Clinical Site
Clinical Education Manual
2014-2015
(Class of 2016D)

Clinical Education Team:

Jennifer W. Rodriguez, PT, MHS: Director of Clinical Education
Katie Myers, PT, DPT: Asst. Director of Clinical Education
Cindy Johnson, PT, DPT, CHT: Instructor
Eric Sawyer, PT, DPT, OCS, STC: Instructor
Mary Teel, BS: Program Assistant; Clinical Education Coordinator

13121 E. 17th Ave., Rm 3108, MS: C244, Aurora, CO 80045
I. Table of Contents

General Information ......................................................................................................................... 4
I. Purpose and Mission ......................................................................................................................... 4
II. Description and Schedule .............................................................................................................. 4
III. Definitions and Roles / Responsibilities and CI Qualifications .............................................. 5
IV. Site Visits and Calls ...................................................................................................................... 7

Clinical Instructor/Site Policies and Procedures .................................................................................. 7
V. Rights and Privileges ...................................................................................................................... 7
VI. Responsibilities ............................................................................................................................ 8
VII. Medicare/Student Supervision .................................................................................................. 9
VIII. Liability Insurance .................................................................................................................. 9
IX. Procedures for Reporting Concerns/Complaints ....................................................................... 9

Student Policies and Procedures ....................................................................................................... 10
X. Requirements for Participation in Clinical Education ................................................................. 10
XI. Program Requirements ............................................................................................................... 11
   A. Types of Experiences .............................................................................................................. 11
   B. Goals and Expectations for CE / Grading of CE Courses .................................................... 12
XII. Student Requirements and Responsibilities ............................................................................... 13
   A. Student Information Forms ................................................................................................ 13
      1. Learning Objectives ........................................................................................................... 13
      2. Preferred Learning Style ................................................................................................... 13
   B. Time in Clinic Policies ......................................................................................................... 13
   C. Conduct / Professional Behavior ......................................................................................... 14
   D. Dress Code .......................................................................................................................... 14
   E. Cell Phone Policy ............................................................................................................... 15
XIII. Student Rights and Safety During Clinical Experiences ............................................................ 15
   A. Confidentiality of Student Records .................................................................................... 15
   B. Performance Evaluation ....................................................................................................... 15
   C. Requests for Special Accommodations ............................................................................... 16
D. Potential Health Risks / Liability / Injury ................................................................. 16
E. Sexual Harassment .................................................................................................. 16

XIV. Evaluation Procedures During Clinic .................................................................. 17
A. Clinical Performance Instrument ......................................................................... 17
B. Physical Therapist Student Eval of Clinical Experience & Clinical Instruction .. 17
C. ICE Evaluation Procedures .................................................................................. 17

APPENDICES ............................................................................................................... 18
A. Clinical Education Courses: Schedule and Description ..................................... 19
B. Goals and Expectations for Clinical Education Experiences I-III and ICE .......... 25
C. Clinical Instructor Community Website log-in instructions ............................... 32
C. Time in Clinic Policy ............................................................................................. 34
D. Professional Abilities / Behaviors ......................................................................... 38
General Information

I. Purpose and Mission

The clinical education (CE) portion of the curriculum of the School of Medicine Physical Therapy Program at the University of Colorado (CU) has been carefully designed to integrate with the didactic portion, reinforcing key philosophical elements of the doctor in physical therapy curriculum. These elements include patient-centered care, clinical reasoning and evidence based practice, movement for participation, teamwork and collaboration, and quality improvement and safety. The Program’s specific learning objectives and structured assignments that occur during each clinical experience incorporate these core principles. Each CE experience provides students the opportunity to apply knowledge and skills learned in the classroom to the complex learning environment in clinical and community settings. In addition, activities are structured to facilitate the student’s development of the attitudes, values, and behaviors expected of a physical therapist functioning within a doctoring profession. Consistent with the Program’s mission of preparing a “generalist” physical therapist, CE is designed to provide students with a variety of experiences in different types of settings and with different types of patients.

Students have early and frequent exposure to clinical practice. As students progress through CE, they develop safe, independent, and effective skills in all aspects of patient management, interpersonal relations, and professional conduct. In addition, students may have the opportunity to experience the expanded roles of the physical therapist, such as case manager, administrator, consultant, advocate, educator and researcher.

Successful completion of CE forms part of the basis upon which the Program faculty make the recommendation for awarding the degree of Doctor of Physical Therapy.

II. Description and Schedule

The clinical education curriculum combines a traditional model of full time CE with innovative integrated clinical experiences and a year-long internship. There are a total of 38 weeks of CE prior to graduation. Following graduation, the clinical internship continues for 8 months. The general schedule is as follows:

Year 1
Integrated Clinical Education I (ICE I)- two 1-week blocks: Sept & Nov
Clinical Education I- 8 weeks: May-June

Year 2
Integrated Clinical Education II (ICE II)- one 2-week block: October
Clinical Education II – 10 weeks: January- March

Year 3
Clinical Education III – 16 weeks: September – December
Continuation of Internship- 36 weeks post-graduation January- August
Appendix A provides a more detailed description of the clinical education courses as well as course descriptions for the complete curriculum.

III. Roles / Responsibilities and CI Qualifications

Director of Clinical Education - DCE (Also called “ACCE” – Academic Coordinator of Clinical Education)

Member of the Academic Program’s faculty who is responsible for coordinating clinical education. NOTE: These responsibilities are carried out by a team of faculty at the CU PT Program. Each student is assigned a “Clinical Education Faculty Advisor”.

- Oversees clinical education program at the school
- Develops and monitors clinical education sites
- Serves as a liaison between the program, clinical education sites, and students
- Provides ongoing communication and information about the program to the clinical sites, including specific program goals, expectations, and grading criteria for each clinical experience
- Facilitates clinical faculty development, including instruction in the use of the APTA Clinical Performance Instrument (CPI Web)
- Collaborates with academic faculty to determine student readiness for clinical education
- Advises and interacts with students regarding clinical experiences
- Facilitates student preparation for each clinical experience
- Monitors student progress during clinical experiences
- Facilitates communication between student and CI, addressing conflict when needed
- Determines and assigns a grade for each clinical experience course, based on student performance evaluations completed by student and CI, along with information gathered during phone and onsite visits
- Promotes integration of clinical and academic portions of the curriculum
- Reports pertinent information from clinical instructors and students to the Curriculum Committee (i.e. academic preparedness, areas of deficiency in curriculum, etc.)
- Evaluates Clinical Education Program

Center Coordinator of Clinical Education-CCCE

The individual at each clinical education site who is responsible for coordinating the clinical education program for the facility. May also be a Clinical Instructor.

- Oversees clinical education at the clinical site
- Usually but not always a physical therapist
- Schedules time blocks for accepting students and assigns clinical instructors
- Maintains open communication with the school, including provision of current site and CI information
- Acts as liaison between school and individual CIs, providing written information to individual CIs prior to each clinical education experience
- Oversees student orientation to the clinical site
- Acts as a resource to students and CIs, including addressing conflict when needed
- Assists with clinical faculty development
- Completes APTA CPI training

**Clinical Instructor-CI**
The physical therapist who directly supervises a specific student(s) during a clinical experience.

- Recognizes importance and accepts responsibility of being a positive professional role model for the student
- Collaborates with the student to develop specific goals and objectives for the learning experience and a plan to accomplish them
- Designs learning experiences that facilitate the student’s ability to achieve his/her goals and objectives
- Provides ongoing feedback to student to facilitate learning (formative evaluations)
- Completes APTA CPI training
- Schedules and complete formal evaluations (summative evaluations) with the student
- Evaluates student’s performance completes documentation using the school’s evaluation toll (APTA CPI or ICE assessment forms) and according to school’s guidelines
- Shares student progress with CCCE and school
- Complete Clinical Instructor training if supervising students for ICE experiences

**Recommended Additional Qualifications for Clinical Instructors**

For all clinical experiences, it is recommended that CIs have a minimum of 1 year experience. Additionally, for the ICE experiences and the yearlong internship, we recommend CIs have a minimum of 1 year of experience as a clinical instructor.

For all full time clinical experiences, it is recommended that the CI be a Credentialed Clinical Instructor and demonstrates evidence of professional development, such as current membership in the APTA or clinical specialty certification. Furthermore, CIs involved in CE III are recommended to demonstrate clinical competence by meeting one or more of the following benchmarks:
- DPT, t-DPT, or other advanced degree
- Currently enrolled or completed fellowship or residency training
- Certified Clinical Specialist (APTA or other)
- Uses evidence / outcomes to support clinical practice
- Professional Membership (APTA or other)
Finally, the recommendations for the internship mentor during the post-graduation phase include all of the above, as well as the following qualifications:

- Strong clinical reasoning skills
- Evidence of ongoing professional development
- Experience supervising at least 2 students in full-time clinical experiences
- Completion of mentoring training

IV. Site Visits and Calls

The purpose of conducting clinic calls and visits is to establish and maintain effective communication between the CU PT Program, the clinical sites, CCCEs and CIs, and students. This includes, but is not limited to, monitoring student progress, sharing information about the academic program, sharing information about trends in healthcare and physical therapy in the region, and identifying the quality and availability of learning experiences as well as the quality of clinical educators at the clinical site. Contact with clinics may be performed onsite, by telephone, or by email. It is the goal of the Physical Therapy Program to visit each student at least once throughout the entire CE portion of the curriculum, and to make contact with each student and clinical instructor during each experience.

