I. CLINICAL EDUCATION SEQUENCE AND OUTCOMES

A. DESCRIPTION: Clinical education is the portion of the student’s professional education involving practice and application of classroom knowledge and skills to on-the-job responsibilities. Clinical education is an integral part of the academic curriculum. Clinical experiences take place at affiliating clinical education sites with the help of clinical educators who volunteer their time. Clinical experiences occur both during and upon conclusion of the didactic portion of the curriculum. Students enrolled in a professional curriculum are not merely taking courses, but are internalizing the role of the professional. The core program faculty is responsible for ensuring that students demonstrate appropriate clinical and professional skills to attend clinical rotations. Special examinations may be required to ensure that a student is meeting performance criteria prior to clinical experience(s).

B. EXPERIENCES: Clinical experiences are designed to include active participation in the planning and delivery of patient care; interaction with patients, families, health care providers, and support staff; participation in administrative or research activities; preparation of written reports; and personal assessment of performance. Students are enrolled in five clinical rotations (clinical practica) during the course of the DPT program.

C. SEQUENCE: Sequencing and length of clinical experiences within the DPT curriculum is as follows:

- Clinical Practicum I 5 weeks 2nd Fall Semester
- Clinical Practicum II 8 weeks 3rd Fall Semester
- Clinical Practicum III 10 weeks 3rd Spring Semester
- Clinical Practicum IV 10 weeks 3rd Spring Semester
- Clinical Practicum V 10 weeks 3rd Summer Semester

D. OUTCOMES: Clinical experiences are designed to allow the student to practice didactic and clinical skills in a variety of practice environments. Completion of clinical rotations in each of the required practice settings –acute, inpatient rehabilitation, outpatient – provides students with a range of opportunities to prepare them for clinical practice. Students are expected to progress from novice to entry-level performance over the course of the assigned clinical rotations. The timing and sequencing of clinical experiences has been established to promote integration of didactic learning along a progressive continuum leading to entry-level practice of clinical skills.

II. CLINICAL EDUCATION STRUCTURE

A. GLOSSARY

1. Clinical Education Site (Facility): The PT Program has contracts with approximately 200 clinical education sites located both in and outside of Arkansas. These affiliating sites provide a variety of clinical experiences in several different settings including but not limited
to acute care hospitals, rehabilitation hospitals, private clinics, public organizations, corporate facilities, nursing homes, and home health. Experiences occur in settings including inpatient, outpatient, rehab, sub-acute, acute, recuperative care, sports, pediatrics, schools, orthopedics, geriatrics, and other specialty areas. Information about clinical sites is made available to students and includes details such as patient population, staff therapists, learning experiences available, etc. The DCE considers current sites and new sites using criteria found in Attachment 1: Clinical Site Criteria Form.

2. Director of Clinical Education (DCE): The DCE is an individual, employed by the educational institution, whose primary concern is relating the student’s clinical education to the curriculum. The DCE plans and coordinates the individual student’s program of clinical experience, known as the clinical Practicum and clinical internship. The DCE is also responsible for communicating with and educating all Clinical Faculty in matters related to clinical education. Clinical Faculty and students are provided with contact information for the DCE and Assistant DCE to be used during clinical rotations. The DCE, in association with the academic and clinical faculty, plans, coordinates, administers, and evaluates the clinical education process. The Administrative Clinical and Services Coordinator assists the DCE with the database, clinical agreements, and student records. The DCE is Dr. Misty Booth (501-450-5543 or mbooth@uca.edu) and the Administrative Clinical and Services Coordinator is Stacey Stephens (501-450-5549 or staceys@uca.edu).

3. Assistant Director of Clinical Education: The Assistant DCE is responsible for making decisions related to clinical education that are urgent in nature in the event the DCE is not available for contact. The Assistant Director of Clinical Education is Dr. Twala Maresh (510-450-5598 or twalam@uca.edu).

4. Center Coordinator of Clinical Education (CCCE): The CCCE is an individual at each clinical education site who coordinates and arranges the clinical education for the student. Together, the CCCE and DCE coordinate student affiliations. The CCCE provides updated facility information. The CCCE also is responsible for assigning each student a Clinical Instructor(s) (CI) and assuring that appropriate supervision is available at all times for the student involved in patient care. The CCCE may also serve as a CI. The CCCE will also: provide an orientation to new students, provide a student handbook on site for students regarding policies, procedures, and etc., of the facility, serve as a resource for the student, mediate between the CI and student as needed, and provide information to students in the program about the clinical education experiences available.

5. Clinical Instructor (CI): The CI is a licensed physical therapist with at least one year of clinical practice who is assigned by the CCCE to be responsible for the instruction and supervision of the student(s) in the clinical education setting. The CI is to provide a quality learning experience for students in the areas of patient care, administration, and research as
determined by availability and the student objectives. The CI provides a written and oral evaluation of the student’s performance as requested by the DCE. The student also provides the clinical instructor with an evaluation whereby the student provides feedback regarding instruction and learning experiences received. A CI may supervise two students at a time, which is referred to as the 2:1 model. A student may be supervised by more than one CI in a clinical setting.

6. **Clinical Agreement**: The responsibilities of UCA, the Department of Physical Therapy, the DCE, the Facility and its staff, as well as the student, related to Clinical Education, are clearly defined in the Clinical Agreement (i.e. contract) between the SCHOOL and FACILITY. A FACILITY cannot be used unless an executed clinical agreement is on file. The responsibilities of the student will be defined in this handbook and clinical education course syllabi. The student is obligated to comply with all policies and procedures and requirements of the facility as outlined in the contract for each facility to which the student is assigned. The student is responsible for reviewing the facility’s agreement in advance of a clinical rotation at the facility.

7. **Clinic Advisory Committee**: The Clinic Advisory Committee serves to advise faculty on clinical education policy, initiatives, and programming. The committee is composed of the Director of Clinical Education (DCE), the Assistant Director of Clinical Education, the Administrative Clinical and Services Coordinator, and three clinicians appointed by the DCE, as well as one representative from each student class. Student members are appointed by the DCE during their first fall semester and continue to serve while enrolled in the program. Communication occurs either electronically through e-mail or through regular mailings, to discuss clinical education issues and provide recommendations to the DCE, who in turn takes these recommendations to the faculty as a whole.

8. **Clinical Education E-Library**: An electronic copy of pertinent documents for clinical education and clinical education sites is available for students in a Clinical Education E-Library. The materials are housed in MyUCA under Groups in a restricted membership group called “DPT Students”. Each student will need to join the group to have access to the e-library. Instructions for joining will be provided to the class at the beginning of the program.

**B. HEALTH INFORMATION MANAGEMENT**

1. **CHART OF REQUIRED STUDENT CLEARANCES**

<table>
<thead>
<tr>
<th>Required Student Clearance</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background check</td>
<td>Completed by student prior to CE1; additional checks if required by clinical facility</td>
</tr>
<tr>
<td>Blood borne Pathogens Training</td>
<td>Years 1 and 2</td>
</tr>
<tr>
<td>Child or Adult Abuse Registry Check</td>
<td>Completed by student if required by clinical facility</td>
</tr>
</tbody>
</table>
SECTION F: CLINICAL EDUCATION

DPT Student Handbook
University of Central Arkansas

| **CPR Certification, Healthcare Provider** | Current during Years 2 and 3 |
| **Drug Screen** | Completed by student if required by clinical facility |
| **Hepatitis B Vaccine** | Waiver required in lieu |
| **HIPAA Training** | Year 1 |
| **Immunizations** | MMR (2 dose); remainder as required by clinical facility |
| **OSHA Training** | Years 1 and 2 |
| **Professional Liability Insurance** | Provided by School, renewed July 1 each year |
| **Personal Health Insurance** | Current upon entrance through graduation |
| **TB Skin Test, 12 month** | Current upon entrance through graduation; updated annually or as requested by clinical facility |

A summary sheet for each student with the dates for each of the above required student clearances will be provided to the CCCE/CI in the clinical instructor packet prior to each clinical education rotation. Copies of the above items are kept in the office of the Director of Clinical Education. Clinical sites are provided with a copy of specific documents upon request.

2. REQUIRED RECORDS: Students are required to maintain the following records throughout the PT Program. Each is responsible for providing and/or renewing each health record as necessary in order to comply with either the school or clinical facility’s policy.

a. **Personal Health Insurance:** All physical therapy students must hold personal health insurance. The coverage must at minimum include accident and injury. This coverage will be required for both academic activities and clinical education activities. The requirement is a Department of Physical Therapy policy and often a Clinical Education Site policy. Many facilities require students to carry personal health insurance for emergency medical care, hospitalization and/or healthcare during the clinical experience. Proof of the policy (copy of card) needs to be submitted to DCE at the beginning of the academic program and maintained throughout the program. The student is responsible for providing updated information to the DCE in the event of any changes in coverage.

b. **Hepatitis B Vaccine or Waiver:** Students will be educated regarding the OSHA Standard on Blood-borne Pathogens as well as information from the Centers of Disease Control (CDC) regarding universal precautions and risk factors for contracting Hepatitis B as a healthcare worker. Students are required to sign an affidavit which states that they have received the information. The student must provide evidence that the vaccination has been started, completed, or declined. A form will be provided. Information concerning the vaccination and universal precautions will be provided by the DCE. Although the Hepatitis B vaccine is not provided by the School or Facility, students are encouraged to receive the vaccine which is offered at a nominal fee by the university Student Health
c. **TB Skin Test:** Each student is responsible for submitting up-to-date documentation of TB skin testing, as well as renewing and providing proof of retesting to the Administrative Clinical and Services Coordinator. Department policy requires that students must provide documentation of a TB skin test with negative results in the last 12 months prior to beginning the program. Students must update their TB skin test annually. Students without history or proof of negative TB testing will need to complete 2 step TB testing whether an individual facility requires it or not. This requirement is due to the national concern regarding the increased incidence of TB. Proof (photocopy) of a negative skin test must be submitted to the Administrative Clinical and Services Coordinator no later than 12 months following the last test or by deadlines provided by the DCE. Some facilities may require a negative test more frequently than once a year (i.e. every three months, etc.). A TB skin test may need to be performed sooner than the traditional one-year time frame in order to meet facility requirements. Students will abide by facility policies to prepare for a clinical experience. Also, the Clinical Instructor Packet will be prepared in advance of the clinical and students may need to renew their TB skin test sooner than one year. The Clinical Education office will retain a copy of the negative test or proof of clear chest x-ray, and clinical sites will be informed of the student’s status at least one month in advance of the clinical experience.

d. **Immunization Records:** By the first week of classes in the DPT Program, students will supply the Department of Physical Therapy with a copy of their complete immunization record. If new or additional immunizations are received, then corresponding documentation should be submitted. Many clinical education sites, hospitals in particular, require such documentation prior to student clinical experiences. Some clinical education sites may require a variety of documentation or even titer tests regarding immunizations. Fees associated with immunizations or titer tests will be at the student’s expense. Students are responsible for submitting copies of vaccination records to the Administrative Clinical and Services Coordinator.

e. **Criminal Background Check(s):** A Criminal Background Check (“CBC”) must be completed by each student prior to the second Fall semester of the UCA DPT program. Specific guidelines including CBC inclusion criteria and available agencies or vendors will be provided to students by the DCE during mandatory clinical education meetings. Students failing to comply with CBC requirements will not be allowed to attend clinical rotations.

The student is responsible for the cost of the mandatory CBC, as well as any fees for additional background checks required by clinical sites. Some clinical education sites may require additional criminal record checks such as a Child Maltreatment Registry.
Check, Adult Maltreatment Registry Check, or other exclusion database checks. Each student must sign a waiver form allowing the findings of criminal records checks to be reviewed by the DCE, as well as designated personnel at clinical facilities to which the student is assigned.

Adverse findings on a Criminal Background Check may limit or prohibit a student from participation in clinical experiences depending on the offense and clinical site requirements. Any criminal record reported on a student’s CBC, as well as any additional charges or convictions occurring after the mandatory CBC will be shared with the departmental Academic Progress Committee, as well as the Center Coordinators of Clinical Education or designated clinical instructor(s) at the student’s assigned clinical sites. Results of each student’s CBC also will be available to each student’s assigned clinical sites upon request. The clinical site may refuse to accept the student after being informed of the results of the CBC as performed by the reporting agency selected by the student or a reporting agency designated by the site. If an assigned clinical site refuses to accept a student based on CBC results, the DCE will attempt to obtain another affiliation in a similar type of clinical setting for the student. However, alternate placement is not guaranteed. Inability to secure clinical placements due to adverse findings on the CBC will result in the inability of the student to successfully complete clinical education requirements within the program which will result in dismissal from the program.

Following notification of positive results on a CBC, the Academic Progress Committee will determine whether the results of the CBC are indicative of a need to disclose information to protect the safety of other students, faculty, staff and patients/clients participating in class-related activities. The Academic Progress Committee will determine with whom to share information and will forward recommendations to the Department Chair for approval prior to dissemination.

Following the initial CBC, students are responsible for informing the DCE of any additional criminal charges or convictions occurring while the student is enrolled in the UCA DPT program. Failure to disclose additional charges or convictions constitutes unprofessional behavior and will be reported to the Academic Progress Committee. Corrective action for failure to disclose additional criminal charges or convictions may range from remediation to dismissal from the program.

Individual state physical therapy licensing boards may deny, suspend, or revoke a license or may deny an individual’s request to sit for a licensure examination if an applicant has a criminal history of a felony or other serious crime. Successful completion of the UCA DPT program does not guarantee licensure, the ability to sit for a licensure examination, or employment.
f. **Maintaining Records for Clinical Education:** Students are responsible for providing documentation of each of the previously listed requirements to the Clinical Education Office. Students should have copies of these health records with them during clinical internships in the event the facility needs to view them. Students are responsible for any other requirements such as a physical, proof of chicken pox immunization (varicella), measles immunization, or other health records as requested by the facility. The Administrative Clinical and Services Coordinator will maintain records for students related to clinical education. **Students who do not provide required documentation will not be allowed to begin clinical rotations.**

The DCE may request documentation of updated, required health records and/or CPR certification before students leave for extended off-campus internships CE III, IV, and V. A deadline for materials will be announced. Such requests may be necessary to ensure continuity of clinical rotations.

3. **REQUIRED TRAINING:** Students will complete the following trainings:

   a. **OSHA Blood-borne Pathogens and Universal Precautions Training:** Students will complete training on OSHA blood-borne pathogens transmission and universal precautions. Upon completion students will sign a statement indicating they have received such training. The training will be required before the student can begin the first clinical internship. OSHA training will be completed one additional time prior to CE II.

   b. **HIPAA Training:** Students are expected to comply with the Health Information Portability Accountability Act of 1996. Students will complete training on HIPAA guidelines and requirements related to protecting personal health information. Upon completion students will sign a statement indicating they have received such training.

   c. **CPR Certification:** Cardiopulmonary resuscitation (CPR) certification (up-to-date within two years) is required for all PT students prior to and during all clinical internships. Students are responsible for obtaining and maintaining specified CPR certification. The certification should be by the American Heart Association (Healthcare Provider Course or equivalent, which includes 1 man, 2 man, infant, and AED training). Each student shall provide a copy of certification to the DCE by June of their 1st summer semester and is responsible for renewing certification prior to expiration. A copy of certification will be kept in the clinical education office files. The CCCE of the assigned clinical education site will be informed of each student’s status regarding CPR. Students without current CPR certification will not be allowed to attend clinical experiences. Students for whom CPR certification will expire while on a clinical rotation should make arrangements to update CPR certification prior to beginning the clinical experience.
d. **First Aid Certification:** Each student will complete First Aid Certification if it is required by the clinical site to which they are ASSIGNED for a clinical internship. Many pediatric facilities require first aid certification. Students will read about this requirement in the Clinical Site Information Form and comply with the requirement if it is necessary.

C. **RESPONSIBILITIES**

1. **SCHOOL**
   a. **Master List of Clinical Education Sites:** The Master List includes all clinical education sites with a current clinical agreement on file. The information on the list includes site name, mailing address, phone numbers and CCCE. The contact information in the master list is frequently updated. A clinical site may be removed from the list at the discretion of the clinical site or the DCE. A clinical site may be FLAGGED while administrative paperwork is in progress or INACTIVE if there has not been any communication or activity in the last three to five years. An affiliation with a clinical site may be CANCELLED by either party.

   b. **Clinical Site E-File:** An E-file maintained by the school for each clinical education site is available in the Clinical Education E-Library at MyUCA under Group titled DPT Students - access MyUCA from www.uca.edu. Important information contained in each clinical site file may include a clinical agreement (if not the standard), a Clinical Site Information Form (CSIF), clinical date commitment forms, maps/directions, housing information, special requirements, and past student evaluations of clinical experiences. The clinical education site is invited to provide any additional information that may benefit the student.

   c. **Professional Liability Insurance:** UCA provides a professional liability policy that covers each student during all clinical internship courses at no cost to the student ($2,000,000 at each occurrence and $5,000,000 aggregate). The policy is renewed by the university at the beginning of each fiscal year on the first day of July. Proof of the policy is provided to clinical sites upon request. The student should inform the DCE if one is needed. Professional liability coverage does not include personal health/medical coverage.

   d. **Name Badges:** Students are required to wear their UCA PT name badge daily during each clinical affiliation. A substitute should be made and worn in the event it is misplaced until the student is able to obtain a replacement.

   e. **Clinical Agreement Review:** Each clinical agreement must follow University Board Policy 416 (http://uca.edu/board/files/2010/11/416.pdf) regarding contract
procedures. The clinical agreement with each clinical education site will be reviewed by UCA’s General Counsel prior to university signature and then periodically and/or prior to expiration.

2. CLINICAL SITE/CCCE

The clinical education site will designate one member of the professional physical therapy staff as the CCCE and notify the school if the CCCE is replaced. The responsibilities of the CCCE are to:

   a. Ensure each CI has had one year clinical experience prior to serving as a CI.
   b. Provide regularly updated information about the facility. The CI will formally evaluate the student’s performance at mid-term and final.
   c. Provide a student handbook for policies and procedures of the clinical site.
   d. Provide an orientation to the facility for each student prior to patient care. The CI will provide appropriate supervision for each student. Students are trainees, not employees, and are not to replace facility staff.
   e. Provide quality learning experiences in the areas of patient care, research, and administration.
   f. Request any additional student records other than TB skin test, Hepatitis B vaccine, (such as MMR, physical exam, etc.,) from the student or DCE.
   g. Provide a Clinical Site Information Form (CSIF) for their clinical education site. The CSIF provides students with detailed information about the site such as type and number of patients, work hours, housing information, and student instructions. Also, the CSIF contains contact information, directions, dress code and more. The CCCE is asked to update the CSIF every two years or when significant changes occur. Students are responsible for verifying information regarding requirements prior to the clinical rotation. UCA utilizes CSIF Web to help manage and keep track of clinical sites. Clinical sites are asked to complete the CSIF online at https://csifweb.amsapps.com. Once the CSIF is completed, all schools that have purchased CSIF Web have access to the facility’s CSIF. See Attachment 2: CSIF Web Invitation for further instructions.
   h. Return the annual commitment form for student placement offers. On March 1 of each year, the DCE sends a commitment form to each clinical site. The commitment form provides the exact date of each clinical rotation for the following calendar year and a request for clinical affiliation slots that the site can provide. This allows the clinical site to indicate when they are interested in hosting a UCA physical therapy student. A list is prepared from this information and then provided to students. Clinical dates are only considered for one calendar year in advance.
   i. Abide by the Family Educational Rights And Privacy Act (FERPA). Each Clinical Site will comply with the provisions of the Family Educational Rights and Privacy Act (FERPA) by agreeing not to disclose information about the student or from the student’s educational records provided by the SCHOOL, to a third party without the
student’s consent. The clinical site further agrees to use student information only for the purposes for which it is requested. The CI and CCCE agree not to discuss the student’s performance with a third party unless consent is obtained from the student.

