Physical Therapy Program

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO

ANSCHUTZ MEDICAL CAMPUS

Clinical Site
Clinical Education Manual
2013-2014

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# 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
   A. Student Policies and Procedures ......................................................................... 7

V. Prerequisites for Clinical Education ........................................................................ 7

VI. Program Requirements .......................................................................................... 9
   A. Types of Experiences ........................................................................................... 9
   B. Goals and Expectations for CE / Grading of CE Courses ................................. 9

VII. Student Requirements and Responsibilities ......................................................... 11
   A. Student Information Forms ................................................................................ 11
      1. Learning Objectives ...................................................................................... 11
      2. Preferred Learning Style .............................................................................. 11
   B. Time in Clinic Policies ...................................................................................... 11
   C. Conduct / Professional Behavior ...................................................................... 12
   D. Dress Code ...................................................................................................... 13
   E. Cell Phone Policy ............................................................................................. 13
   F. Costs ................................................................................................................ 13

VIII. Student Rights and Safety During Clinical Experiences ....................................... 13
   A. Confidentiality of Student Records ................................................................... 13
   B. Performance Evaluation .................................................................................... 13
   C. Requests for Special Accommodations ............................................................ 14
   D. Potential Health Risks / Liability / Injury ......................................................... 14

IX. Planning Learning Experiences for Clinical Education ........................................... 14

X. Evaluation Procedures During Clinic ...................................................................... 14
   A. Student Self-Evaluation .................................................................................... 14
   B. Physical Therapist Student Eval of Clinical Experience & Clinical Instruction .... 15

Clinical Instructor/ Site Policies and Procedures ........................................................... 15

XI. Rights and Privileges ............................................................................................ 15
General Information

I. Purpose and Mission

The clinical education 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 practice, use of evidence and critical thinking in clinical decision-making, application of movement science in clinical practice, and functioning within a doctoring profession. The Program’s specific learning objectives and structured assignments that occur during each clinical experience incorporate these core principles. Each clinical education and field work 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.

As students progress through the clinical education portion of the curriculum, 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.

Consistent with the Program’s mission of preparing a “generalist” physical therapist, clinical education is designed to provide students with a variety of experiences in different types of settings and with different types of patients.

Successful completion of clinical education 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 integrated model of clinical education with innovative models of collaborative learning and community-based service learning within field work experiences. There are 44 weeks of full-time affiliations over four time blocks along with 100 hours of fieldwork. The specific dates vary each year but the general schedule is as follows:

Year 1
Clinical Education I – 4 weeks: Month of January

Year 2
Field Work I – 80 hours during Fall Semester (Clinic-based)
Field Work II – 20 hours during Spring Semester (Community-based)
Clinical Education II – 8 weeks: April – May
Year 3  
Clinical Education III – 16 weeks: late-September – early-January  
Clinical Education IV – 16 weeks: mid-January – early-May

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

The student plays a vital role in making clinical education successful and is expected to actively participate in preparing, planning, experiencing, and evaluating each clinical experience, which includes his/her own performance.

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 Physical Therapy 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 experience.
- Facilitates communication between student and Clinical Instructor, addressing conflict when needed.
- Determines and assigns a grade for each clinical experience course, based on student performance evaluations completed by student and Clinical Instructor, 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, and any areas of deficiency in curriculum).
- 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 clinical instructors, providing written information to individual CIs prior to each affiliation.
• Oversees student orientation to the clinical site.
• Acts as a resource to students and clinical instructors, 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 or students during a clinical affiliation. Generally, CIs should have at least one year of clinical experience prior to accepting this important role. It is also recommended that CIs take the APTA Clinical Instructor Education and Credentialing Program.

• Recognizes the importance and accepts the responsibility of being a positive professional role model for the student.
• Collaborates with the student to develop specific goals and objectives for the affiliation 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 the student to facilitate learning (formative evaluations). Completes APTA CPI training.
• Schedules and completes formal evaluations (summative evaluations) with the student (usually midway and final).
• Evaluates the student’s performance and completes documentation using the school’s evaluation tool (APTA Clinical Performance Instrument) and according to school guidelines.
• Shares student progress with CCCE and school.
• Meets additional qualifications for CIs (see below)

Recommended Additional Qualifications for Clinical Instructors

CE I & II
Clinical Competence:
• Minimum of 1 year of clinical experience or share student with more experienced CI
• Evidence of Professional Development

Teaching Expertise:
• Credentialed Clinical Instructor (APTA or other)
• Consistent positive feedback from students
CE III & IV
Clinical Competence:
- Minimum of 3 years of clinical experience
- One or more of the following:
  - 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)

Teaching Expertise:
- Credentialed Clinical Instructor (APTA or other)
- Consistent positive feedback from students

IV. Site Visits and Calls

The purpose of conducting clinic calls and visits is to establish and maintain effective communication between the Physical Therapy Academic 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. Academic faculty may assist the clinical education team in conducting calls and visits. Clinic visits are conducted either onsite, by telephone, or email. It is the goal of the Physical Therapy Program to visit each student at least once throughout the entire clinical education portion of the curriculum, and to make contact with each student 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.

In order to facilitate calls and site visits, the student is responsible for completing and faxing a form with contact information to the Program by day 2 of each experience. (See Appendix B)

Student Policies and Procedures

V. Prerequisites for Clinical Education

Students must complete the following in order to participate in each of the clinical education and fieldwork courses:

a. Successful completion of all prior coursework or permission from Director of Clinical Education for those persons with special circumstances
b. Successful completion of HIPAA training, which is offered online.

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

d. Training in Blood-Borne pathogens / Standard Precautions / Body Substance Isolation (which is offered prior to Clinical Education I in a preparation video).

e. Proof of current CPR certification and required immunizations. The American Heart Association Health Care Provider course is recommended. It is the responsibility of the student to maintain current status and provide proof to the Program and/or clinical site upon request. Typical immunization requirements include TB, Hepatitis B, and MMR. It is the student's responsibility to fulfill additional requirements that may be unique to a particular clinical site. Examples may include drug screens, additional criminal background checks and additional paperwork or online learning modules.

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

g. Attendance at all scheduled Clinical Education classes during the program.

h. Good academic standing (e.g. not on academic probation) prior to the start of Clinical Education III.

Additional Requirements:

**CE II**

- Faculty Review of Student Tracking System
- Students must pass all practical exams prior to the start of CE II
- Students will review online HIPAA and Blood-Borne Pathogens Training prior to the start of CE II

**CE III & IV**

- Faculty Review of Student Tracking System
- Successful completion of Standardized Patient Exams for Year 2 & Year 3
- Out of State Clinical Site Placement pending review of academic, professional behavior and clinical performance in CE I & II
- Students will review online HIPAA and Blood-Borne Pathogens Training prior to the start of CE III
VI. Program Requirements

A. Types of Experiences

Students are expected to gain a variety of experiences throughout their 44 weeks of clinical education.

In the four full-time experiences, students must choose:

- **At least one experience in a rural or medically underserved area.** Rural sites in Colorado are determined with the assistance of the Colorado Area Health Education Center. 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.

- **At least 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.

- **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.

- **No more than 24 weeks** in the same type of setting with the same type of patient population (Field Work I is not included).

The clinical education team reserves the right to make decisions regarding site type and patient population on a case by case basis regarding program requirements related to types of experiences.

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

Goals and expectations have been developed for each experience and field work 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 C: Goals & Expectations for CE Experience. These are emailed to center coordinators of clinical education prior to each clinical experience. Field Work II is a community based experience and is graded as part of the didactic curriculum.

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 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 (Appendix D) 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.

Implications of not successfully meeting the criteria for CE Experiences:

The Director of Clinical Education will notify the Student Affairs Committee if a student does not receive a passing grade for a clinical education course. The Student Affairs Committee will review the report from the DCE, the Clinical Instructor’s evaluation on the APTA Clinical Performance Instrument (CPI), the student’s self-assessment (CPI), information gathered from phone and/or site visits as well as past performance in the academic portion of the curriculum to determine a plan of action, which is consistent with the Program’s Student Policies and Procedures.

Failure of a clinical education or Field Work I course may result in any of the following:

1) Student required to repeat the course the next available offering (extend curriculum by 1 year);
2) Student offered an opportunity for remediation and to continue in the Program;
3) Student dismissal from the Program.

If the Student Affairs Committee determines an opportunity for remediation, the Clinical Education Team will develop a plan of action in conjunction with the Student Affairs Committee with input from the student. Remediation for any of the clinical education and Field Work I courses may result in delayed graduation date.

Specific Requirements for Graduation:

Each student must successfully complete all 44 weeks of clinical education (Clinical Education I – IV) and 80 hours for Field Work I in order to graduate, as designated by meeting the criteria stated above. Each student must reach entry-level performance on
all CPI skills by the final evaluation of CE III and CE IV. Entry-level performance is defined on page 40 of the Physical Therapist Clinical Performance Instrument for Students, June, 2006 as: “A student who requires no guidance or clinical supervision with simple or complex patients. Consults with others and resolves unfamiliar or ambiguous situations. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. The student is capable of managing 100% of a fulltime physical therapist’s case load in a cost efficient manner.” (APTA, June 2006). Students must also meet Benchmarks for CE III and CE IV – see Benchmarks.

VII. Student Requirements and Responsibilities

A. Student Information Forms

Prior to each clinical experience, students complete a Student Information Form (Appendix E) that is mailed to the clinical site along with a cover letter approximately 1 month before the start of the affiliation. 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). Students are encouraged to reflect on performance in the academic portion of the curriculum as well as previous clinical education experiences when developing learning objectives for each experience. At the beginning of the experience, the CI and student will 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. The clinical education team is available to assist students in developing learning objectives if needed.

2. Preferred Learning Style

Prior to CE 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 who will work with the student. Information on the Learning Style Inventory can be found in Appendix E, including instructions on ordering copies of the Learning Style Inventory.

B. Time in Clinic Policies

Work Hours:
Generally, the student is expected to be present on the days and during the hours when the designated clinical instructor is present. The Program’s general expectation is that
students will spend approximately 40 hours per week in the clinic. NOTE that for Clinical Education I, the expectation is that students will spend 36 hours per week in clinic, with a ½ day to work on related assignments, independent study, and to reflect on the experience. This does not include any necessary preparation time or time needed to complete special clinic assignments (i.e., intervention planning, reviewing pertinent academic content, and preparing for in-service). Please see Appendix F.

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 generic professional abilities at the “beginning” to “developing” levels (as described in May, et al; MacDonald, et al; and Sackett D, et al) during CE I – III and Field Work I & II and be at entry-level at the end of CE IV. (See Appendix G 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, both orally and by wearing a student nametag (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. (See Appendix D: Clinical Training Agreement).

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.** Please refer to the Program’s “Student Policies and Procedures Manual” section on Student Affairs Committee, found on Blackboard.

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. Clean and neat professional attire is expected. (Please see Appendix H for the CU dress code policy on clinical professional attire).

It is the student’s responsibility to contact the facility to determine the facility requirements prior to the first day of the clinical experience. Dressing more formally on the first day of the clinical experience is recommended until the dress code is clarified.

**NOTE:** Some facilities have special dress code requirements e.g., use of lab coat. 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.

VIII.  Student Rights and Safety During Clinical Experiences

A.  Confidentiality of Student Records

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 affiliation 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 clinical affiliation 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. 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

In compliance with the Americans with Disabilities Act, faculty is not allowed to disclose a student’s disability to the clinical site; this must be disclosed by the student. Whenever possible, this information is shared with the clinical site ahead of time. Ideally, the student, clinical education faculty advisor, and clinical instructor collaborate to identify strategies and implement a plan for reasonable 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 (See Appendix D). 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 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.

IX. Planning Learning Experiences for Clinical Education

Prior to the student’s arrival, it is beneficial to review program information (program goals and expectations of the experience, academic preparation and curriculum, policies, etc.) as well as the student information form, which includes students goals for the experience and preferred learning style.

It is recommended that time is allotted for student orientation to the clinical site as early as possible. 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. See the CI Community website for examples (used with permission from Eastern Washington University).

http://blackboard.cuonline.edu
username & password: ClinEd

X. Evaluation Procedures During Clinical Education Experiences

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

A. Student Self-Evaluation

The student and the clinical instructor will complete separate online copies of the APTA Physical Therapist CPI (see Appendix I) at the midterm and final evaluations for Clinical Education II, III, and IV. Only a final evaluation will be completed for CE I. Abbreviated evaluation forms are used during Field Work I. See Appendix J: Summary of Student
Performance for Field Work I (CI). 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 Experience 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 each clinical experience, the student is required to complete the Student Evaluation of Clinical Education Experience and Instruction (See Appendix K). 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 filed in the student files.

Clinical Instructor / Site Policies and Procedures

XI. Rights and Privileges

Clinical education faculty members are eligible for clinical faculty appointments at the University of Colorado School of Medicine Physical Therapy Program. To achieve clinical faculty status, CCCEs and CIs must submit an application and their curriculum vitae to the DCE for initial review, which then goes to the Clinical Promotions Committee in the Department of Physical Medicine and Rehabilitation for review. Instructions and application forms are found in Appendix M.

Local clinical educators have access to the Health Sciences Library, including free classes offered. Remote clinical educators have limited access. Please contact the DCE for details.

Clinical faculty development requests, including requests for the APTA CI Education and Credentialing Program, in-services, or access to Program resources can be made to the DCE at any time. Requests will be accommodated as schedule and availability permits.

Please see CU PT Program website http://www.medschool.ucdenver.edu/PT for announcements on special events and continuing education opportunities, many of which are free of charge. Additional Clinical Education Resources can be found in Appendix N.
Clinical faculty members are also eligible for the Outstanding Clinical Instructor Award given annually at graduation.

