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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.

CLINICAL EDUCATION SCHEDULE

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

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POLICIES AND PROCEDURES FOR STUDENTS

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 prior to participation in any clinical experience at the time frames identified by the Clinical Education Team, regardless of whether the clinical education experience takes place inside the state of Oregon.

IMMUNIZATIONS

All students are required to have completed immunization requirements prior to matriculation into the Physical Therapy Program. Individual student medical exemptions from specific immunizations require a written statement of exemption signed by a qualified medical professional; non-medical exemptions from immunizations are not allowed. Proof of immunization or exemption is collected, reviewed, and tracked by [myRecordTracker](#) (a subsidiary of [CertiPhi Screening](#)). This organization employs physician-led teams to review and track submissions to ensure that our requirements are met. Further details regarding required immunizations and titers are provided following acceptance into the Program. The Program is responsible for ensuring that all entering and returning students meet these requirements prior to participation in any clinical education experiences. Documentation of all up-to-date immunizations, titers, and TB screening must be provided and maintained on myRecordTracker by the student throughout the Program. Students are responsible for keeping copies of their immunizations for their own files, in addition to keeping their records up to date on myRecordTracker. Other immunizations may be required by clinical 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 screen through Certiphi Screening. Screening is required prior to the first clinical education experience, but not before matriculation into the Physical Therapy Program. The Clinical Education Team will assist students in setting up drug screening prior to the first clinical education experience. 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 additional mandatory drug testing prior to the start of 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 must comply with the specific requirements of that site. Students assume full financial responsibility for all drug testing requirements. Further information regarding drug testing may be found in the “Oregon-Required Drug Testing Policy” maintained on file with the College of Health Professions (CHP).

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CRIMINAL BACKGROUND CHECKS

Students are required to undergo a state and nationwide criminal background check (CBC) through Certiphi Screening before matriculating into the Physical Therapy Program. Some sites may require the student to complete an additional, time-sensitive CBC prior to the start of a clinical education experience. The Clinical Education Team can assist students in requesting an updated CBC be completed. Students assume full financial responsibility for CBC requirements. **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.

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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, they 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 the first year of the program, 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. **Students are responsible for keeping a copy of each “Certificate of Completion” for each course taken.**

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HEALTH INSURANCE AND LIABILITY COVERAGE

Students must maintain personal health insurance coverage during the course of the Physical Therapy Program. Proof of health insurance coverage is tracked on myRecordTracker, and it is the responsibility of the student to keep this requirement up to date. 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:

<u>Coverage</u>	<u>Limits of Liability</u>
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 at their own out-of-pocket expense.

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CLINICAL EDUCATION EXPERIENCE POLICIES AND PROCEDURES

The policies and procedures the Clinical Education Team follows to assign clinical experiences supports the Program's goal of graduating well-rounded and highly competent clinicians ready to assume duties in any of the general areas of physical therapy practice. The main focus of this process is to provide students with exposure to different practice settings, patient populations, geographical locations, and cultures, while still allowing students to develop skills in areas of special interest to them. The process of assigning and confirming clinical sites is highly personalized, as students are given the opportunity to provide input regarding their clinical placements for Experiences II, III, IV, and V. Experience I is assigned in the fall of the first year, as the placement process occurs before the first year class matriculates. Students are encouraged to regard their clinical education experiences as unique opportunities to expand their education, life experience, 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 which is known or advertised by the site.

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, Site Coordinators of Clinical Education (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 students must be ultimately responsible for their own education, they are thoroughly briefed on expectations prior to each clinical education experience.

Clinical Education Plan and Advising

Following the "Introduction to Clinical Education" lecture in the Foundations of the Physical Therapy Professions I course in the fall semester of the first year, students will develop a clinical education plan to help guide their selection process of clinical education experiences throughout their time in the program. Students will develop a personal mission statement by describing their goals for professional development, and outline a sequence of clinical education experiences that will meet the clinical education experience variety requirements and support their personal mission statement and goals. First year students will meet with their clinical education advisor during the development phase of their

clinical education plan for further advising. It is to be expected that students may want to revise their clinical education plan throughout the course of their education, as interests may change or develop, and life situations may change. Students are encouraged to discuss these changes with their clinical education advisor and submit a revised clinical education plan.

