



EMORY
UNIVERSITY
SCHOOL OF
MEDICINE

DEPARTMENT OF
REHABILITATION MEDICINE
**DIVISION OF
PHYSICAL THERAPY**

CLINICAL EDUCATION HANDBOOK

Doctor of Physical Therapy Program Clinical Education Faculty

The Division of Physical Therapy at Emory University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>

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WELCOME LETTER

Dear Valued Clinical Faculty:

The Emory University Doctor of Physical Therapy (DPT) Program is proud to partner with clinical facilities nation-wide in providing exceptional quality clinical education experiences for our DPT students. Our clinical partnerships are a vital component of the Emory DPT program. Thank you for accepting the responsibilities associated with being a Clinical Instructor and/or Site Coordinator for Clinical Education, in addition to those of your healthcare facility.

The valuable clinical education coordination, supervision, feedback and evaluation of performance that you provide allow DPT students to integrate information learned in the classroom and laboratory settings, as well as master entry-level skills necessary for caring, competent and inclusive clinical practice. We strive to provide our clinical partners with the information and assistance you may need throughout the student clinical education experience in your facility. We recognize the privilege of clinical instruction as both challenging and rewarding experiences. We are committed to ensuring that each clinical education experience is positive, inclusive and mutually beneficial for patients, CIs, SCCEs, students, the University and the communities we serve.

This handbook introduces you to the Emory DPT Program's philosophy of clinical education, the Emory University Clinical Evaluation (EUCE), our expectations of you as a clinical instructor, and the guidelines established for clinical faculty by the APTA. We encourage and welcome feedback from our clinical partners as we collaboratively work for consistently develop and improve our DPT student clinical education experiences.

Thank you for your continued support of our program and your commitment the clinical education of Emory DPT students.

Sincerely,

DeAndrea Melvey, PT, DPT, CCIP
Assistant Professor
Co-Director of Clinical Education

Leona Hidalgo, PT, DPT, EdD, CCIP, C-MLD
Assistant Professor
Co-Director of Clinical Education

PURPOSE OF THE CLINICAL EDUCATION HANDBOOK

This Clinical Education Handbook provides the most current information about the curriculum, expectations, rules, regulations, and policies relating to the clinical education component of Emory University's Doctor of Physical Therapy (DPT) Program. Included in this handbook are the DPT program's mission and philosophy, general program information, and policies and procedures specific to clinical education.

Clinical education faculty, instructors and DPT students are accountable and responsible for all information, policies and procedures contained in this Clinical Education Handbook. Students are also responsible for policies and procedures outlined in the Emory University DPT Program Orientation Manual. This Clinical Education Handbook is intended to supplement, not replace, the Emory DPT Orientation Manual, and any published policy/procedures of our clinical partners. Questions regarding any aspect of this handbook or the clinical education program should be addressed to the Director of Clinical Education (DCE).

CHANGE NOTICE

Emory Division of Physical Therapy reserves the right to make changes in policies, procedures, and regulations subsequent to the publication of this Clinical Education Handbook. Review of the Clinical Education Handbook will be conducted annually by Clinical Education faculty. Notice of changes, revisions, or any additions to the Clinical Education Handbook will be incorporated into clinical education syllabi, posted on the Emory DPT Current Student website at <https://www.emorydpt.org/current-students/>, and be made available to each clinical facility and student by the Clinical Education faculty. Each clinical facility and student are responsible for making the appropriate changes in their Clinical Education Handbook.

ACRONYMS

| | |
|--------------|---|
| ADCE | Assistant Director of Clinical Education. Emory University Division of PT Faculty position. |
| APTA | American Physical Therapy Association |
| CAPTE | The Commission on Accreditation in Physical Therapy Education. |
| CI | Clinical Instructor - – The individual who is responsible for the direct instruction and supervision of the DPT student in the clinical education setting |
| DCE | Director of Clinical Education. Emory University Division of PT Faculty position. |
| DPT | Doctor of Physical Therapy |
| EUCE | Emory University Clinical Evaluation |
| EXXAT | Education Management Platform used by Clinical Education (Exxat) |
| GMC | General Medical Conditions |
| ICE | Integrated Clinical Education Experience |
| TCE | Terminal Clinical Education Experience |
| SCCE | Site Coordinator of Clinical Education |

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CLINICAL EDUCATION TEAM MEMBERS

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EMORY UNIVERSITY DIVISION OF PHYSICAL THERAPY

MISSION STATEMENT

The mission of the Division of Physical Therapy is to “Cultivate well-being of individuals and global communities through exemplary leadership in physical therapy education, discovery, and service.”

VALUES

In our endeavors we value:

- Safety, rights, dignity, individuality and power of our healthcare consumers, students and faculty
- Lifelong learning for our students, healthcare consumers, faculty and healthcare professionals
- Integrity as an essential underpinning for all professional behavior
- Ongoing attainment of excellence in clinical, educational and research endeavors
- Direct and constructive dialogue as a means to prevent or resolve conflict
- Power of the democratic process for decision making
- Integration of the basic and clinical sciences as the theoretical foundation for evidence based clinical practice
- Preparing our students both for the current healthcare arena and for future developments in the field
- Modeling the highest ideals of the Physical Therapy profession.

PHILOSOPHY OF THE CLINICAL EDUCATION PROGRAM

The philosophy of the Emory University DPT program is the foundation for the design of its clinical education program. The current healthcare paradigm stresses patient/client-centered care, is dynamic, and is dependent on the process through which each patient/client is attended by healthcare workers. This healthcare environment, in turn, contributes to the objectives of Emory's clinical education program. **There are four areas of competency in the Emory DPT clinical education program and they are: Provision of Care, Interpersonal Communications, Teaching-Learning, and Administration.** These competencies are further broken down into specific objectives with criteria. The clinical education program integrates these competencies and related objectives into the clinical setting.

Learning an effective process for resolving any healthcare problem is the primary goal that follows each student throughout all clinical education experiences. Therefore, objectives required to meet competencies are written using a problem-solving format. Utilizing this format to determine/provide a therapeutic service; to plan, implement, and evaluate the teaching-learning process; to recognize the rights and dignity of the patient/client while planning/administering programs of care; or to participate in the administration of a physical therapy service; becomes a major focus for students in the clinical setting.

Clinical application of classroom and laboratory material is critical. The curriculum is organized by symptom complex or clinical problem, rather than by medical discipline or physical therapy technique. Medical conditions of varying severity, different healthcare settings, and increased student expectations are introduced.

Two-week **Integrated Clinical Education (ICE)** experiences are scheduled during these semesters of study to maximize the opportunity to transfer the knowledge and skills learned in the classroom and laboratory to the clinical setting.

Ten-week **Terminal Clinical Education (TCE)** experiences are designed to provide student exposure to the healthcare continuum, with each student completing an experience in acute care, an interdisciplinary inpatient or outpatient rehabilitation facility, and an outpatient community setting. A diverse range of medical problems are presented, medical complexity increases, and student responsibilities expand to include patient/client care decisions, administrative experiences, as well as administrative and consultative academic projects.

The **Emory University Clinical Evaluation (EUCE)** is used to evaluate students in the clinic and is based on student competencies, objectives, and criteria through the continuum of the DPT program. These competencies are introduced early in the coursework, are continuously evaluated in the classroom, and serve as standards for student performance in clinic. The student utilizes the problem-solving process to independently assess their performance, and the clinical instructor (CI) consistently evaluates the student's use of this process, as well as their clinical competency, and provides ongoing feedback.

CLINICAL EDUCATION IN THE DPT CURRICULUM

Clinical education in the Emory DPT program consists of two components, totaling 36 weeks: Integrated Clinical Experiences (ICE) and Terminal Clinical Experiences (TCEs). Students are required to complete three ICE and three TCE rotations as follows:

| | Semester | Length | Setting |
|---|-----------------|----------|---|
| ICE 1: General Medical Conditions (GMC) | 3 rd | 2 weeks | Acute Care, Extended Care, Rehab, Home health |
| ICE 2: Musculoskeletal Rehabilitation | 4 th | 2 weeks | Outpatient orthopedic clinics |
| ICE 3: Adult /Pediatric Neurorehabilitation | 5 th | 2 weeks | Acute Care, Extended Care, Rehab, Home health |
| TCE 1 | 6 th | 10 weeks | See below |
| TCE 2 | 6 th | 10 weeks | See below |
| TCE 3 | 7 th | 10 weeks | See below |

To ensure entry level DPT competencies, students are required (in any order) to complete one 10-week TCE rotation in each of the following areas:

- 1) Inpatient acute care
- 2) Inpatient or outpatient interdisciplinary rehabilitation, and
- 3) Community outpatient setting.

GOALS AND OBJECTIVES

INTEGRATED CLINICAL EDUCATION EXPERIENCES (ICE)

Process Skills

The first of three two-week, ICE experiences begins in the third semester. This allows students to integrate material in the clinic covered in the first two semesters and the General Medical Conditions course. Competency in Provision of Care, Interpersonal Communication, Teaching-learning, and Administration can be practiced in any healthcare setting. However, as the student moves through the curriculum, the type of setting utilized during these experiences is determined by the set of medical symptoms and related problems covered in the classroom during that semester. For example, two goals of the General Medical Conditions' clinical education experience are for the student to practice using their problem-solving skills in interactions with staff, patients and patient support system members; and in teaching, assessing and intervening in care of patients/clients with acute medical symptoms and related problems. During the next two semesters, musculoskeletal and neurological symptoms and problems are taught and included in the clinical objectives for those two experiences. Throughout all ICE experiences, the student is assessed on safety and professionalism defined under the "Provision of Care" and "Administrative" competencies, respectively. After completing these ICE experiences, students have experienced a range of practice settings, a variety and severity of medical problems, and a continuum of care in preparation for their terminal clinical education experiences.

Student Performance Expectations and Responsibilities

The student should enter each ICE experience prepared to demonstrate sound clinical reasoning skills and exhibit problem-solving processes addressing medical problems introduced in the concurrent coursework. Given a scenario, the student should be able to address, though not completely, each item on the Emory University Clinical Evaluation (EUCE) form. Students will have practiced the psychomotor skills related to the assessments and interventions taught during each symptom complex with classmates in lab, but will have little to no experience with patient/clients in the setting. Fair and reasonable expectations at the beginning of each ICE include demonstration of the appropriate psychomotor skill by the CI with the patient/client, followed by an opportunity for the student to practice on the CI or perform the skill with a patient, with supervision and assistance from the CI. Students assist the CI in performing patient care skills throughout the 2-week experience and/or perform with supervision. It is not the expectation that students are independent with all aspects of patient care by the end of the ICE experience.

Specific student responsibilities include:

- preparing for the experience by reviewing classroom and laboratory material
- applying that information in clinic
- identifying questions and needs as they occur
- demonstrating professional conduct
- adhering to departmental policies and procedures
- independently assessing their own performance
- reflecting on clinical practice
- assessing the clinical education experience
- providing feedback to the clinical instructor
- returning all evaluation forms to the school

Any questions about these responsibilities should be directed to either the student's assigned clinical education faculty advisor, the DCE or ADCE.

The main objectives for each of the ICE experiences are that the student can identify the major symptoms and problems repeatedly presented, become increasingly effective in problem solving, interpersonal communication, the teaching learning process and minimally competent in the basic psychomotor skills practiced across the experience. By the end, they should be able to address most EUCE items with increased competence, but not necessarily independently. For example, the student should be able to identify interventions that meet some of the patient/client's needs, but not as efficiently or effectively as what would be required to fully meet the competency. Also, they should demonstrate competency with interpersonal skills, teaching learning process, and a minimal level of competency with the basic psychomotor skills taught during the semester. At the end of each subsequent semester's rotation, the student should possess an increased repertoire of assessments and interventions, improved analytical skills, and a minimal level of competency with an increased number of basic psychomotor skills. **The student is not required to achieve a minimum score for each ICE experience. Instead, the CI's EUCE score is calculated and becomes a part of the course grade (5%) for General Medical Conditions (GMC), Musculoskeletal Rehabilitation and Adult Neurorehabilitation.** The evaluation process, using the online EUCE, will be discussed in greater detail later in this handbook.

Clinical Instructor Responsibilities – Integrated Clinical Education Experiences

It is the expectation of the Emory DPT Program that all qualified CIs adhere to the standards of competency and legal and ethical behaviors outlined in the “APTA Guidelines for Clinical Instructors” section of this Clinical Education Handbook. The CI is expected to instruct, directly supervise and evaluate the assigned PT student within the clinical setting, and facilitate and assess all activities performed by the assigned PT student in the clinic. The CI should plan a clinical education experience based on both the school’s and student’s objectives. In addition, the CI is expected to demonstrate effective use of all the process skills (provision of patient care, interpersonal relationships, teaching-learning and administrative), as well as facilitate these in the student. The CI will assess student performance, provide feedback on an ongoing basis, and complete a final student performance evaluation using the EUCE for Integrated Clinical Education experiences at the end of the clinical. The CI is expected to contact the school as soon as possible if any issues or concerns arise at any time regarding student performance and demonstration of clinical competencies appropriate to the ICE. Details on the Emory University Competencies and Criteria for the Entry-Level Physical Therapist, can be found online at: <https://www.emorydpt.org/wp-content/uploads/2018/04/COMPETENCIES-and-CRITERIA-Manual.pdf>.

Student Participation and Evaluation

General Medical Conditions

To participate in the ICE GMC clinical education experience, a student must achieve an 80% in all courses included in the first two semesters of the program. If the student does not receive 80% for a course, the faculty can decide, as outlined in the DPT Program’s remediation process, to work with the student to remediate a course. The remediation is designed to allow the student to successfully complete course work that will be applied during the ICE GMC clinical. See the Emory University DPT Program Orientation Manual for details on remediation and policies on grading and promotion.

All academic and laboratory material covered during the General Medical Conditions course will be completed prior to the clinical experience. If the student has missed material, the DCE/ADCE is informed and an appropriate plan for completing the content is developed. This could potentially delay entry into the clinic. If the CI notes concern with the student’s performance during the clinical experience, the CI and academic faculty can identify additional time to be spent in a clinical setting and/or academic laboratory setting to address the concern. The student’s CI, SCCE, and the DCE/ADCE and/or student clinical education advisor will give the student specific feedback regarding clinical performance, and help to identify changes needed and the required time frame necessary to successfully complete the clinical experience.

Musculoskeletal Rehabilitation

The student must make an 80% in all third semester courses to move into the fourth semester. If the student does not receive 80% for a course, the faculty can decide, as outlined in the DPT Program’s remediation process, to work with the student to remediate a course. The remediation is designed to allow the student to successfully complete course work that will be applied during the musculoskeletal rehabilitation clinical. The student must complete all academic and laboratory material covered during Musculoskeletal Rehabilitation prior to the clinical experience. If the student has missed material, the DCE/ADCE is informed and an appropriate plan for completing

the content is developed. This could potentially delay entry into the clinic. If the CI notes concern with the student's performance during the clinical, the CI and the academic faculty can identify additional time to be spent in a clinical setting and/or academic laboratory setting to address the concern. The student's CI, SCCE, and the DCE/ADCE and/or student clinical education advisor will give the student specific feedback regarding clinical performance, and help to identify changes needed and the required time frame necessary to successfully complete the clinical experience.

Neurorehabilitation

The student must meet all previous academic and clinic requirements to move into the fifth semester, with the same opportunities for remediation as identified for the previous complexes. Since this semester houses the last of the ICE experiences (ICE Neurorehabilitation), the requirements at the end of this semester are set to determine each student's readiness for Terminal Clinical Education (TCE) experiences. To complete this semester, the student must score an 80% on all prior coursework, as well as an 80% in all courses during the current semester.

Evaluating the Integrated Clinical Education Experience

Each of the ICE experiences is an integral part of General Medical Conditions, Musculoskeletal Rehabilitation and Adult Neurorehabilitation courses. Final clinical education evaluations of the student, by the student and CI, are submitted through the on-line EUCE for the DCE/ADCE to review. The CI's final evaluation is used to compute a percentage grade which is submitted to the corresponding course instructor to be factored into the overall course grade. The clinic grade is worth 5% and is determined by averaging the scores of the 4 competency sections of the evaluation. Each section is scored by averaging the scores for each one of the objectives. If during conversation with the CI, it is determined by the DCE/ADCE that the student had significant difficulties during the clinical education experience, additional time in the clinic may be required and scheduled. The student's CI, SCCE, and the DCE/ADCE and/or student clinical education advisor will give the student specific feedback regarding clinical performance, and help to identify changes needed and the required time frame necessary to successfully complete the clinical experience. See the Emory University DPT Program Orientation Manual for details on remediation and policies on grading and promotion.

TERMINAL CLINICAL EDUCATION EXPERIENCES

Stages of Care

The goal for the Terminal Clinical Education (TCE) Experience is for the student to continue to practice all the process and psychomotor skills across all types of patient/client symptoms and related problems. At this point, the settings selected reflect the role of the physical therapist in the healthcare continuum, rather than patient/client problems. Each student will gain practical experience in the care of patient/clients during various stages of rehabilitation, in different medical environments, as well as interactions with multiple disciplines and agencies. **TCE experience is required in each of these settings: inpatient acute care, inpatient or outpatient interdisciplinary rehabilitation, and a community outpatient setting.**

TCE setting selection is determined by the student, factoring in their individual needs and interests, and facility availability, but in no required sequence. Each of the three TCE experiences is 10 weeks, representing a unique clinical experience, is graded separately and is housed under a separate course (Terminal Clinical Education Experience I, II, and III). They begin in the 6th semester and continue through the 7th semester. A week for travel is scheduled between each TCE experience.

Student Performance Expectations and Responsibilities

The student must successfully complete all course work and three 2-week ICE experiences by the time they begin their first of three 10-week TCE experiences. At this point, students have the knowledge to initiate the problem-solving process for any issue presented by the patient/client. Having completed the three 2-week ICE experiences, the student has worked with various medical diagnoses found in acute medical settings, extended care, home health, outpatient, and/or rehabilitation settings. As opportunities for the practice of process skills (provision of patient care, interpersonal relationships, teaching-learning and administrative), differ from setting to setting, students will demonstrate varying levels of competency entering each of the three 10-week TCE experiences. Student competency levels should increase as practice and feedback continues across each 10-week TCE experience.

Specific student responsibilities include:

- reviewing prior classroom and clinic material/experiences
- identifying questions and needs as they occur in the clinic
- meeting objectives for professional conduct outlined through the curriculum and in the Emory Orientation Manual
- meeting departmental policies and procedures
- seeking out educational opportunities unique to each setting
- independently assessing their own performance
- assessing the clinical education experience
- providing feedback to the clinical instructor
- meeting the DPT program's TCE experience objectives
- returning all required evaluation forms to the clinical education team in a timely manner.

Any questions about these responsibilities should be directed to the student's assigned faculty clinical advisor, and/or the DCE/ADCE.

Clinical Instructor Responsibilities – Terminal Clinical Education Experiences

It is the expectation of the Emory DPT Program that all qualified CIs adhere to the standards of competency and legal and ethical behaviors outlined in the "APTA Guidelines for Clinical Instructors" section of this Clinical Education Handbook. The CI is expected to instruct, directly supervise and evaluate the assigned PT student within the clinical setting, and facilitate and assess all activities performed by the assigned PT student in the clinic. The CI will plan an experience based on both the school's and student's objectives for the TCE experiences. In addition, the CI is expected to demonstrate effective use of all the process skills (provision of patient care, interpersonal relationships, teaching-learning and administrative), as well as, facilitate these in the student. The CI will assess student performance and provide feedback on an ongoing basis, and complete a midterm and final student performance evaluation using the EUCE for the TCE

experience. The CI is expected to contact the school if the instructor has any issues or concerns at any time regarding student performance and demonstration of clinical competencies appropriate to the TCE experience. Details on the Emory University Competencies and Criteria for the Entry-Level Physical Therapist, can be found online at: <https://www.emorydpt.org/wp-content/uploads/2018/04/COMPETENCIES-and-CRITERIA-Manual.pdf>.

Evaluating the Terminal Clinical Education Experience: Formal and Informal

The expectation is for the CI and student to assess student performance on an ongoing basis and complete the EUCE forms on-line at mid-term (at the end of 5 weeks) and at the end of the TCE experience (10 weeks). The student is encouraged to use the items on the evaluation form and the criteria to facilitate use of a problem-solving approach in care of the patient/client, family, and interaction with clinic staff. At 5 and 10 weeks, the CI completes their EUCE on-line form, assessing student performance and the student completes their EUCE self-evaluation. The mid-term identifies student strengths and weaknesses, facilitating planning and implementation for the final 5 weeks of the affiliation.

Students are required to successfully complete three 10-week TCE experiences. Each represents a unique clinical experience, is graded separately and is housed under three separate courses (Terminal Clinical Education Experience I, II, and III). These grading criteria must be met in each of the TCE experiences, as each represents a unique setting and requires different processing skills. To successfully complete an individual TCE experience, the student must meet the following criteria:

- Receive a minimum 80% on the CI's final evaluation in each of the four competencies (provision of patient care, interpersonal skills, teaching-learning skills, and administrative practice)
- Score a minimum 80% for question #7 Examination items
- Score a minimum 80% for question #13 Therapeutic Interventions
- Score 100% for #16 Safety, and
- Score 100% for #40 Professionalism.

On the EUCE, the total number of YES and NO response items in each of the four competency areas are divided into the total number of YES response items to determine a percentage score. The response NOT APPLICABLE (NA) will not be calculated into the percentage score. Questions #7 and #13 will be calculated the same way. **A final overall grade is calculated by averaging the percentages across all 4 competencies. This is converted to a letter grade for each of the three clinical education experiences.** Final scoring of the evaluation and assignment of the grade is the responsibility of the Director and Assistant Director of Clinical Education.

If a student does not successfully complete a clinical education experience with an overall score of 80% according to the listed parameters (an 80% in each of the 4 competencies, an 80% for both question #7 and #13, and 100% for safety (#16) and professionalism (#40)), a remediation may be allowed after receiving input from the CI. The failure of one clinical education experience does not necessarily interrupt any of the remaining rotations as each represents a different setting. However, student performance concerns could postpone subsequent affiliations until a remediation is completed if warranted. All three terminal clinical education experiences

must be successfully completed before the student can graduate from the program. Please see the “Clinical Education Remediation” policy in the Policy and Procedure section of this handbook for details.

EMORY UNIVERSITY DIVISION OF PHYSICAL THERAPY POLICIES AND PROCEDURES

GENERAL INFORMATION

Clinical education advisors are comprised of clinical education faculty, the ADCE and the DCE. In addition to working with students, the DCE/ADCE are responsible for initiating contact with the Site Coordinator of Clinical Education (SCCE) at each participating facility to negotiate an ICE, or Terminal Clinical Education experience. The DCE/ADCE also mentor and educate CIs about the Emory DPT Program’s clinical education process and evaluation tools, as well as offer the American Physical Therapy Association’s Credentialed Clinical Instructor Program and other continuing education courses relating to clinical education.

INTEGRATED AND TERMINAL CLINICAL EDUCATION EXPERIENCE CONTRACTS

The Emory University Division of Physical Therapy maintains a current contractual agreement with each of the clinical facilities where students participate in clinical education. These contracts state the responsibilities of all parties, including the students. A generic example of a contract is included in the “Additional Resources” section of this handbook. If you have questions, contact the DCE or ADCE.

NEW SITE INQUIRY

Inquiries for new clinical sites must be directed to the DCE or ADCE. Students should not contact facilities directly for new affiliation inquiries.

If an SCCE or other facility staff contacts the school regarding establishing a new affiliation, that individual is referred to the DCE/ADCE, who are best suited to make decisions about adding sites – utilizing data such as commitments currently in place, quality of clinical education experience, CI, SCCE, and student clinical education histories, and academic and facility policies and procedures.

CLINICAL EDUCATION SITE SELECTION

Integrated Clinical Education Experience Site Selection

Integrated Clinical Experiences are assigned using an autoplacement feature after students have submitted their clinical facility preferences on Exxat (Exxat Wishlist). This is a two-stage process for ICE experiences:

- Stage one, Wishlist 1 includes all out of state and out of metro Atlanta sites that have not been assigned through the First Come First Served Process. **Students will only participate in Wishlist 1 if they are willing and able to go out of state/out of metro Atlanta.** Exxat staff will then create a placement list based on Wishlist 1, and after reviewing the list, the clinical education faculty will confirm and enter the student names for publishing on the Exxat system.
- Stage two, Wishlist 2 will include all unused sites from Wishlist 1 as well as the in-metro Atlanta area sites. All remaining students will participate in Wishlist 2. Exxat staff will then create another placement list, and after reviewing the list, the clinical education faculty will confirm and enter the student names for publishing on the Exxat system.

The algorithm employed by the Exxat system places the largest number of students possible in their top choices. **However, if many students prioritize the same clinical facilities, then a student may end up with a lower preference or no placement at all. Students should always prioritize their top choices, but also make sure to select other locations you may be interested in that may not be in high demand.** Per policy written in the DPT Orientation Manual, students are not assigned to facilities where they have worked or volunteered.

A primary criterion for an Integrated Clinical Site is that the CI and staff can provide an opportunity for students to practice the process and psychomotor skills taught in the classroom during the semester. The clinical facilities are located varying distances from the university campus, and may require travel up to an hour and a half each way or travel to locations in cities throughout the US. Every effort is made to disperse the travel responsibility across all students during the 3 ICE experiences, while simultaneously meeting educational objectives, and student interests/needs. **Students are responsible for providing their own transportation and it is recommended that every student include this financial obligation in their budget.**

Specific Needs of Students Assigned to the Clinical Education Site

Students with specific educational needs will be counseled by their advisor to pre-select sites that have CIs and staff with recognized skills and strengths to address academic or clinical weaknesses. If medical or personal issues need to be considered in the ICE experience, it is the responsibility of the student to contact their clinical education advisor and/or DCE/ADCE.

If a student has a documented disability that requires reasonable accommodations in the clinic, the student must apply via the Office of Accessibility and the DCE/ADCE must be notified by the student. OAS staff and the DCE/ADCE will discuss possible accommodations and assign a clinical setting that can best make the needed accommodations. The student is also responsible for identifying their needs to the SCCE and the CI if accommodations are needed. The DCE/ADCE and clinical education faculty advisors will also work with students in pre-selecting sites with recognized emphasis on inclusivity and equity in the workplace. Students can access additional

information about accessibility and accommodations in the Emory DPT Orientation Manual, and through the Emory University Office of Accessibility Services (OAS), part of the Office of Equity and Inclusion: <https://med.emory.edu/handbook/student-resources/accessibility-disability.html>.

Cancellation or Changes in Clinical Education Assignments

If a clinical site cancellation occurs before or during the integrated affiliation, the DCE/ADCE will seek a replacement site that can provide experiences consistent with material currently covered in the classroom.

Terminal Clinical Education Experience Site Selection

The Terminal Clinical Education experiences begin spring semester of the second year and conclude at the end of the summer semester. **Students must complete a 10-week clinical education experience in each of the following settings (30 weeks total): inpatient acute care, inpatient or outpatient interdisciplinary rehabilitation, and community outpatient.** Site selection for TCE experiences is made by Exxat autoplacement after students have completed an Exxat Wishlist of their preferred clinical sites for each of the three terminal clinical experiences.

The DCE/ADCE are responsible for securing TCE experiences in inpatient acute care, inpatient or outpatient interdisciplinary rehabilitation, and community settings. Students will be required to select one clinical education experience in each of these settings. Clinical site information is compiled in a file and located on Canvas and Exxat for students to review at any time during the program. Early exploration of these files is encouraged, as is considering multiple possibilities and timeframes for each setting. Facility files include copies of the Clinical Site Information Forms (CSIFs), Clinical Education Facility Information Form (CEFI) – filled out by previous students, and unique site requirements. Students may access these forms on Exxat by searching for a particular facility and then clicking on the CSIF link in the right-hand toolbar. Housing information is included in each non-Atlanta clinical site file, when the information is available. As the TCE experience site selection day approaches, the DCE/ADCE will provide updated information regarding sites that have agreed to host students. At this point, each student reviews the site options available, and considers their interests and needs. **Students are reminded that no student is guaranteed a clinical education experience in Atlanta. Students are responsible for securing housing and meeting all financial responsibilities related to travel, room, board, and pet care.** Per policy written in the DPT Orientation Manual, students are not assigned to facilities where they have worked or volunteered.

Specific Needs of Students During Site Selection

If there is a medical need, documented by a student's physician, that impacts the TCE selection process, (e.g. need to stay in Atlanta for medical care) the DCE/ADCE will assist the student in consulting with the clinical education faculty. The student should identify their need to the committee, based on their comfort level. Subsequently, the site selection process for TCE experiences must allow for the medically documented need to be met. The DCE/ADCE and clinical education faculty advisors will also work with students in pre-selecting sites with recognized emphasis on inclusivity and equity in the workplace.

If a student has a documented disability that requires reasonable accommodations during the TCE experience, the DCE/ADCE must be notified by the student, and the DCE/ADCE will assign a clinical setting that can best make the needed accommodations. The student is also responsible for identifying their needs to the SCCE and the CI if accommodations are needed. Students can access additional information about accessibility and accommodations in the Emory DPT Orientation Manual, and through the Emory University Office of Accessibility Services (OAS), part of the Office of Equity and Inclusion: <https://med.emory.edu/handbook/student-resources/accessibility-disability.html>.

There may also be family needs (e.g. young children) or medical needs that are a concern to a student, but do not represent a medical necessity. These requests can be considered by the clinical education faculty and student Clinical Education Committee. The committee must meet with their own class to determine as a group, if special needs, other than medically documented issues, will be recognized and if so, what process will be used to meet those needs.

Cancellation or Changes in Clinical Education Assignments

If cancellation of a terminal clinical education experience occurs after students have completed their selection process, the DCE/ADCE will identify possible replacement sites. Initially this will be from the list of facilities offering TCE experience opportunities for the same type of experience (acute, rehabilitation, or community) during the same time-period as the cancelled clinical education experience. It may become necessary to utilize sites offering the same experience during a different time period. After initial resources are identified, the DCE/ADCE will seek input from the student regarding their interest, priority of selected sites, and financial needs. The student will be encouraged to review any material about the sites utilizing Canvas, Exxat or other media, and discuss choices with respect to their interest/needs with the DCE/ADCE or other faculty members. If sites are not available from the existing list, the DCE/ADCE will determine other sites to pursue.