3. CLINICAL INSTRUCTOR
   a. Clinical Performance Instrument (CPI): Students are evaluated regarding applications of clinical skills and professional behaviors in the clinic using the Clinical Performance Instrument (CPI). The web-based instrument developed by the American Physical Therapy Association requires completion of a training module. Clinical instructors and students are provided with information to allow access to the web-based CPI. Information from the completed CPI or instructor’s evaluation is used to ensure the student’s readiness for practice. Instructions for accessing the web-based CPI and the one-time training are provided in Attachment 3: PT CPI Web 2.0 Instructions for a CI (APTA) and Attachment 4: PT CPI Quick Click Guide (APTA).

   b. Clinical Site’s objectives: It is recommended that the CCCE and CI of each clinical education site prepare learning objectives for students to meet during their affiliation. Students will be informed of any specific site objectives during orientation at their assigned clinical education site. Not every clinical site will provide these objectives. The student will work toward meeting objectives for those sites which do utilize their own.

   c. Expectations and Responsibilities for Clinical Instructors and CCCES
      i. The FACILITY provides an active, stimulating environment for the student and has a staff, which practices ethically and legally, and which is committed to the principles of equal opportunity and affirmative action.
      ii. The student accomplishes pre-planned objectives specified by the clinical faculty, the academic faculty, and the student.
      iii. Learning experiences are designed to provide opportunities for enhancing cognitive, psychomotor, and affective skills in the areas of patient care, administration, supervision, teaching, and research.
      iv. The student explores areas of special interest in addition to acquiring entry-level skills and determines compatibility with certain areas of practice and certain practice sites.
      v. The FACILITY obtains growth and development through preparation for student learners and through knowledge and skills brought by the students, and determines compatibility of certain students with the FACILITY.

   d. Complications During A Clinical, When a Problem Occurs: The DCE should be notified of any problems occurring during clinical the affiliation. Documentation is kept by the
DCE regarding any clinical situation. Documentation will occur concerning current or potential future problems during a clinical experience based on discussion with the DCE and the CCCE, CI, or student. If a problem arises in the clinic, the student and the CCCE or CI should first attempt to seek a solution to the problem. Either way, the DCE should be kept informed of the situation, and if necessary, will become involved in the plan of action to resolve the problem (See Attachment 5: Action Plan). The student may feel the need to discuss the problem with the DCE, due to an uncomfortable situation or problem of a delicate nature. In this case, the student and the DCE should discuss the situation first, and then determine the next plan of action. However, the DCE has a responsibility to the facility to discuss the matter with the CCCE, CI, or appropriate representative as necessary to resolve any issues related to clinical education.

e. Student Dismissal: The DCE or CI, with cooperation of the CCCE, may request that the student be withdrawn from the clinical education experience, or other action taken, when mutual objectives cannot be met. If a student is requesting to be withdrawn, the request should be initiated by the student through the DCE. The request will be considered and the decision will be based on the reason for the request. The CCCE and DCE will confer regarding the circumstances and outcome of any request for withdrawal or dismissal.

4. STUDENT

a. Health Risks and Universal Precautions: Certain health risks exist in providing physical therapy intervention, such as contracting infectious diseases, or injuring one’s self while working in the healthcare environment. Clinical education will require contact with patients in a variety of atmospheres. All students will spend time in acute care hospitals, rehabilitation centers, and outpatient clinics, and possibly in home health, skilled nursing facilities and pediatric environments. Students will be expected to follow all safety policies and procedures at all times. Each facility will provide information pertinent to their setting regarding health risks and safety. Students also will be informed and expected to follow precautions for preventing transmission of bloodborne pathogens. Minimum guidelines have been determined by the UCA PT Department to ensure safety. However, clinical sites may have additional guidelines that must be followed as well. Clinical sites also may have specific protocols for students regarding communicable diseases that they may have or contract during the clinical experience. Students receive training regarding health risks and universal precautions via OSHA training.

b. Clinical Education Costs: Students should be aware of the possible costs related to clinical education in addition to regular university tuition, fees, and books. Various costs may be incurred by the student such as: criminal background checks, drug screens, varicella titer, miscellaneous photocopy expenses, immunizations, CPR certification,
personal health insurance, travel expenses, phone calls, housing accommodations, postage, uniforms, lab coat, and other materials as necessary. Clinical experiences are not for pay. Some clinical sites may offer a stipend (a monetary sum to support the student’s education experience), however, any stipend provided by a clinical site is subject to change or withdrawal with or without notice. Change in the site policy regarding stipends between student assignment and start date for the rotation is not grounds for reassignment.

c. Clinical Site E-File: Students are responsible for reviewing the site file upon notification of placement in order to familiarize themselves with the facility and any special requirements to be completed prior to clinical rotations. Delay in meeting facility requirements may impact clinical experience start/completion dates. The clinical education E-Library is located in MyUCA Groups DPT Students and provides information about each clinical education site as well as forms and documents needed for clinical education and the DPT Program. Students will be instructed (and provided instructions) to join the group in order to access clinical education material.

d. PTSECECI: The Physical Therapy Student Evaluation of Clinical Education and Clinical Instruction (PTSECECI) is an evaluation tool prepared by the American Physical Therapy Association (APTA). Each student is required to evaluate each clinical experience both at midterm and final using this tool. Information obtained from the PTSECECI is entered into the clinical education database for use in program, facility, and clinical instructor assessment and development. A copy of the instrument is provided in Attachment 6: PTSECECI (APTA).

e. Clinical Education Meetings: Meetings are scheduled periodically during the semester for dissemination of information related to clinical education. Attendance at clinical education meetings is mandatory. Tardiness or absences without an acceptable reason and proper notification are considered unprofessional behavior.

f. Blackboard courses for Clinical Education: Students will be enrolled in a Clinical Education on-line course via Blackboard during clinical rotations to receive policies and procedures, communicate with the DCE, receive and post assignments, be informed of important dates, and access resource information. Class meetings will be scheduled as necessary. Students should regularly check information pertaining to clinical education via Blackboard during each clinical rotation for announcements and information related to assignments.

g. Email Communications: The DCE will communicate with students using the student list-serve. The email feature of Blackboard may be used as well regarding clinical education issues and topics pertaining to clinical experiences when students are on
clinical rotations. Students are asked to check their email routinely.

h. **Student’s Objectives:** Each student will review the learning experiences available at assigned clinical education sites in order to prepare written objectives that will be used to guide clinical experiences for themselves and their clinical instructor(s). These objectives will be discussed by the DCE in advance so that each student can successfully prepare written objectives that will be forwarded to the Clinical Instructor. The due dates for these objectives for each clinical rotation will be set by the DCE. Students will write objectives prior to attending the clinical experience and will update these objectives at midterm of the clinical experience. Students also will self-assess and identify opportunities to practice skills during clinical experiences utilizing **Attachment 7: Minimum Required Skills of Physical Therapist Graduates at Entry-level (APTA)**.

i. **Prior to clinical experiences students are expected to:**
   1) Read and follow all policies of the Clinical Education Section of the DPT Student Handbook.
   2) Read the UCA Clinical Agreement and Facility Agreement if applicable.
   3) Attend Clinical Education Meetings.
   4) Submit all paperwork requested by the DCE in a timely manner.
   5) Maintain current health records at all times as required by the program including providing a copy to the DCE.
   6) Inform the DCE of changes in health status, health records, last name, address, phone number, and e-mail, etc., pertinent to clinical education.
   7) Maintain professionalism with the DCE and classmates in all clinical education activities.
   8) Refer to the Clinical Education Section of the DPT Student Handbook prior to seeking help from the DCE.
   9) Seek clarification and explanation from the DCE on all policies and procedures pertaining to clinical education as needed.
   10) Research clinical education sites prior to site selection and prepare for all clinical education site selections and assignments.
   11) Utilize the process outlined in the DPT Student Handbook for special requests as a formal process.
   12) Submit any item for consideration by the DCE according to prescribed deadlines.
   13) Refrain from contacting a clinical site without approval of the DCE.
   14) Contact the assigned clinical site in advance of an assigned affiliation to discuss the upcoming affiliation.
   15) Read the state practice act for states in which the student will participate in clinical rotations.
j. **During clinical experiences students are responsible for:**
   1) Performing with high standards in accordance with the American Physical Therapy
      Code of Ethics and appropriate state laws.
   2) Participating in the clinical education experience utilizing a proactive approach to
      opportunities for clinical learning.
   3) Conforming to rules and regulations of the facility.
   4) Being prompt and regular in attendance. If absent, the student will notify the CCCE
      and/or CI and the DCE. The student is responsible for initiating plans for make-up
      work.
   5) Assuming financial responsibility for any illness or injury incurred during the clinical
      education period.
   6) Maintaining records (i.e. TB skin test, etc.) as required by the UCA PT Department
      and the Clinical Facility.
   7) Respecting and maintaining confidentiality of patient records, clinical facility
      information, classmates, and colleagues.
   8) Providing a written evaluation of the clinical experience to the the UCA PT
      Department and the Facility.
   9) Presenting a professional appearance in accordance with dress code policies
      described in the Clinical Education Section of the DPT Student Handbook.
   10) Completing all requirements and assignments outlined in the course syllabus for
       each clinical experience.
   11) Informing patients of their student status during all patient encounters and being
       aware of the patient’s right to decline participation in clinical education.

k. **Clinic Attendance / Tardiness:** Attendance by the student during the clinical experience
    should occur as if the student is reporting to work. A student should call the CCCE/CI as
    early as possible if the student cannot be at the facility for any reason or if the student
    will be late for any reason. (Call prior to the time that you are expected if possible). If
    more than one day is missed, the student is expected to make arrangements to make up
    the time. Repeated absences or tardiness for any reason are considered unprofessional,
    and the DCE should be notified. Students are not allotted any personal days during
    clinical rotations and should not request time off to attend to any personal matter
    without arranging make-up time. Students should not plan activities that would
    interfere with attendance on a clinical rotation.

l. **Clinic Dress Code:** During clinical internships and contact with patients on-campus, the
   student should wear the following clinic attire: UCA PT name badge, long pants (not
denim) and shirt with collar (not sleeveless) or solid color scrubs along with socks and
shoes that are closed-toe and rubber soled. Furthermore, there should be minimal
perfume/cologne, no excessive or dangly jewelry, no facial piercing(s), no visible tattoos,
and no unusual hair color (i.e. blue, green, or pink, etc.). Long hair should be out of the way during treatment procedures. Nails should be kept short. Students should check clothing fit to ensure that the midriff, underclothing, cleavage and gluteal folds or clefts will not be exposed, particularly when performing activities (i.e. reaching, bending, and stooping). Gum chewing during treatment procedures is distracting and considered unprofessional. Students are expected to maintain professional appearance and observe this dress code during all clinical experiences and patient contact on campus. If the clinical facility has a more strict dress code, then the student should abide by it during clinical experiences. Clinical sites will normally inform students of the dress code of the facility. Students should maintain professional appearance and follow the facility’s dress code if one is indicated. Capri pants, shorts, open-toed shoes and t-shirts are not considered professional attire and are not allowed.

m. **Abiding By Facility’s Rules And Regulations:** As stated in the Clinical Agreement between the SCHOOL and the FACILITY, and in the PT Student manual, students are obligated to conform to the rules, regulations, policies, and procedures of the FACILITY at all times. Students should review any information provided on the CSIF and commitment forms prior to selecting a site. Students should review facility rules, policies, and procedures with the CI at each affiliation.

n. **Legal & Ethical Questions:** A student must abide by pertinent state and federal laws, even if the facility chooses to do otherwise. Such a site is not a clinical environment suitable for students. All facilities should have the "Rules and Regulations" available at the facility. Students should notify the DCE immediately if he/she identifies clinical situations in which legal or ethical questions are present or a clear violation is being observed. While state law may indicate the minimum standards of supervision, the University of Central Arkansas Physical Therapy Program abides by the American Physical Therapy Association standards of supervision, safety, and professional conduct.

o. **Discontinuing/Postponing a Clinical:** Students are required to follow established time frames/dates for assigned clinical practica within the DPT curriculum except in cases where illness or extenuating circumstances prevent completion. Should a student be unable to begin as scheduled or complete a clinical experience within the allotted time, postponement will be at the discretion of the DCE with input from the assigned clinical site/clinical faculty. A student needing to request alternate timing in clinical placement(s) due to medical reasons or other extenuating circumstances must submit a written request to the DCE. A student who is unable to complete the clinical education sequence as assigned is not guaranteed a specific time line for completion of clinical practica. Failure to successfully complete a clinical practicum for any reason will result in a grade of NC (see Clinical Education grading policy). If a clinical site requests removal of a student from the clinical site during the clinical practicum for reasons of safety concerns or inappropriate
professional behavior, the student will receive a grade of NC.

D. CLINICAL INSTRUCTOR PRIVILEGES

1. Library Privileges: In appreciation for the clinical opportunities provided for students in the UCA DPT program, each CI is eligible for UCA library privileges. A form is included in each student’s packet for CIs to request UCA library privileges. Forms for CIs wishing to request library privileges should be completed and returned to the DCE via mail or fax (501) 450-5822. A request form is also provided in Attachment 8: UCA Library Privileges.

2. In-Service Presentations: The Director of Clinical Education or other faculty may provide in-service presentations on site at clinical education sites (when mutually convenient) for clinical instructor development.

3. Clinical Instructor Presentations and Training: The Department of Physical Therapy will host free clinical instructor workshops at the university periodically for clinical instructor development. Such courses will provide continuing education for those clinicians serving as clinical instructors. Additionally, the Department of Physical Therapy will host the APTA Credentialed Clinical Instructor Program each year and the Advanced Credentialed Clinical Instructor Program periodically.

E. CLINICAL INSTRUCTOR DEVELOPMENT

- Credentialed Clinical Instructor Program (CCIP)
- Individual skill development with the DCE
- Periodic clinical education workshops hosted by School
- Resources including APTA’s CI and CCCE self assessment
- Site visits by DCE or UCA Faculty
- Informative updates and announcements about current and upcoming clinical education opportunities (continuing education, etc.)
- Updates of Central ACCE Consortium activities and programs

III. PROCEDURE FOR ASSIGNING STUDENTS TO CLINICAL EXPERIENCES

Students will be assigned to five different clinical experiences in a variety of settings including at least one that is outside of Arkansas. Guidelines for selecting a variety of sites will be provided by the DCE. Of the final four rotations, students will complete one each of inpatient acute, inpatient rehabilitation and outpatient. Each clinical site is surveyed on March 1 regarding the upcoming year’s clinical rotations. The School follows up with the names of students assigned. See Attachment 9: Sample Commitment Form / Letters to Sites and time frame illustrated below:

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Site Selection Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 1</td>
<td>Sites are sent a Commitment Form with rotations available</td>
</tr>
</tbody>
</table>
A. SITE SELECTION: Prior to site selection students are given a list of sites that have committed to a space for the upcoming clinical practicums (selection list). Students will meet with the DCE to discuss clinical assignments. Following the meeting, students will provide the DCE with a prepared, ranked list of their top choices or “preferences” for each clinical practicum as requested by the DCE. The number of preferences required (approximately 10) will be specified by the DCE. If the student fails to provide the DCE with a ranked list with the specified number of preferences by the deadline, then that student’s assignment may be made by the DCE. Student preferences will be considered in the selection process. In the event a student does not match with a preference list selection, the DCE will assign an alternative placement with input from the student.

Students have the privilege and responsibility of researching potential clinical education sites for clinical experiences and providing their preferences to the DCE for assignment. Students should utilize information provided in site e-files available on MyUCA Groups, discussion with DCE, and web information, if available, to make informed decisions regarding development of preference lists. Final decisions regarding student clinical placement rest with the DCE.

1. Clinical Site Selection Meetings: Students will meet with the DCE in person, and will receive information via email, prior to each clinical assignment period. After receiving information related to the upcoming clinical site selection, the student will submit a ranked list of top preferences for each clinical rotation. The DCE will specify the number of top preferences to be provided. If a student fails to meet with the DCE and submit preferences during the required time period, the DCE will make the student assignments without the student’s input.

2. Required Clinical Rotation Out-of-State: Each student is required to complete at least one of the five clinical internships out-of-state. The facility must be an affiliating facility, and the student will be allowed input regarding which rotation and which clinical facility is their preference for assignment. Students may attend more than one rotation out-of-state depending on availability of clinical sites and student preference.

3. Clinical Site Information and Resources: Several methods exist for finding information about the facilities that affiliate with the UCA Department of Physical Therapy. All students are REQUIRED TO READ THE INFORMATION available about a facility before choosing that facility as a possible experience. The e-file may contain important information about housing, stipend, work hours, special requirements, and more. Each clinical education site
will provide pertinent information about their facility and learning opportunities. While the e-file is regularly updated, each student is responsible for clarifying with the CCCE or Clinical Instructor that all prerequisites have been met. Failure to meet prerequisites may result in a delayed start date and make-up of time missed for a clinical experience. Please note the following about clinical education materials:

a. **Master Site List** - The DCE will determine if a clinical site is available for student assignment prior to each site selection or at the time of a student’s inquiry. A clinical site is removed from the Master Site List if the clinical agreement is canceled by the SCHOOL or the FACILITY. If a site is not on the master list, then UCA Does not currently affiliate or no longer affiliate with that site.

b. **Facility/Site E-File** – An electronic file for each Facility/Site can be found in MyUCA Groups. Each e-file contains student evaluations of clinical experiences, Facility Clinical Agreements, and other information provided by the clinical site. Students are responsible for reading and adhering to facility requirements listed in the e-files. Students should pay particular attention to the Clinical Site Information Form (CSIF), the current commitment form and previous student site evaluations. Failure to comply with requirements may result in the student being unable to attend a clinical rotation.

c. **Clinical Site Information Form (CSIF)** - The CSIF can be found in the Facility E-file. Students are required to read the CSIF prior to site selection. The CSIF provides general and specific information concerning the site, the experiences available, policies, expectations, and expertise of instructors. It might also contain optional information about the facility such as maps, pictures, and/or brochures. Students should note the date of the CSIF in case the material has become out-dated. Students are responsible for reading and adhering to any requirements listed in the CSIF.

d. **Commitment Forms** - A Commitment Form is requested annually from each clinical education site so that they may indicate if a clinical experience slot is available for a particular date. These forms can be found in a Commitment Forms e-file on MyUCA Groups with each site’s form filed A-Z as well as filed individually in the particular site’s e-file. Each commitment form also provides important notes from the facility. Students are responsible for reading and adhering to any requirements listed on the commitment form. The DCE will prepare the site selection lists from the commitment forms received.

e. **New clinical site information** will be kept in a new/developing file until the facility officially becomes an affiliation, or until an e-file is made available for viewing on MyUCA Groups. See the DCE for any questions concerning a new/developing site.

4. **Policy For Student Requests Regarding a New Clinical Site**
A new site is defined as a physical therapy clinic or department with which UCA currently does not contract and which is not on the Master List. In order to complete a new contract in a timely manner and insure a safe, appropriate clinical experience for our students, the following policies govern the process of establishing new clinical sites: Requests will only be accepted by November 1 of each year for the following year’s site selection process. A student can only submit one (1) new site request at a time. If the new clinical site is not approved, the DCE will determine if another request can be submitted. All requests must be submitted as early as possible. No late requests will be accepted. A student inquiring about a new clinical affiliation site should submit the name, location, and phone number of the facility to the DCE using the form for Establishing a New Clinical Education Site available in the MyUCA Groups Clinical Education e-file for forms. Approval of a new site request resides with the DCE and is based on but not limited to the reputation of the facility, availability, interest in future assignments, mutually agreed upon contract, and clinical instruction experience. Students may submit a request for development of a new clinical site for Clinical Rotations II, III, IV, or V. The establishment of only one new site is allowed per student. Students are not to contact clinical sites to discuss the possibility of a rotation. Direct or indirect (through friends or family members) contact with clinical sites to discuss the possibility of a rotation violates program policy and is subject to disciplinary action.

5. **Procedure For Establishing A New Clinical Site:** To pursue a new clinical education site, students will submit a written request to the DCE within the required time frame with the name and address of the facility, as well as preferred rotations, using the form for Establishing a New Clinical Education Site available in the MyUCA Groups Clinical Education e-file for forms. The DCE will approve or deny the request to establish a new clinical site based upon the clinical opportunities it can provide future PT students, the type of facility, location, etc., all of which will be based on the needs of the program at that time. The process involves correspondence between the DCE, the Administrative Clinical and Services Coordinator, and the facility to complete the necessary paperwork that must be approved and signed by both parties involved. The approval process can be complicated and very time consuming, especially if legal counsel is involved. Additionally, the DCE considers criteria found in **Attachment 1: Clinical Site Criteria Form** when developing a new site. The student should periodically check with the DCE concerning the status of the new clinical site. The DCE may or may not have time to repeatedly contact a site concerning their intentions to affiliate or not. The student will be asked to be patient during the process. The student will be informed as soon as possible if the affiliation is not going to work for them.

6. **Clinical Inquiry (about possible student slot):** Students may submit a Clinical Inquiry (in writing using the Clinical Inquiry form available on the MyUCA Groups e-file of clinical education forms) to the DCE about a site that is on the Master List but has not submitted a commitment form. Students are NOT to contact a clinical site to inquire about a clinical experience. Clinical inquiries are processed on a first-come, first-serve basis and are at the
discretion of the DCE. The DCE will establish a deadline for submitting inquiries and a
deadline for resolution of inquiries.