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Clinical Education Experience Variety Requirements

In order to graduate well-rounded and highly competent clinicians who are ready to assume duties in any of the general areas of physical therapy practice, all students must meet the following variety requirements.

1. Complete at least one inpatient experience. Inpatient settings are generally defined as those clinical settings where the patient is not sleeping in their own home. This includes geriatric skilled nursing facilities, adult or pediatric hospital-based acute care facilities, adult or pediatric inpatient neurorehabilitation facilities.
2. Of the four final clinical education experiences, students are required to participate in at least three different general areas of physical therapy practice (acute care, neurological rehabilitation, outpatient orthopedics, pediatrics, and geriatrics). This ensures competence in generalist practice while still allowing students to pursue an area of interest if they choose.
3. ***At least*** one clinical education experience must be completed “out-of-town”, which is generally defined as **≥ 40 miles from downtown Portland**. This enables students to experience the diversity of ways in which physical therapy is practiced in different geographical areas. **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 more than one experience.**

Some settings and experiences are only available during specific clinical education experiences. This may be due to limitations by the sequence of didactic coursework required to be adequately prepared for a particular setting, schedule limitations of the site/setting, and/or time constraints imposed by the academic calendar. If a clinical site offers a mixed experience (e.g. a mix of OP Ortho and Acute), the experience will be classified as the setting the student spends at least 60% of their experience in. The performance expectations for the clinical experience will apply to both settings. Under certain

circumstances (e.g. due to caseload fluctuations, change in primary CI, etc.), the final setting applied to a clinical experience may need to be modified during or after the rotation is concluded.

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Acadaware

The Physical Therapy Program uses an electronic database program called Acadaware to store information regarding sites, clinical instructors, practice settings, current and historical placement offerings, student feedback, and more. This database is kept up-to-date and available to students by the Clinical Education Team. Acadaware is also the platform used by the Clinical Education Team to complete site selection, randomized site assignments, and placement tracking for each clinical education experience. SCCEs and CIs do not use or have access to the information housed in Acadaware.

Students will receive their Acadaware login during the fall semester of the first year. Students are expected to keep their Acadaware student profiles up to date and ready to send to clinical sites prior to each clinical education experience.

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Site Selection for Experience II, III, IV, and V

The process of site selection is completed in the winter of the first year for Experience II and III, and the fall of the second year for Experience IV and V. The site selection process for Experience II and III will be primarily based on setting, according to the setting identified on each individual student's clinical education plan for these experiences. The site selection process for Experience IV and V will be more broadly based on a larger range of settings and experiences to ensure that students are able to meet the graduation requirements of clinical education and potentially explore areas of interest. Students are encouraged to review site information and read the electronic evaluation forms on Acadaware, or contact other students directly to discuss clinical sites.

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Placement requests and Placement confirmations

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 placements from facilities, the Clinical Education Team follows 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 placements in early March. On the specified date, the Clinical Education Team will place requests on behalf of each individual student based on their prior site selection. After the request is received by the SCCEs, they work to identify their site's ability to host students during the requested time frames. Information gathered from the site selection process and clinical education plan will be utilized by the Clinical Education Team to make subsequent requests on a student's behalf until a confirmation is received from a site. Students may be contacted by the Clinical Education Team if additional information is needed during the placement request process. **Ultimately, the Clinical Education Team reserves the right to assign students to best meet the needs of all parties involved in the process.** Students will be notified of clinical experience confirmations in mid-late June of each year, and updated weekly thereafter.

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CLINICAL EXPERIENCE PLACEMENT POLICY:

1. Students are responsible for all living, transportation, and onboarding costs related to 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. **Students are not, under any circumstances, allowed to directly request clinical experience placements from the clinical sites.** This is done solely by the Clinical Education Team. This policy exists 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.), but should not be requesting specific dates for a rotation. **A student found to be in violation of this policy will not be allowed to participate in a clinical education experience with that site.**

3. It is possible for a student to do a clinical education experience where they have 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 they have worked in a paid position if an experience is available *in a different department* from where they 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 they 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 site to verify that an appropriate situation is available. *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.

