Physical Therapy Program
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Student
Clinical Education Manual
2017-2018

Clinical Education Team:

Jennifer W. Rodriguez, PT, MHS: Director of Clinical Education
Cindy Johnson Armstrong, PT, DPT, CHT: Senior Instructor
Eric Sawyer, PT, DPT, OCS, STC: Senior Instructor
Catherine Bilyeu, PT, DPT, OCS; Senior Instructor
Jacob Austin: Administrative Assistant

13121 E. 17th Ave., Rm 3108, MS: C244, Aurora, CO 80045
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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, clinical reasoning and evidence-based practice, movement for participation, teamwork and collaboration, and quality improvement and safety. The Program’s specific learning objectives and structured assignments that occur during each clinical experience incorporate these core principles. Each clinical education 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.

Students have early and frequent exposure to clinical practice. As students progress through clinical education, 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 model of full time clinical education with innovative integrated clinical experiences and a year-long internship. There are a total of 38 weeks of clinical education prior to graduation. Following graduation, the clinical internship continues for 8 months. The specific dates vary each year but the general schedule is as follows:

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

**Year 2**  
Integrated Clinical Education II (ICE II): one 2-week block, October  
Clinical Education II: 10 weeks, January - March
Year 3  Clinical Education III: 16 weeks, September – December
Continuation of Internship: 36 weeks post-graduation January - August

Appendix A provides a more detailed description of the clinical education courses as well as course descriptions for the complete curriculum.

III.  Roles / Responsibilities and CI Qualifications

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 Academic Coordinator of Clinical Education - ACCE)

*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 experiences
- Facilitates communication between student and CI, addressing conflict when needed
- Determines and assigns a grade for each clinical experience course, based on student performance evaluations completed by student and CI, along with information gathered during phone and onsite visits
- Promotes integration of clinical and academic portions of the curriculum
- Reports pertinent information from clinical instructors and students to the Curriculum Committee (i.e. academic preparedness, areas of deficiency in curriculum, etc.)
- Evaluates Clinical Education Program
Center Coordinator of Clinical Education - CCCE
The individual at each clinical education site who is responsible for coordinating the clinical education program for the facility. May also be a Clinical Instructor.

- Oversees clinical education at the clinical site
- Usually a physical therapist
- Schedules time blocks for accepting students and assigns clinical instructors
- Maintains open communication with the school, including provision of current site and CI information
- Acts as liaison between school and individual CIs, providing written information to individual CIs prior to each clinical education experience
- Oversees student orientation to the clinical site
- Acts as a resource to students and CIs, including addressing conflict when needed
- Assists with clinical faculty development
- Completes APTA CPI training

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

Recommended Additional Qualifications for Clinical Instructors
For all clinical experiences, it is recommended that CIs have a minimum of one year of clinical practice experience. Additionally, for the ICE experiences and the yearlong internship, we recommend CIs have a minimum of one year of experience as a clinical instructor. For all full time clinical experiences, it is recommended that the CI be a
Credentialed Clinical Instructor and demonstrates evidence of professional development, such as current membership in the APTA or clinical specialty certification. Furthermore, CIs involved in CE III should demonstrate clinical competence by meeting one or more of the following benchmarks:

- DPT, t-DPT, or other advanced degree
- Currently enrolled in or have completed fellowship or residency training
- Certified Clinical Specialist (APTA or other)
- Uses evidence / outcomes to support clinical practice
- Professional Membership (APTA or other)

Finally, the recommendations for the internship mentor during the post-graduation phase include all of the above, as well as the following qualifications:

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

IV. Site Visits and Calls

The purpose of conducting clinic calls and visits is to establish and maintain effective communication between the 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. Communication with clinics may be performed on-site, by telephone, or by 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 and clinical instructor during each experience.

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

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 full-time experience. (This form can be found on Canvas, under CU PT Clinical Education)
Student Policies and Procedures

V. Requirements for Participation in Clinical Education Experiences

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

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

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

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

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

e. Successful completion of HIPAA training, which is offered through Canvas in CU PT Clinical Education.

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

g. Current CPR certification and updated required immunizations.

- The American Heart Association Health Care Provider CPR course is recommended.
- Immunization requirements include annual flu shots, Hepatitis B, Varicella, Tetanus and MMR. Proof of negative TB/PPD testing is also required annually.

