADDRESS	CITY	ST	ZIP	PHONE	Fax	SCCE	SCCE EMAIL
2nd Choice SITE NAME	ADDRESS	CITY	ST	ZIP	PHONE	Fax	SCCE	SCCE EMAIL
3rd Choice SITE NAME	ADDRESS	CITY	ST	ZIP	PHONE	Fax	SCCE	SCCE EMAIL
3rd Clinical Rotation AUGUST - OCTOBER – SPECIALTY (Any setting; Designed for further DEPTH)								
CHOICE (please specify type):								
1st Choice SITE NAME	ADDRESS	CITY	ST	ZIP	PHONE	Fax	SCCE	SCCE EMAIL
2nd Choice SITE NAME	ADDRESS	CITY	ST	ZIP	PHONE	Fax	SCCE	SCCE EMAIL
3rd Choice SITE NAME	ADDRESS	CITY	ST	ZIP	PHONE	Fax	SCCE	SCCE EMAIL
I understand that NONE of the above-mentioned sites are physician owned practices, nor sites that I currently work at, including the CORPORATE. SIGNED:								

APPENDIX E

Clinical Site Information Form - Minimum Data

CLINICAL SITE INFORMATION FORM – MINIMUM DATA

Instructions: Please collaborate with your assigned Clinical Instructor to complete the Clinical Site Information Form. We use this screening tool to capture the minimum required data for the Physical Therapy Programs' accrediting body, CAPTE. In addition, it will be used to update the data base for future students.

Clinical Facility Name: _____

Facility Address: Street: _____ **City:** _____ **State:** _____

Zip Code: _____ **Phone Number:** _____

If accredited, list accrediting body: _____

SCCE (not CI) Name & Credentials: _____

Email Address: _____

Facility Type (e.g. GAC, rehab facility, outpatient etc.) _____

Patient Type (e.g. pediatric, adult etc.) _____

Inter-Professional Practice (e.g. OT, SP, MD etc.) _____

Age Groups: _____

PT Staff with Expertise /Full staffed? _____

Additional Student Requirements /ONBOARDING: _____

Mandatory Inservice or Other Assignments _____

Check off all that you have access to:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Observations | <input type="checkbox"/> Documentation | <input type="checkbox"/> Library/resources |
| <input type="checkbox"/> Screenings | <input type="checkbox"/> Conferences | <input type="checkbox"/> Up-to-date equipment |
| <input type="checkbox"/> Evaluations | <input type="checkbox"/> Policy & Procedure Manual | <input type="checkbox"/> Management skills |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Rounds | <input type="checkbox"/> Supervision skills |
| <input type="checkbox"/> Treating | <input type="checkbox"/> Other disciplines | <input type="checkbox"/> Teaching skills |
| <input type="checkbox"/> Educating | <input type="checkbox"/> Surgery | <input type="checkbox"/> Other scholarly activities |
| <input type="checkbox"/> Follow up | | |

Completed by/for: _____

Please print student name

Date: _____

APPENDIX F

UF Contract Template

AGREEMENT BETWEEN
THE UNIVERSITY OF FINDLAY AND _____

THIS AGREEMENT is entered into on the _____ day of _____, 2023, between THE UNIVERSITY OF FINDLAY, College of Health Professions, (hereinafter, the University), including the Occupational Therapy and/or Physical Therapy Programs and _____ (hereinafter, the Facility),

WHEREAS, the University offers professional education programs, including occupational therapy and physical therapy, which require the use of clinical facilities for comprehensive clinical/fieldwork experiences; and

WHEREAS, the Facility operates clinical/fieldwork facilities, including occupational and physical therapy clinical/fieldwork services, and desires to make available its clinical/fieldwork and educational resources to the University's professional educational programs for clinical/fieldwork experiences; and

WHEREAS, the University and the Facility mutually desire to develop and implement clinical/fieldwork experiences at the Facility for students enrolled in the University's professional education programs and to set forth the terms and conditions for the clinical/fieldwork educational program.

NOW, THEREFORE, in consideration of the foregoing promises and mutual agreements set forth herein, the parties agree as follows:

I. CLINICAL/FIELDWORK EXPERIENCE

- a. The University, in collaboration with the Facility, shall plan and administer a clinical/fieldwork educational experience which will satisfy the requirements of all applicable laws, regulations, and licensing or supervisory agencies.
- b. The Facility shall provide appropriate professional staff to supervise the clinical/fieldwork activities of the University students (hereinafter the "students") in collaboration with the University's faculty (hereinafter the "faculty").
- c. The Facility shall cooperate with the University in planning and administering a professional educational program for clinical/fieldwork experience. The Facility shall provide clinical/fieldwork experiences and the use of its facilities in accordance with the curricular goals of the professional education program and shall assist the University in evaluating the clinical/fieldwork performance of the students. The University shall cooperate and consult with the Facility as necessary regarding the clinical/fieldwork experience.
- d. Disciplinary proceedings involving students shall be conducted by the University in accordance with its policies and procedures according to the "Student Rights and Responsibilities Statement" (in The University of Findlay Undergraduate and/or Graduate Catalog), as it currently exists or is hereafter amended, and this Agreement.
- e. After consultation with the University, the Facility reserves the right to terminate participation in the clinical/fieldwork education experience of any student who is not performing according to standards acceptable to the clinical/fieldwork educator. Any requests for student withdrawal shall be directed to the academic coordinator at the University. The Facility agrees to cooperate fully in the investigation and resolution of the student status, including the provision of written documentation of the student's unsatisfactory performance.
- f. Any member of the Facility's professional staff shall have the right to temporarily relieve a student from a specific assignment or require that the student step aside in the procedure when that student's behavior poses an immediate threat to the safety and well-being of the Facility's patients and/or employees, or that student fails to follow the Facility's policies, procedures, rules or regulations or where continued student presence is inconsistent with the operations of the Facility.

2. THE UNIVERSITY agrees:

- a. To designate a faculty member as academic coordinator to serve as liaison to the Facility.
- b. To notify the clinical/fieldwork educator at the Facility of the schedule of student assignments.

- c. To recommend for clinical/fieldwork experiences only those students who meet the requirements for participation in clinical/fieldwork education as established by the University, the Facility, and appropriate accreditation agencies.
- d. To maintain a policy of professional liability insurance for students with single limit of not less than one million (\$1,000,000) dollars per occurrence and three million (\$3,000,000) dollars in the aggregate. A certificate of insurance confirming professional liability coverage will be supplied upon request.
- e. To advise students of their responsibility to comply with the Policies, Procedures, Bylaws, and Rules and Regulations of the Facility.
- f. To advise students of their responsibility to obtain health insurance coverage for the entire term of their clinical/fieldwork experience. Neither the University nor the Facility are obligated to furnish students such coverage.
- g. To advise students of their responsibility to provide documentation of mandatory health requirements prior to their clinical/fieldwork experience. These requirements may include, but are not limited to, CPR certification, blood borne pathogens and Health Insurance Portability and Accountability Act training, TB skin test, and immunizations and vaccinations as specified by the Facility.
- h. To provide student evaluation forms and other forms necessary for the clinical/fieldwork education program.

3. THE FACILITY agrees:

- a. To designate a clinical/fieldwork educator who will be responsible for the planning and implementation of the clinical/fieldwork educational experience. The clinical/fieldwork coordinator shall designate at least one qualified therapist as a clinical/fieldwork educator for backup purposes. Staff members providing supervision shall be identified in writing by name and academic credentials and shall meet the standards for supervision of clinical/fieldwork students as set forth by the appropriate accrediting agency.
- b. To provide clinical/fieldwork educators with time required to plan and implement the clinical/fieldwork experience and act as liaison to the University, including when feasible, time to attend relevant meetings and conferences.
- c. To have available a written description of the clinical/fieldwork experiences being offered.
- d. To provide orientation to the Facility, including: pertinent Policies, Procedures, Bylaws, Rules and Regulations, and work schedules with which the students are expected to comply.
- e. To provide clinical/fieldwork experiences to permit the students to participate in professional services under the supervision of the appropriate professional staff of the Facility. The scope of the students' participation shall be determined by the applicable policies of the Facility and in accordance with the pertinent laws.
- f. To evaluate the performance of assigned students on a regular basis using designated evaluation forms supplied by the University. The completed evaluations shall be forwarded to the University within one (1) week from the last day of the clinical/fieldwork experience.
- g. To provide first aid and/or emergency care relating to student injuries occurring at the Facility. The student is responsible for all related costs.
- h. To assume responsibility for the supervision of the care of its patients.

4. RECORDS.

The University shall maintain all students' educational records relating to the clinical/fieldwork education program at the Facility. The Facility shall have custody and control of all medical records and charts contained in patient files. The University and students shall not remove or copy such records except pursuant to a specific request in writing. The identity of patients, the nature of procedures or services provided to patients and information included in the patients' medical records shall be confidential and shall not be disclosed by the University or students other than for use in direct patient care by authorized personnel during the current or future hospital admissions, or as necessary to determine and fulfill the obligations of the parties to this Agreement, or as may be required by law.

To the extent the Facility, generates or maintains educational records related to the participating student, the Facility agrees to comply with the Family Educational Rights and Privacy Act (FERPA), to the same extent as such laws and regulations apply to the University and shall limit access to only those employees or agents with a need to know. For the purposes of this Agreement, pursuant to FERPA, University hereby designates Facility as a University official

with a legitimate educational interest in the educational records of the participating student(s) to the extent that access to the University's records is required by Facility to carry out the Program.

5. PROHIBITION OF HARASSMENT AND DISCRIMINATION; SEXUAL HARASSMENT AND DISCRIMINATION REPORTING REQUIREMENTS

The University of Findlay prohibits harassment and discrimination in any of its programs and activities, including those conducted in partnership with another institution. Harassment or discrimination based on sex, age, race, ethnicity, national origin, color, religion, gender identity, handicap/ability, sexual orientation, genetic information, veteran or military status and physical or mental disabilities is strictly prohibited.

Sexual harassment is defined as conduct on the basis of sex that satisfies one or more of the following: (i) an employee of the University conditioning the provision of an aid, benefit, or service of the University on an individual's participation in unwelcome sexual conduct; (ii) unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the recipient's education program or activity, or (iii) sexual assault, dating violence, domestic violence, or stalking.

Harassment on the basis of other protected traits may include any conduct which the submission to or rejection of: (i) is made either explicitly or implicitly a term or condition of the person's grade or evaluation in the program, (ii) is used as the basis for employment or educational decisions affecting an individual in the program, or (iii) creates an intimidating, hostile, or offensive working or educational environment within the program.

Specific definitions and examples are provided within the applicable policies below.

- **Mandatory Reporting of Sexual Harassment/Discrimination:** Allegations of sexual harassment or discrimination by or against a University of Findlay student **MUST** be reported to the University of Findlay Title IX Coordinator immediately. Allegations of harassment or discrimination against a University of Findlay student by someone at the preceptor's institution should also be reported to the preceptor institution in accordance with its institutional policies.
 - University of Findlay Title IX Policy: <https://www.findlay.edu/offices/student-affairs/title-ix/title-ix-policy>
- **Reporting of All Forms of Harassment/Discrimination:** Any allegations of harassment or discrimination that involve a University of Findlay student on experiential rotation may be reported to the University of Findlay Director of Equity and Title IX or to the Harassment Hotline.
 - University of Findlay Non-Discrimination and Anti-Harassment Policy: <https://www.findlay.edu/offices/student-affairs/title-ix/non-discrimination>

Individuals involved in making a report as indicated above are protected from retaliation. More information about those protections can be found in the policies listed above.