4. After the initial site selection process, students have one week to request changes to their assignment; after this time, clinical placement requests are considered finalized. Students are allowed to make changes to their final clinical placement request after this time and before the Uniform Mailing Date under the following conditions:

- a. A student decides to no longer pursue an application based site

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.

5. Once a clinical site accepts a placement request made by the Clinical Education Team on behalf of a student, the clinical experience is considered confirmed. In order to change a clinical placement once confirmation is received, a student must file a formal written appeal to the DCE. Similarly, in cases of extreme personal hardship, students may request an exception to any aspect of the clinical education experience policy by making a written appeal to the DCE. Written requests for a change in clinical placement or exception 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 composed of the Program Director, the DCE and/or the Associate DCE, and one member of the core PT faculty selected by the petitioner. If a petition is granted for an appeal, the Clinical Education Team will attempt to honor the preferences of the student, however, cannot guarantee the setting, location, or dates of the revised placement. Under these circumstances, the Clinical Education Team will prioritize the student's ability to meet the Clinical Education variety requirements policy detailed above. The faculty ultimately reserves the right to assign students to best meet the needs of all parties concerned.
6. The Clinical Education Team reserves the right to make final decisions regarding clinical placements.

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GENERAL COURSE POLICIES:

1. Clinic hours are those established by the facility. The student is not expected to spend time in the

clinic longer than any one staff PT. If applicable, the student may spend time in the clinic on the weekend with a day off during the week according to departmental policies.

2. The student is expected to spend no fewer than 36 hours per week, on average, in the clinic. If there is concern that this minimum may not be met, the DCE should be contacted within the first 1-2 weeks so that other arrangements can be made.
3. Students can expect to spend an additional 8-10 hours per week OUTSIDE OF SCHEDULED CLINIC TIME studying, preparing, and reviewing relevant material. This is not considered part of the full-time weekly hours that the student spends in the clinic.
4. The facility dress code will apply to the student. See the section on Professional Dress below for additional guidance.
5. Students must satisfy all onboarding requirements (described below) prior to rotation start.
Students are responsible for keeping copies of their own records so that they can be presented to their clinical instructors on the first day. *Failure to complete all requirements prior to the first day of the clinical education experience will result in a delayed start and possible removal from the rotation.*
6. Students must be supervised by at least one licensed PT. A supervising PT must be located on the same premises as the student at all times. In some cases, the PT should be in the same treatment area/room. Students may not be supervised by a PTA.
7. If any problems or questions occur during the clinical experience, consult the DCE. **DO NOT** wait until a clinic visit, return to school, assume that things will improve, or try to "gut things out." Problem areas can often be easily handled without wasting valuable learning time.
8. If extra time is needed for travel to/from clinic, students must follow the absences policy described below.

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ABSENCES:

1. *Absences during the final 29 weeks of clinical education experiences (Experiences III, IV, and V) must be related to illness, emergency, or approved absences only; these are NOT vacation days. If a clinic is closed for a national holiday, the student is not expected to make up this absence. Absences and/or discontinuation of clinical education experiences related to COVID-19 will be handled on a*

case-by-case basis.