7. **Clinical Site Preference Lists**: Clinical site preference lists are ranked lists of preferred sites
for clinical placement that students provide to the DCE during the selection process to
indicate sites at which they would like to experience clinical rotations. Students will be
assigned to a different clinical site for each clinical rotation to provide a variety of clinical
experiences and prepare the student for entry-level practice. Students should carefully
consider their choices before indicating their preferences to the DCE. The DCE will suggest
to students particular types of clinical experiences in order to help them achieve a variety.
Each student is required to complete at least one of the five clinical internships out-of-state.
Students are required to complete one rotation each in acute care, rehabilitation, and out-
patient settings on Clinical II, III, IV, or V. Students also should select sites based on variety
including geographical location, life span, and specialization based on personal and course
objectives to ensure a broad overall clinical experience. The final decision for an assignment
rests with the DCE and/or Department Chairperson. The student is allowed to provide input
through providing preferences to the DCE, but the final assignment decision resides with the
DCE.

B. **CLINICAL ASSIGNMENT**: Once the final clinical site assignments are made, changes by students are
not allowed. The site will be notified in writing of the upcoming clinical assignment making it official.
The clinical site assigned is where the student will “likely” be assigned, however circumstances may
necessitate a change in site assignment. Final authority for clinical site placement rests with the DCE
and Department Chairperson. The need to make a change in an assignment of clinical site by the
DCE could be based on a variety of reasons. Some examples include a special circumstance
concerning a previous clinical experience, the terms and conditions of probation or suspension, or
the need to focus on specific goals or special skills determined by the DCE.

C. **CLINICAL EDUCATION APPEALS**: Students may appeal a clinical education decision by submitting a
written request to the Department Chairperson. The Department Chairperson will make a decision
based on the merits of the request or forward the request to the Academic Progress Committee,
which is a standing committee made up of appointed PT faculty and peer-elected students.

D. **SPECIAL REQUEST**: A student shall follow the formal process in place for any request for exceptions
to clinical education policies. A Special Request concerning clinical education assignments must be
submitted to the DCE in writing. The DCE will make a decision based on the merits of the request or
forward the request to the Academic Progress Committee, which is a standing committee made up
of appointed PT faculty and peer-elected students.

E. **CLINICAL ASSIGNMENT REQUEST FOR CHANGE**: Once a student has been assigned to a clinical site,
the student will not be allowed to change his/her clinical site assignment. Unless exceptional
circumstances exist to warrant a change, a student wishing request a change must prepare a written SPECIAL REQUEST for the DCE and Academic Progress Committee and submit it to the DCE. The resulting decision will be based on all the information provided. Situations like weddings, vacation, employment opportunities, and circumstances that existed before the clinical site was selected, do not warrant the DCE changing the assignment. However, special family situations, medical motivations, and other unavoidable situations will be taken into consideration upon request.

F. CLINICAL ASSIGNMENT CANCELLATION BY SCHOOL OR SITE: Sometimes a clinical site/facility is unable to take a student as planned due to a variety of reasons including staffing changes. In the event of cancellation by the facility, the student will be notified by the DCE. If an equitable alternative placement is available, the DCE may place the student at the alternate site and will inform the student. If no equitable site is available, the student will be required to submit alternative choices for the DCE to pursue. If approved, then the student will be assigned to the facility. In order to prepare choices, students will utilize a list of potential alternative sites which will be provided by the DCE. Students should thoughtfully choose an alternative. Students should not contact any site to inquire about possible placement. Preferences for placement will be taken into consideration, but the final decision for assignment will be made by the DCE.

G. ACADEMIC PROBATION/ SUSPENSION: The Standards of Academic Performance are outlined in the DPT Student Handbook concerning academic probation and suspension. A DPT student must maintain a semester grade point average of 3.0 for all required course work within the curriculum to be eligible for enrollment in the clinical education practicum courses. A student will not be allowed to begin ANY clinical experience while on academic probation or if suspended from the program.

H. CLINICAL EDUCATION FOR A STUDENT PLACED ON ACADEMIC PROBATION: A student will not be allowed to begin ANY clinical experience while on academic probation or if suspended from the program. Each student must achieve grades for all coursework in the second fall semester (prior to Clinical Practicum I) that equate to a semester GPA of 3.0 or greater, as well as a cumulative GPA of 3.0 or greater to be eligible to attend Clinical Practicum I. If the student should encounter academic difficulty (academic probation) that precludes participation in the Clinical Education I Practicum (CE1) at the scheduled time in the curriculum, the student will be required to follow an alternate plan for completion of the DPT program as outlined below:

i. Students unable to attend CE I due to academic probation will follow an individualized course for clinical education. CE I for those students will occur during the third fall semester if the student is no longer on academic probation. Assignment to all clinical education sites (CE I – CE V) will be made by the DCE as clinics will need to agree to alternate timing for rotations.

ii. These students will continue in the curriculum with the exception of participation in CEI as long as their GPA meets program requirements.
iii. Academic faculty will be notified of students on academic probation in order to allow faculty to be aware of the need for increased supervision during clinical contact (patients in the classroom setting or assignments completed in the clinic).

iv. In order to provide directed opportunities for continued clinical and academic development during the second Fall semester, when the student would have gone to CEI, the student will participate in an individual learning experience under the supervision of the DCE. In addition to assignments which will be individualized to student needs, the student will perform clinical observation at a facility to be assigned by the DCE. The student will not have physical patient contact during observation hours.

v. Clinical faculty will be notified of the student’s academic history and progress prior to placement for clinical rotations and observation hours.

IV. STUDENT PREPARATION FOR CLINICAL EXPERIENCES

A. PT CPI WEB TRAINING: Each student will complete an on-line training module regarding the Physical Therapist Clinical Performance Instrument (CPI) described on page 28-29 of this handbook. The DCE will instruct students to complete the training module prior to the first clinical rotation. Each clinical instructor must also complete the training prior to utilizing the PT CPI Web. Instructions for students and clinical instructors can be found in Attachment 3: PT CPI Web 2.0 Instructions for a CI (APTA) and Attachment 4: PT CPI Quick Click Guide (APTA).

B. MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST GRADUATES AT ENTRY-LEVEL: Each student will use the Minimum Required Skills of Physical Therapist Graduates at Entry-level to self-assess prior to and at mid-term of clinical rotations. Students can then utilize the information when preparing written learning objectives for specific clinical education opportunities. The DCE will instruct students regarding the use of the Minimum Skills document as a part of the course requirement for each clinical rotation in the course syllabus. A copy of the document is available in Attachment 7: Minimum Required Skills of Physical Therapist Graduates at Entry-level (APTA).

C. LEARNING OBJECTIVES: During the clinical experience the student will be able to:

1. Develop and demonstrate professional behaviors while interacting with others utilizing good communication skills, appropriate attitude, safety, and legal/ethical guidelines consistent with an early clinical experience.
2. Perform the Clinical Performance Instrument criteria 1-18 in the designated practice area.
3. Carry out patient care and treatment programs as determined by the supervising physical therapist.
4. Identify those tests and measures and interventions related to the designated physical therapy practice patterns accomplished during the clinical experience.
5. Comply with all policies and procedures regarding clinical education in this handbook.
6. Utilize the Clinical Performance Instrument as an accurate assessment of clinical skills performed during the clinical experience at mid-term and final.

7. Evaluate personal performance during the clinical experience.

D. HOUSING ACCOMMODATIONS: The student is responsible for contacting the facility regarding housing accommodations available before the selection process if the availability of housing is essential to the student’s assignment. Permission to contact a site where a student has not been assigned must be obtained from the DCE prior to contacting the site. A facility may indicate that housing is available in their paperwork, but situations may change, and the DCE may not be notified. Housing availability can be on a first-come, first-serve basis. It is important that the facility is notified as early as possible (generally 6 months or more prior to the rotation) if a student intends to take advantage of opportunities offered by the facility. If housing was offered and the student does not want it, then the student is responsible for making arrangements with the facility; otherwise, the facility will not know that the student wants to use the available housing. Students may contact sites regarding housing options as soon as the student is notified of the placement, or with the permission of the DCE prior to placement. If the student plans to use the facility housing, the student is responsible for requesting facility contact information from the Administrative Clinical and Services Coordinator immediately following notification of assignment. Students should be aware that free housing may require shared accommodations.

Housing Cancellation: If housing was provided by the facility, but then canceled after the student was assigned, the student can choose to be re-assigned to another facility. The student will not be allowed to be re-assigned because housing is no longer provided by the facility if the student neglected to confirm housing availability in a timely manner or if the student originally planned to provide his/her own housing.

Housing Problems: If the student feels that the conditions of the housing provided are substandard, such as unsanitary, hazardous, etc., then the student should discuss his/her concerns with the CCCE or housing coordinator. If the problem is not resolved, then the student should contact the DCE.

E. CLINICAL INSTRUCTOR PACKET: A clinical instructor packet is sent to the facility at least four weeks prior to the clinical date, and includes information prepared by the student and DCE. Information will be requested by the DCE from the student following site assignments to prepare the clinical instructor’s packet. This information must be submitted in a timely manner according to the deadline given. The packet contains instructions for the CI, contact information for the school and student, health records verification, grading criteria for the CPI, and additional assignment instructions.

F. CONTACTING THE CLINICAL EDUCATION SITE: Once assigned to a clinical education site, the student will contact the CCCE or CI at the facility in person, by phone, or by email at least three weeks prior to the scheduled start date. At this time, the student will discuss arrangements for the
first day, holidays, dress code, lunch arrangements, or any other questions about the affiliation. Upon arrival, the CCCE or CI will orient the student to the facility and policies and procedures. A policy for supervision is provided to clinical instructors and students prior to each rotation and is a part of the clinical agreement. A student SHOULD NOT contact a clinical site unless they have been assigned to the site or they receive permission from the DCE.

V. POLICIES AND PROCEDURES DURING CLINICAL EXPERIENCES

A. AFTER HOURS SITUATIONS: If a problem occurs after office hours and is urgent in nature, then the student should contact the DCE at home or by cell phone (Reminders and Contact Information list). In the event the DCE cannot be reached at home or by cell phone, then the student should contact first the Assistant DCE and then if necessary the Department Chairperson at home. Do not call the assistant DCE or department chairperson unless absolutely necessary and the situation cannot wait. Refer to Attachment 10: Reminders and Contact Sheet for pertinent phone numbers and policies.

B. AVENUE FOR EXPRESSING CONCERNS REGARDING CLINICAL EDUCATION: Clinical faculty or students with concerns regarding clinical education should bring those concerns to the attention of the DCE. Concerns regarding the DCE should be submitted to the Department Chairperson.

C. CLINICAL SUPERVISION: Student physical therapists, when participating as a part of a physical therapist professional curriculum and when acting in accordance with APTA policy and applicable state laws and regulations, are qualified to provide services only under the direction and direct supervision of the physical therapist, who is responsible for patient/client management. Direct supervision means the physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient during each visit. Direct contact is defined in the Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period. A licensed physical therapist must be on premises for the student to engage in patient contact. Telecommunication does not meet the requirement of direct supervision. The supervising physical therapist is responsible for ensuring that appropriate supervision is provided to meet any additional facility requirements pertaining to a specific practice setting. In addition, a description of supervision for students treating patients with Medicare can be found in Attachment 11: Implementing MDS 3.0 for PT Students (APTA) and Attachment 12: Student Supervision Chart (APTA). Each of these appendices may be updated by the APTA to reflect current Medicare policies.

D. PATIENT NOTIFICATION OF STUDENT STATUS: Students are required to identify themselves as a physical therapist student during all patient encounters. Students are required to provide a verbal notification as well as wear their UCA student name badge at all times. Students should be aware that the patient has the right to decline care provided by a physical therapist student.

E. CLINIC WORK SCHEDULE: While at an affiliation, the student should follow the facility work
schedule unless assigned different hours by the CCCE or CI. The student will not be expected to
work when the facility is closed. The student will be expected to work weekends, holidays, etc., if
asked to do so. Holidays should be discussed well in advance with the clinical instructor to avoid any
confusion or miscommunication. The student and instructor should have a mutually agreed upon
schedule established. While rotations are generally based around a forty-hour work week schedule,
students should be aware that individual clinic hours vary. The student should never try to
negotiate special hours with the facility before discussing his/her situation with the DCE. The DCE
will determine if the situation warrants a special arrangement.

F. CONFIDENTIALITY: Students are required to uphold patient and facility confidentiality at all times
during and after any clinical experience. Confidentiality also must be upheld for all written
assignments such as a case report, presentation, etc. Students are prohibited from posting any
patient information on any social media. Students should use discretion if posting any information
related to activities in the clinic and are expected to exhibit courtesy and respect for instructors,
staff and other students in any form of communication. Copies of patient’s charts, for example, are
not necessary for case reports or other papers and will not be permitted. Students must comply
with HIPPA (Health Insurance Portability and Accountability Act of 1996) regarding Protected Health
Information.

G. STUDENT USE OF FACILITY INFORMATION: Facility materials accessed on-site should be considered
proprietary. Students must obtain permission for use of any such materials outside of the facility
and beyond the clinical rotation (i.e. patient protocols, patient surveys, exercise programs, etc.).

H. DRUG TESTING: Drug screening may be required either during or prior to beginning a clinical
rotation. Students assigned to a clinical site which requires the verification of a negative drug screen
prior to the start of a clinical experience must complete drug tests according to clinical site
requirements within time frames designated by each site. Students are responsible for contacting
the clinical site (CCCE or human resources personnel) to verify the type of drug screen required and
making arrangements to complete the appropriate drug screen within designated time frames.
Students are responsible for the cost of the drug screen unless the site provides the drug screen at
no cost to the student. Information regarding facility policies is available in the facility/site e-file in
the Clinical Education Library on My UCA Groups. Students should verify information when
contacting the clinical site prior to a clinical rotation as facility policies are subject to change.

I. DRUG TEST, PROCEDURE FOR STUDENT FAILING: If a student tests positive after a drug test, the
student’s clinical rotation will immediately be discontinued. The DCE will arrange for the student to
meet with the Counseling Center at UCA in accordance with standard UCA policy. Based on the
Counseling Center’s professional evaluation and the Clinical Performance Evaluation submitted by
the Clinical Instructor, the department will decide the next course of action. If the student is
allowed to continue in the program, before a student can return to a clinical setting to repeat or
finish a clinical Practicum or experience, he or she must complete a negative drug test. Any
expenses occurred are the responsibility of the student. The student may be subject to additional random tests by the same facility if the clinical is repeated at the same site. A clinical site may refuse for a student to return to the previously assigned rotation site. In the case an assigned clinical site refuses to accept a student based on drug screen results, and the department determines that the student will be allowed to return to the clinic, the DCE will attempt to obtain another affiliation in a similar type of clinical setting for the student. Depending on timing of the occurrence, as well as time needed to resolve related issues, timing of clinical placements may be affected. An altered time frame for program completion may be implemented as necessary pending departmental approval. Any appeal or grievance concerning this issue will be handled as any other student appeal by the department.

J. EMERGENCY SERVICES: Each clinical education site will orient students to policies regarding emergency services available. Clinical sites offer emergency services if necessary but are under no obligation to pay for services rendered to the student. According to the UCA Clinical Agreement, students will be responsible for any costs incurred for medical services while in a clinical facility. Students are required to maintain and provide proof of individual medical insurance coverage. Information concerning emergency services is available in the Clinical Site Information Form as well. Incidents occurring when the student is in the clinic should be reported to the CCCE and the DCE.

K. HOLIDAYS AND BREAKS: Please note that the schedule for the DPT program will require clinical experiences during some times that the university is closed. Clinical experiences will overlap some holidays and/or breaks observed by the university. Student class schedules for each semester will provide dates of classes and breaks. Students will be provided with the dates for clinical experiences for the following calendar year by midterm of the Spring Semester. (For example, by midterm of 2015 students will be given the clinical education dates for the year 2016).

L. MAKE-UP POLICY: In the event of multiple sick days, the clinical instructor and DCE will discuss requirements for make-up time. Students are allowed one sick day per rotation.

M. NAME BADGE: Each student will be responsible for wearing their UCA PT name badge daily during all clinical experiences. This is required for the professional liability coverage and the clinic dress code. The name badge will be ordered at the beginning of the program. Students must replace the name badge if it is lost or their name changes.

N. REQUIRED CLINICAL ROTATION OUT-OF-STATE: Each student is required to complete one of the five clinical experiences out-of-state. The facility must be an affiliating facility. The student may indicate which rotation and which clinical facility is their preference for assignment, but as with all clinical assignments, the final decision for placement rests with the DCE. All students are required to follow this policy. More than one out-of-state rotation may be assigned if necessary to meet requirements for at least one rotation of acute, inpatient rehab and outpatient rotations.
O. TRAVEL: Occasionally, a student may have to travel a great distance (more than eight hours) from one clinical experience to the next; therefore, a student may need some designated travel time. The student should not ask for more than one travel day total, and if the student has already missed more than a day in the clinic, arrangements should be made ahead of time to compensate for missing a day for travel. Students should not request travel time unless the time is needed (more than eight hours travel time) to allow the student to arrive at a new location to access housing, etc., at a subsequent rotation. Students assigned to clinical sites requiring more than 8 hours travel time between the site and UCA or the next assigned site may be allowed a travel day at the end of the rotation.

P. USE OF CELL PHONES/ELECTRONIC MEDIA: During all clinical learning experiences, students are expected to exhibit courtesy and respect for instructors, staff, other students, and patients. Student use of a cell phone or electronic media for personal reasons during times of patient contact or when receiving clinical instruction constitutes unprofessional behavior. Students are expected to refrain from using cell phones and other electronic devices for personal use while on clinical rotations except at designated break times and in non-public areas. Students should refrain from accessing social media while in the clinic. Students should not post information related to patients (written or photographic) on any social media. Students are required to abide by clinical site policy pertaining to photographs.

Q. USE OF HUMAN SUBJECTS: Informed consent and confidentiality is required for use of human subjects for education purposes. Students should seek and abide by the human subjects policy and procedure for individual facilities as well the Internal Review Board (IRB) policies of the university.

VI. STUDENT PERFORMANCE EXPECTATIONS AND REQUIREMENTS

A. COURSE STRUCTURE: A quality assessment system evaluates the student’s cognitive, psychomotor, and affective behaviors while incorporating multiple sources of information to determine a student’s readiness to practice physical therapy. Sources of information may include student clinical performance evaluations, classroom performance evaluations, the student’s self-assessment, peer assessments, and patient assessments. The Director of Clinical Education (DCE) may use these sources, as provided by academic faculty, clinical faculty, students, and others, to help determine appropriate course of action concerning a student’s clinical education. While the CI evaluates the student in the clinic, the DCE is ultimately responsible for assigning the student’s final grade for the course. Discussion of the final grade should begin with the DCE.

1. Course Syllabus: Each course syllabus will define the course objectives, course requirements, grading system, grading scale, and assignments for each course in clinical education. A syllabus will be provided to the student. In addition, meetings will be held to discuss the course and requirements regarding each rotation.

2. Course Sequence: Students will complete five clinical practicums at various clinical education sites for a total of forty-three weeks to gather a wide variety of learning
experiences and meet course objectives. Requirements for type of setting will be discussed prior to each clinical site selection. Students are required to complete one rotation in acute care, one in long-term rehabilitation, and one in an outpatient setting. One out of state rotation is required as well. Dates for clinical rotations are selected in January of the year prior. Students are discouraged from selecting clinical sites where they have been employed.

3. **Clock Hours/Credit Hours:** The Department of Physical Therapy makes every effort to adhere to UCA policies regarding the clock hour/credit hour ratio. A professional curriculum leading to eligibility to take examinations for licensure may require contact hours in excess of the usual ratio for determining credit hours. The DPT Program may include both didactic and clinical experiences that exceed the usual requirements. The student will be given a schedule each semester which reflects the hours required for each course. A student will be expected to complete each clinical based on the hours required by that facility, not based on the credit hours for the particular clinical education course. The DPT program includes 43 weeks of internship or approximately 1,720 hours.

**B. CLINICAL EDUCATION PRACTICUM GRADING POLICY**

1. A DPT student must have a cumulative and semester grade point average of 3.0 or greater for all course work within the DPT curriculum to be eligible for enrollment in the clinical education practicum courses. Students may be enrolled in both a clinical practicum course and academic courses, or in consecutive clinical practicum courses, during a semester. Clinical education practica provide students with supervised clinical experiences at assigned clinical education sites where students are expected to demonstrate progressive application of clinical knowledge and skills. Students are expected to demonstrate knowledge and skills commensurate with entry level physical therapist practice by the conclusion of the final clinical practicum. Students are provided with defined performance expectations in each clinical practicum course syllabus.