Preceptors must assist the University of Findlay in providing adequate supportive measures to ensure University of Findlay students have continuing access to the program.

Contact Information

University of Findlay Civil Rights/Title IX Coordinator

Director for Equity and Title IX

Charles Ludwig

(419) 434-4038

charles.ludwig@findlay.edu

Office Location: Old Main 45, University of Findlay, 1000 N. Main Street, Findlay, OH 45840

University of Findlay Harassment Hotline

(419) 434-6777

6. **RISK MANAGEMENT.** The Facility agrees to notify the University's academic coordinator of all actual, potential and/or alleged claims regarding the student's participation in the clinical/fieldwork education program. The University agrees to notify the Facility of all actual, potential and/or alleged claims regarding the student's participation in the Facility's clinical/fieldwork education program. Both the Facility and the University will collaborate in claims management, which includes but is not limited to, risk identification, claims investigation, and control process.
7. **LEGAL STATUS.** It is understood and agreed that the students are enrolled in a professional education program offered by The University of Findlay. It is understood and agreed that while participating in clinical/fieldwork educational experiences under appropriate supervision at the Facility, the students shall not be deemed or considered to be employees of the Facility or its corporate affiliates for any purposes as a result of their participation in the clinical/fieldwork educational experience and shall remain at all times students of the University. Nothing in this Agreement is intended or shall be deemed or construed to create any relationship between the parties other than that of educational affiliation.

To the extent permitted by Ohio law, the University agrees to indemnify and hold harmless the Facility and its respective officers, trustees, members, agents and employees, from and against any and all claims, costs, actions, causes of actions, losses or expenses (including reasonable attorney fees) caused by or arising out of the acts or omissions of the University, its employees, agents or students while they are on the Facility's premises.

To the extent permitted by Ohio law, the Facility shall indemnify and hold harmless the University and its respective officers, trustees, members agents and employees, from and against any and all claims, costs, actions, losses or expenses (including reasonable attorney fees) caused by or arising out of the acts or omissions of the Facility, its agents or employees, when acting within the scope of their employment with the Facility and under the terms of this Agreement.

8. **TERM AND TERMINATION.** Provided this Agreement has been properly executed on behalf of the University and the Facility, this Agreement shall commence on _____, 2023, and continue in effect for one (1) year with automatic annual renewal unless terminated earlier in accordance with this Paragraph. This Agreement may be terminated upon the happening of any of the following events:
 - a. By any party in the event that another party shall default in the performance of its material obligation under this Agreement or shall breach any material provision of this Agreement, provided that the defaulting party shall fail to cure its default or breach within sixty (60) days after receiving written notice of default or breach from the terminating party;
 - b. At any time, with or without cause, by any party upon one (1) year written notice;
 - c. Whenever the parties shall mutually agree in writing.
9. **DISPUTE RESOLUTION.** Any dispute, controversy or claim arising out of, or relating to, this Agreement, or the breach thereof, which cannot be settled between the parties shall be referred for decision and determination to a committee consisting of two (2) individuals designated by the Facility, two (2) individuals designated by the University and another individual mutually agreed upon by the individuals designated by the Facility and the University. The parties must reach their final decision in this dispute resolution process within a reasonable period of time. Each such designation may be changed by the designating party from time to time and may be either by name or ex-officio.
10. **AMENDMENT.** This Agreement may be amended at any time and from time to time by written instrument executed by both parties.
11. **SURVIVAL.** This Agreement shall survive for the purpose of enforcing any remaining duties and obligations of the respective parties subsequent to termination of this Agreement as provided in "Term and Termination" of this Agreement.

- 12. **BINDING EFFECT.** This Agreement shall be binding upon, and the benefits inure to, the parties and their respective successors and permitted assigns.
- 13. **SEVERANCE.** If any term of this Agreement shall be determined unenforceable, such terms shall not affect the enforceability of the other terms of this Agreement which can be given effect without the unenforceable provision.
- 14. **ENTIRE AGREEMENT.** This Agreement constitutes the entire agreement between the parties and supersedes any and all prior written or oral statements, understandings or agreements.
- 15. **NONEXCLUSIVE.** Both parties reserve the right to enter into similar Agreements with other institutions.
- 16. **NONDISCRIMINATION CLAUSE.** No student shall be subject to discrimination in violation of State or Federal Law.
- 17. **NOTICES.** Under this Agreement, any notice required or permitted shall be in writing and shall be personally delivered or sent by certified mail, return receipt requested, addressed to:

ADDRESS OF UNIVERSITY:
 Academic Coordinator of Clinical/Fieldwork Education
 Occupational and/or Physical Therapy Program

ADDRESS OF FACILITY:
 Clinical/Fieldwork Coordinator of Student Education
 Occupational and/or Physical Therapy Department

THE UNIVERSITY OF FINDLAY
 1000 North Main Street
 Findlay, Ohio 45840

SITE: _____
 Site Address: _____

I agree to act as a site for:

- The Physical Therapy Program
- The Occupational Therapy Program

IN WITNESS WHEREOF, the parties have caused this Agreement to be signed by their authorized representatives on the day and year first written above.

AGREED: THE UNIVERSITY OF FINDLAY

AGREED: _____

 Darin E. Fields, PhD Date
 Exec. Vice President of Academic Affairs

 Name: Date
 Title:

 Occupational Therapy, AFWC Date

 Name: Date
 Title:

 Physical Therapy, DCE Date

 Witness (required if only one signature) Date

APPENDIX G

References on Adult Learning/General Education

References on Adult Learning/General Education

The following references may be accessed through the Experiential Educator or the Directors of Clinical Education:

American Physical Therapy Association. *Advanced Credentialing Program and Manual*. Alexandria, VA: American Physical Therapy Association, 2008. www.apta.org/ACIECP

American Physical Therapy Association. *Clinical Instructor Education and Credentialing Program and Manual*. Alexandria, VA: American Physical Therapy Association, 2009. www.apta.org/CIECP

American Physical Therapy Association. *Guide to Physical Therapist Practice 4.0*. American Physical Therapy Association, 2023. <https://guide.apta.org/>

American Physical Therapy Association. Minimum Required Skills of Physical Therapist Graduates at Entry-level. November 2005.

American Physical Therapy Association. Physical Therapist Clinical Education Principles. Alexandria, VA: March 2010.

Anderson DK, Irwin KE. Self-assessment of professionalism in physical therapy education. *Work*. 2013; 44: 275-281.

APTA. *Clinical Education: An Anthology I*; 1992.

APTA. *Clinical Education: An Anthology II*; 1996.

APTA. *Clinical Education: An Anthology III*; 2000.

Brookfield SD. *Understanding and Facilitating Adult Learning*. San Francisco, CA: Jossey-Bass: 1987.

Bridges PH, Carter V, Rehm S, Tintl SB, et al. Development of an instrument to measure the use of behaviors taught in the American Physical Therapy Association Clinical Instructor Education and Credentialing Program (APTA CIECP): a pilot study. *Work*, 2013; 44: 283-295.

Buccieri KM, Pivko SE, Olzenak DL. How does a physical therapist acquire the skills of an expert clinical instructor. *J Phys Ther Educ*, 2011; 25:17-25.

Buccieri KM, Schultze K, Dungey J, Kolodziej T, et al. Self-reported characteristics of physical therapy clinical instructors: a comparison to the American Physical Therapy Association's Guidelines and Self-Assessments for Clinical Education. *J Phys Ther Educ*, 2006; 20: 47-55.

- Deusinger S. Establishing clinical education programs: a practical guide. *Journal of Physical Therapy Education*. 1990; 4(2): 58-61.
- Deusinger S. Evaluating effectiveness of clinical education. *Journal of Physical Therapy Education*. 1990; 4(2): 66-70.
- George D. Bridge program: An alternative education. *Journal of Continuing Higher Education*. 2012; 60 (2): 66-79.
- Giberson TR, Black B, Pinkerton E. The impact of student-clinical instructor fit and student-organization fit on physical therapist clinical education experience outcomes. *J Phys Ther Educ*. 2008; 22: 59-64.
- Gwyer J, Odom C, Gandy J. History of clinical education in physical therapy in the United States. *Journal of Physical Therapy Education*. 2003;17(3):34-43.
- Hall M, McFarlane L, Mulholland S. Positive clinical placements: Perspectives of students and clinical educators in rehabilitation medicine. *Int J Ther Rehabil*. 2012; 19: 549-556.
- Haskins AR, Rose-St Prix C, Elbaum L. (1997). Covert Bias in Evaluation of Physical Therapist Students' Clinical Performance. *Phys Ther*. 1997; 77:155- 163.
- Hayes KW, Huber G, Rogers J, Sanders B. Behaviors That Cause Clinical Instructors to Question the Clinical Competence of Physical Therapist Students. *Phys Ther*. 1999; 79: 653-667.
- Healey WE. (2008). Physical therapist student approaches to learning during clinical education experiences: a qualitative study. *J Phys Ther Educ*. 2008; 22: 49-58.
- Housel N, Gandy J, Edmondson D. Clinical instructor credentialing and student assessment of clinical instructor effectiveness. *J Phys Ther Educ*. 2010; 24: 26-34.
- Jette DU, Bertoni A, Coots R, Johnson H, et al. Clinical Instructors' Perceptions of Behaviors That Comprise Entry-Level Clinical Performance in Physical Therapist Students: A Qualitative Study. *Phys Ther*. 2007; 87: 833-843.
- Jette DU, Portney LG Construct validation of a model for professional behavior in physical therapist student. *Phys Ther*. 2003; 83: 432-443.
- Kelly SP. The exemplary clinical instructor: A qualitative case study. *J Phys Ther Educ*. 2007; 21(1):63-69.
- Knowles MS. *The Modern Practice of Adult Education: From Pedagogy to Andragogy*. Chicago, IL: Follett Publishing, Co.; 1980.

