Chapter 3: Clinical Education Manual

OVERVIEW of CLINICAL EDUCATION

Clinical education, also referred to as clinical experiences or clinical rotations, plays a significant role in physical therapy education. In fact, approximately 40% of a student's time in Pacific's DPT program is spent in clinical education experiences! The primary goal of the Physical Therapy Program at Pacific University is to graduate well-rounded and highly competent clinicians ready to assume duties in any of the general areas of physical therapy practice. Our curriculum is organized so that classroom learning is periodically intermixed with full-time clinical education experiences. Beginning with the second semester of the first year and continuing thereafter, progressively longer time periods are spent in the clinic. Thus, by the end of the three year program, 39 weeks are devoted to five full-time clinical education experiences.

The Physical Therapy Program has affiliation agreements with over 600 different clinical facilities. These include hospitals, skilled nursing facilities, school districts, and private clinics offering experiences in acute care, outpatient orthopedics, neurological rehabilitation, geriatrics, and pediatrics. Within these broad areas, numerous specialties and subspecialties exist. Where there are valid reasons for expanding into previously unexplored areas, we make every attempt to do so.

Although the majority of our clinical education sites are in Oregon, students also may go to many other states for clinical education experiences, including Washington, Idaho, Utah, Wyoming, Alaska, Hawaii,

California, Arizona, Montana, Colorado, Nevada, New Mexico, and Texas, among others. Students may also participate in international clinical education experiences; we currently have affiliation agreements with sites in South Africa, Italy, and Belize. New clinical sites are continuously added in order to provide variety and quality to the students' clinical experiences and students are afforded the opportunity to nominate sites for consideration.

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CLINICAL SITE EVALUATION

Many different factors are considered in selecting and maintaining clinical sites. These include location, the type of physical therapy service provided, qualifications of the clinical instructors, the facility's overall philosophy on clinical education, and resources available to the student and clinical instructors. We strongly support and encourage clinical facilities to use the APTA Clinical Education Guidelines and Self-Assessments for clinical sites, Site Coordinators of Clinical Education (SCCEs), and clinical instructors (CIs). Although one year of clinical experience is required in order to become a CI, we embrace the idea that individuals should be evaluated on their abilities to perform the requisite responsibilities as opposed to merely the number of years of experience. Clinical instructors should demonstrate enthusiasm and willingness to work with students; they should also have the ability to plan, conduct, and evaluate a clinical education experience based on sound educational principles. The Physical Therapy Program encourages all clinical education sites to have at least one clinical instructor who has gone through the APTA Credentialed Clinical Instructor Program.

Another primary criterion used is that the facility is willing and able to host students on a regular basis. This contributes to the success of the program in a number of ways. First, the clinical facility knows the curriculum and the academic faculty well; therefore, the clinicians are more able to set appropriate expectations for a given level of clinical experience because they are familiar with student capabilities. Secondly, the Director of Clinical Education (DCE) knows the strengths and limitations of the sites and is better able to match a student with particular interests and abilities to a certain site. When deciding whether to initiate a clinical education agreement with a clinical site, preference for new sites is given to those types of facilities that are in short supply, such as pediatrics and neurological rehabilitation. Exposure to underserved areas, geographically, culturally, or otherwise, is another important consideration. Finally, the School of Physical Therapy will not knowingly contract with clinical sites where physicians, medical doctors, osteopathic physicians, podiatric physicians, dentists, physician assistants, chiropractic physicians, naturopathic physicians, or nurse practitioners have a financial

interest in the physical therapy facility to which they refer patients. Pacific respects and adheres to the APTA's opposition of "referral for profit and physician ownership of physical therapy services," taking the position that such arrangements pose an inherent conflict of interest, impeding both the autonomous practice of the physical therapist and the fiduciary relationship between the therapist and patient (APTA White Paper: Position on Physician-Owned Physical Therapy Services (POPTS), January 2005).

Students are welcome to nominate sites for consideration for addition to our list of clinical facilities. Nominated sites will be evaluated according to the criteria and considerations described above. It often takes months to complete necessary affiliation documentation and contract negotiations, and a student will not be sent to a facility for clinical education experience prior to the finalization of all necessary paperwork.

The selection and evaluation of sites is primarily the responsibility of the DCE and Associate DCE. However, the entire faculty and the student body provide valuable input into this process. In general, new sites are being evaluated until the first few students have utilized them. This evaluation process is ongoing to ensure that students are afforded high quality clinical education and that they are not utilized just to provide patient care. This involves direct site visits, phone conferences with clinical faculty, and consultation with students. In addition, specific information is solicited from these sources and shared with faculty frequently to assist in curriculum evaluation and modification. The clinic sites and clinical instructors generally meet the evaluative criteria very well. They are enthusiastic about Pacific students and committed to their roles in clinical education. Once a clinical site is established, it is our policy to visit each site at least once every three to five years.

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SUPPORT and DEVELOPMENT of CLINICAL SITES

Pacific University helps to support and develop our clinical education facilities in several ways. Yearly continuing education workshops on clinical education topics are hosted by Pacific, in coordination with other Oregon programs, to provide valuable information to clinical instructors. These workshops also provide both formal and informal opportunities for clinical instructors and academic faculty to communicate with one another. Recent workshops topics have included the APTA Credentialed Clinical Instructor Program, the new APTA standards for clinical education, managing the challenging student, and medical ethics.

In addition, Pacific University is a member of the Northwest Intermountain Consortium (NIC), an organization whose primary purpose is to support and promote high quality physical therapy clinical education. Current members include Pacific University, George Fox University, University of Puget Sound, University of Washington, Eastern Washington University, Idaho State University, University of Montana, University of Colorado Health Sciences Center, Regis University, University of Utah, Rocky Mountain University of Health Professions, University of New Mexico, University of Nevada Las Vegas, A.T. Still University, Franklin Pierce University – Goodyear, Northern Arizona University – Flagstaff, and Midwestern University – Glendale.. Yearly clinical education conferences are sponsored by NIC.

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STUDENT REQUIREMENTS

OREGON ADMINISTRATIVE RULES 409-030

In 2014, the Oregon legislature passed OAR 409-030, defining the administrative requirements for health profession student clinical training. This law defines the immunizations, screenings, trainings, and liability coverages required in order for students to qualify for a clinical placement at a covered site within the state of Oregon. Pacific University's Physical Therapy Program has adopted the position of requiring all students in the program to satisfy all requirements at by the timeframes identified by the DCE, regardless of whether the clinical education experience takes place inside the state of Oregon, prior to participation in any clinical experience.

IMMUNIZATIONS

All students are required to have completed immunization requirements prior matriculation into the Physical Therapy Program. Proof of immunizations is collected by the Student Health Center (SHC) using their Health Profession Program Required Immunizations form. Further details regarding required immunizations and titers can be found on this. Documentation of all immunizations, titers, and TB screening must be provided. Individual student medical exemption from specific immunizations requires a written statement of exemption signed by a qualified medical professional; non-medical exemptions from immunizations are not allowed.

Each entering first-year student completes the University's Health Profession Program Required Immunizations form and returns it to the SHC. These copies are kept on file by the SHC, but compliance tracking is the responsibility of the program. Students must also submit proof of immunizations electronically via Acadaware to ensure compliance with OAR 409-030 and individual site requirements; instructions for completing this are provided in fall semester of the first year. The DCE and Associate DCE will then verify that the student has completed this requirement by checking the online database. **Students are responsible for keeping copies of their immunizations for their own files.** Copies may be obtained from SHC if needed. Any updates done during the year must be provided to the SHC so the database can be kept accurate. Other immunizations may be required by clinic sites and these requirements must be met prior to the start of a clinical education experience. Failure to comply with immunization and/or screening requirements may result in a late start or cancellation of a clinical education experience, which may affect progression through the program. Per the HIPAA Omnibus Ruling, all student immunizations records are protected under FERPA once the school receives this information.

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DRUG SCREENING

Students are required to complete at minimum a 10-panel drug test through a vendor specified by the College of Health Professions (CHP). Testing is required prior to initial clinical placement but not before classes start in the School of Physical Therapy. The following eight substances must be included in this screen:

1. Amphetamines (including methamphetamines)
2. Barbiturates
3. Benzodiazepines
4. Cocaine
5. Marijuana
6. Methadone
7. Opiates
8. Phencyclidine

Students may also be subject to mandatory drug testing prior to starting a clinical education experience if this is a standard hiring procedure of the facility to which they are assigned. Such testing usually consists of urinalysis and/or blood screen. If a clinical site requests testing, students need to comply with whatever is required for that site. Students assume full financial responsibility for all drug testing. Further information regarding drug testing may be found in the "Oregon-Required Drug Testing Policy" maintained on file with CHP.

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CRIMINAL BACKGROUND CHECKS

Students are required to undergo a state and nationwide criminal background check through a vendor specified by CHP before the beginning of the physical therapy program. This check must be done no more than three months prior to entry into the program. Some sites may require the student to undergo an additional check prior to initiation of a particular clinical education experience. Students assume full financial responsibility for background checks. **Students are responsible for keeping a copy of their criminal background check(s).** Further information regarding criminal background checks may be found in the "Criminal Background Check Policy and Procedure" maintained on file with CHP.

