

Physical Therapy Program Student Clinical Education Handbook



**University of Colorado
Anschutz Medical Campus**

2020-2021

Disclaimer for Student Clinical Education Handbook

This handbook does not constitute a contract with the University of Colorado Denver School of Medicine Physical Therapy Program, either expressed or implied. The Physical Therapy Program reserves the right at any time to change, delete, or add to any of the provisions at its sole discretion. Furthermore, the provisions of this document are designed by the Physical Therapy Program to serve as firm guidelines rather than absolute rules and exceptions may be made on the basis of extenuating circumstances.

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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. Definitions and 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 (CE Team). Each student is assigned to a member of the CE Team to act as their Clinical Education Faculty Advisor.

- Leads clinical education program at the school
- Keeps informed of national trends in clinical education
- Strategizes for vision of Clinical education
- 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 See Appendix B for Flow Chart of Assessment

Site Coordinator of Clinical Education - SCCE

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 onboarding and 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.

- Becomes familiar with CUPT curriculum and reviews information provided by Program regarding Program goals and expectations for the specific CE experience before student arrives
- 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 necessary amount of supervision and guidance according to student needs
- 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 SCCE and school
- Completes Clinical Instructor training if supervising students for ICE experiences

Recommended Additional Qualifications for Clinical Instructors

For all clinical experiences, it is required that CIs have a minimum of one year of clinical practice experience and an active PT license in good standing within the current state/territory of practice. 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 Credentialled Clinical Instructor and/or takes advantage of PT Program resources to enhance clinical teaching and clinical practice. In addition, CIs will demonstrate 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 or novice physical therapists
- Completion of mentoring training

IV. Site Visits and Calls

The purpose of conducting clinic calls and visits is to build partnerships / relationships with the clinical site as well as establish and maintain effective communication between the Physical Therapy Academic Program, the clinical sites, SCCEs 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 Skype (or other web-conferencing program) or 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, SCCE, or at the discretion of the DCE/CE Team.

In order to facilitate calls and site visits, the student is responsible for completing and uploading a form with both student and CI contact information to the Program by day 2 of each full-time experience into the corresponding Canvas course. (This form can be found within each specific CE Canvas course)

STUDENT POLICIES AND PROCEDURES

V. Requirements for Participation in Clinical Education Experiences

Core faculty are responsible for assuring that students are safe and ready to progress to clinical education. Prior to each clinical education experience, faculty complete a holistic review of students during a faculty meeting. They consider many data points, looking for overall trends in student behavior and performance, using the following to determine readiness to progress to clinical education:

1. Goals and expectations for each clinical experience (as described in each clinical education course syllabus) (Appendix C)
2. Successful completion of prior didactic and clinical education courses (Minimum GPA)
3. Review of trends of behavior lapses on the Student Tracking Form (Professional, Academic, Clinical)
4. ACAPT Document: Student Readiness for first time Clinical Education Experience (Clinical Education I) (Appendix D)
5. APTA Minimum Skills of Physical Therapist Graduates at Entry Level (Clinical Education II & III) (Appendix E)
6. CPI Ratings on Red Flag Items of Safety; Accountability; Professionalism; Communication; Clinical Reasoning (Clinical Education II & III)
7. Professional Behaviors in the 21st Century (Appendix F)
8. Performance on CAPE Integrated Practical Examinations (for Clinical Education I & II)

Additional requirements include:

- a. Successful completion of a criminal background check upon matriculation into the program.
- b. Successful completion of HIPAA training, which is offered through Canvas in CU PT Clinical Education.
- c. Training in Blood-Borne pathogens / Standard Precautions / Body Substance Isolation (which is offered prior to ICE I in a mandatory preparation session).
- d. Current CPR certification and updated required immunizations.
 - o The American Heart Association Health Care Provider CPR course is required.
 - o Immunization requirements include annual flu shots, Hepatitis B, Varicella, Tetanus and MMR. Proof of negative TB/PPD testing is also required annually.

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. American Heart Health Care Provider (BLS) 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 and/or Clinical Site upon request.**
- 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.**
- **Note:** Clinical sites do NOT have access to myRecordTracker.com to access student records.
- 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 in a timely manner and provide documentation to the clinical site and the Program. Any cost associated with these special requirements is the responsibility of the student. Examples may include additional drug screens, fingerprinting, additional criminal background checks and additional paperwork or online learning modules.

Please note: specific clinical site requirements can change from year to year without notice to the program and may result in additional costs to 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. Additionally, a delay in CE participation may occur which can result in a delay in graduation.

VI. Program Requirements

A. Clinical Education Agreements with Clinical Sites

Each active clinical site must have a current, fully executed Clinical Education Agreement in place in order for a student to be placed. The CE Team reviews contract status on a regular basis to ensure agreements are current.

B. 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 final clinical education experience, 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. Some sites offer experiences with a variety of patient populations, such as a mix of patients with musculo-skeletal conditions and patients with neuromuscular conditions. An experience will be designated as “variety” if no more than 65% of the patient mix is with one patient type. If a student has a variety experience in Clinical Education I, the student will be eligible to complete CE II with any patient population. NOTE: It is up to the discretion of the CE Team to determine if an experience can be designated as “variety.”
- ***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.

- Students should be prepared to travel to a rural area to meet this requirement, as there are limited numbers of sites in the metro area that are designated as medically underserved.
- ***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.

Please coordinate with your Clinical Education faculty advisor if you have specific questions regarding the above CE experience requirements.

C. 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 C: Goals & Expectations for CE Experience. These are emailed to Site 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 in Clinical Education 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 (Appendix C).

A grade of “P” (pass) in CE III (DPTR 7933) indicates entry level performance.

CE Experience Management

The clinical education management software program, Acadaware is used by both students and the CE Team to track, manage, and assess CE experiences and to assist in site placement (when applicable – see specific CE experience placement procedures).

NOTE: Clinical staff (SCCE and CI's) do NOT have access to the Acadaware system.

VII. Student Requirements and Responsibilities

Students are ultimately responsible for their own learning. As such, the Program expects students will attend information, preparation, and debriefing sessions for clinical education courses; access available resources; and ask questions of the CE Team to make sure they know the Program’s expectations for each clinical education experience.

A. Student Information Forms

- Prior to each full time clinical experience, students will complete the Student Information Form, the Acadaware Pre-clinical self-assessment, and a cover letter. The Student Information Form can be found on Canvas, under CU PT Clinical Education and in specific CE Canvas courses. All documents will be sent to the clinical site approximately 1 month before the start of the clinical education experience. The Student Information Form and Acadaware Pre-clinical self-assessment includes personal information and past experiences, individual learning objectives, preferred learning style, and level of comfort with a wide range of clinical skills.
- In the first week of any full time clinical experience, students will complete:
 1. A site orientation checklist form in collaboration with their CI.

2. A student/CI contact form that captures contact information, work schedule and basic CI demographic information.

The completed checklist and contact form will be uploaded in the corresponding Canvas assignment.

- At the conclusion of each full time clinical experience, students will complete 2 assessments within the Acadaware system:
 1. Final Assessment of Experience
 2. Student Evaluation of CI

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.

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 SCCE and CIs for each clinical experience.

NOTE: Although helpful in communicating learning styles to maximize the CE experience, there is no guarantee the specific site/CI will tailor the experience to a specific learning style.

B. Time in Clinic Policy

Students are expected to be present on the days and during the hours when their designated clinical instructor is present, which could include weekends. As such, students are asked to refrain from making any weekend travel arrangements during clinical education until their clinic schedule is known. The Program's expectation is that students will spend approximately 40 hours per week in the clinic. Please see Appendix G 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. older adults, immunosuppressed, etc.).

C. Conduct and 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, valuing many points of view, working with others in harmony, and communicating in a trustful manner.

Students are expected to demonstrate professional behaviors at the “beginning” to “intermediate” levels as described in the document “Professional Behaviors for the 21st Century” during CE I – II and ICE I & II and to be at “entry-level” at the end of CE III. (See Appendix F 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, pants/shirts of specific color or scrubs (may or may not need to be a specific color). It is the student's responsibility to be aware of and comply with any special requirements. Students are responsible for all costs associated with site-specific dress code 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. Students must comply with site specific policies regarding photos and/or videos both with and without patients.

Social Media Policy

Students are expected to exhibit a professional social media presence related to their clinical sites and CI's as well as comply with all patient HIPAA requirements. Students are strongly discouraged from posting to private or Program related social media accounts about their clinical experiences and/or patients.

F. Costs

All students entering the Physical Therapy Program must take full responsibility for costs related to clinical education. The CE component is roughly 1/3 of the PT program and does not have textbooks or other required classroom materials. However, additional costs may include:

- 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, site specific requirement tracking programs, 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/coahc 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 Policy

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. (Appendix H) 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.

The CU Sexual Harassment Policy that governs grievances related to sexual harassment is available at: <https://www.cu.edu/ope/aps/5014>

For additional information or to report sexual harassment or other forms of harassment, see the following website: <https://equity.ucdenver.edu/when-experiencing-discrimination-and-or-harassment/>.

IX. Selection and Assignment of Clinical Sites

The Physical Therapy Program affiliates with 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 signed, active Clinical Training Agreement must be on file between each clinical site and the University of Colorado prior to the start of the clinical experience. (Appendix H) 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 CE 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 Acadaware, through the Clinical Site Information Forms (CSIF) available through the CPI Web log-in page, previous student assessments in Acadaware, and to discuss specific sites with their Clinical Education Faculty 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 needed remediation to pass 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: The ICE I and II Course Coordinators place students in teams of 3 or 4 for ICE I and ICE II. Each Student Team will be placed in different settings for ICE I and ICE II (e.g., Hospital IP, Skilled Nursing Facility, OP Clinic, School). For example, if a student team is placed in a Skilled Nursing Facility for ICE I, they will be placed in an OP Clinic or School setting for ICE II. Students remain in their same team for both ICE I and 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 preferences regarding type of 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 process within the Acadaware system to place students at clinical sites for CE II. Students actively participate in this process.

Phase I: Students may access a list of clinical sites that are available for CE II within Acadaware for many weeks leading up to the selection date as defined by the CE Team. 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. They may change or edit these choices as many times as they wish up to the established selection date. Students are encouraged to discuss their plans for clinical education experiences with their Clinical Education Faculty 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 enter 10 sites in rank order of preference within the Acadaware system 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.** There is also a chance that students do not match to any of their 10 sites.

Phase II: Depending on student preferences, it is common 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 Phase II 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 March/April, interviews occur in May, and the match occurs in June. Following the interviews both sites and students indicate match preferences using the following options: Preferred (P), Acceptable (A), and the opportunity to identify concerns about being matched to a specific site (or student). The CE Team completes the final match with the goal to optimize best 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.

If a student does not match to a site, the CE Team will conduct “Phase II” of the match. The CE Team meets with the student individually to match the student to a site that provides an experience as close as possible to the type of experience the student prefers. Students are encouraged to first consider sites still available following the original match prior to the team conducting additional site recruitment.