2. The final grade for each clinical practicum course is determined by the Director of Clinical Education. Students enrolled in clinical practicum courses will receive a grade reflective of performance in assigned clinical settings, completion of any additional assignments indicated in course syllabi in each clinical course, and completion of supplemental assignments when deemed necessary by the DCE. Students are required to successfully complete each of the five assigned clinical practicum courses in succession. Possible grades for a clinical practicum include Progressive Enrollment (PR), No Credit (NC) and Credit (CR). Grades of PR/NC/CR will not be factored in calculations of GPA.

3. Students demonstrating satisfactory performance and adherence to program policies along the continuum of clinical experiences will be assigned a grade of PR (Progressive Enrollment)
(i.e. PR will be assigned following successful completion of CE I – IV) until all courses are completed satisfactorily at which time students will receive a grade of CR (Credit) upon the successful completion of CE V. Students may be required to complete supplemental assignments during an assigned clinical site experience as deemed necessary by the DCE in order for the student to achieve required performance levels to achieve grades of PR (Progressive Enrollment) and CR (Credit). Students enrolled in the DPT program must successfully complete all clinical practica culminating in a terminal grade of CR at the conclusion of CE V to meet program requirements for clinical education.

4. Students failing to meet expectations as specified in any clinical education course syllabus will be assigned a grade of NC (No Credit) or may be required to complete additional clinical hours at an assigned clinical site. A student receiving a grade of NC may be allowed to repeat a clinical practicum one time during the program if approved by the Academic Progress Committee. A student receiving a grade of NC for more than one assigned clinical experience will be dismissed from the DPT program.

5. Potential ramifications of failure to meet course objectives and requirements as outlined include the following:
   a. **Repeat of a Clinical Practicum:** A student receiving a grade of NC may, upon approval of the Academic Progress Committee, repeat one clinical practicum. The Academic Progress Committee will take into consideration the student’s academic and clinical performance history in conjunction with DCE recommendations to determine whether the student will be allowed to repeat the rotation. Any repeated clinical practicum must be repeated in its entirety and must be a repeat of the same type of clinical experience for which the student received the grade of NC. The student will be required to re-enroll in the course (Clinical Practicum I, II, etc...) for which the student received a grade of NC, and demonstrate successful completion of the course with achievement of a grade of PR before progressing to the next clinical practicum in the clinical education sequence or achieving a grade of CR on the final clinical experience. No guarantee for timing of placement or physical location will be provided as the placement will be dependent upon clinical site availability.

   b. **Extension of a Clinical Experience:** The DCE may determine, based on input from the clinical faculty and the student’s performance evaluation, that additional clinical time is warranted in order to provide the student opportunity to successfully meet course expectations. The DCE may arrange for a limited extension of the clinical experience (no greater than two weeks) at the same clinical or alternate clinical site. Students who have previously received a grade of NC in a clinical practicum will not be eligible for an extension. If the student is not able to meet predetermined expectations by the conclusion of the extension, then the student will be required to repeat the clinical practicum in its entirety (at the same clinical or alternate clinical site) and Guidelines for
Repeat of a Clinical Practicum described in Section F: VI. B. 5. will be employed.

6. Timing of a repeated clinical practicum or a clinical practicum extension will be implemented to allow the student to continue other DPT coursework without interruption, but may require alternate timing of subsequent clinical placements. Clinical placements will be assigned at the discretion of the DCE in coordination with clinical facilities. Timing of subsequent clinical placements will depend on availability of sites (no guarantee for time or location). Students repeating a clinical rotation will not be given preference for placement over students following the usual sequence of placements.

7. Failure to complete all clinical courses within the established schedule may result in delay of degree posting following completion of the DPT program. Most state licensing boards (including Arkansas) require a transcript with the degree posted prior to issuing a physical therapy license. Students meeting course requirements after deadlines for degree posting within a semester may not have their degree posted until the end of the subsequent semester (i.e. students who meet requirements after deadlines for August posting may not have degrees posted until December).

8. Students will be assigned a grade for each clinical practicum that is indicative of performance according to the following applications within the DPT curriculum:

   a. **PR (Progressive Enrollment)**: Designates that a student is satisfactorily progressing and is meeting expectations to allow continued enrollment in clinical practica in the DPT program; Students must achieve a grade of PR for each clinical practicum to be eligible for enrollment in the next clinical practicum within the required sequence.

   b. **NC (No Credit)**: Designates unsuccessful completion of an assigned clinical practicum; Students receiving this grade will not receive credit for the course. Students failing to meet performance expectations at any point in the required clinical education sequence will receive a grade of NC.

   c. **CR (Credit)**: Designates successful completion of all clinical practica (Clinical Education Practica I-V); Students will be awarded this grade at the completion of CE V following successful completion of each of the assigned clinical practica in succession. Students must achieve a grade of CR on the final clinical practicum to fulfill clinical education requirements in the DPT program.

C. **PHYSICAL THERAPIST CLINICAL PERFORMANCE INSTRUMENT (CPI)**: The APTA’s Clinical Performance Instrument (CPI) (June 2006) describes the skills a newly graduated physical therapist needs in order to engage in safe and effective clinical practice. Eighteen performance criteria are evaluated to determine the student’s level of preparedness for clinical practice. The CPI includes instructions for use, a glossary, and appendices with examples. It is a tool designed and tested by the American Physical Therapy Association. The student and clinical faculty will use the CPI to assess
performance in the clinic. Information concerning the purpose of the CPI and how to use it before, during, and after the clinical experience will be discussed by the DCE and described in each course syllabus.

1. PT CPI Web: The web-based version of the CPI will be made available by the DCE to each CI and student prior to the clinical assignment. The completed CPI will be submitted electronically by both the student and the CI via PT CPI Web at final of the first clinical rotation and at both mid-term and final of rotations II-V. See Attachment 3: PT CPI Web 2.0 Instructions for a CI (APTA) and Attachment 4: PT CPI Quick Click Guide (APTA) for information regarding training for the PT CPI Web.

2. Grading using the CPI: A student’s performance during a course in clinical education will be assessed/measured by the clinical instructor using the CPI at mid-term and final of each affiliation. The student will be responsible for completing other assignments outlined in course syllabi. A grade will then be assigned by the DCE based upon the grading system defined in the corresponding syllabus. Specific deadlines will be given for the date of submission. Prompt completion of paperwork is important in order to assess the student’s performance and record the student’s grades for that course according to university deadlines.

3. Student Self-Assessment: The student will also use the CPI to complete a self-assessment. The self-assessment counts toward the course grade and is to be completed during each clinical at mid-term and final. It will be submitted to and graded by the DCE at the conclusion of each clinical experience. More information will be provided in the corresponding course syllabus for each affiliation.

D. OTHER ASSIGNMENTS DURING CLINICAL INTERNSHIPS: Clinical Education also may include other assignments while in the clinic. Such assignments may include, but are not limited to, in-service presentations and administrative assignments. These will be discussed at various points in the curriculum. An in-service is a presentation to the staff on a particular topic and serves as a mechanism for continuing education. An in-service or other project may be required by a facility in addition to the in-service or other assignments required by the School. The facility may assign a student the topic to present or may request that the student pick a topic.

E. STUDENT EVALUATION OF CLINICAL EXPERIENCES: Students will evaluate their clinical experience and clinical instruction as a part of the clinical education practicum course. Information from the evaluation will provide feedback for the DCE, school, facility, clinical instructor, and other students regarding the affiliation. This information will be considered during planning and development of clinical education experiences. A copy of the evaluation will be shared with the clinical instructor to provide feedback regarding instruction.
F. FAILURE TO SUCCESSFULLY COMPLETE A CLINICAL PRACTICUM: A Clinical Practicum is treated just as any other course in the DPT curriculum. Clinical practica must be completed in their entirety (i.e. 10 weeks). Consequences for failure to successfully complete a clinical education course are defined in Section F. VI. B. 4 of this Handbook and in individual clinical Practica course syllabi. Although the Clinical Instructor assesses a student’s performance, the DCE ultimately assigns the student’s grade based on the documentation received from the CI, their comments, and the grading system. A formal evaluation of the student is requested at mid-term and at final of each clinical education course via the CPI.
Facility Name                                                                            City, State

In order to provide students with access to clinical facilities that will enhance the development of outstanding physical therapists, the Department of Physical Therapy at UCA has established the following criteria for new clinical sites. The following criteria are required of each new site. Please indicate whether your facility has a mechanism to provide the following:

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students receive direct monitoring/supervision from a CI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIs adhere to Medicare supervision guidelines for students where applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A variety of learning opportunities are available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIs have a minimum of one year of experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIs with less than 3 years of experience will have been at a new location for at least 6 months prior to having a student</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Students benefit from having the opportunity to experience clinical practice in a variety of settings. Student learning is enhanced when guidelines are in place to facilitate utilization of knowledge, development of clinical skills and professional growth. Please indicate any of the following elements available at your facility.

<table>
<thead>
<tr>
<th>Clinical/Teaching Elements</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentialed CIs on staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APTA membership among staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students are required to use evidence to substantiate examinations and plans of care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certified clinical specialists are on staff (APTA or other recognized specialization).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The facility measures individual patient outcomes using established outcome measures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The facility measures group outcomes using established outcome measures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The facility measures patient satisfaction.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students are provided with progressive learning opportunities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The site and CIs have defined expectations for entry level practice (including caseload).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The facility has an established mechanism for peer review.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The facility has alternative learning opportunities available for the student in the event the patient load is low.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In accordance with the American Physical Therapy Association (APTA) policy on Physician Owned Physical Therapy Services (POPTS), UCA does not wish to establish clinical affiliation agreements with known physician owned or referral for profit physical therapy practices. To this end, we ask that you indicate whether or not your clinical education site is a physician-owned physical therapy practice setting. _____Yes _____No

Name/Position (please print) Signature Date

Please Return Completed Form with Signature Via Fax: 501-450-5822 or Email: mbooth@uca.edu
2/5/2013

Center Coordinator of Clinical Education

SUBJECT: UCA Physical Therapy Program Now Using CSIF Web!

Our school will be utilizing CSIF Web this year to help manage and keep track of our clinical sites. We are asking our clinical sites to fill out the CSIF online at https://csifweb.amsapps.com.

CSIF Web will allow clinical sites to have one place to fill out their CSIF for all programs they work with, even if they are not using CSIF Web. Once you have invested time in completing the CSIF, it will be stored safely in CSIF Web and each year, (or more often if you like), you can just update your data, and schools using CSIF Web will automatically have access to that information! If schools are not using CSIF Web, you can send them a PDF of your completed CSIF by downloading it from the ‘Sites’ tab in CPI Web.

To login to CSIF Web, go to https://csifweb.amsapps.com. If you have logged into CPI Web before, your login information is the same for CSIF Web.

If you have not logged in to CSIF Web or CPI Web, your username for CSIF Web is USERNAME. To create a password, please use the ‘I forgot or do not have a password’ link on the homepage.

If you need any assistance with CSIF Web, please feel free to contact CSIF Web support at csifwebsupport@academicsoftwareplus.com.

Thank you,

Stacey Stephens
Administrative Clinical & Services Coordinator
staceys@uca.edu
(501) 450-5549
PT CPI Web Instructions for a CI

Login to PT CPI Web at https://cpi2.amsapps.com

1. Your username is your email address provided to the school you are working with.

2. If you have previously created a password in PT CPI Web or PTA CPI Web, please use that password to login. If you do not have a password or forgot your password, please follow these steps to create your password:
   i. Go to the CPI Web address (https://cpi2.amsapps.com).
   ii. Click on the link “I forgot or do not have a password”.
   iii. Enter your User Name in the box provided.
   iv. Click on the Continue button.
   v. Check your email account inbox for further instructions on how to set/update your password.

   PLEASE NOTE: Make sure to close out of any internet browsers containing CPI Web prior to accessing the link in your email as this may result in an error when trying to set/reset your password. The link to change/create your password that is included in this message will expire 24 hours after the message has been created. If you try to access the link after 24 hours, you will receive a notification that the temporary authorization link is invalid. If this should occur, you will need to click on the 'I forgot or do not have a password' link located on the login page for CPI Web to receive a new password reset link.

Update Information – This needs to be done at least once per year (If your information is up-to-date, please go to Editing the CPI)

1. Click on the ‘My Info’ tab to update your information. You must update the APTA Data Release Statements found in the Data Authorization section. Also, please make sure that your credentials and certifications are accurately listed.

2. When you are finished editing, hit the ‘Update’ button.

Verify APTA PT Training – This can only be done if you are assigned to evaluate a student on an Open evaluation (If you’ve previously done this, please go to Editing the CPI)

1. Click on your student’s name in the ‘My Evaluations’ section on your home page or click on the Edit link found in the Actions column in the Evaluations tab.

2. You are prompted to verify if you have completed the APTA PT CPI Training. If you have completed the training, please click the ‘I have completed the APTA PT CPI online training and assessment.’ button.
   a. If you have not completed the training, please follow the directions on the page to take the APTA PT CPI Training.
   b. If the email address you took the training with is different than your username, you will be prompted to enter the email address registered with APTA.
   c. If you are having issues verifying you’ve completed the training, please contact PT CPI Web Support at ptcpiwebsupport@liaison-intl.com. Please provide your name, email address used to take the training, and the date you completed the training so that we can manually verify your training completion.
Editing the CPI

1. Once you have verified you have completed the APTA PT CPI Training, you will see all 18 sections of the CPI.
   a. You can edit one criterion at a time by clicking on the ‘Edit Now’ link on the right.
   b. You can edit all criteria at the same time by clicking on the ‘Edit All’ column header link.
2. Click on ‘View Sample Behaviors’, ‘View Introduction’, and ‘View Instructions’ to view the details of how to fill out the CPI.
3. Mouse over any underlined word to view an APTA glossary definition. This is available for the Performance Dimensions and the Anchor Points on the APTA Rating scale.
4. Add comments to the comment box and select the rating for the student on the slider scale.
5. When you are done editing a section, click on the ‘Section Sign Off’ checkbox and hit the ‘Save’ button. Hitting Save will save the work edited on all criteria. Be sure to save your work!! If you leave the page without saving, your comments could be lost!!

Signing off on the CPI

1. Once all sections are marked as ‘Completed’, please sign-off on your CPI. In order to sign-off, you would need to click on the Evaluations tab and then on the ‘Sign-off’ link found in the Actions column. Once this has been done, you would need to scroll to the bottom of the page, select the checkbox associated with the signature, and then click on the ‘Save’ button.
2. Once you sign off on your CPI, you are unable to make any further edits! Your student will be able to view your CPI only if they have also signed off on their own CPI.

Viewing your CPI with your Student and Signing-Off on your student’s CPI

1. Click on the Evaluations tab.
2. Click on ‘View’ link in the Actions column.
3. Use the filters to see the comments from both the student and the CI at the same time.
4. In the Evaluations tab, you will also see a link to ‘Sign-off’ on your student’s CPI indicating you’ve discussed the performance with your student. Please follow the Sign-off procedures listed in the previous section to complete the sign-off on your student’s CPI.

Additional Features/Tips:

Creating a Critical Incident Report using CPI Web (only to be used as needed)

1. To create a Critical Incident Report, click the link that says ‘[Critical Incident]’.
2. Record the details of the incident clearly and concisely without reflecting any biases into the Behavior, Antecedent, Consequence, and Comments text boxes.
3. Once you are finished recording the incident, click on the ‘Submit Critical Incident’ button. When a Critical Incident report is properly submitted, the following text will appear on the screen in bold green lettering, ‘You have successfully filed a Critical Incident Report.’ If you do not see this text displayed on the screen, please click on the ‘Submit Critical Incident’ button again.
4. Once submitted, a Critical Incident Report notification will be emailed to the CCCE, ACCE and student.
5. Any completed Critical Incident Reports can be found in the Critical Incidents tab where it can be viewed and additional comments can be entered.
Submitting a Significant Concern - This MUST be accompanied by a Critical Incident Report using CPI Web

1. Select the Significant Concern checkbox.
2. A pop-up box will appear with the following text. *You have indicated a Significant Concern for this criterion. A Significant Concern must be accompanied with a Critical Incident report. Click "OK" to document and submit a Critical Incident report. Click "Cancel" to uncheck the Significant Concern for this criterion.*
3. If you click on the ‘OK’ button, the Critical Incident Report text boxes will automatically appear. Please follow the steps listed above to create and submit the Critical Incident Report. PLEASE NOTE: If the Critical Incident Report is not submitted, the Significant Concern will not be submitted. Once a Significant Concern and accompanying Critical Incident Report are submitted, these CANNOT be reversed!
4. If you click on the ‘Cancel’ button, the Significant Concern will not be submitted.

Adding Post-Assessment Comments to the CPI:

1. Once you sign-off on the CPI, you cannot go back in to make further edits. After your meeting and review with the student, if you needed to enter in additional comments about the CPI, you would be able to add post-assessment comments to the CPI by clicking on the ‘View’ link in the Evaluations tab and then adding in the comments in the appropriate box near the bottom of the page. Post-assessments can only be made by the CI or student once they have signed-off on their own evaluation as well as signed-off on each other’s evaluations.

Here are some things to note when there are multiple CIs assigned to evaluate one student in CPI Web:

1. Only one CPI is created. All of the CIs would work on the CI portion of the CPI and the student would work on one self evaluation.
2. Each CI would have a separate comment box for all of the criteria. They would be able to see what the other CI had written, but they are unable to edit the other CI’s comments.
3. There is only one rating scale for each criterion for the CIs. This is a shared scale amongst the CIs listed on the evaluation meaning that one CI can edit the rating that was selected by the other CI.
4. The minimum requirements to mark the section sign-off box for each criterion are that at least one CI comment box must be completed for the criterion and there must be a rating selected for the criterion. For example, if one CI commented on the CPI and the other CI agreed with what the other CI had written, the other CI wouldn’t be required to enter in any comments on the CPI.
5. Once all of the section sign-offs have been checked and the evaluation is listed as Completed, either CI would be able to Sign-off that the evaluation is completed by clicking on the Sign-off link found in the Actions column in the Evaluations tab.

PLEASE NOTE: Once the evaluation part has been signed-off on, it will lock out any other CIs from being able to edit that evaluation part.

If you have any questions, comments or run into any issues using PT CPI Web, please contact Support at ptcpiwebsupport@liaison-intl.com.
APTA Members/Current or Former APTA Customers

1. **Login to www.apta.org**
   - Enter your username and password and select "click here to continue:" [http://www.apta.org/APTALogin.aspx](http://www.apta.org/APTALogin.aspx)
   - Under [http://www.apta.org/myAPTA](http://www.apta.org/myAPTA) make note of the email address associated with your apta.org account you will need to use the same address to verify your training completion in PT CPI Web.

2. **Important!** It is essential that you do not purchase or register for courses in the APTA Learning Center using more than one account number. If you've forgotten your password or were at one time an APTA member, click here to have it emailed to you OR contact 800/999-2782, ext 3395 for assistance.

3. **Set up your computer**
   - Enable pop-ups for [http://www.apta.org](http://www.apta.org) and [http://learningcenter.apta.org](http://learningcenter.apta.org). (Make sure pop-ups are enabled both in your Internet browser and in your Google/Yahoo/AOL toolbar, if installed. Learn how: [http://learningcenter.apta.org/oht.aspx#q1](http://learningcenter.apta.org/oht.aspx#q1)).

4. **"Purchase" the free PT CPI online course**
   - To access the PT CPI online course, go to: [http://learningcenter.apta.org/free_membercourses.aspx](http://learningcenter.apta.org/free_membercourses.aspx) (this is the "Free Member" course catalog, accessible from the public course catalog) in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

5. **Take the PT CPI online course**
   - After purchasing the course, go to My Courses [http://learningcenter.apta.org/My_Courses.aspx](http://learningcenter.apta.org/My_Courses.aspx) within the APTA Learning Center.

6. **Print CEU certificate**
   - Claim credit and print your 0.2 CEU certificate through My Courses [http://learningcenter.apta.org/My_Courses.aspx](http://learningcenter.apta.org/My_Courses.aspx) at the APTA Learning Center.