CPR CERTIFICATION

All students are required to complete an in-person training program in cardiopulmonary resuscitation (CPR), also known as Basic Life Support (BLS), **at the healthcare provider level.** Online training alone will not meet this requirement. Training programs for CPR/BLS must include the following components:

1. 1-Rescuer CPR and AED for adult, child and infant
2. 2-Rescuer CPR and AED for adult, child and infant
3. Differences between adult, child and infant rescue techniques
4. Bag-mask techniques for adult, child and infant
5. Rescue breathing for adult, child and infant
6. Relief of choking for adult, child and infant
7. CPR with an advanced airway
8. Skills testing

Students must provide verified documentation as to the successful completion of CPR/BLS training and maintain current certification for the entirety of the program and each clinical placement. Pacific recommends taking courses from instructors certified by the American Heart Association (AHA). If a student would like to take a non-AHA course, he/she must provide proof that the course provides training in items 1-8 above.

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HIPAA, BLOODBORNE PATHOGEN, AND FEDERAL OSHA TRAINING

During their first year, students receive education and training regarding Health Insurance Portability and Accountability Act (HIPAA) and Occupational Safety and Health Administration (OSHA) including Bloodborne Pathogen training, fire and electrical safety, personal protective equipment, hazard communications, and infection prevention practices. Students complete online tests and are awarded a "Certificate of Completion" for each course taken.

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HEALTH INSURANCE AND LIABILITY COVERAGE

Students must maintain their own health insurance coverage during the course of the physical therapy program. Students will assume full financial responsibility for any required medical care received during clinical education experiences. It is possible that students may be exposed to a variety of potential health risks while in clinical experiences. Students should make an effort to be informed about the specific type of hazard involved with a particular setting so as to minimize their personal risk.

The following liability coverage is maintained by Pacific University, Oregon covering their staff and students:

Coverage	Limits of Liability
Professional Liability (including staff & students)	$1,000,000 per occurrence
	$3,000,000 per year
General Liability Premises	$1,000,000 per occurrence
	$3,000,000 per year
Auto Non-Owned & Hired Liability	$1,000,000 combined
Excess Liability	$9,000,000 per year
Workers Compensation	Statutory (up to $25,000 for students)

STUDENTS MAY CHOOSE TO PURCHASE ADDITIONAL LIABILITY INSURANCE

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PROCESS OF CLINICAL EDUCATION EXPERIENCE ASSIGNMENTS

The main focus of the process of assigning students to clinical facilities is to provide the students with exposure to as many different types of facilities as possible while allowing them to develop skills in areas of special interest to them. The first four-week rotation, which occurs in May of the first academic year, is assigned in the fall of the first year. In March and April of the first year, students make choices for the six-week clinical education experience and the first ten-week experience, which begin in January of the second year and August of the third year, respectively. The selection process for the final two third-year clinical experiences (ten weeks and nine weeks) occurs in March and April of the second year. **Of the four final clinical education experiences, students are required to do participate in at least three different general areas of physical therapy practice (acute care, neurological rehabilitation, outpatient orthopedics, pediatrics, and geriatrics). Additionally, one of the five clinical education experiences completed during the program must be in an inpatient setting and *at least* one experience must be done outside of the Portland metropolitan area.**

The process of selection of clinical sites for students is highly personalized**,** as students are given the opportunity to provide input regarding their clinical placements. Students are encouraged to regard the clinical education experience as a unique opportunity to expand their education and perhaps try some aspects of physical therapy of which they are unsure. Similarly, some students are discouraged from choosing sites if it is felt that their learning styles or needs are incompatible with that of the site**.** The clinical education faculty ultimately reserves the right to assign students to best meet the needs of all parties concerned.

Students have several sources of information available to them as they prepare to make their clinical experience selections. First, students will meet with the DCE and/or Associate DCE in fall semester of their first year and as needed subsequently to discuss clinical sites and student preferences. The Physical Therapy Program uses an electronic database program called Acadaware to store information regarding sites, clinical instructors, practice setting, current and historical placement offerings, student feedback, and more. These are kept up-to-date and available to students by the DCE, Associate DCE, and Administrative Assistant to the DCE. Students are encouraged to read the evaluation forms filled out by previous students and to contact other students directly to discuss clinical sites.

Most of our clinical sites host students from other physical therapy schools as well as Pacific University, and many sites only take one or two students per year. In requesting clinical experiences from facilities, we follow the Uniform Mailing Date advocated by the Clinical Education Special Interest Group of the

APTA. Under this voluntary guideline, all physical therapy schools mail out requests for clinical slots in early March; Site Coordinators of Clinical Education in turn are supposed to return their commitment forms by the middle of April. Students are provided with the list of clinical placements as they become available to the program.

All clinical educators are directed to our Facility Clinical Education Manual during the clinical assignment and preparation process to aid them in determining when they would like to take students. Thus, SCCEs can best match the objectives of a given clinical education experience with the experiences afforded by their own resources. Information regarding the expectations of students during clinical experiences is sent again, along with student profiles outlining the student's individual goals, prior to each clinical education experience, to ensure proper readiness and planning. As we firmly believe that the students must be ultimately responsible for their own education, they are thoroughly briefed on expectations prior to each clinical education experience.

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CLINICAL EDUCATION SCHEDULE

Course Number	Description	Duration	Time Offered
DPT 570	Clinical Internship I	4 weeks	First year, summer term
DPT 642	Clinical Internship II	6 weeks	Second year, spring semester
DPT 723	Clinical Internship III	10 weeks	Third year, fall semester
DPT 724	Clinical Internship IV	10 weeks	Third year, spring semester
DPT 725	Clinical Internship V	9 weeks	Third year, spring semester

CLINICAL EDUCATION EXPERIENCE POLICY

1. Students are responsible for all living and transportation costs incurred during clinical education experiences, including but not limited to rent, airfare, rental car, food, and uniforms. Students may request additional financial aid to help cover the cost of experiences; however, the Physical Therapy Program is not responsible for any clinical experience costs, expected or unexpected.

2. The faculty of the Physical Therapy Program reserves the right to make final decisions regarding clinical placements.

3. Students MUST do at least one out-of-town clinical education experience. "Out-of-town" is defined as **≥ 40 miles from downtown Portland**. There are two primary reasons for this expectation. First, it enables students to experience the diversity of ways in which physical therapy is practiced in different geographical areas. Secondly, there simply are not enough clinical sites in the Portland area for all students to do all of their clinical education experiences locally. ***Ensuring that every student fulfills the requirement to do clinical education experiences in three different settings in their final four rotations, as well as one inpatient experience, will likely necessitate that a student go out of the Portland area for <u>more than one</u> experience.***

4. **Students are not, under any circumstances, allowed to directly request clinical experience placements from the clinical sites.** This is done solely by the DCE or Associate DCE. This policy exists to try to improve clarity surrounding the assignment process and, most importantly, it exists because the clinical sites have requested that students do not contact them directly to request placements. However, students may make contact with a site to gather information needed for nominating a new site (SCCE name, email address, phone number, etc.). **A student found to be in violation of this policy will not be allowed to participate in a clinical education experience with that site.**

5. It is possible for a student to do clinical education experience where she or he has previous clinical experience. Many hospital-based clinical education sites provide multiple types of physical therapy services; an acute care experience, outpatient orthopedic experience, and neurological rehabilitation experience may all be available from one hospital. For the purposes of this policy, "site" indicates the particular hospital or company. "Department" indicates the

area in the site where the clinical education experience will be performed *if the site offers more than one type of experience*.

The policy regarding clinical affiliations at sites where a student has previous clinical experience is as follows:

a. A student may do a clinical education experience at a site where she/he has worked in a paid position if an experience is available *in a different department* from where she/he worked and with a clinical instructor with whom the student does not have a previous working relationship. If this situation is desired, the student must inform the DCE. The DCE will then contact the clinic to determine if an appropriate clinical instructor is available. *Example: Mary worked for Valley Hospital as an aide in the outpatient orthopedic department. Mary CAN do a clinical education experience at Valley Hospital in acute care. Mary CANNOT do an experience at Valley Hospital in outpatient orthopedics.*

b. A student may do a clinical education experience at a site at which she/he volunteered prior to admission to physical therapy school or interned as an undergraduate student if the experience is *supervised by a different clinical instructor* than the individual who previously supervised the intern/volunteer. If this situation is desired, the student must inform the DCE. The DCE will then contact the clinic to determine if an appropriate clinical instructor is available. *Example: Mary completed volunteer hours at Valley Hospital outpatient orthopedics under the supervision of Cathy. Mary CAN do a clinical education experience in outpatient orthopedics under the supervision of Fred, or in any other department at Valley Hospital. Mary CANNOT do an outpatient orthopedic experience under Cathy's supervision.*

c. A student may do more than one clinical education experience at a given site *as long as the second experience is in a different department and with a different clinical instructor.* If this situation is desired, the student must inform the DCE. The DCE will then contact the clinic to verify that an appropriate situation is available. Students should be aware that some clinical sites may REQUIRE that the student be at the same site in the same department for two back-to-back affiliations; a requirement of this type by the site

precludes the restrictions stated in this policy. *Example: Mary does an outpatient orthopedic clinical education experience at Valley Hospital. Mary may do an acute/rehab/pediatrics/geriatrics experience later in her academic career at Valley Hospital as long as the experience is with a different clinical instructor.*

6. After the clinical assignments have been made, students have one week to request changes to their assignment; after this time, clinical placements are finalized. Students are allowed to make changes to their final clinical assignments after this time under the following conditions:
    a. A student's originally assigned clinical site cancels

       OR
    b. A student nominates a clinical site and a new contract is established.

No changes are allowed later than twelve weeks before the affiliation is scheduled to start, except in the case of a site cancellation.