Specific Needs of Students Assigned to the Clinical Education Site

Should a student desire to change their clinical assignment due to an emergency or medical issue, she must submit a formal written request to the DCE/ADCE. If the request is approved by the faculty Clinical Education Committee, the DCE/ADCE will work with the student to find an appropriate clinical assignment per the procedure in the preceding paragraph.

If a student has a documented disability that requires reasonable accommodations during their terminal clinical education experiences, the DCE/ADCE is available to discuss this issue. If a student needs more information than available from the DCE/ADCE, the student can discuss with the DCE/ADCE the need to communicate directly with the SCCE. It is the student's responsibility to identify their needs to the SCCE and their CI(s) if accommodations are needed.

STUDENT ATTENDANCE/ABSENCE DURING CLINICAL AFFILIATIONS

The design of the clinical education experience promotes development, practice, and assessment of the student's ability to provide physical therapy services in a variety of settings. A critical aspect

of professional responsibility for service provision is being present and on time. The policy presented below is consistent with expectations in an employment situation.

- 1) **CLINIC SCHEDULE:** The student's schedule will be determined by the service needs of the clinical site. Typically, it is similar to the CI's schedule in terms of hours and days of the week scheduled. No assumptions should be made about working 8:00 a.m. to 5:00 p.m., Monday through Friday. The student's workday will continue until responsibilities are met. Students are expected to be in the clinical setting for a minimum of 80 hours during each of the two-week integrated clinical experiences, and a minimum of 400 hours during each of the 10-week terminal clinical experiences.
- 2) **HOLIDAYS:** Clinical services in many settings are provided on holidays. No assumptions should be made about having a holiday "off". If the CI is scheduled to provide services on a holiday, the student may be scheduled to work. Student status alone does not allow special privileges regarding holiday work. Also, the day after a holiday (e.g., the Friday after Thanksgiving) may not be considered a holiday.
- 3) **ABSENCES:** The **ONLY PERMISSIBLE REASONS** for absence are personal illness or death of a family member. If the student is ill and cannot work, or called away for funeral services, the Site Coordinator of Clinical Education (SCCE)/CI must be notified immediately. It is your responsibility to find out if the facility has a specific policy that must be followed in case of an unforeseen absence. For example, one may require a phone call to the SCCE and another may prefer one directly to the CI. The time off **MUST** be made up and this scheduling is at the discretion of the CI. In certain instances, if only one day is missed during a *Terminal Clinical Education Experience*, and the student's clinical performance is meeting criteria, the CI may decide that a make-up day is not necessary. The student's clinical education advisor, DCE or ADCE must be advised by the student of any absence due to illness or bereavement. The student is responsible for organizing a make-up plan as needed to fulfill the requirements of the clinical rotation. **The student is responsible for providing this information to their clinical education advisor within two days of the absence. Under no circumstances should the DCE/ADCE find out about absences after the clinical ends.**
- 4) **SPECIAL REQUESTS:** Clinic absences should not occur except as described in the Absences section above. However, if there is a special circumstance, the student must submit a request in writing to the DCE or ADCE **PRIOR** to discussing it with the SCCE/CI. The DCE/ADCE will determine if the special request merits further consideration and may give approval to negotiate this special need with the SCCE/CI. Approval from the DCE/ADCE is only permission to discuss the request with the SCCE/CI, not approval for the proposal. The SCCE must be consulted in addition to the CI regarding special requests. Approval is at the discretion of the SCCE/CI, and if obtained, the student must communicate the result to the DCE/ADCE within two days of the approval. Time away from the clinic **MUST** be made up and this scheduling is at the discretion of the CI.

- 5) If the special request involves a professional development activity, and if only one day of clinic is missed, the CI may determine the necessity of making up the missed day if the student's performance is meeting criteria.
- 6) Compliance with this policy is represented on the clinical evaluation form in the behaviors for administration competency – “Adhere to school/facility policies and procedures.”
- 7) **RELIGIOUS OBSERVANCES:** The Emory School of Medicine recognizes and respects the importance of individual religious beliefs and practices. While the School of Medicine calendar includes only religious observances recognized as U.S. federal holidays, the school seeks to accommodate student religious needs reasonably and within the requirements of the academic schedule. There shall be no adverse or prejudicial effect resulting to any student requesting excused absences for religious observances. Students assigned to patient care educational activities may request assignments that allow the student to meet their religious needs; on occasion, students may be asked to attend patient care activities that cannot be reasonably re-scheduled, such as on-call time with a care team. Required academic work missed as part of an excused absence must be made up to the satisfaction of the supervising faculty member. If a student needs to take a day off for religious observances, this should be discussed with the DCE/ADCE PRIOR to discussing it with the SCCE/CI.
- 8) Any questions about the policy and related procedures should be addressed to the DCE or ADCE.

STUDENT ADMINISTRATIVE DUTIES ASSOCIATED WITH INTEGRATED CLINICAL EDUCATION EXPERIENCES

The following administrative duties must be met for each Integrated Clinical Education experience.

- 1) **Note: Student must comply with policies set forth by their assigned clinical facility including all required vaccinations. Clinical facility policies may not mirror Emory University's exemption policy for vaccinations. Failure to comply may result in delay or cancellation of clinical assignment, which may also result in delayed graduation.**

You must review **the clinical site requirements and onboarding documents**; all requests for information, documentation, signatures, etc. must be made to the Student Compliance Manager no later than 1 month before your start date. Please be mindful that your Site Coordinator for Clinical Education (SCCE) or other designee may request that you turn in the requirements earlier than 1 month prior. Please comply with the earliest deadline.

- 2) **Online Emory University Clinical Evaluation** student self-evaluation will be due on the final day of the
- 3) **Orientation checklist** will be due the final day of the Integrated Clinical Education experience.
- 4) **The APTA Clinical Instructor Evaluation form and Clinical Site Evaluation (Physical Therapist Student Evaluation - PTSE)** form will be due the Monday following the final day of the ICE experience with the **signature** of primary and secondary clinical instructors, as well as online entry of the CI information related to APTA credentialing and certifications.

Compliance with the above items is mandatory. Infractions will result in an overall grade reduction for professionalism in the course in which the infraction occurred e.g. General Medical Conditions, Musculoskeletal Rehabilitation or Adult Neurorehabilitation. **Delays in compliance may result in student grades withheld until all items are completed and submitted.**

Grade reduction for infractions are outlined below:

1st missed deadline – minus 25 points of 100 points for professionalism grade (grade 75%).

2nd missed deadline – minus 50 points of 100 points for professionalism grade (grade 50%).

3rd missed deadline – minus 100 points for professionalism grade (grade 0).

Additionally, upon the 3rd infraction a written reflective narrative will be required that the student will present to the faculty at the next scheduled faculty meeting.

4th missed deadline -A 4th infraction will result in a report to the academic affairs committee in addition to the above stated policies.

STUDENT ADMINISTRATIVE DUTIES ASSOCIATED WITH TERMINAL CLINICAL EDUCATION EXPERIENCES

The following administrative duties must be met for each terminal clinical experience.

- 1) **Note: Student must comply with policies set forth by their assigned clinical facility including all required vaccinations. Clinical facility policies may not mirror Emory University's exemption policy for vaccinations. Failure to comply may result in delay or cancellation of clinical assignment, which may also result in delayed graduation.**

You must review **the clinical site requirements and onboarding documents**; all requests for information, documentation, signatures, etc. must be made to the Student Compliance Manager no later than 1 month before your start date. Please be mindful that your Site Coordinator for Clinical Education (SCCE) or other designee may request that you turn in the requirements earlier than 1 month prior. Please comply with the earliest deadline.

- 2) **Midterm Emory University Clinical Evaluation (EUCE)** student self-evaluation will be due the end of the 5th week.
- 3) **Orientation checklist** will be due the end of the 5th week, following completion of the Midterm EUCE.
- 4) **Terminal Clinical Experience Midterm Phone Call Information Form** (Midterm Phone Call Student Feedback Form) will be completed and uploaded to Exxat by the beginning of the 4th week of TCE.
- 5) **Clinical Instructor Demographics** form is a fillable form on Exxat. Students should enter their CI information related to credentialing and certifications. This form should be completed on Exxat prior to starting the “Clinic Instructor Evaluation – Midterm (PTSE2 Midterm).” This will become your "Clinic Instructor/Student Signature Form" required to verify that your CI reviewed BOTH your Clinical Instructor Evaluation (PTSE2) Midterm and Final.
- 6) **Clinical Instructor Evaluation- Midterm (APTA Physical Therapist Student Evaluation “PTSE2 Midterm”)** This is the student’s evaluation of the Clinical Instructor, a fillable form on Exxat and should be completed at the end of the 5th week following completion of the Midterm EUCE. You must review this completed form with your CI.
 - a. **Midterm Clinical Instructor/Student Signature (Midterm APTA Signature Form)** After review, both student and CI must sign the completed “Clinical Instructor Demographics” form to verify review of the PTSE2 Midterm with the CI. Upload midterm signature page to Exxat at the end of the 5th week.
- 7) **Clinical Instructor Evaluation- Final (APTA Physical Therapist Student Evaluation “PTSE2 Final”)** This is the student’s evaluation of the Clinical Instructor, a fillable form on Exxat and must be completed and reviewed with the CI on the final day of clinic (end of 10th week), following completion of the Final EUCE. You must review this completed form with your CI.
 - a. **Final Clinical Instructor/Student Signature (Final APTA Signature Form)** After review, both student and CI must sign the completed “Clinical Instructor Demographics” form to verify review of the PTSE2 Final with the CI.
 - b. You will only be able to upload your signed form on Exxat *after completion of Clinical Site Evaluation (PTSE1) at the end of the TCE experience*. Upload to Exxat no later than 7 days after clinical.
- 8) **Clinical Site Evaluation (APTA Physical Therapist Student Evaluation “PTSE1”)** This is the student’s evaluation of the Clinical Site, a fillable form on Exxat and must be completed and reviewed with the CI on the final day of clinic (end of 10th week).

- 9) **Clinical Instructor/Student Signature Form** is the printed “Clinic Instructor Demographics” form, signed by both student and CI after completion and review of the PTSE2 Midterm and PTSE2 Final. Signed Midterm signature page should be uploaded to Exxat, due at the end of the 5th week. Final signature page should be uploaded to Exxat, due 7 days following the last day of clinic.
- 10) **Clinical Education Facility Information Form (CEFI)** is completed to provide the DPT program and other students with site information that may be helpful for future clinical placements. Due date of completion and upload to Exxat is 7 days following the last day of clinic.

Completion of the above items is mandatory and required for compliance with CAPTE. Delays in compliance may result in student grades withheld until all items are completed and submitted.

Infractions will result in an overall grade reduction for the terminal clinical experience in which the infraction occurred.(2%, 5% and 10%for the 1st, 2nd and 3rd infractions respectively). Additionally, upon the 3rd infraction, the student will be required to submit a reflective narrative to present to faculty during the travel week, or the next scheduled meeting if the student is in the Atlanta metro area. A 4th infraction will result in a report to the academic affairs committee.

CLINICAL EDUCATION REMEDIATION

By the end of each of the Terminal Clinical Education experiences, the student must score 80% in each of the following areas: provision of care, interpersonal communication, teaching-learning, and administration, as well as, 80% for question #7 Examination Procedures and question #13 Interventions, as well as 100% for question #16 safety and #40 professionalism. These criteria must be met in each of the three 10-week TCE experiences, as each represents a unique setting requiring different processing skills. **Only the final evaluation completed by the CI is used to compute a grade for each course.** If a student does not meet the necessary criteria to successfully complete a clinical education experience, the outcome will be determined based on the following considerations:

1. *Student with no prior remediation in Class or in the Clinic*

If a student has no prior remediation in class or clinic, and no egregious behaviors against professional standards outlined in the Emory DPT Orientation Manual have occurred, a remedial clinical education experience can be scheduled at the discretion of the DCE/ADCE. The remediation will be for 10 weeks and in the same type of setting as the unsuccessful affiliation (acute care, rehabilitation, community). Less than 10 weeks may be considered at the discretion of the DCE/ADCE after evaluating all of the available information, only if the student’s primary CI can justify a recommendation of less time based on student performance. The student will continue with any remaining affiliations, unless their knowledge base or performance skills are determined to be inadequate for success. In this case, remediation would take the place of part, if not all, of the next scheduled clinical education experience. Otherwise, the remediation clinical education

experience will be scheduled at the conclusion of the academic program when a setting can be negotiated by the DCE/ADCE.

The DCE/ADCE will determine if the Academic Affairs Committee should be consulted. This committee will make a recommendation based on a student statement, a DCE/ADCE report, as well as input from the CI. The faculty would receive the recommendation and vote; rendering a final decision. The Director of the Division would receive this vote and notify the student.

If the student is unsuccessful in the first or second terminal clinical education experience and their knowledge or skills are inadequate for success in the remaining TCE(s), time can be scheduled to work academically and/or clinically, as resources allow, preparing to return to clinic. If the student is not successful in this remedial work, the situation is directed to the Academic Affairs Committee. After consulting the DCE/ADCE and the faculty involved in remediation, the Academic Affairs Committee will make a recommendation regarding the student's status in the program. This could include starting the program over, returning to the semester necessary to prepare for return to clinic, or dismissal from the program. The faculty will make the final decision regarding the recommendation. For more information on remediation and student appeal processes, see the "Policies on Grading and Promotion" section of the Emory DPT Orientation Manual.

If the student is unsuccessful in the 3rd clinical education experience and in need of remedial work, this will be scheduled at the conclusion of the academic program and if successful, followed by a repeat of the 3rd clinical education experience.

2. *Student with Prior Remediation in Class or in the Clinic*

If a student is not successful in a terminal clinical education experience and has a prior failure of a terminal clinical education experience or a cumulative total of 4 course (including terminal clinical education experience) remediations, the situation is directed to the Academic Affairs Committee for consideration of dismissal from the program. The Academic Affairs Committee can recommend further remediation if able to identify a plan that can be met with available academic and clinical resources. This may include the student repeating a portion of the program. The faculty will make the decisions regarding remediation or dismissal of this student.

3. *Dismissal from Clinic by CI/SCCE*

If a CI/SCCE ends a clinical education experience before the scheduled 10 weeks due to safety issues, professionalism, and/or major gaps in the necessary knowledge base, the situation is directed to the Academic Affairs Committee. A recommendation from the committee based on input from the clinical instructor, the DCE/ADCE, and faculty reports from previous class/laboratory work could include dismissal from the program or remediation. If remediation is recommended, the criteria for the remedial experience would be based on input from the CI, the DCE/ADCE, and the faculty. If this is a student who has a cumulative total of 4 remediations or a prior terminal clinical education experience failure, all policies as stated in #2 above will apply.

4. *Failure to Achieve 100% in Safety or Professionalism*

As stated in the TCE experience EUCE form, a “NO” response on item 16, “Safety in patient care” or item 40, “ Professional Behavior” at the mid-term or final review period may result in dismissal from the clinical education experience and/or remediation. The determination would be handled based on the above sections #1-3.

POLICY ON STUDENTS AS INTERPRETERS

Medical interpreting is a profession that requires training, experience, skills, knowledge of medical terminology, the Standards of Practice, and the Code of Ethics, as well as language fluency and proficiency in both English and the patient’s language. The Department of Human Health Services states that “an individual that has above average familiarity with speaking or understanding a language other than English does not suffice to make that individual a qualified interpreter for an individual with limited English proficiency.”

A qualified interpreter is required per federal standards and compliance with hospital policies. Students should not interpret for another person (third party), unless they meet the required interpreter qualifications. The same regulations apply to those that are hearing impaired. The only exception is if the medical situation is considered to be life threatening and no professional interpreters are available.

Furthermore, when a patient, family member or companion is deaf, non-English speaking or is Limited English Proficient (LEP), in order for bilingual/multilingual providers to communicate directly with said patient, family member or companion, in a language other than English, the provider must be assessed to determine their ability to communicate effectively in the target language. Students who wish to be assessed need to contact the Office of Medical Education and Student Affairs to understand the responsibility and procedures related to doing this.

POLICY AND PROCEDURE ON CONFLICT RESOLUTION

Academic Faculty/Individual Student Issues

If a student has a concern or conflict with another student or faculty member, the expectation is that it will be addressed directly with the involved party. If a student feels unprepared to have this conversation, they are encouraged to speak to their advisor or a faculty member experienced in communication skills to discuss the most effective way to address the issue. If a student approaches uninvolved faculty, that person will discontinue the conversation and refer the student to the appropriate individual. If a student concern is not resolved in a timely fashion, after being addressed directly, the student can speak to the DCE/ADCE or Director of the Division for guidance. This communication process fosters responsible and professional communication and reflects a productive way to resolve concerns.

If at any point in this process, the complainant determines that this method of resolution is unsatisfactory, the student has a right to file an internal complaint with EOP or an external complaint with EEOC. The Respondent also has the right to refuse to participate in the

Community Facilitator process. For more information, see the “Resolution Process” in the Emory DPT Orientation Manual.

SCCE and/or CI/Student Issues

The same expectation of direct communication, as identified above, exists between the student and their SCCE and/or CI. Additionally, the SCCE and/or CI are expected to identify concerns directly to the student and not other clinical staff. In an effort to promote inclusivity, any manifestation of discriminatory behavior should be identified, recognized, and dealt with in a timely and decisive manner to provide the student with an alternative clinical experience. If the student does not feel prepared to address the concern with the SCCE/CI, the student should consult the DCE/ADCE. The DCE/ADCE has clinical information and experience to best guide the student. The student should inform the DCE/ADCE of the CI’s response. This allows the DCE/ADCE to work with instructor and student to improve the experience if necessary. Identifying concerns after the ICE/TCE is over does not provide the CI with immediate feedback which could potentially resolve a situation. If concerns are not handled in a timely fashion after a private meeting, the SCCE should be consulted and involved. If the issues persist, an alternative clinical experience will be found. Communication with parties that are not immediately involved can result in an unprofessional and damaging situation for all concerned.

If at any point in this process, the complainant determines that this method of resolution is unsatisfactory, the student has every right to file an internal complaint with EOP or an external complaint with EEOC. The Respondent also has the right to refuse to participate in the Community Facilitator process. For more information, see the “Resolution Process” in the Emory DPT Orientation Manual.

CLINICAL ATTIRE

The Division of Physical Therapy has guidelines for appropriate dress with the goals of fostering professional behavior in students and to show respect to others and the healthcare environment in which we exist. **Physical therapist students are reminded that they are representing themselves, the profession, and the Emory Division of Physical Therapy.**

Unless otherwise stated by a facility, the standards for clinical attire are as follows:

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|------------------|--|
| <u>Clothing:</u> | Attire should be nonrestrictive, allowing for ease of movement. Solid-color, trouser-style pants; solid shirt/blouse, and white Emory DPT lab coat (any gender). No pants or shirt combinations that allow the midriff or back to be exposed during bending, lifting, or stooping. No necklines that allow exposure during bending, lifting or stooping. |
| <u>Shoes:</u> | Leather, rubber-bottomed, sturdy shoes that are dark blue, black, brown or white. Leather athletic shoes may be allowed in some settings; should be white or black if they are permitted. No clogs, sandals, or open-toed/heeled shoes. |

| | |
|-------------------------|---|
| <u>Socks:</u> | Dark blue, black or beige hose or socks. |
| <u>Identification:</u> | <u>Emory photo ID should be worn at all times in the clinic.</u> Name tags obtained through the Division of Physical Therapy should be placed on the lab coat. Facilities may also require an ID that should be worn on premises. |
| <u>Perfume/Cologne:</u> | Recommend to wear none. (Note: The policy is applicable to all genders.) |
| <u>Jewelry:</u> | Please be aware that some clinical facilities may have strict policies related to the wearing of jewelry. 1-2 pairs of earrings in the earlobe only are typically allowed. Nose and tongue rings are not usually allowed, unless you have a religious reason. You may be required to provide documentation. While you may wear these types of jewelry on Emory's campus, you will have to comply with the clinical facility's policy. |
| <u>Tattoos:</u> | Please be aware that some clinical facilities may have strict policies related to tattoo coverage. Please comply with the facility policy. |
| <u>Nails:</u> | Please be aware that some clinical facilities may have strict policies related to the wearing of acrylic/gel nails, and fingernail polish. Please comply with the facility policy. If there is not a policy, clear or light-toned colors (light pink, beige, nude) are preferred. |
| <u>Hair/Make-up:</u> | Please be aware that some clinical facilities may have strict policies related hair color, requiring that color choices be restricted to brown, black, red, blonde, gray, etc. Additionally, long hair must be pulled up in a professional manner so that it does not hang in the way or interfere with clinical care. Make-up should be modest and professional, restricted to neutral-toned colors. |

The dress code for some facilities may specify a uniform including scrubs, specific color schemes, etc. You must follow their policy; this includes head or facial hair, nails, jewelry, etc. Issues or concerns with the Clinical Attire policy should be addressed to the DCE/ADCE.

PATIENT RIGHTS

Each clinical education facility is responsible for providing the school with up-to-date regulations, policies, and procedures applicable to student affiliates. The school is to issue this information to the students. Students are responsible for reviewing and adhering to facility policies and procedures which include the use of information other than protected health information, the risk-free right of patients to refuse to participate in clinical education, obtaining authorized use of images or any material portraying information about individuals, and the use of human subjects in demonstration and practice for educational purposes.

OFFICE OF ACCESSIBILITY SERVICES

The Division of PT adheres to the Emory University policy to provide all persons an equal opportunity to participate in and benefit from programs and services afforded to others. In compliance with the Americans with Disabilities Act, the Division of PT is committed to making reasonable accommodations to assist students with documented disabilities to fulfill their educational objectives.

The campus Office of Accessibility Services (OAS), part of the Office of Diversity, Equity, and Inclusion, assists qualified students with obtaining a variety of services and ensures that all matters of equal access, reasonable accommodation, and compliance are properly addressed. OAS is available for students with physical or cognitive disabilities and is located in Suite 310 of the Student Activity and Academic Center. Students have the responsibility to register with this office and make a request for services. Confidentiality is honored and maintained. The student also has the responsibility for presenting any letters stating special considerations to each instructor at the beginning of each clinical experience. Additional information can be found on the Office of Accessibility Services website: <https://accessibility.emory.edu/students/index.html>.

REPORTING ALLEGED VIOLATIONS OF THE PHYSICAL THERAPY PRACTICE ACT, AND/OR RULES AND REGULATIONS REGARDING THE PROVISION OF PHYSICAL THERAPY

Individual practice acts govern the provision of physical therapy (PT) in each state where a student may affiliate. The Georgia Physical Therapy Practice Act and Rules and Regulations: Georgia State Board of Physical Therapy set forth the laws, rules, and regulations regarding the practice of PT in the state of Georgia. Students should study the practice act for each state where they affiliate. Laws, rules and regulations regarding the practice of PT are also discussed in the Professionalism and Ethics course.

Reporting an Alleged Violation

Affiliating students are expected to report alleged violations of state PT laws, code of ethics rules, or regulations to the DCE/ADCE, who will decide whether a discussion with the facility's Site Coordinator of Clinical Education (SCCE) or Clinical Instructor (CI) should occur. After the discussion, the DCE/ADCE will give the student a summary of the findings. Should the student witness another suspected violation, they should report this to the DCE/ADCE who will then contact the SCCE/CI. The DCE/ADCE will discuss the suspected violations with SCCE and determine an appropriate course of action.

Follow-up After a Reported Alleged Violation

Within an appropriate period following a report, the DCE/ADCE will follow up with the facility, and if needed the student, to ensure that action has been taken to resolve the concern. If there is resolution, no further action will take place regarding the incident. The Division of Physical Therapy will maintain a file of reported alleged violations, and closely monitor sites for the subsequent two years following a student report. Monitoring may include a review of the “American Physical Therapy Physical Therapist Student Evaluation: Clinical Site and Clinical Instructor” forms, Division of Physical Therapy Mid-term Emory Clinical Education Evaluation Student Assessment; and/or any other communications. A facility, which continues in apparent violation of their state Physical Therapy Practice Act and Rules and Regulations governing provision of PT, will be removed from the list of clinical affiliations and steps will be taken to terminate its affiliation agreement.

Effect of Reporting on Student Clinical Placement

If a student reports an alleged violation, they may be removed from a facility for the following reasons:

- 1) The student fears reprisal following the discussion with the SCCE/CI regarding the alleged violation.
- 2) The alleged violation is not corrected following the discussion.
- 3) The facility leadership denies wrong-doing and states they are not in violation of their state Physical Therapy Practice Act and Rules and Regulations, when in fact the Division of Physical Therapy believes the facility is in violation.

If a student is removed from a facility, every effort will be made to place them with a faculty member in one of the Emory facilities until a suitable replacement clinical education experience is located.

REQUIREMENTS

OSHA Training

All students receive OSHA training through Canvas before initiation of the clinical education component of the program. This OSHA course concerning bloodborne pathogen and other potentially infectious materials is required annually. Please keep a record of completion in your files, as you will need to provide it during your clinical education experiences.

HIPAA Training

All students receive instruction on regulations issued under the Health Insurance Portability and Accountability Act before initiation of the clinical education component of the program. The Emory Learning Management System (ELMS) course concerning confidentiality and privacy of protected health information including all regulations issued under the Health Insurance Portability and Accountability Act is required annually. Please keep a record of completion in your files, as you will need to provide it during your clinical education experiences.

EMORY UNIVERSITY DPT PROGRAM CURRICULUM OUTLINE

Note: The schedule, order and names of the coursework may change in order for us to provide the most up-to-date and appropriate educational experience possible.

| DPT I | | | |
|-------------------------|---|------------------------|-----------|
| Semester 1: Summer 2022 | | | |
| Course # | Course Title | Instructor | Credits |
| SU DPT 700 | Health Promotion, Wellness & Prevention: Individual | Pullen | 1 |
| SU DPT 705 | Human Anatomy | Santucci | 4 |
| SU DPT 710 | Fundamentals of Measurement | Sharp, Caston | 3 |
| SU DPT 715 | Kinesiology and Biomechanics | Rogozinski | 4 |
| SU DPT 720 | Ethics and Professionalism | Greenfield | 2 |
| SU DPT 725 | Interpersonal Communications | Nelms | 2 |
| | | Semester Total | 16 |
| Semester 2: Fall 2022 | | | |
| FA DPT 730 | Systems Physiology | Lyle, Nocera | 5 |
| FA DPT 735 | Neuroscience | Kesar | 4 |
| FA DPT 740 | Introduction to Interventions | Sprague | 3 |
| FA DPT 745 | Growth Process through the Lifespan | Shah, Caston | 4 |
| FA DPT 750 | Teaching and Learning Process in PT | Greenfield | 2 |
| | | Semester Total | 18 |
| Semester 3: Spring 2023 | | | |
| SP DPT 755 | General Medical Conditions | Bishop, Sharp, Sprague | 12 |
| SP DPT 760 | Medical /Genetics in PT | TBD | 3 |
| SP DPT 765 | Evidence-Based Practice | Johanson, Krishnan | 2 |
| | | Semester Total | 17 |
| DPT II | | | |
| Semester 4: Summer 2023 | | | |
| SU DPT 800 | Musculoskeletal Rehabilitation | Geist, Sprague | 11 |
| SU DPT 805 | Principles of Motor Learning | Borich | 2 |
| | | Semester Total | 13 |

| DPT II | | | |
|--|--|------------------------|----------------|
| Semester 5: Fall 2023 | | | |
| Course # | Course Title | Instructor | Credits |
| FA DPT 810 | Adult Neurorehabilitation | Phillips, Zajac-Cox | 7 |
| FA DPT 815 | Pediatric Rehabilitation | Rogozinski, McDonal | 4 |
| FA DPT 820 | Health Service and Management | Davis, Garrard | 3 |
| FA DPT 825 | Exploration of Human Behavior | Haddad | 2 |
| | | Semester Total | 16 |
| Semester 6: Spring 2024 | | | |
| SP DPT 830 | Terminal Clinical Education Experience I | Nunez, Bullock, Caston | 10 |
| SP DPT 835 | Administration and Consultation in Healthcare | Davis | 2 |
| SP DPT 840 | Terminal Clinical Education Experience II | Nunez, Bullock, Caston | 10 |
| | | Semester Total | 22 |
| DPT III | | | |
| Semester 7: Summer 2024 | | | |
| SU DPT 900 | Terminal Clinical Education Experience III | Nunez, Bullock, Caston | 10 |
| SU DPT 905 | Current Practices in PT | Greenfield | 2 |
| | | Semester Total | 12 |
| Semester 8: Fall 2024 | | | |
| FA DPT 910 | Advanced Medical Screening | Geist, Sprague | 2 |
| FA DPT 915 | Clinical Research I | Borich | 6 |
| FA DPT 930 | Professional Leadership and Development | | 2 |
| | Electives | | 6 |
| | | Semester Total | 16 |
| Semester 9: Spring 2025 | | | |
| SP DPT 920 | Health Promotion, Wellness & Prevention: Community | Pullen | 2 |
| SP DPT 925 | Clinical Research II | Krishnan | 6 |
| | Electives | | 6 |
| | | Semester Total | 14 |
| Total Credits for Program = 144 | | | |

Elective credits will start with the numbering of DPT 950. The DPT Curriculum Committee will identify the electives and number of hours for each.