XII. Responsibilities

Center Coordinators of Clinical Education and designated CIs are responsible for reviewing all pertinent policies and procedures prior to each student affiliation. These include; Roles/Responsibilities for CCCE and CI described in Section III of this document, Clinical Training Agreement (Appendix D), Goals and Expectations for Affiliations (Appendix C), Student Information Form (Appendix E), Summary of Student Performance During Field Work I: CI Assessment (Appendix L), and the Clinical Performance Instrument (see Appendix M). Copies of any of these documents are posted on the CI Blackboard Site or available on request by contacting the student’s Clinical Education Advisor. 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.

XIII. 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. See Appendix L for current recommendations. Please review these documents prior to having students work with patients receiving Medicare. These guidelines can also be found on the APTA website at http://www.apta.org

XIV. Resources

There are several resources available to aid in designing / enhancing a clinical education program and for clinical faculty development. Appendix N provides a list of resources, including the Clinical Instructors’ Community, an interactive web-based information site for CCCEs and Clinical Instructors.

XV. APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instructor

Please see Appendix K of this document for a description of student and clinical instructor evaluation.

XVI. Liability Insurance

Students are covered by the University’s liability insurance, as described in the Clinical Training Agreement (see Appendix D). 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 (see Appendix D). 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.

XVII. 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 DCE/ACCE 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.
APPENDIX A

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

Our Clinical Education component includes approximately 100 hours of integrated fieldwork and 44 weeks of full-time clinical education experiences throughout the 3-year curriculum.

Year 1

**Clinical Education I**

- Patient management and application of clinical skills
- Focus on knowledge, skills and behaviors

4 weeks in Spring semester

Year 2

**Fieldwork I**

- Patient examination and evaluation
- Exposure to different practice settings
- Bridges the gap between Clinical Education I and II

80 hours in Fall semester

**Fieldwork II**

- Community experience with underserved populations
- Exploration of issues related to access to health care
- Service learning project

20 hours in Spring semester

**Clinical Education II**

- Emphasis on responsibilities of the professional PT

8 weeks in Spring semester

Year 3

**Clinical Education III & IV**

- Exploration of general and specialty areas of PT
- Achieve entry-level competency in PT practice
- Emphasis on understanding the role of PT in a doctoring profession

32 weeks in Fall/Spring semesters

Students gain a variety of experiences through the four full-time clinical affiliations (CE I-IV), including at least 1 experience in a rural or underserved area to prepare them as a generalist PT. **Students are responsible for all costs associated with out of town / out of state clinical experiences.**

CU Physical Therapy Program affiliates with approximately 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 Director of Clinical Education.
# Physical Therapy Program

**UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS**

**Doctor of Physical Therapy (DPT) Courses**

**Academic Year 2013-2014**

## Entry Level DPT

### FIRST YEAR, Summer Semester

<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>5.0 cr.</td>
</tr>
<tr>
<td></td>
<td>N. Bookstein, PT, EdD; M. Pascoe, PhD. Prereq: matriculation in entry-level Physical Therapy Program. A regional approach to the in-depth study of structural and functional anatomy of the musculoskeletal, vascular, and nervous systems of the appendicular skeleton, body walls, thorax and head and neck. Cross sectional and radiographical anatomy is included. Soft tissue palpation is emphasized.</td>
<td></td>
</tr>
<tr>
<td>DPTR 5002</td>
<td>Foundations in PT</td>
<td>2.0 cr.</td>
</tr>
<tr>
<td></td>
<td>J. Rodriguez, PT, MHS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Introduction to foundational elements of physical therapy, including movement, patient/client centered care, professionalism, and evidence-based practice.</td>
<td></td>
</tr>
<tr>
<td>DPTR 5003</td>
<td>Histology</td>
<td>2.0 cr.</td>
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<tr>
<td></td>
<td>K. Maluf, PT, PhD; D. Malone, PT, PhD</td>
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<tr>
<td></td>
<td>Study of cells and tissues of the human body with emphasis on normal function followed by the tissue/structure response in disease, injury and repair. Emphasis on integument, nerve, and musculoskeletal structures, including basic mechanical properties of the latter.</td>
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</tr>
<tr>
<td>DPTR 5111</td>
<td>Exercise Science</td>
<td>2.0 cr.</td>
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<tr>
<td></td>
<td>E. Melanson, PhD</td>
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<tr>
<td></td>
<td>Discussion of the effect of exercise on physiologic systems, including measurement of exercise capacity in the clinic and laboratory and the effect of exercise on cardiovascular and pulmonary performance.</td>
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</tbody>
</table>

### FIRST YEAR, Fall Semester

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPTR 5101</td>
<td>Movement Science I</td>
<td>3.0 cr.</td>
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<tr>
<td></td>
<td>C. Christiansen, PT, PhD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prereq: DPTR 5001.</td>
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<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>
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<tr>
<td>DPTR 5141</td>
<td>Human Growth/Development</td>
<td>2.0 cr.</td>
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<tr>
<td></td>
<td>L. Dannemiller, PT, DSc</td>
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<tr>
<td></td>
<td>Functional movement across the life span. Emphasis on periods of greatest changes in motor behavior. Exploration of factors influencing functional movement, including developmental changes in body systems, physical fitness and activity level. Analysis of movement throughout the life span.</td>
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</tr>
<tr>
<td>DPTR 5151</td>
<td>Motor Control/Learning</td>
<td>2.0 cr.</td>
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<td></td>
<td>TBD</td>
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<tr>
<td></td>
<td>Application of current principles of motor learning and motor control to activity-focused physical therapy interventions. Emphasis on variables related to task composition and schedule, the environment, and augmented information that enhance practice of motor skills.</td>
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<tr>
<td>DPTR 5161</td>
<td>Psychosoc Aspects Care I</td>
<td>1.0 cr.</td>
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<tr>
<td></td>
<td>D. Stelzner, PT, MBA</td>
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<tr>
<td></td>
<td>Principles of human interaction beginning with discussion of one’s self followed by clarification of the dynamics involved in professional-patient caring relationships. Emphasis on self concept, compassion, caring, honesty, suffering, and what it means to be ill.</td>
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</tr>
<tr>
<td>DPTR 5202</td>
<td>Clin Skills: Exam/Eval II</td>
<td>2.0 cr.</td>
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<tr>
<td></td>
<td>D. Stelzner, PT, MBA</td>
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<tr>
<td></td>
<td>Prereq: DPTR 5001, DPTR 5201.</td>
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<tr>
<td></td>
<td>Continuation of examination process including advanced movement tests. Progression to dynamic process of making clinical judgments based on data gathered from the examination. Introduction of the process of diagnosis by organizing into defined syndromes or categories of examination results.</td>
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</tr>
</tbody>
</table>
DPTR 5203  Clin Skills Ther Interv  4.0 cr.
S. Jordan, PT, MA
Introduction to therapeutic intervention skills, such as basic mobility with and without assistive devices, posture and positioning, therapeutic exercise principles and techniques, soft tissue mobilization, therapeutic modalities, for improving functional mobility and for managing a variety of clinical problems.

DPTR 5601  Scientific Inquiry I  1.0 cr.
J. Hebert, PT, PhD
Course designed to introduce students to concepts and approaches to evidence-based practice including effective searching and reviewing literature materials. Observational study designs (cohort, case-control, and cross-sectional) covered, including evaluative tests and measures for diagnostic tests.

DPTR 5721  Educational Methods  1.0 cr.
M.J. Rapport, PT, DPT, PhD
Application of learning theories and teaching strategies to clinical practice, individual patients and populations. Emphasis on patient/client and family education, including home programs, clinical teaching, and educational presentations in clinic and community settings.

FIRST YEAR, Spring Semester

DPTR 5006  Physiology  2.0 cr.
C. Sladek, PhD; D. Malone, PT, PhD
Fundamentals of human physiology from basic cellular processes such as membrane support, to the organization and control of organ systems.

DPTR 5011  Neuroscience  3.0 cr.
R. Gisbert, PT, DPT
Principles of neurophysiology and neuroanatomy introduced. Blood supply, three dimensional topography of the nervous system, sensory and motor tracks of the spinal cord and brainstem, major structures and functions of the diencephalon and cortex are included. Functional correlates are discussed.

DPTR 5162  Psychosoc Aspect Care II  2.0 cr.
D. Stelzner, PT, MBA  Prereq: DPTR 5161.
Continuation of values and caring. Issues related to: health behaviors; grief, mourning and loss; suicide; body image and sexuality; cultural awareness; depression; chronic pain and the diversity in pain management approaches; spirituality and healing; ethical principles, ethical reasoning using case analysis. Ethical reasoning and analysis in an interprofessional small group.

DPTR 5301  Medical Conditions I  2.0 cr.
D. Malone, PT, PhD  Prereq: DPTR 5111.
Pathology and physical therapy management of individuals with cardiovascular, pulmonary, gastrointestinal, genitourinary, and metabolic disorders across the life span. Exercise testing/training, EKG interpretation, cardiac and pulmonary assessment and intervention, medical management, and implications for physical therapy are emphasized.

DPTR 5401  Musculoskeletal Cond I  3.0 cr. P. Mintken, PT, MS, DPT
Orthopaedic pathokinesiology of the upper extremity across the life span. Pathogenesis, clinical presentation, medical and surgical management, and rehabilitation of upper extremity orthopaedic disorders. Radiologic and pharmacologic applications with implications for physical therapy intervention.

DPTR 5611  Patient Care Seminar I  2.0 cr.
T. Struessel, PT, DPT; M. Schenkman, PT, PhD Prereq: DPTR 5001, DPTR 5003, DPTR 5141.
Critical thinking and clinical decision making skills. Application of clinical decision making frameworks and models for clinical practice. Patients with conditions across the life span emphasized.

DPTR 5931  Clinical Education I  2.0 cr.
J. Rodriguez, PT, MHS
Four week full-time supervised clinical experience. Professional values and behaviors developed, relevant questions raised, knowledge applied, clinical skills practiced.

SECOND YEAR, Summer Semester

DPTR 6002  Clinical Anatomy II  3.0 cr.
N. Bookstein, PT, EdD  Prereq: DPTR 5001, DPTR 5101, DPTR 5011.
A regional approach to in-depth study of structural and functional anatomy of the musculoskeletal, vascular, lymphatic, and nervous systems of the axial skeleton, abdomen and pelvis with specific emphasis on the spine and peripheral joints. Abdominal and pelvic viscera are included. Cross sectional and radiographical anatomy is emphasized.
DPTR 6102 Movement Science II 1.0 cr.
C. Christiansen, PT, PhD Prereq: DPTR 5001, DPTR 5101.
Continued investigation and application of movement science in physical therapy practice with emphasis on age-associated changes in movement, qualitative and quantitative movement analysis, and tests and measures of functional activity.

DPTR 6402 Musculoskeletal Cond II 3.0 cr.
P. Mintken, PT, MS, DPT Prereq: DPTR 5001, DPTR 5401.
Orthopaedic pathokinesiology of the lower extremity across the life span. Pathogenesis, clinical presentation, medical and surgical management, and rehabilitation of lower extremity orthopedic disorders. Radiologic and pharmacologic applications with implications for physical therapy intervention.

DPTR 6501 Neuromuscular Cond I 3.0 cr.
Frameworks and models used to analyze interrelationships of neuropathology, impairments, and functional loss with neurological conditions across the life span (e.g. multiple sclerosis, lower motor neuron diseases, stroke). Neuropathology presented. Implications for examination, and evaluation (including prognosis, diagnosis, and goals) analyzed.

DPTR 6701 Professional Topics I: Doctoring Profession 1.0 cr.
D. Stelzner, PT, MBA Prereq: DPTR 5002.
Exploration of professional issues including the role of the physical therapist on a healthcare team, physical therapy as a doctoring profession, professional core values and scope of practice, and connection with the APTA as our professional organization. Introduction to legislation and advocacy in health care, cultural competence, and professional growth are included.

SECOND YEAR, Fall Semester

DPTR 6205 Clin Skills: Pros/Orthos 1.0 cr.
C. Johnson, PT, DPT; C. Christiansen, PT, PhD Prereq: DPTR 5401, DPTR 6402, DPTR 6501. Coreq: DPTR 6403, DPTR 6502.
Examination and management of patients with common upper and lower extremity amputations. Principles of evaluation and prescription of upper/lower extremity prostheses and lower extremity/spinal orthoses for individuals across the lifespan in physical therapy clinical practice.

DPTR 6403 Musculoskeletal Cond III 4.0 cr.
P. Mintken, PT, MS, DPT Prereq: DPTR 5401, DPTR 6402.
Orthopaedic pathokinesiology of the spine across the life span. Pathogenesis, clinical presentation, medical and surgical management, and rehabilitation of spinal orthopedic disorders. Radiologic and pharmacologic applications with implications for physical therapy intervention.

DPTR 6502 Neuromuscular Cond II 3.0 cr.
Principles of PT management for individuals with neurological conditions across the life span. Clinical decision making and clinical skills for examination, evaluation, and intervention with individuals with a variety of neurological disorders (e.g., spinal cord injury, Parkinson’s, vestibular pathology) emphasized.

DPTR 6602 Scientific Inquiry II 2.0 cr.
J. Hebert, PT, PhD Prereq: DPTR 5601.
Experimental and quasi-experimental study designs (group and single subject) with delineation of the application and analysis of appropriate test statistics (parametric and non-parametric). Survey and qualitative research approaches presented. Application of evidence-based practice continued.