More frequent calls and/or visits may be conducted at the request of the student, CI, CCCE, or at the discretion of the DCE/CE Team.

Clinical Instructor/Site Policies and Procedures

V. Rights and Privileges

Clinical instructors and CCCEs are eligible for certain privileges as members of University of Colorado Physical Therapy Program's clinical education community. These include:

- Access to the Clinical Instructor Community website
  - Includes CE resources, online learning modules, and CU PT Program curriculum information
  - www.cuphysicaltherapy.org/clined  Password: ClinEd
  - See Appendix C for full instructions on how to log on to the CI Community

- Discounted registration to APTA Clinical Instructor Credentialing courses
  - Contact the Director of Clinical Education for further information on discount amount and schedule of courses

- Clinical faculty development requests,
Requests may include the APTA CI Education and Credentialing Program, in-services, or access to Program resources and will be accommodated as schedule and availability permits.

- Eligibility for Clinical Faculty appointments at the University of Colorado School of Medicine Physical Therapy Program.
  - To apply for this status, clinicians must submit an application and curriculum vitae to the Director of Clinical Education. Further instructions and application material can be found on the Clinical Instructor Community website.
  - This appointment also provides remote access to the University of Colorado Anschutz Medical Campus Health Sciences Library

- Discounted rates to CU PT Program sponsored events such as continuing education opportunities and alumni events
  - Announcements, details, and dates of various events can be found on the CU PT Program websites: [http://www.medschool.ucdenver.edu/PT](http://www.medschool.ucdenver.edu/PT)

- Invitation to participate in our Clinical Instructor/CCCE Debriefing sessions following full-time clinical experiences
  - CIs and CCCEs are invited to join a phone conference to hear general student feedback after CE experiences and share their own feedback with the PT Program

- Eligibility for the Outstanding Clinical Instructor Award given by the CU PT Program annually at graduation
  - The Clinical Education team selects a recipient for this award based on student feedback, demonstrated commitment to the CU PT Program, and excellence in clinical teaching.
  - Clinical instructors are also eligible for nomination as a recipient of the APTA Colorado Chapter Clinical Instructor of the Year Award

VI. Responsibilities

CCCEs and designated CIs are responsible for reviewing all pertinent policies and procedures prior to each clinical experience. These include:

- Roles and Responsibilities for CCCE and CI (Section III)
- Goals and Expectations for Clinical Experiences ([Appendix B](#))
- Student Information Form (as sent by the student)
- Clinical Performance Instrument (information on CI Community website)
- Clinical Affiliation Agreement (found on the CI Community website)

In addition the CCCE and/or CI will notify the student of any potential health risks for the student associated with providing physical therapy services at his/her clinical site.
The CCCE and/or CI will also notify the student of any special requirements related to the clinical experience, including additional drug screenings, background checks, online learning modules, etc.

It is recommended that time is allotted for student orientation to the clinical site as early as possible and include time to discuss the site’s expectations of the student, the student’s expectations of the clinical site and instructor, and a general plan for the experience. It is beneficial for each clinical site to develop its own goals and objectives for its own facility.

Clinical Instructors are encouraged to notify the student’s Clinical Education Advisor as soon as possible if there are any concerns or issues related to student performance during CE experiences. The CI, student, and CE Advisor will work together to develop a plan to address issues as appropriate.

VII. Medicare / Student Supervision

Clinical Instructors are responsible for following facility and federal guidelines in providing necessary student supervision and appropriate billing procedures for patients with Medicare. The APTA has information about student supervision while working with patients receiving Medicare based on CMS Guidelines available on the APTA website (www.apta.org). Guidelines and current recommendations are also available on the CU PT Program CI Community Website. Please review these documents prior to having students work with patients receiving Medicare.

VIII. Liability Insurance

Students are covered by the University’s liability insurance, as described in the Clinical Affiliation Agreement. In the event that a patient is injured while under the student’s care, the student should follow the procedures at the clinical facility, including documentation. In addition, the student is responsible for notifying his/her clinical faculty advisor, who will guide the student through the steps required by the university.

Students are covered by workers compensation as described in the Clinical Affiliation Agreement. In the event that a student is injured while on site at the clinic, the student should see immediate medical attention if required. In addition, the student is responsible for notifying his/her clinical faculty advisor, who will guide the student through steps required by the university.

IX. Procedures for Reporting Concerns/Complaints

The DCE welcomes feedback on the Physical Therapy Program, the Clinical Education Program, and the Director of Clinical Education / clinical education team at any time. Open feedback is encouraged. However, if it is preferred to provide feedback in
confidence, feedback may be submitted directly to the Director of the Physical Therapy Program.

CCCE’s and CIs who have worked with CU students are invited and encouraged to participate in completing a written evaluation of the CU PT Program Clinical Education team and DCE on an annual basis.

Formal complaints may be submitted to the DCE or the Director of the Physical Therapy Program. Once complaints are received, the Director of the Physical Therapy Program is notified. Appropriate action is determined on a case by case basis.

**Student Policies and Procedures**

**X. Requirements for Participation in Clinical Education Experiences**

Students must complete the following in order to participate in each of the clinical education courses (including ICE and yearlong internship):

a. Successful completion of all prior coursework or permission from Director of Clinical Education for those persons with special circumstances

b. Faculty review of Student Tracking System to determine readiness for clinic

c. Attendance at all scheduled Clinical Education preparation and debriefing sessions during the program.

d. Successful completion of a criminal background check upon matriculation into the program.

e. Successful completion of HIPAA training, which is offered online.

f. Successful completion of medical terminology exam, which is offered online. (Students must pass the exam with at least 80% proficiency.)

g. Training in Blood-Borne pathogens / Standard Precautions / Body Substance Isolation (which is completed prior to ICE I in a preparation session).

h. Current CPR certification and updated required immunizations:

1. The American Heart Association Health Care Provider CPR course is recommended.
2. Immunization requirements include annual flu shots, TB, Hepatitis B, and MMR. **It is the student's responsibility to fulfill additional requirements that may be unique to a particular clinical site and to do so in a timely manner.**
manner. Examples may include drug screens, additional criminal background checks and additional paperwork or online learning modules.

Process for clinical site verification of certification and immunization standards:

Prior to every clinical experience, clinical sites are notified by the PT Program via an attestation letter that students have met the following requirements:

1. Criminal background check
2. Blood-borne pathogens exposure control training
3. HIPAA training
4. CPR certification
5. Negative PPD test
6. Up-to-date immunizations (MMR, Varicella, Tetanus, Hepatitis B)
7. Flu vaccination

- The Clinical Education Program Assistant maintains a file for each student containing copies of the above information. It is the student’s responsibility to maintain current status of CPR certification and immunizations AND to provide proof to the Program.

- If a clinical site requires copies of any health-related items listed above, students must request the file from the Program Assistant to share with the site directly. The Program Assistant does not send any health documentation to clinical sites due to HIPAA regulations.

- If a site requires a copy of a student’s background check, the student must complete a “Background Check Release Form” found on the students' Clinical Education website and send it to the Program Assistant. The Program Assistant will then send a copy directly to the clinical site.

- Some clinical sites have additional requirements beyond what is listed above. Clinical sites will contact students directly if there are any additional requirements such as drug screens, fingerprinting, etc. It is the student’s responsibility to meet these requirements and provide documentation to the clinical site. Any cost associated with these special requirements is the responsibility of the student.

XI. Program Requirements

A. Types of Experiences

Students are expected to gain a variety of experiences throughout their 38 weeks of clinical education. In order to provide the most breadth of experience, as well prepare students for the yearlong internship, the following requirements must be met:
- **Completion of ICE I and ICE II in two different types of clinical settings.** A particular “setting” refers to the environment in which physical therapy services are provided. Examples of types of settings include hospital inpatient, sub-acute rehabilitation center, outpatient clinic, home health, school, and long-term care facility.

- **Completion of CE I and CE II with at least two different patient populations.** Patient population refers to characteristics or conditions that describe patients. Examples of types of patient populations include orthopedic, neurologic, medical/surgical, pediatric, and geriatric.

- **Completion of ICE, CE I, or CE II in a rural or medically underserved area.** Rural sites in Colorado are determined by the assistance of the Colorado Area Health Education Center and are geographically defined as areas outside of a forty-mile (40) radius of the Anschutz Medical Campus (thus, communities such as Boulder, Golden, Castle Rock, Evergreen, Brighton and Longmont are not eligible). Colorado Springs, while located greater than 40 miles from campus, is NOT considered a rural site due to the population size. Sites outside of Colorado are asked to designate if they are of rural status.

  Medically underserved areas have limited access to services and resources, usually due to a socioeconomic disadvantage or shortage of available health professionals in the geographic area. Colorado and out of state sites are asked to designate underserved status.

- **There are no special requirements for CE III or internship as long as the above criteria have been met.**

**B. Goals and Expectations for CE / Grading of CE Courses**

Goals and expectations have been developed for each experience to assist the student in progressing towards entry-level competency and success in taking on the roles and responsibilities of the physical therapist functioning in a doctoring profession. See Appendix B: Goals & Expectations for CE Experience. These are emailed to CCCEs prior to each clinical experience. It is recommended that CIs contact a student’s Clinical Education Advisor as early as possible if any issues are identified related to a student's successful completion of a clinical experience.