*It is the student's responsibility to fulfill additional requirements that may be unique to a particular clinical site and to do so in a timely manner.* Examples may include additional drug screens, fingerprinting, additional criminal background checks and additional paperwork or online learning modules. See Special Requirements section in Canvas, under CU PT Clinical Education.

Process for clinical site verification of certification and immunization standards:

Prior to every clinical experience, clinical sites are notified by the PT Program that students have met the following requirements:
1. Criminal background check (at matriculation)
2. Blood-borne pathogens exposure control training
3. HIPAA training
4. CPR certification
5. Negative PPD test
6. Up-to-date immunizations (MMR, Varicella, Tetanus, Hepatitis B)
7. Flu vaccination

- Upon admission to CU PT, the students will be required to upload copies of the above information to myRecordTracker.com and they will be responsible for updating the information in their electronic file. **It is the student’s responsibility to maintain current status of CPR certification and immunizations AND to provide proof to the Program.**

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

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

- Some clinical sites have additional requirements beyond what is listed above. **Students must check the “Requirements” tab in Acadaware AND the Special Requirements section on Canvas under CU PT Clinical for any additional requirements at each site.** It is the student's responsibility to meet these requirements and provide documentation to the clinical site and the Program. Any cost associated with these special requirements is the responsibility of the student.

**Failure to maintain updated records:**
- In the event that a student's CPR certification or immunization status is expired, the student will be notified by the Clinical Education Program Assistant with a reminder to provide proof of current status.

- If the student does not respond and/or fulfill this request **within 1 week** of notification, the student will be contacted by their Clinical Education Advisor with an additional reminder.

- Failure to provide proof of current status **within 1 week** of contact by their Advisor will be considered a lapse of professional behaviors and the Director of Clinical Education will be notified.

- Continued delinquency in providing proof of status immediately following notification by the DCE will result in a referral to the Student Promotions Committee for further action.

**VI. Program Requirements**
A. Types of Experiences

Students are expected to gain a variety of experiences throughout their 38 weeks of clinical education. In order to provide the most breadth of experience, as well prepare students for the yearlong internship, the following requirements must be met:

- **Completion of ICE I and ICE II in two different types of clinical settings.** A particular “setting” refers to the environment in which physical therapy services are provided. Examples of types of settings include hospital inpatient, sub-acute rehabilitation center, outpatient clinic, home health, school, and long-term care facility.

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

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

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

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 to assist the student in progressing towards entry-level competency and success in taking on the roles and responsibilities of the physical therapist functioning in a doctoring profession. See Appendix B: Goals & Expectations for CE Experience. These are emailed to Center Coordinators of Clinical Education prior to each clinical experience.
It is the school’s responsibility to award the student a grade, not the CI. At the end of each clinical education experience, the Clinical Education Advisor reviews the CI’s Clinical Performance Instrument (CE I, II, or III) or CI Final Assessment (ICE I and II), the student’s self-assessment, as well as information gathered from phone and/or site visits and assigns the student a grade for the course (“Pass” or “Fail”). In order to pass each clinical education course, students must meet all stated criteria listed in the “Goals and Expectations for Clinical Education Experience,” and submit all required paper work. Failure to hand in the appropriate paperwork by the assigned due dates will result in a grade of “Incomplete” for the course.

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

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

**Specific Requirements for Graduation:**

Each student must successfully complete all 38 weeks of clinical education (Clinical Education I – III, ICE I and II) as designated by meeting the goals and expectations for each experience. Each student must reach entry-level performance on all CPI skills by the final evaluation of CE III. Entry-level performance is defined on page 40 of the Physical Therapist Clinical Performance Instrument for Students 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– see Benchmarks.

**VII. Student Requirements and Responsibilities**

**A. Student Information Forms**

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

1. **Learning Objectives**

In addition to the Physical Therapy Program’s specific goals and objectives for each CE experience, students are required to develop individual learning objectives. These objectives, included on the Student Information Form, should be measurable, with at least one goal in each of the learning domains (cognitive, psycho-motor, and affective/professional behaviors). 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 ICE I, students complete the Learning Style Inventory developed by David Kolb, which identifies learning style preference. This is recorded on the Student Information Form and provided to the CCCE and CIs for each clinical experience.