7. **Access the PT CPI Web site**
   - To access PT CPI Web 2.0, please click: [https://cpi2.amsapps.com](https://cpi2.amsapps.com). The academic program with whom you affiliate can provide you with your username (the email address provided to them). If you do not have a password, you will need to use the 'I forgot or do not have a password' link to establish a password. **The password to login to PT CPI Web 2.0 is NOT the same as the password used to login to the APTA Web site.**

New Customers/Never Been an APTA Member

1. **Create an account at www.apta.org**
   - Register at [apta.org: http://www.apta.org/APTALogin.aspx](http://www.apta.org/APTALogin.aspx). Complete the required information and write down your username and password.
   - **Important!** Please make a note of the e-mail address that you use when completing this registration information as you will need to use the same email address to verify your training completion in PT CPI Web.

2. **Set up your computer**
   - Enable pop-ups for [http://www.apta.org](http://www.apta.org) and [http://learningcenter.apta.org](http://learningcenter.apta.org). (Make sure pop-ups are enabled both in your Internet browser and in your Google/Yahoo/AOL toolbar, if installed. Learn how: [http://learningcenter.apta.org/oht.aspx#q1](http://learningcenter.apta.org/oht.aspx#q1)).

   - **Important!** You are now ready to purchase the free online course.

3. **"Purchase" the free PT CPI online course**
   - To access the PT CPI online course, go to: [http://learningcenter.apta.org/free_membercourses.aspx](http://learningcenter.apta.org/free_membercourses.aspx) (this is the "Free member" course catalog, accessible from the public course catalog) in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

4. **Take the PT CPI online course**
   - After purchasing the course, go to My Courses [http://learningcenter.apta.org/My_Courses.aspx](http://learningcenter.apta.org/My_Courses.aspx) within the APTA Learning Center.

5. **Print CEU certificate**
   - Claim credit and print your 0.2 CEU certificate through My Courses [http://learningcenter.apta.org/My_Courses.aspx](http://learningcenter.apta.org/My_Courses.aspx) at the APTA Learning Center.

6. **Access the PT CPI Web site**
   - To access PT CPI Web 2.0, please click: [https://cpi2.amsapps.com](https://cpi2.amsapps.com). The academic program with whom you affiliate can provide you with your username (the email address provided to them). If you do not have a password, you will need to use the 'I forgot or do not have a password' link to establish a password. **The password to login to PT CPI Web 2.0 is NOT the same as the password used to login to the APTA Web site.**
CLINICAL EDUCATION ACTION PLAN

Date: __________________________
Student: ____________________________________________

CI: ____________________________________________________
Clinical Facility: _________________________________________

Specific incident(s)/concern(s):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

DCE contacted _____ Yes _____ No via _____ Telephone _____ Email

In order to address the above listed issues, the student will demonstrate completion of the following objectives prior to _________________(date) or by the date stated within the individual objective.

1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________
5. __________________________________________

Action plan:

CI plan to facilitate achievement of objectives:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student plan to complete objectives:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

_____________________________  ______________________________
Student Signature  CI Signature

Fax completed form to: Misty Booth, PT, DPT, PCS, DCE at 501-450-5822.
PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003

American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314
PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators’ requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student’s assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA’s Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O’Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name

Academic Institution

Name of Clinical Education Site

Address

City

State

Clinical Experience Number

Clinical Experience Dates

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature) Date

Primary Clinical Instructor Name (Print name) Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned

Highest degree earned

Degree area

Years experience as a CI

Years experience as a clinician

Areas of expertise

Clinical Certification, specify area

APTA Credentialed CI

_____ Yes  _____ No

Other CI Credential

_____ State

_____ Yes  _____ No

Professional organization memberships

_____ APTA  _____ Other

Additional Clinical Instructor Name (Print name) Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned

Highest degree earned

Degree area

Years experience as a CI

Years experience as a clinician

Areas of expertise

Clinical Certification, specify area

APTA Credentialed CI

_____ Yes  _____ No

Other CI Credential

_____ State

_____ Yes  _____ No

Professional organization memberships

_____ APTA  _____ Other
SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site ____________________________________________

   Address __________________________________ City ____________________________ State ______

2. Clinical Experience Number ____________________

3. Specify the number of weeks for each applicable clinical experience/rotation.
   - ______ Acute Care/Inpatient Hospital Facility
   - ______ Private Practice
   - ______ Ambulatory Care/Outpatient
   - ______ ECF/Nursing Home/SNF
   - ______ Rehabilitation/Sub-acute Rehabilitation
   - ______ School/Preschool Program
   - ______ Federal/State/County Health
   - ______ Wellness/Prevention/Fitness Program
   - ______ Industrial/Occupational Health Facility
   - ______ Other ____________________________

Orientation

4. Did you receive information from the clinical facility prior to your arrival?  ____ Yes _____No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience?  ____ Yes _____No

6. What else could have been provided during the orientation? ____________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1 = Never  2 = Rarely  3 = Occasionally  4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

<table>
<thead>
<tr>
<th>Diversity Of Case Mix</th>
<th>Rating</th>
<th>Patient Lifespan</th>
<th>Rating</th>
<th>Continuum Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td>0-12 years</td>
<td>Critical care, ICU, Acute</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Neuromuscular</td>
<td>13-21 years</td>
<td>SNF/ECF/Sub-acute</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Cardiopulmonary</td>
<td>22-65 years</td>
<td>Rehabilitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integumentary</td>
<td>over 65 years</td>
<td>Ambulatory/Outpatient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (GI, GU, Renal, Metabolic, Endocrine)</td>
<td></td>
<td>Home Health/Hospice</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Wellness/Fitness/Industry</td>
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</tr>
</tbody>
</table>

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the Guide to Physical Therapist Practice. Rate all items in the shaded columns using the above 4-point scale.

<table>
<thead>
<tr>
<th>Components Of Care</th>
<th>Rating</th>
<th>Components Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td></td>
<td>Diagnosis</td>
<td></td>
</tr>
<tr>
<td>• Screening</td>
<td></td>
<td>Prognosis</td>
<td></td>
</tr>
<tr>
<td>• History taking</td>
<td></td>
<td>Plan of Care</td>
<td></td>
</tr>
<tr>
<td>• Systems review</td>
<td></td>
<td>Interventions</td>
<td></td>
</tr>
<tr>
<td>• Tests and measures</td>
<td></td>
<td>Outcomes Assessment</td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

<table>
<thead>
<tr>
<th>Environment</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing a helpful and supportive attitude for your role as a PT student.</td>
<td></td>
</tr>
<tr>
<td>Providing effective role models for problem solving, communication, and teamwork.</td>
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</tr>
<tr>
<td>Demonstrating high morale and harmonious working relationships.</td>
<td></td>
</tr>
<tr>
<td>Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).</td>
<td></td>
</tr>
<tr>
<td>Being sensitive to individual differences (ie, race, age, ethnicity, etc).</td>
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</tr>
<tr>
<td>Using evidence to support clinical practice.</td>
<td></td>
</tr>
<tr>
<td>Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).</td>
<td></td>
</tr>
<tr>
<td>Being involved in district, state, regional, and/or national professional activities.</td>
<td></td>
</tr>
</tbody>
</table>

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth?

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- Physical therapist students
- Physical therapist assistant students
- Students from other disciplines or service departments (Please specify ________)

12. Identify the ratio of students to CIs for your clinical experience:

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater 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
- Other; Please specify ________
15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

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?

Overall Summary Appraisal
SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1 = Strongly Disagree  2 = Disagree  3 = Neutral  4 = Agree  5 = Strongly Agree

<table>
<thead>
<tr>
<th>Provision of Clinical Instruction</th>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical instructor (CI) was familiar with the academic program’s objectives and expectations for this experience.</td>
<td></td>
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<tr>
<td>The clinical education site had written objectives for this learning experience.</td>
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</tr>
<tr>
<td>The clinical education site’s objectives for this learning experience were clearly communicated.</td>
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<tr>
<td>There was an opportunity for student input into the objectives for this learning experience.</td>
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<tr>
<td>The CI provided constructive feedback on student performance.</td>
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</tr>
<tr>
<td>The CI provided timely feedback on student performance.</td>
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</tr>
<tr>
<td>The CI demonstrated skill in active listening.</td>
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<tr>
<td>The CI provided clear and concise communication.</td>
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<tr>
<td>The CI communicated in an open and non-threatening manner.</td>
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<tr>
<td>The CI taught in an interactive manner that encouraged problem solving.</td>
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<tr>
<td>There was a clear understanding to whom you were directly responsible and accountable.</td>
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<tr>
<td>The supervising CI was accessible when needed.</td>
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<tr>
<td>The CI clearly explained your student responsibilities.</td>
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<tr>
<td>The CI provided responsibilities that were within your scope of knowledge and skills.</td>
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</tr>
<tr>
<td>The CI facilitated patient-therapist and therapist-student relationships.</td>
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<tr>
<td>Time was available with the CI to discuss patient/client management.</td>
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<tr>
<td>The CI served as a positive role model in physical therapy practice.</td>
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<tr>
<td>The CI skillfully used the clinical environment for planned and unplanned learning experiences.</td>
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<tr>
<td>The CI integrated knowledge of various learning styles into student clinical teaching.</td>
<td></td>
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</tr>
<tr>
<td>The CI made the formal evaluation process constructive.</td>
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<td></td>
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<tr>
<td>The CI encouraged the student to self-assess.</td>
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</tbody>
</table>

23. Was your CI(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation   _____Yes _____No   Final Evaluation _____Yes _____No
24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Final Evaluation

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Final Comments

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Final Comments

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.
BACKGROUND
In August 2004, 28 member consultants convened in Alexandria, VA for a consensus conference on “Clinical Education in a Doctoring Profession.” One of the specific purposes of this conference was to achieve consensus on minimum skills for every graduate from a physical therapist professional program that include, but are not limited to, the skill set required by the physical therapist licensure examination. Assumptions that framed the boundaries for the discussion during this conference included:

1. A minimum set of required skills will be identified that every graduate from a professional physical therapist program can competently perform in clinical practice.
2. Physical therapist programs can prepare graduates to be competent in the performance of skills that exceed the minimum skills based on institutional and program prerogatives.
3. Development of the minimum required skills will include, but not be limited to, the content blueprint for the physical therapist licensure examination; put differently, no skills on the physical therapist licensure blueprint will be excluded from the minimum skill set.
4. To achieve consensus on minimum skills, 90% or more of the member consultants must be in agreement.

Minimum skills were defined as foundational skills that are indispensable for a new graduate physical therapist to perform on patients/clients in a competent and coordinated manner. Skills considered essential for any physical therapist graduate include those addressing all systems (i.e., musculoskeletal, neurological, cardiovascular pulmonary, integumentary, GI, and GU) and the continuum of patient/client care throughout the lifespan. Definitions for terms used in this document are based on the Guide to Physical Therapist Practice. An asterisk (*) denotes a skill identified on the Physical Therapist Licensure Examination Content Outline. Given that consensus on this document was achieved by a small group of member consultants, it was agreed that the conference outcome document would be disseminated to a wider audience comprised of stakeholder groups that would be invested in and affected by this document.

The consensus-based draft document of Essential Skills of the Physical Therapist (previous title) was placed on APTA’s website and stakeholder groups, including APTA Board of Directors, all physical therapist academic program directors, Academic Coordinators/Directors of Clinical Education, and their faculties, physical therapists on CAPTE, component leaders, and a selected list of clinical educators, were invited to vote on whether or not to include/exclude specific essential skills that every physical therapist graduate should be competent in performing on patients. A total of 624 invitations to vote e-mails were sent out and 212 responses (34%) were received. Given the length of this document and the time required to complete the process, a 34% return rate was deemed acceptable for the purpose of this investigation. The “yes” and “no” votes were tabulated and analyzed.