For above course descriptions see <https://www.emorydpt.org/current-students/course-descriptions/>

******ELECTIVES**

For elective descriptions see <https://www.emorydpt.org/future-students-overview/electives/>

EVALUATION PROCESS

INTEGRATED CLINICAL EDUCATION EXPERIENCES

The EUCE online tool used during the Integrated Clinical Education experience is basically the same as the EUCE online tool used for the Terminal Clinical Education experience, with the exception of the objectives and the scoring system. A copy of the form and rationale for its use can be found in this handbook. The expectation is for the CI and student to assess student performance on an ongoing basis and to complete the evaluation instruments at the end of the clinical education experience. The CI completes one evaluation form assessing student performance. The student completes another assessment of their own performance (independent of the CI), as well as the APTA form evaluating the clinical experience (PTSE 1) and clinical instructor (PTSE 2). The CI is encouraged to use the evaluation form and programmatic criteria as references to identify questions to ask the student in order to facilitate the student's problem-solving skills and provide feedback. The student is encouraged to use the form and criteria to guide them to use a problem-solving approach in care of the patient/client; in interacting with and teaching patient/clients, families, and staff; and meeting the administrative needs of the setting. Comparing student performance to the behaviors and criteria on the evaluation will help the student identify strengths and weaknesses, and experiences to focus on during future clinical education experiences. The completed evaluation form gives the school an objective measure of the student's level of performance. The final evaluation of the student's performance by the clinical instructor contributes 5% to the final course grade.

Emory University Division of Physical Therapy Criteria Sheets

Competency in Provision of Care

Upon graduation, the student will use the problem-solving process in demonstration of areas of expertise through the application of research evidence or a theoretical framework of basic, behavioral, social and medical sciences.

Components and Criteria

1. Identify symptoms and co-existing conditions of the patient/client:
 - A. Identifies problems reported by the patient/client or patient/client's family (i.e. "What brings you in?")
 - B. Identifies pathologies, impairments, functional limitations, or disabilities that could compromise the patient/client's medical safety and/or that relate to symptoms identified by:
 - i. Interview with the patient/client and/or patient/client's family to obtain patient/client demographics, patient/client's past and present medical history, family medical history, review of systems.
 - ii. Observation of patient/client during interview.
 - iii. Review of medical record to determine medical history, results of physical examination, diagnostic tests, related treatment being received, laboratory values, medications, psychosocial status, and progress.

- iv. Consult with other health care workers.
- 2. Differentiate symptoms presented and impairments (symptoms and/or signs) to be assessed based on:
 - A. The patient/client's medical safety
 - B. The patient/client's comfort
 - C. Medical treatment priorities
 - D. The patient/client's functional, physiological, emotional, vocational, and social needs
- 3. Identify characteristics of relevant symptoms or conditions:
 - A. Onset of symptoms; identifies as sudden or progressive, precipitating or concurrent circumstances:
 - i. Identify nature/quality of symptoms (i.e. severity, descriptors, factors aggravating and relieving symptoms)
 - ii. Identify location/areas of impairments (signs or symptoms) even if seemingly unrelated to iatrogenic stimulus (body diagram helpful)
 - iii. Identify progression or stage (i.e. acute, intermittent, improving)
 - iv. Identify previous or ongoing treatment
 - v. Formulate relationships between characteristics of symptoms and other findings (other impairments).
 - B. A relationship of impairments to other evaluative findings; specific statements of relationships of symptoms to:
 - i. Physical examination
 - ii. Other diagnostic tests
 - iii. Lab values
 - iv. Age related norms
- 4. Determine the priority of conditions to be assessed:
 - A. Hypothesize the condition(s) represented by impairments and other findings.
 - B. Initiate referrals to other health professionals, as indicated.
 - C. Determine priority of conditions considering:
 - i. Patient/client medical safety
 - ii. Patient/client comfort
 - iii. Medical treatment priorities
 - iv. Information being sought from another source through referral initiation
 - v. Patient/client's functional, physiologic, emotional, social and vocational needs
 - vi. Patient/client's age
 - vii. Financial and other required resources
- 5. Identify and determine the rationale for procedures to examine the patient/client's impairments or conditions. Specific statements of relationship of impairments to:
 - A. Patient/client's medical condition and treatment priorities

- B. Patient/client's comfort and ability to assist in the procedure (i.e. follow directions) if necessary
 - C. Explanation of mechanism by which the test(s) assesses movement and physiologic/neuromusculoskeletal conditions of the patient/client
 - D. Explanation of the possible examination findings and implications of the findings
 - E. Indication of the purpose served by the examination procedure(s) or test(s) as:
 - i. To determine current status
 - ii. To contribute to determination of diagnosis
 - iii. To determine prognosis
 - iv. To determine appropriate intervention plan and goals of interventions
 - v. To determine progress
 - vi. To assess the appropriateness of an examination procedure to determine prognosis
 - F. Assessment of reliability of the procedure(s)
 - G. Assessment of the accuracy of the procedure based on the best current research evidence
 - H. Identification of safety considerations
 - I. Identification of possible undesirable consequences secondary to administration of the procedure(s)
 - J. Assessment of time constraints
 - K. Determination of equipment, materials, and personnel resources necessary
 - L. Identification of financial considerations
6. Prepare to execute the examination:
- A. Prepare self:
 - i. Review the procedure if necessary.
 - ii. Request assistance of other personnel if necessary.
 - B. Prepare patient/client and patient/client's family:
 - i. Emotional, cognitive and physical preparation
 - C. Prepare equipment, materials and treatment areas:
 - i. Procure equipment, materials, and treatment areas.
 - ii. Determine safety and operational status of equipment.
 - iii. Calibrate equipment.
7. Conduct the examination according to the criteria sheet for the specific procedures/tests.
8. Evaluate the examination findings:
- A. State the results of the examination.
 - B. Determine the relationship of examination findings to:
 - i. Patient/client's impairment(s), functional limitation(s), and/or disability(ies)
 - ii. Progression and state of symptoms
 - iii. Other diagnostic findings
 - iv. Disease process

- v. Medical history
 - vi. Anatomic, biomechanical, physiologic, behavioral, psychological, biochemical or developmental bases for movement
 - vii. Intervention being received
 - viii. Purpose of the examination
- 9. Establish a physical therapy diagnosis:
 - A. Classify the movement disorder based on current literature or identify impairments most related to the functional limitations:
 - i. That accounts for all pertinent impairments
 - ii. Toward which intervention and intervention goals are directed
- 10. Determine the prognosis.
- 11. Establish intervention goals:
 - A. Identify priority order of goals.
 - B. Including interim and discharge goals/short term and long term goals based on:
 - i. Impairments
 - ii. Diagnoses/Prognosis
 - iii. The patient/client's personal and vocational goals
 - iv. Measurable functional outcomes
- 12. Determine an intervention plan with rationale based on:
 - A. The patient/client's physiologic stability
 - B. The patient/client's comfort
 - C. Priority of patient/client and caregiver's needs
 - D. Goals of the patient/client and the patient/client's family
 - E. The patient/client and caregiver's ability to participate in the intervention
 - F. The diagnosed problem
 - G. Related impairments, including current status, stage, progression and duration
 - H. Related medical intervention, including effect of the intervention on other interventions; effect of other interventions on this specific intervention
 - I. Explanation of the mechanism by which the intervention affects patient/client's impairment(s), functional ability(ies)/limitation(s), and/or disability(ies)
 - J. The best current research evidence
 - K. Explanation of the relationship of the possible results of interventions the short and long term goals and functional outcomes
 - L. Explanation of the relationship of results to the patient/client's program of care proposed by health care team
 - M. Assessment of time restraints
 - N. Determination of equipment, materials and personnel resources necessary
 - O. Identification of financial considerations
 - P. Assessment of resources available to patient/client, family, aide
- 13. Administer the intervention (according to the criteria sheet for the specific procedures).
- 14. Assess the effects of the intervention:

- A. State the effects of the intervention on:
 - i. Impairment(s)
 - ii. Functional ability(ies)/limitation(s) and/or disability(ies)
 - B. State the relationship of the effects of the intervention to:
 - i. Progression and stage of impairment(s)
 - ii. Other diagnostic findings
 - iii. Disease process
 - iv. Medical history
 - v. Related interventions
 - C. State the status of:
 - i. Targeted functional outcomes
 - ii. Short term and long term goals
15. Modify the intervention and/or goals, as indicated based on:
- A. Patient/client's medical safety
 - B. Patient/client's comfort
 - C. Patient/client's ability to provide required assistance
 - D. Effect on impairment(s), functional ability(ies)/limitation(s), and/or disability(ies)
 - E. Required patient/client resources
 - F. Current and future intervention priorities
16. Adhere to safety in provision of patient care:
- A. Assess the safety of the examination and/or intervention procedures.
 - B. State the safety considerations.
 - C. Prepare self, environment and equipment/materials in accordance with the criteria for safety listed in the criteria sheet for the examination and/or intervention.
 - D. Monitor impairments during the examination and/or intervention.
 - E. Assess the effects of the examination/intervention on impairments.
 - F. Modify the examination/ intervention based on patient/client's medical safety.
 - G. Related impairments, including current status, stage, progression and duration.
17. Record concisely and accurately in appropriate records according to the criteria sheet on "Documentation":
- A. Including, but not limited to, initial, progress and discharge notes
 - B. Notes state, as appropriate:
 - i. Subjective results
 - ii. Objective results
 - iii. Assessment
 - iv. Plan
 - v. Intervention given

Competency in Interpersonal Communications

Upon graduation, the student will use the problem-solving process in demonstration of areas of expertise and application of a theoretical framework of basic, behavioral, social and medical sciences on which to base the practice of physical therapy, including: an active recognition of the rights and dignity of the individual in planning and administering programs of care.

Components and Criteria

The criteria and items on the evaluation form relate to any and all interactions the student has during clinical education experiences. Examples include interactions with a patient/client or patient/client's family, physician, clinical instructor or supervisor, telephone conversations, etc. Also, the criteria and evaluation items refer only to responses of the student during an actual interaction, not to responses by the student after an interaction. Specific examples are incorporated below.

18. Identify cognitive needs and resources of other person(s), including:

A. Other person who may be the focus of communication for the student. This may include but not be limited to the following:

- i. Patient/client
- ii. Patient/client family or support persons
- iii. Clinical instructor or supervisor
- iv. Faculty
- v. Supportive personnel - staff members

B. What the person needs to know regarding:

- i. The relationship of the physical therapy program to the total program of care
- ii. The person's role in the program of care, affiliation, or system, in general
- iii. The student's objectives or interest in the program, affiliation of system, in general
- iv. The relationship of the subject of the communication to past or future communications with the student or other persons

Examples: Does the student identify that their instructor needs to know their interest in this clinical experience? Does the student identify that the patient/client's partner needs to know their role in the treatment program?

C. Sources of information available to the other person(s) relative to the information being sought:

- i. Patient/client family or support persons
- ii. Health professionals - co-workers
- iii. Other students
- iv. Clinical education instructor or supervisor
- v. Faculty
- vi. Reference materials
- vii. Outside agencies

19. Identify emotional needs and resources of the other person through:

- A. Solicitation of how the person feels
- B. The verbal and non-verbal cues provided
- C. Use of interviewee-centered response

The cognitive and emotional needs of another person are most often identified by focusing on the other person's verbal and nonverbal cues. These needs might be identified by giving interviewee-centered responses. Interviewee-centered responses are exhibited by, but not limited to the following:

VERBAL

1. Silence:

Silence is simply giving no verbal response. As a deliberate response, the use of silence implies that silence is the best response to be offered at that point in the interaction.

2. Restatement:

Restatement is a verbal response designed to let people know you are listening to them and to let them hear what they verbally expressed to you. Restatement is accomplished by:

- a) Restating exactly what has been said, including using the first person pronoun (I),
- b) Restating exactly what has been said, but using the second person pronoun (you),
- c) Restating the significant parts of what has been said and D) restating, in summary fashion

3. Clarification:

Clarification usually refers to responses made to clarify what the other person (interviewee) has said. Such responses are made by:

- a) Stating more simply to make clearer that which the other person said so they can decide if the responses were what they had in mind restating exactly what has been said, but using the second person pronoun (you)
- b) Using your own words to clarify a response the other person had difficulty stating clearly

Clarification may also be used as a response to be sure you have understood what the other person said.

4. Reflection:

Reflection responses express solely the feeling/tone of the other person's responses; a reflection response verbalizes only the feelings and attitudes that seems to lie behind the other person's words.

5. Interpretation:

Interpretation responses attach meaning to what the other person has said. Interpretation may take one of two forms:

- a) Interpretation based on the other person's internal frame of reference
- b) Interpretation based on your internal frame of reference

NON-VERBAL

- 1. Maintaining eye contact
- 2. Head nodding
- 3. Maintaining a position facing the other person

- D. Experiences and feelings of the person in similar or related interactions or situations
- E. Identification and use of relevant persons to clarify needs
- F. Identification of what the other person can contribute to their own emotional needs as well as what people available to them can contribute

Examples: Does the student use interviewee centered responses and identify that the patient/client is afraid to attempt stairs using crutches? Does the student identify resources available to the patient/client for dealing with their fears?

20. Identify cognitive needs and resources of self (student), including:

- A. What you (student) know or need to know about the other person (patient/client and/or relevant others, clinical supervisor):
 - i. Relevant background
 - ii. Patient/client's interpretation of their own medical background
 - iii. Patient/client's and relevant others' feeling about the patient/client's condition
 - iv. Expectations of patient/client and relevant others
 - v. Related future plans
- B. Sources of information available to you (student):
 - i. Yourself - education and experience
 - ii. Present status, relevant goals, interest, values and beliefs
 - iii. Medical record or other reference materials
 - iv. The patient/client and relevant others
 - v. Other health professionals
 - vi. Co-workers
 - vii. Clinical instructor, supervisor or coordinator
 - viii. Faculty

21. Identify the emotional needs and resources of self (student), including:

- A. How you (student) feel about the other person (patient/client and/or relevant others, clinical supervisor)
- B. How you (student) feel about your relationship with the other person
- C. Sources of emotional support available within you (student) which you can offer the relationship

Examples: Does the student identify their willingness to participate in the development and maintenance of the relationship? Does the student identify their own experience in similar relationships?

22. Identify the roles of relevant persons, including:

- A. Student's responsibilities to the patient/client
 - B. Patient/client's responsibilities in the treatment plan
 - C. Person(s) primarily responsible for completing the task
- Examples: Does the student identify the role of the patient/client's spouse in the transfer?
- D. Person(s) primarily concerned with supporting the emotional needs of the people involved

23. Respond to others in a way that fosters a positive change, including:

- A. Facilitating acceptance by the other person of ideas, attitudes, and feelings they have:

Example: The student allowed the patient/client to feel sad.

B. Movement of the other person toward the knowledge and/or attitudes desired

Example: A patient/client expresses concern or worry over a situation. The student responds to the patient/client in such a way that the patient/client is no longer needlessly concerned or is reassured that their concerns will be attended.

C. Responses appropriately related to the established needs of the other person(s) involved

D. Responses appropriately related to the abilities and needs of self

E. Use of verbal or non-verbal responses

F. Listening, giving input to the person(s) and referral

Giving input to the other person(s) is exhibited by, but not limited to, verbal and nonverbal responses which are interviewer-centered. Interviewer-centered responses are those initiated by the student and directed toward the other person(s) and /or nonverbal approaches to the other person(s).

The following are interviewer-centered responses:

| INTERVIEWER-CENTERED | | |
|---|--|--|
| <u>VERBAL</u> | | <u>NON-VERBAL</u> |
| Explanation and asking permission prior to touching patient/client | | Touching the other person(s) |
| Encouragement | | Moving toward or positioning yourself close to the other persons if deemed appropriate through process skills and clinical reasoning |
| Assurance | | |
| Suggestions | | |
| Advice | | |
| Inappropriate responses to other people include the following: | | |
| Approval or disapproval | | Rejection |
| Criticism | | Scolding |
| Ridicule | | Threat |

| | | |
|---------------|--|------------|
| Contradiction | | Punishment |
| Denial | | |

24. Refer patient/client and relevant others to another person if indicated by:

- A. Identifying when patient/client or patient/client's relevant others needs exceed your abilities
- B. Identifying when patient/client's needs interfere with physical therapy care
- C. Identifying when therapist responses do not satisfy the patient/client and relevant others
- D. Identifying when extent or nature of the needs cannot be identified by the therapist
- E. Identifying the health professional capable of meeting the patient/client's needs
- F. Referring the patient/client to the appropriate health professional
- G. Following established institutional referral procedures

Example: The patient/client is concerned about their diet. The student suggests that the patient/client speak with the dietitian.

25. Exhibit caring for the people with whom the student is involved by:

- A. Accepting responsibilities

Examples: Does the student keep appointments as scheduled? Does the student follow through on commitments made?

- B. Exhibiting concern for others' well being and respect for others' rights and dignity

Examples: The student arranges for privacy when needed for work with patient/clients. The student presents themselves in an inoffensive manner when dealing with others.

- C. Supporting patient programs and departmental efforts

Examples: When seeking assistance from an aide, the student ignores the aide's response that they are taking care of another therapist's request.

- D. Utilizing appropriate interpersonal skills as previously identified

The question of item 25 is not if the student cares but if the student exhibits caring in such a way that the people with whom the student is involved recognize the student cares.

26. Evaluate the effect of their response on the needs of other person(s) and self by:

- A. Recognizing the manner in which the other person responds or reacts to or withdraws

Example: The student can demonstrate and/or express awareness of their own responses:

- 1) Which facilitate the other person's participation in the interaction
- 2) Which cause the other person to withdraw from the interaction

- B. Determining the effects of the interaction on the cognitive and emotional needs of the other person and of themselves

Example: The student identifies the failure of previous responses to meet needs. The student determines that their response to the patient/client has increased the patient/client's fear and confusion.

27. Modify their responses to meet the needs of the relevant others if indicated by:

- A. Eliminating or modifying responses which affect the interaction(s) negatively

- B. Selecting other response options to meet need demands
- C. Initiate modified responses
- D. Re-evaluate altered responses for attainment of identified needs.
- E. Continue modifications until needs are met

Competency in Teaching-Learning

Upon graduation, the student will use the problem-solving process in demonstration of areas of expertise and application of a theoretical framework of basic, behavioral, social and medical sciences on which to base the practice of physical therapy, including: participation in planning, implementing and evaluating the teaching learning process.

Components and Criteria

28. Identify the needs of the learner/patient/client, including:
 - A. Identify what the learner needs to know
 - B. What the learner needs to be able to do
29. Identify an appropriate level of learning or skill to be accomplished, including:
 - A. Identification of the specific knowledge and/or skills the learner/patient/client must already have to participate in the learning experience and accomplish the intended objective
 - B. Determination of the extent to which the learner/patient/client has the prerequisite knowledge and/or skills
 - C. Determination of a way(s) to provide the prerequisite knowledge and skills if lacking
30. State what is to be learned, including:
 - A. Observable behavior
 - B. Who is to demonstrate the behavior
 - C. Conditions under which the behavior is to be demonstrated
 - D. Minimal level of acceptable behavior
 - E. An implied domain of the behavior (i.e. cognitive, psychomotor, affective)
31. Make certain the learner/patient/client understands the purpose for learning:
 - A. Tell the learner/patient/client why the behavior is to be learned.
 - B. Relate the learning experience/behavior to be learned to past experiences of the learner, to present experiences of the learner and to future experiences of the learner.
 - C. Ask learners to state in their own words what is to be learned.
 - D. Ask learners to state in their own words why they need to learn what is being taught.
 - E. Ask the learner to state how what is being learned relates to other experiences in their life.
32. Explain what is to be learned:
 - A. Provide the information or materials necessary for learning.
 - B. State the principles involved in the behavior.
 - C. Ask learners to state, in their own words, the principles involved.
 - D. Provide the learner with cues in important features of the behavior.
33. Demonstrate to the learner/patient/client what is to be learned:
 - A. Use appropriate materials or application examples.

- B. Make the demonstration as similar as possible to the situation in which the learning is to be used.
- 34. Provide an opportunity for the learner/patient/client to practice doing what is being learned:
 - A. Make the practice situation as similar as possible to the actual situation(s) for which the learner is being prepared.
 - B. Provide adequate practice.
 - C. Provide practice which requires that the activity of the learner is consistent with the behavior stated in the objective.
 - D. Identify resources which are available to the learner/patient/client beyond this experience, for additional exposure as practice.
- 35. Provide feedback on performance to the learner/patient/client:
 - A. Indicate the extent to which the patient/client is demonstrating what is being learned.
 - B. Make suggestions for improvement.
 - C. Provide additional information, explanation, or demonstration when necessary.
 - D. Assist learners in identifying how they can determine the extent to which they are demonstrating what is being learned.
- 36. State some examples of use of what is being learned in the patient/client's everyday life:
 - A. Present several different kinds of examples.
 - B. Present examples as similar as possible to actual situations in the learner/patient/client's life.
 - C. Incorporate principles and cues in the examples.
- 37. Ask the learner/patient/client to give examples of use of what is being learned in the patient/client's everyday life:
 - A. Determine that the examples reflect actual, possible situations and understanding of principles.
- 38. Determine that the learner/patient/client has learned what is being taught:
 - A. Identify and implement an activity which will allow demonstration of learning and which is:
 - i. Consistent with the behavior stated in the objective
 - ii. Consistent with the activities of the learning experience
 - iii. Incorporates the conditions stated in the objective
 - B. Determine that the minimal level of acceptable performance is met.

Competency in Administration

Upon graduation, the student will use the problem-solving process in demonstration of areas of expertise and application of a theoretical framework of basic, behavioral, social, and medical sciences on which to base the practice of physical therapy, including: participation in the administration of a defined physical therapy service.

Components and Criteria

- 39. Identify the administrative structure to provide physical therapy services:
 - A. Administrative structure/hierarchy

- B. Current staff positions/roles, lines of communication, and any future changes to provide quality
 - C. Vision statement/philosophy of the department
40. Demonstrate Professional Behaviors:
- A. Maintain schedule throughout day (e.g. arrives on time, adheres to patient schedule)
 - B. Adhere to school/facility dress code
 - C. Facilitate team environment to insure quality patient care:
 - i. Effectively communicate to all staff members, patients, and families
 - ii. Demonstrate flexibility in all areas within a team environment
 - iii. Accept responsibility for facility needs and complete tasks in a timely manner
 - iv. Take initiative to resolve problems
 - v. Request and/or provide assistance to co-workers as necessary
 - D. Demonstrate safe and legal practice:
 - i. Consistent with State Board Rules/Regulations
 - ii. Follow APTA guidelines
 - a. Practice in a manner consistent with the APTA Core Values¹
 - iii. Demonstrate Ethical Practice
 - a. Practice in a manner consistent with the APTA Code of Ethics²
 - (i) implement in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values; and
 - (ii) Report to the appropriate faculty suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services
 - iv. Comply with Centers for Medicare and Medicaid Services guidelines
 - v. Comply with HIPAA guidelines
41. Identify the overall goals of the physical therapy services provided:
- A. Patient/Patient/client care:
 - i. Primary patient populations served
 - ii. Levels of care able to provide
 - iii. Resources available to ensure quality patient care
 - iv. Identify the team members involved with providing physical therapy services
 - B. Other services/consultations available to meet the patient's needs
 - C. Educational opportunities:
 - i. Students
 - ii. Community education (e.g. presenting to a school system a program on prevention of head injuries, presenting to an industrial site, a back school)
 - iii. Health professionals:
 - a. Academic setting
 - b. Conferences

- D. Other disciplines (e.g. teaching nursing assistants transfer techniques)
- E. Current research efforts or efforts toward evidence-based practice within physical therapy services.

TERMINAL CLINICAL EDUCATION EXPERIENCES

The expectation is for the CI and the student to assess student performance on an ongoing basis and complete the EUCE form at mid-term (at the end of 5 weeks) and at the end of 10 weeks. The CI completes one evaluation assessing student performance. The student completes another assessing their own performance (independent of the clinical instructor), as well as the APTA form evaluating the clinical experience and clinical instruction, at mid-term and again at the end of the experience. As with the integrated experiences, the student is encouraged to use the items on the evaluation form and the criteria to guide the student to use a problem-solving approach in care of the patient/client, the patient/client's family and staff. The student performance evaluation forms completed by the CI and student at mid-term identify student strengths and weaknesses and allow for planning for the last 5 weeks of the clinical education experience. To successfully complete an individual clinical education experience, the student **must receive an 80% on the clinical instructor's final evaluation in each of the four competencies (provision of care, interpersonal communication, teaching-learning skills, and administrative practice). Additionally, the student must score an 80% for question #7 Examination items and for #13 Therapeutic Interventions, as well as 100% for #16 Safety and #40 Professionalism.**

Upon graduation, the student will use the problem-solving process in demonstration of areas of expertise through the application of research evidence or a theoretical framework of basic, behavioral, social, and medical sciences.

Competency in Provision of Care

Upon graduation, the student will use the problem solving process in demonstration of areas of expertise through the application of research evidence or a theoretical framework of basic, behavioral, social, and medical sciences.

Components and Criteria

1. Identify symptoms and co-existing conditions of the patient/client:
 - A. Identifies problems reported by the patient/client or patient/client's family. (i.e. "What brings you in?")
 - B. Identifies pathologies, impairments, functional limitations, or disabilities that could compromise the patient/client's medical safety and/or that relate to symptoms identified by:
 - i. Interview with the patient/client and/or patient/client's family to obtain patient/client demographics, patient/client's past and present medical history, family medical history, review of systems
 - ii. Observation of patient/client during interview
 - iii. Review of medical record to determine medical history, results of physical examination, diagnostic tests, related treatment being received, laboratory values, medications, psychosocial status, and progress

- iv. Consult with other health care workers
- 2. Differentiate symptoms presented and impairments (symptoms and/or signs) to be assessed based on:
 - A. The patient/client's medical safety
 - B. The patient/client's comfort
 - C. Medical treatment priorities
 - D. The patient/client's functional, physiological, psychological, emotional, vocational, and social needs
- 3. Identify characteristics of relevant symptoms or conditions:
 - A. Onset of symptoms identified as sudden or progressive; precipitating or concurrent circumstances:
 - i. Identify nature/quality of symptoms (i.e. severity, descriptors, factors aggravating and relieving symptoms)
 - ii. Identify location/areas of impairments (signs or symptoms) even if seemingly unrelated to iatrogenic stimulus (body diagram helpful)
 - iii. Identify progression or stage (i.e. acute, intermittent, improving)
 - iv. Identify previous or ongoing treatment
 - v. Formulate relationships between characteristics of symptoms and other findings (for example, other impairments)
 - B. Relationship of impairments to other evaluative findings; specific statements of relationships of symptoms to:
 - i. Physical examination
 - ii. Other diagnostic tests
 - iii. Lab values
 - iv. Age related norms
- 4. Determine the priority of conditions to be assessed:
 - A. Hypothesize the condition(s) represented by impairments and other findings.
 - B. Initiate referrals to other health professionals, as indicated.
 - C. Determine priority of conditions considering:
 - i. Patient/client medical safety
 - ii. Patient/client comfort
 - iii. Medical treatment priorities
 - iv. Information being sought from another source through referral initiation
 - v. Patient/client's functional, physiologic, emotional, social, and vocational needs
 - vi. Patient/client age
 - vii. Financial and other required resources
- 5. Identify and determine the rationale for procedures to examine the patient/client's impairments or conditions. Specific statements of relationship of impairments to:
 - A. Patient/client's medical condition and treatment priorities

- B. Patient/client's comfort and ability to assist in the procedure (i.e. follow directions) if necessary
- C. Explanation of mechanism by which the test(s) assesses movement and physiologic/neuromusculoskeletal conditions of the patient/client
- D. Explanation of the possible examination findings and implications of the findings
- E. Indication of the purpose served by the examination procedure(s) or test(s) as:
 - i. To determine current status
 - ii. To contribute to determination of diagnosis
 - iii. To determine prognosis
 - iv. To determine appropriate intervention plan and goals of interventions
 - v. To determine progress
 - vi. To assess the appropriateness of an examination procedure to determine prognosis
- F. Assessment of reliability of the procedure(s)
- G. Assessment of the accuracy of the procedure(s) based on the best current research evidence
- H. Identification of safety considerations
- I. Identification of possible undesirable consequences secondary to administration of the procedure(s)
- J. Assessment of time constraints
- K. Determination of equipment, materials, and personnel resources necessary
- L. Identification of financial considerations
- 6. Prepare to execute the examination:
 - A. Prepare self:
 - i. Review the procedure if necessary
 - ii. Request assistance of other personnel if necessary
 - B. Prepare patient/client/patient/client's family:
 - i. Emotional, cognitive, and physical preparation
 - C. Prepare equipment, materials, and treatment areas:
 - i. Procure equipment, materials, and treatment areas
 - ii. Determine safety and operational status of equipment
 - iii. Calibrate equipment
- 7. Conduct the examination according to the criteria sheet for the specific procedures/tests
- 8. Evaluate the examination findings:
 - A. State the results of the examination.
 - B. Determine the relationship of examination findings to:
 - i. Patient/client's impairment(s), functional limitation(s), and/or disability(ies)
 - ii. Progression and state of symptoms
 - iii. Other diagnostic findings
 - iv. Disease process
 - v. Medical history

- vi. Anatomic, biomechanical, physiologic, behavioral, biochemical or developmental bases for movement
 - vii. Intervention being received
 - viii. Purpose of the examination
- 9. Establish a physical therapy diagnosis:
 - A. Classify the movement disorder based on current literature or identify impairments most related to the functional limitations:
 - i. That accounts for all pertinent impairments
 - ii. Toward which intervention and intervention goals are directed
- 10. Determine the prognosis.
- 11. Establish intervention goals:
 - A. Identify priority order of goals.
 - B. Including interim and discharge goals/short term and long term goals based on:
 - i. Impairments
 - ii. Diagnoses
 - iii. The patient/client's personal and vocational goals
 - iv. Measurable functional outcomes
- 12. Determine an intervention plan with rationale based on:
 - A. The patient/client's physiologic stability
 - B. The patient/client's comfort
 - C. Priority of patient/client and caregiver's needs
 - D. Goals of the patient/client and the patient/client's family
 - E. The patient/client and caregiver's ability to participate in the intervention
 - F. The diagnosed problem
 - G. Related impairments, including current status, stage, progression, and duration
 - H. Related medical intervention, including effect of the intervention on other interventions; effect of other interventions on this specific intervention
 - I. Explanation of the mechanism by which the intervention affects patient/client's impairment(s), functional ability(ies)/limitation(s), and/or disability(ies)
 - J. The best current research evidence
 - K. Explanation of the relationship of the possible results of interventions to the short and long-term goals and functional outcomes
 - L. Explanation of the relationship of results to the patient/client's program of care proposed by health care team
 - M. Assessment of time restraints
 - N. Determination of equipment, materials, and personnel resources necessary
 - O. Identification of financial considerations
 - P. Assessment of resources available to patient/client, family, aide
- 13. Administer the intervention according to the criteria sheet for the specific procedures
- 14. Assess the effects of the intervention:
 - A. State the effects of the intervention on:

- i. Impairment(s)
 - ii. Functional ability(ies)/limitation(s) and/or disability(ies)
 - B. State the relationship of the effects of the intervention to:
 - i. Progression and stage of impairment(s)
 - ii. Other diagnostic findings
 - iii. Disease process
 - iv. Medical history
 - v. Related interventions
 - C. State the status of:
 - i. Targeted functional outcomes
 - ii. Short term and long term goals
- 15. Modify the intervention and/or goals, as indicated based on:
 - A. Patient/client's medical safety
 - B. Patient/client's comfort
 - C. Patient/client's ability to provide required assistance
 - D. Effect on impairment(s), functional ability(ies)/limitation(s), and/or disability(ies)
 - E. Required patient/client resources
 - F. Current and future intervention priorities
- 16. Adhere to safety in provision of patient care:
 - A. Assess the safety of the examination and/or intervention procedures.
 - B. State the safety considerations.
 - C. Prepare self, environment, and equipment/materials in accordance with the criteria for safety listed in the criteria sheet for the examination and/or intervention.
 - D. Monitor impairments during the examination and/or intervention.
 - E. Assess the effects of the examination/intervention on impairments.
 - F. Modify the examination/intervention based on patient/client's medical safety and related impairments, including current status, stage, progression, and duration.
- 17. Record concisely and accurately in appropriate records according to the criteria sheet on "Documentation":
 - A. Including, but not limited to, initial, progress, and discharge notes
 - B. Notes state, as appropriate:
 - i. Subjective results
 - ii. Objective results
 - iii. Assessment
 - iv. Plan
 - v. Intervention given

Competency in Interpersonal Communications

Upon graduation, the student will use the problem-solving process in demonstration of areas of expertise and application of a theoretical framework of basic, behavioral, social, and medical sciences on which to base the practice of physical therapy, including: an active recognition of the rights and dignity of the student in planning and administering programs of care.