2. The DCE and/or clinical instructor may require any absence to be made up in order to meet the learning and performance expectations of the clinical experience.
3. The DCE and facility must both be notified each day of an absence. The facility should be contacted via phone by 8:00 a.m. or upon opening. The student must also send an email to their CI and/or SCCE *and* carbon copy the DCE to ensure that all parties are aware of the absence.
4. If an absence is related to inclement weather and treacherous travel conditions, the following considerations apply:
 - a. If the CLINIC IS CLOSED *or* the CLINICAL INSTRUCTOR is unable to attend, time does not need to be made up.
 - b. If the CLINIC IS OPEN but the STUDENT is unable to attend, this is considered an 'emergency' and the above conditions apply.
5. Students may have the opportunity to participate in School-approved or School-sponsored activities during a clinical education experience, including state, national, or international professional meetings, and service learning experiences. Notably, the APTA Combined Sections Meeting (CSM) usually occurs during Clinical Education Experience IV and students are encouraged to attend. In addition, students may be asked to participate in or attend momentous occasions such as weddings, funerals, or the birth of a child. Students may participate in these activities under the following conditions:
 - a. The absence is approved by the clinical instructor
 - b. The absence is approved by the DCE
 - c. The time missed is made up
 - i. If the absence is related to presenting or meeting related to an elected position at a professional meeting, up to two days may be excused for the presentation or meeting (poster or platform).
 - ii. If the absence is related to attending (not presenting at) a professional meeting, up to two days may be made up by providing an in-service relevant to that clinical setting. The in-service content must be approved by the site/clinical instructor.
 - iii. If the absence is related to a non-professional event (e.g., wedding), missed time may be made up by taking on additional hours or days. Up to one day may be made up by providing an in-service relevant to that clinical setting. The in-service content must be approved by the site/clinical instructor.

If all three of these conditions cannot be met, the student is not allowed to participate in the activity. Students should also be mindful of how travel or participation in any group events may impact their participation in a clinical education experience.

Students may not schedule personal occasions during a clinical education experience that can be reasonably scheduled outside the rotation dates (e.g. student's own wedding, family vacation, etc.).

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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.

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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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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.

Academic accommodations are available to students covered under the Americans with Disabilities Act. If you require accommodations in this course, you must immediately contact the Office of Accessibility and Accommodation Services (formerly LSS) at ext. 2194 or email at aaa@contact.pacificu.edu. The director, Kim Garrett, 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 assignment.

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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POLICIES AND PROCEDURES RELATED TO CLINICAL SITES

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 (CCIP).

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, clinicians are more able to set appropriate expectations for a given level of clinical experience because they are familiar with student capabilities. Secondly, the Clinical Education Team knows the strengths and limitations of the sites and is better able to match a student who has 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, geriatrics, and neurological rehabilitation. Exposure to underserved areas (geographically, culturally, or otherwise) is another important consideration. Finally, the Physical Therapy Program 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 DCEs. 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, solicitation of student and clinical instructor feedback following clinical experiences, 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 workshop 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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REFERENCES

- AOTA. *Guide to Fieldwork Education*. Rockville, MD: American Occupational Therapy Association; 1984.
- Barbara D. *The Art of Listening*. Springfield, IL: Charles C. Thomas; 1974.
- Bernstein L., Bernstein R. *Interviewing: A guide for health professionals*. Norwalk, CT: Appleton-Century-Crofts; 1985.
- Bloom B. *Taxonomy of Educational Objectives Handbook I: Cognitive Domain*. New York: David McKay Inc; 1956.
- Bradford L. *Human Forces in Teaching and Learning*. La Jolla, CA: University Associates; 1976.
- Brooks G. A survey of entry level cardiopulmonary physical therapy education. *Cardiopulmonary Physical Therapy Journal*. 1996;7(3):9-14.
- Brown S. Faculty and student perceptions of effective clinical teachers. *Journal of Nursing Education*. 1981;20:4-15.
- Bulter H. Student role stress. *American Journal Occupational Therapy*. 1972;26:399-405.
- Carney MK, Keim ST. Cost to the hospital of a clinical training program. *J Allied Health*. 1978;7:187-91.
- Cebulski P, Sojkowski M. Clinical education and staff productivity. *Clinical Management in Physical Therapy*. 1988;8(4):26-9.
- Ciccone DC, Wolfner ML. Clinical affiliations and postgraduate job selection: a survey. *Clinical Management in Physical Therapy*. 1988;8(3):16-7.
- Christie B, Joyce P, Moeller P. Fieldwork experience, part I: Impact on practice preference. *American Journal Occupational Therapy*. 1985;39:671-4.
- Christie B, Joyce P, Moeller P. Field experience, part II: The supervisor's dilemma. *American Journal Occupational Therapy*. 1985;39:675-81.
- Coulson E, Woeckel D, Copenhaver R, et al. Effects of clinical education on the productivity of private practice facilities. *Journal of Physical Therapy Education*. 1991;5(1):29-32.
- Daggett C, Cassie J, Collin G. Research on clinical teaching. *Review of Educational Research*. 1979;49(1):151-69.
- Davis C, McKain A. Clinical education: Awareness of our "not-ok" behavior. *Physical Therapy*. 1975;55(5):505-6.
- DeClute J, Ladyshevsky R. Enhancing clinical competence using a collaborative clinical education model...including commentary by Deusinger SS, Emery MJ, Gandy JS with author response. *Physical Therapy*. 1993;73(10):683-97.
- Deusinger SS. Establishing clinical education programs: A practical guide. *Journal of Physical Therapy Education*. 1990;4(2):58-61.
- Deusinger S, Gwyer J, Foord L, DeMont M, Gandy J, Sanders B. A challenge to clinical educators: Compendium for effective clinical education. *Journal of Physical Therapy Education*. 1990;4(2):55-75.
- Dominick B. *The Art of Listening*. Springfield, IL: Charles C. Thomas; 1974.
- Dupont L, Gauthier-Gagnon C, Roy R, Lamoureux M. Group supervision and productivity: From myth to reality. *Journal of Physical Therapy Education*. 1991;11(2):31-7.
- Davis C. Evaluating student clinical performance in the affective domain. *Journal of Physical Therapy Education*. 1987; Winter:19-20.
- Eisenberg S, Patterson L. *Helping clients with special concerns*. Chicago, IL: Rand McNally College Publishing; 1979.
- Emery M. (1984). Effectiveness of the clinical instructor-Student's perspective. *Physical Therapy*. 1984;64:1079-83.