DPTR 6612 Patient Care Seminar II 1.0 cr.
T. Struessel, PT, DPT Prereq: DPTR 5611.
Development of critical thinking and clinical decision making skills continued. Differential diagnosis, management of individuals with complex diagnoses and disorders affecting multiple systems across the life span. Social and emotional disability, participation in leisure, work and family activities emphasized.

DPTR 6911 Field Work I 1.0 cr.
J. Rodriguez, PT, MHS Prereq: DPTR 5161.
Approximately one day per week in clinical settings during the fall semester to continue to develop and apply the knowledge, skills, and behaviors learned in the classroom to real situations working with patients and clients.

SECOND YEAR, Spring Semester

DPTR 6121 Pharmacology 1.0 cr.
R. Page, PharmD; T. French, PhD
Online course designed to help the learner utilize pharmacological information in planning patient care. Principles of pharmacodynamics and pharmacokinetics precede information regarding mechanisms of action, adverse effects, implications for exercise and other physical therapy interventions for different drug classes included.
DPTR 6302  Medical Conditions II 3.0 cr.
D. Malone, PT, PhD  Prereq: DPTR 5111, DPTR 5301.
Pathology and physical therapy management of individuals with oncologic, bariatric, rheumatologic, integument, and psychiatric disorders across the life span. Differential diagnosis, screening, and referral to appropriate personnel will be addressed.

DPTR 6503  Neuromuscular Cond III 3.0 cr.
L. Dannemiller, PT, DSc  Prereq: DPTR 6502.
Principles of PT management for individuals with neurological conditions continued. Refinement of clinical decision making and therapeutic skills for pediatric conditions and individuals with disorders such as Alzheimer’s and traumatic brain injury. Home, school and community participation as well as quality of life are emphasized.

DPTR 6603  Scientific Inquiry III 2.0 cr.
J. Hebert, PT, PhD  Prereq: DPTR 6602.
Methods of scientific inquiry and evidence-based practice to analysis of patient care for patients with a variety of conditions and diagnoses applied. Evidence for use of measures and intervention approaches emphasized.

DPTR 6702  Professional Topics II: Differential Diagnosis in Practice 2.0 cr.
Differential diagnosis in primary care physical therapy within a collaborative healthcare model. Synthesis of critical thinking and clinical decision making for efficient screening/examination to determine the need for referral to other health providers, for physical therapy management, or both.

DPTR 6912  Field Work II 1.0 cr.
J. Rodriguez, PT, MHS  Prereq: DPTR 6911.
Exploration of issues surrounding access to health care, with an emphasis on underserved populations and persons who have limited access. Service project included.

DPTR 6932  Clinical Education II 3.0 cr.
J. Rodriguez, PT, MHS  Prereq: DPTR 6912.
Eight week full-time supervised clinical experience. Experience emphasizes students beginning to make the transition from student or ‘aide’ to taking on the responsibility of the professional physical therapist.

THIRD YEAR, Summer Semester

DPTR 7112  Applied Exercise Science 3.0 cr.
J. Stevens-Lapsley, PT, PhD  Prereq: DPTR 5111, DPTR 5301, DPTR 6302.
Complex patients with multi-system disease emphasized. Differential diagnosis, screening and referral to appropriate personnel. Physical therapy management principles of complex medical patients, including exercise prescription, biomechanical principles, and chronic disability issues.

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

DPTR 7604  Scientific Inquiry IV 1.0 cr.
J. Stevens-Lapsley, PT, PhD  Prereq: DPTR 6603.
Advanced evaluation of the scientific literature encompassing a diverse selection of research types and designs applied to a variety of patient conditions. Evidence-based practice project completed. Measures and interventions for patients with specific clinical conditions and diagnoses proposed.

DPTR 7703  Leadership in Practice 1.0 cr.
M.J. Rapport, PT, DPT, PhD  Prereq: DPTR 6702.
Role of leaders and concepts of leadership in physical therapy and health care settings and on teams are discussed. Leadership styles and perspectives, and differences between leadership and management are explored. Resume development, mentoring, and professional development and planning are included.

DPTR 7711  Health Care Delivery 4.0 cr.
T. Struessel, PT, DPT
Health care systems are reviewed for diverse settings. Topics include health policy and reform, insurance, coding/billing, business, human resources, case and risk management, licensure, advocacy, supervision issues and interview preparation. Also includes a comparison of the US healthcare systems and other nations.

DPTR 7731  Compl/Alternative Med 1.0 cr.
S. Jordan, PT, MA
Introduction to the major concepts and issues related to complementary and alternative medicine (CAM). Discussions related to incorporating evidence based CAM for effective patient centered care across the life span.
### THIRD YEAR, Fall Semester

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>DPTR 7741</td>
<td>Special Practice Settings</td>
<td>2.0 cr.</td>
</tr>
<tr>
<td>L. Dannemiller, PT, DSc; C. Johnson, PT; A. Nordon-Craft, PT, DSc</td>
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<td></td>
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<tr>
<td>Exploration of physical therapist’s unique roles in a variety of practice settings, including, but not limited to: occupational medicine, geriatrics, pediatrics, assisted living, home care, and end-of-life care. Legal issues such as Individuals with Disabilities Education Improvement Act and abuse/neglect topics will be discussed.</td>
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</table>

**DPTR 7131**  Radiology  1.0 cr.
D. James, PT, DPT; D. Malone, PT, PhD  Prereq: DPTR 6403

Study of the application and integration of diagnostic imaging to physical therapy clinical decision making. Provides the physical therapy student with the background to understand diagnostic imaging technology, indication, evaluative value and limitations. Musculoskeletal pathology emphasized.

**DPTR 7613**  Patient Care Seminar III  2.0 cr.
T. Struessel, PT, DPT  Prereq: DPTR 6612.
Critical thinking and clinical decision making skill development continued and applied to patients from Clinical Education III, across the life span. Writing for publication and presentation skills also emphasized.

**DPTR 7751**  Health Promotion  2.0 cr.
E. Melanson, PhD; C. Figuers, PT, EdD; C. Jankowski, PhD  Prereq: DPTR 7112

Critiquing/designing fitness, wellness and nutrition programs that are appropriate for physical therapy for well populations and people with disabilities across the life span. Focus is on the well elderly and populations with obesity, coronary heart disease, diabetes and cancer.

**DPTR 7933**  Clinical Education III  8.0 cr.
J. Rodriguez, PT, MHS  Prereq: DPTR 6932
Sixteen week full-time supervised clinical experience. Exploration of general or specialty areas of physical therapy practice. Skills developed throughout earlier experiences demonstrated as entry-level competency in physical therapy practice by the end of this experience.

### THIRD YEAR, Spring Semester

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>DPTR 7934</td>
<td>Clinical Education IV</td>
<td>8.0 cr.</td>
</tr>
<tr>
<td>J. Rodriguez, PT, MHS  Prereq: DPTR 7933</td>
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<tr>
<td>Sixteen week full-time supervised clinical experience. Full preparation of students to transition to the work force. Publishable case report prepared by the end of this experience, which is linked to DPTR 7613.</td>
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</tbody>
</table>

**Independent Study**  1.0-3.0 cr.
PT Faculty
An Independent Study option is available each semester. This course provides students with an opportunity to pursue content of their own choosing under guidance of a faculty mentor.
APPENDIX B

B. Fax Form for Calls / Visits
Thanks for your assistance. This information will help faculty to be more efficient with completing clinic calls and arranging for visits.

**Please complete this form and fax to the PT Program by Day 2 of your affiliation.**

Student Name: ________________________________

Clinical Site Name: ________________________________

Clinical Site Address: ________________________________

Clinical Instructor Name: ________________________________

Phone Number to Reach CI: ________________________________

E-mail Address for CI (required): ________________________________

Phone Number to Reach Student: ________________________________ (if different from CI’s number)

CI’s Preference for Communication: { } Telephone { } Email

Best Times to Call: Day(s): ________________________________

Time(s): ________________________________

Comments or Questions: ________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

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APPENDIX C

C. Goals and Expectations for Clinical Education Experiences I-IV and Field Work
Goals and Expectations for Time in Clinic During Clinical Education I

**Overall Goals:**
- Provide the student an opportunity to apply knowledge, practice psychomotor skills, and begin to develop professional behaviors in the clinical setting. Since the student is at the beginning of their clinical learning, we expect that they will need constant supervision during patient care activities. Please see Appendix R for Supervision of Students per Medicare Guidelines.
- Promote self-directed, lifelong learning and a sense of responsibility for one's own learning.
- Promote the integration of learning in the classroom / laboratory setting and the clinical setting.
- Reinforce key principles and curricular threads: Patient-centered care, movement science, professionalism, the disablement / enablement framework, scientific inquiry / evidence-based practice, ethical / moral decision-making, etc.
- Explore expanded roles and responsibilities of the physical therapist and other members of the health care team.

**Specific Criteria and Assignments:**
- The student is expected to be present at the clinical site for 4 ½ days per week (36 hours). This leaves 4 hours for independent study, including time to complete assignments and reflect on the clinical affiliation. The CI will determine which half day is best for independent learning time. The student will be offsite during this time.
- Problem-based learning approach with one patient per week during weeks 2 – 4 (total of 3 patients). The student will a) investigate pathology / condition, including medical prognosis; b) identify patient impairments, functional limitations, disabilities, and goals; c) identify with the CI the physical therapy diagnosis, prognosis, and expected outcome; d) explore psycho/social/cultural issues specific to the patient; e) research the literature for relevant information related to the case (at least 1 article from peer-reviewed journals). Present a written outline in bullet form to the CI in order to facilitate discussion. The student will turn in one of the written summaries to the Clinical Education Faculty Advisor at the end of the experience.
- Complete a movement analysis of a functional activity on at least 3 patients using the Whole Body Movement Analysis Form. As student completes the analyses using the form, students should consider its application to the clinical setting in order to provide feedback during the debriefing session which occurs after CE I. The student will turn in one movement analysis form to the Clinical Education Faculty Advisor at the end of the experience. Perform / practice at least 5 of the following basic skills at least 6 times OR a total of 40 skills across as many categories as possible, which are applicable to the patients seen in the facility: *(NOTE: At
this point, students are novices. Hence, the expectation is that the student will seek opportunities to practice, not that the student will perform skills with full competence in a time efficient manner)

- Chart review: *Review information presented in Examination & Evaluation*

- Subjective history: *Incorporate patient-centered interview presented in Foundations in Physical Therapy*

- Documentation (Initial examination / progress notes): *Review information presented in Examination & Evaluation*
  - Vital signs assessment
  - Postural assessment
  - Goniometry
  - Manual muscle testing and/or gross strength testing
  - General balance assessment
  - Gait analysis
  - Movement analysis during functional mobility tasks
  - Sensory / tone assessment
  - Pain assessment (basic)
  - Transfer training
  - Bed mobility training
  - Gait training
  - Basic therapeutic exercise
  - Physical Agents
  - Soft Tissue Mobilization

- Select and participate in at least four learning experiences that are not "direct patient-care" (approximately 1 per week) that will expand students’ understanding of the many roles and responsibilities of the physical therapist and other members of the health care team as well as the rich learning opportunities available in the clinical environment. Examples include, but are not limited to: observing surgery; spending 1/2 day with other members of the healthcare team (OT, SP, MD, PA, NP, MSW, Case Manager, Chaplain, PTA, ATC, Exercise Specialist, Orthotist, Massage Therapist, etc.); attending special clinics (wheelchair / mobility, MS, Neuro, Burn, etc.); observing /participating in unique programs (back school, pool therapy, employee health screening, EMG/NCV testing, FCE, community wellness fairs, etc.); attending staff meetings or in-services; attending committee meetings (i.e., safety, ethics, education, quality assurance, etc.); attending patient rounds or conferences.

- Participate in 2 discussions with CI regarding legal / moral / ethical issues relevant to a specific patient seen, the patient population commonly treated in the clinical setting, and/or issues specifically relating to the clinical setting. One discussion should be completed by the midterm of the affiliation, and a second one by the end of the affiliation. Examples include patient confidentiality, patient autonomy, patients’ rights and responsibilities, facility/department policies & procedures that ensure legal and ethical practice, state practice act for physical therapy, APTA Code of Ethics, physician-owned physical therapy practices, etc.

- Complete self-assessment regarding performance during the clinical affiliation. This will be completed prior to discussion with CI at the end of the affiliation.
• Complete written evaluation of the clinical experience and clinical instructor (CI) and discuss with CI at the midterm and final points of the affiliation.

**Criteria for Passing this Clinical Affiliation:**

• Achieve CPI “Beginning Level” on all skills
• Full Attendance during clinic (36 hours/week; plus 4 hours/week of independent study) Complete assignments in a timely manner
• 1 written patient case summary
• 1 movement analysis
• APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction
**Goals & Expectations for Clinical Education II**

The overall focus of this clinical experience is for students to be able to follow patients from initial examination through discharge to assist them in making the transition from student/aide to taking on the roles and responsibilities of the physical therapist. They 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 this course, the student will:

1) Assume responsibility for one’s own learning.
2) Demonstrate application of knowledge, psychomotor skills, and professional behaviors in the clinical setting.
3) Seek opportunities to follow and manage patients from examination through discharge.
4) Apply concepts from the *Guide to Physical Therapist Practice* in the clinical setting, including the disablement/enablement framework; elements of the patient/client management model (examination, evaluation, diagnosis, prognosis, plan of care, intervention and outcomes); and the practice patterns.
5) Seek and utilize best evidence in making clinical decisions.
6) Provide physical therapy care in a patient-centered manner.
7) Value time as a resource – is capable of managing approximately 50% of a fulltime physical therapist’s caseload by the end of the experience.
8) Provide constructive feedback to the clinical instructor about the clinical education experience and clinical instruction (at the midterm and final).