The final “vote” was provided in a report to the Board of Directors in November 2005 for their review, deliberation, and action. The Board of Directors adopted the document Minimum Required Skills of Physical Therapist Graduates at Entry-level (revised title) as a core document to be made available to stakeholders including the Commission on Accreditation in Physical Therapy Education, physical therapist academic programs and their faculties, clinical education sites, students, and employers. The final document that follows defines Minimum Required Skills of Physical Therapist Graduates At Entry-level.
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
</tr>
</thead>
</table>
| Screening                      | 1. Perform review of systems to determine the need for referral or for physical therapy services.  
2. Systems review screening includes the following:  
   A. General Health Condition (GHC)  
      (1) Fatigue  
      (2) Malaise  
      (3) Fever/chills/sweats  
      (4) Nausea/vomiting  
      (5) Dizziness/lightheadedness  
      (6) Unexplained weight change  
      (7) Numbness/Paresthesia  
      (8) Weakness  
      (9) Mentation/cognition  
   B. Cardiovascular System (CVS)*  
      (1) Dyspnea  
      (2) Orthopnea  
      (3) Palpitations  
      (4) Pain/sweats  
      (5) Syncope  
      (6) Peripheral edema  
      (7) Cough  
   C. Pulmonary System (PS)*  
      (1) Dyspnea  
      (2) Onset of cough  
      (3) Change in cough  
      (4) Sputum  
      (5) Hemoptysis  
      (6) Clubbing of nails  
      (7) Stridor  
      (8) Wheezing  
   D. Gastrointestinal System (GIS)  
      (1) Difficulty with swallowing  
      (2) Heartburn, indigestion  
      (3) Change in appetite  
      (4) Change in bowel function  
   E. Urinary System (US)  
      (1) Frequency  
      (2) Urgency  
      (3) Incontinence  
   F. Genital Reproductive System (GRS)  
      Male  
      (1) Describe any sexual dysfunction, difficulties, or concerns  
      Female  
      (1) Describe any sexual or menstrual dysfunction, difficulties, or problems |
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>3. Initiate referral when positive signs and symptoms identified in the review of systems are beyond the specific skills or expertise of the physical therapist or beyond the scope of physical therapist practice.</td>
</tr>
<tr>
<td></td>
<td>4. Consult additional resources, as needed, including other physical therapists, evidence-based literature, other health care professionals, and community resources.</td>
</tr>
<tr>
<td></td>
<td>5. Screen for physical, sexual, and psychological abuse.</td>
</tr>
<tr>
<td>Cardiovascular and Pulmonary Systems*</td>
<td>1. Conduct a systems review for screening of the cardiovascular and pulmonary system (heart rate and rhythm, respiratory rate, blood pressure, edema).</td>
</tr>
<tr>
<td></td>
<td>2. Read a single lead EKG.</td>
</tr>
<tr>
<td>Integumentary System*</td>
<td>1. Conduct a systems review for screening of the integumentary system, the assessment of pliability (texture), presence of scar formation, skin color, and skin integrity.</td>
</tr>
<tr>
<td>Musculoskeletal System*</td>
<td>1. Conduct a systems review for screening of the musculoskeletal system, the assessment of gross symmetry, gross range of motion, gross strength, height and weight.</td>
</tr>
<tr>
<td>Neurological System*</td>
<td>1. Conduct a systems review for screening of the neuromuscular system, a general assessment of gross coordinated movement (eg, balance, gait, locomotion, transfers, and transitions) and motor function (motor control and motor learning).</td>
</tr>
<tr>
<td>Examination/Reexamination</td>
<td>1. Review pertinent medical records and conduct an interview which collects the following data:</td>
</tr>
<tr>
<td></td>
<td>A. Past and current patient/client history</td>
</tr>
<tr>
<td></td>
<td>B. Demographics</td>
</tr>
<tr>
<td></td>
<td>C. General health status</td>
</tr>
<tr>
<td></td>
<td>D. Chief complaint</td>
</tr>
<tr>
<td></td>
<td>E. Medications</td>
</tr>
<tr>
<td></td>
<td>F. Medical/surgical history</td>
</tr>
<tr>
<td></td>
<td>G. Social history</td>
</tr>
<tr>
<td></td>
<td>H. Present and premorbid functional status/activity</td>
</tr>
<tr>
<td></td>
<td>I. Social/health habits</td>
</tr>
<tr>
<td></td>
<td>J. Living environment</td>
</tr>
<tr>
<td></td>
<td>K. Employment</td>
</tr>
<tr>
<td></td>
<td>L. Growth and development</td>
</tr>
<tr>
<td></td>
<td>M. Lab values</td>
</tr>
<tr>
<td></td>
<td>N. Imaging</td>
</tr>
<tr>
<td></td>
<td>O. Consultations</td>
</tr>
<tr>
<td></td>
<td>2. Based on best available evidence select examination tests and measures that are appropriate for the patient/client.</td>
</tr>
<tr>
<td></td>
<td>3. Perform posture tests and measures of postural alignment and positioning.*</td>
</tr>
<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------</td>
</tr>
</tbody>
</table>
| **Examination/Reexamination (cont.)** | 4. Perform gait, locomotion and balance tests including quantitative and qualitative measures such as*:  
   A. Balance during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment  
   B. Balance (dynamic and static) with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment  
   C. Gait and locomotion during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment to include:  
      (1) Bed mobility  
      (2) Transfers (level surfaces and floor)*  
      (3) Wheelchair management  
      (4) Uneven surfaces  
      (5) Safety during gait, locomotion, and balance  
   D. Perform gait assessment including step length, speed, characteristics of gait, and abnormal gait patterns.  
   5. Characterize or quantify body mechanics during self-care, home management, work, community, tasks, or leisure activities.  
   6. Characterize or quantify ergonomic performance during work (job/school/play)*:  
      A. Dexterity and coordination during work  
      B. Safety in work environment  
      C. Specific work conditions or activities  
      D. Tools, devices, equipment, and workstations related to work actions, tasks, or activities  
   7. Characterize or quantify environmental home and work (job/school/play) barriers:  
      A. Current and potential barriers  
      B. Physical space and environment  
      C. Community access  
   8. Observe self-care and home management (including ADL and IADL)*  
   9. Measure and characterize pain* to include:  
      A. Pain, soreness, and nociception  
      B. Specific body parts  
   10. Recognize and characterize signs and symptoms of inflammation.  
   **Cardiovascular and Pulmonary Systems**  
   1. Perform cardiovascular/pulmonary tests and measures including:  
      A. Heart rate  
      B. Respiratory rate, pattern and quality*  
      C. Blood pressure  
      D. Aerobic capacity test* (functional or standardized) such as the 6-minute walk test  
      E. Pulse Oximetry  
      F. Breath sounds – normal/abnormal  
      G. Response to exercise (RPE) |
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination/Reexamination</td>
<td>H. Signs and symptoms of hypoxia</td>
</tr>
<tr>
<td>(cont.)</td>
<td>I. Peripheral circulation (deep vein thrombosis, pulse, venous stasis, lymphedema)*</td>
</tr>
<tr>
<td>Integumentary System</td>
<td>1. Perform integumentary integrity tests and measures including*:</td>
</tr>
<tr>
<td></td>
<td>A. Activities, positioning, and postures that produce or relieve trauma to the skin.</td>
</tr>
<tr>
<td></td>
<td>B. Assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment</td>
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<tr>
<td></td>
<td>that may produce or relieve trauma to the skin.</td>
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<td></td>
<td>C. Skin characteristics, including blistering, continuity of skin color, dermatitis, hair</td>
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<td></td>
<td>growth, mobility, nail growth, sensation, temperature, texture and turgor.</td>
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<td></td>
<td>D. Activities, positioning, and postures that aggravate the wound or scar or that produce or</td>
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<tr>
<td></td>
<td>relieve trauma.</td>
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<tr>
<td></td>
<td>E. Signs of infection.</td>
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<td>F. Wound characteristics: bleeding, depth, drainage, location, odor, size, and color.</td>
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<td>G. Wound scar tissue characteristics including banding, pliability, sensation, and texture.</td>
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<tr>
<td>Musculoskeletal System</td>
<td>1. Perform musculoskeletal system tests and measures including:</td>
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<tr>
<td></td>
<td>A. Accessory movement tests</td>
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<td>B. Anthropometrics</td>
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<tr>
<td></td>
<td>(1) Limb length</td>
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<td>(2) Limb girth</td>
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<tr>
<td></td>
<td>(3) Body composition</td>
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<tr>
<td></td>
<td>C. Functional strength testing</td>
</tr>
<tr>
<td></td>
<td>D. Joint integrity*</td>
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<tr>
<td></td>
<td>E. Joint mobility*</td>
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<tr>
<td></td>
<td>F. Ligament laxity tests</td>
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<td></td>
<td>G. Muscle length*</td>
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<td></td>
<td>H. Muscle strength* including manual muscle testing, dynamometry, one repetition max</td>
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<td></td>
<td>I. Palpation</td>
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<tr>
<td></td>
<td>J. Range of motion* including goniometric measurements</td>
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<td></td>
<td>2. Perform orthotic tests and measures including*:</td>
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<tr>
<td></td>
<td>A. Components, alignment, fit, and ability to care for orthotic, protective, and supportive</td>
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<td></td>
<td>devices and equipment.</td>
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<td>B. Evaluate the need for orthotic, protective, and supportive devices used during functional</td>
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<td></td>
<td>activities.</td>
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<td></td>
<td>C. Remediation of impairments in body function and structure, activity limitations, and</td>
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<td>participation restrictions with use of orthotic, protective, and supportive device.</td>
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<td>D. Residual limb or adjacent segment, including edema, range of motion, skin integrity and</td>
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<tr>
<td></td>
<td>strength.</td>
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<td></td>
<td>E. Safety during use of orthotic, protective, and supportive device.</td>
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<td>3. Perform prosthetic tests and measures including*:</td>
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<tr>
<td></td>
<td>A. Alignment, fit, and ability to care for prosthetic device.</td>
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<td>B. Prosthetic device use during functional activities.</td>
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<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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| **Examination/Reexamination (cont.)** | C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions, with use of prosthetic device.  
D. Evaluation of residual limb or adjacent segment, including edema, range of motion, skin integrity, and strength.  
E. Safety during use of the prosthetic device. |
|  | 4. Perform tests and measures for assistive and adaptive devices including*:  
  A. Assistive or adaptive devices and equipment use during functional activities.  
  B. Components, alignment, fit, and ability to care for the assistive or adaptive devices and equipment.  
  C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions with use of assistive or adaptive devices and equipment.  
  D. Safety during use of assistive or adaptive equipment. |
| **Neurological System** | 1. Perform arousal, attention and cognition tests and measures to characterize or quantify (including standardized tests and measures)*:  
  A. Arousal  
  B. Attention  
  C. Orientation  
  D. Processing and registration of information  
  E. Retention and recall  
  F. Communication/language |
|  | 2. Perform cranial and peripheral nerve integrity tests and measures*:  
  A. Motor distribution of the cranial nerves (eg, muscle tests, observations)  
  B. Motor distribution of the peripheral nerves (eg, dynamometry, muscle tests, observations, thoracic outlet tests)  
  C. Response to neural provocation (e.g. tension test, vertebral artery compression tests)  
  D. Response to stimuli, including auditory, gustatory, olfactory, pharyngeal, vestibular, and visual (eg, observations, provocation tests)  
|  | 3. Perform motor function tests and measures to include*:  
  A. Dexterity, coordination, and agility  
  B. Initiation, execution, modulation and termination of movement patterns and voluntary postures |
|  | 4. Perform neuromotor development and sensory integration tests and measures to characterize or quantify*:  
  A. Acquisition and evolution of motor skills, including age-appropriate development  
  B. Sensorimotor integration, including postural responses, equilibrium, and righting reactions |
|  | 5. Perform tests and measures for reflex integrity including*:  
  A. Deep reflexes (eg, myotatic reflex scale, observations, reflex tests)  
  B. Postural reflexes and reactions, including righting, equilibrium and protective reactions  
  C. Primitive reflexes and reactions, including developmental  
  D. Resistance to passive stretch  
  E. Superficial reflexes and reactions |
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<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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<tr>
<td><strong>Examination/Reexamination (cont.)</strong></td>
<td>F. Resistance to velocity dependent movement</td>
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<td>6. Perform sensory integrity tests and measures that characterize or quantify including*:</td>
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<td>A. Light touch</td>
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<td>B. Sharp/dull</td>
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<td>C. Temperature</td>
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<td>D. Deep pressure</td>
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<td>E. Localization</td>
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<td>F. Vibration</td>
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<td>G. Deep sensation</td>
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<td>H. Stereognosis</td>
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<tr>
<td></td>
<td>I. Graphesthesias</td>
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<tr>
<td><strong>Evaluation</strong></td>
<td>1. Synthesize available data on a patient/client expressed in terms of the International Classification of Function, Disability and Health (ICF) model to include body functions and structures, activities, and participation.</td>
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<td></td>
<td>2. Use available evidence in interpreting the examination findings.</td>
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<td>3. Verbalize possible alternatives when interpreting the examination findings.</td>
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<td>4. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support a clinical decision.</td>
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<tr>
<td><strong>Diagnosis</strong></td>
<td>1. Integrate the examination findings to classify the patient/client problem in terms of body functions and structures, and activities and participation (ie, practice patterns in the Guide)</td>
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<td>2. Identify and prioritize impairments in body functions and structures, and activity limitations and participation restrictions to determine specific body function and structure, and activities and participation towards which the intervention will be directed.*</td>
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<td><strong>Prognosis</strong></td>
<td>1. Determine the predicted level of optimal functioning and the amount of time required to achieve that level.*</td>
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<td>2. Recognize barriers that may impact the achievement of optimal functioning within a predicted time frame including*:</td>
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<td>A. Age</td>
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<td>B. Medication(s)</td>
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<td>C. Socioeconomic status</td>
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<td>D. Co-morbidities</td>
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<td>E. Cognitive status</td>
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<td>F. Nutrition</td>
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<td>G. Social Support</td>
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<td>H. Environment</td>
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<tr>
<td><strong>Plan of Care</strong></td>
<td>Design a Plan of Care</td>
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<td>1. Write measurable functional goals (short-term and long-term) that are time referenced with expected outcomes.</td>
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<td>2. Consult patient/client and/or caregivers to develop a mutually agreed to plan of care.*</td>
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<td>3. Identify patient/client goals and expectations.*</td>
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<td>4. Identify indications for consultation with other professionals.*</td>
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<td>5. Make referral to resources needed by the patient/client (assumes knowledge of referral sources).*</td>
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<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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| Plan of care (cont.)| 6. Select and prioritize the essential interventions that are safe and meet the specified functional goals and outcomes in the plan of care* (ie, (a) identify precautions and contraindications, (b) provide evidence for patient-centered interventions that are identified and selected, (c) define the specificity of the intervention (time, intensity, duration, and frequency), and (d) set realistic priorities that consider relative time duration in conjunction with family, caregivers, and other health care professionals).  
7. Establish criteria for discharge based on patient goals and current functioning and disability.*                                                                                                                                 |
| Coordination of Care | 1. Identify who needs to collaborate in the plan of care.  
2. Identify additional patient/client needs that are beyond the scope of physical therapist practice, level of experience and expertise, and warrant referral.*  
3. Refer and discuss coordination of care with other health care professionals.*  
4. Articulate a specific rational for a referral.  
5. Advocate for patient/client access to services.                                                                                                                                 |
| Progression of Care | 1. Identify outcome measures of progress relative to when to progress the patient further.*  
2. Measure patient/client response to intervention.*  
4. Modify elements of the plan of care and goals in response to changing patient/client status, as needed.*  
5. Make on-going adjustments to interventions according to outcomes including environmental factors and personal factors and, medical therapeutic interventions.  
6. Make accurate decisions regarding intensity and frequency when adjusting interventions in the plan of care.                                                                                                                                 |
| Discharge Plan       | 1. Re-examine patient/client if not meeting established criteria for discharge based on the plan of care.  
2. Differentiate between discharge of the patient/client, discontinuation of service, and transfer of care with re-evaluation.*  
3. Prepare needed resources for patient/client to ensure timely discharge, including follow-up care.  
4. Include patient/client and family/caregiver as a partner in discharge.*  
5. Discontinue care when services are no longer indicated.  
6. When services are still needed, seek resources and/or consult with others to identify alternative resources that may be available.  
7. Determine the need for equipment and initiate requests to obtain.                                                                                                                                 |
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<tr>
<th>Skill Category</th>
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<tr>
<td><strong>Interventions</strong></td>
<td><strong>Safety, Cardiopulmonary Resuscitation Emergency Care, First Aid</strong></td>
</tr>
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</table>
| - Safety, Emergency Care, CPR and First Aid | 1. Ensure patient safety and safe application of patient/client care.*
| | 4. Perform Cardiopulmonary Resuscitation (CPR).*
| **Precautions** | 1. Demonstrate appropriate sequencing of events related to universal precautions.*
| | 2. Use Universal Precautions.
| | 3. Determine equipment to be used and assemble all sterile and non-sterile materials.*
| | 4. Use transmission-based precautions.
| | 5. Demonstrate aseptic techniques.*
| | 6. Apply sterile procedures.*
| | 7. Properly discard soiled items.*
| **Body Mechanics and Positioning** | 1. Apply proper body mechanics (utilize, teach, reinforce, and observe).*
| | 2. Properly position, drape, and stabilize a patient/client when providing physical therapy.*
| **Interventions** | 1. Coordination, communication, and documentation may include:
| A. Addressing required functions: | (1) Establish and maintain an ongoing collaborative process of decision-making with patients/clients, families, or caregivers prior to initiating care and throughout the provision of services.*
| | (2) Discern the need to perform mandatory communication and reporting (eg, incident reports, patient advocacy and abuse reporting).
| | (3) Follow advance directives.
| B. Admission and discharge planning.
| C. Case management.
| D. Collaboration and coordination with agencies, including: | (1) Home care agencies
| | (2) Equipment suppliers
| | (3) Schools
| | (4) Transportation agencies
| | (5) Payer groups
| E. Communication across settings, including: | (1) Case conferences
| | (2) Documentation
| | (3) Education plans
| F. Cost-effective resource utilization.
| G. Data collection, analysis, and reporting of: | (1) Outcome data
| | (2) Peer review findings
| | (3) Record reviews
| H. Documentation across settings, following APTA’s Guidelines for Physical Therapy Documentation, including: | (1) Elements of examination, evaluation, diagnosis, prognosis, and intervention
<table>
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<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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</table>
| Interventions (cont.) | (2) Changes in body structure and function, activities and participation.  
| | (3) Changes in interventions  
| | (4) Outcomes of intervention  
| I. Interdisciplinary teamwork: | (1) Patient/client family meetings  
| | (2) Patient care rounds  
| | (3) Case conferences  
| J. Referrals to other professionals or resources.* |
| 2. Patient/client-related instruction may include: |  
| A. Instruction, education, and training of patients/clients and caregivers regarding: |  
| | (1) Current condition, health condition, impairments in body structure and function, and activity limitations, and participation restrictions)*  
| | (2) Enhancement of performance  
| | (3) Plan of care:  
| | a. Risk factors for health condition, impairments in body structure and function, and activity limitations, and participation restrictions  
| | b. Preferred interventions, alternative interventions, and alternative modes of delivery  
| | c. Expected outcomes  
| | (4) Health, wellness, and fitness programs (management of risk factors)  
| | (5) Transitions across settings  
| 3. Therapeutic exercise may include performing: |  
| A. Aerobic capacity/endurance conditioning or reconditioning*: |  
| | (1) Gait and locomotor training*  
| | (2) Increased workload over time (modify workload progression)  
| | (3) Movement efficiency and energy conservation training  
| | (4) Walking and wheelchair propulsion programs  
| | (5) Cardiovascular conditioning programs  
| B. Balance*, coordination*, and agility training: |  
| | (1) Developmental activities training*  
| | (2) Motor function (motor control and motor learning) training or retraining  
| | (3) Neuromuscular education or reeducation*  
| | (4) Perceptual training  
| | (5) Posture awareness training*  
| | (6) Sensory training or retraining  
| | (7) Standardized, programmatic approaches  
| | (8) Task-specific performance training  
| C. Body mechanics and postural stabilization: |  
| | (1) Body mechanics training*  
| | (2) Postural control training*  
| | (3) Postural stabilization activities*  
<p>| | (4) Posture awareness training* |</p>
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<th>Skill Category</th>
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<td><strong>Interventions (continued)</strong></td>
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</table>
| **D. Flexibility exercises:** | (1) Muscle lengthening*  
(2) Range of motion*  
(3) Stretching* |
| **E. Gait and locomotion training*:** | (1) Developmental activities training*  
(2) Gait training*  
(3) Device training*  
(4) Perceptual training*  
(5) Basic wheelchair training* |
| **F. Neuromotor development training:** | (1) Developmental activities training*  
(2) Motor training  
(3) Movement pattern training  
(4) Neuromuscular education or reeducation* |
| **G. Relaxation:** | (1) Breathing strategies*  
(2) Movement strategies  
(3) Relaxation techniques |
| **H. Strength, power, and endurance training for head, neck, limb, and trunk*:** | (1) Active assistive, active, and resistive exercises (including concentric, dynamic/isotonic, eccentric, isokinetic, isometric, and plyometric exercises)  
(2) Aquatic programs*  
(3) Task-specific performance training |
| **I. Strength, power, and endurance training for pelvic floor:** | (1) Active (Kegel) |
| **J. Strength, power, and endurance training for ventilatory muscles:** | (1) Active and resistive |
| **4. Functional training in self-care and home management may include*:** | |
| **A. Activities of daily living (ADL) training:** | (1) Bed mobility and transfer training*  
(2) Age appropriate functional skills |
| **B. Barrier accommodations or modifications*** | |
| **C. Device and equipment use and training:** | (1) Assistive and adaptive device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)*  
(2) Orthotic, protective, or supportive device or equipment training during self-care and home management*  
(3) Prosthetic device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)* |
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<th>Skill Category</th>
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<tr>
<td>Interventions (cont.)</td>
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<tr>
<td>D. Functional training programs*:</td>
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<tr>
<td>(1) Simulated environments and tasks*</td>
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<tr>
<td>(2) Task adaptation</td>
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<tr>
<td>E. Injury prevention or reduction:</td>
<td></td>
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<tr>
<td>(1) Safety awareness training during self-care and home management*</td>
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<tr>
<td>(2) Injury prevention education during self-care and home management</td>
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<tr>
<td>(3) Injury prevention or reduction with use of devices and equipment</td>
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<tr>
<td>5. Functional training in work (job/school/play), community, and leisure integration or reintegration may include*:</td>
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<tr>
<td>A. Barrier accommodations or modifications*</td>
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<tr>
<td>B. Device and equipment use and training*:</td>
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<tr>
<td>(1) Assistive and adaptive device or equipment training during instrumental activities of daily living (IADL)*</td>
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<tr>
<td>(2) Orthotic, protective, or supportive device or equipment training during IADL for work*</td>
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<tr>
<td>(3) Prosthetic device or equipment training during IADL</td>
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<tr>
<td>C. Functional training programs:</td>
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<tr>
<td>(1) Simulated environments and tasks</td>
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<td>(2) Task adaptation</td>
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<td>(3) Task training</td>
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<td>D. Injury prevention or reduction:</td>
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<tr>
<td>(1) Injury prevention education during work (job/school/play), community, and leisure integration or reintegration</td>
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<tr>
<td>(2) Injury prevention education with use of devices and equipment</td>
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<tr>
<td>(3) Safety awareness training during work (job/school/play), community, and leisure integration or reintegration</td>
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<tr>
<td>(4) Training for leisure and play activities</td>
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<td>6. Manual therapy techniques may include:</td>
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<td>A. Passive range of motion</td>
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<td>B. Massage:</td>
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<td>(1) Connective tissue massage</td>
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<td>(2) Therapeutic massage</td>
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<td>C. Manual traction*</td>
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<td>D. Mobilization/manipulation:</td>
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<tr>
<td>(1) Soft tissue* (thrust and nonthrust*)</td>
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<tr>
<td>(2) Spinal and peripheral joints* (thrust and nonthrust*)</td>
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<td>7. Prescription, application, and, as appropriate, fabrication of devices and equipment may include*:</td>
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<tr>
<td>A. Adaptive devices*</td>
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<td>Skill Category</td>
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<td><strong>Interventions (cont.)</strong></td>
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<td><strong>B. Assistive devices</strong>:</td>
<td>(1) Canes</td>
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<td>(2) Crutches</td>
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<td></td>
<td>(3) Long-handed reachers</td>
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<td>(4) Static and dynamic splints — prefabricated</td>
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<td>(5) Walkers</td>
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<td></td>
<td>(6) Wheelchairs</td>
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<td><strong>C. Orthotic devices</strong>:</td>
<td>(1) Prefabricated braces</td>
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<tr>
<td></td>
<td>(2) Prefabricated shoe inserts</td>
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<td></td>
<td>(3) Prefabricated splints</td>
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<td><strong>D. Prosthetic devices (lower-extremity)</strong></td>
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<td><strong>E. Protective devices</strong>:</td>
<td>(1) Braces</td>
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<td>(2) Cushions</td>
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<td>(3) Helmets</td>
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<td></td>
<td>(4) Protective taping</td>
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<td><strong>F. Supportive devices</strong>:</td>
<td>(1) Prefabricated compression garments</td>
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<td>(2) Corsets</td>
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<td></td>
<td>(3) Elastic wraps</td>
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<td>(4) Neck collars</td>
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<td>(5) Slings</td>
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<td>(6) Supplemental oxygen - apply and adjust</td>
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<td>(7) Supportive taping</td>
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<td>8. Airway clearance techniques may include*:</td>
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<tr>
<td><strong>A. Breathing strategies</strong>:</td>
<td>(1) Active cycle of breathing or forced expiratory techniques*</td>
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<td>(2) Assisted cough/huff techniques*</td>
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<td>(3) Paced breathing*</td>
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<td>(4) Pursed lip breathing</td>
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<td>(5) Techniques to maximize ventilation (eg, maximum inspiratory hold, breath stacking, manual hyperinflation)</td>
</tr>
<tr>
<td><strong>B. Manual/mechanical techniques</strong>:</td>
<td>(1) Assitive devices</td>
</tr>
<tr>
<td><strong>C. Positioning</strong>:</td>
<td>(1) Positioning to alter work of breathing</td>
</tr>
<tr>
<td></td>
<td>(2) Positioning to maximize ventilation and perfusion</td>
</tr>
<tr>
<td>9. Integumentary repair and protection techniques may include*:</td>
<td></td>
</tr>
<tr>
<td><strong>A. Debridement</strong>—nonselective:</td>
<td></td>
</tr>
<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Interventions (continued)</td>
<td>(1) Enzymatic debridement&lt;br&gt;(2) Wet dressings&lt;br&gt;(3) Wet-to-dry dressings&lt;br&gt;(4) Wet-to-moist dressings</td>
</tr>
<tr>
<td>B. Dressings*</td>
<td>(1) Hydrogels&lt;br&gt;(2) Wound coverings</td>
</tr>
<tr>
<td>C. Topical agents*</td>
<td>(1) Cleansers&lt;br&gt;(2) Creams&lt;br&gt;(3) Moisturizers&lt;br&gt;(4) Ointments&lt;br&gt;(5) Sealants</td>
</tr>
<tr>
<td>10. Electrotherapeutic modalities may include:</td>
<td></td>
</tr>
<tr>
<td>A. Biofeedback*</td>
<td></td>
</tr>
<tr>
<td>B. Electrotherapeutic delivery of medications (eg, iontophoresis)*</td>
<td></td>
</tr>
<tr>
<td>C. Electrical stimulation*</td>
<td>(1) Electrical muscle stimulation (EMS)*&lt;br&gt;(2) Functional electrical stimulation (FES)&lt;br&gt;(3) High voltage pulsed current (HVPC)&lt;br&gt;(4) Neuromuscular electrical stimulation (NMES)&lt;br&gt;(5) Transcutaneous electrical nerve stimulation (TENS)</td>
</tr>
<tr>
<td>11. Physical agents and mechanical modalities may include:</td>
<td></td>
</tr>
<tr>
<td>A. Cryotherapy*</td>
<td></td>
</tr>
<tr>
<td>B. Hydrotherapy*</td>
<td>(1) Contrast bath&lt;br&gt;(2) Pools&lt;br&gt;(3) Whirlpool tanks*</td>
</tr>
<tr>
<td>B. Sound agents*</td>
<td>(1) Phonophoresis*&lt;br&gt;(2) Ultrasound*</td>
</tr>
<tr>
<td>D. Thermotherapy*</td>
<td>(1) Dry heat&lt;br&gt;(2) Hot packs*&lt;br&gt;(3) Paraffin baths*</td>
</tr>
</tbody>
</table>

*Mechanical modalities:*

A. Compression therapies (prefabricated)*<br>(1) Compression garments
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
</tr>
</thead>
</table>
| Interventions (continued) | (2) Vasopneumatic compression devices*  
| | (3) Taping  
| | (4) Compression bandaging (excluding lymphedema)  
| | B. Gravity-assisted compression devices:  
| | (1) Standing frame*  
| | (2) Tilt table*  
| | C. Mechanical motion devices*:  
| | (1) Continuous passive motion (CPM)*  
| | D. Traction devices*:  
| | (1) Intermittent  
| | (2) Positional  
| | (3) Sustained |
| Outcomes Assessment | 1. Perform chart review/audit with respect to documenting components of patient/client management and facility procedures and regulatory requirements.  
| | 2. Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of functioning.*  
| | 3. Select outcome measures for levels of impairments in body function and structure, activity limitations, and participation restrictions with respect for psychometric properties of the outcomes.  
| | 4. Aggregate data across patients/clients and analyze results as it relates to the effectiveness of clinical performance (intervention).* |
| Education | **Patient/Client**  
| | 1. Determine patient/client variables that affect learning.*  
| | 2. Educate the patient/client and caregiver about the patient’s/client’s current health condition/examination findings, plan of care and expected outcomes, utilizing their feedback to modify the plan of care and expected outcomes as needed.*  
| | 3. Assess prior levels of learning for patient/client and family/caregiver to ensure clarity of education.  
| | 4. Educate patients/clients and caregivers to recognize normal and abnormal response to interventions that warrant follow-up.*  
| | 5. Provide patient/client and caregiver clear and concise home/independent program instruction at their levels of learning and ensure the patient’s /client’s understanding of home/independent program.*  
| | 6. Educate patient/client and caregiver to enable them to articulate and demonstrate the nature of the impairments in body function and structure, activity limitations, and participation restrictions and how to safely and effectively manage the impairments in body function and structure, activity limitations, and participation restrictions (eg, identify symptoms, alter the program, and contact the therapist).*  
| **Colleagues** | 1. Identify patient/client related questions and systematically locate and critically appraise evidence that addresses the question.  
| | 2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation of the physical therapist and scope of practice.
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
</tr>
</thead>
</table>
| **Practice Management**<br>- Billing/Reimbursement<br>- Documentation<br>- Quality Improvement<br>- Direction and Supervision<br>- Marketing and Public Relations<br>- Patient Rights, Patient Consent, Confidentiality, and HIPPA | of physical therapist practice.  
3. Address relevant learning needs, convey information, and assess outcomes of learning.  
4. Present contemporary topics/issues using current evidence and sound teaching principles (ie, case studies, in-service, journal article review, etc.).