- Ladyshevsky RK, Barrie SC, Drake VM. A comparison of productivity and learning outcome in individual and cooperative physical therapy clinical education models. *Phys Ther.* 1998; 78:1288-1298.
- Laitinen-Vaananen S, Taltie U. (2007). Clinical supervision as an interaction between the clinical educator and the student. *Physiother Theory Pract.* 2007; 23: 95-103.
- McCallum CA, Mosher PD, Jacobson PJ, Gallivan SP, Giuffre SM. *Quality in Physical Therapies Clinical Education: A Systematic Review.* *Phys Ther.* 2013; 93: 1298-1311.
- Meltzer M, Palau SM, *Acquiring Critical Thinking Skills.* Philadelphia, PA:WB Saunders; 1996.
- Moore A, Hilton R, Morris J, Caladine L, Bristow H. *The Clinical Educator - Role Development.* New York, NY: Curchill Livingston; 1997.
- Morren KK, Gordon SP, Sawyer BA. The relationship between clinical instructor characteristics and student perceptions of clinical instructor effectiveness. *J Phys Ther Educ.* 2008; 22: 52-63.
- O'Connor A, Cahill M, McKay EA. Revisiting 1:1 and 2:1 clinical placement models: Student and clinical educator perspectives. *Aust Occup Ther J.* 2012; 59: 276-283.
- Plack MM. (2008). The learning triad: potential barriers and supports to learning in the physical therapy clinical environment. *J Phys Ther Educ.* 2008; 22: 7-18.
- Plack MM, Driscoll M. *Teaching and Learning in Physical Therapy: From Classroom to Clinic.* Thorofare, NJ: Slack Incorporated; 2011.
- Rapport MJ, Furze J, Martin K, Schreiber J, Dannemiller L, DiBiasio P, Moerchen VA. Essential Competencies in Entry-Level Pediatric Physical Therapy Education. *Ped Phys Ther.* 2014;26(1):7-18.
- Rindflesch A, Hoversten K, Patterson B, Thomas L, et al. Students' description of factors contributing to a meaningful clinical experience in entry-level physical therapist professional education. *Work.* 2013; 44: 265-274.
- Roach KE, Frost JS, Francis NJ, Giles S, et al. Validation of the revised physical therapist Clinical Performance Instrument (PT CPI): Version 2006. *Phys Ther.* 2012; 92: 416-428.
- Roach K, Gandy J, Deusinger SS, Clark S, Gramet P et al. The Development and Testing of APTA Clinical Performance Instruments. *Phys Ther.* 2008; 82: 329-353.
- Sass K, Frank L, Thiele A, et al. Physical therapy clinical educators' perspectives on students achieving entry-level clinical performance. *J Phys Ther Educ.* 2011; 25(3):46-59
- School of Allied Health, *Seminar 1 - Teaching Guide and Learner's Workbook.*

School of Allied Health, *Seminar 2 - Teaching Guide and Learner's Workbook*.

Stith JS, Butterfield WH, Strube MJ, Deusinger SS, Gillespie DF. (1998). Personal, interpersonal, and organizational influences on student satisfaction with clinical education. *Phys Ther.* 1998; 78: 635-645.

Strohschein J, Hagler P, May L. Assessing the need for change in clinical education practices. *Phys Ther.* 2002; 82: 160-172.

Trela P. Reference Manual for Center Coordinators of Clinical Education. Clinical Education Special Interest Group, Alexandria, VA; 2002.

Triggs M, Shepard KF. Physical therapy clinical education in a 2:1 student-instructor education model. *Phys Ther.* 1996; 76: 968-981.

Tyler RW. *Basic Principles of Curriculum and Instruction*. Chicago, IL: University of Chicago Press; 1949.

Vendrely A, Carter R. The influence of training on the rating of physical therapist student performance in the clinical setting. *J Allied Health.* 2004; 33: 62-69.

Wolff-Burke M. Clinical instructors' descriptions of physical therapist student professional behaviors. *J Phys Ther Educ.* 2005; 19: 67-76.

APPENDIX H

Student Data Sheet



University of Findlay

College of Health Professions

Physical Therapy Program

STUDENT DATA SHEET

General Information

Name: _____ Birthdate: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Local (Findlay) Address: _____

Local (Findlay) Phone: _____

Marital Status: _____

Emergency Information:

■ First Person to be notified in Case of Illness or Accident:

Name: _____

Address: _____

Telephone: _____ Relationship: _____

■ Second Person to be notified in Case of Illness or Accident:

Name:

Address: _____

Telephone:

Relationship:

Certification/Training:

CPR Certification Date:

First Aid Certification (*if needed*) Date: _____

OSHA/HIPAA Training Date:

Criminal Background Date: _____

PTA licensure Date:

Health/Medical Information:

Date of last Physical Examination: _____

PPD Mantoux test (2 step) date: _____

Rubella titer test date: _____

Surface antibody test for Hepatitis B vaccination/or waiver: _____

Completion date of other required tests/procedures (e.g. COVID vaccine; varicella titer):

Insurance:

Health Insurance Company: _____

Group Number: _____ Policy Number: _____

Liability Insurance Company: _____

Policy Number: _____ Date: _____

Other:

■ Car that will be used on affiliation/campus:

Make: _____ Model: _____

Year: _____ License Number: _____

■ Information which would be helpful for the facility (memberships, special interests, pro bono service, foreign language, research etc.):

<p>Student Signature: _____</p> <p>Date: _____</p>
--

APPENDIX I

Hepatitis B Vaccination Waiver Form



University of Findlay

Doctor of Physical Therapy

HEPATITIS B FORM

Hepatitis B virus infection involves inflammation of the liver and may result in symptoms ranging from none to jaundice, joint pain, rash, and internal bleeding. I understand that due to my exposure to blood and/or body fluids during my education through The University of Findlay, I may be at risk of acquiring Hepatitis B virus (HBV) infection. Due to the risk of infection, it is important that I have completed one of the following steps prior to the first week of classes.

Please select the option that applies to you and complete the following information.

(Important: prior to the scheduled CE experiences, you will need to complete a surface antibody test to ensure continued immunity, according to the clinical site timelines.)

1. I have not had the vaccine and do not desire to have it. I waive the Hepatitis B vaccine:

After consultation with a health care professional, _____, I have decided to decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B infection, a serious disease. I also understand declining this vaccine may impact my ability to attend some clinical sites for my CE experiences.

Name: _____

Signature/Date: _____

2. I have had the vaccine in the past and have scheduled a blood draw to assess antibody levels.

Name: _____

Date of blood draw: _____

3. I have not had the vaccine in the past and have begun or completed the vaccine process:

Name: _____

Date of first injection: _____

Date of second injection: _____

Date of positive antibody test: _____

APPENDIX J

OSHA/HIPAA Certificate of Training

The University of Findlay
Certificate of Training



this certifies that

Xxxx Xxxx

has successfully completed
the OSHA/HIPAA testing

Signed *Xxxx Xxxxxx*

Date XXXXXXX, 20xx

APPENDIX K

Physician's Examination Form

The University of Findlay
College of Health Professions

PHYSICIAN'S EXAMINATION FORM

PART ONE: TO BE COMPLETED BY THE STUDENT PRIOR TO THE EXAM

General Information:

Name: _____ Birth date: _____

Address: _____ Phone _____

City: _____ State: _____ Zip: _____

UF ID# _____ Today's Date: _____

Gender at birth _____ Pronouns _____

Health Professions Program: _____

History:

Do you have, or have you had any of the following illnesses or conditions?

Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heart Disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cancer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TB	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Seizures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hepatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other serious illness or condition <u>currently</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Details of any "Yes" answers from above:

Previous Injuries: _____

Previous Surgeries: _____

Allergies: _____

Current Medications: _____

Name _____ DOB _____

PART TWO: TO BE COMPLETED BY THE PHYSICIAN

Physical Examination:

Vital Signs: Ht: _____ (inches) Wt: _____ (lbs.) BP _____ / _____ Pulse _____

	Normal	Abnormal	Comments
General Appearance			
HEENT			
Lungs			
Heart			
Abdomen			
Back			
Extremities			
Neurologic			

Are there any conditions, physical and/or emotional, which may interfere with functioning as a health professional student in the classroom or clinic?

Yes No If yes, please describe on a separate sheet.

Physician's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Physician's Signature: _____ Date: _____

Appendix I**Consent:**

I direct that a copy of this exam form, including laboratory results, be sent to my assigned clinical centers and coordinators.

Student Signature: _____ **Date:** _____

Practitioner Contact:

If you are currently in treatment for any condition, physical or emotional, may we contact your practitioner in an emergency? Yes No

Student Signature: _____ **Date:** _____

If yes, please provide us with the following information:

Practitioner's Name: _____ Specialty: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

APPENDIX L

Clinical Education Experience Request Form



1000 N. Main St.
Findlay, Ohio 45850



Clinical Education Experience Request Form

--	--	--	--	--	--	--	--	--

Please complete this form and return it by email to Ms. Amy Persson, Experiential Educator, at amy.persson@findlay.edu. Check the box below if you agree to the clinical education experience, as specified; make additions as needed. Feel free to indicate *TBD*, if not sure of the CI at this early date.

Clinical Experience Number	Name of Student(s)	Dates	Number of Weeks	Setting (Circle all that apply)	Experience Type (Circle all that apply)
<input type="checkbox"/> PHTH 720 INTERMEDIATE LEVEL	XXXXXXXXXXXX	SPRING Term 2024 3-25-24 to 5-31-24	Ten-week clinical experience	INPATIENT Acute Care Rehab SNF Other _____	Orthopedic Cardiopulmonary Neuromuscular Integumentary Pediatrics Geriatrics Other _____

- Application Required
- Interview Required
- No change in CONTRACT
- No Change in Student Requirements

If any changes, please specify:

I agree to accept the above listed student(s)

CI name (print) _____ Email _____

SCCE name (print) _____ Email _____

SCCE signature _____ Date _____

Questions?

Feel free to contact Dr. Deborah George, DCE at (419-434-5531), george@findlay.edu, or Amy Persson at (419-434-5743), amy.persson@findlay.edu

We are unable to take students at this time

Clinical Education Experience Request Form 2024

Please complete this form and return it by email to Dr. Stefanie Anderson, Director of Clinical Education in Physical Therapy (419-434-6943) at andersons4@findlay.edu, cc Amy Persson, Experiential Educator (419-434-5743) at amy.persson@findlay.edu; or fax to 419-434-4336.

Facility name	Address	City	State	Zip	Phone	Fax

Please select the placement(s) below that you will be able to accommodate and fill in the information for that clinical education experience. **If you select "Other" for the Type, please explain in the Comments section.** Please return this form by the first Monday in May. We will alert you to unused offers by November 1.

	Clinical Education Experience	Number of Students	Type of Experience (Please check all that apply) *Required	Clinical Instructor (if known) Name-Email	Specific Site (if known)	Comments (Special Requests)
<input type="checkbox"/>	Entry Level: <i>Student Choice</i> February 19 – April 26, 2024		<input type="checkbox"/> Acute Care <input type="checkbox"/> Peds <input type="checkbox"/> HH <input type="checkbox"/> SNF <input type="checkbox"/> IP Neuro. <input type="checkbox"/> Sport <input type="checkbox"/> OP Neuro. <input type="checkbox"/> Other <input type="checkbox"/> OP Ortho			
<input type="checkbox"/>	Intermediate: <i>Outpatient Orthopedic</i> June 3 – July 26, 2024		<input type="checkbox"/> OP Ortho <input type="checkbox"/> Sports			
<input type="checkbox"/>	Beginner: <i>Any</i> June 17-August 2, 2024		<input type="checkbox"/> Acute Care <input type="checkbox"/> Outpatient <input type="checkbox"/> SNF			
<input type="checkbox"/>	Intermediate: <i>Inpatient, Acute, Subacute</i> October 14 – Dec. 6, 2024		<input type="checkbox"/> Acute <input type="checkbox"/> HH <input type="checkbox"/> Inpatient Rehabilitation <input type="checkbox"/> SNF			
<input type="checkbox"/>	We are unable to take students at this time.					

I confirm the above checked placement(s) is hereby offered to The University of Findlay DPT Student(s).