Components and Criteria

The criteria and items on the evaluation form relate to any and all interactions the student has during clinical education experiences. Examples include interactions with a patient/client or patient/client's family, physician, clinical instructor or supervisor, telephone conversations, etc. Also, the criteria and evaluation items refer only to responses of the student during an actual interaction, not to responses by the student after an interaction. Specific examples are incorporated below.

18. Identify cognitive needs and resources of other person(s), including:

A. Other person who may be the focus of communication for the student. This may include but not be limited to the following:

- i. Patient/client
- ii. Patient/client family or support persons
- iii. Clinical instructor or supervisor
- iv. Faculty
- v. Supportive personnel/staff members

B. What the person needs to know regarding:

- i. The relationship of the physical therapy program to the total program of care
- ii. The person's role in the program of care, affiliation, or system, in general
- iii. The student's objectives or interest in the program, affiliation of system, in general
- iv. The relationship of the subject of the communication to past or future communications with the student or other persons
- v. Examples: Does the student identify that their instructor needs to know their interest in this clinical experience? Does the student identify that the patient/client's partner needs to know their role in the treatment program?

C. Sources of information available to the other person(s) relative to the information being sought:

- i. Patient/client family or support persons
- ii. Health professionals/co-workers
- iii. Other students
- iv. Clinical education instructor or supervisor
- v. Faculty
- vi. Reference materials
- vii. Outside agencies

19. Identify emotional needs and resources of the other person through:

- A. Solicitation of how the person feels
- B. The verbal and non-verbal cues provided
- C. Use of interviewee-centered response:

The cognitive and emotional needs of another person are most often identified by focusing on the other person's verbal and nonverbal cues. These needs might be identified by giving interviewee-centered responses. Interviewee-centered responses are exhibited by, but not limited to the following:

VERBAL

1) Silence:

Silence is simply giving no verbal response. As a deliberate response, the use of silence implies that silence is the best response to be offered at that point in the interaction.

2) Restatement:

Restatement is a verbal response designed to let the other person know they are being listened to and to let the other person hear what they have said.

Restatement is accomplished by:

- a) Restating exactly what has been said, including using the first person pronoun (I)
- b) Restating exactly what has been said, but using the second person pronoun (you)
- c) Restating the significant parts of what has been said and restating, in summary fashion

3) Clarification:

4) Clarification usually refers to responses made to clarify what the other person (interviewee) has said. Such responses are made by:

- a) Stating more simply to make clearer that which the other person said so they can decide if the responses were what they had in mind
- b) Restating exactly what has been said, but using the second person pronoun (you)
- c) Using your own words to clarify a response the other person had difficulty stating clearly

Clarification may also be used as a response to be sure you have understood what the other person said.

5) Reflection:

Reflection responses express solely the feeling, tone of the other person's responses; reflection response verbalizes only the feelings and attitudes that seem to lie behind the other person's words.

6) Interpretation:

Interpretation responses attach meaning to what the other person has said.

Interpretation may take one of two forms:

- a) Interpretation based on the other person's internal frame of reference
- b) Interpretation based on your internal frame of reference

NON-VERBAL

1) Maintaining eye contact

2) Head nodding

3) Maintaining a position facing the other person

D. Experiences and feelings of the person in similar or related interactions or situations

E. Identification and use of relevant persons to clarify needs

- F. Identification of what the other person can contribute to their own emotional needs as well as what people available to they can contribute:

Examples: Does the student use interviewee-centered responses and identify that the patient/client is afraid to attempt stairs using crutches? Does the student identify resources available to the patient/client for dealing with their fears?

20. Identify cognitive needs and resources of self (student), including:

- A. What you (student) know or need to know about the other person (patient/client and/or their relevant others, clinical supervisor):
 - i. Relevant background
 - ii. Patient/client's interpretation of their medical background
 - iii. Patient/client's and relevant others' feeling about the patient/client's condition
 - iv. Expectations of patient/client and relevant others
 - v. Related future plans
- B. Sources of information available to you (student):
 - i. Yourself - education and experience
 - ii. Present status, relevant goals, interest, values, and beliefs
 - iii. Medical record or other reference materials
 - iv. The patient/client and relevant others
 - v. Other health professionals
 - vi. Co-workers
 - vii. Clinical instructor, supervisor, or coordinator
 - viii. Faculty

21. Identify the emotional needs and resources of self (student), including:

- A. How you (student) feel about the other person (patient/client and/or relevant others, clinical supervisor)
- B. How you (student) feel about your relationship with the other person
- C. Sources of emotional support available within you (student) which you can offer the relationship:

Examples: Does the student identify their own willingness to participate in the development and maintenance of the relationship? Does the student identify their own experience in similar relationships?

22. Identify the roles of relevant persons, including:

- A. Student's responsibilities to the patient/client
- B. Patient/client's responsibilities in the treatment plan
- C. Person(s) primarily responsible for completing the task

Examples: Does the student identify the role of the patient/client's spouse in the transfer? Person(s) primarily concerned with supporting the emotional needs of the people involved

23. Respond to others in a way that fosters a positive change, including:

- A. Facilitating acceptance by the other person of ideas, attitudes, and feelings they have:
Example: The student allowed the patient/client to feel sad.
- B. Movement of the other person toward the knowledge and/or attitudes desired:

Example: A patient/client expresses concern or worry over a situation. The student responds to the patient/client in such a way that the patient/client is no longer needlessly concerned or is reassured that his concerns will be attended.

C. Responses appropriately related to the established needs of the other person(s) involved

D. Responses appropriately related to the abilities and needs of self

E. Use of verbal or non-verbal responses

F. Listening , giving input to the person(s), and referral:

Giving input to the other person(s) is exhibited by, but not limited to verbal and nonverbal responses, which are interviewer-centered. Interviewer-centered responses are those initiated by the student and directed toward the other person(s) and /or nonverbal approaches to the other person(s). The following are interviewer-centered responses:

| INTERVIEWER-CENTERED | | |
|---|--|--|
| <u>VERBAL</u> | | <u>NON-VERBAL</u> |
| Explanation and asking permission prior to touching patient/client | | Touching the other person(s) |
| Encouragement | | Moving toward or positioning yourself close to the other persons if deemed appropriate through process skills and clinical reasoning |
| Assurance | | |
| Suggestions | | |
| Advice | | |
| Inappropriate responses to other people include the following: | | |
| Approval or disapproval | | Rejection |
| Criticism | | Scolding |
| Ridicule | | Threat |
| Contradiction | | Punishment |

24. Refer patient/client and relevant others to another person if indicated by:
- A. Identifying when patient/client or patient/client's relevant others needs exceed your abilities
 - B. Identifying when patient/client's needs interfere with physical therapy care
 - C. Identifying when therapist responses do not satisfy the patient/client and relevant others
 - D. Identifying when extent or nature of the needs cannot be identified by the therapist
 - E. Identifying the health professional capable of meeting the patient/client's needs
 - F. Referring the patient/client to the appropriate health professional
 - G. Following established institutional referral procedures
- Example:** The patient/client is concerned about their diet. The student suggests that the (patient/client) speak with the dietitian.
25. Exhibit caring for the people with whom they are involved by:
- A. Accepting responsibilities:
Examples: Does the student keep appointments as scheduled? Does the student follow through on commitments made?
 - B. Exhibiting concern for others' well-being and respect for others' rights and dignity:
Examples: The student arranges for privacy when needed for work with patient/clients. The student presents their self in an inoffensive manner when dealing with others.
 - C. Supporting patient programs and departmental efforts:
Examples: When seeking assistance from an aide, the student acknowledges the aide's response that they are taking care of another therapist's request.
 - D. Utilizing appropriate interpersonal skills as previously identified:
- The question is not if the student cares but if the student exhibits caring in such a way that the people with whom the student is involved recognize the student cares.*
26. Evaluate the effect of their response on the needs of other person(s) and self by:
- A. Recognizing the manner in which the other person responds, reacts to, or withdraws from them:
Example: The student can demonstrate and/or express awareness of their own responses: 1) which facilitate the other person's participation in the interaction, 2) which cause the other person to withdraw from the interaction.
 - B. Determining the effects of the interaction on the cognitive and emotional needs of the other person and of themselves:
Example: The student identifies the failure of previous responses to meet needs. The student determines that their response to the patient/client has increased the patient/client's fear and confusion.
27. Modify their responses to meet the needs of the relevant others if indicated by:
- A. Eliminating or modifying responses which affect the interaction(s) negatively
 - B. Selecting other response options to meet need demands
 - C. Initiate modified responses

- D. Re-evaluate altered responses for attainment of identified needs.
- E. Continue modifications until needs are met

Competency in the Teaching-Learning Process

Upon graduation, the student will use the problem solving process in demonstration of areas of expertise and application of a theoretical framework of basic, behavioral, social, and medical sciences on which to base the practice of physical therapy, including: participation in planning, implementing, and evaluating the teaching-learning process.

Components and Criteria

- 28. Identify the needs of the learner/patient/client, including:
 - A. Identify what the learner needs to know
 - B. What the learner needs to be able to do
- 29. Identify an appropriate level of learning or skill to be accomplished, including:
 - A. Identification of the specific knowledge and/or skills the learner/patient/client must already have to participate in the learning experience and accomplish the intended objective
 - B. Determination of the extent to which the learner/patient/client has the prerequisite knowledge and/or skills
 - C. Determination of a way(s) to provide the prerequisite knowledge and skills if lacking
- 30. State what is to be learned, including:
 - A. Observable behavior
 - B. Who is to demonstrate the behavior
 - C. Conditions under which the behavior is to be demonstrated
 - D. Minimal level of acceptable behavior
 - E. An implied domain of the behavior (i.e. cognitive, psychomotor, affective)
- 31. Make certain the learner/patient/client understands the purpose for learning:
 - A. Tell the learner/patient/client why the behavior is to be learned
 - B. Relate the learning experience/behavior to be learned to past experiences of the learner, to present experiences of the learner, and to future experiences of the learner
 - C. Ask the learner to state in their own words what is to be learned
 - D. Ask the learner to state in their own words why they need to learn what is being taught
 - E. Ask the learner to state how what is being learned relates to other experiences in their life
- 32. Explain what is to be learned:
 - A. Provide the information or materials necessary for learning
 - B. State the principles involved in the behavior
 - C. Ask the learner/patient/client to state, in their own words, the principles involved
 - D. Provide the learner with cues in important features of the behavior
- 33. Demonstrate to the learner/patient/client what is to be learned:
 - A. Use appropriate materials or application examples
 - B. Make the demonstration as similar as possible to the situation in which the learning is to be used

34. Provide an opportunity for the learner/patient/client to practice doing what is being learned:
 - A. Make the practice situation as similar as possible to the actual situation(s) for which the learner is being prepared
 - B. Provide adequate practice
 - C. Provide practice which requires that the activity of the learner is consistent with the behavior stated in the objective
 - D. Identify resources which are available to the learner/patient/client beyond this experience, for additional exposure as practice
35. Provide feedback on performance to the learner/patient/client:
 - A. Indicate the extent to which they are demonstrating what is being learned
 - B. Make suggestions for improvement
 - C. Provide additional information, explanation, or demonstration when necessary
 - D. Assist the learner in identifying how they can determine the extent to which they are demonstrating what is being learned
36. State some examples of use of what is being learned in the patient/client's everyday life:
 - A. Present several different kinds of examples
 - B. Present examples as similar as possible to actual situations in the learner/patient/client's life
 - C. Incorporate principles and cues in the examples
37. Ask the learner/patient/client to give examples of use of what is being learned in the patient/client's everyday life:
 - A. Determine that the examples reflect actual, possible situations and understanding of principles
38. Determine that the learner/patient/client has learned what is being taught:
 - A. Identify and implement an activity which will allow demonstration of learning and is:
 - i. Consistent with the behavior stated in the objective
 - ii. Consistent with the activities of the learning experience
 - iii. Incorporates the conditions stated in the objective
 - B. Determine that the minimal level of acceptable performance is met

Competency in Administration

Upon graduation, the student will use the problem solving process in demonstration of areas of expertise and application of a theoretical framework of basic, behavioral, social, and medical sciences on which to base the practice of physical therapy, including: participation in the administration of a defined physical therapy service.

Components and Criteria

39. Identify the administrative structure to provide physical therapy services:
 - A. Administrative structure/hierarchy
 - B. Current staff positions/roles, lines of communication, and any future changes to provide quality
 - C. Vision statement/philosophy of the department

40. Demonstrate Professional Behaviors:

- A. Maintain schedule throughout day, e.g. arrives on time, adheres to patient schedule
- B. Adhere to school/facility dress code
- C. Facilitate team environment to insure quality patient care:
 - i. Effectively communicate to all staff members, patients, and families
 - ii. Demonstrate flexibility in all areas within a team environment
 - iii. Accept responsibility for facility needs and complete tasks in a timely manner
 - iv. Take initiative to resolve problems
 - v. Request and/or provide assistance to co-workers as necessary
- D. Demonstrate safe and legal practice:
 - i. Consistent with State Board Rules/Regulations
 - ii. Follow APTA guidelines
 - (a) Practice in a manner consistent with the APTA Core Values¹
 - iii. Demonstrate Ethical Practice
 - (a) Practice in a manner consistent with the APTA Code of Ethics²
 - (i) implement in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values; and
 - (ii) Report to the appropriate faculty suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services
 - iv. Comply with Centers for Medicare and Medicaid Services guidelines
 - v. Comply with HIPAA guidelines

41. Identify the overall goals of the physical therapy services provided:

- A. Patient/Patient/client care:
 - i. Primary patient populations served
 - ii. Levels of care able to provide
 - iii. Resources available to ensure quality patient care
 - iv. Identify the team members involved with providing physical therapy services
- B. Other services/consultations available to meet the patient's needs
- C. Educational opportunities:
 - i. Students
 - ii. Community education, e.g. presenting to school system a program on prevention of head injuries, presenting to an industrial site, a back school
 - iii. Health professionals:
 - a. Academic setting
 - b. Conferences
 - iv. Other disciplines, e.g. teaching nursing assistants transfer techniques
- D. Current research efforts or efforts toward evidence-based practice within physical therapy services

42. Identify the administrative needs of the physical therapy service:

- A. Daily clinical administration. Follows department/service policies and procedures for:
 - i. Insurance coverage
 - ii. Documentation

- iii. Informed consent
 - iv. Incident reporting
 - v. Emergency response
 - vi. Ordering equipment
 - vii. Charges
 - viii. Discharge planning
 - B. Ongoing departmental administrative activities
 - i. Budgeting:
 - a. Sources of revenue for the department/organization directly affected by a staff physical therapist:
 - i. Sales of service
 - ii. Sales of products
 - b. Sources of expenses for the department/organization directly affected by a staff physical therapist:
 - i. Salary
 - ii. Benefits
 - iii. Education
 - iv. Supplies/Equipment
 - v. Travel
 - vi. Professional dues
 - ii. Marketing:
 - a. Main sources of referral to the department/organization
 - b. Main sources of competition for the department/organization
 - c. Strengths of the department including staff specialists, equipment, interdepartmental relationships/communication, and referral relationships/communication
 - iii. Physical plant utilization and needs of the physical therapy service
 - iv. Outcomes management programs
 - v. Risk management programs
 - vi. Quality care initiatives:
 - a. JCAHO and CARF accreditation requirements
 - b. Continuous Quality Improvement (CQI) or other ongoing quality care program
43. Identify and provide a rationale for an effective method of resolving the administrative service needs:
- A. Establish a plan of action to resolve the problem:
 - i. Support the philosophy/vision/goals of the service.
 - ii. Consider all professional practice standards.
 - iii. Determine the priorities of the administrative needs.
 - iv. Identify resources necessary and available to implement the plan:
 - a. Personnel
 - b. Finances
 - c. Physical space
 - d. Equipment/material
 - e. Time
 - v. Develop a time schedule for implementation of the plan.

44. Implement the plan:
 - A. Use personnel appropriately.
 - B. Follow all professional practice standards.
45. Evaluate the extent to which the goals of the plan have been met as related to daily clinical and ongoing departmental administrative activities.
46. Modify the plan as necessary to meet the needs of the service:
 - A. Identify a process for revising the plan of action.
 - B. Implement modification of the plan.

EVALUATION FORMS

As of 2022, the following questions will be added to the Student Self eval and CI evaluation of the student Integrated Clinical Education and Terminal Clinical Education forms. These questions incorporate the importance of interprofessional collaboration and Diversity, Equity, and Inclusion in the workplace. These questions will not be reflected in the final grade of these experiences.

INTERPROFESSIONAL EDUCATION COLLABORATIVE (IPEC) QUESTIONS

Keep scoring consistent with current TCE: Yes = 1/No = 0; ICE: 1-4

1. Actively works with individuals of other professions to maintain a climate of mutual respect and shared values.
2. Utilizes the knowledge of one's own role and those of other professions to appropriately assess the health care needs of patients and to promote and advance the health of populations.
3. Communicates with the care team (patients, families, communities, and professionals in health and other fields) in a responsive and responsible manner that supports a team approach across the spectrum of healthcare delivery.
4. Applies relationship-building values to perform effectively in different team roles when planning and delivering patient/population-centered care.

DIVERSITY, EQUITY AND INCLUSION (DEI) QUESTIONS

Keep scoring consistent with current TCE: Yes = 1/No = 0; ICE: 1-4

Student Self-assessment & CI assessment about Clinic:

1. This setting values diversity, equity, inclusion, and belongingness.
2. Employees at this organization respect and value each other's opinions.

CI and Student self-assessment:

1. During this experience, I displayed equity and inclusion in my interactions with patients and the students.
2. During this experience, the student displayed equity and inclusion in their interactions with patients.
3. I intentionally create a safe space for students mentally, physically, and psychologically in this setting.

Student self-assessment:

1. I believe the people I work with care about me as a student.
2. I believe the people I work with respect me as a student.
3. I believe my opinions are valued as a student.
4. I intentionally created a safe space for all the patients that I treated regardless of race, ethnicity, sexuality, background, gender, ability, or body size.
5. During this experience, I demonstrated equity and inclusion in my interactions with patients and colleagues.

INTEGRATED CLINICAL EDUCATION EXPERIENCE FORMS

ICE General Medical Conditions

GENERAL MEDICAL CONDITIONS CLINICAL EDUCATION EVALUATION DIVISION OF PHYSICAL THERAPY EMORY UNIVERSITY

CLINICAL SCIENCE

GENERAL MEDICAL CONDITIONS INTEGRATED CLINICAL EDUCATION EXPERIENCE

Instructions

Welcome to the “Emory University Clinical Evaluation” of student competency for the General Medical Conditions integrated clinical experience. This evaluation tool is to be used in conjunction with the competency documents hyperlinked here, for [Provision of Patient Care](#), [Interpersonal Communication](#), the [Teaching-Learning Process](#), and [Administration](#), as well as criteria sheets found in the [Emory Physical Therapy Entry Level Competencies and Criteria](#) manual. Additionally, you may view a competency or criteria sheet by clicking on the designated hyperlink within the evaluation itself. A separate tab or window will open.

The evaluation tool is to be used to assess the student’s performance only during the second week of the integrated clinical experience. The form is divided into the 4 competencies, and observable behaviors to be assessed are listed, as well as a comments section. This formal assessment should be completed at the end of the second week. The primary CI has access to the form, but should be completed by collaborating with any secondary CIs.

You will be able to enter and exit the tool as many times as you wish, and it will automatically save your work. Please hold the student/clinical instructor evaluation conference prior to submitting the evaluation form. If your facility requires a printed copy of this evaluation, you will have the option to download and print, or save a PDF of your completed evaluation.

****IMPORTANT:** The CI and student should electronically sign the evaluation form by personally entering their own name and date after the evaluation conference for this to be considered a valid electronic signature.**

How is the Online Clinical Education Evaluation Form Completed?

The form is divided into 4 sections/competencies: provision of patient care, interpersonal communication, teaching-learning, and administration. Observable behaviors to be graded are listed for each competency, and a comments' section is provided.

Each item evaluated will be scored as follows:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time

3 = Developing Competency: Student performs all criteria for the item 50-79% of the time

2 = Beginning Competency: Student performs all criteria for the item 26 -49% of the time

1 = Rarely Competent: Student performs all criteria for the item 0-25% of the time

N/A = Not applicable: Student did not have an opportunity to perform or did not have a sufficient number of opportunities to be evaluated (usually < 3)

Two items are pulled out of sequence from their respective competencies and graded first due to their importance in clinical care. The first is #16: “Adhere to safety in provision of patient care”, and the second is #40: “Demonstrate professional behavior.” We expect the student will earn a “4 – Demonstrates Competency” for both of these items, and be at 100%. If the student is not earning a “4”, or is demonstrating “red flags”, please contact one of the Directors of Clinical Education immediately (anjanette.nunez@emory.edu, 404-712-4132) , or Sarah Caston (sarah.caston@emory.edu, 412-601-2192). If warranted a “red flag” for either item may result in dismissal from the affiliation and/or remediation.

Please utilize the “Comments” boxes to:

- provide constructive feedback, examples or suggestions for items requiring further practice
- provide information about items marked N/A
- provide positive feedback, examples, and suggestions

If you have any questions at any time, please contact one of the Directors of Clinical Education: Anjanette Nunez (anjanette.nunez@emory.edu, 404-712-4132) , or Sarah Caston (sarah.caston@emory.edu, 412-601-2192)

Course Objectives

Items on this student competency evaluation are designed to measure the following general objectives during this clinical experience.

Given patients with straight-forward general medical problems and limited comorbidities, the student will:

1. Use the problem-solving process to assess patients and establish a plan of care, in accordance with Emory’s Provision of Patient Care criteria.
2. Provide therapeutic services in accordance with Emory’s Provision of Patient Care criteria.
3. Use the interpersonal communication and teaching-learning processes during interactions with patients, healthcare providers, and staff in accordance with Emory’s Interpersonal Communications and Teaching-Learning criteria.
4. Will demonstrate professional behavior in accordance with Emory’s Administration criteria.
5. Will identify the administrative structure and goals of the physical therapy department as described in the Administration criteria.

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time

3 = Developing Competency: Student performs all criteria for the item 50-79% of the time

2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time

1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time

N/A not applicable

Click the highlighted Item Below to View the Criteria.

Given a patient/client, the student was able to:

| Provision of Patient Care | |
|---|--|
| *16. Adhere to safety in provision of patient care. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

COMMENTS:

ADMINISTRATION

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time

3 = Developing Competency: Student performs all criteria for the item 50-79% of the time

2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time

1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

In any and all circumstances during the clinical education experience, the student was able to:

Administrative Process

| | |
|---|--|
| *40. Demonstrate professional behavior. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
|---|--|

COMMENTS:

| |
|--|
| |
|--|

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

Given a patient/client, the student was able to:

Provision of Patient Care

| | |
|--|--|
| *1. Identify symptoms and coexisting conditions of the patient/client. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *2. Differentiate symptoms and impairments presented from symptoms and impairments to be assessed. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *3a. Identify onset of symptoms. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *3b. Identify the relationship of symptoms to other examination findings. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

| | |
|---|--|
| <u>*4. Determine the priority of conditions to be assessed.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*5. Identify and determine the rationale for procedures to examine the patient/client's impairments or conditions.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*6. Prepare to execute the examination procedure.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

7. Given a patient/client, the student was able to conduct the examination according to the criteria sheet for the specific procedure/tests listed below:

Provision of Patient Care

| | |
|---|--|
| <u>*7a. Visual Inspection</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*7b. Blood Pressure Assessment</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*7c. Pulse Rate and Peripheral Pulse Evaluations</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*7d. Evaluation of Ventilation</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*7e. Lung Auscultation</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*7 f. Gross Evaluation</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*7g. Palpation</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

| | |
|---|---|
| <u>*7h. Goniometry</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7i. Manual Muscle Testing</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7j. Sensory Assessment</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7k. Functional Limitations (Functional Mobility Assessment)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7l. Pulmonary Evaluation</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |

PROVISION OF PATIENT CARE (Additional Examination Procedures)

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time

3 = Developing Competency: Student performs all criteria for the item 50-79% of the time

2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time

1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time

N/A not applicable

Provision of Patient Care

| | |
|---|---|
| <u>7m. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>7n. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>7o. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>7p. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>7q. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>7r. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>7s. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |

If 7m. "other" is applicable, list the procedure/test below.

| |
|--|
| |
|--|

If 7n. "other" is applicable, list the procedure/test below.

| |
|--|
| |
|--|

If 7o. "other" is applicable, list the procedure/test below.

| |
|--|
| |
|--|

If 7p. "other" is applicable, list the procedure/test below.

| |
|--|
| |
|--|

If 7q. "other" is applicable, list the procedure/test below.

| |
|--|
| |
|--|

If 7r. "other" is applicable, list the procedure/test below.

| |
|--|
| |
|--|

If 7s. "other" is applicable, list the procedure/test below.

| |
|--|
| |
|--|

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

- 4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
- 3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
- 2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
- 1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
- N/A not applicable

Click the highlighted Item Below to View the Criteria. **Given a patient/client, the student was able to:**

Provision of Patient Care

| | |
|--|--|
| *8. Evaluate examination findings. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
|--|--|

| | |
|---|--|
| *9. Establish a physical therapy diagnosis. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *10. Determine the prognosis. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *11. Establish intervention goals. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *12. Determine an intervention plan with rationale. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

13. Given a patient/client, the student was able to administer the intervention according to the criteria sheet or evidence-based method for the specific procedures listed below.

Provision of Patient Care

| | |
|---|--|
| *13a. Draping | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *13b. Range of Motion | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *13c. Bed Mobility | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *13d. Transfers | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *13e. Measurement of Ambulation Aids | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *13f. Ambulation Training | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *13g. Selection and Teaching Exercise | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

| | |
|--|---|
| <u>*13h. Breathing Exercises</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13i. Pursed Lips Breathing Exercise</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13j. Pre-operative Instruction</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13k. Wound Care</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13l. Application of Superficial Heat</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13m. Application of Cold</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |

PROVISION OF PATIENT CARE (Additional Therapeutic Interventions)

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

13. Given a patient/client, the student was able to administer the intervention according to the criteria sheet or evidence-based method for the specific procedures listed below.

Provision of Patient Care

| | |
|--|---|
| <u>13n. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>13o. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>13p. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |

If 13n. "other" is applicable, list the procedure/test below.

If 13o. "other" is applicable, list the procedure/test below.

If 13p. "other" is applicable, list the procedure/test below.

| |
|--|
| |
|--|

PROVISION OF PATIENT CARE

Note: Question #16 is missing below because you have already completed that question above.

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time

3 = Developing Competency: Student performs all criteria for the item 50-79% of the time

2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time

1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time

N/A not applicable

Click the highlighted Item Below to View the Criteria. **Given a patient/client, the student was able to:**

Provision of Patient Care

| | |
|---|--|
| *14. Assess the effects of the intervention. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *15. Modify the intervention and/or goals as indicated. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *17a. Record initial notes concisely and accurately in appropriate records. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| 17b. Record progress notes concisely and accurately in appropriate records. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| 17c. Record discharge notes concisely and accurately in appropriate records. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *17d. Record intervention(s) given concisely and accurately in appropriate records. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

Comments:

INTERPERSONAL COMMUNICATION

Please use the following scale to score the student:

- 4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
 3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
 2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
 1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
 N/A not applicable

Click the highlighted Item Below to View the Criteria.