In cases of extreme personal hardship, students may request an exception to any aspect of the clinical education experience policy, including the statements on changing clinical assignments and doing at least one out-of-town experience, by making a written appeal to the DCE. Written requests for a change in clinical assignment should clearly outline the reason(s) for the request; supporting documentation should be provided with the appeal. Appeals will be considered on a case-by-case basis by a committee comprised of the Director, the DCE and/or the Associate DCE, and one member of the PT faculty selected by the petitioner. *The faculty ultimately reserves the right to assign students to best meet the needs of all parties concerned.*

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PROFESSIONAL BEHAVIORS

Professional behavior is vital to the success of each student physical therapist, the Physical Therapy Program, and the Physical Therapy profession. The process of becoming an effective physical therapist involves attaining competency not only in professional knowledge and skill, but behavior as well. These requisite behaviors, attributes, or characteristics may not be explicitly part of any given profession's core of knowledge and technical skills, but they are nevertheless essential for success in that profession. The abilities which define expected behavior within a given profession serve as the foundation for ability-based learning.

The term "Generic Abilities" and behavioral criteria specific to the practice of physical therapy were first classified by the faculty of the University of Wisconsin-Madison Physical Therapy School and have been validated and accepted by clinicians as defining physical therapy professional behavior. The faculty of the Physical Therapy Program at Pacific University has chosen to adopt these originally defined abilities, with some minor modifications, as *Professional Behaviors.* The quality of professional behavior expected of Pacific University graduates is exemplified by the ten Physical Therapy-specific professional behaviors and the three levels of associated behavioral criteria. Satisfactory progress is demonstrated by exhibiting *beginning level* criteria by the end of the first year of the program, *developing level* criteria by the end of the second year, and *entry level* criteria in the third year (please refer to the table of Professional Behaviors). *These behavioral guidelines apply both to the classroom and to the clinical setting.* Specific to the clinical setting, each student is expected to demonstrate appropriate professional behaviors and commitment to learning throughout the clinical education experience. This includes, but is not limited to, being punctual and prepared for every work day, respecting his/her clinical instructor, and being committed to a positive learning experience. To facilitate development of competency in the ten Professional Behaviors, faculty (classroom faculty and clinical instructors) provide formal and informal feedback to all students. Specific professional behavior is assessed during practical examinations, laboratory experiences, and presentations as well.

Additionally, students are encouraged to recognize the importance of self-assessment in their development as student and professional physical therapists. Reflecting on past experiences is an extremely valuable method of assessing one's own performance and planning more useful strategies for the future. To help foster this reflection, students and clinical instructors are expected to utilize the APTA Clinical Performance Instrument (CPI) for mid-term and final assessments. Additionally, students complete weekly self-reflections regarding their performance during a clinical education experience. We

also expect each student to seek feedback from fellow students, clinical educators, and faculty. If a student demonstrates behaviors inconsistent with the Professional Behaviors, the following response will occur:

1. The student will be provided with feedback regarding perceived inappropriate behavior(s) and relevant expectations of the instructor/faculty.
2. If a change to more appropriate behavior(s) does not occur, the student will be subject to appropriate consequences as determined by the faculty ranging from remediation to dismissal from the Program.

PROFESSIONAL DRESS

Students are expected to abide by the dress code established by each clinical facility. In general, attire should be appropriate for the setting as well as the activity in which a student is involved. It is also important that patients, families, visitors, and colleagues be able to easily identify students as Physical Therapist Students. Each student is provided with a name tag before embarking on their first clinical education experience and is required to wear this name tag (or an appropriate substitute provided by the clinical facility) during all clinical work unless specified otherwise by the clinical facility.

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FREQUENTLY ASKED QUESTIONS ABOUT CLINICAL ASSIGNMENTS

When do I begin the selection process for each clinical education experience?

The process begins at different times for each experience. In general, you will be able to begin decision making approximately six months prior to the shorter experiences and up to one year prior to the longer (third year) experiences. The exact timelines for each clinical education experience can be found elsewhere in the Clinical Education Manual.

How are assignments made?

We use a software program called Acadaware to manage our clinical education affiliations and assignments. Students are able to access a list of all available sites and can search through these by location or setting. After review of the site information and consultation with the DCE or Associate DCE, students enter their top ten preferred placement selections into Acadaware or make a first-come/first-served (FCFS) request. Placing a FCFS request immediately sends an electronic notification to the clinical education team who then contacts a site directly to place the request with the student name.

Students who create a Top Ten List undergo a randomized matching process which takes into account student preference as well as entire number of students placed. Placements are reviewed by the DCE and Associate DCE for appropriateness and fairness.

Students are encouraged to regard the clinical education experiences as a unique opportunity to expand their education and perhaps try some aspects of physical therapy of which they are unsure. Similarly, some students are discouraged from choosing sites if it is felt that their learning styles or needs are incompatible with that of the facility. If the student has any doubts about a particular facility or practice area, he/she is encouraged to visit the site before the experience. The DCE reserves ultimate control over the assignment process.

What are my chances of getting what I want?

Typically, well over half of the class receives their first choice and many others receive their second choice; recently, nearly 90% of students have received one of their top three choices for any given rotation. This of course varies depending on the popularity of sites. Historically, class cooperation, collegiality and mutual respect have made this a smooth undertaking.

Placing fifty students in fifty different rotations means that not every student will receive their top choice, particularly if their preferences tend to be for more popular sites. Because the placement process is accomplished randomly, it is possible that some students will not receive at least one of their top choices throughout their clinical education experiences, although this is rare.

Students are reminded that most physical therapy schools do not provide the privilege of this high amount of student input in the assignment process and this privilege may be revoked by the faculty at any time if the privilege is abused or the process becomes too cumbersome for the Program. The faculty ultimately reserves the right to assign students to particular clinical education experiences to best meet the needs of all parties concerned.

Why can't I do a clinical education experience wherever I want?

Establishing an affiliation agreement with a site is a contractual agreement which is not entered into lightly on the part of sites or Pacific University. This process takes a long time, typically many months, and requires input and effort from many different people. The required resources are too extensive to establish sites for each individual student. However, students are encouraged to nominate sites that would be willing to commit to taking additional students in the future. See *New Site Nomination Guidelines* for further information.

Can I change an assignment?

Students may make changes after the preliminary clinical experience list has been posted and are typically given a week to do so before the list is finalized. Program policy has traditionally been that once the list has been finalized, no changes are permitted except those necessitated by cancellations or other unforeseen reasons, as determined by the DCE and/or faculty. This has recently been relaxed somewhat, and students are now allowed to make changes after the list has been finalized if they make a direct switch with another student. In general, it is not appropriate for a student to ask for a change in assignment outside of this policy for reasons of personal convenience. However, in extreme cases, students may request an exception to this policy by making a written appeal to the Director. Written requests for a change in clinic assignment should clearly outline the reason(s) for the request and will be considered on a case-by-case basis by a committee comprised of the Director (who will serve in a non-voting capacity), the DCE and/or the Associate DCE, and one member of the PT faculty selected by the petitioner.

What happens if I don't get a placement?

There is no need to panic. Because there are a limited number of site placements for students, after each selection process there are a few students who do not have clinical placements after the initial placement decisions have been made; this is not uncommon or unanticipated. Students who have not received an initial placement will be informed of this and are then encouraged to look at the list of remaining available sites and provide their preferences to the DCE.

The clinical education team understands the importance of clinical rotations and the Program's requirement of completion in order to graduate. To date, no student has failed to graduate on time as a result of not receiving a clinical placement.

Do I have to go out of town for any of my clinical experiences even though I would rather not?

Yes. The Program's policy is that each student is required to do **at least** one out-of-town clinical education experience. The intent of this policy is twofold: first, it distributes the hardship of out-of-town travel among the class as fairly as possible. Second, it facilitates the process of understanding how PT is practiced differently in different geographic areas. A viable option for students who need to stay close to Portland is to choose an experience that is considered out-of-town, but is within commutable distance (Salem, for example).

Why can't we make selections any earlier?

We comply with the Uniform Mailing Date advocated by the Clinical Education Special Interest Group of the APTA. Under this voluntary guideline, all physical therapy schools are supposed to mail out requests for clinical slots for the following calendar year by the middle of March; SCCEs in turn are supposed to return their commitment forms by the middle of April. Thus, we do not know for certain which sites will be available until mid-April or a little later. The intent of this guideline is to increase the efficiency and decrease the chaos of the entire process for everyone involved.

Why don't we have more clinical rotations to choose from?

Pacific University has affiliation agreements with over 600 sites, but these sites voluntarily offer rotations to our students; they are not required to do so. As such, sites are able to decide when a clinical rotation will work best for their practice with regard to staffing, facility size, students from other schools, etc. Sites are also able to state their preference regarding where a student is in his/her education. Many sites feel that only third-year students are appropriate to do an experience in their setting and thus only offer spots to third-year students while others will only accept students in their first or second rotation. Some sites also have a limit to the number of students they will take per year as well as how many students they will have doing a rotation at a particular time. Thus, Pacific does not have 600 *rotations* available to choose from for each clinical education experience.

Additionally, many clinical sites also have agreements with other schools and we must compete for these available spots. This is why the Clinical Selections process occurs so early, to provide Pacific students with the greatest amount of choice. Pacific and other schools follow the APTA's timeline for contacting schools which helps establish fairness regarding affiliation requests, so contacting sites earlier is not an option.

Many sites which are contracted with multiple schools are changing their commitment to first come, first served (FCFS) and provide clinical experiences to the school that first express interest. To make this as fair as possible, Pacific and other schools follow the timeline set forth by APTA regarding when clinical placement requests are sent. Pacific will request that rotation once we have a student who is willing to commit to going there.