SCCE Print Name

SCCE email address

SCCE Signature

Date

Reminder: Update your CSIF at csifweb.amsapps.com

APPENDIX M

Student Agreement to the CEF - Bridge Program

BRIDGE PHYSICAL THERAPY PROGRAM
Student Agreement to the CEF

 I _____ **AGREE** to the following clinical assignments:

TERM	DATES	NAME OF THE CEF
Clinical One PHTH 720	XXXX – XXXX, 2026 (10 weeks)	
Clinical Two PHTH 726	XXXX – XXXX, 2026 (10 weeks)	
Clinical Three PHTH 730	XXXX – XXXX, 2026 (10 weeks)	

 [] I understand & agree that **NONE** of the above-mentioned sites are physician owned practices.

 [] I understand & agree that it's my responsibility to determine & abide by **ALL** of the clinical site requirements and costs.

Student's Signature/Date _____

Date

APPENDIX N

Clinical Accommodation Forms



Request for Clinical Accommodations

Nondiscrimination Clause : No student shall be subject to discrimination in violation of State or Federal Law.

As a student at The University of Findlay applying for clinical experiences, please complete the following form.

Yes No

Registration at The University of Findlay's Office of Accommodation and Inclusion.

Yes No

Medical documentation supporting the health limitation or disability.

Yes No

Permission for release of information from the Office of Accommodation and Inclusion to COHP Experiential Coordinator due to a health limitation or a disability.

Yes No

Permission for the COHP Experiential Coordinator to discuss reasonable accommodations for health limitation or disability with the Site Representative at the clinical site.

Signed:

(Student name/date)

Accommodations Requested by Student:

Three horizontal lines for student input.

Reasonable Accommodations Determined for the Clinical Setting:

Three horizontal lines for student input.

Signed:

(Student name/date)

Signed:

COHP Experiential Coordinator:

Site Representative:

Director of Accommodation & Inclusion:



University of Findlay

Office of Accommodation
& Inclusion

ACCOMMODATION SEMESTER SERVICE CONTRACT

Name _____ ID# _____

Phone Number _____ E-mail _____@findlay.edu

Semester Requesting Services: Winter/Spring Summer Fall Year: _____

Please send Letter of Introduction to:

- All enrolled courses
- Specific courses/offices: Advisor Security Coach Athletic Trainer
- Specific Courses/Other: _____

Accommodations:

Testing

- 1.5X 2X Quiet Space Scribe
- Reader

Classroom Accommodations

- Glean Flex. Attendance Audio Record Preferential Seating
- Medical Alert Restroom Breaks Alt. Format Books
- Equipment: _____
- Other _____

Registration Accommodations

- Priority Registration

_____ Students are responsible for their own academic achievement. Each student must be responsible for class attendance, assignments, and all other course materials. It is your responsibility to contact OAI immediately if services are not meeting your needs. All students should follow the Student Concerns procedure found in The University of Findlay undergraduate or graduate catalog when filing a formal complaint.

_____ I understand that the Office of Accommodation & Inclusion follows the regulations in the Family Education Rights and Privacy Act (FERPA). By signing this form, OAI may share accommodation(s) with faculty, staff, or other appropriate personnel as needed to support my academic progress.

_____ I have reviewed the service rules with the Office of Accommodation & Inclusion and will follow all guidelines and procedures.

_____ Signature

_____ Date

Office Use: Date sent: _____ Initials: _____

Updated: Fall 2022

Office of Equity & Title IX and Office of Accommodation & Inclusion Flexible Attendance for Pregnant and Parenting Students Policy and Agreement

Rationale

Title IX prohibits discrimination on the basis of a student's "actual or potential" parental, family, or marital status or "pregnancy, childbirth, termination of pregnancy, or recovery therefrom." This means that schools must give all students who might be, are, or have been pregnant (whether currently parenting or not) equal access to school programs and extracurricular activities. For the most part, compliance entails simply treating pregnant and parenting students in the same way that schools treat other students who are similarly able or unable to participate in school activities. Title IX also requires schools to prevent and address sex-based harassment, which includes harassment based on pregnancy. In addition to offering general protection, Title IX regulations detail how the law applies to a range of specific activities and policies that affect pregnant and parenting students. These regulations govern activities both in and outside of the classroom.

Excused Absences and Medical Leave

Federal Regulation and Guidance requires instructors to:

- Excuse absences due to pregnancy or childbirth for as long as the doctor says it is necessary.
- Allow students to return to the same academic and extracurricular status as before medical leave began, which should include the opportunity to make up any work missed while you were out.
- Understand the Title IX requirements related to excused absences/medical leave. Instructors may not refuse to allow pregnant students to submit work after a missed deadline due to pregnancy or childbirth. If grading is based in part on class participation or attendance and the student missed class because of pregnancy or childbirth, the student should be allowed to make up the participation or attendance credits you didn't have the chance to earn.
- Provide pregnant students with the same special services it provides to students with temporary medical conditions. This includes homebound instruction/at-home tutoring/independent study.
- Provide flexibility in attendance for lactation purposes.

Process

The Office of Equity & Title IX and Office of Accommodation and Inclusion are available to assist the instructor and student in how the accommodation applies to the course. The student should meet with the instructor of each course to discuss the amended attendance expectation, how to notify the instructor when a pregnancy related absence is needed and expectations of turning in work or taking exams during the absence. If, due to the nature of the course requirements, flexibility in attendance would require a significant modification to the program requirements, the instructor should notify the Office of Equity & Title IX and the Office of Accommodation and Inclusion to discuss opportunities for alternative accommodations that meet course objectives and ensure equal access.

Special Considerations

While parenting rights are not explicitly defined, students and instructors should discuss flexibility for child-related absences for medical purposes. In the case of regular medical exams, the student should schedule, to the best of their ability, appointments around their course schedule. Child illness and injury should be treated as similarly situated students (i.e. a student gets ill or injured).

Office of Equity & Title IX and Office of Accommodation & Inclusion
Flexible Attendance for Pregnant and Parenting Students
Policy and Agreement

Course Name: _____ Course # _____ Section# _____
Student Name: _____ ID# _____
Email: _____@findlay.edu Phone: _____
Instructor Name: _____ Email: _____@findlay.edu
Office Phone: _____ Alt. Phone: _____
Expected leave of absence (Dates subject to change) _____ to _____.

If a student is late or absent due to pregnancy, delivery, recovery, lactation purposes, how will the student make up exams/quizzes, assignments and participation points?

How will assignments that cannot be made up such as group activities or labs be handled?

What is the timeline allotted for making up exams, assignments, practicums, or quizzes?

(e.g. Student will email to notify instructor for make-up exams. Student will have 3 business days to make up exam.)

Office of Equity & Title IX and Office of Accommodation & Inclusion
Flexible Attendance for Pregnant and Parenting Students
Policy and Agreement

In case of a change to this plan:

Whom should the student notify?

How should notification be made?

When should notification be made (if able)?

* It is important for instructors and students to discuss expectations and flexibility when it comes to special considerations of parenting. Child illness and injury should be treated as similarly situated students (i.e. a student gets ill/injured, athlete traveling for games).

The student agrees to the following:

- o The student is responsible for obtaining any information missed.
- o The student is only able to utilize this plan for documented pregnancy, childbirth, recovery, and lactation related reasons.
- o There will be one attendance form required for each class. Meet with each instructor and complete the Flexible Attendance Form.
- o OAI will email a copy of the completed form to the instructor and student.
- o If not attending class due to a pregnancy, childbirth, recovery, or lactation related reason, notify the appropriate party listed on this agreement and the Office of Accommodation and Inclusion as soon as possible.

Student Signature:

Date:

Instructor Signature:

Date:

Director, OAI:

Date:

Director, TIX:

Date:

APPENDIX O

COVID-19 Vaccine Medical Exemption Request Form

COVID-19 Vaccine Medical Exemption Request Form

University of Findlay students who are requesting a Medical Exemption to the COVID-19 vaccine must submit this completed form to Cosiano Health Center. The form should be completed by the student's provider.

Student's Name

UF ID

Cell

Email

Treating Provider Attestation:

I confirm that the above patient has the following medical contraindication to the COVID-19 vaccine, and it is my medical recommendation that this patient should not receive the COVID-19 vaccination:

- A severe or immediate allergic reaction to a prior COVID-19 vaccine. List brand and vaccination date: _____
- A severe allergic reaction to vaccine components making them unable to take any of the available COVID-19 vaccines (see vaccine components below). List the components to which the patient is allergic:
 - *The Pfizer BioNTech COVID-19 vaccine contains: messenger ribonucleic acid (mRNA), lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diy)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.*
 - *The Moderna COVID-19 vaccine contains: mRNA, lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose.*
 - *The Johnson & Johnson/Janssen COVID-19 vaccine contains: recombinant, replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein, citric acid monohydrate, trisodium citrate dihydrate, ethanol, 2-hydroxypropyl- β -cyclodextrin (HBCD), polysorbate-80, and sodium chloride.*
- Other condition or comments:

Please allow my patient temporary deferral of the COVID-19 vaccine due to the following:

- Received monoclonal antibody therapy or convalescent plasma in the past 90 days (enter last date received): _____ Note: Vaccination will be temporarily deferred for 90 days following receipt of monoclonal antibody or convalescent plasma.

Provider Signature: _____ Date: _____

Provider Name and credentials (print): _____

Contact information (phone/email): _____

APPENDIX P

CLINICAL EDUCATION Tracking Sheet

The University of Findlay
Physical Therapy Program
CLINICAL EDUCATION Tracking Sheet

Instructions:

The purpose of the *Tracking Sheet* is to keep track of the additional hours, required during your CE experience. This form is to be returned to the DCE at WEEK TEN of your experience.

Student Name: _____ **Clinical Site Name:** _____

DATE	ACTIVITY	NUMBER OF HOURS

I verify that the student has completed the above-mentioned activities in a satisfactory manner.

Clinical Instructor Name/ date:

Constructed by Deb George 2003; Modified 10-20-22

APPENDIX Q

Inservice Evaluation Form

INSERVICE EVALUATION FORM

Date: _____

Facility: _____ Presenter: _____

Topic: _____

Instructions:

Please check the BEST response and comment on your response.

1. The objectives were clearly indicated to the audience:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____

Comment:

2. The presenter was prepared and knowledgeable about this topic:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____

Comment:

3. The method (e.g. demonstration, lecture, laboratory) of the presentation was appropriate:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____

Comment:

4. The use of audiovisuals/other materials was helpful:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____

Comment:

5. The presenter showed good communication skills:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____

Comment:

6. Overall, this inservice was helpful for me:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____

Comment:

7. General Comments:

Thank you for taking the time to complete this form!

APPENDIX R

Agreement for Backup Supervision Form

The University of Findlay
Physical Therapy Program
Agreement for Backup Supervision Form

I. The SCCE of the Backup Clinical Site

I, the undersigned, agree to act as the backup clinical site and follow the backup policy and procedure for:

I understand that it is to be utilized only on a short-term basis (1-2 days) & only in an emergency situation when the SCCE of the primary clinical site must be absent.

The **SCCE of the Backup Clinical Site** is responsible for:

1. Organizing, directing, supervising, & evaluating activities of the student for the involved 1 to 2 days.
2. Reporting to the SCCE of the primary clinical site the outcome of the student's activities.

Signed:

(Name of SCCE of the backup clinical site/Date)

II. The SCCE of the Primary Clinical Site

I, the undersigned, agree to follow the backup policy and procedure with:

I understand that it is to be utilized only on a short-term basis (1-2 days) and only in an emergency situation when the SCCE of the primary clinical site must be absent.