### Billing/Reimbursement
1. Describe the legal/ethical ramifications of billing and act accordingly.  
2. Correlate/distinguish between billing and reimbursement.  
3. Include consideration of billing/reimbursement in the plan of care.  
4. Choose correct and accurate ICD-9 and CPT codes.  
5. Contact insurance company to follow-up on a denial or ask for additional services including Durable Medical Equipment (DME).  

### Documentation of Care
1. Document patient/client care in writing that is accurate and complete using institutional processes.*  
2. Use appropriate grammar, syntax, spelling, and punctuation in written communication.  
3. Use appropriate terminology and institutionally approved abbreviations.  
4. Use an organized and logical framework to document care (eg, refer to the Guide to Physical Therapist Practice, Appendix 5).*  
5. Conform to documentation requirements of the practice setting and the reimbursement system.  
6. Accurately interpret documentation from other health care professionals.

### Quality Improvement
1. Participate in quality improvement program of self, peers, and setting/institution.  
2. Describe the relevance and impact of institutional accreditation (eg, Joint Commission or CARF) on the delivery of physical therapy services.

### Direction and Supervision of Physical Therapist Assistants (PTAs) and Other Support Personnel
1. Follow legal and ethical requirements for direction and supervision.  
2. Supervise the physical therapist assistant and/or other support personnel.  
3. Select appropriate patients/clients for whom care can be directed to physical therapist assistants based on patient complexity and acuity, reimbursement, PTA knowledge/skill, jurisdictional law, etc.  
4. In any practice setting, maintain responsibility for patient/client care by regularly monitoring care and patient progression throughout care provided by PTAs and services provided by other support personnel.

### Marketing and Public Relations
1. Present self in a professional manner.  
2. Promote the profession by discussing the benefits of physical therapy in all interactions, including presentations to the community about physical therapy.

### Patient Rights, Patient Consent, Confidentiality, and Health Insurance Portability and Accountability Act (HIPAA)*
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skill Category</strong></td>
<td><strong>Description of Minimum Skills</strong></td>
</tr>
<tr>
<td>1. Obtain consent from patients/clients and/or caregiver for the provision of all components of physical therapy including*:</td>
<td>1. Obtain consent from patients/clients and/or caregiver for the provision of all components of physical therapy including*:</td>
</tr>
<tr>
<td>A. treatment-related*</td>
<td>A. treatment-related*</td>
</tr>
<tr>
<td>B. research*</td>
<td>B. research*</td>
</tr>
<tr>
<td>C. fiscal</td>
<td>C. fiscal</td>
</tr>
<tr>
<td>2. Comply with HIPAA/FERPA regulations.*</td>
<td>2. Comply with HIPAA/FERPA regulations.*</td>
</tr>
<tr>
<td>3. Act in concert with institutional &quot;Patient Rights&quot; statements and advanced directives (eg, Living wills, Do Not Resuscitate (DNR) requests, etc.).</td>
<td>3. Act in concert with institutional &quot;Patient Rights&quot; statements and advanced directives (eg, Living wills, Do Not Resuscitate (DNR) requests, etc.).</td>
</tr>
<tr>
<td><strong>Informatics</strong></td>
<td>1. Use current information technology, including word-processing, spreadsheets, and basic statistical packages.</td>
</tr>
<tr>
<td>1. Use current information technology, including word-processing, spreadsheets, and basic statistical packages.</td>
<td>1. Use current information technology, including word-processing, spreadsheets, and basic statistical packages.</td>
</tr>
<tr>
<td><strong>Risk Management</strong></td>
<td>1. Follow institutional/setting procedures regarding risk management.</td>
</tr>
<tr>
<td>2. Identify the need to improve risk management practices.</td>
<td>2. Identify the need to improve risk management practices.</td>
</tr>
<tr>
<td><strong>Productivity</strong></td>
<td>1. Analyze personal productivity using the clinical facility's system and implement strategies to improve when necessary.</td>
</tr>
<tr>
<td><strong>Professionalism: Core Values</strong></td>
<td><strong>Core Values</strong></td>
</tr>
<tr>
<td>- Accountability</td>
<td>1. Demonstrate all APTA core values associated with professionalism.</td>
</tr>
<tr>
<td>- Altruism</td>
<td>2. Identify resources to develop core values.</td>
</tr>
<tr>
<td>- Compassion/Caring</td>
<td>3. Seek mentors and learning opportunities to develop and enhance the degree to which core values are demonstrated.</td>
</tr>
<tr>
<td>- Excellence</td>
<td>4. Promote core values within a practice setting.</td>
</tr>
<tr>
<td>- Integrity</td>
<td></td>
</tr>
<tr>
<td>- Professional Duty</td>
<td></td>
</tr>
<tr>
<td>- Social Responsibility</td>
<td></td>
</tr>
<tr>
<td><strong>Consultation</strong></td>
<td>1. Provide consultation within the context of patient/client care with physicians, family and caregivers, insurers, and other health care providers, etc.</td>
</tr>
<tr>
<td>2. Accurately self-assess the boundaries within which consultation outside of the patient/client care context can be provided.</td>
<td>2. Accurately self-assess the boundaries within which consultation outside of the patient/client care context can be provided.</td>
</tr>
<tr>
<td>3. Render advice within the identified boundaries or refer to others.</td>
<td>3. Render advice within the identified boundaries or refer to others.</td>
</tr>
<tr>
<td><strong>Evidence-Based Practice</strong></td>
<td>1. Discriminate among the levels of evidence (eg, Sackett).</td>
</tr>
<tr>
<td><em>Impact of Research on Practice</em></td>
<td>2. Access current literature using databases and other resources to answer clinical/practice questions.</td>
</tr>
<tr>
<td></td>
<td>3. Read and critically analyze current literature.</td>
</tr>
<tr>
<td></td>
<td>4. Use current evidence, patient values, and personal experiences in making clinical decisions.*</td>
</tr>
<tr>
<td></td>
<td>5. Prepare a written or verbal case report.</td>
</tr>
<tr>
<td></td>
<td>6. Share expertise related to accessing evidence with colleagues.</td>
</tr>
<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Communication</td>
<td><em>Interpersonal (including verbal, non-verbal, electronic)</em></td>
</tr>
<tr>
<td>• Interpersonal</td>
<td></td>
</tr>
<tr>
<td>• Verbal</td>
<td>1. Develop rapport with patients/clients and others.</td>
</tr>
<tr>
<td>• Written</td>
<td>2. Display sensitivity to the needs of others.</td>
</tr>
<tr>
<td></td>
<td>3. Actively listen to others.</td>
</tr>
<tr>
<td></td>
<td>4. Engender confidence of others.</td>
</tr>
<tr>
<td></td>
<td>5. Ask questions in a manner that elicits needed responses.</td>
</tr>
<tr>
<td></td>
<td>6. Modify communication to meet the needs of the audience.</td>
</tr>
<tr>
<td></td>
<td>7. Demonstrate congruence between verbal and non-verbal messages.</td>
</tr>
<tr>
<td></td>
<td>8. Use appropriate grammar, syntax, spelling, and punctuation in written communication.</td>
</tr>
<tr>
<td></td>
<td>9. Use appropriate, and where available, standard terminology and abbreviations.</td>
</tr>
<tr>
<td></td>
<td>10. Maintain professional relationships with all persons.</td>
</tr>
<tr>
<td></td>
<td>11. Adapt communication in ways that recognize and respect the knowledge and experiences of colleagues and others.</td>
</tr>
<tr>
<td>Conflict Management/Negotiation</td>
<td>1. Recognize potential for conflict.</td>
</tr>
<tr>
<td></td>
<td>2. Implement strategies to prevent and/or resolve conflict.</td>
</tr>
<tr>
<td></td>
<td>3. Seek resources to resolve conflict when necessary,</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>1. Elicit the “patient’s story” to avoid stereotypical assumptions.</td>
</tr>
<tr>
<td></td>
<td>2. Utilize information about health disparities during patient/client care.</td>
</tr>
<tr>
<td></td>
<td>3. Provide care in a non-judgmental manner.</td>
</tr>
<tr>
<td></td>
<td>4. Acknowledge personal biases, via self-assessment or critical assessment of feedback from others.</td>
</tr>
<tr>
<td></td>
<td>5. Recognize individual and cultural differences and adapt behavior accordingly in all aspects of physical therapy care.*</td>
</tr>
<tr>
<td>Promotion of Health, Wellness, and Prevention</td>
<td>1. Identify patient/client health risks during the history and physical via the systems review.</td>
</tr>
<tr>
<td></td>
<td>2. Take vital signs of every patient/client during each visit.</td>
</tr>
<tr>
<td></td>
<td>3. Collaborate with the patient/client to develop and implement a plan to address health risks.*</td>
</tr>
<tr>
<td></td>
<td>4. Determine readiness for behavioral change.</td>
</tr>
<tr>
<td></td>
<td>5. Identify available resources in the community to assist in the achievement of the plan.</td>
</tr>
<tr>
<td></td>
<td>6. Identify secondary and tertiary effects of disability.</td>
</tr>
<tr>
<td></td>
<td>7. Demonstrate healthy behaviors.</td>
</tr>
<tr>
<td></td>
<td>8. Promote health/wellness in the community.</td>
</tr>
</tbody>
</table>

Relationship to Vision 2020: Doctor of Physical Therapy  
(Academic/Clinical Education Affairs Department, ext 3203)  

[Document updated: 12/14/2009]

**Explanation of Reference Numbers:**  
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.  
memo

Department of Physical Therapy
University of Central Arkansas

TO: Clinical Instructor

FROM: Stacey Stephens, MS
Administrative Clinical & Services Coordinator

SUBJ: Library Privileges

I would like to offer privileges at UCA’s Torreyson Library for each clinical instructor working with a student during this affiliation. If you are interested then I will ask you to fill out the Request for UCA Library Database Access Form attached. I will collect the completed forms. Once the library processes your information, they will reply to you with the necessary access codes that you will need. When the process is completed you will have privileges for 12 months and could repeat the process the following year provided you supervise a student again. I will offer this with each clinical rotation throughout the year so that each clinical instructor supervising a student may have the opportunity.

With this privilege, you may utilize all of the on-line services that the UCA Library has to offer including research databases such as Med-Line, Health Reference Center, PsycInfo and full-text databases such as CINAHAL. The card catalog or “Bearcat Online” is completely on-line. If you wish to check out materials (such as books), then you will need to have an ID card made. I will assist you or the library staff will assist you in this case.

The library representative will contact you via email after your log-in is processed. I will communicate with you if you do not have an email account. You will have continuous access so it is not necessary to apply each year.

The Department of Physical Therapy at UCA is pleased to offer this resource to you. Please contact me if you have any questions. I can be reached at staceys@uca.edu or (501) 450-5549. Thank you.

(The form may be duplicated to accommodate multiple CIs for this Clinical Education Year).
REQUEST FOR UCA LIBRARY DATABASE ACCESS
(for use by UCA Physical Therapy Clinical Instructors)

Date of Request: _____________________________

Last Name, First Name, Middle Initial: _____________________________

Driver’s License Number: _____________________________

Phone, Work: _____________________________

Phone, Home: _____________________________

Email: _____________________________

Address, Work: _____________________________

Address, Home: _____________________________

1. To access databases, go to Library.uca.edu

2. Create a Library PIN Number (required for off campus database access):

   1. Go to Library.uca.edu

   2. Follow directions under the link "Create a Library PIN."

3. Are you interested in requesting book checkout privileges? ________________

4. Sign and return this form to the UCA Department of Physical Therapy, attention Misty Booth by FAX: (501-450-5822) or email to mbooth@uca.edu.

   Required Signatures:

   ________________________________________________________ Date: _________
   Clinical Instructor

   ________________________________________________________ Date: _________
   Misty Booth, PT, DPT, PCS, Director of Clinical Education

   ________________________________________________________ Date: _________
   Art Lichtenstein, Library Director (or designee)

Please allow two weeks from date of request for processing.              Revised 11/10/06
The UCA Professional DPT curriculum requires students to complete full-time experiences in acute care, inpatient rehabilitation, outpatient, and specialty settings. Please indicate the number of student slots that you can offer for 20XX rotations below by placing the number under the corresponding type of experience. If your facility offers an experience within Specialty, please describe here:

<table>
<thead>
<tr>
<th>UCA Dates</th>
<th>Rotation</th>
<th>Please Indicate Number of Slots Offered For:</th>
</tr>
</thead>
<tbody>
<tr>
<td>January X – March X</td>
<td>CE 3, 10 weeks</td>
<td>Acute, Inpatient</td>
</tr>
<tr>
<td>March XX – May XX (Wednesday)</td>
<td>CE4, 10 weeks</td>
<td></td>
</tr>
<tr>
<td>May XX (Tuesday) – August X</td>
<td>CE5, 10 weeks</td>
<td></td>
</tr>
<tr>
<td>August XX – October X</td>
<td>CE2, 8 weeks</td>
<td></td>
</tr>
<tr>
<td>November XX – December XX</td>
<td>CE1, 5 weeks</td>
<td></td>
</tr>
</tbody>
</table>

Other Information: 
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
July 27, 2013

Jane Doe, DPT, PT
Center Coordinator Clinical Education
A Plus Physical Therapy
PO Box 123
Anytown, AR 12345

Dear CCCE:

Please review the student assignments below for your facility for the 2013 calendar year. The assignments are based on clinical education slots indicated on your 2013 commitment form – if a student is assigned at this time then their name appears below. We have not completed the DPT Rotation 1 assignments at this time- please continue to hold those slots for us until we complete that process in late September.

<table>
<thead>
<tr>
<th>2013 Date</th>
<th>Rotation</th>
<th>ACUTE CARE</th>
<th>REHAB INPATIENT</th>
<th>OUTPATIENT</th>
<th>SPECIALTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 7 -</td>
<td>Rotation III</td>
<td></td>
<td>No student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 15</td>
<td>10 weeks</td>
<td></td>
<td>assigned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 18 –</td>
<td>Rotation IV</td>
<td></td>
<td>Thomas Krane</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 22 (Wed)</td>
<td>10 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 28 (Tues) -</td>
<td>Rotation V</td>
<td></td>
<td>Julie Smithfield</td>
<td></td>
<td></td>
</tr>
<tr>
<td>August 2</td>
<td>10 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>August 12 –</td>
<td>Rotation II</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>October 4</td>
<td>8 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>November 11 -</td>
<td>Rotation I</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>October 13</td>
<td>5 weeks</td>
<td></td>
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</tbody>
</table>

A clinical instructor packet will be mailed 4 to 6 weeks in advance of the beginning date for each student placement. We may contact you regarding future availability of the slots that have not yet been assigned in the event of a cancellation. Thank you for your support of physical therapy clinical education!

Sincerely,

Misty Booth, PT, DPT, PCS
Director of Clinical Education
Phone: 501-450-5543
Email: mbooth@uca.edu
UCA DEPARTMENT OF PHYSICAL THERAPY
IMPORTANT REMINDERS AND CONTACT INFORMATION

Misty Booth, PT, DPT, PCS
Director of Clinical Education
Department of Physical Therapy
Office: (501) 450-5543
Cell: (501) 519-4719
Email: mbooth@uca.edu
Address: PT Center, Suite 300
201 Donaghey Ave.
Conway, AR 72035

Twala Maresh, PT, DPT NCS
Assistant Director of Clinical Education
Department of Physical Therapy
Office: (501) 450-5598
Cell: (501) 680-2865
Email: twalam@uca.edu

• **Name Tag:** The student must wear the UCA name-tag at all times during the clinical experience. If the facility provides a name-tag, the student must still wear the UCA name tag for legal purposes unless the facility name tag specifically states “UCA student”.

• **Clinical Instructor:** The primary CI is a licensed physical therapist with at least one year of clinical practice who is assigned by the CCCE to be responsible for the instruction and supervision of the student(s) in the clinical education setting. The CI is to provide a quality learning experience for students in the areas of patient care, administration, and research as determined by availability and the student objectives. The CI provides written and oral evaluation of the student’s performance as requested by the DCE. The student also provides the clinical instructor with an evaluation whereby the student provides feedback regarding instruction and learning experiences received.

• **Performance Evaluation:** Students will be assessed using the CPI Web at [https://cpi2.amsapps.com/](https://cpi2.amsapps.com/) All CI’s and students must complete an online training module to be able to access CPI Web. Students and clinical instructors should complete a midterm and final evaluation and should discuss the student’s performance at both midterm and final in addition to ongoing feedback provided by the CI to optimize clinical performance. Information is provided in the student packet regarding CI access to training and CPI Web.

• **Supervision:** Student physical therapists, when participating as a part of a physical therapist professional curriculum and when acting in accordance with APTA policy and applicable state laws and regulations, are qualified to provide services only under the direction and direct supervision of the physical therapist, who is responsible for patient/client management. Direct supervision means the physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient during each visit that is defined in the Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period. Telecommunication does not meet the requirement of direct supervision. The CI is responsible for ensuring the student is provided with supervision according to any regulations (i.e. Medicare) governing the provision of services in the clinic that may require more strict supervision than the above mentioned requirements.

• **Travel:** Students assigned to clinical sites requiring more than 8 hours travel time between the site and UCA or the next assigned site may be allowed a travel day at the end of the rotation.
• **Attendance:** Students’ attendance during clinical experiences should be handled as if reporting to work. Absences due to illness or emergency should be reported as early as possible to the CCCE or CI. Students should follow the facility work schedule for weekends, holidays, etc. Students are allowed one sick day per rotation, but are not allotted any personal days. The student will work with the CI to arrange for additional time missed by the student to be made up. The DCE should be notified if make-up presents logistical challenges. If a student misses multiple days, the DCE should be notified.

*Inclement weather:* In the event of inclement weather, students are expected to contact the CI prior to the start of the work day if the student will be delayed or unable to attend clinic due to inclement weather. Students are expected to demonstrate reasonable efforts to attend in the event of inclement weather, but are not expected to jeopardize personal safety. If multiple days are missed, arrangements will need to be discussed with the DCE regarding make-up.

• **Library Privileges:** In appreciation for the clinical opportunities provided for students in the UCA DPT program, each CI is eligible for UCA library privileges. A form is included in each student’s packet for CIs to request UCA library privileges. Forms for CIs wishing to request library privileges should be completed and returned to the DCE via mail or fax (501) 450-5822.