**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) *See back page for definitions*
2) No “Significant Concerns” box checked on the CPI on the final evaluation
3) Summative comments from clinical instructor indicate progress from the midterm evaluation to the 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. Students will also complete a few patient-related assignments for some of their courses. Students are expected to comply with HIPAA regulations at all times.
DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DEFINITIONS</th>
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<tbody>
<tr>
<td><strong>Performance Dimensions</strong></td>
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<tr>
<td><strong>Supervision/Guidance</strong></td>
<td>Level and extent of assistance required by the student to achieve entry-level performance.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td>Degree of knowledge and skill proficiency demonstrated.</td>
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<tr>
<td></td>
<td>As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.</td>
</tr>
<tr>
<td><strong>Complexity</strong></td>
<td>Number of elements that must be considered relative to the task, patient, and/or environment.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Consistency</strong></td>
<td>Frequency of occurrences of desired behaviors related to the performance criterion.</td>
</tr>
<tr>
<td></td>
<td>As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.</td>
</tr>
<tr>
<td><strong>Efficiency</strong></td>
<td>Ability to perform in a cost-effective and timely manner.</td>
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<tr>
<td></td>
<td>As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.</td>
</tr>
<tr>
<td><strong>Rating Scale Anchors</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Beginning performance</strong></td>
<td>A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Advanced beginner performance</strong></td>
<td>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.</td>
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<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Intermediate performance</strong></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Advanced intermediate performance</strong></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Entry-level performance</strong></td>
<td>A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Beyond entry-level performance</strong></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>
Benchmarks for CE III & CE IV

(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:**
- Demonstrates *Entry-Level* performance on all CPI skills**
- Capable of maintaining 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):**
- 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 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 & CE IV

Student Name: ___________________ Clinical Instructor: ____________________

Clinical Site: ___________________ CE III ________ CE IV ________

Student and CI to review at the end of each month and email or fax 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 benchmark</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 /</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>Advanced Intermediate 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>Entry level all CPI skills</td>
<td></td>
</tr>
<tr>
<td>Capable of managing 100% caseload</td>
<td></td>
</tr>
<tr>
<td>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>Efficient with all patient management</td>
<td></td>
</tr>
<tr>
<td>Moving towards Beyond Entry-level</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>

Field Work I

Field Work I is an interim clinical experience placed between CE I and CE II. It has been developed to continue the student's application of knowledge, skills practice and development of professional values learned in the didactic portion of the program and during their first clinical rotation. Field Work I is a 10 week, 1 day per week, supervised clinical experience using the 2:1 model (two students to one CI). During these 10 weeks, each student will rotate to two different settings (In-patient and Out-patient settings) 5 weeks each.

The focus of this experience is to provide students the opportunity:

- to practice hands-on skills.
- to engage in critical thinking / problem solving with their clinical instructor and student partner.
- to further develop professional behaviors.

The students appreciate the opportunity to be back in the clinic practicing skills they have learned since CE I. They appreciate the discussions with their CIs to better understand treatment rationale using best evidence and CI experience. They value collaborating on evaluation and intervention strategies with their student partner and CI. The students will probably not be able to follow a particular patient from week to week but through discussions with their CI, can verbally plan what the next 1-2 sessions might entail, how the exercise program could be progressed and what the discharge criteria might be. Their assignments for this experience include performing and documenting at least one patient examination/evaluation. This can be independent or in collaboration with their student partner at the discretion of the clinical instructor. We ask that they submit one daily progress note and one examination/evaluation to us (HIPAA compliant).

The dates are as follows:  Sept. 12, 19, 26
                      Oct. 4, 11, 18, 24, 31
                      Nov. 7, 14

Two different students will be assigned to each clinical site.
APPENDIX D

D. Clinical Training Agreement
UNIVERSITY OF COLORADO DENVER

SCHOOL OF MEDICINE

CLINICAL TRAINING AGREEMENT

THIS CLINICAL TRAINING AGREEMENT ("AGREEMENT") is made and entered into on __________, 2013, by and between ________________ ("AGENCY") with principle offices located at______________________________, and The Regents of the University of Colorado, a body corporate, for and on behalf of the University of Colorado School of Medicine ("SCHOOL") at Rm #3108, 13121 E. 17th Avenue, Mailstop C244, Aurora, CO 80045.

WHEREAS, the purpose of this AGREEMENT is to guide and direct the parties respecting their affiliation, working arrangements, and agreements in furtherance thereof to provide high-quality clinical learning experiences for students in the SCHOOL’s Physical Therapy Program.

WHEREAS, neither party intends for this AGREEMENT to alter in any way its respective legal rights or its legal obligations to the other party, the students assigned to the AGENCY, or any third party.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, the parties agree as follows:

A. Responsibilities of the SCHOOL

1. The SCHOOL will use its best efforts to see that students selected for participation in the clinical training program are prepared for effective participation in the clinical training phase of their overall education.

2. The SCHOOL will retain ultimate responsibility for the education of its students.

3. The SCHOOL will provide qualified and competent faculty members at the school in adequate number for the instruction and supervision of students using the AGENCY facilities.

4. The SCHOOL will instruct all students assigned to the AGENCY facilities in the confidentiality of patient/client records and patient/client information imparted during the training experience. The SCHOOL will also instruct all students that the confidentiality requirements survive the termination or expiration of this AGREEMENT.

5. The SCHOOL will require all participating students to provide proof of health insurance. In the event of an emergency, the AGENCY will provide such emergency care as is provided its employees. The student will be responsible for any charges thus generated if the charges are not covered under the Colorado Workers’ Compensation Act.
6. The SCHOOL will encourage student compliance with the facility’s rules, regulations, and procedures, and use its best efforts to keep students informed as to the same and any changes therein. Specifically, the SCHOOL will keep each participating student apprised of his or her responsibilities.

7. The SCHOOL has an equal opportunity/affirmative action program and does not discriminate on the basis of race, sex, creed, color, age, national origin, or individual handicap in any aspect of employment or training. The institution’s educational programs, activities, and services offered to students, faculty, and/or employees are administered on a nondiscriminatory basis subject to the provisions of Title VI and VII of the Civil Rights Act of 1964, Titles VII and VIII of the Public Health Services Act, the Rehabilitation Act of 1973 (Section 504), the Equal Pay Act of 1963 as amended, Title IX of the Educational Amendments of 1972, the Vietnam Era Veteran’s Readjustment Assistance Act of 1974, and the nondiscrimination laws of the State of Colorado.

8. The SCHOOL warrants and represents that it self-insures for professional liability insurance for itself and for its public employees who provide health care services pursuant to the Colorado Governmental Immunity Act (C.R.S. §§24-10-101 through 24-10-120). The SCHOOL agrees that its self-insurance program will provide coverage in accordance with the limits of the Colorado Governmental Immunity Act. The Colorado Governmental Immunity Act provides that the maximum amount that may be recovered against a public entity or public employee will be (a) $150,000 for any injury to one person in a single occurrence, and (b) $600,000 for any injury to two or more persons in any single occurrence (except that no person may recover in excess of $150,000).

9. Further, all students subject to the provisions of §8-40-101 C.R.S. et seq., and participating in educational programs conducted by or administered through the SCHOOL, will be covered under the Colorado Workers’ Compensation Act. The SCHOOL will be responsible for providing workers’ compensation and liability coverage for students of SCHOOL at the AGENCY.

10. The SCHOOL shall inform its students that they must obtain prior written approval from the AGENCY and the SCHOOL before publishing any material related to the clinical educational experience.

B. Responsibilities of the AGENCY

1. The AGENCY has a responsibility to maintain a learning environment in which sound educational experiences can occur, therefore, the AGENCY will provide physical facilities and learning opportunities for the clinical study of physical therapy.

2. The AGENCY will provide the opportunity for students and faculty to observe and participate in agreed upon services provided by the AGENCY.
3. The AGENCY will retain full responsibility for care of the patients and will maintain administrative and professional supervision of students insofar as their presence and program assignments affect the operation of the AGENCY and its care, direct and indirect, of patients.

4. The AGENCY will provide adequate clinical facilities for participating students in accordance with the clinical objectives developed through cooperative planning by the SCHOOL’s departmental faculty and the AGENCY’s staff.

5. The AGENCY staff will, upon request, assist the SCHOOL in the evaluation of the learning and performance of participating students.

6. To the extent possible, the AGENCY will provide for the orientation of SCHOOL’s participating students as to the AGENCY’s philosophies, rules, regulations, and policies of the AGENCY. Attendance at such orientation will be required before any student will be permitted to participate in the program.

7. The AGENCY will limit access to students’ files and personal information and will maintain files and personal information in confidence.

8. Upon request, the AGENCY will provide proof of liability insurance in an amount that is customary in the community.

9. The AGENCY will provide written notification to the SCHOOL promptly if a claim arises involving a student.

10. The AGENCY will permit, on reasonable request, the inspection of clinical and related facilities by agencies charged with the responsibility for accreditation of the SCHOOL.

11. The AGENCY will resolve any situation in favor of its patients’ welfare and restrict a student to the role of observer when a problem may exist until the incident can be resolved by the staff in charge of the student or the student is removed.

12. The AGENCY shall designate a Clinical Educator. The AGENCY shall notify the SCHOOL of the temporary absence (more than one week) of the Clinical Educator and designate an acting Clinical Educator.

C. Mutual Responsibilities

1. Representatives for each party will be established on or before the execution of this AGREEMENT.

2. The parties will work together to maintain an environment of quality patient care. At the insistence of either party, a meeting or conference will promptly be held between
SCHOOL and AGENCY representatives to resolve any problems or develop any improvements in the operation of the clinical training program.

3. The personnel of both parties will seek each other's cooperation in carrying out the provisions of this AGREEMENT. During the term of this AGREEMENT, arrangements may be made for periodic meetings between representatives of the SCHOOL and representatives of the AGENCY to promote understanding of and adjustments to any operation or activity involved herein.

4. The AGENCY may request the removal of any student whom the AGENCY determines is not performing satisfactorily, or who refuses to follow the applicable administrative and patient care policies, procedures, rules, and/or regulations. Such request must be in writing, and must include a statement of the reason or reasons why AGENCY desires to have the student removed. The student must be afforded by the SCHOOL an opportunity to respond in writing to the statements. However, AGENCY may immediately remove from the premises any student who poses an immediate threat or danger to personnel or to the quality of medical services, or for unprofessional behavior.

D. Financial Considerations

SCHOOL and AGENCY each agree to bear their own costs associated with this AGREEMENT. No payment is required by either SCHOOL or AGENCY to the other party.

E. Term and Termination

This AGREEMENT will commence as of the date first written above and will continue indefinitely. This AGREEMENT may be canceled at any time and for any reason by either party upon not less than ninety (90) days prior written notice to the other party. Should notice of termination be given under this Section, students then scheduled to AGENCY will be permitted to complete any previously scheduled clinical assignment at AGENCY.

F. Governing Law

The laws of the State of Colorado and rules and regulations issued pursuant thereto will be applied in the interpretation, execution, and enforcement of this AGREEMENT. Any provisions of this AGREEMENT, whether or not incorporated herein by reference, that provide for arbitration by any extra-judicial body or person or that are otherwise in conflict with said laws, rules, and regulations will be considered null and void. Nothing contained in any provision incorporated herein by reference which purports to negate this provision in whole or in part will be valid or enforceable or available in any action at law whether by way of complaint, defense, or otherwise.

G. Employment Disclaimer

The students participating in the program will not be considered employees or agents of the AGENCY for any purpose. Students will not be entitled to receive any
compensation from AGENCY or any benefits of employment from AGENCY, including but not limited to, health care or workers’ compensation benefits, vacation, sick time, or any other benefit of employment, direct or indirect. AGENCY will not be required to purchase any form of insurance for the benefit or protection of any student of the SCHOOL.

H. Assignment

This AGREEMENT and the rights and obligations of the parties under this AGREEMENT will not be assigned by either party without the prior written consent of the other.

I. Governmental Immunity

It is specifically understood and agreed that nothing contained in this paragraph or elsewhere in this AGREEMENT will be construed as: an express or implied waiver by the SCHOOL of its governmental immunity or of the governmental immunity of the State of Colorado; an express or implied acceptance by SCHOOL of liabilities arising as a result of actions which lie in tort or could lie in tort in excess of the liabilities allowable under the Colorado Governmental Immunity Act, C.R.S. §24-10-101 et seq.; a pledge of the full faith and credit of a debtor contract; or, as the assumption by the SCHOOL of a debt, contract, or liability of AGENCY in violation of Article XI, Section 1 of the Constitution of Colorado.

J. Notices

All notices provided by either party to the other will be in writing, and will be deemed to have been duly given when delivered personally or when deposited in the United States mail, First Class, postage prepaid, addressed as follows:

For the Agency:

X

University of Colorado

Physical Therapy Program, C244

13121 E. 17th Avenue, Room #3108

Aurora, CO 80045

For the School:

K. Evidence of Immunization/Health Status

If applicable, the AGENCY shall notify the SCHOOL of any requests for evidence of immunization. The SCHOOL will then provide evidence to the AGENCY of any required immunizations for its students.
L. Responsibility for Injuries

The AGENCY will be responsible for any claim or cause of action based upon the negligence of its employees and agents involved in providing services related to this agreement.

Pursuant to the Colorado Governmental Immunity Act, the SCHOOL agrees to be responsible for injuries sustained solely from an act or omission of its public employee occurring during the employee’s duties and within the scope of his/her employment, unless the act or omission is willful and wanton or where sovereign immunity bars the action against the SCHOOL.