It is the school's responsibility to award the student a grade, not the CI. At the end of each clinical education experience, the Clinical Education Advisor reviews the CI’s Clinical Performance Instrument, the student’s self-assessment and information gathered from phone and/or site visits and assigns the student a grade for the course (“Pass” or “Fail.”). In order to pass each clinical education course, students must meet all stated criteria listed in the “Goals and Expectations for Clinical Education Experience,” and submit all required paper work. Failure to hand in the
appropriate paperwork by the assigned due dates will result in a grade of “Incomplete” for the course.

“Unsuccessful” performance (or “fail”) may also occur due to any of the following:

1) The student’s lack of attention to patient safety;
2) Consistent unprofessional conduct/appearance (or lack of development of professional abilities);
3) Abuse of days off;
4) Failure to adhere to the student obligations stated in the Clinical Training Agreement between CU Physical Therapy Program and the Clinical Facility;
5) Violation of the CU Honor Code;
6) Violation of the State Practice Act for Physical Therapy; or
7) Violation of the APTA Code of Ethics.

XII. Student Requirements and Responsibilities

A. Student Information Forms

Prior to each clinical experience, students will complete the Student Information Form and a cover letter. Both documents will be sent to the clinical site approximately 1 month before the start of the clinical education experience. The Student Information Form includes personal information and past experiences, individual learning objectives, and preferred learning style.

1. Learning Objectives

In addition to the Physical Therapy Program’s specific goals and objectives for each CE experience, students are required to develop individual learning objectives. These objectives, included on the Student Information Form, should be measurable, with at least one goal in each of the learning domains (cognitive, psycho-motor, and affective/professional behaviors. At the beginning of the experience, the CI and student should review, discuss, and make any necessary revisions in the objectives based on feasibility of accomplishing them at the site in the allotted time period. In addition, some clinical sites have developed independent objectives that students will also be expected to accomplish.

2. Preferred Learning Style

Prior to ICE I, students complete the Learning Style Inventory developed by David Kolb, which identifies learning style preference. This is recorded on the Student Information Form and provided to the CCCE and CIs for each clinical experience who will work with the student.

B. Time in Clinic Policy

Work Hours:
Students are expected to be present on the days and during the hours when their designated clinical instructor is present. The Program’s expectation is that students will spend approximately 40 hours per week in the clinic. Please see Appendix D for full description of the Time in Clinic Policy and procedure to request time off during clinical education experiences.

Any student who becomes ill with a fever (e.g. influenza) during a clinical experience should follow the clinical site’s policy and guidelines regarding return to work following illness. If the site does not have a specific policy, it is recommended that students only return to the clinic after they have been free of fever for 24 hours. In cases of influenza, it is recommended that students also wear a mask while in the clinic for 7 days from the onset of symptoms. However, in all situations, students should refer to the clinical site’s policies and procedures for returning to the clinic, especially if the student is working with a vulnerable population (e.g. immunosuppressed).

C. Conduct / Professional Behavior

The establishment of a therapeutic relationship requires provider attention to behaviors that influence the care process in a positive manner. Students are expected to demonstrate professional behaviors at the “beginning” to “intermediate” levels as described in the document “Professional Behaviors for the 21st Century” during CE I – II and ICE I & II and to be at “entry-level” at the end of CE III. (See Appendix E for a description of these professional abilities / behaviors). In addition, students are encouraged to embrace the core professional values identified by the APTA, which can be found on the APTA website: www.apta.org

Students are required to let patients know they are students (or physical therapy interns), both orally and by wearing a name badge (i.e., CU ID Name Badge) and to seek each patient’s consent to work with them. Patients have the risk-free right to refuse treatment by a student. Students are expected to uphold HIPAA standards and to maintain patient and record confidentiality at all times, following all policies specific to the site, including those regarding patient rights.

In addition, the student must, at all times, exhibit behavior consistent with the CU Honor Code, the Code of Ethics of the American Physical Therapy Association (APTA), the Guide to Professional Conduct for Physical Therapists, and the Physical Therapy Practice Act for the state in which the affiliating site is located. The Code of Ethics and Guide to Professional Conduct can be found in the Guide to Physical Therapist Practice, Second Edition, by accessing the APTA web site at www.apta.org, or in the University of Colorado Physical Therapy Student Policies & Procedures Manual. This includes obtaining written consent from the clinical site to use information from the clinical site, such as patient care protocols, initial examination forms, home exercise programs, etc.

Failure to demonstrate ethical, legal, and professional behavior may result in disciplinary action, including dismissal from the Physical Therapy Program.
Behaviors that enhance the healing process and the therapeutic relationship are to be valued and practiced. A therapeutic relationship is believed to be enhanced through such behaviors as respect for others, a humanitarian concern for the welfare of others, valuing many points of view, working with others in harmony, and communicating in a trustful manner. Dressing and grooming oneself in a manner appropriate for the role of a health care professional is considered conducive to facilitation of the therapeutic relationship. Students are expected to practice this behavior while in the clinic.

D. Dress Code

Students are expected to comply with the dress code established by the clinical facility. In addition to these standards, a University of Colorado nametag / ID Badge must be worn. It is the student’s responsibility to determine the minimum facility requirements prior to the first day of clinical. Dressing more formally on the first day of clinical until dress code is clarified is suggested. **NOTE:** Some facilities have special dress code requirements e.g., use of lab coat, pants/shirts of specific color. It is the student’s responsibility to be aware of and comply with any special requirements.

E. Cell Phone Policy

Students will not respond to phone or text messages while in the clinic. They will discuss cell phone use with their CI. It may be permissible to use a cell phone while on a break or for emergency situations as long as it is consistent with clinical site policy.

XIII. Student Rights and Safety During Clinical Experiences

A. Confidentiality of Student Records

Student clinical education records are kept confidential. Performance evaluations from previous clinical education experiences are generally not shared with the clinical site. Students are strongly encouraged to identify and discuss areas to improve upon with their clinical instructors so they can continue to address these areas in the clinical setting. The Clinical Education Faculty Advisor does reserve the right to share pertinent information related to a student’s prior academic and clinical performance with clinical instructors for the sole purpose of facilitating meaningful and positive learning experiences for the student. In the event that a student requires a special learning plan for a clinical education experience to address specific issues identified in the academic or clinical setting, the Clinical Education Faculty Advisor contacts the clinical site prior to the start of the experience to discuss and facilitate the plan. The student is informed of this process and becomes an active participant in the process.

B. Performance Evaluation

Students have the right to a fair and unbiased performance evaluation. Clinical Instructors must take the APTA CPI Training prior to completion of the midterm and final
evaluations for CE I-III. Clinical Instructors involved in the ICE experiences have been trained in the use of the performance evaluations specific to the integrated experience. In addition, Clinical Instructors should provide students with ongoing feedback of their performance related to knowledge, psychomotor skills, and professional attitudes and behaviors.

C. Requests for Special Accommodations

Students with disabilities seeking accommodations during clinical education should contact the Office of Disability Resources & Services located in Building 500, Room W1103 (303-724-5640; www.ucdenver.edu/disabilityresources). Their staff, with input from the Physical Therapy Program will determine eligibility for accommodations as well as coordinate the approved accommodations. The Director of Clinical Education will coordinate with clinical sites to plan for and implement any accommodations.

D. Potential Health Risks / Liability / Injury

Students complete training in standard precautions and Blood-borne Pathogens Exposure Control prior to participating in clinical education experiences in order to reduce health risks to themselves and others. Students are covered by workers compensation as described in the Clinical Training Agreement. In the event that a student is injured while on site at the clinic, the student should seek immediate medical attention if required. In addition, the student is responsible for notifying his/her clinical education faculty advisor, who will guide the student through steps required by the university. Students will be notified of any out of the ordinary potential health risks associated with a particular clinical site and/or patient population when known.

E. Sexual Harassment

As a place of work and study, the University must be free of inappropriate and unwanted conduct and communication of a sexual nature, of sexual harassment, and of all forms of sexual intimidation and exploitation. Clinical sites are considered an extension of the University during clinical education. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment, living conditions and/or academic evaluation; when submission to or rejection of such conduct by an individual is used as the basis of employment or academic decisions affecting such individual; or when such conduct has the purpose or effect of unreasonably interfering with an individual’s work or academic performance or creating an intimidating, hostile, or offensive working or educational environment.

Students may report allegations of sexual harassment or retaliation to Regina Kilkenny, PhD., Associate Vice Chancellor, Office of Academic Resources and Services, 303-724-8070, regina.kilkenny@ucdenver.edu.

IX. Evaluation Procedures During Clinical Education Experiences

Students and clinical instructors both participate in the evaluation of student competence and clinical education experiences.

A. Clinical Performance Instrument (CPI):
The student and the clinical instructor will complete separate online copies of the APTA Physical Therapist CPI at the midterm and final evaluations for Clinical Education I, II, and III. Clinical Instructors are also encouraged to provide ongoing informal feedback throughout the clinical experience. After the student and the CI have each completed the online midterm and final evaluations separately, it is expected that the CI will schedule a formal time for discussion. The student is responsible for seeking feedback and responding to feedback in a positive manner. CPI data from previous clinical experiences are not sent to the next site where the student will be. However, students are encouraged to share relevant feedback with the next clinical instructor. The Clinical Education Faculty Advisor reserves the right to share pertinent information related to a student’s prior academic and clinical performance with clinical instructors for the sole purpose of facilitating meaningful and positive learning experiences for the student.

B. Physical Therapist Student Evaluation of Clinical Experience and Clinical Instruction

After CE I, II, and III, the student is required to complete the Student Evaluation of Clinical Education Experience and Instruction. It is expected that the student will discuss the form with the CI (and if requested, the CCCE) at the midterm and end of the experience. Signatures from the student and the CI indicate that the form was discussed. These forms are reviewed by the Clinical Education Team and kept on record in program files.