In any and all interactions during the clinical education experience, the student was able to:

Interpersonal Skills

| | |
|---|---|
| *18. Identify cognitive needs and resources of other person(s). | 4 3 2 1 N/A |
| *19. Identify emotional needs and resources of other person(s). | 4 3 2 1 N/A |
| *20. Identify cognitive needs and resources of self. | 4 3 2 1 N/A |
| *21. Identify emotional needs and resources of self. | 4 3 2 1 N/A |
| 22. Identify roles of relevant persons. | 4 3 2 1 N/A |
| *23 Respond to others in a way that fosters a positive change. | 4 3 2 1 N/A |
| *24. Refer patient/client and relevant others to another person if indicated. | 4 3 2 1 N/A |
| *25. Exhibit caring for the people with whom they are involved. | 4 3 2 1 N/A |

| | |
|--|--|
| *26. Evaluate the effect of their response on the needs of the other person(s) and self. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *27. Modify their response to the needs of relevant others as indicated. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

Comments:

TEACHING-LEARNING

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

Given a patient/client or other opportunities to plan, implement and evaluate the teaching learning process, the student was able to:

Teaching-Learning Process

| | |
|--|--|
| *28. Identify the needs of the learner/patient/client. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *29. Identify an appropriate level of learning or skill to be accomplished in the learning experience. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *30. State the behavior to be learned by the patient/client/learner. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

| | |
|---|---|
| <u>*31. Make certain the learner/patient/client understands the purpose (i.e., why they are learning what they are learning).</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*32. Explain what is to be learned.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*33. Demonstrate to the learner/patient/client what is to be learned.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*34. Provide an opportunity for the learner/patient/client to practice the behavior.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*35. Give the learner/patient/client feedback on performance of the desired behavior.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*36. Give some examples of use of the behavior in the patient/client's everyday life.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*37. Solicit some examples from the patient/client of use of the behavior in their everyday life.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*38. Determine that the learner/patient/client has learned what is being taught.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |

Comments:

ADMINISTRATION

Note: Question #40 is missing below because you have already completed that question above.

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

The student was able to demonstrate competency in the administrative process according to the objectives and criteria below:

| | |
|--|--|
| *39. Identify the administrative structure to provide physical therapy services. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *41. Identify the overall goals of the physical therapy services provided. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

| |
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| | |
|-------------------------------|--|
| Date(s) absent: (mm/dd/yyyy) | |
| Date(s) made-up: (mm/dd/yyyy) | |

| | |
|----------------------------|--|
| *Name: *Date: (mm/dd/yyyy) | |
|----------------------------|--|

| | |
|------------------------------|--|
| PRIMARY CLINICAL SUPERVISOR: | |
| *Name: | |

| | |
|--|--|
| *Date: (mm/dd/yyyy) | |
| *Clinical Specialty Certification (cite the specific certification or enter None): | |
| Date of Clinical Specialty Certification: (mm/dd/yyyy) | |

*APTA Credentialed Clinical Instructor (Primary CI):

☐ Yes

☐ No

SECONDARY CLINICAL SUPERVISOR (Optional):

| | |
|---|--|
| Name: | |
| Date: (mm/dd/yyyy) | |
| Clinical Specialty Certification (cite the specific certification or enter None): | |
| Date of Clinical Specialty Certification: (mm/dd/yyyy) | |

APTA Credentialed Clinical Instructor (Secondary CI):

☐ Yes

☐ No

1. How many minutes did it take you to complete the evaluation?

| |
|--|
| |
|--|

2. Did you complete the evaluation at one sitting, or did you start the evaluation, and complete it at a later time?

| | |
|--------------------------|--|
| <input type="checkbox"/> | I completed the evaluation at one sitting |
| <input type="checkbox"/> | I started the evaluation, stopped, and completed at a later time |

3. Please rate your agreement with the following:

| | | | | |
|--|-------------------|----------|-------|----------------|
| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|--|-------------------|----------|-------|----------------|

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Based on the instructions provided, I understand how to score the Emory online clinical education evaluation of student performance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The process used to complete the Emory online clinical education evaluation was simple. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. It was convenient for me to complete the Emory clinical education evaluation online. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I am familiar with the objectives and expectations of the Emory PT program for this experience. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I understand how to use Emory criteria to rate student performance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. If you disagreed or strongly disagreed with any of the above, please reference the item number and provide specific details.

5. Please provide any additional comments regarding your experience completing the online evaluation.

ICE Musculoskeletal

MUSCULOSKELETAL CLINICAL EDUCATION EVALUATION DIVISION OF PHYSICAL THERAPY EMORY UNIVERSITY

CLINICAL SCIENCE MUSCULOSKELETAL REHABILITATION INTEGRATED CLINICAL EDUCATION EXPERIENCE

Instructions

Welcome to the “Emory University Clinical Evaluation” of student competency for the Musculoskeletal Rehabilitation integrated clinical experience. This evaluation tool is to be used in conjunction with the competency documents hyperlinked here, for [Provision of Patient Care](#), [Interpersonal Communication](#), the [Teaching-Learning Process](#), and [Administration](#), as well as criteria sheets found in the [Emory Physical Therapy Entry Level Competencies and Criteria](#) manual. Additionally, you may view a competency or criteria sheet by clicking on the designated hyperlink within the evaluation itself. A separate tab or window will open.

The evaluation tool is to be used to assess the student’s performance only during the second week of the integrated clinical experience. The form is divided into the 4 competencies, and observable behaviors to be assessed are listed, as well as a comments section. This formal assessment should be completed at the end of the second week. The primary CI has access to the form, but should be completed by collaborating with any secondary CIs.

You will be able to enter and exit the tool as many times as you wish, and it will automatically save your work. Please hold the student/clinical instructor evaluation conference prior to submitting the evaluation form. If your facility requires a printed copy of this evaluation, you will have the option to download and print, or save a PDF of your completed evaluation.

****IMPORTANT:** The CI and student should electronically sign the evaluation form by personally entering their own name and date after the evaluation conference for this to be considered a valid electronic signature.**

How is the Online Clinical Education Evaluation Form Completed?

The form is divided into 4 sections/competencies: provision of patient care, interpersonal communication, teaching-learning, and administration. Observable behaviors to be graded are listed for each competency, and a comments' section is provided.

Each item evaluated will be scored as follows:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time

3 = Developing Competency: Student performs all criteria for the item 50-79% of the time

2 = Beginning Competency: Student performs all criteria for the item 26 -49% of the time

1 = Rarely Competent: Student performs all criteria for the item 0-25% of the time

N/A = Not applicable: Student did not have an opportunity to perform or did not have a sufficient number of opportunities to be evaluated (usually < 3)

Two items are pulled out of sequence from their respective competencies and graded first due to their importance in clinical care. The first is #16: “Adhere to safety in provision of patient care”, and the second is #40: “Demonstrate professional behavior.” We expect the student will earn a “4 – Demonstrates Competency” for both of these items, and be at 100%. If the student is not earning a “4”, or is demonstrating “red flags”, please contact one of the Directors of Clinical Education immediately (anjanette.nunez@emory.edu, 404-712-4132) , or Sarah Caston (sarah.caston@emory.edu, 412-601-2192). If warranted a “red flag” for either item may result in dismissal from the affiliation and/or remediation.

Please utilize the “Comments” boxes to:

- provide constructive feedback, examples or suggestions for items requiring further practice
- provide information about items marked N/A
- provide positive feedback, examples, and suggestions

If you have any questions at any time, please contact one of the Directors of Clinical Education: Anjanette Nunez (anjanette.nunez@emory.edu, 404-712-4132), or Sarah Caston (sarah.caston@emory.edu, 412-601-2192)

Course Objectives

Items on this student competency evaluation are designed to measure the following general objectives during this clinical experience.

Given patients with straight-forward musculoskeletal problems and limited comorbidities, the student will:

1. Use the problem-solving process to assess patients and establish a plan of care, in accordance with Emory’s criteria described in the Provision of Patient Care criteria
 2. Provide therapeutic services in accordance with Emory's Provision of Patient Care criteria.
 3. Use the interpersonal communication and teaching-learning processes during interactions with patients, healthcare providers, and staff in accordance with Emory’s Interpersonal Communications and Teaching-Learning criteria.
 4. Demonstrate professional behavior in accordance with Emory’s Administration criteria.
-
- The main objectives for each of the integrated clinical education experiences are that the student can identify the major symptoms and problems repeatedly presented, become increasingly effective in problem solving, interpersonal communication, the teaching learning process and minimally competent in the basic psychomotor skills practiced across the experience.
 - By the end, the student should be able to address most items on the evaluation with increased competence, but not necessarily independently.

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria. **Given a patient/client, the student was able to:**

| Provision of Patient Care | |
|---|--|
| *16. Adhere to safety in provision of patient care. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

COMMENTS:

| |
|--|
| |
|--|

ADMINISTRATION

Please use the following scale to score the student:

- 4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

In any and all circumstances during the clinical education experience, the student was able to:

Administrative Process

| | |
|---|--|
| *40. Demonstrate professional behavior. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
|---|--|

COMMENTS:

| |
|--|
| |
|--|

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

- 4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time

2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
 1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
 N/A not applicable

Click the highlighted Item Below to View the Criteria. **Given a patient/client, the student was able to:**

Provision of Patient Care

| | |
|--|--|
| *1. Identify symptoms and coexisting conditions of the patient/client. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *2. Differentiate symptoms and impairments presented from symptoms and impairments to be assessed. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *3a. Identify onset of symptoms. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *3b. Identify the relationship of symptoms to other examination findings. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *4. Determine the priority of conditions to be assessed. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *5. Identify and determine the rationale for procedures to examine the patient/client's impairments or conditions. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *6. Prepare to execute the examination procedure. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
 3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
 2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
 1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
 N/A not applicable

Click the highlighted Item Below to View the Criteria.

7. Given a patient/client, the student was able to conduct the examination according to the criteria sheet for the specific procedure/tests listed below:

Provision of Patient Care

| | |
|---------------------------------------|--|
| *7a. Gross Evaluation | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
|---------------------------------------|--|

| | |
|--|---|
| <u>*7b. Vital Signs</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7c. Visual Inspection</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7d. Special Tests</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7e. Palpation</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7 f. Posture Evaluation</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7g. Goniometry</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7h. Manual Muscle Testing</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7i. Orthopedic Evaluation: Peripheral Joints</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7j. Limb Measurements</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7k. Measurement of Ambulation Aids</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7l. Amputee Evaluation</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7m. Prosthetic Evaluation</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7n. Gait Analysis</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7o. Sensory Evaluation</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7p. Functional Evaluation</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7q. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |

| | |
|--|---|
| <u>*7r. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7s. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7t. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7u. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7v. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7w. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7x. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7y. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7z. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |

If 7q. "other" is applicable, list the procedure/test below.

If 7r. "other" is applicable, list the procedure/test below.

If 7s. "other" is applicable, list the procedure/test below.

If 7t. "other" is applicable, list the procedure/test below.

If 7u. "other" is applicable, list the procedure/test below.

If 7v. "other" is applicable, list the procedure/test below.

If 7w. "other" is applicable, list the procedure/test below.

If 7x. "other" is applicable, list the procedure/test below.

If 7y. "other" is applicable, list the procedure/test below.

If 7z. "other" is applicable, list the procedure/test below.

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

- 4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria. **Given a patient/client, the student was able to:**

Provision of Patient Care

| | |
|---|--|
| *8. Evaluate examination findings. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *9. Establish a physical therapy diagnosis. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *10. Determine the prognosis. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

| | |
|---|--|
| *11. Establish intervention goals. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *12. Determine an intervention plan with rationale. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

13. Given a patient/client, the student was able to administer the intervention according to the criteria sheet or evidence-based method for the specific procedures listed below.

Provision of Patient Care

| | |
|---|--|
| *13a. Range of Motion | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *13b. Pre-operative Instruction | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *13c. Massage | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *13d. Soft Tissue Mobilization | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *13e. Joint Mobilization | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *13f. Manipulation | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *13g. Iontophoresis with Phoresor Stimulator | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *13h. High-Voltage Pulsed Stimulation | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *13i. Neuromuscular Functional Electrical Stimulation | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

| | |
|--|---|
| <u>*13j. Moist Heat Pack</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13k. Intermittent Compression Pump (Jobst)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13l. T.E.N.S.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13m. Ultrasound</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13n. Medical Diathermy</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13o. Application of Cold</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13p. Ambulation Training</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13q. Paraffin</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13r. Cervical Traction</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13s. Lumbar Traction</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13t. Proprioceptive Neuromuscular Facilitation</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13u. Selection and Teaching of Exercise</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13v. Treatment of Functional Limitations</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13w. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13x. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*13y. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |

If 13w. "other" is applicable, list the procedure/test below.

If 13x. "other" is applicable, list the procedure/test below.

If 13y. "other" is applicable, list the procedure/test below.

PROVISION OF PATIENT CARE

Note: Question #16 is missing below because you have already completed that question above.

Please use the following scale to score the student:

- 4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
- 3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
- 2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
- 1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
- N/A not applicable

Click the highlighted Item Below to View the Criteria. **Given a patient/client, the student was able to:**

Provision of Patient Care

| | |
|--|---|
| <u>*14. Assess the effects of the intervention.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*15. Modify the intervention and/or goals as indicated.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*17a. Record initial notes concisely and accurately in appropriate records.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>17b. Record progress notes concisely and accurately in appropriate records.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>17c. Record discharge notes concisely and accurately in appropriate records.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*17d. Record intervention(s) given concisely and accurately in appropriate records.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |

Comments:

INTERPERSONAL COMMUNICATION

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time

3 = Developing Competency: Student performs all criteria for the item 50-79% of the time

2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time

1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time

N/A not applicable

Click the highlighted Item Below to View the Criteria.

In any and all interactions during the clinical education experience, the student was able to:

Interpersonal Skills

| | |
|---|--|
| *18. Identify cognitive needs and resources of other person(s). | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *19. Identify emotional needs and resources of other person(s). | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *20. Identify cognitive needs and resources of self. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *21. Identify emotional needs and resources of self. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| 22. Identify roles of relevant persons. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *23 Respond to others in a way that fosters a positive change. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

| | |
|---|--|
| <u>*24. Refer patient/client and relevant others to another person if indicated.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*25. Exhibit caring for the people with whom they are involved.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*26. Evaluate the effect of their response on the needs of the other person(s) and self.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*27. Modify their response to the needs of relevant others as indicated.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

Comments:

TEACHING-LEARNING

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

Given a patient/client or other opportunities to plan, implement and evaluate the teaching learning process, the student was able to:

Teaching-Learning Process

| | |
|---|--|
| <u>*28. Identify the needs of the learner/patient/client.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
|---|--|

| | |
|---|---|
| <u>*29. Identify an appropriate level of learning or skill to be accomplished in the learning experience.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*30. State the behavior to be learned by the patient/client/learner.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*31. Make certain the learner/patient/client understands the purpose (i.e., why they are learning what they are learning).</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*32. Explain what is to be learned.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*33. Demonstrate to the learner/patient/client what is to be learned.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*34. Provide an opportunity for the learner/patient/client to practice the behavior.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*35. Give the learner/patient/client feedback on performance of the desired behavior.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*36. Give some examples of use of the behavior in the patient/client's everyday life.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*37. Solicit some examples from the patient/client of use of the behavior in their everyday life.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*38. Determine that the learner/patient/client has learned what is being taught.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |

Comments:

ADMINISTRATION

Note: Question #40 is missing below because you have already completed that question above.

Please use the following scale to score the student:

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2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time

1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time

N/A not applicable

Click the highlighted Item Below to View the Criteria.

The student was able to demonstrate competency in the administrative process according to the objectives and criteria below:

| Administrative Process | |
|---|-------------------------|
| *39. <u>Identify the administrative structure to provide physical therapy services.</u> | <u>4□ 3□ 2□ 1□ N/A□</u> |
| *41. <u>Identify the overall goals of the physical therapy services provided.</u> | <u>4□ 3□ 2□ 1□ N/A□</u> |

Comments:

| | |
|--|--|
| | |
|--|--|

Please provide the following dates regarding student attendance:

| | |
|-------------------------------|--|
| Date(s) absent: (mm/dd/yyyy) | |
| Date(s) made-up: (mm/dd/yyyy) | |

STUDENT:

| | |
|----------------------------|--|
| *Name: *Date: (mm/dd/yyyy) | |
|----------------------------|--|

PRIMARY CLINICAL SUPERVISOR:

| | |
|--|--|
| *Name: | |
| *Date: (mm/dd/yyyy) | |
| *Clinical Specialty Certification (cite the specific certification or enter None): | |
| Date of Clinical Specialty Certification: (mm/dd/yyyy) | |

*APTA Credentialed Clinical Instructor (Primary CI):

- ☐ Yes
☐ No

SECONDARY CLINICAL SUPERVISOR (Optional):

| | |
|---|--|
| Name: | |
| Date: (mm/dd/yyyy) | |
| Clinical Specialty Certification (cite the specific certification or enter None): | |

| | |
|---|--|
| Date of Clinical Specialty Certification: (mm/dd/yyyy) | |
|---|--|

APTA Credentialed Clinical Instructor (Secondary CI):

☐ Yes

☐ No

1. How many minutes did it take you to complete the evaluation?

| |
|--|
| |
|--|

2. Did you complete the evaluation at one sitting, or did you start the evaluation and complete it at a later time?

| | |
|--------------------------|--|
| <input type="checkbox"/> | I completed the evaluation at one sitting |
| <input type="checkbox"/> | I started the evaluation, stopped, and completed at a later time |

3. Please rate your agreement with the following:

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Based on the instructions provided, I understand how to score the Emory online clinical education evaluation of student performance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The process used to complete the Emory online clinical education evaluation was simple. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. It was convenient for me to complete the Emory clinical education evaluation online. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I am familiar with the objectives and expectations of the Emory PT program for this experience. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I understand how to use Emory criteria to rate student performance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. If you disagreed or strongly disagreed with any of the above, please reference the item number and provide specific details.

5. Please provide any additional comments regarding your experience completing the online evaluation.

You have completed the online evaluation of student performance.

**NEUROREHABILITATION
CLINICAL EDUCATION EVALUATION
DIVISION OF PHYSICAL THERAPY
EMORY UNIVERSITY**

**CLINICAL SCIENCE
ADULT NEUROREHABILITATION/PEDIATRIC REHABILITATION
INTEGRATED CLINICAL EDUCATION EXPERIENCE**

Instructions

Welcome to the “Emory University Clinical Evaluation” of student competency for the Neurorehabilitation integrated clinical experience. This evaluation tool is to be used in conjunction with the competency documents hyperlinked here, for [Provision of Patient Care](#), [Interpersonal Communication](#), the [Teaching-Learning Process](#), and [Administration](#), as well as criteria sheets found in the [Emory Physical Therapy Entry Level Competencies and Criteria](#) manual. Additionally, you may view a competency or criteria sheet by clicking on the designated hyperlink within the evaluation itself. A separate tab or window will open.

The evaluation tool is to be used to assess the student’s performance only during the second week of the integrated clinical experience. The form is divided into the 4 competencies, and observable behaviors to be assessed are listed, as well as a comments section. This formal assessment should be completed at the end of the second week. The primary CI has access to the form, but should be completed by collaborating with any secondary CIs.

You will be able to enter and exit the tool as many times as you wish, and it will automatically save your work. Please hold the student/clinical instructor evaluation conference prior to submitting the evaluation form. If your facility requires a printed copy of this evaluation, you will have the option to download and print, or save a PDF of your completed evaluation.

****IMPORTANT:** The CI and student should electronically sign the evaluation form by personally entering their own name and date after the evaluation conference for this to be considered a valid electronic signature.**

How is the Online Clinical Education Evaluation Form Completed?

The form is divided into 4 sections/competencies: provision of patient care, interpersonal communication, teaching-learning, and administration. Observable behaviors to be graded are listed for each competency, and a comments' section is provided.

Each item evaluated will be scored as follows:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time

3 = Developing Competency: Student performs all criteria for the item 50-79% of the time

2 = Beginning Competency: Student performs all criteria for the item 26 -49% of the time

1 = Rarely Competent: Student performs all criteria for the item 0-25% of the time

N/A = Not applicable: Student did not have an opportunity to perform or did not have a sufficient number of opportunities to be evaluated (usually < 3).

Two items are pulled out of sequence from their respective competencies and graded first due to their importance in clinical care. The first is #16: “Adhere to safety in provision of patient care”, and the second is #40: “Demonstrate professional behavior.” We expect the student will earn a “4 – Demonstrates Competency” for both of these items, and be at 100%. If the student is not earning a “4”, or is demonstrating “red flags”, please contact one of the Directors of Clinical Education immediately (anjanette.nunez@emory.edu, 404-712-4132) , or Sarah Caston (sarah.caston@emory.edu, 412-601-2192). If warranted a “red flag” for either item may result in dismissal from the affiliation and/or remediation.

Please utilize the “Comments” boxes to:

- provide constructive feedback, examples or suggestions for items requiring further practice

- provide information about items marked N/A
- provide positive feedback, examples, and suggestions

If you have any questions at any time, please contact one of the Directors of Clinical Education: Anjanette Nunez (anjanette.nunez@emory.edu, 404-712-4132), or Sarah Caston (sarah.caston@emory.edu, 412-601-2192)

Course Objectives

Items on this student competency evaluation are designed to measure the following general objectives during this clinical experience.

Given patients with neurologic conditions and limited comorbidities, the student will:

1. Use the problem-solving process to assess patients and establish a plan of care, in accordance with Emory's criteria described in the Provision of Patient Care criteria sheet
 2. Use the interpersonal communication and teaching-learning processes during interactions with patients, healthcare providers, and staff in accordance with Emory's criteria described in the Interpersonal Communications and Teaching-Learning criteria sheets
 3. Demonstrate professional behavior in accordance with Emory's criteria described in the Administration criteria sheet.
 4. Identify the administrative structure and goals of the physical therapy department as described in the Administration criteria sheet.
- The main objectives for each of the integrated clinical education experiences are that the student can identify the major symptoms and problems repeatedly presented, become increasingly effective in problem solving, interpersonal communication, the teaching learning process and minimally competent in the basic psychomotor skills practiced across the experience.
 - By the end, the student should be able to address most items on the evaluation with increased competence, but not necessarily independently.

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
 3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
 2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
 1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
 N/A not applicable

Click the highlighted Item Below to View the Criteria. **Given a patient/client, the student was able to:**

| Provision of Patient Care | |
|---|---|
| *16. Adhere to safety in provision of patient care. | 4 3 2 1 N/A |

COMMENTS:

| |
|--|
| |
|--|

ADMINISTRATION

Please use the following scale to score the student:

- 4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
- 3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
- 2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
- 1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
- N/A not applicable

Click the highlighted Item Below to View the Criteria.

In any and all circumstances during the clinical education experience, the student was able to:

Administrative Process

| | |
|---|--|
| *40. Demonstrate professional behavior. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
|---|--|

COMMENTS:

| |
|--|
| |
|--|

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time

3 = Developing Competency: Student performs all criteria for the item 50-79% of the time

2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time

1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time

N/A not applicable

Click the highlighted Item Below to View the Criteria. **Given a patient/client, the student was able to:**

| Provision of Patient Care | |
|---|---|
| <u>*1. Identify symptoms and coexisting conditions of the patient/client.</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |

| | |
|---|--|
| <u>*2. Differentiate symptoms and impairments presented from symptoms and impairments to be assessed.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*3a. Identify onset of symptoms.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*3b. Identify the relationship of symptoms to other examination findings.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*4. Determine the priority of conditions to be assessed.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*5. Identify and determine the rationale for procedures to examine the patient/client's impairments or conditions.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*6. Prepare to execute the examination procedure.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

7. Given a patient/client, the student was able to conduct the examination according to the criteria sheet for the specific procedure/tests listed below:

| Provision of Patient Care | |
|---------------------------------------|--|
| <u>*7a. gross evaluation</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*7b. evaluation of temperature</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

| | |
|--|---|
| <u>*7c. evaluation of blood pressure</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7d. evaluation of ventilation</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7e. evaluation of pulse rate and peripheral pulses</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7f. visual inspection</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7g. Cognitive Assessment</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7h. Screening for CNS Dysfunction</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7i. Cranial Nerve Assessment</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7j. Sensory Assessment</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7k. Evaluation of Functional Limitations</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7l. Balance and Fall Risk</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7m. Gait Analysis</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7n. Perceptual Assessment</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7o. Task Analysis</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7p. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7q. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7r. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |

| | |
|--|---|
| <u>*7s. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7t. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7u. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7v. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7w. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7x. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |
| <u>*7y. Other (list below if applicable)</u> | <u>4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/></u> |

If 7p. "other" is applicable, list the procedure/test below.

If 7q. "other" is applicable, list the procedure/test below.

If 7r. "other" is applicable, list the procedure/test below.

If 7s. "other" is applicable, list the procedure/test below.

If 7t. "other" is applicable, list the procedure/test below.

If 7u. "other" is applicable, list the procedure/test below.

If 7v. "other" is applicable, list the procedure/test below.

If 7w. "other" is applicable, list the procedure/test below.

If 7x. "other" is applicable, list the procedure/test below.

If 7y. "other" is applicable, list the procedure/test below.

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

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3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria. **Given a patient/client, the student was able to:**

Provision of Patient Care

| | |
|--|--|
| <u>*8. Evaluate examination findings.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*9. Establish a physical therapy diagnosis.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*10. Determine the prognosis.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

| | |
|--|--|
| <u>*11. Establish intervention goals.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*12. Determine an intervention plan with rationale.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

13. Given a patient/client, the student was able to administer the intervention according to the criteria sheet or evidence-based method for the specific procedures listed below.

Provision of Patient Care

| | |
|---------------------------|---|
| <u>*13a. Bed Mobility</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*13b. Transfers</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

| | |
|--|--|
| <u>*13c. Balance training</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>*13d. Ambulation training</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>*13e. Treatment of functional limitations</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>*13f. Range of Motion</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>*13g. PNF</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>*13h. Neurofacilitation</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>*13i. Structuring Treatment Sessions</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>*13j. Other (list below if applicable)</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>*13k. Other (list below if applicable)</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>*13l. Other (list below if applicable)</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>*13m. Other (list below if applicable)</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>*13n. Other (list below if applicable)</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>*13o. Other (list below if applicable)</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>*13p. Other (list below if applicable)</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |

| | |
|---|--|
| <u>*13q. Other (list below if applicable)</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>*13r. Other (list below if applicable)</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>*13s. Other (list below if applicable)</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |

If 13j. "other" is applicable, list the procedure/test below.

If 13k. "other" is applicable, list the procedure/test below.

If 13l. "other" is applicable, list the procedure/test below.

If 13m. "other" is applicable, list the procedure/test below.

If 13n. "other" is applicable, list the procedure/test below.

If 13o. "other" is applicable, list the procedure/test below.

If 13p. "other" is applicable, list the procedure/test below.

If 13q. "other" is applicable, list the procedure/test below.

If 13r. "other" is applicable, list the procedure/test below.

If 13s. "other" is applicable, list the procedure/test below.

PROVISION OF PATIENT CARE

Note: Question #16 is missing below because you have already completed that question above.

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria. **Given a patient/client, the student was able to:**

Provision of Patient Care

| | |
|---|--|
| *14. Assess the effects of the intervention. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *15. Modify the intervention and/or goals as indicated. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *17a. Record initial notes concisely and accurately in appropriate records. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

| | |
|--|---|
| <u>17b. Record progress notes concisely and accurately in appropriate records.</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>17c. Record discharge notes concisely and accurately in appropriate records.</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |
| <u>*17d. Record intervention(s) given concisely and accurately in appropriate records.</u> | <u>4</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> |

COMMENTS:

INTERPERSONAL COMMUNICATION

Please use the following scale to score the student:

- 4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
- 3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
- 2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
- 1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
- N/A not applicable

Click the highlighted Item Below to View the Criteria.

In any and all interactions during the clinical education experience, the student was able to:

Interpersonal Skills

| | |
|--|--|
| *18. Identify cognitive needs and resources of other person(s). | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *19. Identify emotional needs and resources of other person(s). | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *20. Identify cognitive needs and resources of self. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *21. Identify emotional needs and resources of self. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| 22. Identify roles of relevant persons. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *23 Respond to others in a way that fosters a positive change. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *24. Refer patient/client and relevant others to another person if indicated. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *25. Exhibit caring for the people with whom they are involved. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *26. Evaluate the effect of their response on the needs of the other person(s) and self. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *27. Modify their response to the needs of relevant others as indicated. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

COMMENTS:

TEACHING-LEARNING

Please use the following scale to score the student:

- 4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
 3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
 2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
 1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
 N/A not applicable

Click the highlighted Item Below to View the Criteria.

Given a patient/client or other opportunities to plan, implement and evaluate the teaching learning process, the student was able to:

| Teaching-Learning Process | |
|--|--|
| *28. Identify the needs of the learner/patient/client. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *29. Identify an appropriate level of learning or skill to be accomplished in the learning experience. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *30. State the behavior to be learned by the patient/client/learner. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *31. Make certain the learner/patient/client understands the purpose (i.e., why they are learning what they are learning). | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| *32. Explain what is to be learned. | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

| | |
|--|--|
| <u>*33. Demonstrate to the learner/patient/client what is to be learned.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*34. Provide an opportunity for the learner/patient/client to practice the behavior.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*35. Give the learner/patient/client feedback on performance of the desired behavior.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*36. Give some examples of use of the behavior in the patient/client's everyday life.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*37. Solicit some examples from the patient/client of use of the behavior in their everyday life.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*38. Determine that the learner/patient/client has learned what is being taught.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

COMMENTS:

ADMINISTRATION

Note: Question #40 is missing below because you have already completed that question above.

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

The student was able to demonstrate competency in the administrative process according to the objectives and criteria below:

Administrative Process

| | |
|---|--|
| <u>*39. Identify the administrative structure to provide physical therapy services.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |
| <u>*41. Identify the overall goals of the physical therapy services provided.</u> | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> |

COMMENTS:

Please provide the following dates regarding student attendance:

| | |
|-------------------------------|--|
| Date(s) absent: (mm/dd/yyyy) | |
| Date(s) made-up: (mm/dd/yyyy) | |

STUDENT:

| | |
|----------------------------|--|
| *Name: *Date: (mm/dd/yyyy) | |
|----------------------------|--|

PRIMARY CLINICAL SUPERVISOR:

| | |
|--------|--|
| *Name: | |
|--------|--|

| | |
|--|--|
| *Date: (mm/dd/yyyy) | |
| *Clinical Specialty Certification (cite the specific certification or enter None): | |
| Date of Clinical Specialty Certification: (mm/dd/yyyy) | |

*APTA Credentialed Clinical Instructor (Primary CI):

- ☐ Yes
☐ No

SECONDARY CLINICAL SUPERVISOR (Optional):

| | |
|---|--|
| Name: | |
| Date: (mm/dd/yyyy) | |
| Clinical Specialty Certification (cite the specific certification or enter None): | |
| Date of Clinical Specialty Certification: (mm/dd/yyyy) | |

APTA Credentialed Clinical Instructor (Secondary CI):

- ☐ Yes
☐ No

1. How many minutes did it take you to complete the evaluation?

| |
|--|
| |
|--|

2. Did you complete the evaluation at one sitting, or did you start the evaluation, stop, and complete it at a later time?

| | |
|--------------------------|--|
| <input type="checkbox"/> | I completed the evaluation at one sitting |
| <input type="checkbox"/> | I started the evaluation, stopped, and completed at a later time |

3. Please rate your agreement with the following:

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Based on the instructions provided, I understand how to score the Emory online clinical education evaluation of student performance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The process used to complete the Emory online clinical education evaluation was simple. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. It was convenient for me to complete the Emory clinical education evaluation online. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I am familiar with the objectives and expectations of the Emory PT program for this experience. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I understand how to use Emory criteria to rate student performance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. If you disagreed or strongly disagreed with any of the above, please reference the item number and provide specific details.