M. Severability

Any provision rendered null and void by the operation of this provision will not invalidate the remainder of this AGREEMENT to the extent that the AGREEMENT is capable of execution.

N. Headlines

Headlines in this AGREEMENT are for convenience only.

O. Entire Agreement

This AGREEMENT contains the entire AGREEMENT of the parties and may be modified only by a written instrument executed by both parties.

In WITNESS WHEREOF, the parties hereto have caused this AGREEMENT to be executed effective as of the date first written above.

THE REGENTS OF THE UNIVERSITY OF COLORADO

a Body Corporate:

BY: _________________________ BY: _____________________________

Richard D. Krugman, M.D. (Name)
Dean, UCD School of Medicine (Title)

DATE: ___________________ DATE: ___________________
E. Student Information Form
STUDENT INFORMATION FORM
This form is to be sent prior to each clinical affiliation

UNIVERSITY OF COLORADO
School of Medicine
Physical Therapy Program

TO ____________________________ CCCE       CLASS YEAR ______________________
______________________________ FACILITY FOR AFFILIATION –
(Circle) I II III IV

Name: ____________________________

Preferred (Nick) Name: ______________________ Age: _____ (Optional)

Current Address: ____________________________ Phone: ______________

Address where you can be located in the two weeks prior to the start of this affiliation:

________________________________________________________________________

In case of emergency notify: ____________________________ Phone: ______________

Relationship: ____________________________

Previous Education: College or University

________________________________________________________________________

Degree: ________ Major: ____________

________________________________________________________________________

Language Proficiency (Other than English):

Previous volunteer and/or paid experience in PT. Please list each facility and location.
Give brief summary of experiences at each location:

Prior clinical affiliations (if applicable):
List **Strengths** that you will bring to this clinical affiliation

*List Areas you would like to Improve* during this clinical affiliation

Attach a list your goals/objectives for this clinical affiliation. Consider psychomotor, cognitive, and professional skills that you would like to accomplish during this experience.

**PREFERRED LEARNING STRATEGIES**

**Rank the following in order of preference. 1 = most, 5 = least.** (Be honest)

- Observation of clinical instructor
- "Trial and error" with supervision, but without prior discussion.
- Discussion with my clinical instructor prior to performance
- "Practice run" on my clinical instructor prior to performing on an actual patient
- Research of relevant written literature

**Preferred Learning Style:**

(Accommodator, Assimilator, Diverger, Converger [see attached descriptions])

**Additional Comments:** Please provide any additional pertinent information about yourself that you would like your clinical instructor to know that has not been addressed elsewhere. (Attach additional sheet if necessary)

**Modes of Learning**

The following information about modes of learning and preferred learning styles is taken from *Experiential Learning: Experience as the Source of Learning and Development*, by
David Kolb, published in 1984, Prentice Hall, Inc. This information represents a summary of the descriptions of the four learning styles described in the Learning Style Inventory, developed by Kolb. Please note that these are general statements that may not apply to all individuals and that although one might have a preference for a certain style of learning, no one style is better or worse than another. Ideally, one would want to use all modes of learning to experience deeper learning. For more information, please see the reference listed above. If you would like to order a copy of the Kolb Learning Style Inventory, Version 3, Contact HayGroup in Boston, MA at 1-800-729-8074, or e-mail: haytrg@haygroup.com

Modes of Learning

Concrete Experience:
- Feeling vs. Thinking
- Intuitive & Artistic
- Enjoy Relating to Others
- Unstructured Environments
- Open-minded Approach to Life

Reflective Observation:
- Watching / Reflection vs. Doing / Action
- Understanding vs. Practical Application
- Look at Things from Different Perspectives
- Appreciate Different Points of View
- Value Patience, Impartiality, Thoughtful Judgment

Abstract Conceptualization:
- Thinking vs. Feeling
- Logic, Ideas, and Concepts
- Building General Theories vs. Intuitively Understanding
- Scientific vs. Artistic
- Systematic Planning, Manipulation of Abstract Symbols, and Quantitative Analysis
- Value Precision
- Conceptual System

Active Experimentation:
- Doing vs. Observing
- Actively Influencing People and Changing Situations
- Practical Application vs. Reflective Understanding
- Pragmatic Concern with What Works vs. Absolute Truth
- Good at Getting Things Accomplished
- Like to See Results

Characteristics of Basic Learning Styles, described by Kolb

Accommodating Learning Style (Accommodator)
- Concrete Experience + Active Experimentation
- Strength: Doing Things, Carrying out Tasks, Getting Involved in New Experiences
- Opportunity Seeking, Risk Taking, Action
- Ability to Adapt to Present Situation
- Intuitive “Trial and Error”
- At Ease with People

**Assimilating Learning Style (Assimilator)**
- Abstract Conceptualization + Reflective Observation
- Strengths: Inductive Reasoning and Ability to Create Theoretical Models
- Concerned with Ideas and Abstract Concepts
- Theories Should be Logically Sound and Precise

**Converging Learning Style (Converger)**
- Abstract Conceptualization + Active Experimentation
- Strength: Problem-solving, Decision-making, and Practical Application of Ideas
- Single Right Answer
- Tend to Prefer Technical Tasks rather than Social and Interpersonal Issues

**Diverging Learning Style (Diverger)**
- Concrete Experience + Reflective Observation
- Strength: Imaginative Ability and Awareness of Meaning and Values
- Generation of Alternative Ideas: “Brain-storming”

Interested in People; Imaginative and Feeling Oriented
APPENDIX F

F. Time in Clinic Policies
   Clinical Instructor Information Student Information
1. **CI Information**

**Work Hours:**

Generally, the student is expected to be present on the days and during the hours when the designated clinical instructor is present. The Program’s general expectation is that students will spend approximately 40 hours per week in the clinic. This does not include any necessary preparation time or time needed to complete assignments (i.e., intervention planning, reviewing pertinent academic content, and preparing for inservice, etc.). The Program recognizes that being a professional may require spending more than 40 hours / week in the clinic, however, recommend that students not be required to consistently work excessive hours. Students tend to expend more mental and physical energy in fulfilling the demands of clinical performance than experienced physical therapists. Excessive hours may affect their ability to perform successfully. Likewise, the Program would like students to be in the clinic “fulltime” (approximately 40 hours per week) during their clinical affiliations. If a clinical site is unable to provide students with a full 40 hour per week experience, it is expected that the DCE will be notified to assist in identifying possible learning opportunities that can enrich the students’ experience.

**Attendance:**

At least one month prior to starting an internship, students are responsible for contacting the clinic 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.

Students must report any time missed at the clinical facility for either illness or personal reasons to their clinical education faculty advisor at the Physical Therapy Program. Students are expected to make up any time missed. Missed time may be made up at the same facility if this works for the clinical instructor and if appropriate supervision can be provided. In this case, the time missed and the time made up are to be recorded on the Clinical Performance Instrument (CPI) when completed by the CI and the student. Other arrangements will be made on an individual basis, if the student is unable to make up the time at their current internship site.

In addition to notifying the clinical education faculty advisory, in the case of illness or injury, students are responsible for notifying their clinical instructor of their inability to attend as soon as possible, following the same procedure as staff of the facility. When possible, students should participate in determining how patients and other responsibilities will be covered during that day. Students are expected to call the
clinical instructor and the clinical education faculty advisory each day they are absent.

In the event that a student is injured during a clinical internship, as stated in the Clinical Training Agreement, he/she will be covered by workman’s compensation. The student should seek immediate medical attention if necessary, and contact his/her clinical education faculty advisor, who will guide the student through the logistics of the process. If immediate medical attention is not needed, then the student should contact his/her clinical education faculty advisor for assistance.

**Holidays:**

Students will follow the clinic’s holiday schedule, not that of the University. The number of days missed for holidays shall not exceed three days total within the entire internship. If the clinic is closed for more than three days in a given internship, students are expected to notify their clinical education faculty advisor and make up the time. If the clinic is not able to provide make-up time during the clinical internship, the clinical education faculty advisor will assist in designing a supplemental experience.

**Personal leave:**

Attendance in clinical education falls under “mandatory” coursework. To request time off during clinical education, students will submit a written request to the Absences Committee prior to the internship, following the procedure outlined in the Student Policies and Procedure Manual. This includes requests related to professional development opportunities, e.g., attendance at meetings and conferences, as well as those related to personal life events, such as, special family events, religious holidays, and job interviews.
2. Student Information

Request for Absences due to Personal Circumstances or Professional Opportunities (Clinical Education)

Policy Regarding Absences during Clinical Affiliation and/or Field Work

Program policy is for students to attend all scheduled days of fieldwork or clinical affiliation. Unanticipated Life Events

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

Professional Opportunities

We recognize that unique professional opportunities (e.g. presentation at a national conference) arise for which students may request an exception to this policy. Please see the procedure below.

Personal Events

We recognize that in rare circumstances, personal events (e.g. weddings, family reunions) may arise for which students may request an exception to this policy. Please see the procedure below.

Procedure

1. If the decision of the Committee of Student Absences is not followed, the student will be referred to the Student Affairs committee. Student shall complete the "Request for Absences due to Personal Circumstances or Professional Opportunities (Clinical Education)" form and submit to The Committee of Student Absences 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 class time. Students are asked to submit request a minimum of 6 weeks in advance of event in order for committee to meet and complete process.

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

3. A decision will be made by The 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).
Student Name:  
Year of Graduating Class:  
Date of request:  
Advisor:  

Statement of request (e.g. Request to miss January 11-12 during CEIII)  

Rationale for request:

Committee Process Completed:  
☐ Discussed request with involved faculty/clinical education team  
☐ Met with/discussed with student requesting absence  

Committee Decision:  
☐ Student request is denied.  
☐ Student request is granted. (See below)  

Plan of action:

Committee Comments:

Final signature of Committee Members  

Final signature of Director of Clinical Education/Clinical Education Advisor  

Student signature of acknowledgement  

Date:____________________

Signature acknowledges receipt of this document and understanding of its contents.
Signature does not necessarily indicate agreement with said decision.
APPENDIX G

G. Professional Abilities / Behaviors
PROFESSIONAL BEHAVIORS

Skills 1 – 10 Adapted from:

COMMITMENT TO LEARNING
The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.

INTERPERSONAL SKILLS
The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.

COMMUNICATION SKILLS
The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.

EFFECTIVE USE OF TIME AND RESOURCES
The ability to obtain the maximum benefit from a minimum investment of time and resources.

USE OF CONSTRUCTIVE FEEDBACK
The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.

PROBLEM SOLVING
The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

PROFESSIONALISM
The ability to exhibit appropriate professional conduct and to represent the profession effectively.

RESPONSIBILITY
The ability to fulfill commitments and to be accountable for actions and outcomes.

CRITICAL THINKING
The ability to question logically; to identify, generate, and evaluate elements of logical arguments; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
STRESS MANAGEMENT
The ability to identify sources of stress and to develop effective coping behaviors.

PATIENT/ CLIENT-CENTERED PRACTICE
The ability to practice an approach to patients/clients that consciously adopts their perspective in terms of their a) values and preferences; b) need for coordinated/integrated care; c) need for information, communication and education; d) need for physical comfort; e) need for emotional support and alleviation of fear and anxiety, and lastly; f) need to have family and support systems involved.

BEST-EVIDENCE AND EVIDENCE-BASED PRACTICE
The ability to apply evidence based practice in making decisions about the care of individual patients/clients and populations. Evidence based practice is defined as the conscientious, explicit, and judicious use of current best evidence. The application of evidence based practice means integrating individual clinical expertise, in consultation with the patient, with the best available external clinical evidence from systematic research
Commitment to Learning

Behavioral Criteria

Beginning Level B

a. Identifies problems
b. Formulates appropriate questions
c. Identifies and locates appropriate resources
d. Demonstrates a positive attitude (motivation) toward learning
e. Offers own thoughts and ideas
f. Identifies need for further information

Developing Level (builds on preceding level) D

a. Prioritizes information needs
b. Analyzes and subdivides large questions into components
c. Seeks out professional literature
d. Sets personal and professional goals
e. Identifies own learning needs based on previous experiences
f. Plans and presents an in-service, or research or case studies
g. Welcomes and/or seeks new learning opportunities

Entry level (builds on preceding levels) E

a. Applies new information and re-evaluates performance
b. Accepts that there may be more than one answer to a problem
c. Recognizes the need to and is able to verify solutions to problems
d. Reads articles critically and understands limits of application to professional practice
e. Researches and studies areas where knowledge base is lacking

Post-Entry Level (builds on preceding levels) PE

a. Questions conventional wisdom
b. Formulates and re-evaluates position based on available evidence
c. Demonstrates confidence in sharing new knowledge with all staff levels
d. Modifies programs and treatments based on newly-learned skills and considerations
e. Consults with other allied health professionals and physical therapists for treatment ideas
f. Acts as mentor in area of specialty for other staff
2 Interpersonal Skills

Behavioral Criteria

**Beginning Level B**

a. Maintains professional demeanor in all clinical interactions
b. Demonstrates interest in patients as individuals
c. Respects cultural and personal differences of others; is non-judgmental about patients’ lifestyles
d. Communicates with others in a respectful, confident manner
e. Respects personal space of patients and others
f. Maintains confidentiality in all clinical interactions
g. Demonstrates acceptance of limited knowledge and experience

**Developing Level (builds on preceding level) D**

a. Recognizes impact of non-verbal communication and modifies accordingly
b. Assumes responsibility for own actions
c. Motivates others to achieve
d. Establishes trust
e. Seeks to gain knowledge and input from others
f. Respects role of support staff