The **SCCE of the Primary Clinical Site** is responsible for:

1. Orienting the student to the backup procedure during the orientation.
2. Contacting SCCE of the backup clinical site of the need to supervise the student for the involved day.
3. Notifying the student of the need to implement the backup procedure.
4. Notifying the DCE of the backup supervision and the outcome of the experience.

Signed:

(Name of SCCE of the primary clinical site/Date)

III. Director of Clinical Education

I, the undersigned, agree to act as the mediator between both parties, as well as an advocate for the student.
Signed:

(DCE/Date)

APPENDIX S

CE Site and Clinical Instructor Form

Confidentiality of Data: All data collected from this survey will be kept confidential and specific data will never be divulged in connection with the identification of a specific subject.

Physical Therapy Program CE Site and Clinical Instructor Form

Instructions:

The Purpose of the *CE Site and Clinical Instructor Form* is to assist The University of Findlay's PT program with curricular development through the exploration of the clinical education experience as perceived by the student and for accreditation purposes. The observed variables include: (a) Setting of the clinical education experience, (b) Age categories, (c) Interprofessional Interactions, and (d) CI qualifications.

First, you are to complete this cover page by indicating your name, clinical site information, and affiliation number.

Second, ask your clinical instructor to complete their information (*requested by CAPTE*).

Finally, POST on CANVAS.

Student Name: _____

Affiliation #: _____ CEF Name: _____

Indicate type of Clinical Education Facility (e.g. GAC, Outpt, Clinic, School Base) _____

Circle of type of *Setting*: Rural Suburban Urban

Check off ALL *age* categories exposed to: <18yrs. 19 yrs. to 64 yrs. 65 yrs. to 84 yrs. > 85 yrs.

Check off experience with other Professionals: OT SP MD Other _____

Clinical Instructor's Name: _____ Licensure #/State _____

PT School from which CI graduated _____ Year of Graduation _____

Entry level Degree (BS, MS, PhD) _____ # of years in Clinical Practice _____ # of Years in Clinical Teaching _____

Credentialed Clinical Instructor through APTA? YES NO Member of APTA? YES NO

ABPTS Specialty Certification (circle ALL that apply):

Cardiovascular & Pulmonary	Clinical Electrophysiology	Women's Health			
Geriatrics	Neurology	Orthopedics	Pediatrics	Sports	Other _____

Specialization outside ABPTS (manual, vestibular, lymphedema, etc.): _____

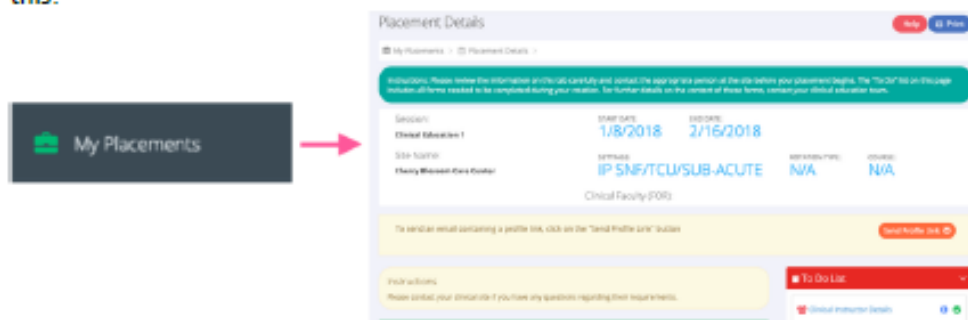
Filling Out the CI Details Form for Students

STEPS

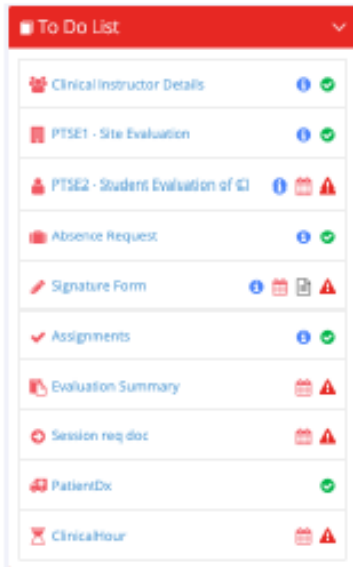
While you are out on your clinical experience, your school might require you to complete certain activities in Exxat. One of the many forms we have available is the CI Details form. The name may vary depending on what your school is most familiar with, but it is a form that allows you to fill in details about your Clinical Instructor.

Let's get started!

1. Click on My Placements on your left menu and it will take you to a page that looks like this:



2. Once there, you will see a To Do List on the right side of the page, this list may vary depending on what your school has decided to include. Click on Clinical Instructor Details.



3. Once you open the link, it will look like this:

The 'CI Details' page displays the following information:

- Placement Details:** CI Details
- Session:** Clinical Education 1
- Site Name:** Cherry Blossom Care Center
- START DATE:** 1/8/2018
- END DATE:** 2/16/2018
- SETTING:** IP SNF/TCU/SUB-ACUTE
- NOTIFICATION TYPE:** N/A
- COURSE:** N/A
- Clinical Faculty (POB):** [List of CIs]

Callout boxes provide the following instructions:

- How to add your CI's info:** Points to the 'Add New CI' button.
- CI's you have added:** Points to the table of existing CIs.
- If you need to print click here:** Points to the 'Print' icon.
- Very important, saved does not mean it is submitted:** Points to the 'Submit' button.
- How to edit a CI's info:** Points to the edit icon in the 'Actions' column.
- How to delete a CI:** Points to the delete icon in the 'Actions' column.

Name	Contact Details	Is Primary CI	Supervisor %	Status	Actions
Charles Charles	Email ID: charles.charles@example.com Phone: 912-912-3456	Yes	100	Active	[Edit] [Delete]
COMPLETE	Email ID: test@example.com Phone: N/A	No	50	Completed	[Edit] [Delete]
Lyle Daniel	Email ID: daniel.lyle@example.com Phone: N/A	No	11	Active	[Edit] [Delete]

4. You will need to first add a new CI, so click on the green +Add New CI button.

5. The form will look like this:

- a. Be sure to answer every question that is required (will have an *).

Add/Edit CI

Help

Session:
Clinical Education 1

START DATE: 1/8/2018 END DATE: 2/16/2018

Site Name:
Cherry Blossom Care Center

SETTINGS: IP SNF/TCU/SUB-ACUTE ROTATION TYPE: N/A COURSE: N/A

Clinical Faculty (FOR):

PERSONAL INFORMATION

CI First Name * CI Last Name

CI Email Address (also CPI login e-mail if applicable)

CI Contact Telephone Number

CI Alternate Email

Telephone Extension

EDUCATIONAL DETAILS

Entry-level PT degree *

Highest Degree earned *

Advanced Clinical Certifications/Board Certified Specialties *

Yes No N/A

WORKING DETAILS

Supervision % * (This supervisor will be Supervising you for what % of your time at the Clinic)

CI Years of Experience *

Working Schedule (days and times) *

Years experience as a clinician *

Institution/School of Entry-level PT Degree

Degree Area

● CREDENTIALS AND MEMBERSHIPS

Is Primary CI? Yes No

Does this CI have credentials in other states? Yes No

Professional organization memberships *

APTA Other None Not Applicable

APTA Credentialed CI? *

Yes No N/A

License Number

License State

🏠 SITE DETAILS

Site Address *

Directions to office after entering building

Room/Suite #

Site Phone Number *

■ NOTES SECTION

Notes

6. If you realize you don't have all the details and need to go back at a later time, click on **Save & Close**.
7. Once you have completed all of the details, click on **Submit**.
8. Please note, once you submit the form, the form will be locked.
9. If you submit by accident, contact your school so they may unlock it for you.

APPENDIX T

Daily Activity & Supervision Form

Physical Therapy Program
Daily Activity & Supervision Form

Instructions:

The Purpose of the **Daily Activity & Supervision Form** is to assist The University of Findlay's PT program with curricular development through the exploration of the clinical education experience as perceived by the student and for accreditation purposes. The observed variables include: (a) the practice patterns, (b) learning activities, and (c) degree of CI supervision. Please indicate each patient that you work with. If the level of supervision changes, then list an additional time. Utilize the KEYS to record the practice pattern & the level of supervision provided by a PT, the primary practice patterns encountered, and specific learning activities experienced. POST all data on CANVAS as one document at the end.

A. Utilize these abbreviations for Patterns of practice

<p><u>Musculoskeletal Patterns</u> M/S A: Primary Prevention/Risk Reduction for Skeletal Demineralization Disorder M/S B: Impaired Posture M/S C: Impaired Muscle Performance M/S D: Impaired Joint Mobility, Motor Function, Muscle Performance, & ROM Associated with Connective Tissue Dysfunction M/S E: Impaired Joint Mobility, Motor Function, Muscle Performance, & ROM Associated with Localized Inflammation M/S F: Impaired Joint Mobility, Motor Function, Muscle Performance, & ROM Associated with Spinal Disorders M/S G: Impaired Joint Mobility, Muscle Performance, & ROM Associated with Fracture M/S H: Impaired Joint Mobility, Motor Function, Muscle Performance, & ROM Associated with Joint Arthroplasty M/S I: Impaired Joint Mobility, Motor Function, Muscle Performance, & ROM Associated with Bony or Soft Tissue Surgery M/S J: Impaired Motor Function, Muscle Performance, ROM, Gait, Locomotion, & Balance Associated with Amputation</p>	<p><u>Neuromuscular Patterns</u> N A: Primary Prevention/Risk Reduction for Loss of Balance & Falling N B: Impaired Neuromotor Development N C: Impaired Motor Function & Sensory Integrity Associated with Nonprogressive Disorders of CNS-Congenital or Acquired in Infancy or Childhood N D: Impaired Motor Function & Sensory Integrity Associated with Nonprogressive Disorders of CNS-Acquired in Adolescence or Adulthood N E: Impaired Motor Function & Sensory Integrity Associated with Progressive Disorders of CNS N F: Impaired Peripheral Nerve Integrity & Muscle Performance Associated with PN Injury N G: Impaired Motor Function & Sensory Integrity Associated with Acute or Chronic Polyneuropathies N H: Impaired Motor Function, Peripheral Nerve Integrity, & Sensory Integrity Associated with Nonprogressive Disorders of the Spinal Cord N I: Impaired Arousal, Range of Motion, & Motor Control Associated with Coma, Near Coma, or Vegetative State</p>
<p><u>Cardiovascular/Pulmonary Patterns</u> C/P A: Primary Prevention/Risk Reduction for Cardiovascular/Pulmonary Disorders C/P B: Impaired Aerobic Capacity/Endurance Associated with Deconditioning C/P C: Impaired Ventilation, Respiration/Gas Exchange, and Aerobic Capacity/Endurance Associated with Airway Clearance Dysfunction C/P D: Impaired Aerobic Capacity/Endurance Associated with Cardiovascular Pump Dysfunction or Failure C/P E: Impaired Ventilation & Respiration/Gas Exchange Associated with Ventilatory Pump Dysfunction or Failure C/P F: Impaired Ventilation & Respiration/Gas Exchange Associated with Respiratory Failure C/P G: Impaired Ventilation, Respiration/Gas Exchange, and Aerobic Capacity/Endurance Associated with Respiratory Failure in the Neonate C/P H: Impaired Circulation & Anthropometric Dimensions Associated with Lymphatic System Disorders</p>	<p><u>Integumentary Patterns</u> I A: Primary Prevention/Risk Reduction for Integumentary Disorders I B: Impaired Integumentary Integrity Associated with Superficial Skin Involvement I C: Impaired Integumentary Integrity Associated with Partial thickness Skin Involvement & Scar Formation I D: Impaired Integumentary Integrity Associated with Full thickness Skin Involvement & Scar Formation I E: Impaired Integumentary Integrity Associated with Skin Involvement Extending Into Fascia, Muscle, or Bone and Scar Formation</p>