Special/Unique Circumstance Sites:

For all three full time clinical experiences (CE I, II, and III), some sites have a unique selection or match process. This may include: First Come/First Serve (FCFS) offers, an application, resume and/or interview process. Additionally, the timeline for selection and match may be out-of-phase in some circumstances. The CE Team will communicate these unique situations as they arise for each CE experience.

- If a student chooses to participate in a special selection process, they are committing to go if selected.

- Students may only participate in one special selection process at any given time until that process has been completed.
- Students may not participate in the general selection process for any if they are part of a pending special selection process.
- If the special selection process extends past the general selection process and the student is not selected, the CE Team will work with that individual for placement.

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 student's clinical education faculty advisor 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" (available on the Clinical Education Portal in Canvas) 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.
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.**

Note: The above determination is made based on many factors which include but are not limited to: reason for new site establishment, location, practice setting, Program needs and new site communication. It is the mission of CE Team to be fair and transparent in this and any special circumstance and commit to communicate decisions in a timely manner as appropriate.

6. A fully executed Clinical Education Agreement must be in place by the time the clinical experience starts. 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. Classroom 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. To facilitate this process in a more structured way, the clinical education team has implemented clinical education classes into the clinical education curriculum. The following themes are implicit and woven into all CE classroom sessions:

- Students recognize the co-productive approach to learning
- Flexibility is integral to CE (and clinical) success
- Students are responsible for their own learning
- Respect for all is a guiding principle

Preparatory Sessions:

Preparatory (prep) sessions will be scheduled prior to each clinical education experience. Prep sessions will include discussion on: professional self/identity, communication/teamwork, novice to expert continuum, expectations of specific CE experience, logistics of specific CE experience, student resources and theme of uncertainty in clinical practice. Additional clinical topics such as documentation may be covered.

Debriefing Sessions:

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/s.

Information Sessions

Embedded within the didactic schedule are CE Information sessions to provide students with information about: the CU PT clinical education program and requirements, upcoming CE experiences, selection process and other “need to know information” regarding the CE component of the PT program. Additional informal meetings may be offered to provide site specific information or provide an opportunity for additional clarification and/or question/answer sessions.

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 APTA Clinical Performance Instrument is used to evaluate student performance during CE I, CE II, and CE III. The student and the clinical instructor will complete separate online copies of the APTA Physical Therapist CPI at the midterm and end of 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 student and 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 from previous clinical experiences with their clinical instructors. 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 & Clinical Instruction

After CE I, II, and III, the student is required to complete the *Student Assessment of Experience* (Final only) and *Student Evaluation of the Instructor* which are both found under the experience in Acadaware. It is expected that the student will discuss the forms with the CI (and if requested, the SCCE) at the end of the experience.. These assessments are reviewed by the Clinical Education Team and posted within Acadaware for future student review following redaction of all student identifying information. Students are expected to be professional and constructive in their assessments. Additionally, students will have the opportunity to complete a Program course evaluation at the conclusion of each CE experience.

C. ICE Evaluation Procedures

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

APPENDICES

A. Clinical Education Courses: Schedule & Description

Clinical Education in the DPT Curriculum

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

Year 1

Integrated Clinical Education I (“ICE I”) 2 weeks in Fall Semester

- Provides an initial foundation and understanding of clinical practice
- Integrates classroom and clinical learning while working in a student team

Clinical Education I 8 weeks - begins in Spring Semester

- Emphasizes patient management from examination to discharge
- Examines the role of the physical therapist within the healthcare team

Year 2

Integrated Clinical Education II (“ICE II”) 2 weeks in Fall Semester

- Integrates classroom/clinical knowledge to a new clinical setting
- Provides opportunities to engage in advanced clinical problem solving

Clinical Education II 10 weeks in Spring Semester

- Emphasizes independence in all aspects of patient management
- Integrates concepts from online Clinical Reasoning course

Year 3: Internship

Clinical Education III 16 weeks in Fall Semester

- Focuses on achieving entry-level competency in PT Practice
- Emphasizes development of one's professional identity as a DPT

Continuation of Internship: 36 weeks post-graduation

- Offers ongoing mentorship during transition from student to new professional
- Provides opportunity to develop deeper proficiency of clinical skills and clinical reasoning

Students gain a variety of experiences throughout the clinical education curriculum to prepare them as generalist physical therapists. All students are required to complete at least 1 experience in a rural/underserved area. Many of these sites are outside the Denver area, and students should be prepared to travel for this type of clinical experience. The University of Colorado Physical Therapy Program values the strong relationships with its affiliate clinical sites 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.

Physical Therapy Program

Doctor of Physical Therapy (DPT) Courses

FIRST YEAR, Summer Semester

DPTR 5001 Clinical Anatomy I 6.0 cr.

Prereq: matriculation in entry-level Physical Therapy Program. This course follows a regional approach to gross anatomy of the musculoskeletal, circulatory and nervous systems of the upper and lower extremities, thorax and head and neck. Supplemented by cross sectional anatomy, radiographic and digital imaging.

DPTR 5201 Examination & Evaluation I 2.0 cr.

This course introduces the physical therapist's examination of the patient. This course will familiarize the student with the ICF framework and emphasize foundational examination skills including, manual muscle testing, goniometry and surface palpation.

DPTR 5211 Foundations of Intervention I 2.0 cr.

This course introduces 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 populations

DPTR 5711 Professional Development I 2.0 cr.

This course is the 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.

FIRST YEAR, Fall Semester

DPTR 5011 Neuroscience 3.0 cr.

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.

DPTR 5101 Movement Science I 3.0 cr.

Prereq: DPT 5001.

This course investigates 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.

DPTR 5141 Human Growth & Development 2.0 cr.

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.

DPTR 5151 Motor Control & Motor Learning 2.0 cr.

This course presents the foundation of motor learning and control as it applies to optimal movement across the lifespan. Emphasis is on variables related to task composition, the environment and augmented information that enhance practice of motor skills. These principles are applied to physical therapist practice.

DPTR 5202 Examination & Evaluation II 2.0 cr.

Prereq: DPT 5001, DPT 5201. Continuation of This
This course emphasizes developing a process of hypothesis generation to direct clinical decision making during the examination part of the patient encounter. Skill development includes examination techniques of the integumentary, cardiovascular/pulmonary, neuromuscular, and musculoskeletal systems, including analysis of human movement.

DPTR 5212 Foundations of Intervention II 2.0 cr.

Further introduction and advancement of foundational intervention principles and techniques including soft tissue mobilization, physical agents and electrotherapeutic modalities. Emphasis is on the application of exercise as an intervention for improving functional mobility and for managing a variety of clinical problems.

DPTR 5621 Evidence Based Practice 3.0 cr.

This course covers and applies concepts and steps of evidence-based practice to a variety of clinical settings, including: searching; selection; and appraisal of the literature. Emphasis is on searching the literature to answer clinical questions regarding physical therapy tests and measures, interventions, and patient prognosis.

DPTR 5901 Integrated Clinical Experience I 1.0 cr.

Short-term clinical education experience providing initial foundation and understanding of clinical practice with emphasis on integration of didactic and clinical learning while working in a student team.

FIRST YEAR, Spring Semester

DPTR 5111 Exercise Science **2.0 cr.**

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

DPTR 5161 Psychosocial Aspects of Care I **1.0 cr.**

This course is focused from the perspective of the practitioner as a person. General psycho-emotional issues and specific theories related to: practitioner self-awareness, emotions, spirituality, grief-loss-mourning, psych factors associated with the experience of pain will be presented. Introduction to motivational interviewing is included.

DPTR 5301 Medical Conditions I **4.0 cr.**

Prereq: DPTR 5111.

This course highlights the physical therapy management of patients with cardiovascular, pulmonary and metabolic disorders across the lifespan and healthcare settings.

Physiology, medical management, diagnostic testing, clinical decision-making and medical screening are covered with implications for physical therapist's practice.

DPTR 5401 Musculoskeletal Conditions I **4.0 cr.**

This course introduces the examination, clinical decision-making and physical therapy management of musculoskeletal disorders across the life span, focusing on the lower quarter from the pelvis to the foot and ankle. Medical management, including radiology and pharmacology, are covered with implications for physical therapy interventions.

DPTR 5501 Neuromuscular Conditions I **3.0 cr.**

Frameworks for clinical decision-making are discussed regarding management of people with neurologic conditions with emphasis on stroke, cerebral palsy and spinal cord injury. This course teaches clinical skills for examination, evaluation, and intervention, with emphasis on therapeutic handling, across the lifespan and across settings.

DPTR 5631 Clinical Reasoning I **1.0 cr.**

This introductory course teaches students to integrate current evidence with critical reasoning in the ICF framework to facilitate patient-centered decision making in the examination, prognosis, and intervention for elementary patient cases across a variety of clinical practice settings.

DPTR 5731 Healthcare Delivery I 1.0 cr.

The course will include a basic overview of healthcare systems and payment systems. Concepts relevant to supervision and applicable laws to physical therapist practice will be reviewed, and patient quality improvement and safety will be introduced.

SECOND YEAR, Summer Semester

DPTR 6002 Clinical Anatomy II 3.0 cr.

Prereq: DPTR 5001, DPTR 5101, DPTR 5011.

This course follows a regional approach to gross anatomy of the systems of the abdomen and pelvis and supplemented by cross sectional anatomy radiographic and digital imaging. An in-depth study of upper and lower extremity arthrology through cadaver dissection is included.

DPTR 6402 Musculoskeletal Conditions II 2.0 cr.

Prereq: DPTR 5001, DPTR 5401.

This course continues examination, clinical decision-making and physical therapy management of people with musculoskeletal disorders across the life span, focusing on the cervicothoracic spine and temporomandibular disorders. Medical management, radiology and pharmacology are covered with implications for physical therapy interventions.

DPTR 6502 Neuromuscular Conditions II 2.0 cr.

This course includes an in-depth exploration of people with neurodegenerative conditions across the lifespan, specifically as related to tests and measures, prognoses, and intervention approaches. Radiology and pharmacology as related to neuropathy are included.

DPTR 6931 Clinical Education I 5.0 cr.

Prereq: DPT students only.

Eight-week, full-time clinical experience providing students with the opportunity to take on responsibilities of the professional physical therapist, including beginning to manage a caseload and participating in a healthcare team.

SECOND YEAR, Fall Semester

DPTR 5162 Psychosocial Aspects of Care II 2.0 cr.

Prereq: DPTR 5161.

Builds on knowledge, skills and attitudes gained in DPTR 5161 with additional focus on general issues and theories related to: changing behaviors, depression and anxiety,

sexuality in rehabilitation, suicidal behavior, addiction in society, stress management and conflict resolution.

DPTR 6102 Movement Science II

2.0 cr.

Prereq: DPTR 5001, DPTR 5101.

Application of movement science in physical therapy practice with emphasis on human movement related to aging, clinical analysis, tests & measures, and prosthetics & orthotics. The prosthetic and orthotic unit is designed to build student competency in clinical management of individuals who require use of common prosthetic and orthotic devices.

DPTR 6302 Medical Conditions II

2.0 cr.

Prereq: DPTR 5111, DPTR 5301.

This course continues the physical therapy management of patients with varied medical conditions (cancer; rheumatic) occurring across the lifespan and health care settings. Physiology, medical management, diagnostic testing, clinical decision making and medical screening are covered with implications for physical therapist's practice.