Why can't Pacific just have all FCFS sites commit to us? Or just request FCFS sites up front even if a student isn't committed yet?

Sites determine whether or not they want to commit to taking a student; we are unable to force them to do so. Sites also determine whether or not they would like FCFS status and we cannot force them to change this. Each year, more sites choose to seek FCFS status which makes coordinating clinical rotations more difficult, but the clinical education team is continually adapting as quickly and as best we are able to these changes.

Pacific will not request a FCFS site unless a student is committed to going there. This does not mean that student is guaranteed to go there, but *some Pacific student will attend any and all FCFS requested sites unless the site cancels.* Just as Pacific students cannot graduate without doing their clinical rotations, students from other schools cannot graduate without their clinical rotations. Pacific's FCFS policy avoids having any sites that we have reserved from going unused.

Can I specialize by doing all or most of my clinical education experiences in one practice area?

Integral to the Mission of the School of Physical Therapy is the notion of producing *generalists.* This is consistent with the position of the APTA. Students are thus required to affiliate in at least three different broad areas of physical therapy practice (acute care, rehabilitation, outpatient orthopedics, pediatrics, and geriatrics) during their final four clinical education experiences, and students must have an experience in an inpatient setting during one of their five experiences. Students should be aware that the APTA has recognized different residency programs in a variety of clinical practice areas, which can be completed after graduation from an entry-level physical therapy program.

If I do a clinical education experience that includes a combination of settings, how does this count toward my variety requirement?

If you spend 70% or more of your time in one setting, the clinical education experience will be counted as that setting. If you spend less than 70% of your time in one setting and the rest of the time in another, then you get credit for the percentage of time spent in each setting. For example, many rural hospitals offer outpatient orthopedic experiences with a small amount of acute care. If you spend four days doing outpatient orthopedics (80% of your time) and one day doing acute care (20%), the experience will count as an outpatient orthopedic experience. You could still do two separate acute care experiences in addition to this and meet your variety requirement, even though you spent some time in acute care. However, if you spend three days in outpatient orthopedics (60%) and two days in acute care (40%), the experience would be counted as 60% orthopedics and 40% acute. Therefore, you could do one more full time acute care experience and one acute/other setting combo, but you could not do two more full time acute care experiences.

Is it possible to set up a clinical affiliation with a site that is not currently taking Pacific students?

Yes. The DCE is constantly exploring facilities that will provide high quality clinical education, especially in settings and geographic areas in high demand. Students are allowed to nominate sites for consideration. A special effort has been made at raising the number of non-outpatient orthopedic types of experiences, as these have been in shortest supply, and many of the clinical sites that have been added over the years have been brought to the attention of the DCE by students.

Site nominations must be made between January 1 and March 31 because this is when the Associate DCE has available time to work on new site development. It is likely that the process will not be fully completed, but nominations should be received during this time frame. Some exceptions to this policy may take place, but these exceptions will be rare and consideration is at the sole discretion of the DCE and Associate DCE.

How do I nominate a new site?

There is a formal review process that occurs in establishing a new clinical site. It often can take months to complete necessary accreditation documentation and contract negotiations. We will not place a student at a facility prior to finalization of all necessary paperwork. Furthermore, a new clinic is not added simply because it is in a student's hometown or that he/she would like to work there upon graduation. The cost associated with establishing new sites, especially distant ones, must also be strongly considered.

Why can I not participate in a clinical education experience in a department where I previously worked, or with a CI who supervised me as a volunteer?

The purpose of this limitation is to eliminate any possible bias or diminished objectivity that could occur during a clinical education experience. In other words, a CI that knows you in another capacity may not be able to accurately evaluate your performance as a student physical therapist. It has been well documented that either the "halo-effect" or "reverse halo-effect" can undermine objectivity. We realize that there may be individual exceptions to this tendency, but the mere fact that the *potential* for such an occurrence exists is reason enough for the policy. Although not all-inclusive, other examples include clinics where a close friend or family member works, or participating in an experience with a person who wrote your recommendation for PT School.

Why do I have to pay full tuition when I am on clinical education experiences even though I might even be generating income for the site?

This question can best be answered by first considering that it takes a certain amount of money to provide your professional education. For illustrative purposes, let us pretend that your three years of PT school costs $3000 total (you wish!); this is the amount needed to pay for faculty and staff salaries, guest speakers, supplies, instruments, equipment and maintenance, clinical education workshops, utilities, etc. *for all three years*. Now, one can argue that during your clinical education experiences, especially the third year, the *actual cost* of providing you that clinical education is substantially less than when you are in the academic portion; this is because your clinical instructors are unsalaried (by the School), you are off-campus, and you are not directly using any School resources. Returning now to our bargain $3000 total cost, assume that instead of costing $1000 for your third year (*average cost* per year), it actually costs only $200. We could thus base our tuition and fees on this actual cost and only charge you $200 for the third year. This might provide the illusion of being a good thing; in fact, upon closer examination, it may not be. Since we still need $3000 total, we would have an $800 shortfall unless we "front-loaded" the first two years. Some professional schools may operate in this fashion. In our case, this would mean that you would pay an average of $1400 each for the first two years. Pacific University has chosen instead to average or amortize the total cost over three years; from a student loan perspective, this may be desirable. This is because (to use our example again) you would be paying more interest on a higher principal balance ($2800 vs. $2000) over the two-year period.

Can I work at my regular job during my clinical education experience?

Probably not. You are expected to work whatever days and hours are required by the facility. While we can very much appreciate the need for you to earn money, we also emphasize that your clinical experience will take first priority if a conflict arises between your experience and your work schedule. It would not be appropriate to declare to your CI/SCCE that you cannot work their schedule because of your job. This has occurred in the past and made for strained relations, both with the involved students and with the facilities. Remember to always be sensitive and flexible should you request accommodations from your clinical site for your job (or any other reason, for that matter).

The syllabus says we get 4 days off during the last 3 clinical education experiences. Can I use these days to take a trip, attend a wedding, go to a family reunion, visit my significant other, work on my research, or catch up on my sleep?

No. These days are provided to help you out in rare circumstances of illness or emergency ONLY- they are not considered vacation days. The expectation is that you will attend your clinical for 40 hours per week. If you need a day off for some reason, this should be worked out with the facility in advance and then made up, on an hour-for-hour basis, either at the completion of the clinical, on weekends, or by working longer hours if the facility permits this. Further details regarding this can be found in the individual course syllabi.

What should I do during a clinical education experience if I am not getting along with my clinical instructor or I do not seem to be meeting expectations?

As an adult learner, you are expected to take responsibility for your own learning. Specific guidelines to assist you in this endeavor can be found elsewhere in this manual. In general, you should first try to address the issue with your CI directly. You do not have to be friends with your CI, but you do need to put aside your personal differences in order to be successful. If attempts at communicating with your CI and resolving the situation fail, you should call the DCE immediately. Most often, you will be able to resolve an issue independently after consulting with the DCE. In rare instances, the DCE may

intervene directly. Under no circumstance should you just try to "ride things out" if there is a barrier to your success as a student physical therapist.

Do the clinical instructors get paid?

Neither the clinical educators nor the facilities get subsidized by the Program for their role in clinical education. Most people involved do it simply for the joy of sharing their expertise and seeing the tremendous growth that occurs in you as you prepare to enter the profession. There is also the prestige afforded to clinics that are associated with teaching institutions. Do not forget that you have a great deal to offer the clinic; your enthusiasm and freshness can be invigorating and your knowledge of up-to-date theory can aid in staff professional development. Anything that you can do to make this all a mutually beneficial experience will help ensure strong future relationships between the academic and clinical settings.

Why did I get a "no pass" for a grade when I successfully completed the clinical education experience?

The University has very specific criteria for giving an "incomplete" grade. This cannot be given to students who simply want more time to complete course requirements, typically evaluation forms. Only medical or personal hardships that interrupt clinical experience involvement may be considered for assigning an "incomplete."

Is there anything that I need to take with me to clinic?

You should have access to all course materials related to your clinical education setting, including textbooks and class notes. Also, you should take proof of immunizations, CPR certification, personal medical insurance, and results of drug screen and criminal background check. Students are required to submit these before they are allowed to attend any clinical education experience in the state of Oregon.

What do I need to do for the formal midterm evaluation?

You always need to complete a formal self-assessment of your performance using the CPI at both midterm and final (the only exception is DPT570, in which the midterm CPI is optional). This is an effective method of communicating and comparing your perceptions with those of your CIs and can assist you greatly in meeting clinical education experience objectives. The clinical education team reads each CPI for completeness and any areas of concern. In addition, you will also formally evaluate the site using the Midterm Experience Evaluation form in Acadaware.

What happens during a clinical visit from the DCE?

It is School policy to visit each clinical site at least once every three to five years. Usually the DCE or Associate DCE performs this function, although it may occasionally be performed by another faculty member. During a visit, the DCE or other faculty member generally tours the facility, meets with the CI, and with the SCCE if this person is not the CI, and then with the student. Visits allow for dialog and feedback concerning perceived strengths and weaknesses of both the site and the School, as well as a review of the student's performance. A visit is also one of the few times that all members of the clinical education "triad" (DCE/School – student – clinician) can get together.

Further information regarding clinical education experiences is available in the Student Handbook. Other questions regarding this policy may be directed to the DCE.

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ESSENTIAL JOB FUNCTIONS for PHYSICAL THERAPISTS

The following information is provided to assist you in achieving a better understanding of the cognitive and physical demands of the Pacific University School of Physical Therapy and of the abilities needed to successfully work as a physical therapist (PT). These criteria are based on cognitive and physical abilities identified as being **essential job functions** for PTs and, as such, closely match the abilities needed to successfully complete the clinical and didactic components of the physical therapy curriculum.

Essential job functions, performed either with or without reasonable accommodations, must not jeopardize safety (patient or therapist) or quality of care.

COGNITIVE DEMANDS include but are not limited to the ability to:

1. Adapt to frequent changes in work environment and patient/client population.
2. Concentrate and attend to detail amidst a variety of environmental distractions.
3. Process information accurately, thoroughly and quickly.
4. Provide clients with clear instructions, adapted to their cognitive levels and communication needs.
5. Generalize learning from one situation and patient to another, as appropriate.
6. Adapt communication style in order to work with a variety of different supervisors.
7. Interact positively with many professionals possibly including members of the multi-disciplinary team.
8. Prioritize tasks.
9. Read and compose therapy reports, clinical notes, communications to and from other professional team members.
10. Deal with a variety of patient/client ages, behavior, cognitive abilities, cultures and ethnic backgrounds both individually and in groups.
11. Learn and apply new information on methods of treatment, equipment, pathologies, etc. on an on-going basis.

PHYSICAL DEMANDS include but are not limited to the ability to perform the following activities:

1. OCCASIONALLY (1/2-2.5 hours/day): sit, stand in place, walk, twist (knees/waist/neck), climb, push/pull and lift objects of various weights.
2. FREQUENTLY (2.5-5.5 hours per day): crouch (bend at knees), stoop (bend at waist), turn/pivot, reach overhead, pinch (grasp small objects).
3. CONTINUOUSLY (5.5-8 hours per day): be mobile, grasp larger objects.

Learning Support Services for Students with Disabilities: Services and accommodations are available to students covered under the American with Disabilities Act. If you require accommodations in this course, you must immediately contact Learning Support Services for Students with Disabilities at ext. 2194 or email at lss@pacificu.edu. The director or her assistant will meet with you, review the documentation of your disability, and discuss the services Pacific offers and any accommodations you require for specific courses. It is extremely important that you begin this process at the beginning of the semester. Please do not wait until the first test or paper.

References:

1. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. Commission on Accreditation in Physical Therapy Education, 1990.
2. Physical Therapist Job Description, St. Vincent's Hospital and Medical Center, Portland, Oregon 1992.

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DEVELOPING and MAINTAINING a CLINICAL EDUCATION PROGRAM

As clinical educators, you provide the critical link between the academic and clinical environments. Through your instruction and insight, students are provided the opportunity to refine basic knowledge, skills, and behavior. They must learn the peculiarities of the work environment and the profession. Large numbers of patients with increasingly complex pathologies, multiple professional responsibilities, assimilation of new techniques, and time limitations must all be managed to achieve the desired outcome of becoming a competent physical therapist.

The following section deals with some ideas that you may find useful in maximizing your effectiveness in clinical teaching. These are merely suggestions and will need to be individually tailored depending upon many factors, including the level of student, type of rotation, and resources available to the clinic. Structure of this nature is intended only to enhance, not limit, the learning experience.

Please consider sending students a ***pre-rotation packet*** prior to their arrival. Students typically find this information very helpful. This could include:

- □ Welcome cover letter, including the clinical instructor's name and contact information
- □ Information sheet (clinic hours, meals, housing, parking, transportation, dress code, and directions to facility with map)
- □ First day schedule
- □ Clinical education experience goals and objectives
- □ General information on facility and geographic area

You also may wish to create an ***orientation checklist***. An orientation checklist allows clinical instructors and clinical coordinators to easily ensure that students have been exposed to all necessary aspects of the facility. This can be especially useful in larger, more complex facilities where there may be an overwhelming amount of information to remember. A checklist might cover:

- □ Introduction to all staff and management
- □ Facility tour
- □ General facility information
- □ Policies and procedures (organizational structure and hierarchy of entire clinic staff; dress code; clinic hours; health, accident, and emergency procedures; etc.)
- □ Office procedures (telephones, patient scheduling, billing, filing, mail, etc.)
- □ Miscellaneous forms (confidentiality, job reference release, etc.)
- □ Patient care procedures (staffing, rounds, conferences, transportation, and utilization of ancillary personnel, standard protocols)
- □ Orientation to documentation procedures
- □ Clinical education philosophy statement
- □ CI and SCCE responsibilities
- □ Goals and expectations of student and CI (can review Student Profile and specific objectives outlines in Clinical Education Manual)
- □ Overall clinical experience timeline and schedule (can relate to daily and weekly goals and activities)
- □ Weekly goals and objectives for the clinical education experience
- □ List of possible options for observation in other disciplines, special procedures, surgeries, in-services, etc.

Finally, a ***student manual*** can be a very worthwhile way to pull your whole clinical education program together. A manual might include:

- □ Orientation checklist and the information it covers
- □ All of the information listed in the pre-rotation packet
- □ PT staff demographics (education, years of practice, area of expertise, etc.)
- □ Student responsibilities (patient care related, in-service/case study information, student and facility/CI evaluation forms)
- □ Selected references, journal articles, etc.

Additional information may be requested from the Director of Clinical Education.

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RIGHTS and PRIVILEGES for CLINICAL INSTRUCTORS

We understand that being a Clinical Instructor or Site Coordinator of Clinical Education means giving up a great deal of time and energy for the purpose of educating future colleagues. We greatly appreciate clinical educators' participation this process, as our education system could not function without this participation! While we are not able to monetarily compensate our clinical educators, we are able to offer the following benefits.

The privileges offered to clinical instructors by Pacific University are as follows:

1. Free or low-cost workshops for clinical instructors are co-hosted by Pacific University, Mount Hood Community College, George Fox University, and Lane Community College on an annual basis. Recent workshops have included the APTA Credentialed Clinical Instructor Program, lectures on collaborative models of clinical education, managing the challenging intern, and medical ethics. These workshops are usually held in the spring and registration information is conveyed to clinical instructors as soon as it is available.
2. Free or low-cost yearly clinical education conferences are sponsored by the Northwest Intermountain Consortium of PT Schools (NIC), of which Pacific University is a member, and are available to clinical educators from all of the NIC schools. These conferences are usually held in October or November.
3. Clinical instructors are offered reduced rates for continuing education courses sponsored by Pacific University. Brochures for courses are sent out as courses are scheduled.
4. Library privileges are available to all clinical instructors for one year from the date they take on a student. This includes use of the physical library as well as e-journals and interlibrary loan services. This privilege is possible because clinical instructors are considered adjunct faculty members.
5. Oregon CEU Credit. As of May 15, 2012, licensed CIs who have been through the credentialing course may receive continuing education credit for being a CI. One credit hour is earned for each 40 hours of direct clinical instruction. The maximum cumulative credit granted for serving as a clinical instructor shall be no more than one-third (8 hours) of the total continuing education requirement during any certification period. Please contact the Administrative Assistant to the DCE to receive your continuing education certificate.

The rights of clinical instructors are as follows:

1. Right to request assistance from Pacific University in preparing for student internships.
2. Right to request an on-site or phone meeting with DCE during internship if needed.
3. All rights as outlined in the legal contracts between Pacific University and the clinical site.

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APPENDIX A:

CURRICULUM SUMMARY AND CLINICAL EDUCATION EXPERIENCES OVERVIEW

Please note that the following is only a general outline of material covered. Actual subject matter covered in a given semester may vary from year to year. Please refer to the course descriptions and syllabi for more information.

DPT 570 - Clinical Internship I (four weeks – May/June, first year)

Coursework completed

- Modalities
- Massage
- Anatomy
- Neuroscience
- Pathophysiology: infectious diseases, metabolism, immunology, integumentary conditions
- Biomechanics
- Manual muscle testing, goniometry, and inclinometry
- Vital signs
- Infection control
- Therapeutic exercise
- Motor learning and motor control
- Gait analysis
- Transfers, gait training, use of adaptive gait equipment
- Legal issues in health care (including Oregon law and federal law)
- Documentation
- Biomedical ethics

Expectations

Students should be able to examine, evaluate, and treat patients in terms of modalities, ROM, strength, and simple gait and functional mobility issues. They should also be able to document appropriately. Wherever possible relative to their current academic level, students should be involved in as much direct patient care as possible; **this is not an observational experience.** They will likely take much longer to complete tasks than a practicing therapist.

DPT 642 - Clinical Internship II (six weeks – January/February, second year)

Additional coursework completed

- Biomedical ethics
- Orthopedics (*spine only, extremities have not been covered*)
- Physiology and pharmacology: cardiopulmonary, endocrine, and renal systems
- Differential diagnosis
- Pediatrics
- Adult neurological disorders *(except for Parkinson's, MS, and ALS)*
- Research and statistics, evidence-based practice

Expectations

Students are expected to evaluate and treat all patients with conditions covered in the curriculum to date. Efficiency is still expected to be at a novice level.

DPT 723 - Clinical Internship III (ten weeks – August-October, third year)

Additional coursework completed

- Geriatrics and gerontology
- Psychological aspects of illness/disability
- Amputation rehabilitation
- All clinically oriented courses are completed prior to this clinical education experience

Expectations

Time management will continue to be an issue, especially with working up new patients. Students should be capable of managing 50-75% of a full entry-level caseload.

DPT 724 - Clinical Internship IV (ten weeks – January-March, third year)

Additional coursework completed

- Clinical reasoning seminar
- Principles of management and supervision
- Medical imaging
- Biomedical ethics
- Educational strategies
- Research – Evidence-Based Practice project in progress
- Professional lecture series

Expectations

The expectations are essentially the same as for DPT 723. However, the student should be able to take on increased responsibility in non-clinical tasks such as scheduling, billing, supervision of support personnel, and other administrative duties. Students should be capable of managing 75-100% of a full entry-level caseload, with dovetailing if appropriate. Interdisciplinary interaction is also a reasonable expectation.

DPT 725 - Clinical Internship V (nine weeks – March-May, third year)

Expectations

Continued refinement of expectations under DPT 724. The student should be performing at entry-level on all items on the CPI by the end of the clinical education experience.

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APPENDIX B:

COURSE DESCRIPTIONS IN THE PROFESSIONAL CURRICULUM

All Physical Therapy courses require admission to the Physical Therapy Program.

YEAR 1

Fall Semester

DPT 500 Human Anatomy I

Advanced study of the gross structure and histology of the human body. Special emphasis is placed on the musculoskeletal, nervous, cardiovascular and respiratory systems. The course is organized by regions of the body, with the emphasis on the gross anatomy of each region. In addition, the microstructure specific to the tissues discussed will be studied. The course has a lecture and a laboratory component. The lab sessions will involve regional dissection of cadavers, and parallel the information covered in the lecture material. DPT 500 encompasses upper and lower extremities, including bones, joints, muscles, nerves, blood vessels, and connective tissues. 4 Credits

DPT 510 Clinical Biomechanics I

DPT 510 and 511 are designed to provide the student with the biomechanical and histological basis for understanding normal and pathological movement. All of DPT 510 and part of DPT 511 are organized by anatomical region, and although each region is discussed as a unit, every effort is made to illustrate continuities among regions. The discussion of each region includes sections on normal biomechanics and the application of biomechanics to pathological motion. Each section incorporates units on goniometry, muscle testing, stretching, design of exercise programs and palpation. The remainder of DPT 511 covers posture, scoliosis, and gait analysis. 4 Credits

DPT 520 Rehabilitation Neuroscience I

Introduction to clinically relevant neuroscience. Topics include: neuroanatomy, cellular and intercellular physiology, neuroplasticity, development of the nervous system, and the somatic, autonomic, and motor systems. Neural disorders commonly encountered in practice and differential diagnosis are emphasized. Students are expected to fully participate throughout the course in: group discussions of neuroscience, case reports and case studies; inquiry sessions; laboratory and computer-based experiences; and problem- based learning. 4 Credits

DPT 530 Physical Agents and Mechanical Modalities

A comprehensive coverage of biophysical principles, physiological effects, clinical techniques and applications with an emphasis on problem solving and clinical decision making. Topics include massage, superficial and deep heat, hydrotherapy, cryotherapy, traction, compression therapies and continuous passive motion, iontophoresis, electrical muscle stimulation, transcutaneous electrical stimulation, biofeedback and an introduction to nerve conduction velocity and electromyography. The course includes lectures, clinical skill laboratories, use of interactive audiovisual programs for clinical decision making, abstract writing and class presentations of current research in physical agents. 3 Credits

DPT 540 Patient Assessment, Intervention & Therapeutic Modalities
This course is designed to provide the student with basic patient care and technical skills in applying, planning, and progressing exercise programs. Topics include: measurement of vital signs, the science of exercise prescription, range-of-motion, stretching, strengthening, use of various exercise equipment, relaxation, fitness, stress reduction, and assistive gait. A strong emphasis is placed on peer collaboration and solving fundamental clinical problems, including evaluation, assessment, and treatment of functional mobility limitations. 2 Credits

DPT 561 Foundations of the PT Profession I
This course introduces the student to the history and sociology of the physical therapy profession and its role in the health care system. Additional areas of study include professionalism and professional behavior, the role of professional organizations, professional writing, learning styles, political aspects of health care, roles of other health professionals, documentation, medical terminology, and the functions of the rehabilitation team. 1 Credit

DPT 750 Bioethics Seminar for PTs
Identification and analysis of ethical issues facing physical therapists in their relationships with patients, peers, the healthcare community, and society as a whole. Pass/No Pass. 0.25 Credits

CHP 510 Interprofessional Competence: Theory & Practice I
Students from all programs in the College of Health Professions participate in case based lectures and discussions on topics relative to interprofessional practice. 0.5 Credits

YEAR 1
Spring Semester

DPT 501 Human Anatomy II
Advanced study of the gross structure and histology of the human body. Special emphasis is placed on the musculoskeletal, nervous, cardiovascular and respiratory systems. The course is organized by regions of the body, with the emphasis on the gross anatomy of each region. In addition, the microstructure specific to the tissues discussed will be studied. The course has a lecture and a laboratory component. The lab sessions will involve regional dissection of cadavers, and parallel the information covered in the lecture material. DPT 501 is a study of the back, head and neck, thorax, abdominal wall and abdominal contents. 3 Credits

DPT 511 Clinical Biomechanics II
DPT 510 and 511 are designed to provide the student with the biomechanical and histological basis for understanding normal and pathological movement. All of DPT 510 and part of DPT 511 are organized by anatomical region, and although each region is discussed as a unit, every effort is made to illustrate continuities among regions. The discussion of each region includes sections on normal biomechanics and the application of biomechanics to pathological motion. Each section incorporates units on goniometry, muscle testing, stretching, design of exercise programs and palpation. The remainder of DPT 511 covers posture, scoliosis, and gait analysis. 4 Credits

DPT 522 Rehabilitation Neuroscience II and Motor Control
Continuation of Rehabilitation Neuroscience I. Topics include: peripheral nervous system, spinal region, cranial nerves, brain stem region, auditory, vestibular, and visual systems, cerebrum, blood supply to the nervous system, and the cerebrospinal fluid system. An introduction to theories of motor control will be discussed. Neural disorders commonly encountered in practice and differential diagnosis are emphasized. Active learning, as described for DPT 520, continues in this course. 3 Credits.

DPT 542 Principles of Therapeutic Exercise Progression and Motor Learning
This course builds upon the technical skill development in designing and applying exercise programs introduced in DPT 540. Appropriate exercise program progression for patients across the lifespan in a variety of settings will be emphasized predominantly through case-based laboratory experiences. Concepts of motor learning that facilitate skill acquisition will also be introduced. This approach will reinforce therapeutic exercise as a procedural intervention to reduce disabilities, functional limitations, and impairments in a variety of patient populations. 3 Credits

DPT 562 Foundations of the PT Profession II
Continuation of documentation, roles of other health care professionals, and professional behavior topics from DPT 561. Additional topics include professional communication, and state and federal health care legislation including HIPAA, Medicare, and licensing boards. 1 Credit

DPT 590 Research Methods and Statistics
An introduction to the research process. Includes research design, ethical and legal considerations, hypothesis testing, review of statistical analysis and critical reviews of published research. 2 Credits

DPT 595 Intro to Evidence Based Practice (EBP)
The course will consist of an introduction to evidence based concepts and evaluation of current research literature. There will be presentations by various faculty on EBP topics. Students will critically appraise and write a paper on a research article dealing with a diagnostic test and a paper dealing with therapy. 2 Credits

DPT 650 Infectious, Immune & Metabolic Disorders
This course examines basic cellular and molecular processes that underlie many of the diagnoses encountered as physical therapists. General concepts of pathology are presented with a focus on the pathophysiology and medical conditions of selected organ systems. This course includes the study of inflammation/ immunology, infectious diseases and metabolism. The definition, incidence, etiology, pathogenesis and clinical manifestations are discussed for the most common medical conditions related to each system. Standard medical therapies are discussed, including pharmacological and surgical interventions. An emphasis is placed upon differential screening and recognition of medical complications that require precautions or represent contraindications to physical therapy treatment. In addition this course is designed to provide skills related to medical screening through physical examination and evaluation. 3 Credits

DPT 750 Bioethics Seminar for PTs
Identification and analysis of ethical issues facing physical therapists in their relationships with patients, peers, the healthcare community, and society as a whole. Pass/No Pass. 0.25 Credits

CHP 511 Interprofessional Competence: Theory & Practice II
Students from all programs in the College of Health Professions participate in case based lectures and discussions on topics relative to interprofessional practice. 0.5 Credits

YEAR 1
Summer Semester

DPT-570 Clinical Internship I (4 weeks)
These courses emphasize application and integration of academic/didactic coursework into the clinical setting. Students are directly supervised by licensed physical therapists in community-based clinical sites available throughout the US and internationally. Pass/No Pass. 4 Credits

YEAR 2
Fall Semester

DPT 612 Neuromuscular System: Examination & Intervention
Clinical application of observation skills for an individual's motor function within environmental contexts and treatment intervention when a motor dysfunction exists will be explored. Examination skills will focus on development of movement analysis for motor control dysfunction across the life-span. The International Classification of Functioning, Disability and Health (ICF, WHO, 2002) will be used as the framework with emphasis placed on participation in meaningful contexts. Documentation, goal writing, and measurement of outcomes will be incorporated. Clinical decision making will be developed as the learner selects, applies, and justifies treatment interventions for specific patient-centered functional goals. Interventions presented will include remediation, compensation, facilitation, motor learning, and entry-level decision making regarding orthotics for patients presenting with neurologic impairments. Laboratory components will focus on identifying typical motor development and abilities across the lifespan and application of examination of and interventions for patients presenting with cerebral vascular accident, traumatic brain injury, and vestibular and balance disturbances. 4 credits.

DPT 632 Musculoskeletal Examination & Intervention for the Spine
This course covers etiology, pathology, examination and intervention related to conditions of the TMJ, cervical, thoracic, lumbar and pelvic regions of the body. Examination schema will be presented in a regional approach, and will include relevant procedures to screen for medical disease. Intervention techniques will include passive movement, neural tissue mobilization, therapeutic exercise, muscle energy and other clinical techniques. Physical therapy intervention will be directed at resolution of specific impairments and functional limitations, but will also address contributing factors and prophylaxis. 4 Credits

DPT 652 Physiology & Pharmacology
This course focuses on application of physiologic principles to the development and maintenance of optimal human function and efficient movement. Cardiovascular, respiratory, muscle, endocrine, genitourinary, gastrointestinal, and integumentary systems are covered. The definition, incidence, etiology, pathogenesis, and clinical manifestations for the most common medical conditions related to each system are discussed. The course presents the integration of medical (surgical and pharmacological) and physical therapy management of medical disorders. Evaluations and functional treatment plans to improve performance in healthy individuals as well as individuals with varied chronic diseases are emphasized. Pharmacology principles, factors affecting pharmacokinetics, and pharmacodynamics are covered; specific drug classes and their effect on rehabilitation are emphasized. Direct interventions including patient instruction, therapeutic exercise, wound healing modalities and debridement methods, functional training, and community integration are considered and practiced,

when indicated. Throughout the course, emphasis is placed upon differential screening and recognition of medical complications that require precautions or represent contraindications to physical therapy interventions. Physical exams and direct interventions for pulmonary, cardiac, and integumentary systems will be practiced in laboratory sessions. 6 credits

DPT 685 Pediatric Neuromuscular: Examination & Intervention
Introduction to typical development of children, with a focus on motor development in the context of changing environments across the age span, and within the cultural considerations of childhood and family. Developmental disability diagnoses associated with impaired motor function from congenital or acquired disorders of the central nervous system or genetic abnormalities in infancy, childhood, and adolescence will be presented. Students will gain an appreciation for age appropriate developmental assessments, standardized instruments, and functional means to evaluate children with disabilities in various settings. Pediatric public school practice will be discussed and an appreciation for working with families and educators will be modeled. 3 Credits

DPT 750 Bioethics Seminar for PTs
Identification and analysis of ethical issues facing physical therapists in their relationships with patients, peers, the healthcare community, and society as a whole. Pass/No Pass. 0.25 Credits

YEAR 2
Spring Semester

DPT 613 Adult Neuromuscular System: Examination & Intervention
This course will focus on the specific health conditions/pathologies of acquired spinal cord injury (SCI) and progressive neurological conditions. Examination and interventions for these populations will be structured within the ICF framework. In addition, students will gain entry-level competencies in client-centered orthotic and wheelchair prescription/acquisition with an emphasis on facilitation of independent mobility participation and/or positioning and support regardless of age. Understanding and identifying issues of environmental accessibility will also be incorporated into total patient evaluation. Collaboration with health professional colleagues in occupational therapy and speech and language pathology will be introduced. 2 credits

DPT 633 Musculoskeletal Examination & Intervention for the Extremities
An in-depth study of musculoskeletal impairments and functional limitations of children and adults. The course includes pathology, medical evaluation and physical therapy examination. Students will also plan and execute therapeutic interventions. The course consists of lecture, laboratory practice, student research, student presentations and problem solving activities. The course is organized by anatomic region. DPT 630 covers the upper and lower extremities. 3 credits

DPT 642 Clinical Internship II (6 Weeks)
These courses emphasize application and integration of academic/didactic coursework into the clinical setting. Students are directly supervised by licensed physical therapists in community-based clinical sites available throughout the US and internationally. Pass/No Pass. 6 Credits.

DPT 646 Amputation Rehabilitation

This course examines amputation rehabilitation from prior to the amputation surgery through gait and balance training for those people who are appropriate for prosthetic limbs. Topics covered include incidence and etiology, post-operative care, pre-prosthetic care, gait and balance training, functional mobility, and prosthetic componentry. Both upper and lower extremity amputations will be discussed, as well as considerations for working with pediatric patients. Also included is a discussion on footcare for those with diabetes. 2 credits

DPT 670 Psychological Aspects of Illness/Disability
This course presents a survey of emotional, behavioral and social effects of injury, illness or disability on patients, their families and other interpersonal relationships. The interpersonal relationship between health professional and patient is emphasized. Clinical experiences are used as illustrations of theoretical material. 2 Credits

DPT 680 Geriatrics and Gerontology
This course is an introduction to the issues facing older persons in the areas of health, health care policy and sociocultural expectations. It addresses the issues surrounding the burgeoning aging population; the common pathologies and impairments that are associated with the over 65 population in the context of normal vs. usual aging of the cardiopulmonary, musculoskeletal, neuromuscular and integumentary systems; and documentation and reimbursement in the Medicare system. Discussions will include the benefits of exercise in prevention of and rehabilitation from functional limitations; home assessment, housing options and community resources; communication and education with the elderly; restraint use issues; and the issues surrounding elder abuse. Students will also critique many of the functional assessment tools used with this population. 3 Credits

DPT 694 Critically Appraised Topics
Students will work in small groups with a faculty advisor to develop a clinical question relating to diagnosis or treatment and answering that question with a critically appraised paper (CAT) using not more than 3 articles. The CAT will be presented to the class and faculty during the semester. 2 Credits

DPT 750 Bioethics Seminar for PTs
Identification and analysis of ethical issues facing physical therapists in their relationships with patients, peers, the healthcare community, and society as a whole. Pass/No Pass. 0.25 Credits

YEAR 3
Fall Semester

DPT 701 Principles of Management & Supervision for Physical Therapists
An in-depth study of service operations management at the organizational and clinical department level is discussed. A focus on the full financial cycle from resource planning and budgeting through reimbursement is emphasized. Basic services of facilities operation and record keeping as well as case management and consulting are addressed. The physical therapist's role as a leader for personal development as well as a human resource manager is discussed. Students learn the process of program and service line development, implementation, marketing, and outcome management. Current regulatory, legal, and policy and procedures that impact practice management are also presented. 4 Credits

DPT 710 Clinical Reasoning Seminar
This course provides students with the opportunity to integrate their skills for evaluation, planning, and revision of interventions. Live and videotaped demonstrations of examinations and evaluations are presented in class. Small groups of students perform an examination of a patient, justify the tests and measurements performed, perform an evaluation (make clinical judgments), establish a diagnosis and prognosis for the patient, plan therapeutic interventions, and develop a plan for outcomes assessment. The students present the case to an audience of physical therapy students and interested people from the community. Pass/No Pass. 2 Credits

DPT 723 Clinical Internship III (10 Weeks)
These courses emphasize application and integration of academic/didactic coursework into the clinical setting. Students are directly supervised by licensed physical therapists in community-based clinical sites available throughout the US and internationally. Pass/No Pass. 10 Credits

DPT 730 Professional Lecture Series
A series of lectures, demonstrations, or workshops focusing on specialties and other areas germane to the practice of physical therapy. Examples of topics included are hand orthotics, clinical education, woman's health issues, professional communication, and industrial/ occupational health. Topics will be presented by faculty and other clinical experts. Pass/No Pass. 2 Credits

DPT 740 Introduction to Medical Imaging for Physical Therapists
The course includes basic principles of radiology and develops a systematic approach to viewing radiographs. The course is interactive in that students will participate in viewing and describing radiographs and discussing findings with the members of the class. An introduction to Magnetic Resonance Imaging (MRI) is also included. Pass/No Pass. 1 Credit.

DPT 750 Bioethics Seminar for PTs
Identification and analysis of ethical issues facing physical therapists in their relationships with patients, peers, the healthcare community, and society as a whole. Pass/No Pass. 0.25 Credits

DPT 790 Evidence Based Capstone Project
Students will use evidence-based principles to develop a clinical question dealing with diagnosis or treatment. Working individually, students will conduct a complete literature review or two smaller reviews using 8-12 (total) research articles. The clinical question will be answered with a written Critically Appraised Topic (CAT) that will be presented with either a platform or a poster presentation to the School of Physical Therapy in the spring of the final year. Pass/No Pass. 1 Credit

DPT 792 Educational Strategies for Physical Therapists
Educational strategies for designing and teaching in clinical, community, and academic settings. Learning theory is emphasized with a focus on applications in instruction related to physical therapy. Students select topics to teach to each other, offering constructive critique and support. 2 Credits

YEAR 3

Spring Semester

DPT 724 Clinical Internship IV

These courses emphasize application and integration of academic/didactic coursework into the clinical setting. Students are directly supervised by licensed physical therapists in community-based clinical sites available throughout the US and internationally. Pass/No Pass. 10 Credits

DPT 725 Clinical Internship V

These courses emphasize application and integration of academic/didactic coursework into the clinical setting. Students are directly supervised by licensed physical therapists in community-based clinical sites available throughout the US and internationally. Pass/No Pass. 9 Credits

DPT 790 Evidence Based Capstone Project

Students will use evidence-based principles to develop a clinical question dealing with diagnosis or treatment. Working individually, students will conduct a complete literature review or two smaller reviews using 8-12 (total) research articles. The clinical question will be answered with a written Critically Appraised Topic (CAT) that will be presented with either a platform or a poster presentation to the School of Physical Therapy in the spring of the final year. Pass/No Pass. 1 Credit

CLINICAL EDUCATION EXPERIENCE SUMMARY

DPT 570	**Clinical Internship I**	**- 4 credits**	**Year 1, summer semester**
DPT 640	**Clinical Internship II**	**- 6 credits**	**Year 2, spring semester**
DPT 641	**Clinical Internship III**	**- 10 credits**	**Year 3, fall semester**
DPT 720	**Clinical Internship IV**	**- 10 credits**	**Year 3, spring semester**
DPT 721	**Clinical Internship V**	**- 9 credits**	**Year 3, spring semester**

These courses emphasize application and integration of academic/didactic coursework into the clinical setting. Students are directly supervised by licensed physical therapists in community-based clinical sites available throughout the US and internationally.