B. Utilize this key for Supervision Level

1. **Total Control/Direction** - CI performs all of the learning activity, student only observes
2. **Direct Supervision** - CI supervises the learning activity with physical presence, 15 feet or less
3. **Distant Supervision** - CI supervises the learning activity with physical presence, greater than 15 feet
4. **Consultation Only** - CI provides only consultation/support, student performs at entry level
5. **No Supervision** - CI provides no consultation/support, student performs independently

C. Utilize these codes for Type of Learning Activity

1-Administrative Activity	27-Client Intervention - Facilitation/Inhibition
2-Documentation	28-Client Intervention - Functional/ADL Training
3-Inservice Presentation	29-Client Intervention - Integumentary repair/protection
4-Client Examination – History (self-care, social etc.)	30-Client Intervention - Manual therapy techniques
5-Client Examination - Systems review (i.e., screening)	31-Client Intervention - Motor function training (balance, gait)
6-Client Examination - Whole process	32-Client Intervention - Static/dynamic Positioning
7-Tests & Measures - Aerobic Capacity/Endurance	33-Client Intervention - Therapeutic exercise
8-Tests & Measures - Anthropometric Characteristics	34-Client Intervention - Wellness/Prevention
9-Tests & Measures - Balance	35-Management - Assistive technology
10-Tests & Measures - Circulation	36-Management - Client/caregiver education
11-Tests & Measures - Cranial & Peripheral nerve	37-Management - Consultant Activity
12-Tests & Measures - Gait	38-Management - Delegation of Duties
13-Tests & Measures - Integumentary integrity	39-Management - Orthosis
14-Tests & Measures - Joint/Skeletal integrity/mobility	40-Management - Prosthesis
15-Tests & Measures - Mental Functions	41-Management - Environmental Factors (home, work etc.)
16-Tests & Measures - Mobility/Self Care/Functional Activities	42-Management - Referral Activity
17-Tests & Measures - Motor Function/Performance	43-Management - Research/QA Activity
18-Tests & Measures - Neuromotor/Sensory development	44-Management - Specialized Class/Clinic
19-Tests & Measures - Pain	45-Management - Surgery Observation
20-Tests & Measures - Posture	46-Management - Team meetings/Conferences/Rounds
21-Tests & Measures - Range of Motion	
22-Tests & Measures - Reflex/Sensory integrity	
23-Tests & Measures - Ventilation& Respiration	
24-Client Intervention - Airway Clearance/Pulmonary	
25-Client Intervention - Aquatic therapy	
26-Client Intervention - Biophysical agents	

Confidentiality of Data: All data collected from this survey will be kept confidential and specific data will never be divulged in connection with the identification of a specific subject.

Student Name: _____

Clinical Affiliation #: _____

DATE	MAJOR PRACTICE PATTERN	SUPERVISION LEVEL					TYPE OF LEARNING ACTIVITY
		Total Control	Direct	Distant	Consult Only	None	

Student Name: _____

Clinical Affiliation #: _____

DATE	MAJOR PRACTICE PATTERN	SUPERVISION LEVEL					TYPE OF LEARNING ACTIVITY
		Total Control	Direct	Distant	Consult Only	None	

APPENDIX U

Weekly Reflections Form

Student Name: _____ Clinical Affiliation #: _____

Weekly Reflections (*Week Number/* _____)

Areas of Strength:
Areas Needing Improvement:
Short Term Goals (<i>at least 2 – 3</i>):
Plans (<i>correlate with STGs</i>):
Indicate any absences this week & plans to make-up:

Student Signature: _____

CI Signature: _____

Constructed by Deb George 2003; Modified 3-25-19

APPENDIX V

Midterm Contact Form

**The University of Findlay
Physical Therapy Program
Midterm Contact Form**

Date/Type of contact: _____

Student: _____

Clinical Instructor: _____

Reviewer: _____

A. Student's Comments

1) Types of learning experiences

(What type of learning experiences do you have? Inter professional? Client Specifics?)

- General Acute Care Facility
- Rehabilitation Facility
- SNF/ECF/Subacute Care Facility
- Outpatient Clinic
- Other: _____

Specify special learning experiences: _____

2) Degree/type of interaction with CI

(What type of supervision are you given by your CI? Communication?)

- Excellent to Good communication/supervision
- Fair communication/supervision
- Poor communication/supervision

Specify type of **progression**: _____

3) Assessment of own performance

(How well do you believe you are doing?)

- Excellent to Good performance (beyond entry level)
- Fair performance (but should complete the minimum)
- Poor performance (difficulties with completion of the min.)

Individual concerns: _____

4) Assessment of academic preparation

(Were you were prepared for this clinical experience? Any academic problems?)

- Excellent to Good preparation
- Fair performance preparation
- Poor performance preparation

Individual concerns: _____

5) Other comments: _____

B. Clinical Instructors Comments

1) Student's strengths (*What do you believe are the student's strengths?*)

2) Student's weaknesses (*What do you believe are the student needs to work on?*)

3) Assessment of academic preparation (*How well do you believe that the student was prepared? Any academic problems?*)

- Excellent to Good preparation
- Fair performance preparation
- Poor performance preparation

Individual concerns: _____

4) Assessment of own performance
(*How well do you believe you are doing as a CI?*)

5) Other comments: _____

APPENDIX W

Overview of Student Progress at Clinical Affiliations (Bridge Program)

Name/Class _____

Overview of Student Progress at Clinical Affiliations (BRIDGE PT Program)

	<i>PHTH720 Intermediate to Advanced Intermediate</i>	<i>PHTH726 Advanced Intermediate to Entry- level</i>	<i>PHTH730 Entry-level</i>
1. Ethical Practice			
2. Legal Practice			
3. Professional Growth			
4. Communication			
5. Inclusivity			
6. Clinical Reasoning			
7. Examination, Evaluation, & Diagnosis			
8. Plan of Care & Case Management			
9. Intervention & Education			
10. Documentation			
11. Financial Management & Fiscal Responsibility			
12. Guiding & Coordinating Support Staff			

	<i>PHTH720 Intermediate to Advanced Intermediate</i>	<i>PHTH726 Advanced Intermediate to Entry- level</i>	<i>PHTH730 Entry-level</i>
<i>Letter of Intent</i>			
<i>CE Site and CI Form</i>			
<i>CSIF-Minimum Data</i>			
<i>Daily Data</i>			
<i>INSERVICE (2X)</i>			
<i>CEEER Form (Online/ signature)</i>			
<i>Weekly Reflections</i>			
<i>Practice Patterns</i>	M/S N/M C/P I	M/S N/M C/P I	M/S N/M C/P I
<i>Age Groups</i>	< 18 yrs. 19 yrs. to 64 yrs. 65 yrs. to 84 yrs. > 85 yrs.	< 18 yrs. 19 yrs. to 64 yrs. 65 yrs. to 84 yrs. > 85 yrs.	< 18 yrs. 19 yrs. to 64 yrs. 65 yrs. to 84 yrs. > 85 yrs.
<i>SETTING</i>	Rural Urban Suburban	Rural Urban Suburban	Rural Urban Suburban

COMMENTS:

PHTH720
PHTH726
PHTH730
Other

APPENDIX X

CLINICAL EDUCATION EXPERIENCE EVALUATION REPORT

The University of Findlay
PHYSICAL THERAPY PROGRAMS
CLINICAL EDUCATION EXPERIENCE EVALUATION REPORT

Facility: _____ Clinical Instructor: _____

Center Coordinator of Clinical Education: _____

Student: _____

Affiliation Number: _____ Year: _____

Directions for completion of the Clinical Education Experience Evaluation Report

The Clinical Education Experience Evaluation Report (CEEER) is to be completed at the end of the clinical education experience. The evaluation should be shared with your clinical instructor(s) and signed by you and your clinical instructor(s). Please provide objective comments to support your rating response.

I. EVALUATION OF THE CLINICAL INSTRUCTOR(S)

Please use the following scale to identify the frequency in which your clinical instructor(s) displayed the following behaviors:

- A Nearly always
- MT Most of the time
- ST Some of the time
- R Rarely
- N Never
- NA Not applicable

1. Professional Behavior

▪ Demonstrated effective time management skills	A	MT	ST	R	N	NA
▪ Adapted to change/unexpected events easily	A	MT	ST	R	N	NA
▪ Managed conflict in constructive ways	A	MT	ST	R	N	NA
▪ Contributed to a positive work environment	A	MT	ST	R	N	NA

Comments:

2. Interpersonal Skills

▪ Promoted the student as a professional to others	A	MT	ST	R	N	NA
▪ Displayed a sense of humor	A	MT	ST	R	N	NA
▪ Was approachable by the student	A	MT	ST	R	N	NA
▪ Exhibited sensitivity to multicultural differences	A	MT	ST	R	N	NA

Comments:

3. **Communication Skills**

▪ Communicated thoughts and expectations clearly	A	MT	ST	R	N	NA
▪ Demonstrated active/reflective listening	A	MT	ST	R	N	NA
▪ Initiated communication at times of concern	A	MT	ST	R	N	NA
▪ Was receptive to discussing viewpoint of others	A	MT	ST	R	N	NA

Comments:

4. **Teaching/Instructional Skills**

▪ Encouraged discussions of concepts and ideas	A	MT	ST	R	N	NA
▪ Utilized planned/unplanned experiences to enhance learning	A	MT	ST	R	N	NA
▪ Integrated knowledge of learning styles into instruction methods	A	MT	ST	R	N	NA
▪ Sequenced learning experiences	A	MT	ST	R	N	NA

Comments:

5. **Evaluative/Supervisory Skills**

▪ Evaluated student progress on clinical/program goals objectively	A	MT	ST	R	N	NA
▪ Discussed preferred supervision style/methods with student	A	MT	ST	R	N	NA
▪ Provided formal and informal feedback timely and effectively	A	MT	ST	R	N	NA
▪ Encouraged/solicited constructive feedback from the student	A	MT	ST	R	N	NA

Comments:

II. EVALUATION OF THE CLINICAL EDUCATION PROGRAM

Please use the following scale to describe your agreement with the following statements:

- SA Strongly Agree
 A Agree
 D Disagree
 SD Strongly Disagree
 NA Not Applicable

1. Orientation

▪ The facility was prepared for student arrival	SA	A	D	SD	NA
▪ Provided opportunity to become familiar with the physical facilities and equipment	SA	A	D	SD	NA
▪ Introduced student to personnel	SA	A	D	SD	NA
▪ Policies and procedures were reviewed to ensure a safe and effective working environment	SA	A	D	SD	NA

Comments:

2. Physical Facilities

▪ Space provided was sufficient and conducive to delivery of safe, effective patient care	SA	A	D	SD	NA
▪ Sufficient treatment materials were available to you	SA	A	D	SD	NA
▪ Sufficient administrative and clerical materials were available to you	SA	A	D	SD	NA

Comments:

3. Interpersonal Relationships

▪ Desirable and harmonious intra-departmental interpersonal relationships existed	SA	A	D	SD	NA
▪ Desirable and harmonious inter-departmental interpersonal relationships existed	SA	A	D	SD	NA
▪ Desirable & harmonious interpersonal relationships were established between yourself and the departmental personnel	SA	A	D	SD	NA

Comments:

4. **Supervisory Environment**

▪ The supervising therapist(s) were clearly identified to you	SA	A	D	SD	NA
▪ Supervision was appropriately available on a regular basis throughout the affiliation period	SA	A	D	SD	NA
▪ Additional professional staff were made available to help with supervision in appropriate instances	SA	A	D	SD	NA

Comments:

5. **Professional Learning Opportunities**

▪ The facility provided you an active, stimulating environment conducive to learning	SA	A	D	SD	NA
▪ A variety of patients and diagnoses were available for learning opportunities	SA	A	D	SD	NA
▪ A variety of professional growth opportunities were available that were educational & informative	SA	A	D	SD	NA
▪ Expertise of various staff members were shared with you when appropriate	SA	A	D	SD	NA

Comments:

III. OVERALL EVALUATION

1. What were the overall strengths of this facility and staff?

2. What constructive recommendations would you make to improve this affiliation?

IV. EVALUATION OF ACADEMIC PREPARATION AND CURRICULM

1. What academic coursework do you believe most prepared you for this clinical education experience?

2. What academic coursework do you believe least prepared you for this clinical education experience?

3. What new information that you did not have in your academic preparation was introduced to you during this clinical education experience?