Emery M, Wilkinson C. Perceived importance and frequency of clinical teaching behaviors: Surveys of students, clinical instructors and center coordinators of clinical education. *Journal of Physical Therapy Education*. 1987;1(1):29-32.

Evans J, Massler M. The effective clinical teacher. *Journal of Dental Education*. 1977;41:613-7.

Fisher R, Vry W. *Getting to Yes, Negotiating Agreement without Giving In*. New York, NY: Penguin Books; 1983.

Ford C. *Clinical Education for the Allied Health Professions*. St. Louis, MO: CV Mosby; 1978.

Ford L, DeMont M. Teaching students in the clinical setting: Managing the problem situation. *Journal of Physical Therapy Education*. 1990;4(2):61-6.

Gandy J, Sanders B. Costs and benefits of clinical education. *Journal of Physical Therapy Education*. 1990;4(2):70-5.

APTA. *Clinical Education: An Anthology*. Alexandria, VA: American Physical Therapy Association; 1992.

Gronlund N. *Stating Objectives for Classroom Instruction*. New York, NY: MacMillan; 1978.

Hamilton-Duckett P, Kidd L. Counseling skills and the physiotherapist. *Physiotherapy*. 1985;71(4):179-80.

Hanow A. *Taxonomy of the Psychomotor Domain*. New York: David McKay; 1972.

Harris T. *I'm OK - You're OK*. New York, NY: Harper & Row Publications; 1973.

Haskins AR, Rose-St Prix C, Elbaum L. Covert bias in evaluation of physical therapist students' clinical performance...including commentary by Simpson SD, Jensen GM, Woodruff LD with author response. *Physical Therapy*. 1997;77(2):155-68.

Hayes KW, Huber G, Rogers J, Sanders B. Behaviors that cause clinical instructors to question the clinical competence of physical therapist students. *Physical Therapy*. 1999;79(7):653-67.

Hayward LM, Cairns MA. Physical therapist students' perceptions of and strategic approaches to case-based instruction: Suggestions for curriculum design. *Journal of Physical Therapy Education*. 1998;12(2):33-42.

Henry J. Using feedback and evaluation effectively in clinical supervision: Model for interaction characteristics and strategies. *Physical Therapy*. 1985;65(3):354-7.

Henry J. Clinical contracts: A method for identifying and resolving student clinical performance problems. *Journal of Physical Therapy Education*. 1987;1(1):13-5.

Irby DM. Legal guidelines for evaluating and dismissing medical students. *New England Journal of Medicine*. 1981;304(3):180-4.