C. **Time in Clinic Policy**

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

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

C. **Conduct / Professional Behavior**

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

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

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

**Failure to demonstrate ethical, legal, and professional behavior may result in disciplinary action, including dismissal from the Physical Therapy Program.**

Please refer to the Program’s “Student Policies and Procedures Manual” section on Student Promotions Committee, found on Canvas, under CU PT Clinical Education

**D. Dress Code**

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. When entering the clinic, certain standards are raised due to contact with patients/clients and the general public. In addition, dressing and grooming professionally automatically commands a higher level of respect from those with whom the physical therapist comes into contact.

Students are expected to dress in a professional manner 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.

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. 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 settings 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. **NOTE:** Some facilities have special dress code requirements such as use of lab coat or pants/shirts of specific color. It is the student’s responsibility to be aware of and comply with any special requirements.

**Examples of and Guidelines for Appropriate General Clinical Attire:**

**Men:**
- Collared shirt (polo style)
- Dress shirt with or without tie
- Normal dress shirts (no t-shirts)
- 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 blouses
- V-neck shirts (as long as cleavage is not exposed when leaning over)
- Pleated, flat-front khakis or any dress style pants
- Sweater or jacket
- Clean, closed toe shoes; relatively low heels are recommended
- 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 Attire:

- 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
- Shorts unless specifically cleared by clinical site
• Low-cut pants that may expose undergarments when working with patients
• Informal pants such as jeans or cargo-style 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 unless specifically cleared by clinical site
• Shoes without socks or nylons
• 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 or tongue piercings
• Multiple ear piercings
• Excessively wrinkled or dirty clothing

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 clinic policy.

F. Costs

All students entering the Physical Therapy Program must take full responsibility for costs related to clinical education. This includes:

• Any costs associated with fulfillment of the rural/underserved requirement, although the Colorado Area Health Education Center (AHEC) does provide housing assistance for students completing experiences in rural Colorado (see next section).
• Costs related to travel, housing, meals, other living expenses, and arrangements for pet care and childcare.
• Any cost related to fulfilling special requirements that the clinical site may have, such as clinical uniforms, additional background checks, additional drug screens, finger printing etc.
• Any additional costs associated with applying to internship sites, which may include travel to an on-site interview.

Experiences in Rural Colorado:

Colorado Area Health Education Center (AHEC). The Colorado AHEC Program supports rural clinical rotations throughout Colorado as an educational strategy to expose students to quality practices in community settings and the opportunities for rural practice. The purpose of reimbursing student housing expenses while on Colorado AHEC sponsored rural rotations is to help offset some of the cost barriers inherent with temporary relocations. The reimbursement rates and Policies / Procedures are
developed by the Colorado AHEC Program and may change at any time. It is the student’s responsibility to abide by current AHEC policies regarding housing, registration, and reimbursement for rural rotations. Current AHEC policies can be found on the Colorado AHEC website located at: www.ucdenver.edu/coahec under Health Professions Students; Student rotation resources.

Experiences Outside of Colorado:

The Physical Therapy Program is not able to provide financial assistance for students completing experiences outside of Colorado. Housing information can be found in each site’s Clinical Site Information Form, located on the Clinical Education page of the PT Program website. Additionally, the Physical Therapy Alumni Association and the Office of Alumni Relations offers assistance in finding housing opportunities for out of state experiences. Information on how to apply for this program can also be found on Canvas, under CU PT Clinical Education.

Physical Therapy Rural Scholarship Fund: The Physical Therapy Rural Scholarship was established in 1998 by a former patient. The scholarship was established to recognize individuals who are committed to advancing rural health in Colorado and/or Wyoming. Its purpose is to help defray costs while students complete rural experiences in Colorado or Wyoming. Please contact the Director of Clinical Education for more information regarding the application process.

G. Transportation

The University of Colorado Physical Therapy Program affiliates with clinical education sites throughout the state of Colorado and the US. Students are responsible for arranging their own transportation to and from sites including any costs associated with transportation. Although the Program advocates for a “greener” environment, there are no guarantees that sites will be accessible via public transportation or that students will be able to carpool with other students.

In addition, as part of the Program’s commitment to the mission of the University and to healthcare in rural Colorado, students are required to complete one of their clinical education experiences in a rural or underserved community (see Section VI A-Program Requirements). It is the student’s responsibility to arrange transportation to and from communities in which they are completing their clinical experiences as well as to arrange a means of transportation to and from their clinical sites throughout the duration of their clinical experiences. Students are encouraged to obtain reliable transportation that is safe in all types of weather conditions prior to their first clinical rotation.