C. ICE Evaluation Procedures
Students will be individually assessed by their clinical instructor at the end of the second week of ICE I and ICE II. CIs will use the ICE Student Evaluation Form for assessment. Additionally, students will complete peer assessment of members of their teams at the end of each ICE week. Students will also complete a skill check-off individually with their CI during each ICE week.
APPENDICES
APPENDIX A

A. Clinical Education Courses: Schedule and Description
Clinical Education in the DPT Curriculum

Our unique clinical education curriculum includes 38 weeks of clinical education prior to graduation. The first two years include one and two week integrated clinical education, as well as 8 and 10 week full time clinical experiences. In year three, students participate in a full-time 16 week clinical experience as they enter the initial phase of the year-long internship.

**Year 1
Integrated Clinical Education I (“ICE I”)**
- 2 weeks in Fall Semester
  - Provides an initial foundation and understanding of clinical practice
  - Integrates classroom and clinical learning while working in a student team

**Clinical Education I**
- 8 weeks- begins in Spring Semester
  - Emphasizes patient management from examination to discharge
  - Examines the role of the physical therapist within the healthcare team

**Year 2
Integrated Clinical Education II (“ICE II”)**
- 2 weeks in Fall Semester
  - Integrates classroom/clinical knowledge to a new clinical setting
  - Provides opportunities to engage in advanced clinical problem solving

**Clinical Education II**
- 10 weeks in Spring Semester
  - Emphasizes independence in all aspects of patient management
  - Integrates concepts from online Clinical Reasoning course

**Year 3: Internship
Clinical Education III**
- 16 weeks in Fall Semester
  - Focuses on achieving entry-level competency in PT Practice
  - Emphasizes development of one’s professional identity as a DPT

**Continuation of Internship:**
- 36 weeks post-graduation
  - Offers ongoing mentorship during transition from student to new professional
  - Provides opportunity to develop deeper proficiency of clinical skills and clinical reasoning

Students gain a variety of experiences throughout the clinical education curriculum to prepare them as generalist physical therapists. All students are required to complete at least 1 experience in a rural/underserved area. Many of these sites are outside the Denver area, and students should be prepared to travel for this type of clinical experience. The University of Colorado Physical Therapy Program affiliates with over 300 facilities throughout Colorado and the United States. Establishing new clinical sites will be considered according to Program need and at the discretion of the Clinical Education team.
# Doctor of Physical Therapy (DPT) Courses
## Academic Year 2014-2015 (new curriculum)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPTR 5001</td>
<td>Clinical Anatomy I</td>
<td>6.0 cr.</td>
</tr>
<tr>
<td></td>
<td>A regional approach to gross and microscopic anatomy of the musculoskeletal, cardiovascular, lymphatic, and nervous systems of the extremities, thorax, back, and head and neck. Includes cross sectional anatomy, radiographic and digital imaging.</td>
<td></td>
</tr>
<tr>
<td>DPTR 5201</td>
<td>Examination &amp; Evaluation I</td>
<td>2.0 cr.</td>
</tr>
<tr>
<td></td>
<td>Introduction to a structure for analyzing patient encounters, the process of obtaining information from a general health questionnaire, patient history and systems review; followed by selecting and administering tests and measures to gather data about the patient.</td>
<td></td>
</tr>
<tr>
<td>DPTR 5211</td>
<td>Foundations of Intervention I</td>
<td>2.0 cr.</td>
</tr>
<tr>
<td></td>
<td>Introduction to basic examination and intervention principles and techniques for posture and positioning, basic mobility with and without assistive devices, soft tissue mobilization, and physical agents, for improving functional mobility and for managing a variety of clinical problems.</td>
<td></td>
</tr>
<tr>
<td>DPTR 5711</td>
<td>Professional Development I</td>
<td>2.0 cr.</td>
</tr>
<tr>
<td></td>
<td>First in a series of courses on professional development. Students will explore self and begin the journey of becoming a physical therapist, including personal and professional values and professional communication/behaviors. Concepts of continuum of care and population health will be introduced.</td>
<td></td>
</tr>
<tr>
<td>DPTR 5011</td>
<td>Neuroscience</td>
<td>3.0 cr.</td>
</tr>
<tr>
<td></td>
<td>This course provides a framework for understanding the structural and functional organization of the human nervous system. Principles and applications of neurophysiology, neuroanatomy and functional correlates are included. Finally, diseases and dysfunctions of the nervous system that are relevant to current practice are introduced.</td>
<td></td>
</tr>
<tr>
<td>DPTR 5101</td>
<td>Movement Science I</td>
<td>3.0 cr.</td>
</tr>
<tr>
<td></td>
<td>Investigation of movement science with emphasis on foundational biomechanical principles related to human posture and movement. Qualitative and quantitative movement analysis is presented with emphasis on clinical application.</td>
<td></td>
</tr>
<tr>
<td>DPTR 5141</td>
<td>Human Growth &amp; Development</td>
<td>2.0 cr.</td>
</tr>
<tr>
<td></td>
<td>This course addresses functional movement across the life span in healthy individuals. Emphasis is on stages in life when the greatest changes in motor behavior occur and the factors that influence those changes. Developmental changes in all systems and their contributions to functional movement will be explored.</td>
<td></td>
</tr>
<tr>
<td>DPTR 5151</td>
<td>Motor Control &amp; Motor Learning</td>
<td>2.0 cr.</td>
</tr>
<tr>
<td></td>
<td>The foundation of motor learning and control is presented through application of current principles to activity-focused physical therapy interventions across the lifespan. Emphasis is on variables related to task composition and schedule, the environment, and augmented information that enhance practice of motor skills.</td>
<td></td>
</tr>
<tr>
<td>DPTR 5202</td>
<td>Examination &amp; Evaluation II</td>
<td>2.0 cr.</td>
</tr>
<tr>
<td></td>
<td>Continuation of DPTR 5201 with reinforcement of patient-management models and use of additional tests and measures. Introduction to the use of the medical record and process of documentation.</td>
<td></td>
</tr>
<tr>
<td>DPTR 5212</td>
<td>Foundations of Intervention II</td>
<td>2.0 cr.</td>
</tr>
<tr>
<td></td>
<td>Introduction to basic examination and intervention principles and techniques of therapeutic exercise, soft tissue mobilization, and electrotherapeutic and mechanical modalities, and physical agents, for improving functional mobility and for managing a variety of clinical problems.</td>
<td></td>
</tr>
<tr>
<td>DPTR 5621</td>
<td>Evidence Based Practice</td>
<td>3.0 cr.</td>
</tr>
<tr>
<td></td>
<td>Concepts and steps of evidence-based practice including: searching; selection; and appraisal of filtered and unfiltered literature are covered and practically applied to a variety of key clinical inquires, including tests and measures; intervention; prognosis; cost analysis; and qualitative research, will be emphasized.</td>
<td></td>
</tr>
</tbody>
</table>
### FIRST YEAR, Spring Semester

**DPTR 5006 Physiology** 2.0 cr.
This course is designed to provide an understanding of the functions of cells, tissues and organs in the human body and the overall integration of organ functions in the body as a whole. The integrated regulation of the neurological, cardiovascular and respiratory systems will be emphasized.

**DPTR 5111 Exercise Science** 2.0 cr.
This course will provide students with current state of knowledge in the physiology of exercise. A systems approach will be used to provide a thorough understanding of the acute and chronic adaptations to exercise training, with an emphasis on the mechanisms underlying these adaptations.

**DPTR 5161 Psychosocial Aspects of Care I** 1.0 cr.
Focus from perspective of practitioner and patient/family, on general psycho-emotional issues and specific theories related to: health literacy, emotions, grief-loss-mourning, physical-emotional-psychological abuse, and psychological factors in the experience of pain.

**DPTR 5301 Medical Conditions I** 2.0 cr.
This course introduces the physical therapy management of people with cardiovascular, pulmonary and metabolic disorders across settings and the life span. Exercise testing/training, diagnostic testing and interpretation, pharmacological management, cardiovascular/pulmonary examination and interventions will be emphasized.

**DPTR 5401 Musculoskeletal Conditions I** 4.0 cr.
This course introduces the examination, clinical decision-making and physical therapy management of people with musculoskeletal disorders across the life span, focusing on the lumbar spine and lower quarter. Medical management, radiology and pharmacology are covered with implications for physical therapy interventions.

**DPTR 5501 Neuromuscular Conditions I** 3.0 cr.
Frameworks for clinical decision-making are discussed regarding management of people with neurological conditions with an emphasis on people with stroke and cerebral palsy. This course teaches clinical skills for examination, evaluation, and intervention across the lifespan and across settings. Therapeutic handling is emphasized.

**DPTR 5631 Clinical Reasoning I** 1.0 cr.
This course guides students in identifying gaps in clinical knowledge related to examination, intervention and prognosis for a variety of patient presentations, and applying clinical reasoning approaches to critically analyze areas of uncertainty for effective and efficient clinical decision-making.

**DPTR 5721 Healthcare Delivery I** 1.0 cr.
Basic overview of healthcare systems will be reviewed. Focus on the Colorado Physical Therapy Practice Act, state and federal laws related to physical therapists and support personnel. The continuum of care across settings and legal aspects of physical therapist documentation will be explored.

### SECOND YEAR, Summer Semester

**DPTR 6002 Clinical Anatomy II** 3.0 cr.
A regional approach to gross and microscopic anatomy of the structures and systems of the abdomen and pelvis and in-depth study of upper and lower extremity anatomy. Includes cross sectional anatomy, radiographic and digital imaging.

**DPTR 6402 Musculoskeletal Conditions II** 2.0 cr.
This course continues examination, clinical decision-making and physical therapy management of people with musculoskeletal disorders across the life span, focusing on pediatric, geriatric and gender specific conditions. Medical management, radiology and pharmacology are covered with implications for physical therapy interventions.

**DPTR 6502 Neuromuscular Conditions II** 2.0 cr.
In depth exploration of people with neurological pathologies across the lifespan, specific tests and measures, prognoses, and intervention approaches. Radiology and pharmacology as related to neuropathology are included.

### SECOND YEAR, Fall Semester

**DPTR 6102 Movement Science II** 2.0 cr.
Application of movement science in physical therapy with emphasis on clinical movement analysis, tests & measures of activity, and patient/client management related to prosthetic and orthotic use.

**DPTR 5162 Psychosocial Aspects of Care II** 2.0 cr.
Builds on knowledge, skills and attitudes gained in DPRT 5131 with additional focus on general issues and specific theories related to: sexuality in rehabilitation, religion/spirituality, suicidal behavioral, health behavior change, stress management, and conflict resolution.
DPTR 6302 Medical Conditions II       2.0 cr.
This course introduces the physical therapy management of people with oncologic, metabolic, rheumatologic, and psychiatric disorders across settings and across the life span. Intensive care will also be introduced. Physical therapy examination and interventions, diagnostic testing, and pharmacological management will be emphasized.

DPTR 6403 Musculoskeletal Conditions III       4.0 cr.
This course continues the examination, clinical decision-making and physical therapy management of people with musculoskeletal disorders across the life span, focusing on the cervical/thoracic spine and upper quarter. Medical management, radiology and pharmacology are covered with implications for physical therapy interventions.

DPTR 6503 Neuromuscular Conditions III      4.0 cr.
Progression and synthesis of clinical skills, decision-making and reasoning (including use of frameworks and evidence) as applied the physical therapy management for people with neurological conditions across the lifespan. Applications to various settings including home, school, medical and community environments are explored.

DPTR 6612 Clinical Reasoning II       1.0 cr.
This course progresses the proficiency of advanced clinical reasoning and decision-making skills for a variety of complex patient presentations. Developing and answering clinical questions related to examination, intervention and prognosis.

DPTR 6712 Professional Development II      2.0 cr.
Explores the professional roles and responsibilities related to knowledge, skills and attitudes of the DPT. Extends beyond patient management to legislations, policy, advocacy, teamwork and collaboration and quality improvement. Discusses current issues and trends through our professional organization.

DPTR 6221 Advanced Differential Diagnosis      2.0 cr.
Advances diagnostic skills with emphasis on clinical decision making to differentiate health conditions within the scope of physical therapy practice from those that require referral to other health care practitioners.

DPTR 6303 Medical Conditions III       1.0 cr.
This course introduces the physical therapy management of people with integumentary disorders (e.g., wounds/burns) and medically complex disorders requiring transplantation and/or mechanical circulatory assist. Physical therapy examination and interventions, diagnostic testing and pharmacological management will be emphasized.

DPTR 6633 Clinical Reasoning III       2.0 cr.
This course requires students to integrate evidence, patient values, and clinical expertise with the ICF model of clinical decision making for actual patient cases. Students will identify and answer focused questions regarding examination, intervention, and prognosis through literature searches and online collegial discussion forums.

DPTR 6713 Professional Development III      1.0 cr.
Introduction to management and leadership in healthcare, including leadership styles and characteristics. Explores preparation for the clinical education internship and professional development opportunities following licensure including residency/fellowship, continuing education and the first position as a new professional.

DPTR 6732 Healthcare Delivery II       3.0 cr.
Continuation from HCD I. Focus on trends and issues that impact the practice of physical therapy in diverse health care settings. The State Practice Act will be revisited, with focus on clinical application. Administration of physical therapy services including management, marketing, HR, risk management, and financial management.

DPTR 7112 Applied Exercise Science       3.0 cr.
This course will focus on complex patients with multi-system disease, including exercise prescription and chronic disability issues. Emphasis will be on clinical decision-making.

DPTR 6212 Clinical Reasoning II       1.0 cr.
This course progresses the proficiency of advanced clinical reasoning and decision-making skills for a variety of complex patient presentations. Developing and answering clinical questions related to examination, intervention and prognosis.

SECOND YEAR, Spring Semester

DPTR 7111 Health & Wellness       3.0 cr.
Review of population and individual health and wellness across the lifespan. Includes considerations of nutrition, obesity, diabetes, and age in promoting patient health and wellness; use of alternative medicine; health behavior change; implementation of wellness programs promoting healthy living for people across the health spectrum.

DPTR 7212 Elective I       1.0 cr.
Various topics; provides students with the opportunity to explore in-depth selected topics related to clinical practice, or topics that are outside of the scope of the set curriculum.

DPTR 7213 Elective II       1.0 cr.
Various topics; provides students with the opportunity to explore in-depth selected topics related to clinical practice, or topics that are outside of the scope of the set curriculum.

**DPR 7641 Advanced Patient Care**
A synthesis of curricular content applied to highly complex situations illustrative and inclusive of clinical practice across the lifespan. Through retrospective and prospective reasoning, students will analyze and articulate decisions based on reasoning, evidence, and contextual realities with colleagues across health care professions.

**DPR 7651 Clinical Reasoning Capstone**
This capstone course in the clinical reasoning sequence requires students to articulate and defend their decision-making process in the examination, evaluation, management, and outcome assessment for a selected patient seeking physical therapy services.

**CLINICAL EDUCATION**

**DPR 5901 Integrated Clinical Experience I**
2-week clinical education experience providing initial exposure to clinical practice with emphasis on integration of didactic and clinical learning in psychomotor, affective, and cognitive domains.

**DPR 5911 Clinical Education I**
8-week, full-time clinical experience with emphasis on appreciating the roles of the physical therapist, beginning to manage a case load, and participating on a healthcare team.

**DPR 6902 Integrated Clinical Experience II**
2-week clinical education experience with emphasis on gaining breadth of experience, applying previously gained knowledge to a new clinical setting, engaging in advanced clinical problem-solving, while continuing to practice psychomotor skills.

**DPR 6912 Clinical Education II**
10-week, full-time clinical experience with emphasis on increasing independence in management of patients, becoming an integral member of the healthcare team, and using self-assessment for professional development.

**DPR 7913 Clinical Education III**
16-week, full-time clinical experience with emphasis on functioning as an entry-level clinician, and understanding the role of a Doctor of Physical Therapy within the complexities of the healthcare system through teamwork and collaboration. First phase of year-long internship.

**PROGRAM REQUIREMENTS**

**IPED 5002 Interprofessional Education Development I**
This course develops core competencies in teamwork and collaboration, values and ethics, and quality and safety for first-year health professions students. The course will be taught in a team-based format requiring individual preparation before each session followed by the application of that learning in through team-based activities.

**Humanities**
A humanities session will occur in each year of the program. Each humanities session exposes the student to stories of illness, disability, and accident, as a way to provide an exploration and analysis imaginative materials such as film, poetry and fiction that represent the vagaries of the human condition across the lifespan.
APPENDIX B

B. Goals and Expectations for Clinical Education Experiences I-III and ICE
Goals & Expectations for Clinical Education I

The overall focus of this clinical experience is for students to be able to follow patients from initial examination through discharge to assist students in taking on the roles and responsibilities of the physical therapist. Students will continue to need supervision and guidance throughout this experience, but will work towards independence with some patients by the end of the experience.

Key course objectives:
Upon completion of CE I, the student will be able to:
1. Apply concepts of learning in the clinical setting, which include characteristics of a novice learner, learning domains, modes of learning, and learning style preference.
2. Manage patients from initial examination through discharge with guidance/supervision from their clinical instructor.
3. Use clinical decision making frameworks in patient management (e.g. ICF model, The Guide to PT Practice, etc.)
4. Examine relationships between health condition, impairments in body structure and function, functional limitations, and participation restrictions.
5. Seek and utilize evidence in making clinical decisions.
6. Recognize the physical therapist’s role within the healthcare team in the clinical setting.
7. Practice self-reflection to enhance professional growth.
8. Self-assess to identify areas of strengths and weaknesses.

Grading Criteria for this course is “Pass/Fail.” Criteria to achieve a “Pass”:
1. Demonstrate a minimum of “Intermediate Performance” on all 18 performance criteria in the Clinical Performance Instrument (CPI).
2. No “Significant Concerns” box checked on the CPI on the final evaluation.
3. Summative comments from the clinical instructor indicate progress from the midterm evaluation to the final evaluation on the CPI.
4. Submit electronic CPI by last day of the clinical experience.
5. Submit written evaluation of the clinical education experience and clinical instruction by last day of the clinical experience.

Assignments:
Students are expected to contribute in some way to the clinic during this experience. Examples include but are not limited to: providing an in-service, contributing to an ongoing project in the facility, facilitating a discussion of a new journal article, presenting a case, etc.
Goals & Expectations for Clinical Education II

The overall focus of this clinical experience is for students to begin independently managing simple patients, to become an integral member of the healthcare team, and to use self-assessment for professional development in preparation for the yearlong internship. Students will continue to need supervision and guidance throughout this experience, particularly with complex patients, but will work towards independence with simple patients by the end of the experience.