5. Please provide any additional comments regarding your experience completing the online evaluation.

You have completed the online evaluation of student performance.

TERMINAL CLINICAL EDUCATION EXPERIENCE FORMS

EMORY UNIVERSITY TERMINAL CLINICAL EDUCATION EXPERIENCE DIVISION OF PHYSICAL THERAPY EMORY UNIVERSITY

TERMINAL CLINICAL EDUCATION EXPERIENCE

Instructions

Welcome to the Emory University “Terminal Clinical Evaluation” of student competency for use during the Terminal Clinical Education (TCE) experience. This evaluation is to be used in conjunction with competency documents provided by the Emory DPT Program, and hyperlinked here for [Provision of Patient Care](#), [Interpersonal Communication](#), the [Teaching-Learning Process](#), and [Administration](#), as well as the criteria sheets found in the [Emory Physical Therapy Entry Level Competencies and Criteria manual](#). Additionally, you may view a competency or criteria sheet by clicking on the designated hyperlink within the evaluation itself. A separate tab or window will open with a description of the criteria.

The form is divided into the 4 competencies, and observable behaviors to be assessed are listed, as well as a comments section. The midterm evaluation should be completed at the end of the 5th week. The final evaluation should be completed at the end of the 10th week. The primary CI has access to the form, but it should be completed by collaborating with any secondary CIs.

You will be able to enter and exit the tool as many times as you wish, and it will automatically save your work. Please hold the student/clinical instructor evaluation conference prior to submitting the evaluation form. If your facility requires a printed copy of this evaluation, you will have the option to download and print, or save a PDF of your completed evaluation.

****IMPORTANT:** The CI and student should electronically sign the evaluation form by personally entering their own name and date after the evaluation conference for this to be considered a valid electronic signature.**

Course Objectives

The student will use the problem-solving process to demonstrate competence and to apply the theoretical frameworks of basic, behavioral, social, and medical sciences; as the basis for their practice of physical therapy. This includes:

1. Examining and evaluating patients, and establishing an appropriate plan of care.
2. Providing appropriate therapeutic services.
3. Using the teaching-learning and interpersonal communication processes in interactions with patients, health care providers and staff.
4. An active recognition of the rights and dignity of the individual in planning and administering programs of care.
5. Participation in the administrative responsibilities of a clinical physical therapist.
6. Consultation with others in providing comprehensive care.

How is the Online Clinical Education Evaluation Form Completed?

The form is divided into 4 sections/competencies: provision of patient care, interpersonal communication, teaching-learning, and administration. Observable behaviors to be graded are listed for each competency, and a comments section is provided.

All behaviors are scored with one of the following three responses: “YES”, “NO”, or “N/A” (Not Applicable). Selection of a “YES” or “NO” response should be based on the student’s general behavior, not isolated incidents.

- “Yes” if the student met the criteria 80-100% of the time,
- “No” if only 0-79% of the time. If scoring a “No”, please choose a percentage from the drop-down menu.
- “N/A” if the CI did not have an opportunity to observe the student perform a behavior/item within a particular competency (generally 3 observations or more should be sufficient), or there was not an opportunity for the student to perform a behavior/item.

Please utilize the “Comments” boxes to provide:

- constructive feedback, examples or suggestions for items requiring further practice
- information about items marked N/A
- positive feedback, examples, and suggestions for improvement.

Two items are pulled out of sequence from their respective competencies and graded first due to their importance in clinical care:

- #16: “Adhere to safety in provision of patient care”, and
- #40: “Demonstrate professional behavior.”

We expect the student will earn a “4 – Demonstrates Competency” for both of these items, and be at 100%. If the student is not earning a “4”, or is demonstrating “red flags”, please contact the Director of Clinical Education immediately (anjanette.nunez@emory.edu, 404-712-4132), or the student’s clinical advisor. If warranted a “red flag” for either item may result in dismissal from the affiliation and/or remediation. Please use your clinical judgment to determine if the safety concern was a one-time event that is typical during the learning process vs. one that is due to negligence, or one that is demonstrated repetitively.

Scoring Examples:

- #16: “Adhere to Safety”: If a client fell due to student negligence, this isolated incident may warrant a “NO” response despite the individual demonstrating a safety concern only once.
- #17c: “Scored and N/A. The student had only 2 opportunities to write discharge notes. Student is showing insight and improvement in this area.”

Scoring the Evaluations

The “Examination Procedures” (Item 7) and “Therapeutic Interventions” (Item 13) scores will be calculated for you upon electronic submission of the evaluation form. For your information, the overall score for Item 7 will be calculated as follows: the total number of examinations performed to criteria (items you scored a “Yes”) will be divided by the total number of examinations (items you scored a “Yes” or “No”). If the score is 80% or greater the student will receive a “YES” for Item 7 (conduct the examination according to the criteria sheet for specific procedures/tests). Similarly, therapeutic interventions performed to criteria will be totaled and divided by the total number of interventions performed. If the score is 80% or greater, the item will be scored “YES” for Item 13 (administer the interventions according to the criteria sheets). If it does not appear that the student will receive a “YES” for either of these 2 items, please contact the student’s clinical education advisor for consultation.

As discussed earlier, all competencies should be responded to on the basis of the student’s performance during the immediately preceding 5 weeks. The CI should be able to cite several examples during the midterm/final conference for items with “YES” or “NO” responses chosen.

Final Scores At the End of the Terminal Clinical Education Experience

At the end of the terminal clinical education experience, students must achieve the following scores for successful completion:

- 1) Safety (Question #16): Yes, 100% of the time
- 2) Professionalism (Question #40): Yes, 100% of the time
- 3) Examination Procedures (Question #7): 80% of the scored responses must be a Yes; must consider all items scored for question #7; do not count n/a's when factoring score
- 4) Therapeutic Interventions (Question #13): 80% of the scored responses must be a Yes; must consider all items scored for question #13; do not count n/a's when factoring score
- 5) Provision of Patient Care Competency: 80% of the scored responses must be a Yes; must consider items 1 – 17d; do not count n/a's when factoring score
- 6) Interpersonal Communications Competency: 80% of the scored responses must be a Yes; must consider items 18 – 27; do not count n/a's when factoring score
- 7) Teaching-Learning Competency: 80% of the scored responses must be a Yes; must consider items 28-38; do not count n/a's when factoring score
- 8) Administration Competency: 80% of the scored responses must be a Yes; must consider items 39-46; do not count n/a's when factoring score

Note for students: if you do not meet ALL of the above 8 criteria, you must contact your clinical education advisor immediately for consultation. Ideally this should occur before you leave your clinic location, in case there is only a need for an additional week in order to be competent.

What Forms Does the Student to submit to Emory University, Division of Physical Therapy?

Due at Mid-term (end of the 5th week), submit on Exxat:

- 1) Clinical Site Orientation Checklist
- 2) Midterm APTA Physical Therapy Student Evaluation of Clinical Instructor (PTSE2 Midterm)
- 3) Midterm TCE Evaluation - CI Form (Midterm): submitted on Exxat by Clinical Instructor
- 4) Midterm TCE Evaluation - Student Self-Assessment (Midterm): submitted on Exxat by Student

Due at Final (end of the 10th week), submit on Exxat:

- 1) Final APTA Physical Therapy Student Evaluation of Clinical Site (PTSE1 final)
- 2) Final APTA Physical Therapy Student Evaluation of Clinical Instructor (PTSE 2 final): Clinical Experience and Clinical Instruction form: submit electronically on Exxat; due the day of the final evaluation conference
- 3) Clinical Education Facility Information form: submit electronically due no later than the close of business one week after the final evaluation conference
- 4) CI Version: Online Clinical Education Evaluation Form: electronically submitted
- 5) Student Version: Online Clinical Education Evaluation Form: electronically submitted

If you have any questions at any time, please contact the DCE, Anjanette Nunez, PT, DPT (anjanette.nunez@emory.edu, 404-712-4132).

PROVISION OF PATIENT CARE

Click the highlighted Item Below to View the Criteria.

Given a patient/client, the student was able to:

| | Provision Of Patient Care: (Did student meet criteria?) YES (100%) NO (0-99%) | Provision Of Patient Care: (If student did not meet criteria at 100%, please indicate the percentage (0%-99%) the student did meet criteria.) Choose percentages from the drop-down menu. |
|--|--|--|
| <u>*16. Adhere to safety in provision of patient care.</u> | <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |

COMMENTS:

| |
|--|
| |
|--|

ADMINISTRATIVE PROCESS

Click the highlighted Item Below to View the Criteria.

Given a patient/client, the student was able to:

| | Administrative Process: (Did student meet criteria?) YES (100%) NO (0- 99%) | Administrative Process: (If student did not meet criteria at 100%, please indicate the percentage (0%- 99%) the student did meet criteria.) Choose percentages from the drop-down menu. |
|--|---|---|
| <u>*40. Demonstrate professional behavior.</u> | <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |

COMMENTS:

| |
|--|
| |
|--|

PROVISION OF PATIENT CARE

Click the highlighted Item Below to View the Criteria.

Given a patient/client, the student was able to:

| | Provision Of Patient Care: (Did student meet criteria?) | | | Provision Of Patient Care: (If student did not meet criteria at 80-100%, please indicate the percentage (0%-79%) the student did meet criteria.) Choose percentages from the drop-down menus. |
|---|--|--------------------------|--------------------------|---|
| | YES (80%-100%) | NO (0%-79%) | N/A | |
| <u>*1. Identify symptoms and coexisting conditions of the patient/client.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*2. Differentiate symptoms and impairments presented from symptoms and impairments to be assessed.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*3a. Identify onset of symptoms.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*3b. Identify the relationship of symptoms to other examination findings.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*4. Determine the priority of conditions to be assessed.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*5. Identify and determine the rationale for procedures to examine the patient/client's impairments or conditions.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*6. Prepare to execute the examination procedure.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |

PROVISION OF PATIENT CARE

Click the highlighted Item Below to View the Criteria.

Given a patient/client, the student was able to perform the following examination items:

| | Provision Of Patient Care: (Did student meet criteria?) | | | Provision Of Patient Care: (If student did not meet criteria at 80-100%, please indicate the percentage (0%-79%) the student did meet criteria.) Choose percentages from the drop-down menus. |
|--|--|--------------------------|--------------------------|---|
| | YES (80%-100%) | NO (0%-79%) | N/A | |
| *7a. Pulse Rate and Peripheral Pulse Evaluations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7b. Ventilation Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7c. Blood Pressure Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7d. Temperature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7e. Visual Inspection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7f. Circulatory Assessment - (Upper Extremity) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7g. Claudication Time – (Lower Extremities) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |

| | | | | |
|---|--------------------------|--------------------------|--------------------------|-------------------|
| *7h. Pulmonary Evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7i. Lung Auscultation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7j. Chest Percussion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7k. Gross Evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7l. Cognitive Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7m. Screening for CNS Dysfunction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7n. Cranial Nerve Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7o. Perceptual Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7p. Palpation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7q. Posture Evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7r. Goniometry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7s. Manual Muscle Testing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7t. Sensory Evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7u. Balance and Fall Risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7v. Task Analysis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7w. Functional Evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7x. Gait Analysis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7y. Measurement of Ambulation Aids | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *7z. Orthopedic Evaluation: Peripheral Joints | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |

| | | |
|---|--|-------------------|
| *7aa. Limb Measurements | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *7bb. Amputee Evaluation | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *7cc. Prosthetic Evaluation | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *7dd. Special Tests | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |

ADDITIONAL EXAMINATION PROCEDURES OBSERVED OR PERFORMED BY THE STUDENT DURING THIS TERMINAL CLINICAL EDUCATION EXPERIENCE

1. Please name the first examination procedure.

Did student meet criteria?

| YES (80%-100%) | NO (0%-79%) | N/A |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

2. Please name the second examination procedure.

Did student meet criteria?

| | | |
|--------------------------|--------------------------|--------------------------|
| YES (80%-100%) | NO (0%-79%) | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

| |
|-------------------|
| Choose an item. % |
|-------------------|

3. Please name the third examination procedure.

| |
|--|
| |
|--|

Did student meet criteria?

| | | |
|--------------------------|--------------------------|--------------------------|
| YES (80%-100%) | NO (0%-79%) | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

| |
|-------------------|
| Choose an item. % |
|-------------------|

4. Please name the fourth examination procedure.

| |
|--|
| |
|--|

Did student meet criteria?

| | | |
|--------------------------|--------------------------|--------------------------|
| YES (80%-100%) | NO (0%-79%) | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

5. Please name the fifth examination procedure.

| |
|--|
| |
|--|

Did student meet criteria?

| YES (80%-100%) | NO (0%-79%) | N/A |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

6. Please name the sixth examination procedure.

| |
|--|
| |
|--|

Did student meet criteria?

| YES (80%-100%) | NO (0%-79%) | N/A |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

7. Please name the seventh examination procedure.

| |
|--|
| |
|--|

Did student meet criteria?

| | | |
|--------------------------|--------------------------|--------------------------|
| YES (80%-100%) | NO (0%-79%) | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

| |
|-------------------|
| Choose an item. % |
|-------------------|

8. Please name the eighth examination procedure.

| |
|--|
| |
|--|

Did student meet criteria?

| | | |
|--------------------------|--------------------------|--------------------------|
| YES (80%-100%) | NO (0%-79%) | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

| |
|-------------------|
| Choose an item. % |
|-------------------|

9. Please name the ninth examination procedure.

| |
|--|
| |
|--|

Did student meet criteria?

| | | |
|--------------------------|--------------------------|--------------------------|
| YES (80%-100%) | NO (0%-79%) | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

10. Please name the tenth examination procedure.

Did student meet criteria?

| | | |
|--------------------------|--------------------------|--------------------------|
| YES (80%-100%) | NO (0%-79%) | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

Please list any other **EXAMINATION PROCEDURES** observed by the student during this clinical education experience but not practiced at least 3 times. Enter as many examination procedures as necessary and click the "Save and Continue" button when finished. If there are none simply save and continue.

PROVISION OF PATIENT CARE

Click the highlighted Item Below to View the Criteria.

Given a patient/client, the student was able to:

| | Provision Of Patient Care: (Did student meet criteria?) | | | Provision Of Patient Care: (If student did not meet criteria at 80-100%, please indicate the percentage (0%-79%) the student did meet criteria.) Choose percentages from the drop-down menus. |
|---|--|--------------------------|--------------------------|---|
| | YES (80%-100%) | NO (0%-79%) | N/A | |
| *8. Evaluate examination findings. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *9. Establish a physical therapy diagnosis. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *10. Determine the prognosis. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *11. Establish intervention goals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *12. Determine an intervention plan with rationale. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |

PROVISION OF PATIENT CARE

Click the highlighted Item Below to View the Criteria.

Given a patient/client, the student was able to perform the following therapeutic interventions:

| | Provision Of Patient Care: (Did student meet criteria?) | | | Provision Of Patient Care: (If student did not meet criteria at 80-100%, please indicate the percentage (0%-79%) the student did meet criteria.) Choose percentages from the drop-down menus. |
|--|--|--------------------------|--------------------------|--|
| | YES (80%-100%) | NO (0%-79%) | N/A | |
| *13a. Structuring Treatment Sessions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *13b. Draping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *13c. Range of Motion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *13d. Selection and Teaching of Exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *13e. Bed Mobility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| *13f. Transfers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |

| | | |
|--|--|-------------------|
| *13g. Ambulation Training | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13h. Balance Training | | |
| *13i. Treatment of Functional Limitations | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13j. PNF | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13k. Neurofacilitation | | |
| *13l. Pre-operative Instruction | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13m. Sterile Techniques | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13n. Wound Care | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13o. Ace Bandaging | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13p. Whirlpool | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13q. Hubbard Tank | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13r. Bronchial Drainage | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13s. Pursed Lips Breathing Exercises | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13t. Breathing Exercises | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13u. Massage | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13v. Soft Tissue Mobilization | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13w. Joint Mobilization | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13x. Iontophoresis with Phoresor Stimulator | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |

| | | |
|---|--|-------------------|
| *13y. High-Voltage Pulsed Stimulation | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13z. Neuromuscular Functional Electrical Stimulation | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13aa. T.E.N.S. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13bb. Moist Heat Pack | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13cc. Application of Cold | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13dd. Paraffin | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13ee. Intermittent Compression Pump (Jobst) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13ff. Ultrasound | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13gg. Medical Diathermy | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |

| | | |
|--|--|-------------------|
| *13hh. Tilt Table | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13ii. Cervical Traction | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| *13jj. Lumbar Traction | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |

ADDITIONAL THERAPEUTIC INTERVENTIONS OBSERVED OR PERFORMED BY THE STUDENT DURING THIS TERMINAL CLINICAL EDUCATION EXPERIENCE

1. Please name the first therapeutic intervention.

Did student meet criteria?

| | | |
|----------------|-------------|-----|
| YES (80%-100%) | NO (0%-79%) | N/A |
|----------------|-------------|-----|

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

| |
|-------------------|
| Choose an item. % |
|-------------------|

2. Please name the second therapeutic intervention.

| |
|--|
| |
|--|

Did student meet criteria?

| | | |
|--------------------------|--------------------------|--------------------------|
| YES (80%-100%) | NO (0%-79%) | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

| |
|-------------------|
| Choose an item. % |
|-------------------|

3. Please name the third therapeutic intervention.

| |
|--|
| |
|--|

Did student meet criteria?

| | | |
|--------------------------|--------------------------|--------------------------|
| YES (80%-100%) | NO (0%-79%) | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

| |
|-------------------|
| Choose an item. % |
|-------------------|

4. Please name the fourth therapeutic intervention.

| |
|--|
| |
|--|

Did student meet criteria?

| | | |
|--------------------------|--------------------------|--------------------------|
| YES (80%-100%) | NO (0%-79%) | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

| |
|---|
| Choose an item. <input type="text" value=" %"/> |
|---|

5. Please name the fifth therapeutic intervention.

| |
|--|
| |
|--|

Did student meet criteria?

| | | |
|--------------------------|--------------------------|--------------------------|
| YES (80%-100%) | NO (0%-79%) | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

| |
|---|
| Choose an item. <input type="text" value=" %"/> |
|---|

6. Please name the sixth therapeutic intervention.

| |
|--|
| |
|--|

Did student meet criteria?

| | | |
|--------------------------|--------------------------|--------------------------|
| YES (80%-100%) | NO (0%-79%) | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

| |
|-------------------|
| Choose an item. % |
|-------------------|

7. Please name the seventh therapeutic intervention.

| |
|--|
| |
|--|

Did student meet criteria?

| | | |
|--------------------------|--------------------------|--------------------------|
| YES (80%-100%) | NO (0%-79%) | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

| |
|-------------------|
| Choose an item. % |
|-------------------|

8. Please name the eighth therapeutic intervention.

| |
|--|
| |
|--|

Did student meet criteria?

| | | |
|--------------------------|--------------------------|--------------------------|
| YES (80%-100%) | NO (0%-79%) | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

9. Please name the ninth therapeutic intervention.

Did student meet criteria?

| | | |
|--------------------------|--------------------------|--------------------------|
| YES (80%-100%) | NO (0%-79%) | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

10. Please name the tenth therapeutic intervention.

Did student meet criteria?

| | | |
|--------------------------|--------------------------|--------------------------|
| YES (80%-100%) | NO (0%-79%) | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

Please list any other **THERAPEUTIC INTERVENTIONS** observed by the student during this clinical education experience that the student did not have an opportunity to practice at least 3 times. Enter as many therapeutic

interventions as necessary and click the "Save and Continue" button when finished. If there are none simply save and continue.

PROVISION OF PATIENT CARE

Note: Question #16 is missing below because you have already completed that question above.

Click the highlighted Item Below to View the Criteria.

Given a patient/client, the student was able to:

| | | |
|--|--|--|
| | Provision Of Patient Care: (Did student meet criteria?) | Provision Of Patient Care: (If student did not meet criteria at 80-100%, please indicate the percentage (0%-79%)) |
|--|--|--|

| | YES (80%-100%) | NO (0%-79%) | N/A | the student did meet criteria.) Choose percentages from the drop-down menus. |
|--|--------------------------|--------------------------|--------------------------|---|
| <u>*14. Assess the effects of the intervention.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*15. Modify the intervention and/or goals as indicated.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*17a. Document initial evaluation in appropriate records per Emory criteria sheets.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>17b. Document progress notes in appropriate records per Emory criteria sheets.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>17c. Document discharge notes in appropriate records per Emory criteria sheets.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |

COMMENTS:

INTERPERSONAL COMMUNICATION

Click the highlighted Item Below to View the Criteria.

Given a patient/client, the student was able to:

| | Interpersonal Communication: (Did student meet criteria?) | | | Interpersonal Communication: (If student did not meet criteria at 80-100%, please indicate the percentage (0%-79%) the student did meet criteria.) Choose percentages from the drop-down menus. |
|--|--|--------------------------|--------------------------|--|
| | YES (80%-100%) | NO (0%-79%) | N/A | |
| <u>*18. Identify cognitive needs and resources of other person(s).</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*19. Identify emotional needs and resources of other person(s).</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*20. Identify cognitive needs and resources of self.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*21. Identify emotional needs and resources of self.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>22. Identify roles of relevant persons.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*23 Respond to others in a way that fosters a positive change.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*24. Refer patient/client and relevant others to another person if indicated.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |

| | | |
|---|--|-------------------|
| <u>*25. Exhibit caring for the people with whom they are involved.</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| <u>*26. Evaluate the effect of their response on the needs of the other person(s) and self.</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| <u>*27. Modify their response to the needs of relevant others as indicated.</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |

COMMENTS:

TEACHING-LEARNING

Click the highlighted Item Below to View the Criteria.

Given a patient/client, the student was able to:

| | | | | |
|--|--|-------------|-----|--|
| | Teaching Learning: (Did student meet criteria?) | | | Teaching Learning: (If student did not meet criteria at 80-100%, please indicate the percentage (0%-79%) the student did meet criteria.) Choose percentages from the drop-down menus. |
| | YES (80%-100%) | NO (0%-79%) | N/A | |

| | | |
|---|--|-------------------|
| <u>*28. Identify the needs of the learner/patient/client.</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| <u>*29. Identify an appropriate level of learning or skill to be accomplished in the learning experience.</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| <u>*30. State the behavior to be learned by the patient/client/learner.</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| <u>*31. Make certain the learner/patient/client understands the purpose (i.e., why they are learning what they are learning).</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| <u>*32. Explain what is to be learned.</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| <u>*33. Demonstrate to the learner/patient/client what is to be learned.</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| <u>*34. Provide an opportunity for the learner/patient/client to practice the behavior.</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| <u>*35. Give the learner/patient/client feedback on performance of the desired behavior.</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| <u>*36. Give some examples of use of the behavior in the patient/client's everyday life.</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| <u>*37. Solicit some examples from the patient/client of use of the behavior in their everyday life.</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| <u>*38. Determine that the learner/patient/client has learned what is being taught.</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |

COMMENTS:

ADMINISTRATIVE PROCESS

Note: Question #40 is missing below because you have already completed that question above.

Click the highlighted Item Below to View the Criteria.

Please use the following scale to score the student:

Given a patient/client, the student was able to:

| | Administrative Process: (Did student meet criteria?) | | | Administrative Process: (If student did not meet criteria at 80-100%, please indicate the percentage (0%-79%) the student did meet criteria.) Choose percentages from the drop-down menus. |
|---|---|--------------------------|--------------------------|---|
| | YES (80%-100%) | NO (0%-79%) | N/A | |
| <u>*39. Identify the administrative structure to provide physical therapy services.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*41. Identify the overall goals of the physical therapy services provided.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*42. Identify the administrative needs of the physical therapy service.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*43. Identify and provide a rationale for an effective method of resolving the administrative service needs.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |
| <u>*44. Implement the plan.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose an item. % |

| | | |
|---|--|-------------------|
| <u>*45. Evaluate the extent to which the goals of the plan have been met as related to daily clinical and ongoing departmental administrative activities.</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |
| <u>*46. Modify the plan as necessary to meet the needs of the service.</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Choose an item. % |

COMMENTS:

Please provide comments about the **Overall Performance** of the student.

Please provide the following dates regarding student attendance:

| | |
|-------------------------------|--|
| Date(s) absent: (mm/dd/yyyy) | |
| Date(s) made-up: (mm/dd/yyyy) | |

STUDENT:

| | |
|----------------------------|--|
| *Name: *Date: (mm/dd/yyyy) | |
|----------------------------|--|

PRIMARY CLINICAL SUPERVISOR:

| | |
|--|--|
| *Name: | |
| *Date: (mm/dd/yyyy) | |
| *Clinical Specialty Certification (cite the specific certification or enter None): | |
| Date of Clinical Specialty Certification: (mm/dd/yyyy) | |

*APTA Credentialed Clinical Instructor (Primary CI):

- ☐ Yes
☐ No

SECONDARY CLINICAL SUPERVISOR (Optional):

| | |
|---|--|
| Name: | |
| Date: (mm/dd/yyyy) | |
| Clinical Specialty Certification (cite the specific certification or enter None): | |
| Date of Clinical Specialty Certification: (mm/dd/yyyy) | |

APTA Credentialed Clinical Instructor (Secondary CI):

- ☐ Yes
☐ No

Thank you for completing the online evaluation form. We welcome your feedback. Please type any recommendations you have about improving the tool in the box below.



You have completed the online evaluation of student performance.

THE PROBLEM-SOLVING PROCESS APPLIED TO PHYSICAL THERAPY CARE

Clinical experiences are planned to provide students with experience to practice using problem solving skills with specific patient/client problems. The clinical sites provide the student opportunities to work with the specific patient/client problems covered in class sessions. When the students study patient/clients with general medical problems (General Medical Conditions) they are placed in clinical settings that care for patient/clients with general medical problems. The students will have the opportunity to transfer the knowledge and skills learned in the classroom to solving problems in the management of patients with general medical problems, thus applying and reinforcing concepts, principles, examination techniques and therapeutic interventions using the problem-solving process. The problem-solving process is facilitated by supervision of students by a licensed physical therapist in an acute care setting, sub-acute, home health, or extended care facility. As students study patient/clients with musculoskeletal problems (Musculoskeletal Rehabilitation), the study of musculoskeletal pathophysiology and disease is integrated with clinical problem solving in outpatient clinics under the supervision of a licensed physical therapist. As they study the care of patient/clients with neurological problems, (Adult Neurorehabilitation, Pediatric Rehabilitation) students have the opportunity to integrate the knowledge and skills learned about the signs, symptoms and functional limitations of the neurological patient/client and practice assessment and interventions using the problem-solving approach in rehabilitation, pediatric, home health, and extended care facilities under the supervision of a licensed physical therapist. The TCE experiences are planned to allow the students practice in settings representative of those in which physical therapy is commonly practiced thereby developing a generalist physical therapist. Each student selects an acute care site, a rehabilitation site that enables the student to participate in interdisciplinary care and a community practice setting.

THE PROBLEM-SOLVING PROCESS APPLIED TO ITEMS/COMPONENT BEHAVIORS OF PROVISION OF PATIENT CARE FROM THE EUCE

The steps of the problem-solving process are identified in bold type (Identify the problem, Identify the characteristics of the problem, Identify factors affecting the problem, Identify alternative solutions, Select and implement a solution, Evaluate the solution, Modify the solution). Item numbers 1-15 are the items from the provision of patient care section of the Clinical Education Evaluation form. The numbers coincide with items on the Clinical Education Evaluation form. This form identifies the relationship between the items/objectives for provision of patient care and the problem-solving process. Additionally, suggested questions are listed that facilitate the student in moving through the problem-solving process.

IDENTIFY THE PROBLEM

1. Identify the symptoms and co-existing conditions of the patient/client.
 - What problems does the patient/client report?
 - What are similarities of the problems of patient/client X and patient/client Z?
 - In what ways are patient/client X's complaints consistent with problems listed in medical record?
 - What additional problems did you note after observation of patient/client X?
 - What other information might you gain from other personnel involved in patient/client X's care to help you understand all the problems involved?
2. Differentiate symptoms and impairments presented from symptoms and impairments to be assessed.
 - Of all symptoms identified for patient/client X, what do you need to examine first? and why?
 - In what order of priority would you examine the remaining symptoms?

- How are your priorities consistent with patient/client X's priorities? With other personnel involved in care?
- How consistent are medical priorities with the patient/client's financial resources?

IDENTIFY CHARACTERISTICS OF THE PROBLEM

3. Identify characteristic of relevant symptoms or conditions
 - a) Onset of symptoms
 - Describe the nature of the symptoms
 - Describe the location of the symptoms
 - When did the symptoms first occur?
 - Describe the onset.
 - How is patient/client X's onset different from patient/client Z's?
 - Describe the progression
 - Describe patient/client's current stage
 - What is different in patient/client X's progression from the progression you would expect with this disease process?
 - b) Identify the relationship of impairments to other examination findings.
Specific statements of relationships of symptoms to:
 1. physical examination
 2. other diagnostic tests
 3. lab values
 4. age-related norms
 - What is the relationship between the patient/client's muscle strength and the patient/client's function?
 - What diagnostic test results do you need to consider in assessing patient/client's needs?
 - How consistent are diagnostic test results with other evaluative findings?
 - What normal and abnormal lab values are present?
 - How can you explain the abnormal values based on the patient/client's history or present examination findings?
 - What factors may be affecting the problems that have not been addressed in the medical record?
4. Determine the priority of conditions to be assessed
 - What is your hypotheses of the condition(s) represented based on the review of the medical record, interview of the patient/client and observation of the patient/client during the interview?
 - Out of the conditions you have hypothesized to be present what do you need to examine first? Why?
 - Are your priorities consistent with the patient/client's priorities?