VIII. Student Rights and Safety During Clinical Experiences

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

B. Performance Evaluation

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

C. Requests for Special Accommodations

Students with disabilities seeking accommodations during clinical education should contact the Office of Disability Resources & Services located in Building 500, Room W1103 (303-724-5640; www.ucdenver.edu/disabilityresources). Their staff, with input from the Physical Therapy Program will determine eligibility for accommodations as well as coordinate the approved accommodations. When requesting accommodations, a student should notify the Director of Clinical Education as early as possible to allow for coordination of any accommodations in the clinical setting to avoid any possible delay of implementing the 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 worker’s compensation as described in the Clinical Training Agreement. In the event that a student is injured while on site at the clinic, the student should seek immediate medical attention if required. In addition, the student is responsible for notifying his/her clinical education faculty advisor, who will guide the student through steps required by the university. Students will be notified of any out of the ordinary potential health risks associated with a particular clinical site and/or patient population when known.
E. Sexual Harassment

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


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

IX. Selection and Assignment of Clinical Sites

The Physical Therapy Program affiliates with approximately numerous sites throughout Colorado and the United States. Facilities are selected by meeting Physical Therapy Program requirements as well as guidelines for clinical sites suggested by the APTA. A Clinical Training Agreement must be signed between each clinical site and the University of Colorado prior to the match date for clinical experiences. The Physical Therapy Program honors the request of clinical sites that individual students do not contact them directly to inquire about site availability. Any inquiries about a particular site should be directed to the clinical education team rather than contacting the site directly. This applies to established sites as well as new clinical sites.

A. Site Selection and Student Placement

Students actively participate in selecting clinical sites for each full-time experience. Students should consider Program requirements when making their selections. Additionally, it is the student’s responsibility to consider site information when making selections. This includes information about the type of learning experience offered during a specific clinical experience and availability of housing. Students are responsible for all costs associated with clinical education including travel, housing, etc. Please refer to section VII/F for more information on policies related to the cost of clinical education. Students requesting to select a clinical site where they worked prior
to or during physical therapy school must submit a written request and have approval from the Director of Clinical Education prior to selecting that site.

Students are also encouraged to access information about clinical sites through the site information files on Canvas, under CU PT Clinical Education, through the Clinical Site Information Forms (CSIF) available through the CPI Web log-in page, and to discuss specific sites with their Clinical Education Advisor. These strategies will help students make appropriate selections for their clinical education experiences.

Out of State Clinical Experiences
The clinical education team wants every student to be successful during clinical experiences. Requests for placement outside of Colorado will be considered on a case-by-case basis with the intent of providing the best opportunity for success for each student.

In determining eligibility for out of state placement, the clinical education team will consider many factors to determine if the student qualifies. Performance in prior clinical experiences will be one of the main factors considered. If a student has had any significant concerns identified by their CI in any area on the CPI or during ICE weeks, or have not passed a prior clinical experience, that student will not be eligible for an out of state clinical placement.

Academic performance and professional behaviors exhibited during class and lab sessions will also be considered when a student requests an out of state placement. The clinical education team will consult with academic faculty to determine if it is in the best interest of the student to complete a clinical experience outside of Colorado.

B. Procedures for the Student Placement Process

ICE I & II: Students are placed in an inpatient (IP) and an outpatient (OP) setting for the Integrated Clinical Experiences (ICE I & II). The Clinical Education Team will place student teams at ICE sites so that approximately one half of the class is placed in an outpatient setting and the other half in an inpatient setting for each ICE experience. Students will be placed in different settings for ICE I and ICE II. For example, if a student team is placed in an IP setting for ICE I, they will be placed in an OP setting for ICE II.

Clinical Education I: The Clinical Education Team places students at their CE I site. Placement will be based on information provided by students on the “CE I Pre-Placement Information Form.” This form provides students the opportunity to indicate preference regarding type of experience, geographic location regarding preference for experience and geographic location. The CE Team will strive to meet student preferences but cannot guarantee placement in a specific site or geographic location.
**Clinical Education II:** The clinical education team uses a randomized match system to place students at clinical sites for CE II. Students actively participate in this process.

**Phase I:** Prior to each experience, students receive a list of clinical sites that are available for the specific experience. The list includes types of experiences offered and number of student slots available at each clinical site. Students review the list of available clinical sites and prioritize their top ten choices. Students are encouraged to discuss their plans for clinical education experiences with their Clinical Education Advisor. Optional information sessions will also be offered prior to the match where students will have the opportunity to ask questions of the CE Team and receive guidance from the team on site selection.