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APPENDIX C:

WEEKLY OBJECTIVES FOR CLINICAL EDUCATION EXPERIENCE (TEMPLATE)

These objectives are to be used as a ***generic template*** for clinical educators and students to set weekly personalized objectives. They are not specific to a particular setting, and they are not to be used as an all-inclusive checklist. For shorter clinical education experiences, please use weeks 1-6 as the template, but note that the percentages for supervision and caseload may need to be adjusted.

Week 1: The student will:

1. Complete orientation to the facility (risk management, safety, tour, etc.).
2. Complete orientation to the student manual.
3. Introduce self to department staff.
4. Shadow their CI to become familiar with the patients and procedures.
5. Participate in an initial evaluation with <90-100% assistance.
6. Measure and characterize pain with <90-100% assistance.
7. Actively participate in treatment interventions with <90-100% assistance.
8. Complete at least one progress note with <90-100% supervision and comparison to CI's note for the same patient.
9. Ensure patient safety with <50% cues from the CI.
10. Perform correct body mechanics with <50 % cues from CI.
11. Demonstrate appropriate standard precautions and sterile technique with <50% cues from CI.
12. Provide feedback to CI regarding level of supervision, teaching methods, etc. (This should be ongoing!)

Week 2: The student will:

1. Complete orientation including patient scheduling, meetings, etc.
2. Complete an initial evaluation with <75-90% assistance from the CI.
3. Measure and characterize pain with <75-90% assistance.
4. Select and perform examination tests and measures with <75-90% assistance from the CI for each practice pattern.
5. Synthesize available data on a patient/client to include impairment, functional limitation, and disability participation restrictions with <75-90% assistance.
6. Site the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support clinical decisions with <75-90% assistance.
7. Integrate the examination findings to classify the problem into a practice pattern with <75-90% assistance from the CI.
8. Identify and prioritize impairments to determine a specific dysfunction towards which the intervention will be directed with <75-90% assistance.
9. Select and prioritize the essential treatment interventions that are safe and meet the specific functional goals/outcomes in the plan of care with <75-90% assistance from CI.
10. Implement and assess effectiveness of treatment interventions with <75-90% assistance from CI.
11. Document progress notes and familiar initial evaluations with <75-90% assistance.
12. Ensure patient safety with <30% cues from the CI.
13. Perform correct body mechanics with <30 % cues from CI.

14. Demonstrate appropriate standard precautions and sterile technique with <30% cues from CI.
15. Write measurable functional goals that are time referenced with <75-90% assistance.
16. Complete daily activity log/billing sheets with <75-90% assistance.
17. Actively participate in patient conferencing with <75-90% assistance from CI.
18. Demonstrate initiative with all duties including active adult learning.
19. Participate in discharge planning, including ordering of patient equipment with <75-90% assistance.
20. Differentiate between discharge, discontinuation of service and transfer of care with <75-90% assistance.

Week 3: The student will:

1. Perform 50% of the scheduled treatments and 25% of evaluations.
2. Fully complete an initial evaluation with <50-75% assistance from CI.
3. Measure and characterize pain with <50-75% assistance.
4. Select and perform examination tests and measures with <50-75% assistance from the CI for each practice pattern.
5. Synthesize available data on a patient/client expressed in terms of the disablement model to include impairment, functional limitation, and disability participation restrictions with <50-75% assistance.
6. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support clinical decisions with <50-75% assistance.
7. Integrate the examination findings to classify the problem into a practice pattern with <50-75% assistance from the CI.
8. Identify and prioritize impairments to determine a specific dysfunction towards which the intervention will be directed with <50-75% assistance.
9. Select and prioritize the essential treatment interventions that are safe and meet the specific functional goals/outcomes in the plan of care with <50-75% assistance from CI.
10. Implement and assess effectiveness of treatment interventions addressing impairments, activity limitations and specific patient goals with <50-75% feedback from CI.
11. Document progress notes and initial evaluations with <50-75% feedback from CI.
12. Ensure patient safety with <10% cues from the CI.
13. Perform correct body mechanics with <10% cues from CI.
14. Demonstrate appropriate standard precautions and sterile technique with <10% cues from CI.
15. Write measurable functional goals that are time referenced with <50-75% assistance.
16. Complete daily activity log/billing sheets with <25-50% assistance.
17. Present patient during care conference with <50-75% feedback.
18. Participate in discharge planning, including family education, ordering of equipment with <50-75% assistance from CI.
19. Differentiate between discharge, discontinuation of service and transfer of care with <50-75% assistance.
20. Determine in service or project to be completed after discussion with CI.

Week 4-5: The student will:

1. Perform 75% of the scheduled treatments and 50% of the evaluations.
2. Fully complete initial evaluation with <25-50% assistance/feedback from CI. Complete orientation including patient scheduling, meetings, etc.
3. Measure and characterize pain with <25-50% assistance.
4. Select and perform examination tests and measures with <25-50% assistance from the CI for

each practice pattern.

5. Synthesize available data on a patient/client expressed in terms of the disablement model to include impairment, functional limitation, and disability participation restrictions with <25-50% assistance.
6. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support clinical decisions with <25-50% assistance.
7. Integrate the examination findings to classify the problem into a practice pattern with <25-50% assistance from the CI.
8. Identify and prioritize impairments to determine a specific dysfunction towards which the intervention will be directed with <25-50% assistance.
9. Select and prioritize the essential treatment interventions that are safe and meet the specific functional goals/outcomes in the plan of care with <25-50% assistance from CI.
10. Implement and assess effectiveness of treatment interventions with <25-50% assistance/feedback from CI.
11. Document all progress notes and initial evaluations with <25-50% assistance from CI.
12. Ensure patient safety independently.
13. Perform correct body mechanics independently.
14. Demonstrate appropriate standard precautions and sterile technique independently.
15. Write measurable functional goals that are time referenced with <25-50% assistance.
16. Complete daily activity log/billing sheets independently.
17. Present patients during care conference with <25-50% assistance/feedback.
18. Perform discharge planning with <25-50% assistance/feedback.
19. Differentiate between discharge, discontinuation of service and transfer of care with <25-50% assistance.
20. Work on in-service/project independently.
21. Complete midterm as appropriate. If significant issues noted, call DCE.
22. Provide feedback to CI regarding level of supervision, teaching methods etc. (This should be ongoing!)

Week 6-7: The student will:

1. Perform 100% of the scheduled treatments and 75% of evaluations.
2. Fully complete initial evaluation with feedback <25% of the time.
3. Measure and characterize pain with <25% assistance.
4. Select and perform examination tests and measures with <25% assistance from the CI for each practice pattern.
5. Synthesize available data on a patient/client expressed in terms of the disablement model to include impairment, functional limitation, and disability participation restrictions with <25% assistance.
6. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support clinical decisions with <25% assistance.
7. Integrate the examination findings to classify the problem into a practice pattern with <25% assistance from the CI.
8. Identify and prioritize impairments to determine a specific dysfunction towards which the intervention will be directed with <25% assistance.
9. Select and prioritize the essential treatment interventions that are safe and meet the specific functional goals/outcomes in the plan of care with <25% assistance from CI.
10. Develop treatment interventions with feedback <25% of the time.
11. Implement and assess effectiveness of treatment interventions with feedback <25% of the

time.

12. Complete all patient documentation with feedback <25% of the time.
13. Write measurable functional goals that are time referenced with <25% assistance.
14. Present patients during care conference with <25% feedback.
15. Perform discharge planning with <25% feedback.
16. Differentiate between discharge, discontinuation of service and transfer of care with <25% assistance.
17. Continue to work on in-service/project independently, schedule presentation time as appropriate.
18. If appropriate, meet/observe other disciplines, surgery, specialty areas etc.
19. Complete midterm as appropriate. If significant issues noted, call DCE.

Weeks 8-9: The student will:

1. Perform 100% of the scheduled treatments and evaluations.
2. Complete initial evaluations independently.
3. Measure and characterize pain independently.
4. Select and perform examination tests and measures independently, for each practice pattern.
5. Synthesize available data on a patient/client expressed in terms of the disablement model to include impairment, functional limitation, and disability participation restrictions independently.
6. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support clinical decisions independently.
7. Integrate the examination findings to classify the problem into a practice pattern independently.
8. Identify and prioritize impairments to determine a specific dysfunction towards which the intervention will be directed independently.
9. Select and prioritize the essential treatment interventions that are safe and meet the specific functional goals/outcomes in the plan of care independently.
10. Develop treatment interventions independently.
11. Implement and assess effectiveness of treatment interventions independently.
12. Complete all documentation independently.
13. Write measurable functional goals that are time referenced independently.
14. Present patients during conference with oversight only.
15. Perform discharge planning independently.
16. Continue to observe other activities as appropriate.

Weeks 9-10: The student will:

1. Complete the in-service/project.
2. Complete all documentation to the satisfaction of the CI.
3. Complete comprehensive documentation to the satisfaction of the CI.
4. Complete treatment interventions to the satisfaction of the CI.
5. Complete discharge planning without reminders from CI.
6. Present during care conference independently.
7. Complete all educational experiences desired.
8. Perform all duties of an entry level physical therapist.
9. Complete final assessment.
10. Provide feedback to CI regarding the experience and recommendations for future students.

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