**Entry level (builds on preceding levels) E**

a. Listens to patient but reflects back to original concern
b. Works effectively with challenging patients
c. Responds effectively to unexpected experiences
d. Talks about difficult issues with sensitivity and objectivity
e. Delegates to others as needed
f. Approaches others to discuss differences in opinion
g. Accommodates differences in learning styles

**Post-Entry Level (builds on preceding levels) PE**

a. Recognizes role as a leader
b. Builds partnerships with other professionals
c. Establishes mentor relationships
Behavioral Criteria

Beginning Level B
a. Demonstrates understanding of basic English (verbal and written): uses correct grammar, accurate spelling and expression
b. Writes legibly
c. Recognizes impact of non-verbal communication: maintains eye contact, listens actively.
d. Maintains eye contact

Developing Level (builds on preceding level) D
a. Utilizes non-verbal communication to augment verbal message
b. Restates, reflects and clarifies message
c. Collects necessary information from the patient interview

Entry level (builds on preceding levels) E
a. Modifies communication (verbal and written) to meet the needs of different audiences
b. Presents verbal or written message with logical organization and sequencing
c. Maintains open and constructive communication
d. Utilizes communication technology effectively
e. Dictates clearly and concisely

Post-Entry Level (builds on preceding levels) PE
a. Demonstrates ability to write scientific research papers and grants
b. Fulfills role as patient advocate
c. Communicates professional needs and concerns
d. Mediates conflict
Effective Use of Time and Resources

Behavioral Criteria

Beginning Level B
a. Focuses on tasks at hand without dwelling on past mistakes
b. Recognizes own resource limitations
c. Uses existing resources effectively
d. Uses unscheduled time efficiently
e. Completes assignments in timely fashion

Developing Level (builds on preceding level) D
a. Sets up own schedule
b. Coordinates schedule with others
c. Demonstrates flexibility
d. Plans ahead

Entry level (builds on preceding levels) E
a. Sets priorities and reorganizes as needed
b. Considers patient’s goals in context of patient, clinic, and third party resources
c. Has ability to say “No”
d. Performs multiple tasks simultaneously and delegates when appropriate
e. Uses scheduled time with each patient efficiently

Post-Entry Level (builds on preceding levels) PE
a. Uses limited resources creatively
b. Manages meeting time effectively
c. Takes initiative in covering for absent staff members
d. Develops programs and works on projects while maintaining case loads
e. Follows up on projects in timely manner
f. Advances professional goals while maintaining expected workload
Use of Constructive Feedback

Behavioral Criteria

Beginning Level B
a. Demonstrates active listening skills
b. Actively seeks feedback and help
c. Demonstrates a positive attitude toward feedback
d. Critiques own performance
e. Maintains two-way communication

Developing Level (builds on preceding level) D
a. Assesses own performance accurately
b. Utilizes feedback when establishing pre-professional goals
c. Provides constructive and timely feedback when establishing pre-professional goals
d. Develops plan of action in response to feedback

Entry level (builds on preceding levels) E
a. Seeks feedback from clients
b. Modifies feedback given to clients according to their learning styles
c. Reconciles differences with sensitivity
d. Considers multiple approaches when responding to feedback

Post-Entry Level (builds on preceding levels) PE
a. Engages in non-judgmental, constructive problem-solving discussions
b. Acts as conduit for feedback between multiple sources
c. Utilizes feedback when establishing professional goals
d. Utilizes self-assessment for professional growth
Behavorial Criteria

Beginning Level B
a. Recognizes problems
b. States problems clearly
c. Describes known solutions to problem
d. Identifies resources needed to develop solutions
e. Begins to examine multiple solutions to problems

Developing Level (builds on preceding level) D
a. Prioritizes problems
b. Identifies contributors to problem
c. Considers consequences of possible solutions
d. Consults with others to clarify problem

Entry level (builds on preceding levels) E
a. Implements solutions
b. Reassesses solutions
c. Evaluates outcomes
d. Updates solutions to problems based on current research
e. Accepts responsibility for implementing solutions

Post-Entry Level (builds on preceding levels) PE
a. Weighs advantages
b. Participates in outcome studies
c. Contributes to formal quality assessment in work environment
d. Seeks solutions to community health-related problems
Professionalism

Behavioral Criteria

Beginning Level B
a. Abides by APTA Code of Ethics
b. Demonstrates awareness of state licensure regulations
c. Abides by facility policies and procedures
d. Projects professional image
e. Attends professional meetings
f. Demonstrates honesty, compassion, courage and continuous regard to all

Developing Level (builds on preceding level) D
a. Identifies positive professional role models
b. Discusses societal expectations of the profession
c. Acts on moral commitment
d. Involves other health care professionals in decision-making
e. Seeks informed consent from patients

Entry level (builds on preceding levels) E
a. Demonstrates accountability for professional decisions
b. Treats patients within scope of expertise
c. Discusses role of physical therapy in health care
d. Keeps patient as priority

Post-Entry Level (builds on preceding levels) PE
a. Participates actively in professional organizations
b. Attends workshops
c. Actively promotes the profession
d. Acts in leadership role when needed
e. Supports research
Behavioral Criteria

Beginning Level B
a. Demonstrates dependability
b. Demonstrates punctuality
c. Follows through on commitments
d. Recognizes own limits

Developing Level (builds on preceding level) D
a. Accepts responsibility for actions and outcomes
b. Provides safe and secure environment for patients
c. Offers and accepts help
d. Completes projects without prompting

Entry level (builds on preceding levels) E
a. Directs patients to other health care professionals when needed
b. Delegates as needed
c. Encourages patient accountability

Post-Entry Level (builds on preceding levels) PE
a. Orient and instruct new employees/students
b. Promotes clinical education
c. Accepts role as team leader
d. Facilitates responsibility for program development and modification
Critical Thinking

Behavioral Criteria

Beginning Level B
a. Raises relevant questions
b. Considers all available information
c. States the results of scientific literature
d. Recognizes “holes” in knowledge base
e. Articulates ideas

Developing Level (builds on preceding level) D
a. Feels challenged to examine ideas
b. Understands scientific method
c. Formulates new ideas
d. Seeks alternative ideas
e. Formulates alternative hypotheses
f. Critiques hypotheses and ideas

Entry level (builds on preceding levels) E
a. Exhibits openness to contradictory ideas
b. Assesses issues raised by contradictory ideas
c. Justifies solutions selected
d. Determines effectiveness of applied solutions

Post-Entry Level (builds on preceding levels) PE
a. Distinguishes relevant from irrelevant patient data
b. Identifies complex patterns of associations
c. Demonstrates beginning intuitive thinking
d. Distinguishes when to think intuitively vs. analytically
e. Recognizes own biases and suspends judgmental thinking
f. Challenges others to think critically
Behavioral Criteria

Beginning Level B
a. Recognizes own stressors or problems
b. Recognizes distress or problems in others
c. Seeks assistance as needed
d. Maintains professional demeanor in all situations

Developing Level (builds on preceding level) D
a. Maintains balance between professional and personal life
b. Demonstrates effective affective responses in all situations
c. Accepts constructive feedback
d. Establishes outlets to cope with stresses

Entry level (builds on preceding levels) E
a. Prioritizes multiple commitments
b. Responds calmly to urgent situations
c. Tolerates inconsistencies in health-care environment

Post-Entry Level (builds on preceding levels) PE
a. Recognizes when problems are unsolvable
b. Assists others in recognizing stressors
c. Demonstrates preventative approach to stress management
d. Establishes support network for self and clients
e. Offers solutions to the reduction of stress within the work environment

H. Program Policy Regarding Clinical Professional Attire
Clinical Professional Attire

When entering the clinic, certain standards are raised due to contact with patients/clients and the general public. In addition, dressing professionally automatically commands a higher level of respect from those with whom the physical therapist comes into contact. The dress expectation is for professional appearance that allows for patient treatment. Exceptions to the professional clinical attire standards, due to specifics of an individual clinic setting, must be cleared by the student with both the clinical instructor and CU PT program Director of Clinical Education. For instance, in a setting where exposure to body fluids is common (e.g. severe neurological trauma), scrubs may be issued or worn as the dress code in that facility.

In any facility where a more formal dress code exists, this code will supersede the CU PT Program dress code.

Some facilities maintain a very liberal dress code. Although not mandatory, it is suggested that students maintain the CU Clinical Professional Attire dress code in those setting as well. By doing so, the student will be presenting a professional image to the community and patient population, as well as setting an example as a Doctor of Physical Therapy.

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.

Guidelines for /Examples of Appropriate General Clinical Attire: Men:
- Collared shirt (polo style) Dress shirt with or without tie
- Normal dress shirts (no t-shirts or t-shirt collars)
- Sweaters
- Pleated, flat-front, khakis or similar dress style pants
- Clean, oxford style or similar shoes with colored socks

Women:
- Long or short sleeved collared shirt
- Dress shirts (no t-shirts or t-shirt collars) or blouses
- V neck shirts (as long as cleavage is not exposed when leaning over a patient) Pleated, flat-front, khakis or any dressier style pants
- Sweater
- Clean, closed toe shoes with colored socks. Relatively low heels are recommended for the student therapist’s safety.
- Blazer, or non-denim jacket, when appropriate

Skirts of sufficient length and looseness to cover when squatting or working on a mat table with a patient
The Following Items are Excluded from Clinical Professional Dress:

- T-shirt or similar style shirt
- Midriff baring tops or other tops/bottoms with torso exposure
- Low cut tops that could potentially expose breast/chest when leaning over a patient
- Shorts unless specifically cleared by clinical site
- Low cut pants that may expose undergarments when working with patients (i.e. squatting to floor)
- Informal pants such as jeans or cargo style/painter’s pants
- Skirts of insufficient length and looseness to cover undergarments and thighs when squatting or working on a mat table with a patient
- Open toed or heel shoes (such as sandals or clogs) unless specifically cleared by clinical site
- Shoes without socks or nylons (exception is made if wearing a skirt) White athletic shoes unless specifically cleared by clinical site
- Denim clothing
- Tight pants and/or shirts that are anatomically revealing
- Clothing that exposes a tattoo while working with a patient
- Hair dyed in unnatural colors
- Facial, tongue piercing
- Multiple ear piercings
- Excessively wrinkled or dirty clothing
APPENDIX I

I. The PT CPI Web
Getting Started in the CPI Web

Please complete each of these steps prior to your student’s arrival.

Step 1: Take the APTA Training

Visit http://learningcenter.apta.org/ptcpi_aptalearningcenter.aspx This link is NOT available publicly through the APTA website.

1. Create an APTA Web site login account
   a. Click “Login” from the upper right-hand corner of the screen
      i. When prompted to login click “Register here”
         1. Complete the Sign-Up form using your e-mail address and click “Submit”
         2. Verify your information and then click “Submit”

2. Register for the Online: PT CPI course
   a. Return to http://learningcenter.apta.org/ptcpi_aptalearningcenter.aspx by copying and pasting this web address into your browser
      i. Click “Purchase Now” underneath the course title
      ii. Log in using the user name and password you just created
      iii. After you have logged in, click the “Click here to continue” link
      iv. Click the “Purchase Now” link again
      v. Click the “Add to cart” button
      vi. Click the “View shopping cart” button
      vii. Click the “Proceed” button (Please note, this course is free of charge to all CIs associated with an institution using the CPI Web)
      viii. From the confirmation page, click the “Ok” button

3. Begin the course
   a. From the My Courses page on the APTA Learning Center website:
      i. Click the “Launch” link under the Action column next to the Online: PT CPI course
      The training and quiz take 1-2 hours to complete. A passing score of 70% is required to access the CPI Web.

Step 2: Send your e-mail address to the PT Clin. Ed. email

1. Send the e-mail address you used to register for the APTA website to PT.ClinEd@ucdenver.edu when you have successfully completed the APTA training quiz with a passing score of 70% or higher. We will send you the link to the CPI Web version 2.0 login page. This link is NOT available publicly through the APTA website.

Step 3: Log in to the CPI Web

1. Set your password
   a. Follow the link to the CPI Web version 2.0 login page found in the e-mail you receive from Aleta. This link is NOT available publicly through the APTA website.
   b. Enter the e-mail address you submitted in your APTA registration as your user name
   c. Click “I forgot or do not have a password”
d. Check your e-mail inbox for instructions on how to set your password

2. Update your data authorization
   a. Log into the CPI Web version 2.0
   b. Click the “My Info” tab and
      i. Update your APTA Data Release Statements found in the Data Authorization section.
      ii. Click “Update”
   c. Click the “Home” tab
You are now ready to start your student’s CPI Eval by clicking the student name listed under “My Evals” on the left side of the page.
APPENDIX J

J. Summary of Student Performance for Field Work I: CI Assessment
University of Colorado
Physical Therapy Program

Summary of Student Performance for Fieldwork I - DPT: Clinical Instructor

To be completed at the End of the Experience

Knowledge:
Student has had the opportunity to discuss: clinical decision-making process – including best evidence for
decisions; application of pertinent basic science knowledge to patient clinical problems; impairments of
body structure and function; activity limitations, and participation restrictions.

General Comments on student’s knowledge base:

Psychomotor Skills:
Student has had the opportunity to practice a variety of skills pertinent in this clinical setting / patient
population.

General Comments on student's performance of psychomotor skills:
Affective Skills / Professional Behaviors:

Please make general comments on the student's professional behaviors:

Please comment on student's use of independent learning time, including time management, initiative, commitment to learning.

Please comment on the student's ability to collaborate with you and his/her student partner ie: respectful, positive, team player?

General Comments related to student's strengths and areas on which to focus in future clinical experiences:

a. Strengths
b. Areas to Focus on

Do you have any concerns about this student’s overall performance? If so, please describe.