Irby DM. Clinical teacher effectiveness in medicine. *Journal of Medical Education*. 1978;53:808-15.

Jacobson M. Effective and ineffective behaviors of teachers as determined by their students. *Nursing Research*. 1966;15:218-24.

Jacobson B. Role model concepts before and after the formal professional socialization period. *Physical Therapy*. 1980;60:188-93.

Jensen G, Denton B. Teaching physical therapy students to reflect: A suggestion for clinical education. *Journal of Physical Therapy Education*. 1991;5(1):33-8.

Kelly DG, Brown DS, Perritt L, Gardner DL. A descriptive study comparing achievement of clinical education objectives and clinical performance between students participating in traditional and mock clinics. *Journal of Physical Therapy Education*. 1996;10(1):26-31.

Kleiner BH. How to give and receive criticism effectively. *Supervisory Management*. 1979;24(3):37-41.

Knox J, Mogan J. Important clinical teacher behaviors as perceived by university nursing faculty, students and graduates. *Journal of Advanced Nursing*. 1985;10(1):25-30.

Krathwohl D, Bloom B, Masia B. *Taxonomy of Educational Objectives Handbook II: Affective Domain*. New York: David McKay; 1964.

Ladyshevsky RK. Enhancing service productivity in acute care inpatient settings using a collaborative clinical education model. *Physical Therapy*. 1995;75(6):503-10.

Ladyshefsky RK, Barrie SC, Drake VM. A comparison of productivity and learning outcome in individual and cooperative physical therapy clinical education models...including commentary by Sanders BS with authors' response. *Physical Therapy*. 1998;78(12):1288-301.

Matuscak RR. Criteria, purposes and methods for evaluating the clinical competence of students in the allied health professions. *Journal of Allied Health*. 1983;12(2):85-94.

May BJ, Newman J. Developing competence in problem solving: A behavioral model. *Physical Therapy*. 1980;60(9):1140-5.

May BJ. Teaching: A skill in clinical practice. *Physical Therapy*. 1983;63(10):1627-33.

McCabe B. The improvement of instruction in the clinical area: A challenge waiting to be met. *Journal of Nursing Education*. 1985;24:255-7.

Morgan M, Irby DM. *Evaluating Clinical Competence in the Health Professions*. St. Louis, MO: C.V. Mosby; 1978.

Morrow K. *Preceptorships in Nursing Staff Development*. Rockville, Maryland: Aspen Systems Corporation; 1984.

Nemshick MT, Shepard KF. Physical therapy clinical education in a 2:1 student-instructor education model...including commentary by Ladyshefsky RK with author response. *Physical Therapy*. 1996;76(9):968-84.

Nethery JC. Physical therapy competencies in clinical education. *Physical Therapy*. 1981;61(10):1442-6.

O'Shea H, Parsons M. Clinical instruction: Effective/and ineffective teacher behaviors. *Nursing Outlook*. 1979;27:411-5.

Perry J. *Handbook of Clinical Faculty Development*. Chapel Hill: University of North Carolina; 1977.

Purtillo R. *Health Professional/Patient Interaction*. 3rd ed.). Philadelphia, PA: W.B. Saunders; 1981.

Ramsden E, Dervitz H. Clinical education: Interpersonal foundations. *Physical Therapy*. 1972;52:1060-6.

Reilly D. *Teaching and Evaluating the Affective Domain in Nursing Programs*. C. Slack, Inc; 1978.

Richardson G, Wilson S, Sheey O, Young N. Educational imagery and the allied health educator. *Journal of Allied Health*. 1984;13(1):38-47.

Ripley D. Invitational teaching behaviors in the associate degree clinical setting. *Journal of Nursing Education*. 1986;25:240-6.

Rothstein JM, Echternach JL. Hypothesis-oriented algorithm for clinicians: A method for evaluating and treatment planning. *Physical Therapy*. 1986;66(9):1388-94.

Schwartz K. An approach to supervision of students on fieldwork. *American Journal of Occupational Therapy*. 1984;38:393-7.