DPTR 6403 Musculoskeletal Conditions III

4.0 cr.

Prereq: DPTR 5401, DPTR 6402.

This course continues the examination, clinical decision-making and physical therapy management of people with musculoskeletal (MSK) disorders across the life span, focusing on upper extremity, pediatric, geriatric, in-patient, working adults and gender-specific conditions. MSK medical management, radiology and pharmacology are covered..

DPTR 6503 Neuromuscular Conditions III

4.0 cr.

Prereq: DPTR 6502.

This course progresses and synthesizes 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. The physical therapist's role across settings and the continuum of care will be explored.

DPTR 6632 Clinical Reasoning II

1.0 cr.

Prereq: DPT students only.

This advanced course teaches students to integrate current evidence with critical reasoning in the ICF framework to facilitate patient-centered decision making in the examination, prognosis, and intervention for complex patient cases across a variety of clinical practice settings.

DPTR 6712 Professional Development II

2.0 cr.

Prereq: DPT students only.

Explores professional roles and responsibilities related to the DPT. Extends beyond patient management to policy, advocacy, teamwork and practice settings. Overview of history of profession and our professional organization, current issues and trends. Looks at career options and post-professional opportunities.

DPTR 6902 Integrated Clinical Experience II

1.0 cr.

Prereq: DPT students only.

Two-week clinical education experience with emphasis on gaining breadth of experience, applying previously gained knowledge to a new clinical setting, engaging in advanced clinical reasoning, while continuing to practice psychomotor skills.

SECOND YEAR, Spring Semester

DPTR 6303 Medical Conditions III

3.0 cr.

This course continues the physical therapist management of medical conditions. Integumentary, endocrine, transplant, geriatric and ICU care are emphasized. Physical therapist's clinical decision-making and differential diagnosis are advanced while integrating physiology, medical and pharmacological management and diagnostic testing.

DPTR 6633 Clinical Reasoning III

2.0 cr.

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

DPTR 6713 Professional Development III

1.0 cr.

Introduction to management and leadership in healthcare, including leadership styles/characteristics and leadership development. Explores professional development opportunities following PT licensure including residency/fellowship, continuing education and expectations of a first position as a new professional.

DPTR 6732 Healthcare Delivery II

3.0 cr.

Continued from HCD I. Focus on issues impacting the practice of physical therapy in diverse health care settings. Applicable laws will be revisited and expanded.

Administration of physical therapist practice including management, marketing, human resources, risk management and financial management will be introduced.

DPTR 6932 Clinical Education II **6.0 cr.**

This is a 10-week, full-time supervised clinical experience. 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 7112 Applied Exercise Science **3.0 cr.**

Prereq: DPTR 5111, DPTR 5301, DPTR 6302.

This course will focus on exercise prescription for complex patients with multi-system disease. Emphasis will be on clinical decision-making to tailor appropriate rehabilitation interventions to medically-complex patient populations.

THIRD YEAR, Summer Semester

DPTR 7171 Health & Wellness **3.0 cr.**

Health promotion and primary prevention are recognized as integral aspects of PT practice. In this course students will use current models of health and disability to understand complex and dynamic relationships between various health factors and outcomes, and identify effective strategies for promoting individual and community health.

DPTR 7212 Elective **1.0 cr.**

PT Core and Clinical Faculty Prereq: DPT students only.

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

DPTR 7641 Integrated Practice **3.0 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 **4.0 cr.**

Final course in the clinical reasoning sequence requires students to articulate and defend their clinical decision-making process in the exam, eval, management, and outcome assessment for a selected patient. Students will synthesize and integrate the evidence to inform decision making throughout each aspect of the patient management process.

THIRD YEAR, Fall Semester

DPTR 7913 Clinical Education III

10.0 cr.

Prereq: DPTR 6932.

This is a 16-week, full-time supervised 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.

Independent Study

1.0-3.0 cr.

An Independent Study option is available each semester. This course provides students with an opportunity to pursue content of their own choosing under guidance of a faculty mentor.

Humanities

Humanities 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.

Interprofessional Education Development (IPED)

IPED 5002 Interprofessional Education Development

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.

IPED 6001: Interprofessional Education Development

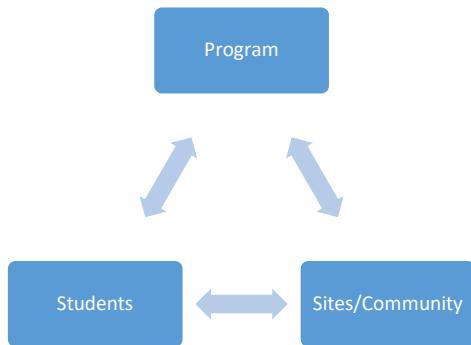
The course continues the development of core competencies in teamwork and collaboration, values and ethics, and quality and safety for second year health professions students. This course is taught in a team-based learning format requiring individual preparation before each session followed by the application of that learning through team based-activities.

IPED Clinical Transformations

Clinical transformations is an interprofessional learning experience conducted at the Center for Advancing Professional Excellence, and is a collaborative health care simulation mimicking real life scenarios in a structured and safe environment. The AHRQ TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) Framework will be used.

B. Flow Chart of Assessment for the Clinical Education Program

Flow Chart for Assessment of the Clinical Education Program



Stakeholder: Student Feedback to Program

Mechanism of Assessment	Timing
Clinical Education Course Evaluations	Following each Clinical Education Experience
CE Debriefing Sessions	Following each Clinical Education Experience
Student Surveys	Periodically as needed, e.g., preferences for types of clinical experiences prior to terminal clinical education used to guide specific site recruitment
Student Representatives for Curriculum Committee (brings positive and constructive feedback from each student cohort)	Monthly Curriculum Committee meetings
Town Hall Meetings with Program Director (share concerns and positive aspects of Program)	Each Semester
Exit Surveys and Focus Groups	Just prior to graduation

Stakeholder: Program Feedback to Students

Mechanism of Assessment	Timing
Clinical Site calls and visits (regarding student preparedness, suggestions for students, etc.)	During each clinical education experience; shared back to students during CE Preparation and debriefing sessions

Stakeholder: Clinical Community* Feedback to Program

Mechanism of Assessment	Timing
Surveys	Following each clinical education experience
Survey regarding Academic-Clinical Partnership	2015
Site calls and visits	During each clinical education experience
Meetings with Administrators regarding yearlong internship	Ongoing
CE Advisory Board Meetings	Biannual meetings

* CIs, SCCEs, CE Advisory Board, Administrators

Stakeholder: Program Feedback to CIs and SCCEs

Mechanism of Assessment	Timing
Site calls and visits	Following each clinical education experience
Review of Student evaluations of CI and Clinical Experience	Following each clinical education experience

Review of CI self-assessments	Following each clinical education experience (self-selected group of CIs)
Review of CI Tracking Form	Following each clinical education experience

Stakeholder: CIs Feedback to Students

Mechanism of Assessment	Timing
Weekly Planning Form	During each clinical education experience
Clinical Performance Instrument	Midterm and final of each fulltime clinical education experience
Site calls and visits	During each fulltime clinical education experience

Stakeholder: Student Feedback to Clinical Instructors

Mechanism of Assessment	Timing
Student evaluation of CI and Final Assessment of Experience	Following each clinical education experience

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

Goals & Expectations for Clinical Education I

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

Note: Individual course syllabus supersedes information below.

Key course objectives:

1. Upon completion of CE I, the student will be able to:
2. Apply concepts of learning in the clinical setting, which include characteristics of a novice learner, learning domains, modes of learning, and learning style preference.
3. Manage patients from initial examination through discharge with guidance/supervision from their clinical instructor.
4. Use clinical decision making frameworks in patient management (e.g. ICF model, The Guide to PT Practice, etc.)
5. Examine relationships between health condition, impairments in body structure and function, functional limitations, and participation restrictions.
6. Seek and utilize evidence in making clinical decisions.
7. Recognize the physical therapist's role within the healthcare team in the clinical setting.
8. Practice self-reflection to enhance professional growth.
9. 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.

Note: Individual course syllabus supersedes information below.

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.
8. Design a personalized professional path in preparation for selection of CE III/yearlong internship.

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

CATEGORY	DEFINITIONS
Performance Dimensions	
Supervision/ Guidance	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions. • At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills. • The student may begin to share a caseload with the clinical instructor.
Intermediate performance	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 the Benchmark Checklist on page 48 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)

Reference used: Fitzgerald LM, Delitto A, Irrgang JJ. Validation of the clinical internship evaluation tool. *Phys Ther*. 2007;87:844-860.

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.

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

Reference used: Fitzgerald LM, Delitto A, Irrgang JJ. Validation of the clinical internship evaluation tool. *Phys Ther.* 2007;87:844-860.

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

**D. American Council of Academic Physical Therapy Document:
Student Readiness for the First Fulltime Clinical Experience**



**AMERICAN COUNCIL OF
ACADEMIC PHYSICAL THERAPY**

Student Readiness for the First Full-Time Clinical Experience

The following table summarizes the minimal knowledge, skills, abilities, and professional behaviors (KSAs) identified as necessary* for physical therapist students to competently demonstrate prior to entry into the first full-time clinical experience. The KSAs are grouped into 14 themes and the recommended level of competency is indicated below.

Student Readiness Themes and KSAs		Level of Competency
Theme 1	Students should have foundational knowledge to support application and synthesis in the following content areas:	
1.1	Anatomy (i.e. functional anatomy)	At least emerging
1.2	Common diagnoses related to systems review (e.g. medical, physical therapy)	At least emerging
1.3	Kinesiology (i.e. biomechanics, exercise science, movement science)	At least emerging
1.4	Physiology / Pathophysiology (related to general systems review)	At least emerging
1.5	Tissue mechanics (e.g. stages of healing, use/disuse, load/overload)	At least emerging
Theme 2	Students should meet the specific program identified curricular requirements including:	
2.1	achieve minimum GPA	
2.2	meet minimum expectations for practical examinations	
2.3	remediation of any and all safety concerns	
Theme 3	Students should take initiative to apply evidence-based strategies to:	
3.1	generate interventions ideas	At least familiar
3.2	guide decision-making	At least familiar
3.3	measure outcomes	At least familiar
3.4	research unfamiliar information or conditions	At least emerging
Theme 4	Students should engage in self-assessment including:	
4.1	self-assessment of the impact of one's behaviors on others	At least emerging
4.2	the understanding of one's own thought processes (metacognition)	At least emerging
4.3	self-reflection and identification of areas of strength and those needing improvement, development of a plan to improve, and discussion of that plan with instructors	At least emerging
4.4	seeking out resources, including support from others when needed, to assist in implementation of the plan	At least emerging
Theme 5	Students should utilize constructive feedback by:	