Student Name: ____________________________________________________________

Student Signature: _________________________________________________________

Clinical Instructor Name: ____________________________________________________

Clinical Instructor Signature: __________________________________________________
APPENDIX K

K. APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction
PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND
CLINICAL INSTRUCTION

June 10, 2003
The purpose of developing this tool was in response to academic and clinical educators’ requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

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

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

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

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name

Academic Institution

Name of Clinical Education Site

Address  City  State

Clinical Experience Number    Clinical Experience Dates

Signatures

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

<table>
<thead>
<tr>
<th>Student Name (Provide signature)</th>
<th>Date</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Primary Clinical Instructor Name (Print name)</th>
<th>Date</th>
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<tr>
<th>Primary Clinical Instructor Name (Provide signature)</th>
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</thead>
<tbody>
<tr>
<td>Entry-level PT degree earned</td>
</tr>
<tr>
<td>Highest degree earned</td>
</tr>
<tr>
<td>Years experience as a CI</td>
</tr>
<tr>
<td>Years experience as a clinician</td>
</tr>
<tr>
<td>Areas of expertise</td>
</tr>
<tr>
<td>Clinical Certification, specify area</td>
</tr>
<tr>
<td>APTA Credentialed CI</td>
</tr>
<tr>
<td>Other CI Credential</td>
</tr>
<tr>
<td>Professional organization memberships</td>
</tr>
<tr>
<td>APTA</td>
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<tr>
<td>Other</td>
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<tr>
<th>Additional Clinical Instructor Name (Print name)</th>
<th>Date</th>
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<tr>
<td>Professional organization memberships</td>
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<tr>
<td>APTA</td>
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<tr>
<td>Other</td>
</tr>
</tbody>
</table>
SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

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

1. Name of Clinical Education Site ________________________________
   Address __________________________ City ______________________ State ____________

2. Clinical Experience Number ________________________

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

Orientation

4. Did you receive information from the clinical facility prior to your arrival?  Yes   No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience?  Yes   No

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

Patient/Client Management and the Practice Environment

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

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

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

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

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

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

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

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

Clinical Experience

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

   ____ Physical therapist students
   ____ Physical therapist assistant students
   ____ Students from other disciplines or service departments (Please specify ____________)

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

   ____ 1 student to 1 CI
   ____ 1 student to greater than 1 CI
   ____ 1 CI to greater than 1 student; Describe ________________

13. How did the clinical supervision ratio in Question #12 influence your learning experience? 

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

   ____ Attended in-services/educational programs
   ____ Presented an in-service
   ____ Attended special clinics
   ____ Attended team meetings/conferences/grand rounds
   ____ Directed and supervised physical therapist assistants and other support personnel
   ____ Observed surgery
   ____ Participated in administrative and business practice management
   ____ Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines)
   ____ Participated in opportunities to provide consultation
   ____ Participated in service learning
   ____ Participated in wellness/health promotion/screening programs
   ____ Performed systematic data collection as part of an investigative study
   ____ Other; Please specify ____________
15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________


Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)

______ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.

______ Time well spent; would recommend this clinical education site to another student.

______ Some good learning experiences; student program needs further development.

______ Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for this clinical experience?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

21. What curricular suggestions do you have that would have prepared you better for this clinical experience?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

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

Assessment of Clinical Instruction

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

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

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

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

Midterm Evaluation _______Yes _______No  Final Evaluation_____Yes ___No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation

______________________________________________________________

______________________________________________________________

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

Midterm Comments

Final Comments

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

Midterm Comments

Final Comments

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.
L. Supervision of Students per Medicare Guidelines
Use of Students under Medicare Part B

The purpose of this document is to provide clarification on the circumstances under which physical therapy students may participate in the provision of outpatient therapy services to Medicare patients, and whether or not such services are billable under Medicare Part B. Specifically, this document addresses student participation in the provision of services in the following settings: private practice physical therapy offices, rehabilitation agencies, comprehensive outpatient rehabilitation facilities (CORFs), skilled nursing facilities (SNFs) (Part B), outpatient hospital departments, and home health agencies (Part B).

Background

CMS issued a program memorandum, (AB-01-56) on the provision of outpatient therapy services by therapy students on April 11, 2001. In this program memorandum (http://www.cms.hhs.gov/Transmittals/downloads/AB0156.pdf), CMS provided answers to frequently asked questions regarding payment for the services of therapy students under Part B of the Medicare program.

In response to inquiries from the American Speech Language Hearing Association (ASHA), CMS issued a follow-up letter dated November 9, 2001, to ASHA in which they further clarified the policy on payment of student services that they outlined in the Q and A program memorandum. On January 10, 2002 CMS also issued a similar letter to AOTA on the subject. The follow-up letters to ASHA and AOTA were not intended to signify a change in the policy issued in the program memorandum; they were merely intended to provide further clarification.

Specifically, in the program memorandum (AB-01-56), CMS stated, in part, that "services performed by a student are not reimbursed under Medicare Part B. Medicare pays for services of physicians and practitioners (e.g. licensed physical therapists) authorized by statute. Students do not meet the definition of practitioners listed in the statute." Regarding whether services provided by the student with the supervising therapist "in the room" can be reimbursed, CMS stated that "Only the services of the therapist can be billed to Medicare and be paid. However, the fact that the student is "in the room" would not make the service unbillable. Medicare would pay for the services of the therapist." In response to another question, CMS stated that "the therapist can bill for the direct services he/she provides to patients under Medicare Part B. Services performed by the therapy student are not payable under Medicare Part B."

In the letter to ASHA, CMS once again restated, in order to be paid, Medicare Part B services must
be provided by practitioners who are acting within the scope of their state licensure. CMS further described circumstances, under which they consider the service as being essentially provided directly by the qualified practitioner, even though the student has some involvement. Such services would be billable. Specifically, CMS states:

"The qualified practitioner is recognized by the Medicare Part B beneficiary as the responsible professional within any session when services are delivered."

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

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

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

In response to a request from AOTA, CMS issued a summary of their understanding of the typical scenario involving students for which occupational therapists seek payment. The information provided in this letter mirrors what was stated in the letter provided to ASHA.

**Acceptable Billing Practices**

Based on the information provided by CMS and MedPAC, it is possible for a physical therapist to bill for services only when the services are furnished jointly by the physical therapist and student. APTA recommends that physical therapists consider the following factors in determining whether or not a physical therapist may bill Medicare Part B for a service when the therapy student is participating in the provision of the service.

Physical therapists should use their professional judgment on whether or not a service is billable, keeping in mind the importance of integrity when billing for services. Physical therapists should distinguish between the ability of a student to provide services to a patient/client from the ability to bill for student services provided to Medicare Part B patients. A student may provide services to any patient/client provided it is allowable by state law. This does not mean, however, that the services provided by the student are billable to Medicare, Medicaid, or other private insurance companies.

As CMS states, only services provided by the licensed physical therapist can be billed to Medicare for payment. Physical therapists should consider whether the service is being essentially provided directly by the physical therapist, even though the student has some involvement in providing the care. In making this determination, the therapist should consider how closely involved he or she is involved in providing the patient's care when a student is participating. The therapist should be completely and actively engaged in providing the care of the patient. As CMS states in their letter, "the qualified practitioner is present in the room guiding the student in service delivery when the student is participating the provision of
services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time." The therapist should direct the service, make the skilled judgment, and be responsible for the assessment and treatment. There should be checks and balances provided by the physical therapist throughout the entire time the patient/client is being managed.

The physical therapist should ask him-or herself whether the billing would be the same whether or not there is a student involved. The therapist should not bill beyond what they would normally bill in the course of managing that patient's care. The individual therapist or the employer should not benefit financially from having the student involved in the clinical experience in the practice or facility.

Conclusion

It is crucial that physical therapists be aware of and comply with Medicare regulations governing the circumstances in which physical therapy students may participate in the provision of physical therapy services. CMS has clearly stated its policy that student services under Part B are not billable, and that only services provided to Medicare beneficiaries by the PT may be billed. APTA will continue to work to ensure that physical therapy students receiving the clinical training they need in order to provide valuable, high-quality physical therapy services to patients/clients.

Last Updated: 4/7/2011

http://www.apta.org/Payment/Medicare/Supervision/PartB/
Student Supervision and Medicare

Practice Setting | PT Student | PTA Student |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Part A</td>
<td>Part B</td>
</tr>
<tr>
<td>Physical Therapist in Private Practice</td>
<td>N/A</td>
<td>X¹</td>
</tr>
<tr>
<td>Certified Rehabilitation Agency</td>
<td>N/A</td>
<td>X¹</td>
</tr>
<tr>
<td>Comprehensive Outpatient Rehabilitation Facility</td>
<td>N/A</td>
<td>X¹</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>Y¹</td>
<td>X¹</td>
</tr>
<tr>
<td>Hospital</td>
<td>Y³</td>
<td>X¹</td>
</tr>
<tr>
<td>Home Health Agency</td>
<td>NAR</td>
<td>X¹</td>
</tr>
<tr>
<td>Inpatient Rehabilitation Facility</td>
<td>Y⁴</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

Y¹: Reimbursable: The minutes of student services count on the Minimum Data Set. Medicare no longer requires that the professional therapist (the PT) provides line-of-sight supervision. It is now the authority of the supervising therapist to determine the appropriate level of supervision for the student, but the student is still considered an extension of the therapist, not an individual practitioner. In addition, the rules from FY2011 regarding the student services based on PT/PTA supervision and whether minutes can be recorded as individual, concurrent, or group therapy minutes remain the same. (RAI Version 3.0

Contact: advocacy@apta.org
Examples:

In order to record the minutes as individual therapy when a therapy student is involved in the treatment of a resident, only one resident can be treated by the therapy student and the supervising therapist or assistant (for Medicare Part A and Part B). Under Medicare Part A, the supervising therapist or assistant cannot be treating or supervising other individuals. The resident and student no longer need to be within the line-of-sight supervision of the supervising therapist. It is within the supervising therapist's authority to determine the appropriate level of supervision for the student.

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

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

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

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

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

$\text{Y}^2$: Reimbursable: The minutes of student services count on the Minimum Data Set. Medicare no longer requires that the PT/PTA provide line-of-sight supervision of physical therapist assistant (PTA) student services. Rather, the supervising PT/PTA now has the authority to determine the appropriate level of supervision for the student, as appropriate within their state scope of practice. See $\text{Y}^1$

Documentation: APTA recommends that the physical therapist and assistant should co-sign the note of physical therapist assistant student and state the level of appropriate supervision used. Also, the documentation should reflect the requirements as indicated for individual therapy, concurrent therapy, and group therapy see $\text{Y}^1$.

$\text{Y}^3$: This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the Part A hospital diagnosis related group (DRG) payment system is similar to that of a skilled nursing facility (SNF) and Medicare has
indicated very limited and restrictive requirements for student services in the SNF setting.

Documentation: Please refer to documentation guidance provided under Y¹

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

X¹: B. Therapy Students

1. General

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

EXAMPLES:

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

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

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

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

2. Therapy Assistants as Clinical Instructors

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

Documentation: APTA recommends that the physical therapist or physical therapist assistant complete documentation.
Implementing MDS 3.0: Use of Therapy Students

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

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

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

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

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

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

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

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

**Recommended Skilled Nursing Facility Therapy Student Supervision Guidelines Submitted to CMS by the American Physical Therapy Association (APTA) During the Comment Period for the FY 2012 SNF PPS Final Rule**

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

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

These changes as well as other changes regarding MDS 3.0 will take effect October 1, 2011. If you have questions regarding this provision or other provisions within MDS 3.0, please contact the APTA at advocacy@apta.org or at 800.999.2782 ext. 8533.
M. Clinical Faculty Appointments
The Department of Physical Medicine and Rehabilitation
University of Colorado Denver School of Medicine

Departmental Policy

Subject: Clinical Faculty Appointments

Purpose:
Outline the requirements and procedures regarding appointments and promotions within the Department of Physical Medicine and Rehabilitation for clinical faculty.

Policy:
The Department Chair must recommend appointments and reappointments for clinical faculty. The Department Clinical Faculty Affairs Committee (DCFAC) must review and approve clinical faculty promotions, appointments and reappointments. For promotions the DCFAC will review the materials and make a recommendation to the Department Chair. The Chair will review the materials and either support or decline the request. Following the Chair’s recommendation the packet will be submitted to the School of Medicine Promotions Committee.

Definitions as defined in the Rules of the School of Medicine:
Practitioners or other professionals who perform volunteer teaching, research or clinical services, and those whose appointments are less than half time shall be granted the ranks of Clinical Instructor, Assistant Clinical Professor, Associate Clinical Professor, or Clinical Professor. Unless they demonstrate accomplishments in teaching, research or national health care activities at the time their association with the School of Medicine begins, members of the clinical faculty should begin at the rank of Clinical Instructor, depending upon the degree of experience they have accumulated subsequent to completion of their professional training.

Associate Clinical Professors should have a minimum of four years service as Assistant Clinical Professor or its equivalent, combined with evidence of considerable contribution to one or more departmental activities.

Clinical Professors should have a minimum of six years service as Associate Clinical Professor or its equivalent, combined with evidence of outstanding contributions to the programs of their department. Clinical Professors should be outstanding teachers and professional role models. They should also demonstrate departmental citizenship, exemplified by such activities as service on committees,
attendance at conferences, and support of the academic mission of the department.

The title **Distinguished Clinical Professor** is extended to recognize the outstanding contributions of School of Medicine faculty members to their academic disciplines. Candidates recommended for this rank must fulfill the requirements for Clinical Professor above and must demonstrate:

1. Exemplary teaching; and
2. Distinguished scholarship or creative work.

The very nature of the title “distinguished” implies that there will be a limited number of faculty holding this title. It is intended to signify a select group of clinical faculty members who are leaders in their respective fields, as attested to by national or international recognition and/or their significant public service achievements.