Scully R, Shepard K. Clinical teaching in physical therapy education-an ethnographic study. *Physical Therapy*. 1983;63:349-58.

Snyder JR, Wilson JC. (1980). Evaluation of student performances in the clinical setting using the process skills approach. *Journal of Allied Health*. 1980;9(2):125-31.

Solomon P, Sanford J. Innovative models of student supervision in a home care setting: A pilot project. *Journal of Physical Therapy Education*. 1993;7(2):49-52.

Stith JS, Butterfield WH, Strube MJ, Deusinger SS, Gillespie DF. Personal, interpersonal, and organizational influences on student satisfaction with clinical education. *Physical Therapy*. 1998;78(6):635-45.

Stritter F, Hain J, Grimes D. Clinical teaching re-examined. *Journal of Medical Education*. 1975;50:876-82.

Stritter F, Flair M. *Effective Clinical Teaching*. Bethesda, MD: US Dept. of Health Education and Welfare; 1980.

Towne L. The adult learner. Leadership for Change in Physical Therapy Clinical Education Alexandria, VA: APTA, Dept of Education; 1986.

Walish J, Schuit D, Olson R. Preaffiliation and postaffiliation concerns expressed by physical therapy students. *Physical Therapy*. 1986;66:691-6.

Watts NT. Planning the organization of learning experiences. *Learning Experiences in Physical Therapy Education*. New York: New York Physical Therapy Association; 1967:145-60.

Watts NT. Predicting the effectiveness of learning experiences. *Learning Experiences in Physical Therapy Education*. New York: New York Physical Therapy Association; 1967:37-50.

Watts NT. *Handbook for Clinical Teaching: Exercises and Guidelines for Health Professionals Who Teach Patients, Train Staff, or Supervise Students*. New York, NY: Churchill Livingstone; 1990.

Wightman M, Wellock L. A method for developing and evaluating a clinical performance program for physical therapy interns. *Physical Therapy*. 1976;56:1125-8.

Windom P. Developing a clinical education program from the clinician's perspective. *Physical Therapy*. 1982;52(11):1604-8.

Wong S. Nurse-teacher behaviors in the clinical field: apparent effect on nursing students' learning. *Journal of Advanced Nursing*. 1978;3:369-72.

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FACILITY CLINICAL EDUCATION RESOURCES

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 in 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 Experience 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 Experience 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 Experience 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 Experience 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 Experience 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 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 Physical Therapy 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 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 750-01 Bioethics Seminar for Physical Therapists

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 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 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 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 Physical Therapy 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 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 750-01 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 415/515 Foundations of Interprofessional Practice

This course promotes the development of essential skills and attitudes needed in order to function effectively in an interprofessional healthcare community. Throughout the course, professional first-year students will attend classes and work on an experiential group activity to increase their knowledge in

the [four core competencies](#) of IP work as outlined by the Interprofessional Education Collaborative ([IPEC](#)). 0.5 Credits

YEAR 1

Summer Semester

DPT-570 Clinical Education Experience 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 653 Physiology & Pharmacology I

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. 4 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 693 Advanced Evidence Based Practice

This is the 3rd course in the research, statistics, and evidence-based practice curriculum. Students will review concepts of internal validity, external validity, and quantification of results of primary studies. In-depth analysis and utilization of systematic reviews, meta-analyses, and clinical practice guidelines that cover a variety of physical therapy practice areas will be presented and practiced. Content will primarily, but not exclusively, focus on physical therapy interventions. 2 Credits

DPT 750-01 Bioethics Seminar for Physical Therapists

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 Education Experience 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 654 Physiology & Pharmacology II

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. 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 750-01 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 Education Experience 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 746 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 750-03 Biomedical Ethics for Physical Therapists

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. 1 Credit

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 Education Experience 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 Education Experience 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 Education Experience I	- 4 credits	Year 1, summer semester
DPT 640	Clinical Education Experience II	- 6 credits	Year 2, spring semester
DPT 641	Clinical Education Experience III	- 10 credits	Year 3, fall semester
DPT 720	Clinical Education Experience IV	- 10 credits	Year 3, spring semester
DPT 721	Clinical Education Experience 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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