Students are required to provide a list of 10 sites in order to participate in the match. Students may only list a specific clinical site once, even if the site offers to take more than one student during this experience. This system is fair in that students are able to select their choices and have an equal chance of matching to a particular clinical site. Prior to running the match, the clinical education team will preview the lists to ensure that Program procedures and requirements are followed. The team may request that students reconsider and/or change their selections to ensure that students are able to meet Program requirements. Students may be matched to any one of the 10 sites that they have listed.

**Phase II:** Depending on student preferences, it is not uncommon for some students not to match to any of the 10 sites on their list. In the event that a student does not match to any of their preferences, the clinical education team will work individually with the student to find a placement. However, all students are matched in the 2nd phase of the match without a delay in the start date of their clinical experience.

**Clinical Education III/Internship:**

The match for Clinical Education III/Yearlong Internship consists of an application and interview process. While building a consistent cohort of sites for the internship, students will have the opportunity to apply for the yearlong internship and/or Clinical Education III to complete the Program. Students are provided an initial list of sites approximately 8 months prior to the start of the internship. Prior to submitting applications, students will have access to site information regarding type of experience offered, philosophy of the clinic, type of mentoring provided, etc. Students submit written application materials in April, interviews occur in May, and the match occurs in June. Following the interviews both sites and students rank order their choices and the CE Team completes the final match trying to achieve a good fit for student and site. Depending on student and site preferences, some students may not match during the initial match process. In the event a student does not match, the clinical education team will work individually with the student to find a placement that offers an experience as close to the type of experience the student was seeking as possible.
C. Establishing new clinical sites

1. The Physical Therapy Program honors clinical sites’ request that individual students do not contact them to inquire about site availability. Any inquiries must initially be directed to the clinical education team rather than contacting the site or individual CIs directly; this includes clinical faculty who assist in lectures and labs. Students will submit the “Request to Open New Clinical Site Form” (found on the PT Program website on the Clinical Education page) to describe their reasons for requesting the site, how the site can enhance their learning, and how the site will benefit the PT Program.

2. The clinical education faculty advisor will then contact the site for additional information and determine if the site meets the Program mission and philosophy as well as accreditation standards. The clinical education team will then make the decision of whether to open the new site.

3. New clinical sites will only be established to meet Physical Therapy Program needs and if the clinical education team deems it appropriate. Current Program needs include sites in rural and/or medically underserved areas, Home Health Care, Neuro Rehabilitation, Acute Care, and Specialty Physical Therapy Practices, including wellness and health promotion.

4. Priority will be given to requests for new clinical sites in Colorado and in the Rocky Mountain Region (Washington, Oregon, Montana, Idaho, Wyoming, Utah, Arizona, Nevada, and New Mexico). Requests to establish new clinical sites outside of these areas will only be made if they meet the needs of the Physical Therapy Program. In addition, priority will be given to sites that are willing to take students in the future and not just the student requesting the site. Exceptions will be made only at the discretion of the clinical education team.

5. If approved to be added as a new site, the clinical education team will determine whether the new site will be reserved for the student requesting the site or if it will be open to the entire class. Requests to establish a new clinical site are limited to one request per student.

6. It takes approximately 6 months for a new clinical site to be established. Time can vary from 3 months to 1 year.

7. If students fail to follow these established procedures, the request to open a new site will not be accepted.

X. Preparatory and Debriefing Sessions for Clinical Education
Students must be active participants in the learning process during clinical education. Students need to be prepared more than ever before as the demands for efficiency and evidence-based care continue to increase in the clinical setting. Students must understand they are ultimately responsible for their own learning.

To facilitate this process in a more structured way, the clinical education team has implemented clinical education classes into the clinical education curriculum. Preparatory (prep) sessions will be scheduled prior to each clinical education experience to allow time to review program requirements for clinical education and to review specific requirements for the clinical experience. Prep sessions may also include discussion on development of professional behaviors, review of assignments associated with the clinical education experience, and review of pertinent legal and ethical issues. Following clinical education experiences, students will meet for debriefing sessions. These sessions provide an opportunity for students to reflect on their experiences, provide feedback to the clinical education team, and give students an opportunity to look ahead to their next clinical education experience.

XI. Evaluation Procedures During Clinical Education Experiences

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

A. Clinical Performance Instrument (CPI):

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

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

After CE I, II, and III, the student is required to complete the Student Evaluation of Clinical Education Experience and Instruction which can be found on the PT Program Website under the Clinical Education page. 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.