Key Course Objectives:
Upon completion of this course, the student will be able to:
1. Independently manage simple patients from examination through discharge (examination, evaluation, diagnosis, prognosis, plan of care, intervention, outcomes, discharge.)
2. Appropriately modify treatment plans and/or progress patient interventions for simple patients.
3. Consistently participate as an active member of the interdisciplinary team to enhance overall patient management.
4. Integrate all modes of learning into their clinical experience.
5. Incorporate clinical decision making frameworks in patient management.
6. Efficiently analyze evidence in making clinical decisions.
7. Develop one’s own philosophy of are.

Grading Criteria for this course is “Pass/Fail.” Criteria to achieve a “Pass:”
1. Demonstrate a minimum of “Advanced Intermediate Performance” on all 18 performance criteria in the Clinical Performance Instrument.
2. No “Significant Concerns” box checked on the CPI on the final evaluation.
3. Summative comments from CI indicate progress from midterm evaluation to final evaluation on the CPI
4. Submit electronic CPI by last day of clinical experience
5. Submit written evaluation of the clinical education experience and clinical instruction by last day of clinical experience.

Assignments:
Students are expected to contribute in some way to the clinic during this experience. Examples include, but are not limited to: providing an in-service, contributing to an ongoing project in the facility, facilitating a discussion of a journal article, presenting a case, etc.
### DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DEFINITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance Dimensions</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Supervision/Guidance | Level and extent of assistance required by the student to achieve entry-level performance.  
As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment. |
| Quality | Degree of knowledge and skill proficiency demonstrated.  
As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance. |
| Complexity | Number of elements that must be considered relative to the task, patient, and/or environment.  
As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI. |
| Consistency | Frequency of occurrences of desired behaviors related to the performance criterion.  
As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely. |
| Efficiency | Ability to perform in a cost-effective and timely manner.  
As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance. |

<table>
<thead>
<tr>
<th>Rating Scale Anchors</th>
<th></th>
</tr>
</thead>
</table>
| **Beginning performance** | A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.  
At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.  
Performance reflects little or no experience.  
The student does not carry a caseload. |
| Advanced beginner performance | A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.  
At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.  
The student may begin to share a caseload with the clinical instructor. |
| Intermediate performance | A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.  
At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.  
The student is capable of maintaining 50% of a full-time physical therapist’s caseload. |
| Advanced intermediate performance | A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.  
At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.  
The student is capable of maintaining 75% of a full-time physical therapist’s caseload. |
| Entry-level performance | A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.  
At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.  
Consults with others and resolves unfamiliar or ambiguous situations.  
The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner. |
| Beyond entry-level performance | A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.  
At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others.  
The student is capable of maintaining 100% of a full-time physical therapist’s caseload and seeks to assist others where needed.  
The student is capable of supervising others.  
The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions. |
Benchmarks for CE III

(Complete Checklist on page 2 of this document)
A remediation plan will be put in place if benchmarks are not met when expected.


By the End of Month 1:
- Consistently demonstrates appropriate safe and professional behavior, including initiative and responsibility for own learning.
- Demonstrates progress with critical reasoning and decisions about patient/client management (examination, evaluation, diagnosis/prognosis, intervention, discharge, outcomes).
- Working towards independence in completing initial examinations, re-examinations, and patient interventions.

By the Midterm (End of Month 2):
- *Advanced Intermediate* performance on all CPI skills
- Demonstrates good “flow” during patient examinations.
- Capable of maintaining approximately 75% of a fulltime physical therapist’s case load (e.g., of a new graduate in this setting).

By the End of Month 3:
- *Entry-Level* performance on most CPI skills**
- Capable of maintaining nearly 100% of a fulltime physical therapist’s case load (e.g., of a new graduate in this setting).

By the Final (End of Month 4):
- Consistently demonstrates *Entry-level* performance on all CPI Skills
- Demonstrates efficient patient management skills; consistently able to independently manage 100% of a case load expected of a new graduate in this setting.
- Moving towards *Beyond Entry-level* performance on some CPI Skills as evidenced by:
  - Fulfilling all responsibilities, comparable to a staff physical therapist, such as managing own schedule, patient billing, consulting team members on own, ordering necessary equipment for discharge, etc.
  - Becoming an integral part of the clinic, such as supervising others, assuming leadership roles, etc.
  - Initiating consultation from experienced clinicians for complex patients.
  - Exploring opportunities to continue learning through enhancement of knowledge and skills for patient management and/or other PT professional roles.

**NOTE**: The final CPI Evaluation will be completed at the end of the entire experience (End of Month 4)
Benchmark Checklist: CE III

Student Name: ________________ Clinical Instructor: ________________

Clinical Site: ________________ CE III ______ __________ CE IV ________________

Student and CI to review at the end of each month and fax or email to Clinical Education Faculty Advisor (303-724-9016). In addition, CPI will be completed at midterm and final.

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Date &amp; Initial – indicates student has met</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Month 1</strong></td>
<td></td>
</tr>
<tr>
<td>Safe &amp; Professional Behavior</td>
<td></td>
</tr>
<tr>
<td>Progressing with clinical reasoning / decisions</td>
<td></td>
</tr>
<tr>
<td>Working towards independence</td>
<td></td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Month 2</strong></td>
<td></td>
</tr>
<tr>
<td><em>Advanced Intermediate</em> on all CPI Skills</td>
<td></td>
</tr>
<tr>
<td>Good Flow during exams</td>
<td></td>
</tr>
<tr>
<td>Capable of managing ~75% caseload</td>
<td></td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Month 3</strong></td>
<td></td>
</tr>
<tr>
<td><em>Entry level</em> on most CPI skills</td>
<td></td>
</tr>
<tr>
<td>Capable of managing nearly 100% caseload Independently</td>
<td></td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Month 4</strong></td>
<td></td>
</tr>
<tr>
<td>Improved Efficiency/management</td>
<td></td>
</tr>
<tr>
<td>Moving towards <em>Beyond Entry-level on some skills</em></td>
<td></td>
</tr>
<tr>
<td>Fulfills all staff responsibilities</td>
<td></td>
</tr>
<tr>
<td>Integral part of clinic</td>
<td></td>
</tr>
<tr>
<td>Initiates consultation with experienced staff</td>
<td></td>
</tr>
<tr>
<td>Explores opportunities to continue learning</td>
<td></td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
</tr>
</tbody>
</table>

Integrated Clinical Education I & II

The Integrated Clinical Education (ICE) experiences are short term experiences in the fall of year 1 and year 2 of the DPT curriculum. Students are in the clinical setting in teams of 3-4 to promote teamwork and facilitate a collaborative learning process.

During ICE I, student teams are in the clinic for 2 one-week blocks at the beginning and towards the end of the fall semester. This early clinical experience provides an initial foundation and understanding of clinical practice and emphasizes the integration of didactic and clinical learning. Key objectives of ICE I include participation in patient care recognizing the importance of foundational elements of physical therapy practice, active engagement in the clinical reasoning process, and utilization of peer collaboration to enhance learning in the clinical setting.

ICE II continues the integration of classroom and clinical learning while student teams are placed in new clinical setting. ICE II occurs in the middle of the fall semester and is structured as a two-week block. Increasing the length of time students are in the clinical setting for ICE II allows students to engage in advanced clinical problem solving and practice psychomotor skills, while also having more opportunity to participate in the management of patients over the course of care.

In both ICE I and ICE II, students will complete specific assignments and participate in focused learning experiences. These assignments and activities include:

- 4 Planned Learning Experiences (PLEXs)
- Skill competency check-off during patient encounter
- Self-assessment form
- Peer-assessment forms
- Discussion with CI about final assessment
- Written reflection piece
- Documentation assignment (ICE I)

Grading criteria for this course is “Pass/Fail.” Criteria to achieve a “Pass”:
1. Mandatory attendance required for all days scheduled in the clinic
2. Achievement of “Pass” or “Low Pass” on all skill check-offs
3. Achievement of “Pass” or “Low Pass” on final assessment
4. Completion of self and peer assessment forms
5. Active participation in all PLEX activities
6. All assignments completed and submitted on time
C. CI Community Log-in Instructions
Clinical Instructor Community Login Instructions

1. Go to cuphysicaltherapy.com
2. Select “Clinical Instructors” from the Faculty and Staff drop down
3. Select “Enter”
4. Enter in the password: ClinEd (not case sensitive)
APPENDIX D

D. Time in Clinic Policy
Time in Clinic / Attendance Policy

Work Hours:

The student is expected to be present on the days and during the hours when his/her designated clinical instructor (CI) is present. The Program's expectation is that students will spend approximately 40 hours per week in the clinic, which does not include any necessary preparation time or time needed to complete assignments. If a clinical site is unable to provide students with a full 40 hour-per-week experience, it is expected that the student’s CE advisor will be notified by the clinical site to assist in identifying possible learning opportunities that could enrich the student's experience.

The Program recognizes that being a professional may require spending more than 40 hours/week in the clinic. Students tend to expend more mental and physical energy in fulfilling the demands of clinical experiences as compared to experienced clinicians; therefore we recommend that students are not required to consistently work excessive hours as this may affect the students’ ability to perform successfully.

At least one month prior to starting a clinical experience, students are responsible for contacting the clinical site to determine the hours they are expected to be in attendance at the clinic. Students are expected to make necessary arrangements for transportation, childcare and other activities in order to follow the clinic schedule.

Missed Days and Make-up Time

Attendance in clinical education falls under “mandatory” coursework. If a student is unable to attend clinic due to illness or personal reasons, he/she is responsible for notifying the designated CI as soon as possible. When possible, students should participate in determining how patients and other responsibilities will be covered during that day. Students must also report any time missed during the clinical experience to their CE Faculty Advisor.

If a student misses less than three days of the clinical experience, the student, CI, and CE faculty advisor will confer to determine if the student needs to make up the missed days. If a student misses 3 or more days of the clinical experience, the student is required to make up the missed time. The student, CI and CE Faculty Advisor will work together to determine the best way to make up the days.

In the event that a holiday falls during a clinical experience, students will follow the clinic’s holiday schedule, not that of the University. If the clinic is closed for three or more days during the clinical experience, students are required to make up the missed time and should notify their CE Faculty Advisor. As above, the student, CI, and advisor will work together to determine a plan for making up the missed time.
If the clinic is unable to provide make-up time during the clinical experience for any missed days, the CE faculty advisor will assist in designing a supplemental experience for the student.

**Unanticipated Life Events**

We recognize that unanticipated life events of an emergent nature do occur. In the event that unavoidable and personal or serious family issues (e.g., family illness or death) occur during a clinical experience, the student should contact his/her clinical instructor, the Director of Clinical Education and his/her CE Faculty Advisor as soon as possible following the event. If the student is unable to reach one of these individuals, a voice message and/or email message should be left. As appropriate, the Director of Clinical Education will notify the faculty as a whole that the student will be absent over a certain time period. The reason for absence will only be shared with faculty if consent is given by the student. Upon the student’s return, arrangements will be made to make up missed time and content.

**Injury during Clinical Education**

In the event that a student is injured during a clinical experience, as stated in the Clinical Training Agreement, he/she will be covered by the University’s worker’s compensation policy. The student should seek immediate medical attention if necessary, and then contact his/her clinical education faculty advisor, who will assist the student in planning next steps and the logistics related to worker’s compensation.

**Procedure to request time off during clinical education**

While attendance during clinical education is considered mandatory, we recognize that in rare circumstances personal events or professional opportunities may arise for which students may request an exception to this policy. To request time off during clinical education, students will submit a written request to the Absences Committee prior to the clinical experience, following the procedure outlined below. This includes requests related to professional development opportunities (i.e. attendance at meetings or conferences), as well as those related to personal life events such as special family events, religious holidays, and job interviews.

1. Student shall complete the “Request for Absences due to Personal Circumstances or Professional Opportunities (Clinical Education)” form and submit to the Student Absences Committee Chair in advance of making any plans (e.g. purchasing plane tickets). It is highly recommended that the student completes the form immediately upon determining that he/she may miss clinic time. Students are asked to submit a request a minimum of 6 weeks in advance of an event in order for the committee to meet and complete the process.

2. In order to come to an informed decision, the Student Absences Committee will review the request, consult with the Clinical Education advisor and the Clinical Instructor or CCCE and meet with the student if necessary.

3. A decision will be made by the Student Absences Committee, which is final.
4. If the request is granted, a plan of action will be written.
5. The completed request form, indicating the committee decision, will be signed by all committee members and a copy given to the student.
6. The Student will be given a copy of the decision and plan of action in writing, and will indicate he/she has received the decision via signature (via fax if needed).

If the decision of the Student Absences Committee is not followed, the student will be referred to the Student Affairs Committee.
Professional Behaviors for the 21st Century
2009-2010

Definitions of Behavioral Criteria Levels

Beginning Level – behaviors consistent with a learner in the beginning of the professional phase of physical therapy education and before the first significant internship

Intermediate Level – behaviors consistent with a learner after the first significant internship

Entry Level – behaviors consistent with a learner who has completed all didactic work and is able to independently manage a caseload with consultation as needed from clinical instructors, co-workers and other health care professionals

Post-Entry Level – behaviors consistent with an autonomous practitioner beyond entry level

Background Information

In 1991 the faculty of the University of Wisconsin-Madison, Physical Therapy Educational Program identified the original Physical Therapy - Specific Generic Abilities. Since that time these abilities have been used by academic programs to facilitate the development, measurement and assessment of professional behaviors of students during both the didactic and clinical phases of the programs of study.

Since the initial study was conducted, the profession of Physical Therapy and the curricula of the educational programs have undergone significant changes that mirror the changes in healthcare and the academy. These changes include managed care, expansion in the scope of physical therapist practice, increased patient direct access to physical therapists, evidenced-based practice, clinical specialization in physical therapy and the American Physical Therapy Association’s Vision 2020 supporting doctors of physical therapy.

Today’s physical therapy practitioner functions on a more autonomous level in the delivery of patient care which places a higher demand for professional development on the new graduates of the physical therapy educational programs. Most recently (2008-2009), the research team of Warren May, PT, MPH, Laurie Kontney PT, DPT, MS and Z. Annette Iglarsh, PT, PhD, MBA completed a research project that built on the work of other researchers to analyze the PT-Specific Generic Abilities in relation to the changing landscape of physical therapist practice and in relation to generational differences of the “Millennial” or “Y” Generation (born 1980-2000). These are the graduates of the classes of 2004 and beyond who will shape clinical practice in the 21st century.

The research project was twofold and consisted of 1) a research survey which identified and rank ordered professional behaviors expected of the newly licensed physical therapist upon employment (2008); and 2) 10 small work groups that took the 10 identified behaviors (statistically determined) and wrote/revised behavior definitions, behavioral criteria and placement within developmental levels (Beginning, Intermediate, Entry Level and Post Entry Level) (2009). Interestingly the 10 statistically significant behaviors identified were identical to the original 10 Generic Abilities, however, the rank orders of the behaviors changed. Participants in the research survey included Center Coordinators of Clinical Education (CCCE’s) and Clinical Instructors (CI’s) from all regions of the United States. Participants in the small work groups included Directors of Clinical Education (DCE’s), Academic Faculty, CCCE’s and CI’s from all regions of the United States.
This resulting document, Professional Behaviors, is the culmination of this research project. The definitions of each professional behavior have been revised along with the behavioral criteria for each developmental level. The ‘developing level’ was changed to the ‘intermediate level’ and the title of the document has been changed from Generic Abilities to Professional Behaviors. The title of this important document was changed to differentiate it from the original Generic Abilities and to better reflect the intent of assessing professional behaviors deemed critical for professional growth and development in physical therapy education and practice.

Preamble
In addition to a core of cognitive knowledge and psychomotor skills, it has been recognized by educators and practicing professionals that a repertoire of behaviors is required for success in any given profession (Alverno College Faculty, Assessment at Alverno, 1979). The identified repertoire of behaviors that constitute professional behavior reflect the values of any given profession and, at the same time, cross disciplinary lines (May et. al., 1991). Visualizing cognitive knowledge, psychomotor skills and a repertoire of behaviors as the legs of a three-legged stool serves to emphasize the importance of each. Remove one leg and the stool loses its stability and makes it very difficult to support professional growth, development, and ultimately, professional success. (May et. al., Opportunity Favors the Prepared: A Guide to Facilitating the Development of Professional Behavior, 2002)

The intent of the Professional Behaviors Assessment Tool is to identify and describe the repertoire of professional behaviors deemed necessary for success in the practice of physical therapy. This Professional Behaviors Assessment Tool is intended to represent and be applied to student growth and development in the classroom and the clinic. It also contains behavioral criteria for the practicing clinician. Each Professional Behavior is defined and then broken down into developmental levels with each level containing behavioral criteria that describe behaviors that represent possession of the Professional Behavior they represent. Each developmental level builds on the previous level such that the tool represents growth over time in physical therapy education and practice.

It is critical that students, academic and clinical faculty utilize the Professional Behaviors Assessment Tool in the context of physical therapy and not life experiences. For example, a learner may possess strong communication skills in the context of student life and work situations, however, may be in the process of developing their physical therapy communication skills, those necessary to be successful as a professional in a greater health care context. One does not necessarily translate to the other, and thus must be used in the appropriate context to be effective.

Opportunities to reflect on each Professional Behavior through self-assessment, and through peer and instructor assessment is critical for progress toward entry level performance in the classroom and clinic. A learner does not need to possess each behavioral criteria identified at each level within the tool, however, should demonstrate, and be able to provide examples of the majority in order to move from one level to the next. Likewise, the behavioral criteria are examples of behaviors one might demonstrate, however are not exhaustive. Academic and clinical facilities may decide to add or delete behavioral criteria based on the needs of their specific setting. Formal opportunities to reflect and discuss with an academic and/or clinical instructor is key to the tool’s use, and ultimately professional growth of the learner. The Professional Behaviors Assessment Tool allows the learner to build and strengthen their third leg with skills in the affective domain to augment the cognitive and psychomotor domains.
Professional Behaviors

1. Critical Thinking - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

**Beginning Level:**
- Raises relevant questions
- Considers all available information
- Articulates ideas
- Understands the scientific method
- States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)
- Recognizes holes in knowledge base
- Demonstrates acceptance of limited knowledge and experience

**Intermediate Level:**
- Feels challenged to examine ideas
- Critically analyzes the literature and applies it to patient management
- Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas
- Seeks alternative ideas
- Formulates alternative hypotheses
- Critiques hypotheses and ideas at a level consistent with knowledge base
- Acknowledges presence of contradictions

**Entry Level:**
- Distinguishes relevant from irrelevant patient data
- Readily formulates and critiques alternative hypotheses and ideas
- Infers applicability of information across populations
- Exhibits openness to contradictory ideas
- Identifies appropriate measures and determines effectiveness of applied solutions efficiently
- Justifies solutions selected