4. What curricular changes would you suggest that would better prepare you for this clinical education experience?
(Please base your answer on the information provided above)

Student Signature

Clinical Instructor(s) Signature

Date

PTSE 1 (Site) Eval

Copyright

©2003 American Physical Therapy Association. All rights reserved. Duplication of this form in its entirety is permitted; however, any revision, addition, or deletion is prohibited.

PTSE1 form not submitted yet.

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 assistant student assessment of the clinical experience and Section 2-Physical therapist assistant 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 is extended to all 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

©2003 American Physical Therapy Association. All rights reserved. Duplication of this form in its entirety is permitted; however, any revision, addition, or deletion is prohibited.

Basic Information

1 Name of Clinical Education Site :

Address :


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? :**

5 **Did the on-Site orientation provide you with an awareness of the information and resources that you would need for the experience? :**




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.**

Diversity Of Case Mix	Rating
Musculoskeletal	-Select- 
Neuromuscular	-Select- 
Cardiopulmonary	-Select- 
Integumentary	-Select- 
Other (GI, GU, Renal, Metabolic, Endocrine)	-Select- 

Patient Lifespan	Rating
0-12 years	-Select- 
13-21 years	-Select- 
22-65 years	-Select- 
Over 65 years	-Select- 





Continuum Of Care	Rating
Critical care, ICU, Acute	-Select- 
SNF/ECF/Sub-acute	-Select- 
Rehabilitation	-Select- 
Ambulatory/Outpatient	-Select- 
Home Health/Hospice	-Select- 
Wellness/Fitness/Industry	-Select- 

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.

Components Of Care	Rating
Examination	
Screening	-Select- 
History taking	-Select- 
Systems review	-Select- 
Tests and measures	-Select- 

Components Of Care	Rating
Evaluation	
Diagnosis	-Select- 
Prognosis	-Select- 
Plan of Care	-Select- 
Interventions	-Select- 
Outcomes Assessment	-Select- 

- 9 During this experience, how frequently did staff (ie, CI, SCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale listed above.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	-Select- 
Providing effective role models for problem solving, communication, and teamwork.	-Select- 
Demonstrating high morale and harmonious working relationships.	-Select- 
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	-Select- 

Environment	Rating
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	-Select- ▼
Using evidence to support clinical practice.	-Select- ▼
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	-Select- ▼
Being involved in district, state, regional, and/or national professional activities.	-Select- ▼

- 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
- 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 than 1 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
- Others; 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?**

Save Submit

Copyright © The copyright for this form is held by APTA

PTSE 2 Final Term (CI) Eval

Copyright

©2003 American Physical Therapy Association. All rights reserved. Duplication of this form in its entirety is permitted; however, any revision, addition, or deletion is prohibited.

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 assistant student assessment of the clinical experience and Section 2-Physical therapist assistant 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 is extended to all 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

©2003 American Physical Therapy Association. All rights reserved. Duplication of this form in its entirety is permitted; however, any revision, addition, or deletion is prohibited.

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

Provision of Clinical Instruction	Final Term
The Clinical Instructor (CI) was familiar with the academic programs objectives and expectations for this experience?	-Select- 
The clinical education site had written objectives for this learning experience	-Select- 
The clinical education site objectives for this learning experience were clearly communicated	-Select- 
There was an opportunity for student input into the objectives for this learning experience	-Select- 
The CI provided constructive feedback on student performance.	-Select- 
The CI provided timely feedback on student performance.	-Select- 
The CI demonstrated skill in active listening.	-Select- 

Provision of Clinical Instruction	Final Term
The CI provided clear and concise communication.	-Select- 
The CI communicated in an open and non-threatening manner.	-Select- 
The CI taught in an interactive manner that encouraged problem solving.	-Select- 
There was a clear understanding to whom you were directly responsible and accountable.	-Select- 
The supervising CI was accessible when needed.	-Select- 
The CI clearly explained your student responsibilities.	-Select- 
The CI provided responsibilities that were within your scope of knowledge and skills.	-Select- 
The CI facilitated patient-therapist and therapist-student relationships.	-Select- 
Time was available with the CI to discuss patient/client management.	-Select- 
The CI served as a positive role model in physical therapy practice.	-Select- 
The CI skillfully used the clinical environment for planned and unplanned clinical experiences.	-Select- 
The CI integrated knowledge of various learning styles into student clinical teaching.	-Select- 
The CI made the formal evaluation process constructive.	-Select- 
The CI encouraged the student to self-assess.	-Select- 

Was your CI(s) evaluation of your level of performance in agreement with your self-assessment.

No

If there were inconsistencies, how were they discussed and managed?

What did your CI(s) do well to contribute to your learning?

What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Save Submit

Copyright © The copyright for this form is held by APTA

APPENDIX Y

DCE Assessment Questionnaire

The University of Findlay
DCE Assessment Questionnaire

Instructions:

A. Purpose:

The **Director of Clinical Education (DCE) Assessment Form** is designed to provide feedback to the DCE regarding specific behavioral skills needed to fulfill the responsibilities of this position. The ultimate aim is to improve the overall quality of the clinical experience for the student, the clinical faculty, and the client.

B. Format:

The assessment is completed on an annual basis by all the students and a random portion of the clinical faculty (from the assigned sites of that year). Specific behavioral skills of the DCE are rated on a numerical basis. If the chosen rating requires clarification, then the comment section may be utilized. The objective rating section is followed by a general comment section which may be used to provide specific information about the DCE and/or the clinical education program.

C. Ratings:

The ratings are:

- [5] The DCE performs at a **SUPERIOR** level. This individual **goes beyond** the above average level.
- [4] The DCE performs at an **ABOVE AVERAGE** level. This individual **consistently** exhibits behavior that is **above average** for the fulfillment of the responsibilities of the DCE.
- [3] The DCE performs at an **AVERAGE** level. This individual **consistently** exhibits behavior that is **adequate** for the fulfillment of the responsibilities of the DCE.
- [2] The DCE performs at a **BELOW AVERAGE** level. This individual **inconsistently** exhibits behavior that is adequate for the fulfillment of the responsibilities of the DCE **OR** exhibits behavior at a **minimally acceptable** level.
- [1] The DCE performs at a **POOR** level. This individual exhibits behavior that is **inadequate** for the fulfillment of the responsibilities of the DCE.
- [NO] **No opportunity** to assess this behavioral skill.

1. The DCE **accurately communicates** and **coordinates** the dissemination of appropriate and necessary activities, news, and other current information (e.g. student information, clinical site facts etc.) to both the student and the clinical faculty.

- 5 SUPERIOR
- 4 ABOVE AVERAGE
- 3 AVERAGE
- 2 BELOW AVERAGE
- 1 POOR
- NO Opportunity

Comments: _____

2. The DCE **accurately manages** or maintains the academic program's clinical education records (e.g. current database of clinical sites).

- 5 SUPERIOR
- 4 ABOVE AVERAGE
- 3 AVERAGE
- 2 BELOW AVERAGE
- 1 POOR
- NO Opportunity

Comments: _____

Cont. of DCE Assessment

3. The DCE completes the clinical **placements** in an **appropriate manner**.

- 5 SUPERIOR
- 4 ABOVE AVERAGE
- 3 AVERAGE
- 2 BELOW AVERAGE
- 1 POOR
- NO Opportunity

Comments: _____

4. The DCE **oversees** the clinical experiences with **appropriate guidance/support** as needed for the **challenging student**.

- 5 SUPERIOR
- 4 ABOVE AVERAGE
- 3 AVERAGE
- 2 BELOW AVERAGE
- 1 POOR
- NO Opportunity

Comments: _____

5. The DCE demonstrates an **adequate level of knowledge** concerning clinical education.

- 5 SUPERIOR
- 4 ABOVE AVERAGE
- 3 AVERAGE
- 2 BELOW AVERAGE
- 1 POOR
- NO Opportunity

Comments: _____

6. The DCE promotes the **overall development** of the clinical faculty & sites through organized mechanisms such as Grand Rounds, Consortium meetings, and other communications.

- 5 SUPERIOR
- 4 ABOVE AVERAGE
- 3 AVERAGE
- 2 BELOW AVERAGE
- 1 POOR
- NO Opportunity

Comments: _____

7. Please comment on the **strengths and weaknesses** of the DCE and the PT program:

8. Please list any suggestions that you may have for the improvement of the clinical education component of the curriculum:

Please return this survey to the Experiential Educator **by XXXXX**. Thanks!

APPENDIX Z

Sample Learning Contract



PHYSICAL THERAPY PROGRAM Sample Learning Contract

Student Name: XXXX

ate: XXXX

I agree to complete the following learning goal, activities, and associated evaluation measures by the end of this XXXX affiliation:

GOALS:

SKILL # 6 Communication

I will communicate in ways that are congruent with situational needs, including:

- Demonstration of nonverbals (e.g. gesturing, facial expressions) appropriate to the situation

SKILL # 15 Documentation

I will produce quality documentation in a timely manner to support the delivery of PT services, including:

- Selection of relevant, accurate information to document the delivery of physical therapy care.
- Completion of each progress note within 15 minutes & assessment note within 60 minutes.

Learning Activities:

- Continued practice of care and documentation for all types of assigned patients
- Development of a checklist of “documentation tips”
- Use of a quiet room for documentation purposes
- Weekly Reflections on strengths/limitations, goals, and progress completed in detail; discussed with the DCE first; and then reviewed with the CI
- Ongoing informal feedback from CI, including positive reinforcements

Evaluation Methods and Criteria for Successful Completion:

There needs to be evidence of improvement for the concerned skills (#6 & 15) each week.

Then, INTERMEDIATE level performance must be demonstrated for ALL SKILLS by the end of the extended affiliation. 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.