• **Assistance:** *Should a problem arise in the clinic, the student and the CI and/or CCCE should first seek to resolve any issues impacting the student’s rotation. The DCE should be informed of any situation for which resolution cannot be attained through discussion between the CI and/or CCCE and the student. If a situation is urgent in nature and the DCE, Dr. Misty Booth cannot be reached in the office or via cell phone, please contact the Assistant DCE, Dr. Twala Maresh.*
Implementing MDS 3.0: Use of Therapy Students

As facilities continue to change their current practices to implement the Minimum Data Set Version 3.0 (better known as MDS 3.0), one of the emerging issues is the manner in which they document and utilize therapy students. Under the new rules, in order to record the minutes as individual therapy when a therapy student is involved in the treatment of a resident, only one resident can be treated by the therapy student and the supervising therapist or assistant (for Medicare Part A and Part B). In addition, the supervising therapist or assistant cannot engage in any other activity or treatment when the resident is receiving treatment under Medicare Part B. However, for those residents whose stay is covered under Medicare Part A, the supervising therapist or assistant cannot be treating or supervising other individuals. Beginning on October 1, 2011, the student and resident no longer need to be within the line-of-sight supervision of the supervising therapist. CMS will allow the supervising therapist to determine the appropriate level of supervision for the student. The student is still treated as an extension of the therapist, and the time the student spends with the patient will continue to be billed as if the supervising therapist alone was providing the services.

Under Medicare Part A, when a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:

- The therapy student is treating one resident and the supervising therapist or assistant is treating another resident and the therapy student is supervised by the therapist at the appropriate level of supervision as determined by the supervising therapist; or
- The therapy student is treating two residents at the appropriate level of supervision as determined by the supervising therapist and the therapist is not treating any residents and not supervising other individuals; or
- The therapy student is not treating any residents and the supervising therapist or assistant is treating two residents at the same time, regardless of payer source.

The student would be precluded from treating the resident and recording the minutes as concurrent therapy under Medicare Part B.

Under Medicare Part A, when a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing the group treatment at the appropriate level of supervision as determined by the supervising therapist and the supervising therapist or assistant is not treating any residents and is not supervising other individuals (students or residents); or
- The supervising therapist/assistant is providing the group treatment and the therapy student is not providing treatment to any resident.

Under Medicare Part B, when a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing group treatment and the supervising therapist or assistant is present and in the room and is not engaged in any other activity or treatment; or
- The supervising therapist or assistant is providing group treatment and the therapy student is not providing treatment to any resident.
Recommended Skilled Nursing Facility Therapy Student Supervision Guidelines
Submitted to CMS by the American Physical Therapy Association (APTA)
During the Comment Period for the FY 2012 SNF PPS Final Rule

Please note: These suggested guidelines would be in addition to the student supervision guidelines outlined in the RAI MDS 3.0 Manual and all relevant Federal Regulations.

- The amount of supervision must be appropriate to the student’s level of knowledge, experience, and competence.
- Students who have been approved by the supervising therapist or assistant to practice independently in selected patient/client situations can perform those selected patient/client services specified by the supervising therapist/assistant.
- The supervising therapist/assistant must be physically present in the facility and immediately available to provide observation, guidance, and feedback as needed when the student is providing services.
- When the supervising therapist/assistant has cleared the student to perform medically necessary patient/client services and the student provides the appropriate level of services, the services will be counted on the MDS as skilled therapy minutes.
- The supervising therapist/assistant is required to review and co-sign all students’ patient/client documentation for all levels of clinical experience and retains full responsibility for the care of the patient/client.
- Therapist assistants can provide instruction and supervision to therapy assistant students so long as the therapist assistant is properly supervised by the therapist.

These changes as well as other changes regarding MDS 3.0 will take effect October 1, 2011. If you have questions regarding this provision or other provisions within MDS 3.0, please contact the APTA at advocacy@apta.org or at 800.999.2782 ext. 8533.
<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>PT Student</th>
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<tr>
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<td>Part A</td>
<td>Part B</td>
<td>Part A</td>
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<td>X¹</td>
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<td>Inpatient Rehabilitation Facility</td>
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**Key**

- Y: Reimbursable
- X: Not Reimbursable
- N/A: Not Applicable
- NAR: Not Addressed in Regulation. Please defer to state law.

**Y¹**: Reimbursable: Therapy students are not required to be in line-of-sight of the professional supervising therapist/assistant (Federal Register, August 8, 2011). Within individual facilities, supervising therapists/assistants must make the determination as to whether or not a student is ready to treat patients without line-of-sight supervision. Additionally all state and professional practice guidelines for student supervision must be followed. Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the provision of therapy. All time that the student spends with patients should be documented.

Medicare Part B—The following criteria must be met in order for services provided by a student to be billed by the long-term care facility:

- The qualified professional is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- The practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified professional is the person responsible for the services and, as such, signs all documentation. (A student may, of course, also sign but it is not necessary because the Part B payment is for the clinician’s service, not for the student’s services.)

Individual Therapy:

When a therapy student is involved with the treatment of a resident, the minutes may be coded as individual therapy when only one resident is being treated by the therapy student and supervising therapist/assistant (Medicare A and Medicare B). The supervising therapist/assistant shall not be engaged in any other activity or treatment when the resident is receiving therapy under Medicare B. However, for those residents whose stay is covered under Medicare A, the supervising therapist/assistant shall not be treating or supervising other individuals and he/she is able to immediately intervene/assist the student as needed.

Example: A speech therapy graduate student treats Mr. A for 30 minutes. Mr. A.’s therapy is covered under the Medicare Part A benefit. The supervising speech-language pathologist is not treating any patients at this time but is not in the room with the student or Mr. A. Mr. A.’s therapy may be coded as 30 minutes of individual therapy on the MDS.

Concurrent Therapy:

When a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:

- The therapy student is treating one resident and the supervising therapist/assistant is treating another resident, and both residents are in line of sight of the therapist/assistant or student providing their therapy; or
- The therapy student is treating 2 residents, regardless of payer source, both of whom are in line-of-sight of the therapy student, and the therapist is not treating any residents and not supervising other individuals; or
- The therapy student is not treating any residents and the supervising therapist/assistant is treating 2 residents at the same time, regardless of payer source, both of whom are in line-of-sight.

Medicare Part B: The treatment of two or more residents who may or may not be performing the same or similar activity, regardless of payer source, at the same time is documented as group treatment.

Example: An Occupational Therapist provides therapy to Mr. K. for 60 minutes. An occupational therapy graduate student, who is supervised by the occupational therapist, is treating Mr. R. at the same time for the same 60 minutes but Mr. K. and Mr. R. are not doing the same or similar activities. Both Mr. K. and Mr. R’s stays are covered under the Medicare Part A benefit. Based on the information above, the therapist would code each individual’s MDS for this day of treatment as follows:

- Mr. K. received concurrent therapy for 60 minutes.
- Mr. R. received concurrent therapy for 60 minutes.

Group Therapy:

When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing the group treatment and the supervising therapist/assistant is not treating any residents and is not supervising other individuals (students or residents); or
- The supervising therapist/assistant is providing the group treatment and the therapy student
is not providing treatment to any resident. In this case, the student is simply assisting the supervising therapist.

Medicare Part B: The treatment of 2 or more individuals simultaneously, regardless of payer source, who may or may not be performing the same activity.

When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing group treatment and the supervising therapist/assistant is not engaged in any other activity or treatment; or
- The supervising therapist/assistant is providing group treatment and the therapy student is not providing treatment to any resident.

Documentation: APTA recommends that the physical therapist co-sign the note of the physical therapist student and state the level of supervision that the PT determined was appropriate for the student and how/if the therapist was involved in the patient’s care.

Y2: Reimbursable: The minutes of student services count on the Minimum Data Set. Medicare no longer requires that the PT/PTA provide line-of-sight supervision of physical therapist assistant (PTA) student services. Rather, the supervising PT/PTA now has the authority to determine the appropriate level of supervision for the student, as appropriate within their state scope of practice. See Y1.

Documentation: APTA recommends that the physical therapist and assistant should co-sign the note of physical therapist assistant student and state the level of appropriate supervision used. Also, the documentation should reflect the requirements as indicated for individual therapy, concurrent therapy, and group therapy in Y1.

Y3: This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the Part A hospital diagnosis related group (DRG) payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

Documentation: Please refer to documentation guidance provided under Y1

Y4: This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the inpatient rehabilitation facility payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

X 1: B. Therapy Students

1. General

Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under "line of sight" supervision of the therapist; however, the presence of the student "in the room" does not make the service unbillable.
**EXAMPLES:**

Therapists may bill and be paid for the provision of services in the following scenarios:

- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.

  - The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.

  - The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician’s service, not for the student’s services).

2. **Therapy Assistants as Clinical Instructors**

Physical therapist assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy students, while providing services within their scope of work and performed under the direction and supervision of a licensed physical or occupational therapist to a Medicare beneficiary.

Documentation: APTA recommends that the physical therapist or physical therapist assistant complete documentation.
CLINICAL AGREEMENT FOR THE PHYSICAL THERAPY PROGRAM
AT THE UNIVERSITY OF CENTRAL ARKANSAS

This AGREEMENT, made and entered into this day of ____________, (year) ________, by and between the University of Central Arkansas, through its Program in Physical Therapy of its College of Health and Behavioral Sciences, hereinafter referred to as the "SCHOOL" and ____________________________ hereinafter referred to as the "FACILITY".

FACILITY CONTACT INFORMATION:

Facility Name: ___________________________________________
Contact Name: ___________________________________________
Mailing Address: _________________________________________
Contact Phone/Email: ______________________________________

SCHOOL CONTACT INFORMATION:

University of Central Arkansas, Department of Physical Therapy
Attention: Director of Clinical Education
Physical Therapy Center, Suite 300
201 Donaghey Avenue, Conway, Arkansas 72035
Phone: (501) 450-3611; Fax: (501) 450-5822

SECTION 1: INTRODUCTION

Clinical education is that integral part of physical therapy education which allows application of academic preparation and internalization of the physical therapist's (PT) roles. The SCHOOL and the FACILITY enter into this agreement to provide maximum utilization of community resources, develop excellence in education and research, and promote quality patient care now and in the future by providing quality learning for the physical therapy student, allowing for mastery of available clinical skills.

SECTION 2: OBJECTIVES

Objectives for clinical affiliations include but are not limited to the following:

1. The FACILITY provides an active, stimulating environment for the student and has a staff, which
practices ethically and legally, and which is committed to the principle of equal opportunity and affirmative action.

2. The student accomplishes pre-planned objectives specified by the clinical faculty, the academic faculty and the student.

3. Learning experiences are designed to provide opportunities for enhancing cognitive, psychomotor and affective skills in the areas of patient care, administration, supervision, teaching and research.

4. The student explores areas of special interest in addition to acquiring entry-level skills and determines compatibility with certain areas of practice and in certain practice sites.

5. The FACILITY obtains growth and development through preparation for student learners and through knowledge and skills brought by the students and determines compatibility of certain students with the FACILITY.

**SECTION 3: RESPONSIBILITIES OF THE SCHOOL**

1. The SCHOOL will have total responsibility for planning and determining the adequacy of the educational experience of students in theoretical training, basic skills, professional ethics, attitude and behavior, and will assign the FACILITY only those students who have satisfactorily completed the prerequisites of the SCHOOL’S educational program before clinical assignment.

2. The SCHOOL will provide medical professional liability protection of $2,000,000/$5,000,000 coverage for its students assigned to the FACILITY. Such protection shall inure to the FACILITY to the extent that a claim or loss results from a student acting without direction or not having accurately followed the directives, orders or instructions of the student’s supervisor provided by the FACILITY. The terms of such protection shall be communicated to the FACILITY here within. Thereafter, the SCHOOL will give the FACILITY written notice 30 days prior to the effective date of any changes in the terms of such protection.

3. The SCHOOL will provide relevant information concerning the health of and any physical or mental impairment of students assigned to the FACILITY as requested by the FACILITY and consistent with applicable law.

4. The SCHOOL will appoint one faculty member as Director of Clinical Education (DCE) to serve as liaison between the SCHOOL and the FACILITY; the DCE at the SCHOOL will do the following:
   
   a) Maintain communication between the SCHOOL and the FACILITY.

   b) Arrange the scheduling of clinical experiences cooperatively with the Center Coordinator of Clinical Education (CCCE) and student.

   c) Furnish necessary information to the CCCE concerning the curriculum, specific clinical education objectives, and student evaluation of the clinical experience.

   d) Conduct meetings of the DCE, CCCE, academic faculty, and clinical faculty, as needed.

   e) Insure the availability of self or a designated faculty member at all times during the clinic experience, should questions or problems arise.

   f) Encourage visits to the facility by academic faculty during student clinical experiences as
determined necessary by the DCE. Optimally, site visits to active facilities will be made at least once every two years.

g) Provide students with information provided by the FACILITY about the clinic site prior to student submission of clinic preferences.

h) Provide in-service education programs for clinical faculty when mutually convenient.

i) Obtain written documentation of information regarding numbers of students the facility is willing to instruct, and services provided by the facility.

j) Provide the facility with a schedule of student assignments at least four weeks before the beginning date of the student's assignment so the FACILITY can plan for the student's educational experiences.

5. The SCHOOL will require students to be current in those routine vaccinations required by the SCHOOL to include a negative TB skin test within one year and evidence of Hepatitis B vaccine or sign a release form waiving the Hepatitis B vaccine.

6. The SCHOOL will instruct students regarding skills, professional ethics, state practice acts, rules and regulations and behaviors pertaining to the clinical experience.

7. The SCHOOL will offer university library privileges for Clinical Instructors that supervise students during a calendar year.

SECTION 4: RESPONSIBILITIES OF THE FACILITY

1. The FACILITY will designate one member of the professional physical therapy staff as the Center Coordinator of Clinical Education (CCCE) and submit in writing the name and credentials of that person. The facility will notify in writing the DCE any changes in the CCCE and/or major changes in the professional physical therapy staff.

2. The FACILITY assures that all Clinical Instructors assigned to evaluate students will have a minimum of one (1) year of clinical experience prior to supervising a physical therapy student.

3. The FACILITY will submit and regularly update facility information as requested by the DCE.

4. The FACILITY will provide additional information in order for students and faculty to appropriately select clinical sites.

5. The FACILITY will provide a student handbook or other document establishing the FACILITY'S policies and procedures for use by the student while at the clinic site, and provide the SCHOOL with a copy. During periods of clinical assignment and while on facility premises, students will also be subject to all standards, rules, regulations, administrative practices and policies of the FACILITY. However, students are to remain subject to the authority, policies and regulations imposed by the SCHOOL.

6. The FACILITY will provide the student with an appropriate orientation to the FACILITY.

7. The FACILITY will provide appropriate supervision for the student. PT students shall perform services for patients only for educational purposes when under the supervision of a registered, licensed, or certified physical therapist. Students shall perform their assignments, participate in ward rounds, clinics, staff meetings and in-service educational programs at the discretion of
their supervisors designated by the FACILITY. Students are trainees, not employees, and are not to replace FACILITY staff.

8. The FACILITY will make available to assigned students appropriate equipment and supplies in order to provide supervised clinical experience in the program. FACILITY shall also provide quality learning experiences for students in areas of patient care, administration, and/or research as determined by availability and student objectives.

9. The FACILITY will, on reasonable request, permit the inspection of the FACILITY, services available for clinical experiences, and such items pertaining to the FACILITY'S clinical education program by the SCHOOL or agencies, or by both, charged with the responsibility for accreditation of the SCHOOL'S PT curriculum.

10. The FACILITY will provide written and oral evaluation of student performance as requested by the SCHOOL.

11. The FACILITY will use its best efforts in arranging immediate emergency care of students in the event of accidental injury or illness, but will not be responsible for costs involved, follow-up care or hospitalization.

12. The FACILITY will comply with the provisions of the Family Educational Rights And Privacy Act (FERPA) agreeing not to disclose information about the student’s performance or information from the student's educational records provided by the SCHOOL to a third party without the student's consent and further agrees to use the information only for the purposes for which it is requested.

13. The FACILITY will be responsible for requesting of the STUDENT any further vaccinations, records or other documentation in addition to a TB skin test, CPR certification and Hepatitis B vaccine or signed waiver refusing the Hepatitis B vaccine, as consistent with applicable law. The FACILITY shall be responsible for obtaining from the STUDENT proof of any other routine vaccinations as requested by the FACILITY.

SECTION 5: MUTUAL RESPONSIBILITIES OF THE SCHOOL AND FACILITY

1. The SCHOOL and the FACILITY shall mutually agree upon and arrange the course of instruction, the periods of assignment for each student, and the number of students eligible to participate concurrently.

2. The DCE, CCCE, or student may request that the student be withdrawn from the clinical education experience, or other action taken, when mutual objectives cannot be met. The request should be initiated through the DCE. If a satisfactory solution cannot be accomplished, the DCE, CCCE or student may request consultation with the SCHOOL'S Physical Therapy Department Chairman and/or FACILITY Department Director.

SECTION 6: CONFIDENTIALITY AND DISCLOSURE OF PATIENT INFORMATION (HIPAA COMPLIANCE)

It is agreed that all parties will comply fully with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as any other state, federal, or local laws or regulations
governing the subject matter of this agreement. During the time that the SCHOOL students and faculty are at FACILITY and participating in clinical training involving Protected Health Information regulated by the federal HIPAA Privacy Regulations, these students and faculty will be considered a part of the workforce of FACILITY for clinical teaching purposes. The faculty members and students of the SCHOOL will not use or disclose protected health information except as permitted by the FACILITY’S policy and as permitted by law or regulation. Unauthorized uses or disclosures of protected health information by either a faculty member or a student will be immediately reported to the FACILITY. Faculty members and students will be trained by the SCHOOL regarding the HIPAA standards and agree to comply with the standards and recognize that sanctions will be applied for violations. If at any time during the term of this agreement, any alleged violation of HIPAA or any regulations there under occur, or the law or regulations change, the parties agree to take all steps necessary to ensure compliance with such act and regulations. The students and faculty are subject to any training requirements of FACILITY and will complete FACILITY training concerning HIPAA policies and procedures if required by FACILITY.

SECTION 7: TERMS OF AGREEMENT

1. The term of this Agreement shall be one (1) year beginning on the date of the final signature, and shall be automatically renewed for one (1) year periods thereafter, unless either party to this Agreement shall notify the other in writing of its intention not to renew the Agreement, with notice given at least ninety (90) days prior to the termination date. Notice of termination to the SCHOOL shall be directed to: University of Central Arkansas, Attn: Director of Clinical Education, Physical Therapy Department, PT Center Suite 300, 201 Donaghey Ave., Conway, AR 72035-0001.

2. Both parties reserve the right to terminate the Agreement at any time upon ninety (90) days written notice, provided that any such termination shall not adversely affect the rights of any students already enrolled in the clinical program and making satisfactory progress.

3. It is understood and agreed that the parties may revise or modify this Agreement by written amendment executed by both parties.

4. It is hereby agreed that all parties will comply fully with all applicable State and Federal laws and regulations. It is agreed that the parties will not discriminate against any qualified student because of age, gender, sex, race, color, creed, national origin, ancestry, disability, or any other legally prohibited factor.

SECTION 8: INDEMNIFICATION

Notwithstanding any other provision of clinical agreement, SCHOOL shall never indemnify or hold another party harmless from any damages, liability, claims, demands, causes of action or expenses. However, with respect to any loss, expense, damage, liability, claim or cause of action, either at law or in equity, for actual or alleged injuries to persons or property, arising out of any negligent act or omission by SCHOOL, or its employees or agents, in the performance of this agreement, SCHOOL agrees that:

(a) it will cooperate with FACILITY in the defense of any action or claim brought against FACILITY
seeking damages or relief;
(b) it will, in good faith, cooperate with FACILITY should FACILITY present any claims or causes of action of the foregoing nature against SCHOOL to the Arkansas State Claims Commission;
(c) it will not take any action to frustrate or delay the prompt hearing on claims of the foregoing nature by the Arkansas State Claims Commission, and will make reasonable efforts to expedite any hearing thereon.
SCHOOL reserves the right, however, to assert in good faith any and all defenses available to it in any proceedings before the Arkansas State Claims Commission or any other forum.
Nothing herein shall be interpreted or construed to waive the sovereign immunity of SCHOOL.

SECTION 9: SIGNATURES
IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed on the day, month and year first written above.

Signatures:

FACILITY

________________________________
Name: __________________________
Center Coordinator of Clinical Education

________________________________
Name: __________________________
Director of Physical Therapy

________________________________
Name: __________________________
Facility Administrator

SCHOOL

______________________________________________
Melissa Booth, DPT, PT, PCS
Director of Clinical Education

______________________________________________
Nancy B. Reese, PhD, PT
Chairperson, Department of Physical Therapy

______________________________________________
Jimmy H. Ishee, PhD
Dean, College of Health and Behavioral Sciences

______________________________________________
Steven W. Runge, PhD
Executive Vice President and Provost