C. ICE Evaluation Procedures

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

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

Our unique clinical education curriculum includes 38 weeks of clinical education prior to graduation.

**Year 1**

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

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

**Year 2**

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

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

**Year 3: Internship**

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

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

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

## First Year, Summer Semester

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

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

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

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

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

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

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

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

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

SECOND YEAR, Summer Semester

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

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

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

SECOND YEAR, Fall Semester

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

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

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

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

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

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

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**SECOND YEAR, Spring Semester**

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

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

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

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

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

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

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**THIRD YEAR, Summer Semester**

**DPTR 7171 Health & Wellness**  
Review of population and individual health and wellness across the lifespan. Includes considerations of nutrition, obesity, diabetes, and age in promoting patient health and wellness; use of alternative medicine; health behavior change; implementation of wellness programs promoting healthy living for people across the health spectrum.

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

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

DPTR 7641 Integrated Practice 4.0 cr.
A synthesis of curricular content applied to highly complex situations illustrative and inclusive of clinical practice across the lifespan. Through retrospective and prospective reasoning, students will analyze and articulate decisions based on reasoning, evidence, and contextual realities with colleagues across health care professions.

DPTR 7651 Clinical Reasoning Capstone 3.0 cr.
This capstone course in the clinical reasoning sequence requires students to articulate and defend their decision-making process in the examination, evaluation, management, and outcome assessment for a selected patient seeking physical therapy services.

CLINICAL EDUCATION

DPTR 5901 Integrated Clinical Experience I 1.0 cr.
2-week clinical education experience providing initial exposure to clinical practice with emphasis on integration of didactic and clinical learning in psychomotor, affective, and cognitive domains.

DPTR 5911 Clinical Education I 5.0 cr.
8-week, full-time clinical experience with emphasis on appreciating the roles of the physical therapist, beginning to manage a case load, and participating on a healthcare team.

DPTR 6902 Integrated Clinical Experience II 1.0 cr.
2-week clinical education experience with emphasis on gaining breadth of experience, applying previously gained knowledge to a new clinical setting, engaging in advanced clinical problem-solving, while continuing to practice psychomotor skills.

DPTR 6912 Clinical Education II 6.0 cr.
10-week, full-time clinical experience with emphasis on increasing independence in management of patients, becoming an integral member of the healthcare team, and using self-assessment for professional development.

DPTR 7913 Clinical Education III 10.0 cr.
16-week, full-time clinical experience with emphasis on functioning as an entry-level clinician, and understanding the role of a Doctor of Physical Therapy within the complexities of the healthcare system through teamwork and collaboration. First phase of year-long internship.

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

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

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

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

Key course objectives:
Upon completion of CE I, the student will be able to:

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

Grading Criteria for this course is “Pass/Fail.” Criteria to achieve a “Pass”:

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DEFINITIONS</th>
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<tbody>
<tr>
<td><strong>Performance Dimensions</strong></td>
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</table>
| **Supervision/Guidance** | • Level and extent of assistance required by the student to achieve entry-level performance.  
• As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment. |
| **Quality** | • Degree of knowledge and skill proficiency demonstrated.  
• As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance. |
| **Complexity** | • Number of elements that must be considered relative to the task, patient, and/or environment.  
• As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI. |
| **Consistency** | • Frequency of occurrences of desired behaviors related to the performance criterion.  
• As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely. |
| **Efficiency** | • Ability to perform in a cost-effective and timely manner.  
• As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance. |
| **Rating Scale Anchors** | |
| **Beginning performance** | • A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.  
• At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.  
• Performance reflects little or no experience.  
• The student does not carry a caseload. |
| **Advanced beginner performance** | • A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.  
• At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning.  
• The student may begin to share a caseload with the clinical instructor. |
| **Intermediate performance** | • A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.  
• At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.  
• The student is capable of maintaining 50% of a full-time physical therapist's caseload. |
| **Advanced intermediate performance** | • A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.  
• At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.  
• The student is capable of maintaining 75% of a full-time physical therapist’s caseload. |
| **Entry-level performance** | • A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.  
• At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.  
• Consults with others and resolves unfamiliar or ambiguous situations.  
• The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner. |
| **Beyond entry-level performance** | • A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.  
• At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others.  
• The student is capable of maintaining 100% of a full-time physical therapist’s caseload and seeks to assist others where needed.  
• The student is capable of supervising others.  
• The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions. |
Benchmarks for CE III / Pre-graduation Phase of Internship

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

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

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

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

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

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

**Benchmark Checklist**

Student Name: ________________  Clinical Instructor: ____________________________

Clinical Site: ________________  CE III or CE IV: ______  CE Advisor: ____________

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

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

Integrated Clinical Education I & II

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

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

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

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

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

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

C. Time in Clinic Policy
Time in Clinic / Attendance Policy

Work Hours:

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

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

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

Missed Days and Make-up Time

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

During ICE, CE I, or CE II, a student may not miss more than 1 day due to illness or personal reasons. If a student misses more than 1 day, the student is required to make up the missed time. The student, CI, and CE Faculty Advisor will work together to determine the best way to make up the days.

During CE III (the pre-graduation phase of the internship), a student may not miss more than 3 days in total due to illness, personal reasons, or holidays. If a student misses more than 3 days, the student is required to make up the missed time. The student, CI and CE Faculty Advisor will work together to determine the best way to make up the days. If a student misses 3 days or less, the student, CI, and CE faculty advisor will confer to determine if the student needs to make up the missed days.
In the event that a holiday falls during a clinical experience, students will follow the clinic’s holiday schedule, not that of the University. If the clinic is closed for more than 3 days during the clinical experience, students are required to make up the missed time and should notify their CE Faculty Advisor. As above, the student, CI, and advisor will work together to determine a plan for making up the missed time.

If the clinic is unable to provide make-up time during the clinical experience for any missed days, the CE faculty advisor will assist in designing a supplemental experience for the student.

**Unanticipated Life Events**

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

**Injury during Clinical Education**

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

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

Attendance during clinical education is considered mandatory but we recognize that in rare circumstances personal events or professional opportunities may arise for which students may request an exception to this policy. To request time off during clinical education, students will submit a written request to the Absences Committee prior to the clinical experience, following the procedure outlined below. This includes requests related to professional development opportunities (i.e. attendance at meetings or conferences), as well as those related to special personal life events such as family events, religious holidays, and job interviews. Do NOT contact your CI with requests for time off until all steps below are completed.

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

2. The Chair will respond to the student’s request acknowledging that the request has been received and is being reviewed.

3. In order to come to an informed decision, the Student Absences Committee will review the request and consult with the Clinical Education faculty advisor. The CE Faculty Advisor will communicate directly with the CI and/or CCCE if possible to discuss the absence request and ensure a plan is in place regarding make-up time as needed.

4. The Student Absences Committee will come to a decision, which is final. The decision will be communicated to the student via electronic or written communication.

5. If the request is granted, the CE faculty advisor will contact the Clinical Instructor to confirm that time off can be approved and/or required time can be made-up. The CE faculty advisor, CI/CCCE, and student will develop a plan regarding make-up time as needed. Any absence request that is approved is provisional, pending student performance during the clinical. Students should understand that plans may need to be modified if the CI/CCCE and CE Faculty Advisor feels that missed clinic time will impact successful completion of the clinical experience.

If the decision of the Student Absences Committee is not followed, the student will be referred to the Student Promotions Committee.
Request for Absences due to Personal Circumstances or Professional Opportunities

Student Name: __________________________ Date of Request: _____________
Year of Graduating Class: _________________ Advisor: ____________________

Statement of Request (e.g. request to miss October 11-12 during CE III):

Rationale for Request:

Committee use from this point forward

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:

_______________________________ Date: ____________________________

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.
Professional Behaviors for the 21st Century
2009-2010

Definitions of Behavioral Criteria Levels

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

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

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

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

Background Information

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

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

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

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

**Preamble**

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

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

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

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

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

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

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

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

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

2. Communication - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.
Beginning Level:
- Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
- Recognizes impact of non-verbal communication in self and others
- Recognizes the verbal and non-verbal characteristics that portray confidence
- Utilizes electronic communication appropriately

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

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

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

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

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

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

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

**Post Entry Level:**

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

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

**Beginning Level:**

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

**Intermediate Level:**

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

**Entry Level:**

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

**Post Entry Level:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

E. The PT CPI Web
PT CPI Web Instructions for a Student

Login to PT CPI Web at https://cpi2.amsapps.com

1. Your username is your email address provided to the school you are working with.
2. If you have previously created a password in PT CPI Web, please use that password to log in. If you do not have a password or forgot your password, please follow these steps to create your password:
   a. Go to the CPI Web address (https://cpi2.amsapps.com).
   b. Click on the link “I forgot or do not have a password”.
   c. Enter your User Name in the box provided.
   d. Click on the Continue button.
   e. Check your email account inbox for further instructions on how to set/update your password.