IDENTIFY ALTERNATIVE SOLUTIONS (ADVANTAGES AND DISADVANTAGES)

5. Identify and determine the rationale for procedures to examine the patient/client's impairments or conditions.
 - What procedures will you use in examining the patient/client's impairments?
 - What is the mechanism by which your procedure(s) evaluate the physiologic / neuro/musculoskeletal problems of the patient/client?
 - What does current research report about the accuracy of the procedures you have selected to examine the patient/client's problem(s)?
 - What factors will affect reliability in your examination procedure(s)?
 - Why would these procedures not be helpful with the patient/client?
 - What do you expect to find in your examination of the patient/client?
 - What are the considerations you need to make regarding safety during the examination?
 - What are the considerations you need to make to ensure equal treatment of all patients?
 - Have you considered all symptoms you wish to examine?
 - What is one important aspect you want to evaluate with patient/client X that was not a factor with patient/client Z?

SELECT AND IMPLEMENT A SOLUTION

6. Prepare to execute the examination procedures.
 - How will you prepare the patient/client and family before you begin the examination procedure? With awareness of cultural competencies?
 - What equipment and materials will you need to perform the examination procedures?
7. Conduct the examination according to the criteria sheet for the specific procedures/tests.
8. Evaluate the examination findings.
 - What did you find in your examination?
 - How consistent are your findings with other examination findings in medical record?
 - What questions do you have regarding any of your previous conclusions?
 - What new conclusions can you draw?
 - How would you modify your examination?
 - Establish a physical therapy diagnosis
9. Determine the prognosis
 - What progression you would expect with this physical therapy diagnosis?
10. Establish the intervention goals
 - What are the goals of the patient/client and the patient/client's family?
 - Explain the relationship of the goals to functional outcome measures.
11. Determine an intervention plan
 - What interventions will be beneficial for patient/client X?
 - What is the mechanism by which each intervention will affect patient/client's symptoms and signs?

- What is the quality and strength of evidence for the interventions you have selected?
 - Relate each intervention to the short term goals.
 - Relate each intervention to functional outcome measures.
 - What are the patient/client's equipment needs?
 - What equipment and resources would the patient/client need if they were discharged tomorrow?
 - What would be reasonable placement for the patient/client?
- What is a realistic placement for the patient/client?

12. Administer the intervention according to the criteria sheet for the specific procedure

EVALUATE THE METHOD (SOLUTION)

13. Assess the effects of the intervention.

- What effect did your intervention have on the patient/client's symptoms?
 - Why were your results with patient/client X different than with patient/client Z when the procedure was the same?
 - How did your intervention priorities change during the treatment session? Why?
 - What are the considerations did you make regarding safety during the treatment session?
- What considerations did you make regarding the patient's DEI needs?

MODIFY THE METHOD (SOLUTION)

14. Modify the intervention and /or goals as indicated.

- How did you modify your intervention?

EMORY UNIVERSITY DIVISION OF PHYSICAL THERAPY CLINICAL SITE STUDENT ORIENTATION CHECKLIST

Student: _____ **Start Date of Clinical:** _____

Clinical Instructor: _____

Facility: _____

| FOCUS AREA | Student Initials | Date |
|---|------------------|------|
| I. HOSPITAL AND PROGRAM ORGANIZATION ✓ | | |
| Tour of Facility | | |
| Facility Policy and Procedures Manual | | |
| Physical Therapy Policy and Procedures Manual | | |
| Organizational Chart | | |
| Facility/Department Mission and Vision | | |
| Hospital, Department, CI Phone Numbers | | |
| II. INFECTION CONTROL/ENVIRONMENT OF CARE ✓ | | |
| Environment of Care Policies and Procedures | | |
| Fire and Evacuation Plan | | |
| Material Safety Data Sheets | | |
| Infection Control Policy and Procedures | | |
| III. STAFF ROLES ✓ | | |
| Administration | | |
| Therapy, Nursing, Case Management Leadership | | |
| Therapist Clinical Levels | | |
| Rehabilitation Aides/ Clerical Staff | | |
| IV. PROCESS IMPROVEMENT ✓ | | |
| Current Process Improvement Activities | | |
| V. SAFETY ✓ | | |
| National Patient Safety Goals – Joint Commission | | |
| Review all Facility Codes and Procedures | | |
| Facility Emergency Numbers | | |
| Advanced Directives | | |
| Do Not Resuscitate (DNR)/Do Not Intubate (DNI) | | |
| Falls Precautions | | |
| Cardiac/Seizure Precautions | | |
| Patient/Visitor Incident Report | | |
| Staff Incident Report | | |
| VI. WORK ENVIRONMENT/SCHEDULE ✓ | | |
| Dress Code | | |
| Call-in Procedure | | |
| Start/Stop Times | | |
| Breaks and Lunch | | |
| Student Desk/Locker | | |
| Bathroom | | |
| Dining Options: cafeteria, refrigerator, microwave etc. | | |
| Computer Usage and Log-in Access | | |
| Library Facilities | | |
| Paging Procedures/Telephone Guidelines | | |
| Department Meetings | | |
| VII. PRIMARY WORK AREA ✓ | | |
| Tour of Floor(s) | | |
| Schedule Board | | |
| Charting Area | | |
| Linens | | |
| Supplies | | |
| Soiled Linen Area | | |
| Biomedical Waste Storage/Containment | | |
| Personnel | | |

| | | | |
|--------------------------|---|--|--|
| VIII. EDUCATION | √ | | |
| Grand Rounds | | | |
| Staff/Vendor In-services | | | |
| Student In-service | | | |

**Emory University – Division of Physical Therapy
Clinical Site Student Orientation Checklist - page 2**

Student: _____

| FOCUS AREA | | Student Initials | Date |
|--|---|-------------------------|-------------|
| IX. CLINICAL EDUCATION | √ | | |
| Review CI Initial Goals and Expectations | | | |
| Review Student Initial Goals and Expectations | | | |
| Clinical Evaluations and Timeframes | | | |
| X. MEDICAL DOCUMENTATION | √ | | |
| Layout of Chart or Electronic Documentation | | | |
| Discipline Specific Forms | | | |
| Location of Other Medical Clinicians Documentation | | | |
| Patient/Family Education Records and/or Resources | | | |
| Communication Boards | | | |
| Terminology & Abbreviations | | | |
| Community Resource/Pt. Advocacy Manual | | | |
| XII. EQUIPMENT | √ | | |
| Equipment and Supply Inventory | | | |
| Procedures for Loaning Equipment | | | |
| Procedures for Procuring Discharge Equipment | | | |

**Division of Physical Therapy
Emory University**

MIDTERM PHONE CALL STUDENT FEEDBACK FORM

Student affiliate: _____ Student's cell number: _____
Affiliation week: _____ Rotation: _____
Facility: _____ Type of experience: _____
Clinical Instructor: _____ CI's E-mail: _____
CI's phone number: _____

To be completed by beginning of 4th week for TCE
Note: This form does *NOT* require CI review/signature

Types of Patients:

Student/Client Ratio: _____ Therapist/Client Ratio: _____

Were you prepared for the affiliation? (Strengths / Weakness):

List student objectives and CI objectives:

Are you meeting the clinical objectives? Yes__No__ If no, which objectives are you not meeting:

Describe your supervision:

Describe the general environment (organization, supportive, learning):

Describe the amount and type of feedback:

Are you comfortable providing feedback to your CI? Yes ____ No ____

Is your CI receptive to your feedback? Yes ____ No ____ If no, explain below:

Describe the ways your CI facilitates problem solving:

Do you have questions regarding your CI's use of the evaluation form and criteria?

Do you have questions about your use of evaluation forms? When are the evaluation forms returned to school? etc.

Describe the space/equipment:

Describe the notes required:

Rounds/Conferences/Clinics attended:

Describe the communication between disciplines:

Describe the staff meetings:

Describe the in-services/continuing education:

Does your CI seek relevant evidence on the tests and measures and treatment interventions they use from scientific studies? Yes___ No___

Does your CI question you regarding the pros and cons of the best current research evidence available for the patient for whom you are providing care? Yes___ No___

Do you evaluate the completeness, quality and strength of evidence for tests and measures and treatment interventions and the relevance to the patient for whom you are providing care?
Yes___ No___

Describe any ongoing research in the facility:

Describe the expertise of the staff:

Is the use of supportive personnel consistent with the practice act of the state in which you are affiliating? Yes___ No___ Describe the role of supportive personnel.

Describe the role of the CCCE:

Suggestions for improving the experience:

Housing:

Do you have any questions or concerns **NOT** addressed in this form? Yes ___ No ___

Do you want to schedule time to speak with someone on the Clinical Education team?
Yes ___ No ___

You may also email your clinical advisor, or Dr. Anjanette Nunez: anjanette.nunez@emory.edu with any questions or concerns that were not addressed in this form.
Thank you for the update on your clinical experience.

**Emory University
Division of Physical Therapy**

CLINICAL EDUCATION FACILITY INFORMATION (CEFI)

**MUST BE COMPLETED ELECTRONICALLY AND UPLOADED ON EXXAT– DO NOT
HANDWRITE**

PLEASE FOLLOW THIS GUIDELINE WHEN SAVING YOUR DOCUMENT:

SITE NAME_STATE_MONTH_YEAR

(for example only: Benchmark_TN_March_2021)

| | |
|--|-----------------------|
| Date: | |
| Name of Clinical Facility: | |
| City, State: | |
| Terminal Clinical Experience # (I, II or III): | |
| Type of Experience (acute, rehab, community PT-Focus): | |
| | Your Responses |
| Primary Diagnoses/Conditions of patients: | |
| Facility specialty opportunities (burn unit, surgery, etc.)? To what extent were you able to observe/practice in them. | |
| Specialty areas in P.T. Dept.? To what extent were you able to observe/practice in them. | |
| Are pediatric clients seen in this facility? If so, to what extent where you able to be involved in their care? | |
| Were there other students (PT, OT, SLP, etc.) present during your clinical education experience? If so, please describe (type of student, how many, from what school). How did you collaborate and in what ways did they contribute to your experience? | |

| | |
|--|--|
| Documentation expectations of the clinic (describe amount, nature, and frequency). | |
| What was your patient caseload volume per day at the beginning and end of your clinical experience? How did you and your CI agree on these caseloads? | |
| What types of resource materials are available to students? | |
| Describe the general atmosphere of the facility including its receptivity to students. In your experience, is it a safe and comfortable environment for students? | |
| Is it a racially inclusive environment and do staff demonstrate cultural humility? | |
| Is it a safe and comfortable environment for gay, lesbian, bisexual, or transgendered (LGBT) students? | |
| If your clinical facility was outside of metro Atlanta, how did you travel from Atlanta to this location? What was the approximate cost? | |
| How did you get to clinic from your residence? What was the approximate weekly travel cost? | |
| Was local public transportation available in the area (bus, train, etc.)? If so, how accessible was it (distance, safety, time factors, etc.)? | |
| Was there onsite parking available? Cost? If offsite, what was the cost and is it within walking distance or did you take a shuttle? | |
| Where did you live? If you did not live with family/friends, what was the name, location, and distance to the facility of the housing you used? Approximate Cost? | |

| | |
|--|--|
| Other comments re: things to do in the area, travel, housing, area, money saving suggestions, etc. | |
| What would you recommend bringing with you (books, cooking utensils, car, etc.)? | |
| Additional Comments: | |

CONTACT INFORMATION (OPTIONAL, but helpful for students in clinicals after you)

STUDENT NAME:

CONTACT NUMBER:

EMORY EMAIL ADDRESS:

PERSONAL EMAIL ADDRESS (*for contact after graduation*):

**EMORY UNIVERSITY SCHOOL OF MEDICINE
DIVISION OF PHYSICAL THERAPY**

JOHNNIE MORGAN AWARD FOR EXCELLENCE IN CLINICAL SCIENCE

The criteria for this award are as follows:

- 1) Written summative comments by the clinical instructor describing exceptional clinical practice and professionalism exhibited across all three terminal clinical education experiences.
- 2) Timely delivery of all requested information to the Clinical Educational Faculty and Staff across all integrated and terminal clinical education experiences.

Return of all mid-term and final evaluation documents, appropriately signed by the student and clinical instructor(s), by the deadline.

APTA GUIDELINES FOR CLINICAL SITES

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

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

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

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

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

2.1 Planning for students should take place through communication* among the Site Coordinator of Clinical Education (SCCE), the Clinical Instructors (CIs), and the Academic Coordinator/Director of Clinical Education (ACCE/DCE).

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

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

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

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

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

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

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

2.3.1 Opportunities for discussion of strengths and weaknesses should be scheduled on a continual basis.

2.3.2 The provider of physical therapy gives both constructive and cumulative evaluations of students. These will be provided in both written and verbal forms, and the evaluation frequency will be scheduled as mutually agreed on by the academic program and the provider of physical therapy.

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

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

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

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

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

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

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

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

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

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

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

4.2.1 The clinical education site does not discriminate in the selection or assignment of students or their learning experiences. Evidence of this nondiscrimination may be demonstrated through the clinical education agreement.*

4.2.2 The clinical education site is sensitive to issues of individual and cultural diversity in clinical education.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.1.6 The provider of physical therapy indicates the types of clinical learning experiences that are offered (e.g., observational, integrated, long-term).

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

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

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

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

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

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

7.1 The desirable learning environment in the clinical education site demonstrates characteristics of effective management, positive morale, collaborative working relationships, professionalism, and interdisciplinary patient/client management procedures.

7.1.1 Less tangible characteristics of the site's personnel include receptiveness, a variety of expertise, interest in and use of evidence-based interventions, and involvement with care providers outside of physical therapy.

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

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

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

7.2.3 Possible use of information technology includes e-mail, voice mail, computer documentation, electronic pagers, literature searches on the Internet, and use of APTA's Hooked-on-Evidence database.

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

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

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

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

8.0 SELECTED SUPPORT SERVICES ARE AVAILABLE TO STUDENTS.

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

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

8.1.2 Support services will be provided for special learning needs of students within reasonable accommodations and in accordance with ADA guidelines.

9.0 ROLES AND RESPONSIBILITIES OF PHYSICAL THERAPY PERSONNEL ARE CLEARLY DEFINED.

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

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

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

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

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

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

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

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

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

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

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

10.3 Physical therapist responsibilities for patient/client care, teaching, critical inquiry, and community service permit adequate time for supervision of physical therapy students.

11.0 A SITE COORDINATOR OF CLINICAL EDUCATION IS SELECTED BASED ON SPECIFIC CRITERIA.

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

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

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

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

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

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

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

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

12.1.3. CIs should preferably complete a clinical instructor-credentialing program such as APTA's Clinical Instructor Education and Credentialing Program.

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

12.2.1 Necessary educational skills include the ability to develop written objectives for a variety of learning experiences, organize activities to accomplish these objectives, effectively supervise students to facilitate learning and clinical reasoning, and participate in a multifaceted process for evaluation of the clinical education experience.

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

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

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

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

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

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

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

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

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

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

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

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

14.1 Clinical education sites foster participation in formal and informal clinical educator training, conducted either internally or externally.

14.1.1 The ACCE and the SCCE may collaborate on arrangements for presenting materials on clinical teaching to the CIs.

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

14.1.3 APTA's Credentialed Clinical Instructor Program is recommended for clinical educators.

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

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

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

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

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

16.0 PHYSICAL THERAPY PERSONNEL ARE ACTIVE IN PROFESSIONAL ACTIVITIES.

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

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

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

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

16.5 Physical therapy personnel should model APTA's core values for professionalism.

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

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

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

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

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

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

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

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

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APTA GUIDELINES FOR SITE COORDINATORS OF CLINICAL EDUCATION

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

1.1 To qualify as a Site Coordinator of Clinical Education (SCCE), an individual should meet the Guidelines: Site Coordinators of Clinical Education. Preferably, a physical therapist or a physical therapist assistant is designated as the SCCE. Various alternatives may exist, including, but not limited to, nonphysical therapist professionals who possess the skills to organize and maintain an appropriate clinical education program.

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

1.1.1.1 The SCCE meets the requirements of APTA's Guidelines for Clinical Instructors.

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

1.1.2.1 The SCCE meets the non-discipline-specific APTA Guidelines: Clinical Instructors (i.e., Guidelines 2.0, 3.0, 4.0, and 5.0).

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

1.3 The SCCE demonstrates ethical and legal behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy.

2.0 THE SITE COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE COMMUNICATION AND INTERPERSONAL SKILLS.

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

2.1.1 The SCCE performs administrative functions between the academic program and clinical education site, including, but not limited to, completion of the clinical center

information forms (CCIF), clinical education agreements, student placement forms,* and policy and procedure manuals.

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

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

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

2.1.5 The SCCE communicates with the Academic Coordinator of Clinical Education* (ACCE) regarding clinical education planning, evaluation, and CI development.

2.1.6 The SCCE is open to and encourages feedback from students, CIs, ACCEs, and other colleagues.

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

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

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

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

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

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

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

3.4 The SCCE, in conjunction with CIs, plans and implements challenging clinical learning experiences for students demonstrating distinctive performance.

3.5 The SCCE, in conjunction with CIs, plans and implements learning experiences to accommodate students with special needs.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.1.2 The SCCE implements a plan for program review and revision that reflects the changing health care environment.

6.2 The SCCE advocates for clinical education with the clinical education site's administration, the provider of physical therapy's administration, and physical therapy personnel.

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

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

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

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

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

6.6 The SCCE demonstrates knowledge of the clinical education site's philosophy and commitment to clinical education.

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

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APTA GUIDELINES FOR CLINICAL INSTRUCTORS

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

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

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

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

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

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

1.2.3 Rationale and evidence is provided by:

1.2.3.1 The physical therapist for examination, evaluation, diagnosis, prognosis, interventions, outcomes, and re-examinations.

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

1.2.4 The CI demonstrates effective time-management skills.

1.2.5 The CI demonstrates the core values associated with professionalism in physical therapy.

1.3 The CI adheres to legal practice standards.

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

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

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

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

1.4 The CI demonstrates ethical behavior.

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

2.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

2.1 The CI uses verbal, nonverbal, and written communication skills and information technology to clearly express their self to students and others.

2.1.1 The CI defines performance expectations for students.

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

2.1.3 The CI provides feedback to students.

2.1.4 The CI demonstrates skill in active listening.

2.1.5 The CI provides clear and concise communication.

2.2 The CI is responsible for facilitating communication.

2.2.1 The CI encourages dialogue with students.

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

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

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

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

3.1 The CI forms a collegial relationship with students.

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

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

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

3.1.4 The CI is willing to share their strengths and weaknesses with students.

3.2 The CI is approachable by students.

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

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

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

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

4.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

4.1 The CI collaborates with students to plan learning experiences.

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

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

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

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

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

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

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

5.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

5.1 The CI supervises the student in the clinical environment by clarifying goals, objectives, and expectations.

5.1.1 The CI presents clear performance expectations to students at the beginning and throughout the learning experience.

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

5.2 Feedback is provided both formally and informally.

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

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

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

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

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

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

6.0 THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS.

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

6.1.1 The CI familiarizes their self with the student's evaluation instrument prior to the clinical education experience.

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

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

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

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

6.3 The CI demonstrates a constructive approach to student performance evaluation that is educational, objective, and reflective and engages students in self-assessment (e.g., problem identification, processing, and solving) as part of the performance evaluation process.

6.4 The CI fosters student evaluations of the clinical education experience, including learning opportunities, CI and SCCE performance, and the evaluation process.

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PHYSICAL THERAPIST CLINICAL EDUCATION GLOSSARY*

CLINICAL EDUCATION INFRASTRUCTURE

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| <i>Clinical education</i> | A formal supervised experiential learning, focused on development and application of patient/client-centered skills and professional behaviors. It is designed so that students gain substantial, relevant clinical experience and skills, engage in contemporary practice, and demonstrate competence before beginning independent practice. ¹⁻³ |
| <i>Clinical education agreement</i> | A formal and legally binding agreement that is negotiated between academic institutions and clinical education sites or individual providers of clinical education that specifies each party's roles, responsibilities, and liabilities relating to student clinical education. ⁴ |
| <i>Clinical education curriculum</i> | The portion of a physical therapy education program that includes all part-time and full-time clinical education experiences as well as the supportive preparatory and administrative components. ⁴ |
| <i>Clinical education experience</i> | Experiences that allow students to apply and attain professional knowledge, skills, and behaviors within a variety of environments. Experiences include those of short and long duration (e.g., part-time, full-time), provide a variety of learning opportunities, and include physical therapy services for patients/clients across the lifespan and practice settings. Although the emphasis is on the development of patient/client physical therapy skills, experiences may also include inter-professional experiences and non-patient/client service delivery such as research, teaching, supervision, and administration. Clinical education experiences are a part of the professional curriculum and include formal student assessment. ⁵⁻⁸ |
| <i>Collaborative clinical education model</i> | A clinical education experience in which two (or more) physical therapist students are assigned to one (or more) preceptor/clinical instructor(s). The students work cooperatively under the preceptor/clinical instructor(s). Examples include 2:1, 2:2, 3:1, etc. student to preceptor/clinical instructor ratio. Students may be from the same or different programs and may be at the same or different levels of training. ⁹⁻¹¹ |

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| <i>Didactic curriculum</i> | The component of the physical therapist professional education program that is comprised of the content, instruction, learning experiences, and assessment directed by the academic faculty. ^{3,12,13} |
| <i>Fellowship</i> | A post-professional planned learning experience in a focused advanced area of practice. Similar to the medical model, a fellowship is a structured educational experience (both didactic and clinical) for physical therapists which combines opportunities for ongoing mentoring with a theoretical basis for advanced practice and scientific inquiry in a defined area of sub-specialization beyond that of a defined specialty area of practice. A fellowship candidate has either completed a residency program in a related specialty area or is a board-certified specialist in the related area of specialty. Fellowship training is not appropriate for new physical therapy graduates. ¹⁴ (http://www.abptrfe.org/uploadedFiles/ABPTRFEorg/For_Programs/Apply/ABPTRFE_CredentialingHandbook.pdf) [Note: This definition will be updated to remain consistent with future revisions to the ABPTRFE Accreditation Handbook.] |
| <i>Full-time clinical education experience</i> | A clinical education experience in which a student is engaged for a minimum of 35 hours per week. Full-time clinical education experiences designated to achieve the minimum number of weeks set forth by CAPTE are directed by a physical therapist clinical instructor. ^{5,7} An integrated clinical education experience may be a full-time clinical education experience. (Emory DPT requires a minimum of 40 hours per week.) |
| <i>First full-time clinical education experience</i> | The first clinical education experience designated to achieve the minimum number of weeks set forth by CAPTE in which a student engages for a minimum of 35 hours per week. (Emory DPT requires a minimum of 40 hours per week.) |
| <i>Intermediate full-time clinical education experience</i> | A clinical education experience designated to achieve the minimum number of weeks set forth by CAPTE in which a student engages for a minimum of 35 hours per week and returns to the academic program for further completion of the didactic curriculum. (Emory DPT requires a minimum of 40 hours per week.) |
| <i>Terminal full-time clinical education experience</i> | A single, or set of, full-time clinical education experience(s) designated to achieve the minimum number of weeks set forth by CAPTE that occurs after the student has completed the didactic curriculum of a physical therapist professional education program. Students may return to the academic program for didactic instruction that does not require additional clinical education experiences. The expected outcome of the final, or last terminal experience is entry-level performance. ⁷ (Emory DPT requires a minimum of 40 hours per week.) |

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| <i>Integrated clinical education (ICE)</i> | <p>ICE is a curriculum design model whereby clinical education experiences are purposefully organized within a curriculum. In physical therapist education, these experiences are obtained through the exploration of authentic physical therapist roles, responsibilities, and values that occur prior to the terminal full-time clinical education experiences.</p> <p>Integrated experiences are coordinated by the academic program and are driven by learning objectives that are aligned with didactic content delivery across the curricular continuum. These experiences allow students to attain professional behaviors, knowledge, and/or skills within a variety of environments. The supervised experiences also allow for exposure and acquisition across all domains of learning and include student performance assessment.</p> <p>For integrated clinical education experiences to qualify toward the minimum number of full-time clinical education weeks required by accreditation (CAPTE) standards, they must be full time and supervised by a physical therapist within a physical therapy workplace environment or practice setting. (Emory DPT requires a minimum of 40 hours per week.)</p> |
| <i>International clinical education experiences</i> | A student educational opportunity outside of the country in which the physical therapist education program is situated, for which the student obtains clinical education credit. [Note: The abbreviation ICE should not be used to describe an international clinical education experience. ^{7,15}] |
| <i>Internship</i> | A terminal full-time clinical education experience that provides recompense to participants in accordance with federal labor laws under the Fair Labor Standards Act. ¹⁶ |
| <i>Learning experience</i> | Any experience which allows or facilitates a change in attitude or behavior. A planned learning experience includes a learner, an objective for the learner, a situation devised to produce a response that contributes to the objective, a response by the student, and reinforcement to encourage the desired response. ³ |
| <i>Part-time clinical education experience</i> | A clinical education experience in which a student engages in clinical education for less than 35 hours per week. Part-time experiences vary in length. A part-time clinical education experience may be considered an integrated clinical education experience depending on the design of the experience and the learning objectives. ^{7,17} |
| <i>Physical therapist</i> | Education comprised of didactic and clinical education designed to assure that students acquire the professional knowledge, skills, and behaviors required for entry-level physical therapist practice. ^{3,18,19} |

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| <i>professional education program</i> | |
| <i>Physical therapist post-professional education program</i> | Degree and non-degree based professional development for the physical therapist to enhance professional knowledge, skills, and abilities beyond entry level. Examples include, but are not limited to, continuing education courses, post-professional doctoral education programs, certificate programs, residencies, and fellowships. ¹⁹ |
| <i>Residency</i> | <p>A post-professional planned learning experience in a focused area of practice. Similar to the medical model, a residency program is a structured educational experience (both didactic and clinical) for physical therapists following entry-level education and licensure that is designed to significantly advance the physical therapist's knowledge, skills, and attributes in a specific area of practice (i.e. Cardiovascular/Pulmonary, Faculty, Orthopedics, Sports, Pediatrics, etc). It combines opportunities for ongoing mentoring, with a theoretical basis for advanced practice and scientific inquiry based on a Description of Specialty Practice (see definition), Description of Residency Practice (see definition), or valid analysis of practice/comprehensive needs assessment for that specific area of practice. When board certification exists through ABPTS for that specialty, the residency training prepares the physical therapist to pass the certification examination following graduation. A residency candidate must be licensed as a physical therapist in the State where the program is located/clinical training will occur prior to entry into the program. Neither "residency" nor "fellowship" is synonymous with the terms "internship."¹⁴</p> <p>(http://www.abptrfe.org/uploadedFiles/ABPTRFEorg/For_Programs/Apply/ABPTRFE_CredentialingHandbook.pdf)</p> <p>[Note: This definition will be updated to remain consistent with future revisions to the ABPTRFE Accreditation Handbook.]</p> |

CLINICAL EDUCATION SITES

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| <i>Clinical education site</i> | A health service delivery agency or other setting in which clinical education experiences are provided for physical therapist students. The clinical education site may be, but is not limited to, a hospital, agency, clinic, office, school, or home and is affiliated with the educational program(s) through a contractual agreement. ^{3,4} |
| <i>Clinical education environment</i> | The physical space(s), and/or the structures, policies, procedures, and culture, within the clinical education site. |

CLINICAL EDUCATION STAKEHOLDERS

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| <i>Academic faculty</i> | Educators and scholars within the academic institution dedicated to preparing students with the skills and aptitudes needed to practice physical therapy. ²⁰ |
| <i>Academic institution</i> | University or college through which an academic degree is granted. ⁴ |
| <i>Clinical education consortia</i> | National and regional groups that include academic and clinical education faculty for the purpose of sharing resources, ideas, and efforts. ⁴ |
| <i>Clinical education faculty</i> | The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Site Coordinators of Clinical Education (SCCEs), preceptors, or clinical Instructors. While the academic institution does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services. ⁷ |
| <i>Clinical instructor (CI)</i> | The physical therapist responsible for the physical therapist student and for directly instructing, guiding, supervising, and formally assessing the student during the clinical education experience. When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE, the clinical instructor must be a licensed physical therapist with a minimum of one year of full time (or equivalent) post-licensure clinical experience. ^{4,21,22} |

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| <i>Director of Clinical Education (DCE)</i> | Academic faculty member who is responsible for planning, directing and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development. ^{21,23,24} |
| <i>Physical therapist student</i> | Student enrolled in a CAPTE-accredited or approved developing physical therapist professional education program. Students should not be referred to as a physical therapy student. |
| <i>Preceptor</i> | An individual who provides integrated specialized instruction, guidance, and supervision for the physical therapist student during a clinical education experience. This individual may or may not be a physical therapist as permitted by law. |
| <i>Site Coordinator of Clinical Education (SCCE)</i> | A professional who administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience. In addition, this person determines the readiness of persons to serve as preceptors and clinical instructors for students, supervises preceptors and clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information to academic programs. ^{4,21,25} |

CLINICAL EDUCATION ASSESSMENT

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| <i>Clinical performance assessment</i> | Formal and informal processes designed to appraise physical therapist student performance during clinical education experiences. Assessment may be formative or summative in nature and performed for the purposes of providing feedback, improving learning, revising learning experiences, and determining successful attainment of student performance expectations during clinical education experiences. ^{3,21,26,27} |
| <i>Clinical performance evaluation tool</i> | A valid, reliable, and multidimensional clinical performance assessment tool utilized to determine if, and how well, a student meets established objectives during clinical education experiences. ^{4,28,29,30} |
| <i>Entry-level physical therapist clinical performance</i> | Performance that demonstrates knowledge, skills, and behaviors consistent with effective, efficient, and safe patient/client management to achieve optimal outcomes. ^{21,28} |

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| Supervision | Guidance and direction provided to a physical therapist student by the preceptor or clinical instructor. This varies based on the complexity of the patient/client or environment; jurisdiction and payer rules and regulations; and abilities of the physical therapist student. ^{4,21,28} |
|--------------------|--|

* Erickson M, Birkmeier M, Booth M, Hack LM, Hartmann J, Ingram DA, Jackson-Coty JM, LaFay VL, Wheeler E, Soper S. Recommendations From the Common Terminology Panel of the American Council of Academic Physical Therapy. *Phys Ther*. 2018 Sep 1;98(9):754-762. doi: 10.1093/ptj/pzy075.