Each department must define specific guidelines for promotion to each clinical rank within these general rules. These guidelines must be communicated in writing to the clinical faculty of the department and will be made available to the Committee on Senior Clinical Appointments.

Appointments at the level of Associate Clinical Professor, Clinical Professor, and Distinguished Clinical Professor are reviewed and approved by the Committee on Senior Clinical Appointments prior to submission to the Executive Committee for action. All such appointments and promotions must be approved by the Department Chair and departmental committee reviewing such appointments/promotions prior to submission to the Committee on Senior Clinical Appointments.

For special faculty titles and Emeritus/Emerita status requires please reference the Rules of the School of Medicine.

**Departmental Definitions:**

Appointments to the Clinical (volunteer or less than 50% time) Faculty of the Department of Physical Medicine and Rehabilitation are meant to recognize individuals who are involved in teaching, supervision, research, administrative, and service activities on behalf of the Department, School of Medicine, and University of Colorado Denver. Appointments will also recognize a high standard of clinical practice.
Appointments, Reappointments and Review

Nominations for initial appointments can originate from either clinical or primary faculty. Review for reappointment of clinical faculty will occur in a 2-year cycle in which reviews are staggered so that approximately one-third of the faculty is reviewed each year. The clinical faculty member should be assisted by the appropriate unit (Medical Director - PT does not have a Medical Director of the unit) to report faculty activities and interests. Criteria for reappointment will include active participation in a well-defined role in the Department each year. There also must be evidence of continuing participation in programs of the Department.

*It is important for the Department of Physical Medicine & Rehabilitation to have each clinical faculty member’s updated contact information including an e-mail address. Please be sure to include this information in your application for appointment and reappointment.

Rank Requirements

Clinical Instructor

This rank will be for those who have special skills or experience needed in the programs of the Department, but who do not yet meet the criteria for appointment to a Clinical Professional rank. In addition to promise as a teacher, criteria should include recent completion of training and licensure, if appropriate.

Assistant Clinical Professor

1. In general, two years of experience following the completion of basic professional training is expected.
2. There should be documentation of considerable contribution to the Department. This must include supervision. Other activities may include teaching in required or elective courses; clinical service; professional publication; Department, Medical School or public service on behalf of the Department; recognized research effort.
3. Completion of requirements for specialty board certification, where appropriate, is expected.
4. This rank should recognize potential for academic accomplishment.
Associate Clinical Professor

1. In general, a minimum of four years as Assistant Clinical Professor or its equivalent is expected.
2. There should be achievement of favorable, formal local or regional recognition as a result of his/her professional endeavors.
3. Documentation of substantial service and accomplishment among the areas enumerated under “Assistant Clinical Professor” is expected. Promotion to Associate Clinical Professor should imply recognition for more than minimal supervision or service. On occasion, outstanding achievement in a single area may substitute for expected substantial accomplishment in more than one area.

Clinical Professor

1. In general, a minimum of 6 years as Associate Clinical Professor or the equivalent is expected.
2. The contribution to Department activities should be major and distinguished. Accomplishments should be documented from among the professional areas of teaching, research, clinical, or service to the Department or Medical School, and public service. Generally, outstanding accomplishment in more than one area is expected.
3. The individual should have documented, favorable national recognition as a result of his/her professional endeavors.
4. It is to be noted that promotion to the rank of Clinical Professor is normally reserved for those with a record of outstanding scholarly achievement. It is not awarded for length of service alone. A record of professional or scholarly productivity may include published papers, task reports, and leadership in seminars, as well as other activities.

Emeritus or Emerita

Upon retirement, a member of the clinical (volunteer) faculty who has given exemplary service to the Department may be allowed to retain his/her title with the description of “emeritus” or “emerita,” respectively. The emeritus/emerita description may be given to those clinical faculty members who hold the academic rank of Professor and who have rendered 20 or more years of exemplary service to the Department and its teaching, research and clinical programs. There may be special considerations in which it is deemed fitting to award faculty with a designation of “emeritus” or “emerita” who have achieved the academic rank of Clinical Associate Professor.
Procedure for Appointment to Clinical Faculty

Two letters should accompany the recommendation for a new appointment, one from the sponsor of a full-time academic faculty and another, either from a current voluntary faculty member or from a faculty member of an outside department if an individual were moving into our community. The recommendation should also include a plan for teaching in the Department with statements from the applicant and from the departmental sponsor. A clearly defined departmental task for the proposed faculty member should be indicated. A curriculum vitae should be submitted which includes Social Security number, date of birth, place of birth, marital status and licensure.

Procedure for Promotion

The clinical faculty member, sponsor or the Chair can initiate requests for promotion. The DCFAC itself may also initiate a promotion request. Documentation should include a letter from the unit chief or another primary faculty member, an updated curriculum vitae and recommendations of the DCFAC. For Associate Clinical Professor and Clinical Professor, the procedures of the School of Medicine also require a nominating letter from the Chair. This information will be submitted to the School of Medicine’s Committee on Senior Clinical Appointments.

Activities that qualify a candidate for a clinical faculty appointment include:

1. Coverage of clinical services within core academic hospitals
2. Active participation in resident, medical student or fellowship rotations – part time
3. Consistent didactic teaching of medical students, allied health students or residents – part time
4. Contribution to research project
5. Consistently attend journal club meetings
6. Consistently attend lectures
7. Consistently participate in lectures
8. Be available for second opinion consultations
9. Be employed by an affiliate as defined by the School of Medicine.
Administrative Responsibilities:

The Department will supply a staff member to perform the following tasks:

1. Maintain the Clinical Faculty Database
2. Alert the DCFAC of possible candidates for promotion based on the agreed upon criteria
3. Maintain correspondence with Clinical Faculty regarding new appointments updates and coordinate annual data collection regarding teaching activities, research and clinical service to the department.

References:

*Rules of the School of Medicine, 2007*
Clinical Faculty Activity Form

Instructions

This activity form is to be used to report all activity by Clinical Faculty who consistently contribute to the Department of Physical Medicine and Rehabilitation at UC Denver School of Medicine.

Please include teaching delivered to medical students, physical therapy students, housestaff, and fellows. Also include any teaching activities such as CPR classes to service groups, speaking to groups at local hospitals, talks given to your colleagues at department meetings or speaking to community groups such as girl/boy scouts and youth sports, etc.

Activities to be reported should include the following:

1) **Teaching** – Medical Students, Housestaff, Physical Therapy Students, CHAP/PA’s, Fellows and RN’s
2) **Grand Rounds** – Presentations given; list titles and locations
3) **Departmental Administrative Activities** – Committee meetings, search committees, etc.
4) **Attending** – Duties on inpatient or outpatient services at UCD or at any affiliated hospital; list service, location and dates
5) **Publications** – Any material published such as chapters, articles and reviews; list full citations
6) **Presentations** – Both lay and professional presentations; to whom it was presented and dates
7) **Research Activities** – Any research activity you have conducted; list project titles and co-workers
8) **Professional Committees & Organizations** – Offices held in any committee or organization that you are involved in
9) **Other Contributions** – Anything you have contributed to the community that you would like included in your file
10) **Recognition & Awards** – Any award or recognition that you have received from the community; include dates

All clinical faculty members are urged to send in their Activity Reports **monthly** to ensure accurate recording of participation.

Please mail or fax your completed form to:

University of Colorado Denver School of Medicine
Department of Physical Medicine and Rehabilitation
Attn: Clinical Faculty Affairs Committee Chair
Mail Stop F493, 12631 East 17th Avenue
Aurora, Colorado 80045
Phone: (303) 724-1264 Fax: (303) 724-0863
www.uchsc.edu/pmr
Clinical Faculty Activity Form
(please fax completed form to 303-724-0863)

Name: Address:

Phone: Fax: E-mail:

Report for the Month of , 20

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Clinical Faculty Application (please print clearly)

PART I - PERSONAL INFORMATION

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<tr>
<td>Marital Status:</td>
<td>Spouse's Name:</td>
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PART II - PROFESSIONAL INFORMATION (if not detailed on curriculum vitae)

Baccalaureate Training (Please list: institution, location, degrees, and dates):

Medical Training (Please list: institution, location, degrees and dates):

Internship:

Residencies and/or Fellowships:

PART III - PROFESSIONAL INFORMATION

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<th>Board Certification</th>
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<th>Expiration/Term of Certification</th>
<th>Date of Re-Certification</th>
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</table>

License(s) Information (Include state, license number and year licensed)

Academic Appointments (Indicate rank, institution and dates)
PART III - PROFESSIONAL INFORMATION (continued)

Privileges (indicate all institutions at which you have privileges and level of privileges)

Professional Honors (prizes, fellowships, grants, recognitions, etc.)

Membership in Professional Societies (include name of society and dates involved)

Editorial/Reviewer Position(s)

List Publications or other Pertinent Information (Attach additional sheet if necessary)

Civic Positions (Advocacy for children - School Boards/Scouting)

Military Service (Army, Navy, Air Force, etc., including rank and dates)

References (Please list three (3) references, including: name, address, phone number and email address)

1.
2.
3.

PART IV – QUESTIONNAIRE

Have you ever been denied health, life or disability insurance?
   Yes ☐   No ☐

Have you ever or do you currently have problems with alcohol and/or drug dependency?
   Yes ☐   No ☐

Are you currently taking any medication that may affect either your clinical judgment or motor skills?
   Yes ☐   No ☐

Are you currently under any limitations, in terms of activity or workload?
   Yes ☐   No ☐

Has your medical license ever been denied, limited, suspended and/or revoked in any state?
   Yes ☐   No ☐

Has any formal complaint been filed against you in any state, which may result or has resulted in   probation, revocation or suspension of your license?
   Yes ☐   No ☐

Has your narcotics registration certificate ever been denied, limited, suspended or revoked?
   Yes ☐   No ☐

*If you answered yes to any of the questions above, please attach an explanation.*
PART V – STATEMENT

I certify the statements contained in this Clinical Faculty Application are true and complete. For appointments to clinical faculty, I authorize administrative officials of the Department of Physical Medicine and Rehabilitation to make inquiries and investigations necessary to establish my professional qualifications; my adherence to the ethics of my profession; my good reputation and ability to work with others.

Signature: ___________________________ Date: _____

Printed Name: ______

Please submit this application with a current Curriculum Vitae (typed with pages numbered) to:

University of Colorado Denver School of Medicine Department of Physical Medicine and Rehabilitation Attn: Clinical Faculty Affairs Committee Chair
Mail Stop F-493
12631 East 17th Avenue, Room 2513
Aurora, Colorado 80045
Phone: (303) 724-1264
Fax: (303) 724-0863
www.uchsc.edu
du/pmr
APPENDIX N

N. Clinical Education Resources
Clinical Education Resources

The resources included in this document are not meant to be an all-inclusive list, but may be useful in designing, developing, and enhancing clinical education programs. For additional information about these resources, contact the Director of Clinical Education.

I. University of Colorado Physical Therapy Program

**Clinical Instructors Community**: A free, web-based resource site for CCCEs and CIs to find internship forms, explore opportunities for professional growth, current articles / evidence, etc. To access the site, go to http://blackboard.cuonline.edu and enter User Name and Password: ClinEd

II. Local

**Clinical Educators Forum (CEF)**: Local individuals interested in clinical education (clinical educators, academic & clinical faculty, students) meet monthly for discussion of issues and topics related to clinical education. Meetings are held at National Jewish Medical and Research Center. For more information, contact Laura Sage, the current chair of CEF and CCCE at Longmont United Hospital. Laura can be reached at lsage@luhcres.org. Each year, typically in the fall or spring, CEF collaborates with the Physical Therapy Academic Programs in Colorado to sponsor a Clinical Faculty Institute.

III. Regional

**Northwest Intermountain Consortium (NIC)**: The purpose of the Northwest Intermountain Consortium is to maximize the collaborative efforts in the region for enhancement and promotion of quality clinical education. Current membership includes Physical Therapy Program Academic Coordinators of Clinical Education (ACCEs) within Arizona, Colorado, Idaho, Montana, New Mexico, Oregon, Utah, and Washington. Each year the NIC sponsors a clinical education conference and clinical instructor appreciation luncheon in the fall. ACCE’s in the region are available for ongoing clinical faculty development needs as well.

IV. National

**American Physical Therapy Association (APTA)**: The APTA has several resources available to promote and enhance clinical education.

APTA web site: www.apta.org/education Then click on “Clinical Education” Examples of information available:
- Updates on regulations regarding student services
- Guidelines and Self Assessments for clinical education (call Director of Clinical Education to request a copy)
- Clinical Education Consortia (around the country)
- Voluntary Training and Credentialing Program for Clinical Educators
- Clinical Site Information Form
As a member of the APTA, you will also have free access to evidence based practice resources: Hooked on Evidence, Open Door, and more.

Clinical Education Special Interest Group (SIG) in the Education Section. Meet at the Combined Section Meeting and the Annual Meeting to address national issues in clinical education. The Voluntary Uniform Mailing Date of Commitment Forms was suggested and implemented by the Clinical Education SIG. Members receive the R.E.A.D newsletter and the *Journal of Physical Therapy Education*.

*Clinical Education: An Anthology, Volumes 1, 2, 3* (published by the American Physical Therapy Association in 1992, 1996, and 2001 respectively) Extensive collection of articles related to clinical education including the following topic areas: clinical faculty, clinical environment and resources, design of clinical education, evaluation and research, academic resources, and student issues.

V. Useful Publications