PLEASE NOTE: Make sure to close out of any internet browsers containing CPI Web prior to accessing the link in your email as this may result in an error when trying to set/reset your password. The link to change/create your password that is included in this message will expire 24 hours after the message has been created. If you try to access the link after 24 hours, you will receive a notification that the temporary authorization link is invalid. If this should occur, you will need to click on the ‘I forgot or do not have a password’ link located on the login page for CPI Web to receive a new password reset link.

Update Information – This needs to be done at least once per year (If your information is up-to-date, please go to Editing the CPI)

1. Click on the ‘My Info’ tab to update your information. You must update the APTA Data Release
   2. Statements found in the Data Authorization section.
   3. When you are finished editing, hit the ‘Update’ button.

Verify APTA PT Training – This can only be done if you are assigned to a CI on an Open evaluation (If you’ve previously done this, please go to Editing the CPI)

1. Click on the name of your clinical site in the ‘My Evaluations’ section on your home page or click on the Edit link found in the Actions column in the Evaluations tab.
2. You are prompted to verify if you have completed the APTA PT CPI Training. If you have completed the training, please click the ‘I have completed the APTA PT CPI online training and assessment.’ button.
   a. If you have not completed the training, please follow the directions on the page to take the APTA PT CPI Training.
   b. If the email address you took the training with is different than your username, you will be prompted to enter the email address registered with APTA.
   c. If you are having issues verifying you’ve completed the training, please contact PT CPI Web Support at ptcpiwebsupport@liaison-intl.com. Please provide your name, email address used to take the training, and the date you completed the training so that we can manually verify your training completion.

Editing the CPI

1. Once you have verified you have completed the APTA PT CPI Training, you will see all 18
sections of the CPI.
   a. You can edit one criterion at a time by clicking on the ‘Edit Now’ link on the right.
   b. You can edit all criteria at the same time by clicking on the ‘Edit All’ column header link.
2. Click on ‘View Sample Behaviors’, ‘View Introduction’, and ‘View Instructions’ to view the details of how to fill out the CPI
3. Mouse over any underlined word to view an APTA glossary definition. This is available for the Performance Dimensions and the Anchor Points on the APTA Rating scale.
4. Add comments to the comment box and select the rating for the student on the slider scale.
5. When you are done editing a section, click on the ‘Section Sign Off’ checkbox and hit the ‘Save’ button. Hitting Save will save the work edited on all criteria. Be sure to save your work!! If you leave the page without saving, your comments could be lost!!

Signing off on the CPI
1. Once all sections are marked as ‘Completed’, please sign-off on your CPI. In order to sign-off, you would need to click on the Evaluations tab and then on the ‘Sign-off’ link found in the Actions column. Once this has been done, you would need to scroll to the bottom of the page, select the checkbox associated with the signature, and then click on the ‘Save’ button.
2. Once you sign off on your CPI, you are unable to make any further edits! Your CI will be able to view your CPI only if they have also signed off on their own CPI.

Viewing your CPI with your CI and Signing-Off on your CI’s CPI
1. Click on the Evaluations tab.
2. Click on ‘View’ link in the Actions column.
3. Use the filters to see the comments from both the student and the CI at the same time.
4. In the Evaluations tab, you will also see a link to ‘Sign-off’ on your CI’s CPI indicating you’ve discussed the performance with your CI. Please follow the Sign-off procedures listed in the previous section to complete the sign-off on your CI’s CPI.

Additional Features/Tips:

Adding Post-Assessment Comments to the CPI:
1. Once you sign-off on the CPI, you cannot go back in to make further edits. After your meeting and review with the CI, if you needed to enter in additional comments about the CPI, you would be able to add post-assessment comments to the CPI by clicking on the ‘View’ link in the Evaluations tab and then adding in the comments in the appropriate box near the bottom of the page. Post-assessments can only be made by the CI or student once they have signed-off on their own evaluation as well as signed-off on each other’s evaluations.

If you have any questions, comments or run into any issues using PT CPI Web, please contact Support at ptcpiwebsupport@liaison-intl.com.