Failure to meet this criterion will result in unsatisfactory grade for PHTH 720.

Student Signature/Date

Clinical Faculty Signature/Date

Director of Clinical Education Signature/Date

Associate Director of PT Program Signature/Date

APPENDIX AA

CI Supervision Certificate



Bellarmino University
Cleveland State University
Mount St. Joseph
University
Ohio State University
Ohio University
University of Cincinnati
University of Dayton
The University of Findlay
University of Kentucky
University of Toledo
Walsh University
Western Kentucky
University
Youngstown State
University

The University of Findlay Physical Therapy Program

Hereby awards this certificate
To 'First Name' 'Last Name'

In recognition of service as a voluntary Clinical Instructor
PHTH 730

September 5, 2022 to November 11, 2022; 10 weeks

'Student Name'

_____ Hours of Clinical Instruction*

Awarded November 2022

Deborah George

Deborah George, PT PhD, MS
Director of Clinical Education

*self-reported by the Clinical Instructor

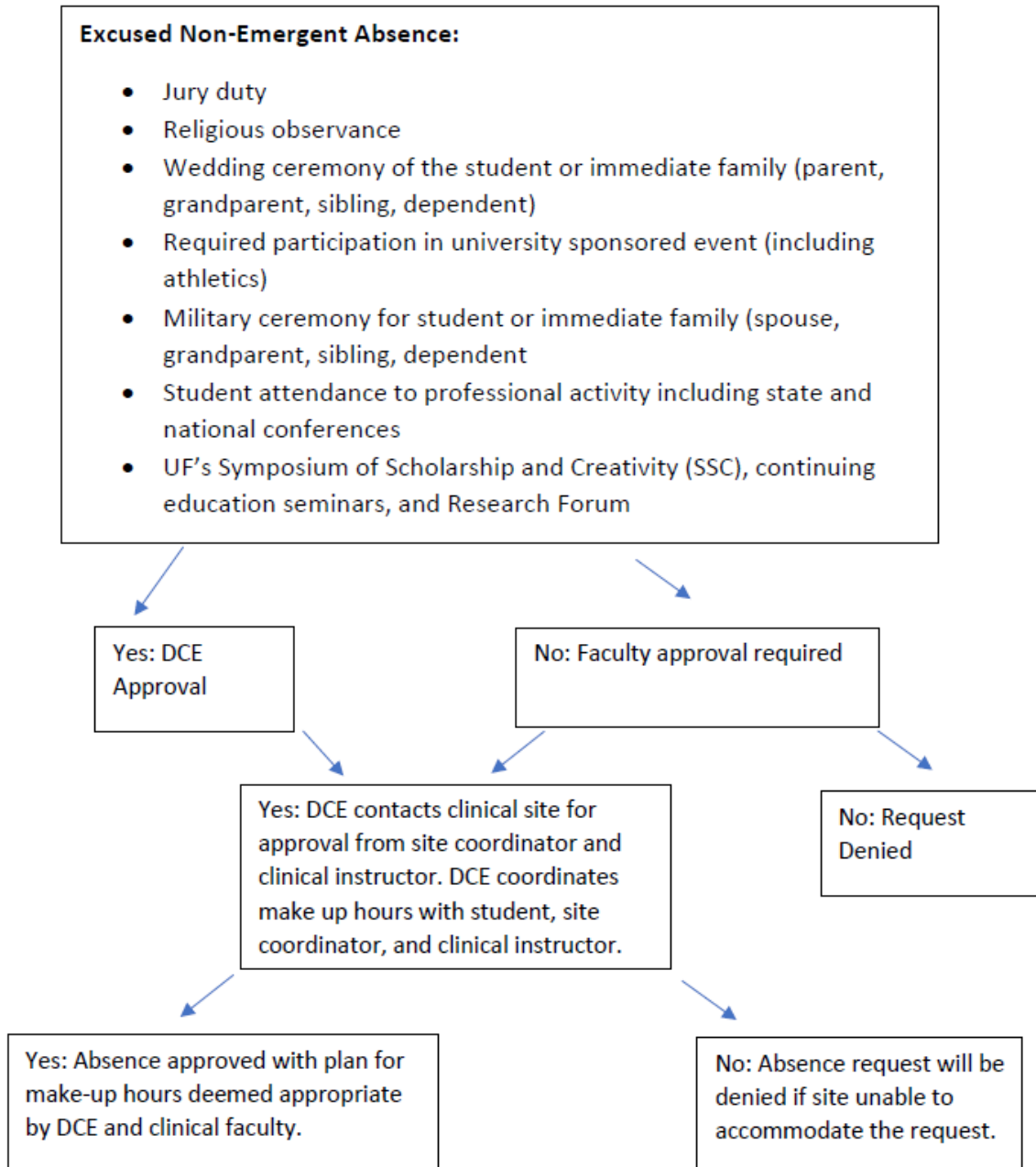
*CEUs can be earned if you are an APTA Credentialed CI, please refer to the Ohio Laws and Rules

APPENDIX BB

The Non-Emergent Clinical Absence Decision Tree

The Non-Emergent Clinical Absence Decision Tree

Consideration for non-emergent absences shall be made on a case-by-case basis and all time off must be made up. Non-emergent absence requests must be submitted, in writing, to the DCE no later than 30 days prior to the clinical start date.



APPENDIX CC

Information and Tips on Obtaining a Background Check

Information and Tips on Obtaining a Background Check

Bridge program students should have their state of residence and FBI background check sent directly to:

The University of Findlay
Attn: Dr. Robyn Wilhelm
1000 N. Main Street
Findlay, Ohio 45840

Traditional program student should have their Ohio BCI and FBI background check sent directly to:

The University of Findlay
Attn: Dr. Stefanie Anderson
1000 N. Main Street
Findlay, Ohio 45840

The University of Findlay now offers a Federal Bureau of Investigation (FBI) Criminal History Record Check and an Ohio Bureau of Criminal Investigation (BCI) Criminal History Record Check through the Office of Campus Security, which is located in Lovett Hall. UF Security is available for background checks Monday – Friday, 8am – 12pm and 1pm – 4pm. The students must FIRST make either an ONLINE payment for the criminal record check(s) using the link:

<https://commerce.cashnet.com/acpay?itemcode=AC-FBIBCI> or go to the Business Affairs Accounts Receivable window in Old Main and pay by check, cash or card. This window is open at 8:00 a.m. and closes at 4:00 p.m. weekdays. Once a receipt is received either on paper or electronically, take it to the Security Office for completion of the process. In addition, the student must bring a valid driver's license and provide their Social Security Number. Any additional questions, contact the Office of Campus Security at 419-434-4601.

The cost as of fall 2023 is \$25.00 for the FBI Background Check and \$25.00 for the BCI Background Check.

A list of out-of-state agencies follows. If an agency requests a "code number", the answer is that the background checks are for personal use and The University of Findlay does not have a code number. University of Findlay Campus Security has had success with using the code "VCA" for Volunteer Children's Act, when requesting an FBI background check. For the Ohio state background check (BCI), Campus Security uses the option of "Other" as the code, and types in "PT Clinicals".

State-level criminal background check					
1	Alabama	Alabama Law Enforcement Agency (ALEA) Alabama Criminal History Record Information (CHRI)	26	Montana	Montana Department of Justice BACKGROUND CHECKS
2	Alaska	Alaska Department of Public Safety, Statewide Services Alaska Criminal Justice Information	27	Nebraska	Nebraska State Patrol Nebraska Criminal History Reports
3	Arizona	Arizona Department of Public Safety (DPS) Criminal History Records	28	Nevada	The Nevada Department of Public Safety Records, Communications and Compliance Division
4	Arkansas	Arkansas Department of Public Safety CRIMINAL BACKGROUND CHECKS	29	New Hampshire	New Hampshire State Police A Division of the New Hampshire Department of Safety
5	California	The California Department of Justice (DOJ) Criminal Records	30	New Jersey	The New Jersey State Police- Department of Law and Public Safety Criminal History Record Information
6	Colorado	Colorado Department of Public Safety Colorado Bureau of Investigation	31	New Mexico	New Mexico Department of Public Safety FINGERPRINTING AND BACKGROUND CHECKS
7	Connecticut	Connecticut State Department of Emergency Services and Public Protection State Bureau of Police Identification	32	New York	New York State Division of Criminal Justice Services Criminal History Records, Background Checks - NY DCJS
8	Delaware	State Bureau of Identification Personal Criminal History Report	33	North Carolina	North Carolina State Bureau of Investigation Background Checks
9	Florida	State of Florida Criminal History Record Check Florida Department of Law Enforcement	34	North Dakota	North Dakota Department of Health & Human Services (ND DHHS) Criminal Background Check
10	Georgia	Georgia Bureau of Investigation Criminal History Record Information	35	Ohio	Ohio Bureau of Criminal Investigation (BCI) Background Check
11	Hawaii	State of Hawaii Criminal Justice Data Center CRIMINAL HISTORY RECORD CHECK	36	Oklahoma	Oklahoma State Bureau of Criminal Investigation (BCI) Criminal History
12	Idaho	Idaho Department of Health and Welfare Idaho Background Check Unit	37	Oregon	Oregon State Police Criminal Justice Information Services (CJIS) Criminal History Record Checks
13	Illinois	Illinois State Police, Bureau of Identification Background Checks	38	Pennsylvania	Pennsylvania State Police Criminal History Background Check
14	Indiana	Indiana Department of Insurance Indiana Navigator Criminal Background Check	39	Rhode Island	RHODE ISLAND State Bureau of Criminal Identification (BCI) Background Checks
15	Iowa	Iowa Department of Public Safety CRIMINAL HISTORY RECORD CHECK INFORMATION	40	South Carolina	SC State Law Enforcement Division BACKGROUND CHECKS
16	Kansas	Kansas Bureau of Investigation Kansas Criminal History Record Check	41	South Dakota	The South Dakota Division of Criminal Investigation Identification Background Check Requirements
17	Kentucky	Kentucky state police BACKGROUND CHECKS	42	Tennessee	State of Tennessee Background Checks
18	Louisiana	Louisiana State Police Department of Public Safety & Corrections, Public Safety Services	43	Texas	Texas Department of Public Safety Crime record division Background Check
19	Maine	Maine Department of Health and Human Services and the Department of Public Safety	44	Utah	Utah Department of Public Safety Background Checks
20	Maryland	Maryland Department of Public Safety & Correctional Services Background check Report	45	Vermont	Department of Public Safety Vermont Crime Information Center Record Checks
21	Massachusetts	Department of Criminal Justice Information Services Massachusetts Criminal Offender Record Information (CORI)	46	Virginia	Virginia State Police Virginia Criminal History Record Check
22	Michigan	Michigan State Police -the Internet Criminal History Access Tool (ICHAT) Criminal history background check	47	Washington	Washington State Patrol CRIMINAL HISTORY
23	Minnesota	Bureau of Criminal Apprehension A Division of the Minnesota Department of Public Safety	48	West Virginia	West Virginia State Police CRIMINAL RECORD CHECK
24	Mississippi	Mississippi Department of Public Safety. criminal background check	49	Wisconsin	Wisconsin Department of Justice Crime Information Bureau (CIB) Criminal History Information
25	Missouri	The Missouri State Highway Patrol Criminal Record Check	50	Wyoming	Wyoming Division of Criminal Investigation Background Checks