**Post-Entry Level:**
- Develops new knowledge through research, professional writing and/or professional presentations
- Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process
- Weighs information value based on source and level of evidence
- Identifies complex patterns of associations
- Distinguishes when to think intuitively vs. analytically
- Recognizes own biases and suspends judgmental thinking
- Challenges others to think critically

2. Communication - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

**Beginning Level:**
• Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
• Recognizes impact of non-verbal communication in self and others
• Recognizes the verbal and non-verbal characteristics that portray confidence
• Utilizes electronic communication appropriately

**Intermediate Level:**
• Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
• Restates, reflects and clarifies message(s)
• Communicates collaboratively with both individuals and groups
• Collects necessary information from all pertinent individuals in the patient/client management process
• Provides effective education (verbal, non-verbal, written and electronic)

**Entry Level:**
• Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups
• Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing
• Maintains open and constructive communication
• Utilizes communication technology effectively and efficiently

**Post Entry Level:**
• Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning
• Effectively delivers messages capable of influencing patients, the community and society
• Provides education locally, regionally and/or nationally
• Mediates conflict

3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

**Beginning Level:**
• Recognizes problems
• States problems clearly
• Describes known solutions to problems
• Identifies resources needed to develop solutions
• Uses technology to search for and locate resources
• Identifies possible solutions and probable outcomes

**Intermediate Level:**
• Prioritizes problems
• Identifies contributors to problems
• Consults with others to clarify problems
• Appropriately seeks input or guidance
• Prioritizes resources (analysis and critique of resources)
• Considers consequences of possible solutions

**Entry Level:**
• Independently locates, prioritizes and uses resources to solve problems
Accepts responsibility for implementing solutions
Implements solutions
Reassesses solutions
Evaluates outcomes
Modifies solutions based on the outcome and current evidence
Evaluates generalizability of current evidence to a particular problem

Post Entry Level:
- Weighs advantages and disadvantages of a solution to a problem
- Participates in outcome studies
- Participates in formal quality assessment in work environment
- Seeks solutions to community health-related problems
- Considers second and third order effects of solutions chosen

4. Interpersonal Skills – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

Beginning Level:
- Maintains professional demeanor in all interactions
- Demonstrates interest in patients as individuals
- Communicates with others in a respectful and confident manner
- Respects differences in personality, lifestyle and learning styles during interactions with all persons
- Maintains confidentiality in all interactions
- Recognizes the emotions and bias that one brings to all professional interactions

Intermediate Level:
- Recognizes the non-verbal communication and emotions that others bring to professional interactions
- Establishes trust
- Seeks to gain input from others
- Respects role of others
- Accommodates differences in learning styles as appropriate

Entry Level:
- Demonstrates active listening skills and reflects back to original concern to determine course of action
- Responds effectively to unexpected situations
- Demonstrates ability to build partnerships
- Applies conflict management strategies when dealing with challenging interactions
- Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them

Post Entry Level:
- Establishes mentor relationships
- Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction
5. Responsibility – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

**Beginning Level:**
- Demonstrates punctuality
- Provides a safe and secure environment for patients
- Assumes responsibility for actions
- Follows through on commitments
- Articulates limitations and readiness to learn
- Abides by all policies of academic program and clinical facility

**Intermediate Level:**
- Displays awareness of and sensitivity to diverse populations
- Completes projects without prompting
- Delegates tasks as needed
- Collaborates with team members, patients and families
- Provides evidence-based patient care

**Entry Level:**
- Educates patients as consumers of health care services
- Encourages patient accountability
- Directs patients to other health care professionals as needed
- Acts as a patient advocate
- Promotes evidence-based practice in health care settings
- Accepts responsibility for implementing solutions
- Demonstrates accountability for all decisions and behaviors in academic and clinical settings

**Post Entry Level:**
- Recognizes role as a leader
- Encourages and displays leadership
- Facilitates program development and modification
- Promotes clinical training for students and coworkers
- Monitors and adapts to changes in the health care system
- Promotes service to the community

6. Professionalism – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

**Beginning Level:**
- Abides by all aspects of the academic program honor code and the APTA Code of Ethics
- Demonstrates awareness of state licensure regulations
- Projects professional image
- Attends professional meetings
- Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

**Intermediate Level:**
- Identifies positive professional role models within the academic and clinical settings
- Acts on moral commitment during all academic and clinical activities
Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making

Discusses societal expectations of the profession

**Entry Level:**
- Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
- Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity
- Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development
- Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices
- Discusses role of physical therapy within the healthcare system and in population health
- Demonstrates leadership in collaboration with both individuals and groups

**Post Entry Level:**
- Actively promotes and advocates for the profession
- Pursues leadership roles
- Supports research
- Participates in program development
- Participates in education of the community
- Demonstrates the ability to practice effectively in multiple settings
- Acts as a clinical instructor
- Advocates for the patient, the community and society

7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

**Beginning Level:**
- Demonstrates active listening skills
- Assesses own performance
- Actively seeks feedback from appropriate sources
- Demonstrates receptive behavior and positive attitude toward feedback
- Incorporates specific feedback into behaviors
- Maintains two-way communication without defensiveness

**Intermediate Level:**
- Critiques own performance accurately
- Responds effectively to constructive feedback
- Utilizes feedback when establishing professional and patient related goals
- Develops and implements a plan of action in response to feedback
- Provides constructive and timely feedback

**Entry Level:**
- Independently engages in a continual process of self evaluation of skills, knowledge and abilities
- Seeks feedback from patients/clients and peers/mentors
- Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities
- Uses multiple approaches when responding to feedback
- Reconciles differences with sensitivity
- Modifies feedback given to patients/clients according to their learning styles

**Post Entry Level:**
- Engages in non-judgmental, constructive problem-solving discussions
- Acts as conduit for feedback between multiple sources
- Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients
- Utilizes feedback when analyzing and updating professional goals

**8. Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.

**Beginning Level:**
- Comes prepared for the day’s activities/responsibilities
- Identifies resource limitations (i.e. information, time, experience)
- Determines when and how much help/assistance is needed
- Accesses current evidence in a timely manner
- Verbalizes productivity standards and identifies barriers to meeting productivity standards
- Self-identifies and initiates learning opportunities during unscheduled time

**Intermediate Level:**
- Utilizes effective methods of searching for evidence for practice decisions
- Recognizes own resource contributions
- Shares knowledge and collaborates with staff to utilize best current evidence
- Discusses and implements strategies for meeting productivity standards
- Identifies need for and seeks referrals to other disciplines

**Entry Level:**
- Uses current best evidence
- Collaborates with members of the team to maximize the impact of treatment available
- Has the ability to set boundaries, negotiate, compromise, and set realistic expectations
- Gathers data and effectively interprets and assimilates the data to determine plan of care
- Utilizes community resources in discharge planning
- Adjusts plans, schedule etc. as patient needs and circumstances dictate
- Meets productivity standards of facility while providing quality care and completing non-productive work activities

**Post Entry Level:**
- Advances profession by contributing to the body of knowledge (outcomes, case studies, etc)
- Applies best evidence considering available resources and constraints
- Organizes and prioritizes effectively
- Prioritizes multiple demands and situations that arise on a given day
- Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care
9. Stress Management – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

**Beginning Level:**
- Recognizes own stressors
- Recognizes distress or problems in others
- Seeks assistance as needed
- Maintains professional demeanor in all situations

**Intermediate Level:**
- Actively employs stress management techniques
- Reconciles inconsistencies in the educational process
- Maintains balance between professional and personal life
- Accepts constructive feedback and clarifies expectations
- Establishes outlets to cope with stressors

**Entry Level:**
- Demonstrates appropriate affective responses in all situations
- Responds calmly to urgent situations with reflection and debriefing as needed
- Prioritizes multiple commitments
- Reconciles inconsistencies within professional, personal and work/life environments
- Demonstrates ability to defuse potential stressors with self and others

**Post Entry Level:**
- Recognizes when problems are unsolvable
- Assists others in recognizing and managing stressors
- Demonstrates preventative approach to stress management
- Establishes support networks for self and others
- Offers solutions to the reduction of stress
- Models work/life balance through health/wellness behaviors in professional and personal life

10. Commitment to Learning – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

**Beginning Level:**
- Prioritizes information needs
- Analyzes and subdivides large questions into components
- Identifies own learning needs based on previous experiences
- Welcomes and/or seeks new learning opportunities
- Seeks out professional literature
- Plans and presents an in-service, research or cases studies

**Intermediate Level:**
- Researches and studies areas where own knowledge base is lacking in order to augment learning and practice
- Applies new information and re-evaluates performance
- Accepts that there may be more than one answer to a problem
- Recognizes the need to and is able to verify solutions to problems
- Reads articles critically and understands limits of application to professional practice
**Entry Level:**
- Respectfully questions conventional wisdom
- Formulates and re-evaluates position based on available evidence
- Demonstrates confidence in sharing new knowledge with all staff levels
- Modifies programs and treatments based on newly-learned skills and considerations
- Consults with other health professionals and physical therapists for treatment ideas

**Post Entry Level:**
- Acts as a mentor not only to other PT’s, but to other health professionals
- Utilizes mentors who have knowledge available to them
- Continues to seek and review relevant literature
- Works towards clinical specialty certifications
- Seeks specialty training
- Is committed to understanding the PT’s role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)
- Pursues participation in clinical education as an educational opportunity