5.1	being open and receptive, verbally/non-verbally	At least emerging
5.2	implementing actions to address issues promptly	At least emerging
5.3	reflecting on feedback provided	At least emerging
Theme 6	Students should demonstrate effective communication abilities within the following groups:	
6.1	diverse patient populations	At least familiar
6.2	families and other individuals important to the patients	At least familiar
6.3	healthcare professionals	At least familiar
Theme 7	Students should exhibit effective verbal, non-verbal and written communication abilities to:	
7.1	listen actively	At least emerging
7.2	demonstrate polite, personable, engaging and friendly behaviors	Proficient
7.3	independently seek information from appropriate sources	At least emerging
7.4	build rapport	At least emerging
7.5	seek assistance when needed	At least emerging
7.6	engage in shared decision-making with patients	At least familiar
7.7	demonstrate a level of comfort and respect with patient handling	At least familiar
7.8	demonstrate empathy	At least emerging
7.9	use language and terminology appropriate for the audience	At least emerging
7.10	introduce one's self to CI, clinical staff, and patients	Proficient
Theme 8	Students should be prepared to engage in learning through demonstrating:	
8.1	accountability for actions and behaviors	At least emerging
8.2	resilience/perseverance	At least emerging
8.3	cultural competence and sensitivity	At least emerging
8.4	an eager, optimistic and motivated attitude	At least emerging
8.5	respect for patients, peers, healthcare professionals and community	Proficient
8.6	open-mindedness to alternative ideas	At least emerging
8.7	punctuality with all assignments	Proficient
8.8	self-care to manage stress	At least emerging
8.9	responsibility for learning	At least emerging
8.10	self-organization	At least emerging
8.11	taking action to change when needed	At least emerging
8.12	willingness to adapt to new and changing situations	At least emerging
8.13	appropriate work ethic	At least emerging
8.14	maturity during difficult or awkward situations with patients, families and healthcare professionals	At least emerging
Theme 9	Students should develop the following elements including the documentation of:	
9.1	examination/re-examination (History, systems review, and tests and measures)	At least familiar
9.2	establish and document the problem list	At least familiar
9.3	daily interventions	At least familiar
Theme 10	Student should recognize and address issues related to safe patient care including the ability to:	

10.1	identify contraindications and precautions	At least emerging
10.2	assess and monitor vital signs	At least emerging
10.3	identify and respond to physiologic changes	At least familiar
10.4	assess the environment for safety, including lines, tubes, and other equipment	At least familiar
10.5	appropriately apply infection control procedures including universal precautions	At least emerging
10.6	provide assistance and guarding for patient safety	At least emerging
10.7	utilize appropriate body mechanics to avoid injury to self or patients	At least emerging
10.8	provide appropriate draping during patient care activities	At least emerging
Theme 11	Student should demonstrate the following clinical reasoning skills for a non-complex patient:	
11.1	utilize the elements of the patient-client management model including: address various body systems (cardiopulmonary, integumentary, musculoskeletal, neuromuscular) during the examination	At least familiar
11.2	articulate a clinical rationale in patient evaluation	At least familiar
11.3	develop goals that are linked to the patient's activity limitations and participation restrictions	At least familiar
11.4	determine appropriateness for therapy within scope of PT practice	At least familiar
11.5	interpret examination findings	At least familiar
11.6	screen to rule in/out conditions and concerns	At least familiar
Theme 12	Student should have BOTH the understanding and skill to perform the following examination skills:	
12.1	balance assessment	At least familiar
12.2	chart review to extract relevant history	At least familiar
12.3	dermatome screening	At least familiar
12.4	functional mobility assessment	At least familiar
12.5	gait assessment	At least familiar
12.6	goniometry	At least emerging
12.7	interview / history taking	At least emerging
12.8	lower quadrant screening	At least familiar
12.9	manual muscle testing	At least emerging
12.10	muscle length testing	At least emerging
12.11	myotome screening	At least emerging
12.12	reflex testing	At least emerging
12.13	sensory examination	At least emerging
12.14	medical screening for red flags	At least familiar
12.15	systems review	At least familiar
12.16	upper quadrant screening	At least familiar
Theme 13	Student should have the understanding and skill to perform the following interventions:	
13.1	prescribe, fit, and instruct patients in proper use of assistive devices	At least familiar
13.2	functional training (including bed mobility, transfers, and gait) with appropriate guarding and assistance	At least familiar
13.3	individualized patient education	At least familiar

13.4	therapeutic exercise: specifically strengthening	At least familiar
13.5	therapeutic exercise: specifically stretching	At least familiar
13.6	therapeutic exercise: specifically aerobic exercise	At least familiar
Theme 14	Student should recognize and follow specific professional standards, including:	
14.1	appropriate dress code	Proficient
14.2	core values identified by the APTA as accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility	At least emerging
14.3	<i>code of ethics identified by the APTA**</i>	
14.4	clinical expectations specific to setting	At least emerging
14.5	HIPAA regulations	At least emerging
14.6	legal aspects related to patient care	At least emerging
14.7	obligations of the patient-provider relationship	At least emerging
14.8	passion for the profession	At least emerging
14.9	patient rights	At least emerging
14.10	maintaining professional boundaries	At least emerging
14.11	understanding physical therapy's role in the healthcare system	At least emerging

** this item was added by the ACAPT membership

*This list includes only those items that were identified as necessary by greater than or equal to 80% of participants in a Delphi study involving faculty, directors of clinical education, clinical educators, and recent graduates.

KSAs identified as "at least" familiar or emerging denote some Delphi Study participants' desire for higher competency but consensus was achieved for "at least" the indicated level of competency.



At least familiar

Student has basic knowledge of the material/skill/behavior and would require guidance to apply it appropriately in the clinical setting.



At least emerging

Student understands how to apply the material/skill/behavior safely and consistently in simple situations and would require guidance to apply the concept or perform the task in more complex situations.



Proficient

Student can integrate the knowledge/skill/behavior safely and independently in all (simple and complex) clinical situations and is able to identify the need for guidance appropriately.

The results in this Table are part of a Delphi Study that has been submitted to PTJ and is currently under review.

E. APTA Minimum Required Skills of Physical Therapist Graduates at Entry Level



MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST GRADUATES AT ENTRY-LEVEL **BOD G11-05-20-49 [Guideline]**

Background

In August 2004, 28 member consultants convened in Alexandria, VA for a consensus conference on “Clinical Education in a Doctoring Profession.” One of the specific purposes of this conference was to achieve consensus on minimum skills for every graduate from a physical therapist professional program that include, but are not limited to, the skill set required by the physical therapist licensure examination. Assumptions that framed the boundaries for the discussion during this conference included:

- (1) A minimum set of required skills will be identified that every graduate from a professional physical therapist program can competently perform in clinical practice.
- (2) Physical therapist programs can prepare graduates to be competent in the performance of skills that exceed the minimum skills based on institutional and program prerogatives.
- (3) Development of the minimum required skills will include, but not be limited to, the content blueprint for the physical therapist licensure examination; put differently, no skills on the **physical therapist licensure blueprint will be excluded from the minimum skill set.**
- (4) To achieve consensus on minimum skills, 90% or more of the member consultants must be in agreement.

Minimum skills were defined as foundational skills that are indispensable for a new graduate physical therapist to perform on patients/clients in a competent and coordinated manner. Skills considered essential for any physical therapist graduate include those addressing all systems (ie, musculoskeletal, neurological, cardiovascular pulmonary, integumentary, GI, and GU) and the continuum of patient/client care throughout the lifespan. Definitions for terms used in this document are based on the *Guide to Physical Therapist Practice*. An asterisk (*) denotes a skill identified on the Physical Therapist Licensure Examination Content Outline. Given that consensus on this document was achieved by a small group of member consultants, it was agreed that the conference outcome document would be disseminated to a wider audience comprised of stakeholder groups that would be invested in and affected by this document.

The consensus-based draft document of Essential Skills of the Physical Therapist (previous title) was placed on APTA's website and stakeholder

groups, including APTA Board of Directors, all physical therapist academic program directors, Academic Coordinators/Directors of Clinical Education, and their faculties, physical therapists on CAPTE, component leaders, and a selected list of clinical educators, were invited to vote on whether or not to include/exclude specific essential skills that every physical therapist graduate should be competent in performing on patients. A total of 624 invitations to vote e-mails were sent out and 212 responses (34%) were received. Given the length of this document and the time required to complete the process, a 34% return rate was deemed acceptable for the purpose of this investigation. The “yes” and “no” votes were tabulated and analyzed.

The final “vote” was provided in a report to the Board of Directors in November 2005 for their review, deliberation, and action. The Board of Directors adopted the document Minimum Required Skills of Physical Therapist Graduates at Entry-level (revised title) as a core document to be made available to stakeholders including the Commission on Accreditation in Physical Therapy Education, physical therapist academic programs and their faculties, clinical education sites, students, and employers. The final document that follows defines Minimum Required Skills of Physical Therapist Graduates At Entry-level.

Skill Category	Description of Minimum Skills
Screening <ul style="list-style-type: none"> • <i>Systems review for referral</i> • <i>Recognize scope of limitations</i> 	<ol style="list-style-type: none"> 1. Perform review of systems to determine the need for referral or for physical therapy services. 2. Systems review screening includes the following: <ol style="list-style-type: none"> A. General Health Condition (GHC) <ul style="list-style-type: none"> (1) Fatigue (2) Malaise (3) Fever/chills/sweats (4) Nausea/vomiting (5) Dizziness/lightheadedness (6) Unexplained weight change (7) Numbness/Paresthesia (8) Weakness (9) Mentation/cognition B. Cardiovascular System (CVS)* <ul style="list-style-type: none"> (1) Dyspnea (2) Orthopnea (3) Palpitations (4) Pain/sweats (5) Syncope (6) Peripheral edema (7) Cough C. Pulmonary System (PS)* <ul style="list-style-type: none"> (1) Dyspnea (2) Onset of cough (3) Change in cough (4) Sputum (5) Hemoptysis (6) Clubbing of nails (7) Stridor (8) Wheezing D. Gastrointestinal System (GIS) <ul style="list-style-type: none"> (1) Difficulty with swallowing (2) Heartburn, indigestion (3) Change in appetite (4) Change in bowel function E. Urinary System (US) <ul style="list-style-type: none"> (1) Frequency (2) Urgency (3) Incontinence F. Genital Reproductive System (GRS) <ul style="list-style-type: none"> Male <ul style="list-style-type: none"> (1) Describe any sexual dysfunction, difficulties, or concerns Female <ul style="list-style-type: none"> (1) Describe any sexual or menstrual dysfunction, difficulties, or problems

Skill Category	Description of Minimum Skills
Screening (cont.)	<ol style="list-style-type: none"> 3. Initiate referral when positive signs and symptoms identified in the review of systems are beyond the specific skills or expertise of the physical therapist or beyond the scope of physical therapist practice. 4. Consult additional resources, as needed, including other physical therapists, evidence-based literature, other health care professionals, and community resources. 5. Screen for physical, sexual, and psychological abuse. <p><u>Cardiovascular and Pulmonary Systems*</u></p> <ol style="list-style-type: none"> 1. Conduct a systems review for screening of the cardiovascular and pulmonary system (heart rate and rhythm, respiratory rate, blood pressure, edema). 2. Read a single lead EKG. <p><u>Integumentary System*</u></p> <ol style="list-style-type: none"> 1. Conduct a systems review for screening of the integumentary system, the assessment of pliability (texture), presence of scar formation, skin color, and skin integrity. <p><u>Musculoskeletal System*</u></p> <ol style="list-style-type: none"> 1. Conduct a systems review for screening of musculoskeletal system, the assessment of gross symmetry, gross range of motion, gross strength, height and weight. <p><u>Neurological System*</u></p> <ol style="list-style-type: none"> 1. Conduct a systems review for screening of the neuromuscular system, a general assessment of gross coordinated movement (eg, balance, gait, locomotion, transfers, and transitions) and motor function (motor control and motor learning).
Examination/ Reexamination <ul style="list-style-type: none"> • <i>History</i> • <i>Tests and Measures</i> (refer to <i>Licensure Examination Outline, Guide to Physical Therapist Practice, PT Normative Model: Version 2004</i>) • <i>Systems Review for Examination</i> 	<ol style="list-style-type: none"> 1. Review pertinent medical records and conduct an interview which collects the following data: <ol style="list-style-type: none"> A. Past and current patient/client history B. Demographics C. General health status D. Chief complaint E. Medications F. Medical/surgical history G. Social history H. Present and premorbid functional status/activity I. Social/health habits J. Living environment K. Employment L. Growth and development M. Lab values N. Imaging O. Consultations 2. Based on best available evidence select examination tests and measures that are appropriate for the patient/client. 3. Perform posture tests and measures of postural alignment and positioning.*

Skill Category	Description of Minimum Skills
Examination/ Reexamination (cont.)	<p>4. Perform gait, locomotion and balance tests including quantitative and qualitative measures such as*:</p> <ul style="list-style-type: none"> A. Balance during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment B. Balance (dynamic and static) with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment C. Gait and locomotion during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment to include: <ul style="list-style-type: none"> (1) Bed mobility (2) Transfers (level surfaces and floor)* (3) Wheelchair management (4) Uneven surfaces (5) Safety during gait, locomotion, and balance D. Perform gait assessment including step length, speed, characteristics of gait, and abnormal gait patterns. <p>5. Characterize or quantify body mechanics during self-care, home management, work, community, tasks, or leisure activities.</p> <p>6. Characterize or quantify ergonomic performance during work (job/school/play)*:</p> <ul style="list-style-type: none"> A. Dexterity and coordination during work B. Safety in work environment C. Specific work conditions or activities D. Tools, devices, equipment, and workstations related to work actions, tasks, or activities <p>7. Characterize or quantify environmental home and work (job/school/play) barriers:</p> <ul style="list-style-type: none"> A. Current and potential barriers B. Physical space and environment C. Community access <p>8. Observe self-care and home management (including ADL and IADL)*</p> <p>9. Measure and characterize pain* to include:</p> <ul style="list-style-type: none"> A. Pain, soreness, and nociception B. Specific body parts <p>10. Recognize and characterize signs and symptoms of inflammation.</p> <p><u>Cardiovascular and Pulmonary Systems</u></p> <p>1. Perform cardiovascular/pulmonary tests and measures including:</p> <ul style="list-style-type: none"> A. Heart rate B. Respiratory rate, pattern and quality* C. Blood pressure D. Aerobic capacity test* (functional or standardized) such as the 6-minute walk test E. Pulse Oximetry F. Breath sounds – normal/abnormal G. Response to exercise (RPE)

Skill Category	Description of Minimum Skills
Examination/ Reexamination (cont.)	<p>C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions, with use of prosthetic device.</p> <p>D. Evaluation of residual limb or adjacent segment, including edema, range of motion, skin integrity, and strength.</p> <p>E. Safety during use of the prosthetic device.</p> <p>4. Perform tests and measures for assistive and adaptive devices including*:</p> <ul style="list-style-type: none"> A. Assistive or adaptive devices and equipment use during functional activities. B. Components, alignment, fit, and ability to care for the assistive or adaptive devices and equipment. C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions with use of assistive or adaptive devices and equipment. D. Safety during use of assistive or adaptive equipment. <p><u>Neurological System</u></p> <ol style="list-style-type: none"> 1. Perform arousal, attention and cognition tests and measures to characterize or quantify (including standardized tests and measures)*: <ul style="list-style-type: none"> A. Arousal B. Attention C. Orientation D. Processing and registration of information E. Retention and recall F. Communication/language 2. Perform cranial and peripheral nerve integrity tests and measures*: <ul style="list-style-type: none"> A. Motor distribution of the cranial nerves (eg, muscle tests, observations) B. Motor distribution of the peripheral nerves (eg, dynamometry, muscle tests, observations, thoracic outlet tests) C. Response to neural provocation (e.g. tension test, vertebral artery compression tests) D. Response to stimuli, including auditory, gustatory, olfactory, pharyngeal, vestibular, and visual (eg, observations, provocation tests) 3. Perform motor function tests and measures to include*: <ul style="list-style-type: none"> A. Dexterity, coordination, and agility B. Initiation, execution, modulation and termination of movement patterns and voluntary postures 4. Perform neuromotor development and sensory integration tests and measures to characterize or quantify*: <ul style="list-style-type: none"> A. Acquisition and evolution of motor skills, including age-appropriate development B. Sensorimotor integration, including postural responses, equilibrium, and righting reactions 5. Perform tests and measures for reflex integrity including*: <ul style="list-style-type: none"> A. Deep reflexes (eg, myotatic reflex scale, observations, reflex tests) B. Postural reflexes and reactions, including righting, equilibrium and protective reactions C. Primitive reflexes and reactions, including developmental D. Resistance to passive stretch E. Superficial reflexes and reactions

Skill Category	Description of Minimum Skills
Examination/ Reexamination (cont.)	<p>F. Resistance to velocity dependent movement</p> <p>6. Perform sensory integrity tests and measures that characterize or quantify including*:</p> <ul style="list-style-type: none"> A. Light touch B. Sharp/dull C. Temperature D. Deep pressure E. Localization F. Vibration G. Deep sensation H. Stereognosis I. Graphesthesia
Evaluation <ul style="list-style-type: none">• <i>Clinical reasoning</i>• <i>Clinical decision making</i>	<ol style="list-style-type: none"> 1. Synthesize available data on a patient/client expressed in terms of the International Classification of Function, Disability and Health (ICF) model to include body functions and structures, activities, and participation. 2. Use available evidence in interpreting the examination findings. 3. Verbalize possible alternatives when interpreting the examination findings. 4. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support a clinical decision.
Diagnosis	<ol style="list-style-type: none"> 1. Integrate the examination findings to classify the patient/client problem in terms of body functions and structures, and activities and participation (ie, practice patterns in the <i>Guide</i>) 2. Identify and prioritize impairments in body functions and structures, and activity limitations and participation restrictions to determine specific body function and structure, and activities and participation towards which the intervention will be directed.*
Prognosis	<ol style="list-style-type: none"> 1. Determine the predicted level of optimal functioning and the amount of time required to achieve that level.* 2. Recognize barriers that may impact the achievement of optimal functioning within a predicted time frame including*: <ul style="list-style-type: none"> A. Age B. Medication(s) C. Socioeconomic status D. Co-morbidities E. Cognitive status F. Nutrition G. Social Support H. Environment
Plan of Care <ul style="list-style-type: none">• <i>Goal setting</i>• <i>Coordination of Care</i>• <i>Progression of care</i>• <i>Discharge</i>	<p><u><i>Design a Plan of Care</i></u></p> <ol style="list-style-type: none"> 1. Write measurable functional goals (short-term and long-term) that are time referenced with expected outcomes. 2. Consult patient/client and/or caregivers to develop a mutually agreed to plan of care.* 3. Identify patient/client goals and expectations.* 4. Identify indications for consultation with other professionals.* 5. Make referral to resources needed by the patient/client (assumes knowledge of referral sources).*

Skill Category	Description of Minimum Skills
Plan of care (cont.)	<p>6. Select and prioritize the essential interventions that are safe and meet the specified functional goals and outcomes in the plan of care* (ie, (a) identify precautions and contraindications, (b) provide evidence for patient-centered interventions that are identified and selected, (c) define the specificity of the intervention (time, intensity, duration, and frequency), and (d) set realistic priorities that consider relative time duration in conjunction with family, caregivers, and other health care professionals).</p> <p>7. Establish criteria for discharge based on patient goals and current functioning and disability.*</p> <p><i>Coordination of Care</i></p> <ol style="list-style-type: none"> 1. Identify who needs to collaborate in the plan of care. 2. Identify additional patient/client needs that are beyond the scope of physical therapist practice, level of experience and expertise, and warrant referral.* 3. Refer and discuss coordination of care with other health care professionals.* 4. Articulate a specific rational for a referral. 5. Advocate for patient/client access to services. <p><i>Progression of Care</i></p> <ol style="list-style-type: none"> 1. Identify outcome measures of progress relative to when to progress the patient further.* 2. Measure patient/client response to intervention.* 3. Monitor patient/client response to intervention. 4. Modify elements of the plan of care and goals in response to changing patient/client status, as needed.* 5. Make on-going adjustments to interventions according to outcomes including environmental factors and personal factors and, medical therapeutic interventions. 6. Make accurate decisions regarding intensity and frequency when adjusting interventions in the plan of care. <p><i>Discharge Plan</i></p> <ol style="list-style-type: none"> 1. Re-examine patient/client if not meeting established criteria for discharge based on the plan of care. 2. Differentiate between discharge of the patient/client, discontinuation of service, and transfer of care with re-evaluation.* 3. Prepare needed resources for patient/client to ensure timely discharge, including follow-up care. 4. Include patient/client and family/caregiver as a partner in discharge.* 5. Discontinue care when services are no longer indicated. 6. When services are still needed, seek resources and/or consult with others to identify alternative resources that may be available. 7. Determine the need for equipment and initiate requests to obtain.

Skill Category	Description of Minimum Skills
<p>Interventions</p> <ul style="list-style-type: none"> • Safety, Emergency Care, CPR and First Aid • Standard Precautions • Body Mechanics and Positioning • Categories of Interventions (See NPTE List and Guide) 	<p><u>Safety, Cardiopulmonary Resuscitation Emergency Care, First Aid</u></p> <ol style="list-style-type: none"> 1. Ensure patient safety and safe application of patient/client care.* 2. Perform first aid.* 3. Perform emergency procedures.* 4. Perform Cardiopulmonary Resuscitation (CPR).* <p><u>Precautions</u></p> <ol style="list-style-type: none"> 1. Demonstrate appropriate sequencing of events related to universal precautions.* 2. Use Universal Precautions. 3. Determine equipment to be used and assemble all sterile and non-sterile materials.* 4. Use transmission-based precautions. 5. Demonstrate aseptic techniques.* 6. Apply sterile procedures.* 7. Properly discard soiled items.* <p><u>Body Mechanics and Positioning</u></p> <ol style="list-style-type: none"> 1. Apply proper body mechanics (utilize, teach, reinforce, and observe).* 2. Properly position, drape, and stabilize a patient/client when providing physical therapy.* <p><u>Interventions</u></p> <ol style="list-style-type: none"> 1. Coordination, communication, and documentation may include: <ol style="list-style-type: none"> A. Addressing required functions: <ol style="list-style-type: none"> (1) Establish and maintain an ongoing collaborative process of decision-making with patients/clients, families, or caregivers prior to initiating care and throughout the provision of services.* (2) Discern the need to perform mandatory communication and reporting (eg, incident reports, patient advocacy and abuse reporting). (3) Follow advance directives. B. Admission and discharge planning. C. Case management. D. Collaboration and coordination with agencies, including: <ol style="list-style-type: none"> (1) Home care agencies (2) Equipment suppliers (3) Schools (4) Transportation agencies (5) Payer groups E. Communication across settings, including: <ol style="list-style-type: none"> (1) Case conferences (2) Documentation (3) Education plans F. Cost-effective resource utilization. G. Data collection, analysis, and reporting of: <ol style="list-style-type: none"> (1) Outcome data (2) Peer review findings (3) Record reviews H. Documentation across settings, following APTA's Guidelines for Physical Therapy Documentation, including: <ol style="list-style-type: none"> (1) Elements of examination, evaluation, diagnosis, prognosis, and intervention

Skill Category	Description of Minimum Skills
Interventions (cont.)	<ul style="list-style-type: none"> (2) Changes in body structure and function, activities and participation. (3) Changes in interventions (4) Outcomes of intervention I. Interdisciplinary teamwork: <ul style="list-style-type: none"> (1) Patient/client family meetings (2) Patient care rounds (3) Case conferences J. Referrals to other professionals or resources.* 2. Patient/client-related instruction may include: <ul style="list-style-type: none"> A. Instruction, education, and training of patients/clients and caregivers regarding: <ul style="list-style-type: none"> (1) Current condition, health condition, impairments in body structure and function, and activity limitations, and participation restrictions)* (2) Enhancement of performance (3) Plan of care: <ul style="list-style-type: none"> a. Risk factors for health condition, impairments in body structure and function, and activity limitations, and participation restrictions. b. Preferred interventions, alternative interventions, and alternative modes of delivery c. Expected outcomes (4) Health, wellness, and fitness programs (management of risk factors) (5) Transitions across settings 3. Therapeutic exercise may include performing: <ul style="list-style-type: none"> A. Aerobic capacity/endurance conditioning or reconditioning*: <ul style="list-style-type: none"> (1) Gait and locomotor training* (2) Increased workload over time (modify workload progression) (3) Movement efficiency and energy conservation training (4) Walking and wheelchair propulsion programs (5) Cardiovascular conditioning programs B. Balance*, coordination*, and agility training: <ul style="list-style-type: none"> (1) Developmental activities training* (2) Motor function (motor control and motor learning) training or retraining (3) Neuromuscular education or reeducation* (4) Perceptual training (5) Posture awareness training* (6) Sensory training or retraining (7) Standardized, programmatic approaches (8) Task-specific performance training C. Body mechanics and postural stabilization: <ul style="list-style-type: none"> (1) Body mechanics training* (2) Postural control training* (3) Postural stabilization activities* (4) Posture awareness training*

Skill Category	Description of Minimum Skills
Interventions (continued)	<p>D. Flexibility exercises:</p> <ul style="list-style-type: none"> (1) Muscle lengthening* (2) Range of motion* (3) Stretching* <p>E. Gait and locomotion training*:</p> <ul style="list-style-type: none"> (1) Developmental activities training* (2) Gait training* (3) Device training* (4) Perceptual training* (5) Basic wheelchair training* <p>F. Neuromotor development training:</p> <ul style="list-style-type: none"> (1) Developmental activities training* (2) Motor training (3) Movement pattern training (4) Neuromuscular education or reeducation* <p>G. Relaxation:</p> <ul style="list-style-type: none"> (1) Breathing strategies* (2) Movement strategies (3) Relaxation techniques <p>H. Strength, power, and endurance training for head, neck, limb, and trunk*:</p> <ul style="list-style-type: none"> (1) Active assistive, active, and resistive exercises (including concentric, dynamic/isotonic, eccentric, isokinetic, isometric, and plyometric exercises) (2) Aquatic programs* (3) Task-specific performance training <p>I. Strength, power, and endurance training for pelvic floor:</p> <ul style="list-style-type: none"> (1) Active (Kegel) <p>J. Strength, power, and endurance training for ventilatory muscles:</p> <ul style="list-style-type: none"> (1) Active and resistive <p>4. Functional training in self-care and home management may include*:</p> <ul style="list-style-type: none"> A. Activities of daily living (ADL) training: <ul style="list-style-type: none"> (1) Bed mobility and transfer training* (2) Age appropriate functional skills B. Barrier accommodations or modifications* C. Device and equipment use and training: <ul style="list-style-type: none"> (1) Assistive and adaptive device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)* (2) Orthotic, protective, or supportive device or equipment training during self-care and home management* (3) Prosthetic device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)*

Skill Category	Description of Minimum Skills
Interventions (cont.)	<p>D. Functional training programs*: (1) Simulated environments and tasks* (2) Task adaptation</p> <p>E. Injury prevention or reduction: (1) Safety awareness training during self-care and home management* (2) Injury prevention education during self-care and home management (3) Injury prevention or reduction with use of devices and equipment</p> <p>5. Functional training in work (job/school/play), community, and leisure integration or reintegration may include*:</p> <p>A. Barrier accommodations or modifications*</p> <p>B. Device and equipment use and training*: (1) Assistive and adaptive device or equipment training during instrumental activities of daily living(IADL)* (2) Orthotic, protective, or supportive device or equipment training during IADL for work* (3) Prosthetic device or equipment training during IADL *</p> <p>C. Functional training programs: (1) Simulated environments and tasks (2) Task adaptation (3) Task training</p> <p>D. Injury prevention or reduction: (1) Injury prevention education during work (job/school/play), community, and leisure integration or reintegration (2) Injury prevention education with use of devices and equipment (3) Safety awareness training during work (job/school/play), community, and leisure integration or reintegration (4) Training for leisure and play activities</p> <p>6. Manual therapy techniques may include:</p> <p>A. Passive range of motion</p> <p>B. Massage: (1) Connective tissue massage (2) Therapeutic massage</p> <p>C. Manual traction*</p> <p>D. Mobilization/manipulation: (1) Soft tissue* (thrust and nonthrust*) (2) Spinal and peripheral joints* (thrust and nonthrust*)</p> <p>7. Prescription, application, and, as appropriate, fabrication of devices and equipment may include*:</p> <p>A. Adaptive devices*:</p>

Skill Category	Description of Minimum Skills
Interventions (cont.)	<p>(1) Hospital beds (2) Raised toilet seats (3) Seating systems – prefabricated</p> <p>B. Assistive devices*: (1) Canes (2) Crutches (3) Long-handled reachers (4) Static and dynamic splints – prefabricated (5) Walkers (6) Wheelchairs</p> <p>C. Orthotic devices*: (1) Prefabricated braces (2) Prefabricated shoe inserts (3) Prefabricated splints</p> <p>D. Prosthetic devices (lower-extremity)*</p> <p>E. Protective devices*: (1) Braces (2) Cushions (3) Helmets (4) Protective taping</p> <p>F. Supportive devices*: (1) Prefabricated compression garments (2) Corsets (3) Elastic wraps (4) Neck collars (5) Slings (6) Supplemental oxygen - apply and adjust (7) Supportive taping</p> <p>8. Airway clearance techniques may include*: A. Breathing strategies*: (1) Active cycle of breathing or forced expiratory techniques* (2) Assisted cough/huff techniques* (3) Paced breathing* (4) Pursed lip breathing (5) Techniques to maximize ventilation (eg, maximum inspiratory hold, breath stacking, manual hyperinflation)</p> <p>B. Manual/mechanical techniques*: (1) Assistive devices</p> <p>C. Positioning*: (1) Positioning to alter work of breathing (2) Positioning to maximize ventilation and perfusion</p> <p>9. Integumentary repair and protection techniques may include*: A. Debridement*—nonselective:</p>

Skill Category	Description of Minimum Skills
Interventions (continued)	<ul style="list-style-type: none"> (1) Enzymatic debridement (2) Wet dressings (3) Wet-to-dry dressings (4) Wet-to-moist dressings B. Dressings*: <ul style="list-style-type: none"> (1) Hydrogels (2) Wound coverings C. Topical agents*: <ul style="list-style-type: none"> (1) Cleansers (2) Creams (3) Moisturizers (4) Ointments (5) Sealants <p>10. Electrotherapeutic modalities may include:</p> <ul style="list-style-type: none"> A. Biofeedback* B. Electrotherapeutic delivery of medications (eg, iontophoresis)* C. Electrical stimulation*: <ul style="list-style-type: none"> (1) Electrical muscle stimulation (EMS)* (2) Functional electrical stimulation (FES) (3) High voltage pulsed current (HVPC) (4) Neuromuscular electrical stimulation (NMES) (5) Transcutaneous electrical nerve stimulation (TENS) <p>11. Physical agents and mechanical modalities may include:</p> <p><i>Physical agents:</i></p> <ul style="list-style-type: none"> A. Cryotherapy*: <ul style="list-style-type: none"> (1) Cold packs (2) Ice massage (3) Vapocoolant spray B. Hydrotherapy*: <ul style="list-style-type: none"> (1) Contrast bath (2) Pools (3) Whirlpool tanks* C. Sound agents*: <ul style="list-style-type: none"> (1) Phonophoresis* (2) Ultrasound* D. Thermotherapy*: <ul style="list-style-type: none"> (1) Dry heat (2) Hot packs* (3) Paraffin baths* <p><i>Mechanical modalities:</i></p> <ul style="list-style-type: none"> A. Compression therapies (prefabricated)* <ul style="list-style-type: none"> (1) Compression garments

Skill Category	Description of Minimum Skills
Interventions (continued)	<p>(2) Vasopneumatic compression devices*</p> <p>(3) Taping</p> <p>(4) Compression bandaging (excluding lymphedema)</p> <p>B. Gravity-assisted compression devices:</p> <p>(1) Standing frame*</p> <p>(2) Tilt table*</p> <p>C. Mechanical motion devices*:</p> <p>(1) Continuous passive motion (CPM)*</p> <p>D. Traction devices*:</p> <p>(1) Intermittent</p> <p>(2) Positional</p> <p>(3) Sustained</p>
Outcomes Assessment	<ol style="list-style-type: none"> 1. Perform chart review/audit with respect to documenting components of patient/client management and facility procedures and regulatory requirements. 2. Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of functioning.* 3. Select outcome measures for levels of impairments in body function and structure, activity limitations, and participation restrictions with respect for psychometric properties of the outcomes. 4. Aggregate data across patients/clients and analyze results as it relates to the effectiveness of clinical performance (intervention).*
Education <ul style="list-style-type: none"> • <i>Patients/clients, families, and caregivers</i> • <i>Colleagues, other healthcare professionals, and students</i> 	<p><u>Patient/Client</u></p> <ol style="list-style-type: none"> 1. Determine patient/client variables that affect learning.* 2. Educate the patient/client and caregiver about the patient's/client's current health condition/examination findings, plan of care and expected outcomes, utilizing their feedback to modify the plan of care and expected outcomes as needed.* 3. Assess prior levels of learning for patient/client and family/caregiver to ensure clarity of education. 4. Educate patients/clients and caregivers to recognize normal and abnormal response to interventions that warrant follow-up.* 5. Provide patient/client and caregiver clear and concise home/independent program instruction at their levels of learning and ensure the patient's /client's understanding of home/independent program.* 6. Educate patient/client and caregiver to enable them to articulate and demonstrate the nature of the impairments in body function and structure, activity limitations, and participation restrictions and how to safely and effectively manage the impairments in body function and structure, activity limitations, and participation restrictions (eg, identify symptoms, alter the program, and contact the therapist).* <p><u>Colleagues</u></p> <ol style="list-style-type: none"> 1. Identify patient/client related questions and systematically locate and critically appraise evidence that addresses the question. 2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation of the physical therapist and scope

Skill Category	Description of Minimum Skills
	<p>of physical therapist practice.</p> <ol style="list-style-type: none"> 3. Address relevant learning needs, convey information, and assess outcomes of learning. 4. Present contemporary topics/issues using current evidence and sound teaching principles (ie, case studies, in-service, journal article review, etc.).
Practice Management <ul style="list-style-type: none"> • <i>Billing/Reimbursement</i> • <i>Documentation</i> • <i>Quality Improvement</i> • <i>Direction and Supervision</i> • <i>Marketing and Public Relations</i> • <i>Patient Rights, Patient Consent, Confidentiality, and HIPPA</i> 	<p><u>Billing/Reimbursement</u></p> <ol style="list-style-type: none"> 1. Describe the legal/ethical ramifications of billing and act accordingly. 2. Correlate/distinguish between billing and reimbursement. 3. Include consideration of billing/ reimbursement in the plan of care. 4. Choose correct and accurate ICD-9 and CPT codes. 5. Contact insurance company to follow-up on a denial or ask for additional services including Durable Medical Equipment (DME). 6. Describe the implications of insurers' use of the <i>Guide</i> on billing/reimbursement. <p><u>Documentation of Care</u></p> <ol style="list-style-type: none"> 1. Document patient/client care in writing that is accurate and complete using institutional processes.* 2. Use appropriate grammar, syntax, spelling, and punctuation in written communication. 3. Use appropriate terminology and institutionally approved abbreviations. 4. Use an organized and logical framework to document care (eg, refer to the <i>Guide to Physical Therapist Practice</i>, Appendix 5).* 5. Conform to documentation requirements of the practice setting and the reimbursement system. 6. Accurately interpret documentation from other health care professionals. <p><u>Quality Improvement</u></p> <ol style="list-style-type: none"> 1. Participate in quality improvement program of self, peers, and setting/institution. 2. Describe the relevance and impact of institutional accreditation (eg, Joint Commission or CARF) on the delivery of physical therapy services. <p><u>Direction and Supervision of Physical Therapist Assistants (PTAs) and Other Support Personnel</u></p> <ol style="list-style-type: none"> 1. Follow legal and ethical requirements for direction and supervision. 2. Supervise the physical therapist assistant and/or other support personnel. 3. Select appropriate patients/clients for whom care can be directed to physical therapist assistants based on patient complexity and acuity, reimbursement, PTA knowledge/skill, jurisdictional law, etc. 4. In any practice setting, maintain responsibility for patient/client care by regularly monitoring care and patient progression throughout care provided by PTAs and services provided by other support personnel. <p><u>Marketing and Public Relations</u></p> <ol style="list-style-type: none"> 1. Present self in a professional manner. 2. Promote the profession by discussing the benefits of physical therapy in all interactions, including presentations to the community about physical therapy. <p><u>Patient Rights, Patient Consent, Confidentiality, and Health Insurance Portability and Accountability Act (HIPAA)*</u></p>

Skill Category	Description of Minimum Skills
	<p>1. Obtain consent from patients/clients and/or caregiver for the provision of all components of physical therapy including*: A. treatment-related* B. research* C. fiscal</p> <p>2. Comply with HIPAA/FERPA regulations.*</p> <p>3. Act in concert with institutional “Patient Rights” statements and advanced directives (eg, Living wills, Do Not Resuscitate (DNR) requests, etc.).</p> <p><u>Informatics</u></p> <p>1. Use current information technology, including word-processing, spreadsheets, and basic statistical packages.</p> <p><u>Risk Management</u></p> <p>1. Follow institutional/setting procedures regarding risk management.</p> <p>2. Identify the need to improve risk management practices.</p> <p><u>Productivity</u></p> <p>1. Analyze personal productivity using the clinical facility’s system and implement strategies to improve when necessary.</p>
Professionalism: Core Values <ul style="list-style-type: none"> • Accountability • Altruism • Compassion/Caring • Excellence • Integrity • Professional Duty • Social Responsibility 	<p><u>Core Values</u></p> <p>1. Demonstrate all APTA core values associated with professionalism.</p> <p>2. Identify resources to develop core values.</p> <p>3. Seek mentors and learning opportunities to develop and enhance the degree to which core values are demonstrated.</p> <p>4. Promote core values within a practice setting.</p>
Consultation	<p>1. Provide consultation within the context of patient/client care with physicians, family and caregivers, insurers, and other health care providers, etc.</p> <p>2. Accurately self-assess the boundaries within which consultation outside of the patient/client care context can be provided.</p> <p>3. Render advice within the identified boundaries or refer to others.</p>
Evidence-Based Practice <ul style="list-style-type: none"> • <i>Impact of Research on Practice</i> 	<p>1. Discriminate among the levels of evidence (eg, Sackett).</p> <p>2. Access current literature using databases and other resources to answer clinical/practice questions.</p> <p>3. Read and critically analyze current literature.</p> <p>4. Use current evidence, patient values, and personal experiences in making clinical decisions.*</p> <p>5. Prepare a written or verbal case report.</p> <p>6. Share expertise related to accessing evidence with colleagues.</p>

Skill Category	Description of Minimum Skills
Communication <ul style="list-style-type: none"> • <i>Interpersonal</i> • <i>Verbal</i> • <i>Written</i> 	<p><u>Interpersonal</u> (including verbal, non-verbal, electronic)</p> <ol style="list-style-type: none"> 1. Develop rapport with patients/clients and others. 2. Display sensitivity to the needs of others. 3. Actively listen to others. 4. Engender confidence of others. 5. Ask questions in a manner that elicits needed responses. 6. Modify communication to meet the needs of the audience. 7. Demonstrate congruence between verbal and non-verbal messages. 8. Use appropriate grammar, syntax, spelling, and punctuation in written communication. 9. Use appropriate, and where available, standard terminology and abbreviations. 10. Maintain professional relationships with all persons. 11. Adapt communication in ways that recognize and respect the knowledge and experiences of colleagues and others. <p><u>Conflict Management/Negotiation</u></p> <ol style="list-style-type: none"> 1. Recognize potential for conflict. 2. Implement strategies to prevent and/or resolve conflict. 3. Seek resources to resolve conflict when necessary,
Cultural Competence	<ol style="list-style-type: none"> 1. Elicit the "patient's story" to avoid stereotypical assumptions. 2. Utilize information about health disparities during patient/client care. 3. Provide care in a non-judgmental manner. 4. Acknowledge personal biases, via self-assessment or critical assessment of feedback from others. 5. Recognize individual and cultural differences and adapt behavior accordingly in all aspects of physical therapy care.*
Promotion of Health, Wellness, and Prevention	<ol style="list-style-type: none"> 1. Identify patient/client health risks during the history and physical via the systems review. 2. Take vital signs of every patient/client during each visit. 3. Collaborate with the patient/client to develop and implement a plan to address health risks.* 4. Determine readiness for behavioral change. 5. Identify available resources in the community to assist in the achievement of the plan. 6. Identify secondary and tertiary effects of disability. 7. Demonstrate healthy behaviors. 8. Promote health/wellness in the community.

Relationship to Vision 2020: Doctor of Physical Therapy (Academic/Clinical Education Affairs Department, ext 3203)
 [Document updated: 12/14/2009]

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

F. Professional Behaviors for the 21st Century

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 Site Coordinators of Clinical Education (SCCE'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, SCCE'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

G. Time in Clinic Policy

Time in Clinic / Attendance Policy

Attendance in clinical education (CE) falls under mandatory coursework and is an essential part of the DPT curriculum. Students should plan to be in attendance on all required days and recognize that making up time in clinic can be challenging for several reasons, including time-constraints in the curriculum, burden on the site and clinical instructor (CI), and variable clinic schedules.

Holidays

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 2 days during the clinical experience, students may be required to make up the missed time and must notify their CE faculty advisor. The student, CI, and advisor will work together to determine a plan for making up the missed time.

Injury during Clinical Education

In the event that a student is injured in the clinic during a clinical experience, as stated in the Clinical Training Agreement, they 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.

Illness

Due to the mandatory nature of clinical education, time off needs to be minimized. The Program recognizes that illness or non clinic related injury may impact a student's ability to participate in clinic. This, and the fact that students are often working with immunocompromised and/or medically fragile patients, may necessitate time off due to illness or injury. There are appropriate times to call in sick - please be aware of your clinical site's guidelines related to illness. Students should participate in determining how patients and other responsibilities will be covered during missed time. **In the event of illness or injury, the student should contact their clinical instructor and their CE faculty advisor as soon as possible.** If the student is unable to reach these individuals, a voice message and/or email message should be left. As appropriate, the Director of Clinical Education (DCE) will notify the faculty that the student will be absent over a certain time period. With consent from the student, the DCE will inform the faculty of the reason for the absence.

Upon the student's return, arrangements may be made to make up missed time and content.

**See specifics under each clinical education experience below.

Unanticipated Life Events

The Program recognizes that unanticipated life events of an emergent nature do occur. In the event that an unavoidable personal event or serious family issue (e.g. family illness or death) occurs during a clinical experience, **the student should contact their**

clinical instructor and their CE faculty advisor as soon as possible. If the student is unable to reach one of these individuals, a voice message and/or email message should be left. As appropriate, the DCE will notify the faculty as a whole that the student will be absent over a certain time period. With consent from the student, the DCE will inform the faculty of the reason for the absence.

Upon the student's return, arrangements may be made to make up missed time and content.

**See specifics under each clinical education experience below.

Professional Development

Opportunities for professional development may arise while you are in clinic. While the Program supports exposure to professional development opportunities, these events should not distract from clinic learning experiences. Students will be expected to make up any time missed for professional development and must follow formal request procedures/policies below. Students are welcome to attend any professional development activities that occur outside of their normal clinic hours (e.g. weekends, evenings).

**See specifics under each clinical education experience below.

**See procedures for requesting time off below.

Planned Personal Events

The Program understands that important personal and milestone family events may occur during clinical education rotations. Attendance during clinical education is considered mandatory but we recognize that in **rare** circumstances students may request an exception to this policy. Students should not expect or assume that requests for personal time off will be approved, so please do not make any formal plans (e.g. purchase plane tickets) until time off has been formally approved. Students WILL be expected to make up this time and must follow formal request procedures/policies outlined below.

**See specifics under each clinical education experience below.

**See procedures for requesting time off below.

Considerations for Make-up Time

If a student misses more than the permissible number of days in a clinical experience (see individual experiences below), make-up time may be required. Items the CE faculty advisor will take into consideration when planning make-up time may include: student feedback; CI feedback; and CI perceptions of the student's ability to reach necessary goals/benchmarks, professional behaviors, and mid-term CPI ratings (if available). 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.

Integrated Clinical Experiences (ICE)

During ICE a student may not miss more than **one day** due to illness or other unanticipated life events (eg. family illness, funeral). If a student misses more than one day, the student will be required to make up the missed time. The student, CI, and ICE

course coordinator will work together to determine the best way to make up the days. Due to the team-based nature of ICE, the limited number of days involved and difficulty providing meaningful make-up time, students are not permitted to request time off for planned personal or professional activities during ICE I or ICE II.

Clinical Education I and Clinical Education II

The Program policies surrounding time off reflect those found in the professional physical therapy environment. Students are allotted up to one day to be used for either personal or professional events during each of CE I and CE II. To model expectations for employees at clinical sites, the request must be submitted to the program Absence Committee in advance and approval is not guaranteed. The student will be required to make up the missed time.

**See procedures for requesting time off below.

Exception for CE II- if students wish to attend CSM during CE II, up to 2 days off will be granted by the CU PT Program. Students must be in good academic standing at the time of the conference in order to attend – if on academic probation, the student will not be allowed to attend even if travel arrangements and registration have been completed. There is no requirement to make up these missed days unless the student is not meeting benchmarks for the experience or if required by the CI.

Clinical Education III

The Program policies surrounding time off reflect those found in the professional physical therapy environment. Students are allotted up to two days to be used for either personal or professional events during CE III (pre-graduation phase of the Internship). To model expectations for employees at clinical sites, the request must be submitted to the program Absence Committee in advance and approval is not guaranteed. The student will be required to make up the missed time.

**See procedures for requesting time off below.

Exception for CE III: For students who plan to sit for the NPTE fall test date during CE III: Students will be allowed one day off to sit for the exam. There is no requirement to make up the missed day unless the student is not meeting benchmarks for the experience or if required by the CI. This exception only pertains to the date of the NPTE and does NOT include any additional days for travel or study. If additional travel days are requested, students must follow the standard procedure to request time off during clinical education and these days would fall under the general CE III attendance policy above.

***Note: this exception only addresses attendance for the NPTE, not whether a student is eligible to sit for the exam.

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 (see above for details/definitions). To request time off during clinical education, students will submit a written request to the Absences Committee no later than 6 weeks prior to the clinical experience, following the procedure outlined below. This includes requests related to both professional development opportunities and personal events. **Do NOT contact your CI with requests for time off and do NOT make travel or activity arrangements until all steps below are completed.**

Any absence request that is approved is provisional, pending student performance during the clinical experience.

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 they 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. If the Student Absences Committee and the CE faculty advisor agree that the time off request meets the criteria outlined in “Time in Clinic/Attendance Policy”, the approval process will proceed to the following step.
4. The CE faculty advisor will communicate directly with the CI and/or CCCE to discuss the absence request and 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. **Please remember, any absence request that is approved is provisional, pending student performance during the clinical experience.** Students should understand that plans may need to be modified or canceled if the CI/CCCE and CE faculty advisor feels that missed clinic time will impact successful completion of the clinical experience.
5. 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.
6. If a denial decision from the Student Absences Committee is not followed, the student will be referred to the Student Promotions Committee.

H. Clinical Training Agreement

UNIVERSITY OF COLORADO SCHOOL OF MEDICINE CLINICAL TRAINING AGREEMENT

THIS CLINICAL TRAINING AGREEMENT ("AGREEMENT") is made and entered into on _____ by and between _____ ("AGENCY") with principle offices located at _____ and The Regents of the University of Colorado, a body corporate, for and on behalf of the University of Colorado School of Medicine, Physical Therapy Program ("SCHOOL") at Anschutz Medical Campus in Aurora Colorado 80045.

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

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

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

A. Responsibilities of the SCHOOL

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

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

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

4. The SCHOOL will instruct all students assigned to the AGENCY facilities in the confidentiality of patient/client records and patient/client information imparted during the training experience, and will ensure all students complete the SCHOOL's training modules necessary to comply with its HIPAA requirements as a covered entity. The SCHOOL will also instruct all students that the confidentiality requirements survive the termination or expiration of this AGREEMENT.

5. The SCHOOL will require all participating students to provide proof of health insurance. In the event of an emergency, AGENCY will provide such emergency care as is provided its employees. The student will be responsible for any charges thus generated if the charges are not covered under the Colorado Workers' Compensation Act.

6. The SCHOOL will require all participating students to have passed a criminal background check and to have documented appropriate immunizations. If applicable, the AGENCY shall notify the SCHOOL of any requests for evidence of immunization. The SCHOOL will then provide evidence to the AGENCY of any required immunizations for its students.

7. The SCHOOL will encourage student compliance with AGENCY rules, regulations, and procedures, and use its best efforts to keep students informed as to the same and any changes therein. Specifically, the SCHOOL will keep each participating student apprised of his or her responsibilities at the AGENCY.

8. The SCHOOL has an equal opportunity/affirmative action program and does not discriminate on the basis of race, sex, creed, color, age, national origin, religion, sexual orientation, individual handicap, or political affiliation in any aspect of employment or training.

The SCHOOL's educational programs, activities, and services offered to students, faculty, and/or employees are administered on a nondiscriminatory basis subject to the provisions of Title VI and VII of the Civil Rights Act of 1964, Titles VII and VIII of the Public Health Services Act, the Rehabilitation Act of 1973 (Section 504), the Equal Pay Act of 1963 as amended, Title IX of the Educational Amendments of 1972, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, and the nondiscrimination laws of the State of Colorado.

9. The SCHOOL warrants and represents that it self-insures for professional liability insurance for itself and for its public employees and students who provide health care services pursuant to the Colorado Governmental Immunity Act (C.R.S. §§24-10-101 through 24-10-120). The SCHOOL agrees that its self-insurance program will provide coverage in accordance with the limits of the Colorado Governmental Immunity Act. The Colorado Governmental Immunity Act provides that the maximum amount that may be recovered against a public entity, public employee or student will be (a) \$350,000 for any injury to one person in a single occurrence, and (b) \$990,000 for any injury to two or more persons in any single occurrence (except that no person may recover in excess of \$350,000).

For those approved activities that take place in a state other than Colorado, or in the event a court of competent jurisdiction determines on final judgment that the limits of the Colorado Governmental Immunity Act do not apply, the University of Colorado Self-Insurance and Risk Management Trust has provided for professional liability insurance coverage of at or above \$1,000,000/\$3,000,000 through a commercial insurance policy, to the extent that such policy would cover the actions of students from the SCHOOL participating under this Agreement.

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

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

B. Responsibilities of the AGENCY

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

2. The AGENCY will provide the opportunity for students and faculty to observe and participate in agreed upon services provided by AGENCY.

3. The AGENCY will retain full responsibility for care of the patients and will maintain administrative and professional supervision of students insofar as their presence and program assignments affect the operation of the AGENCY and its care, direct and indirect, of patients.

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

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

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

to participate in the program.

7. In the event a student is exposed to an infectious or environmental hazard or other occupational injury (i.e. needle stick) while at the AGENCY, the AGENCY will provide such emergency care as is provided its employees, including, where applicable: examination and evaluation by AGENCY's emergency department or other appropriate facility as soon as possible after the injury; emergency medical care immediately following the injury as necessary; initiation of the HBV, Hepatitis C (HCV), and HIV protocol as necessary; and HIV counseling and appropriate testing as necessary. In the event that AGENCY does not have the resources to provide such emergency care, AGENCY will refer such student to the nearest emergency facility. The SCHOOL will be responsible for any charges thus generated pursuant to the requirements of the Colorado Workers' Compensation Act, C.R.S. § 8-40-101 et seq. The student shall be responsible for any charges that are not covered under the Colorado Workers' Compensation Act.

8. The AGENCY, its employees, agents and representatives will maintain in confidence student files and personal information and limit access to only those employees or agents with a need to know and further agrees to comply with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g ("FERPA") and its implementing regulations and all applicable federal and state laws and regulations concerning the confidentiality of such student information to the same extent as such laws and regulations apply to SCHOOL. For the purposes of this Agreement, pursuant to FERPA, SCHOOL hereby designates AGENCY as a school official with a legitimate educational interest in the educational records of the student(s) who participate in the Program to the extent that access to the records is required by AGENCY to carry out the Program.

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

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

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

12. The AGENCY will resolve any situation in favor of its patients' welfare and restrict a student to the role of observer when a problem may exist until the incident can be resolved by the staff in charge of the student or the student is removed. The AGENCY will notify the School's course director if such an action is required.

13. The AGENCY shall designate a faculty site educator/coordinator. The AGENCY shall notify the SCHOOL of the temporary absence (more than one week) of the faculty site educator/coordinator.

C. Mutual Responsibilities

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

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

3. The personnel of both parties will seek each other's cooperation in carrying out the provisions of this AGREEMENT. During the term of this AGREEMENT, arrangements may be made for periodic meetings between representatives of the SCHOOL and representatives of the

AGENCY to promote understanding of and adjustments to any operation or activity involved herein.

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

D. Financial Considerations

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

E. Term and Termination

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

F. Governing Law

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

G. Employment Disclaimer

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

H. Assignment

This AGREEMENT will not be assigned by either party without the prior written consent of the other.

I. Governmental Immunity

It is specifically understood and agreed that nothing contained in this paragraph or elsewhere in this AGREEMENT will be construed as: an express or implied waiver by the SCHOOL of its governmental immunity or of the governmental immunity of the State of Colorado; an express or implied acceptance by the SCHOOL of liabilities arising as a result of actions

which lie in tort or could lie in tort in excess of the liabilities allowable under the Colorado Governmental Immunity Act, C.R.S. §24-10-101 et seq.; a pledge of the full faith and credit of a debtor contract; or, as the assumption by the SCHOOL of a debt, contract, or liability of the contractor in violation of Article XI, Section 1 of the Constitution of Colorado.

J. Notices

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

For the School: University of Colorado Physical Therapy Program C244, 13121 E. 17th Ave. Aurora, CO 80045 Attn: Jenny Rodriguez, PT, DPT	For the Agency:
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K. Responsibility for Injuries

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

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

Notwithstanding the foregoing, in no event shall either party be liable hereunder (whether in an action in negligence, contract or tort or based on a warranty or otherwise) for any indirect, incidental, special or consequential damages incurred by the other party or any third party, even if the party has been advised of the possibility of such damages.

L. Severability

The invalidity of any provision of this AGREEMENT will not affect the validity of any other provisions.

M. Headlines

Headlines in this AGREEMENT are for convenience only.

N. Entire Agreement

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

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

THE REGENTS OF THE UNIVERSITY OF COLORADO

a Body Corporate:

BY: _____

John J. Reilly, Jr., MD
Dean for the School of Medicine

DATE: _____

The (AGENCY):

BY : _____
(Name)
(Title)

DATE: _____