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CHARACTERISTICS OF AN EFFECTIVE STUDENT

1. Independent, able to take the initiative.
2. Thirst for knowledge (open to learning), seeks information.
3. Looks up information and evidence-based research to support clinical reasoning.
4. Flexible.
5. Establishes good rapport with others.
6. Ask questions; inquisitive.
7. Enthusiastic, positive attitude.
8. Confident with present knowledge base.
9. Listens to feedback and acts on it.
10. Gives feedback to CI; indicates own needs.
11. Honest with CI if they are having difficulty with a concept.
12. Willing to try even if unsure.
13. Aware of own strengths and limitations.
14. Interested in facilities areas of practice.
15. Actively participates during provision of patient care – offering ideas.
16. Brings fresh ideas and is willing to verbalize them.
17. Demonstrates good basic knowledge and examination skills.
18. Observant to “little things” about patient, family, and others.
19. Creative.
20. Professional Behavior.**
21. Respectful.**
22. Completes assignments.**

** Adapted from a pilot project May, Bella JPT, PHD, FAPTA, Department of Physical Therapy, Medical College of Georgia. Used with permission.*

***2nd Annual Georgia Consortium of Clinical Educators March 4, 2017*

CHARACTERISTICS OF AN INEFFECTIVE STUDENT

1. Passive, non-questioning, waits to be “spoon-fed”.
2. Does not communicate needs/interests.
3. Dependent; passive follower.
4. Afraid of making mistakes, with fear obstructing action and progression of learning.
5. Lacks people skills.
6. Arrogant.
7. Concerned about grades without concern of development competencies and skills, and improvement in patient care delivery.
8. Insecure.
9. Does not have basic clinical skills.
10. Too preoccupied with outside interests.
11. Negative mind set.
12. Says yes to CI without really processing what is being asked.
13. Complains constantly.
14. Does not listen to feedback on patient care.
15. Whines.
16. Acts overwhelmed, unwilling to seek or receive assistance, obstructing action and progression of learning.
17. Too philosophical or book knowledge oriented.
18. Does not respect other staff.
19. Makes excuses for mistakes or inappropriate behaviors.

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CLINICAL EDUCATION FACULTY

QUALIFICATIONS OF CLINICAL INSTRUCTOR

1. Minimum of one year of clinical experience
2. Recommended by the SCCE
3. Certified as an APTA clinical instructor or interested in obtaining certification
4. State Licensure
5. Adheres to standards of excellence, legal and ethical behaviors outlined in APTA Guidelines and state practice acts.

RIGHTS AND PRIVILEGES

1. The program provides an ethics course and an APTA clinical instructor-credentialing course each year at no cost to all clinical instructors in the state. All instructors who have worked with our students in the past or have made a commitment for a future clinical affiliation are eligible for these courses.
2. Faculties of the program provide three-hour continuing education courses for CEUs to the instructors providing Integrated Clinical Education experiences. These courses are offered during the clinical instructor meetings as part of the preparation of clinical instructors for the clinical education experience associated with each symptom complex. The content of these courses is determined by the symptom complex currently covered in class. Material is presented to identify and update evidence to support the examinations and interventions taught and practiced in class and the laboratory.
3. Regularly scheduled classes in the program, based on available space and resources, are open to the clinical education faculty.
4. Program faculties are also available to the clinical education faculty for consultation on patient care problems and on clinic research projects.
5. Options also exist, based on available resources and program commitments, for weekend courses offered by program faculties for clinical education faculty.
6. Clinical education faculty can use the Emory University Medical Library on campus.

ADDITIONAL RESOURCES:

Resource #1

CLINICAL AFFILIATION AGREEMENT

Agreement Concerning Affiliation for Clinical Education Between Emory University School of Medicine And [Insert Facility Name]

This agreement (“Agreement”) is made as of [INSERT DATE] (the “Effective Date”) between Emory University, by and through its School of Medicine, a Georgia non-profit institution with an office at 100 Woodruff Circle N.E., Atlanta, GA 30322 (“School”) and [INSERT FACILITY NAME AND ADDRESS] (“Facility”).

1. PURPOSE. The purpose of this Agreement is to guide and direct the parties respecting their affiliation to provide clinical education experiences at Facility for students who are enrolled in School’s following programs: Anesthesiology Assistant, Human Genetics, M.D. Degree, Medical Imaging, Physical Therapy, and Physician Assistant (“Students”).
2. GENERAL UNDERSTANDING
 - 1) Clinical Education Experience. The Clinical Education Experience (“Education Experience”) to be provided will be of such content, and cover such periods of time, as may be mutually agreed upon by School and Facility, from time to time. The starting and ending date for each Education Experience will be agreed upon before the program begins, but will be subject to the final approval of Facility.
 - 2) Student Participants. The number of Students designated for participation in an Education Experience will be determined by mutual agreement of School and Facility, and may at any time be altered by mutual agreement. All Student participants must be acceptable to both parties, and either party may withdraw any Student from an Education Experience based upon perceived lack of competency on the part of the Student, the Student's failure to comply with the rules and policies of Facility, or for any other reason that causes either party to reasonably believe that it is not in the best interest of the party for the Student to continue.
 - 3) Non-Discrimination. To the extent applicable, both parties shall abide by the requirements of the United States Code of Federal Regulations - 41 CFR §§ 60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin,

protected veteran status or disability. In addition, the parties agree that, in fulfilling their respective obligations and duties under this Agreement, they shall not discriminate against any individual or group on the basis of race, religion, age, sex, national origin, citizenship, disability, sexual orientation, genetic information, or veterans/national guard/military reserve status.

3. TERM AND TERMINATION. Unless sooner cancelled as provided below, the term of this Agreement will be five (5) years, commencing on the Effective Date and ending on [INSERT DATE]. This Agreement may be renewed by mutual written consent of the parties. It also may be cancelled at any time by either party upon not less than thirty (30) days written notice; provided that all Students currently enrolled or participating in an Education Experience at the Facility at the time of such notice of termination shall be given the opportunity to continue such participation and the parties shall continue to perform under the terms hereof with regard to the Students, until the sooner of each Student's individual completion of the Education Experience or six (6) months from the date of the notice of termination.

4. SCHOOL'S RESPONSIBILITIES.

- 1) School Faculty. If faculty member of School will accompany Students during their Education Experience at Facility, such faculty shall not render patient care at Facility unless the faculty member is credentialed and approved to provide such patient care by Facility's appropriate committees and/or governing body. School shall not assign any faculty member to Facility in connection with the operation of the Education Experience who is not appropriately licensed and credentialed. The parties acknowledge that School's faculty members and Students are not employees of Facility by reason of this Agreement. School shall ensure that its participating faculty members have current worker's compensation insurance coverage. School is solely responsible for paying its participating faculty and for processing all applicable payroll deductions for them.

- 2) Student Selection; Responsibility of Academic Affairs. School shall use its best efforts to select Students for participation in the Education Experience who are prepared for effective participation in the clinical training phase of their education. Only Students who have satisfactorily completed the prerequisite didactic portion of their curriculum will be selected for participation in the Education Experience. School will retain ultimate responsibility for academic affairs, the education and evaluation of Students, and the assurance of Student and faculty access to appropriate resources for medical student education. To the extent that the department heads of School are not also the clinical service chiefs of Facility, the department heads of School shall have ultimate authority to assure faculty and student access to appropriate academic resources for medical student education of Students.

- 3) Student Compliance. School shall inform Student and faculty that they shall be required to comply with Facility's rules, regulations and procedures, and shall use its best efforts to keep Students and faculty informed as to the same and any changes

therein of which School is made aware. Specifically, School shall keep each Student and faculty member apprised of their responsibilities, including but not limited to the following:

- a) To follow the administrative policies, standards and practices of Facility when in Facility.
- b) To provide the necessary and appropriate uniforms and supplies required where not provided by Facility.
- c) To report to Facility on time and to follow all rules and regulations of Facility.
- d) To comply with federal and state laws, including but limited to the Health Insurance Portability and Accountability Act of 1996 and the federal regulations issued thereunder (collectively “HIPAA”), regarding the confidentiality of all medical, health, financial and social information (including mental health) pertaining to particular clients or patients.
- e) To wear a name tag that clearly identifies them as a Student or faculty member.
- f) To refrain from publishing any material related to the clinical education experience that identifies Facility or its patients or staff, directly or indirectly, or uses the name of Facility, without first obtaining written approval from Facility.
- g) To comply with all federal, state and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances.
- h) To follow Centers for Disease Control and Prevention (C.D.C.) Universal Precautions for Bloodborne Pathogens, C.D.C. Guidelines for Tuberculosis Infection Control and Occupational Safety and Health Administration (O.S.H.A.) Respiratory Protection Standards.

4) Vaccinations.

- a) School shall require each Student to maintain proof of a current TB test, the results of which will be made available to Facility upon request. School shall advise each Student and faculty member that any expenses resulting from illness or injury occurring during their experience at Facility may be the responsibility of that individual, and shall inform all Students and faculty of the need to maintain health/accident insurance.
- b) School shall require each Student to provide documentation of the fact that they have been appropriately vaccinated against influenza, measles, mumps and rubella (MMR); has satisfactorily proven immunity to these diseases, according to current CDC guidelines; or is unable, for bona fide medical reasons, to receive such vaccinations.

c) School shall require each Student to provide documentation of the fact that they have received the complete hepatitis B vaccination series, has begun the hepatitis B vaccine series and will complete the full series before the end of clinical training; has satisfactorily proven immunity to hepatitis B through antibody testing, or is unable, for bona fide medical reasons to receive such vaccination.

5) Student Accommodations. School and Facility acknowledge that it is the sole responsibility of each Student to arrange for the Student's living accommodations while participating in the Education Experience at Facility.

6) School Insurance. School shall secure and maintain at all times during the term of this Agreement, at its sole expense, appropriate general and professional liability insurance coverage in amounts of at least \$1,000,000 per occurrence and \$3,000,000 in the annual aggregate with insurance carriers or self-insurance programs covering itself and its students and employees. In addition, School shall maintain excess coverage of at least \$5,000,000 over and above the primary limits, which shall apply if the primary limits should be exhausted. Should any of the insurance policies be written on a claims-made basis, insurance requirements shall survive the expiration of this Agreement and extended coverage shall be afforded for at least two (2) years after the expiration of this Agreement. School shall make reasonable business efforts to provide written notice to Facility of any material changes in the above-referenced insurance coverage. Facility shall have a right to terminate this Agreement in the event of changes in School's insurance that are unacceptable.

5. FACILITY'S RESPONSIBILITIES

1) Facility Liaison. Facility will assign a staff representative as liaison between Facility and School.

2) Direction and Coordination. As appropriate, Facility shall appoint a qualified Facility employee who will be responsible for directing and coordinating the Education Experiences of the Students at the Facility.

3) Patient Care. Facility will retain responsibility for the care of patients and will maintain administrative and professional supervision of Students insofar as their presence and Education Experiences affect the operation of Facility and its care, direct and indirect, of patients.

4) Use of Facilities. Facility will provide adequate clinical facilities for Students in accordance with the clinical objectives developed through cooperative planning by School faculty and Facility staff. Facility shall permit Students to use the facilities and resources of the Facility when available, such as libraries, lounges, conference rooms, and audio-visual and other teaching equipment, consistent with the policies and procedures of the Facility.

- 5) Evaluation. Facility staff will, upon request, assist School in the evaluation of the learning and performance of Students, provided the Student has signed a consent to the exchange of educational information in accordance with the Family Educational Rights and Privacy Act of 1974, as amended. Although School shall retain all required consents, Facility will have the right to rely on such consents and to obtain copies of such consents upon request. Any evaluation of Students by Facility will relate only to the general Student participation in the Education Experience and will in no way be construed as a certification by Facility as to the competence of any Student or a representation by Facility of any Student's ability or competence in connection with the practical implementation of any knowledge gained through the Education Experience.
- 6) Student Information. Facility acknowledges that the information provided by School, or others on behalf of School, that directly relates to any Student, including academic information, professional information (e.g., licenses obtained, suspension, revocation); training and/or certifications; health information; and the results of any criminal background check and/or drug testing/treatment information, hereinafter ("Student information") is protected by the Family Educational Rights and Privacy Act (FERPA). Facility agrees that it (1) will protect the confidentiality of Student information; (2) will not use Student information for any purpose other than to carry out the purposes of this Agreement; and (3) will not disclose Student information except to individuals within its organization who have a legitimate need to know Student information.
- 7) Orientation. As necessary for the purposes of the Education Experience, Facility will provide the orientation to the School faculty representative(s) and Students as to the Facility, philosophies, rules, regulations and policies of Facility.
- 8) Emergency Care. Facility will provide emergency health care to Students who become ill or injured while at Facility, including treatment immediately following exposure to bloodborne pathogens or other infectious or environmental hazards. The cost of treatment provided pursuant to this section will be the responsibility of the Student.
- 9) Licensure. Facility shall maintain health facility licensure as required by applicable law and meet criteria for accreditation as established by the Joint Commission on Accreditation of Healthcare Organizations or other appropriate accrediting agency.
- 10) Protective Equipment. Facility will make available to Students and faculty (if present) for use within Facility all personal protective equipment, including gloves, gowns, masks, and other supplies necessary to comply with Centers for Disease Control guidelines, as appropriate to the Student's training in the Education Experience.
- 11) Facility Insurance. Facility shall secure and maintain at all times during the term of this Agreement, at its sole expense, appropriate general and professional liability insurance coverage in amounts of at least \$1,000,000 per occurrence and \$3,000,000

in the annual aggregate with insurance carriers or self-insurance programs covering itself and its employees. In addition, Facility shall maintain excess coverage of at least \$5,000,000 over and above the primary limits, which shall apply if the primary limits should be exhausted. Should any of the insurance policies be written on a claims-made basis, insurance requirements shall survive the expiration of this Agreement and extended coverage shall be afforded for at least two (2) years after the expiration of this Agreement. Facility shall make reasonable business efforts to provide written notice to School of any material changes in the above-referenced insurance coverage. School shall have a right to terminate this Agreement in the event of changes in Facility's insurance that are unacceptable.

E. **MUTUAL RESPONSIBILITIES; MISCELLANEOUS:**

1) Education Experience Environment. The parties shall work together to maintain an environment of quality clinical learning experiences and quality patient care. At the request of either party, a meeting or conference will be held between representatives of Facility and School to resolve any problems or develop any improvements in the operation of the Education Experience(s).

2) HIPAA. Before Students begin an Education Experience at Facility, School shall provide the Students with basic training regarding confidentiality of protected health information under the HIPAA, and Facility shall provide Students with specific training in Facility's HIPAA policies upon Student's arrival at Facility. For purposes of HIPAA, School and Facility acknowledge that School's faculty and Students are part of Facility's "work force", as defined in the HIPAA Privacy Regulations at 45 C.F.R. 160.103, and as such, no Business Associate agreement is required between School and Facility.

3) Excluded Provider. Each party represents and warrants to the other that it (i) is not currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs as defined in 42 U.S.C. §1320a-7b(f) (the "federal health care programs"); (ii) is not convicted of a criminal offense related to the provision of health care items or services and has not been excluded, debarred or otherwise declared ineligible to participate in the federal health care programs; and, (iii) is not under investigation or otherwise aware of any circumstances that may result in it being excluded from participation in the federal health care programs. This shall be an ongoing representation and warranty during the term of the Agreement. Either party shall immediately notify the other of any change in the status of the representation and warranty set forth in this section. Any breach of this section shall give the other party the right to terminate the Agreement immediately for cause.

4) Indemnification. Each party shall indemnify, defend and hold harmless the other party against: (i) any and all liability arising out of the indemnifying party's failure to comply with the terms of this Agreement, and any injury, loss, claims, or damages arising from the negligent operations, acts, or omissions of the indemnifying party's employees or agents relating to or arising out of their services under this Agreement;

and (ii) any and all costs and expenses, including reasonable legal expenses, incurred by or on behalf of indemnified party in connection with the defense of such claims.

5) No Third Party Beneficiary. This relationship is intended solely for the mutual benefit of the parties, and there is no intention, express or otherwise, to create any rights or interests for any party or person other than School and Facility. Without limiting the generality of the foregoing, no rights are intended to be created for any Student, faculty member, or patient, or spouse, next of kin, employer or prospective employer of any Student, faculty member or patient.

6) Notices. Any notices or other communication required or allowed under this Agreement shall be in writing and will be deemed sufficiently given if personally delivered or sent by registered or certified mail, postage prepaid, addressed or delivered as follows:

If to School:

Emory University School of Medicine
Associate Dean, Faculty Affairs Administration
100 Woodruff Circle, N.E.
Atlanta, Georgia 30322

If to Facility

[INSERT FACILITY ADDRESS]

With a Copy to:

Office of the General Counsel
Emory University
201 Dowman Drive
102 Administration Building
Atlanta Georgia 30322
Attn: Deputy General Counsel/Chief Health Counsel

Any party may change its notice address by giving notice to the other party in conformance herewith. Any notice shall be deemed to have been given, if mailed, as of the date mailed, and, if personally delivered, as of the date delivered.

7) Amendments. This Agreement may be modified or amended only by mutual consent of the parties, provided any and all modifications or amendments shall be in writing and signed by authorized representatives of the parties.

8) Assignment. Neither party may assign this Agreement without the prior written approval of the other party. Any attempted assignment shall be void and of no effect if not in accordance with this provision.

9) No Waiver. No waiver of any term or provision of this Agreement shall be effective unless in writing and signed by the party to be charged. No waiver of a breach of any provision of this Agreement shall be construed to be a waiver of any breach of any other provision. No delay in acting with regard to any breach of any provision of this Agreement shall be construed to be a waiver of such breach.

10) Severability. If any provision of this Agreement is held to be illegal, invalid or unenforceable under present or future laws effective during the term of this Agreement, the legality, validity and enforceability of the remaining provisions shall not be affected thereby.

11) Entire Agreement. This Agreement and all exhibits and attachments hereto constitutes the entire agreement of the parties with respect to the subject matter hereof.

12) Non-exclusivity. This Agreement is non-exclusive and does not affect either party's ability to enter into a similar agreement with other parties.

13) Applicable Law. This Agreement, and any claim, action, suit, proceeding or dispute arising out of or in connection with this Agreement, shall in all respects be governed by, and interpreted in accordance with, the substantive laws of the State of Georgia, without regard to the conflicts of laws provision thereof. Any action or proceeding brought by either party to enforce its rights under this Agreement shall be brought exclusively in any state or superior court of competent jurisdiction located in the County of Fulton, State of Georgia, USA or in federal court in the Northern District of Georgia.

14) No Joint Venture or Partnership. At all times during the term of this Agreement, the relationship between Facility and School with respect to the subject matter hereof will be that of two independent entities contracting with each other at arms-length, and no joint venture, partnership or other joint enterprise will be deemed to result from this Agreement. School and Facility are and at all times shall remain independent and autonomous with respect to their obligations under this Agreement.

15) Delay or Non-Performance. Neither party shall be liable for any failure, inability or delay to perform hereunder, if such failure, inability or delay is due to any cause beyond the reasonable control of the party so failing and due diligence is used in curing such cause and in resuming performance.

16) Successors and Assigns. Agreement shall be binding upon, and shall inure to the benefit of, the parties and their respective successors and permitted assigns.

17) Authority. Each party represents and warrants that it has the full power and authority to enter into this Agreement, to consummate the transactions contemplated to be consummated hereby, and to perform the obligations hereunder. This Agreement has been duly executed and delivered and constitutes each party's valid and binding obligation, enforceable in accordance with its terms.

18) Judicial Interpretation. Should any provision of this Agreement require judicial interpretation, it is agreed that the court interpreting or construing the same shall not apply a presumption that the terms hereof shall be more strictly construed against one party by reason of the rule of construction that a document is to be construed more

strictly against the party who itself or through its agent prepared the same, it being agreed that the agents of both parties have participated in the preparation hereof.

19) Counterparts. The parties may execute this Agreement in counterparts, including facsimile, PDF, and other electronic copies, which taken together will constitute one instrument.

Signature Page to Agreement Concerning Affiliation for Clinical Education

IN WITNESS WHEREOF, the parties hereto, through their authorized representatives, have affixed their signatures below.

**Emory University through its School of [INSERT FACILITY NAME]
Medicine**

By:

By:

J. William Eley, M.D., M.P.H.
Executive Associate Dean for Medical
Education and Student Affairs

Date

Date

Revised Feb 2021

Resource #2

CRITERIA FOR SELECTION OF CLINICAL EDUCATION FACILITIES

Date:

| | |
|---------------------------|--|
| Facility | |
| SCCE | |
| Address: | |
| Phone 1 | |
| Phone 2 | |
| Fax | |
| Email | |
| Facility website address: | |

| Please circle 'Yes' or 'No' for each question/statement; and type any needed comments directly in the box | Yes | No |
|---|------------|-----------|
| Accreditation Status (list agencies and dates, for example The Joint Commission, the Commission on Accreditation of Rehab Facilities, etc.): | Yes | No |
| Clinical instructors are licensed to practice in the state where they are employed | Yes | No |
| Clinical instructors have at least one year of recent experience in client care | Yes | No |
| A plan exists for orienting new staff or students to the facility and the rehab therapy department | Yes | No |
| Adequate space and equipment are available and used for the clinical education program (e.g. desk, computer, locker, etc.) | Yes | No |
| Adequate staffing is available to provide supervision for students, in addition to managing the responsibility of client care a. number of therapists on staff b. if only one therapist is onsite, what plans are in place to supervise the student if the therapist is absent? c. typical number of patients seen by therapist per day d. typical number of patients seen by therapist per day when serving as a clinical instructor | Yes | No |

| What type of learning models do you use for clinical education at your facility(s)? | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------|--------------------------------|-------------------|--|-----------------|--|--------------|--|------------|--|------------|--|------------|--|-------|--|---------------------------------|--|-----------------|--|--------------|--|------------|--|------------|--|------------|--|-------|--|----------------------------------|--|-----------------|--|--------------|--|------------|--|------------|--|------------|--|-------|--|--|--|
| a. Two CI's to one student | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. 1:1 | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. One CI to two students | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Other collaborative models (i.e. 3:1) | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Other interdisciplinary collaborative models (i.e. 1 CI, 1 PT, 1 PTA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identify the type of settings available, and patient populations cared for at the facility. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Setting</th> <th>Client Population (% of total)</th> </tr> </thead> <tbody> <tr> <td>Acute Care</td> <td></td> </tr> <tr> <td>General Medical</td> <td></td> </tr> <tr> <td>Neurological</td> <td></td> </tr> <tr> <td>Orthopedic</td> <td></td> </tr> <tr> <td>Geriatrics</td> <td></td> </tr> <tr> <td>Pediatrics</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> <tr> <td>Inpatient Rehabilitation</td> <td></td> </tr> <tr> <td>General Medical</td> <td></td> </tr> <tr> <td>Neurological</td> <td></td> </tr> <tr> <td>Orthopedic</td> <td></td> </tr> <tr> <td>Geriatrics</td> <td></td> </tr> <tr> <td>Pediatrics</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> <tr> <td>Outpatient Rehabilitation</td> <td></td> </tr> <tr> <td>General Medical</td> <td></td> </tr> <tr> <td>Neurological</td> <td></td> </tr> <tr> <td>Orthopedic</td> <td></td> </tr> <tr> <td>Geriatrics</td> <td></td> </tr> <tr> <td>Pediatrics</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> </tbody> </table> | Setting | Client Population (% of total) | Acute Care | | General Medical | | Neurological | | Orthopedic | | Geriatrics | | Pediatrics | | Other | | Inpatient Rehabilitation | | General Medical | | Neurological | | Orthopedic | | Geriatrics | | Pediatrics | | Other | | Outpatient Rehabilitation | | General Medical | | Neurological | | Orthopedic | | Geriatrics | | Pediatrics | | Other | | | |
| Setting | Client Population (% of total) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Medical | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neurological | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orthopedic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Geriatrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pediatrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inpatient Rehabilitation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Medical | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neurological | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orthopedic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Geriatrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pediatrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outpatient Rehabilitation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Medical | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neurological | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orthopedic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Geriatrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pediatrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|-----|----|
| Other Settings: | | | |
| The facility's philosophy of clinical education is compatible with that of Emory, as outlined below: | | | |
| Problem-solving process is used in client care, program planning, and interdisciplinary activities | | Yes | No |
| Examinations and evaluations are initiated via direct access or healthcare provider referral | | Yes | No |
| A system exists for interprofessional access of the clients' plan of care | | Yes | No |
| Discharge summaries are completed for all clients | | Yes | No |
| Client's chart is reviewed before each treatment session | | Yes | No |
| Progress notes are routinely completed per policy | | Yes | No |
| Interprofessional activities exist within the facility and outside of the facility | | Yes | No |
| Staff attends client rounds, conferences, and/or clinic's staff meetings i. frequency: ii. types of rounds, conferences and clinics attended : iii. disciplines involved : | | Yes | No |
| Opportunities to observe other services (e.g. surgery, cardiac lab, other disciplines) | | Yes | No |

| | | |
|---|-----|----|
| Journal clubs. How often? | Yes | No |
| a. disciplines involved : | | |
| Interprofessional staff conduct client and family education classes | Yes | No |
| Opportunities are available within the department for staff members to express their feelings or attitudes about clients or departmental functions through: | Yes | No |
| a. staff meetings | Yes | No |
| b. client conferences | Yes | No |
| c. staff involvement in developing and revision of departmental policies and procedures | Yes | No |
| Opportunities are available within the facility for evaluation of programs of care by staff | Yes | No |
| i. client presentations/conferences | Yes | No |
| ii. staff meetings | Yes | No |
| iii. patient/client rounds | Yes | No |
| iv. chart reviews | Yes | No |
| v. journal clubs | Yes | No |
| The client and client's family are involved in the treatment program for following purpose: | Yes | No |
| a. identifying goals | Yes | No |
| b. identifying problems and solutions related to client care and goals | Yes | No |
| c. given explanations of program plan and goals | Yes | No |

| | | |
|---|-----|----|
| The teaching-learning process is applied to affect learning within the department with staff and clients, and outside the department with co-workers | Yes | No |
| Staff is involved in in-service programs a. frequency of programs b. content c. topics in the last year/presenter | Yes | No |
| Staff is provided support (time and financial) to be involved in continuing education programs. | Yes | No |
| Staff is involved in profession-related activities. | Yes | No |
| There is support for clinical education by administration and staff | Yes | No |
| Atmosphere is receptive to students | Yes | No |
| Staff is interested/invested in the clinical education process | Yes | No |
| Staff is allowed time to be involved in clinical education | Yes | No |
| Staff is allowed time to conduct feedback sessions with the student | Yes | No |
| Staff has previously been involved in clinical education a. extent of involvement (part-time internships, full-time internships, short-term internships, long-term internships): | Yes | No |
| Staff has experience in writing educational objectives | Yes | No |
| Staff has experience in planning learning experiences | Yes | No |
| Clinic has a written program of student expectations | Yes | No |
| Clinic has a clinical education handbook/policy and procedure manual | Yes | No |
| Support for clinical instructor training | Yes | No |
| Staff trained in clinical instruction a. APTA Credentialed Clinical Instructor Program b. other | Yes | No |
| A staff development program exists within the physical therapy department in clinical education. | Yes | No |

| | | |
|---|-----|----|
| a. content covered : | | |
| A mechanism exists for ongoing evaluation of the clinical education program | Yes | No |
| a. staff responsible: | | |
| b. components evaluated: | | |
| c. mechanisms used: | | |
| A Site Coordinator of Clinical Education is designated among the staff to coordinate and supervise the student program. | Yes | No |
| a. has had at least two years of recent experience in client care. | Yes | No |
| b. has had supervisory responsibilities with department staff or students. | Yes | No |
| c. has had administrative responsibilities | Yes | No |
| Knowledge in specific content areas and the best current research evidence are integrated in clinical planning | Yes | No |
| Infrastructure available to support evidence-based practice | Yes | No |
| a. computer access available to staff | Yes | No |
| b. computer access available to students | Yes | No |
| c. internet access | Yes | No |
| d. staff seeks relevant scientific evidence about the tests and measures, and treatment interventions they use | Yes | No |
| Research has been done or is being done within the facility | Yes | No |
| Is housing available from the facility | Yes | No |
| a. If not, is the SCCE able to assist the student with locating housing: | | |
| b. If not, are there apartments/rooms available to rent in close proximity to the facility: | | |
| Is AHEC housing available in the area? | Yes | No |

| | | |
|---|-----|-----|
| Do you provide diversity, equity, and inclusivity training for clinical instructors and employees? | Yes | No |
| 1. Do you update diversity, equity, and inclusivity training for clinical instructors and employees training annually? | Yes | No |
| 2. If not, how often? | | |
| Do you provide sexual harassment training for clinical instructors and employees? | Yes | No |
| 1. Do you update sexual harassment training annually for clinical instructors and employees? | Yes | No |
| 2. If not, how often? | | |
| Do you have an anti-discrimination policy for patients, employees, and students? | Yes | No |
| What interpreter services do you use for patients with limited English proficiency? a. | | N/A |
| Would you be willing to share your anti-discrimination policy for patients, employees, and students with the Emory DPT program? | Yes | No |
| 1. If you are willing to share your anti-discrimination policy with the Emory DPT program, please attach this form as well as the policy and return to the requestor's email. | | |

Date of Site visit/Date of Telephone conference:

Comments: