

DEPARTMENT OF PHYSICAL THERAPY
School of Allied Health Sciences

Overview of Clinical Courses

The clinical education portion of the curriculum provides opportunities for students to refine learned skills and behaviors and apply them in clinical practice settings. With supervision and instruction from a physical therapist clinical instructor, students work directly with patients, their families, and other members of the healthcare team in a variety of clinical settings. The expectation is that students will progress toward greater independence and improved consistency and efficiency with performance in increasingly complex environments and with increasingly complex patient/client problems. By the end of the final clinical course, students will be functioning on the level of an entry-level physical therapist.

Clinical education experiences are designed and planned to afford students opportunities to demonstrate mastery of the program's expectations for clinical performance. Students are required to seek assignments based on available clinical slots that will ultimately provide them with the education and experience they need to function as entry-level practitioners across the life span and the continuum of care. Assignments are made via a random, computerized matching program which takes into account the students' needs and preferences. Students consult with their advisor and/or the Academic Coordinator of Clinical Education (ACCE) during the match process to ensure that their preferences reflect their educational needs and the program's expectations. **Every student will complete at least one rotation in an outpatient orthopedic setting and one rotation in an inpatient acute/general medical setting.** Final approval of clinical assignments is made by the ACCE.

In order to ensure that each student attains the desired depth and breadth of experiences, students should expect that at least one assignment will involve travel to a geographical area (outside of Central Savannah River Area [CSRA]); students should plan accordingly to meet cost of living expenses during all assignments. Other guidelines for selection of specific clinical settings are included in each course description below.

The Clinical Education courses are arranged as follows:

Course	Length	Time	Description
PTHP 8191 Clinical Experience I	8 weeks full-time in one setting	4th semester	This full-time clinical experience focuses on the care of patients with orthopedic problems. Students are assigned to outpatient clinical facilities. Under the direct supervision of a physical therapist, students use the knowledge and skills gained in didactic coursework to examine, evaluate, diagnose, develop a prognosis, outline expected outcomes and design and implement an intervention plan for patients with orthopedic dysfunction.
PTHP 9292 Clinical Experience II	16 weeks full-time in one setting or two 8-week full-time assignments split between two different settings	8th semester	This full-time clinical experience focuses on the care of patients in various physical therapy settings. Practice settings may include inpatient, outpatient, subacute, rehabilitation, skilled nursing facilities, school systems, home health and others in which physical therapy is commonly practiced. Under the direct supervision of a physical therapist, students use the knowledge and skills gained in didactic coursework to examine, evaluate, diagnose, develop a prognosis, outline expected outcomes and design and implement an intervention plan for patients across the life span with problems encompassing any of the body systems and at any phase of care or

					rehabilitation.
PTHP 9393 Clinical Experience III		12 weeks full-time in one setting		9th semester	This full-time clinical experience focuses on the care of patients with a wide variety of diagnoses in settings encompassing the health care continuum. The experiences will vary with the student's previous clinical experiences and areas of interest serving as a guide for selection and assignment. Under the direct supervision of a physical therapist, students use the knowledge and skills gained in didactic coursework to examine, evaluate, diagnose, develop a prognosis, outline expected outcomes and design and implement an intervention plan for patients with a wide variety of medical diagnoses. By the end of this clinical rotation, students are expected to be functioning at the level of an entry-level physical therapist, based on amount of supervision required, the complexity of patients'/clients' diagnoses and needs and other factors.

Revised March 2009

Practice Expectations
PTHP 8191
Clinical Experience I
Summer 2

Practice Expectations are those behaviors, skills, and/or knowledge that define the expected performance of the physical therapist. When taken in aggregate, they describe the performance of the graduate upon entry into the practice of physical therapy.

This full-time clinical experience focuses on the care of patients with musculoskeletal/orthopedic dysfunction. Students are assigned to outpatient clinical facilities. Under the direct supervision of a physical therapist, students use the knowledge and skills gained in didactic coursework to examine, evaluate, diagnose, develop a prognosis, outline expected outcomes and design and implement an intervention plan for patients with musculoskeletal/orthopedic dysfunction. The following *Practice Expectations* reflect those specific to the course Clinical Experience I (PTHP 8191).

1.0 Professional Practice Expectation: Accountability

1.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

1.1.1 Students will participate in the orientation process to the clinical facility, including orientation to clinical facility policies and procedures.

1.1.2 Students will identify appropriate resources available to them during their clinical assignment to assist them with identifying relevant regulations.

1.2 Has a fiduciary responsibility for all patients/clients.

1.3 Practice in a manner consistent with the professional code of ethics.

1.3.1 Students will abide by positions and guidelines for reporting any observed questionable practices or behaviors to the school.

1.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.

1.4.1 Students will actively seek feedback from clinical faculty regarding efforts to change behavior.

1.4.2 Students will demonstrate progress toward individualized clinical goals as established on the PTHP 8191 *Clinical Expectations Form*.

1.4.3 Students will demonstrate progress toward expected levels of performance (according to program grading requirements for this experience and the *Physical Therapist Clinical Performance Instrument*) throughout the clinical assignment.

1.4.3.1 Students will actively seek feedback from clinical faculty regarding efforts to change behavior.

1.4.3.2 Students will complete and document a summary of their progress toward clinical goals, with input from their clinical supervisors, and submit to the school according to guidelines.

1.4.3.3 Students will complete and submit the *Clinical Tracking Tool* according to the prescribed guidelines to ensure that they are meeting program expectations and outcomes for entry-level by graduation.

1.5 Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

1.5.1 Students will participate in programs and external efforts that support the role of the physical therapist in furthering the health and wellness of the public as these opportunities become available during the clinical assignment.

2.0 Professional Practice Expectation: Altruism

2.1 Place patient's/client's needs above the physical therapist's needs.

2.1.1 Students will display expected levels of professionalism throughout the clinical experience.

2.2 Incorporate *pro bono* services into practice.

2.2.1 Students will participate in *pro bono* service opportunities as available during the clinical experience.

2.2.2 Students will participate in identifying alternate resources to meet patients' needs when necessary.

2.2.3 As opportunities present, students will participate in activities to advocate for patients to have access and fiscal resources to meet their needs.

3.0 Professional Practice Expectation: Compassion/Caring

3.1 Exhibit caring, compassion, and empathy in providing services to patients/clients.

3.1.1 Students will recognize socio-cultural, economic, and psychological influences on patients/clients in whose care they are involved.

3.1.2 Students will have no reported incidents of acting in a negative fashion on any of their own social, cultural, gender and sexual biases during the clinical experience.

3.1.3 When presented with opportunities, students will exhibit actions that demonstrate a desire to achieve the greatest well-being for patients/clients.

3.2 Promote active involvement of the patient/client in his or her care.

3.2.1 Students will abide by the clinical facility's policies and procedures for informed consent.

3.2.2 Students will develop physical therapy plans of care that incorporate the patient's/client's involvement and that are congruent with the patient's/client's needs, taking into account factors related to the patient's/client's sociocultural, psychological and economic status.

4.0 Professional Practice Expectation: Integrity

4.1 Demonstrate integrity in all interactions with patients/ clients, family members, caregivers, other health care providers, students, other consumers, and payers.

4.1.1 Students will seek assistance from appropriate resources (internal and external) throughout duration of clinical experience.

4.1.2 Students will treat patients/clients within the scope of their expertise.

4.1.3 Students will participate in the referral process as appropriate.

4.1.4 Students will accept responsibility for decisions and actions during the clinical experience.

4.1.5 Students will abide by professional guidelines and positions for communicating information to the academic program regarding situations that appear to be in conflict with acceptable ethical and legal standards of physical therapy practice.

4.1.6 Students will identify situations in which the potential for breach of confidentiality exists in the clinical environment, and will respond appropriately by exhibiting behaviors consistent with confidentiality protection.

5.0 Professional Practice Expectation: Professional Duty

5.1 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

5.1.1 Students will demonstrate progress toward their individualized professionalism goal as indicated on PTHP 8191 *Clinical Expectations Form*.

5.1.2 Students will meet performance expectations for each of the *Red Flag Criteria* on the APTA's Physical Therapist *Clinical Performance Instrument*.

5.2 Participate in self-assessment to improve the effectiveness of care.

5.2.1 Students will seek feedback from clinical faculty regarding their professional behaviors.

5.2.2 Students will identify areas in which they need to further develop professional behaviors

5.2.3 Students will link results of self-assessment to effectiveness of care.

5.2.4 Students will participate in the planning and direction of the clinical education experience, through effective use and timely submission of the *Clinical Tracking Tool*.

5.4 Effectively deal with positive and negative outcomes resulting from assessment activities.

5.4.1 Students will implement a plan to address each area identified from assessment activities.

5.4.2 Students will react professionally and responsibly to feedback and outcomes.

5.6 Participate in professional organizations.

5.6.1 Students will participate in professional activities beyond the practice setting that become available to them during their clinical experience.

5.6.2 Students will promote the profession by modeling professional behaviors and involvement and responding appropriately to others' questions about the profession.

6.0 Professional Practice Expectation: Communication

6.1 Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policy makers.

6.1.1 Students will demonstrate culturally competent communication, both expressive and receptive, during all patient/client and caregiver interactions throughout the clinical experience.

6.1.2 Students will demonstrate effective verbal and non-verbal skills and behaviors during interactions with patients/clients, family members and caregivers, practitioners, interdisciplinary team members, consumers, payers and policy makers.

6.1.3 Students will self-assess and seek feedback on their communications skills throughout the clinical experience.

6.1.4 Students will demonstrate progress toward and achievement of their individualized communications goal as indicated on the PTHP 8191 *Clinical Expectations Form*.

7.0 Professional Practice Expectation: Cultural Competence

7.1 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.

7.1.1 Students will adapt delivery of services to reflect respect for and sensitivity to all patients/clients, regardless of individuals' race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status.

7.1.2 Students will incorporate awareness and understanding of cultural influences into all interactions with patients/clients, their families and caregivers, and other members of the healthcare team.

7.1.3 Students will incorporate appropriate methods to determine cultural influences that may affect patients'/clients' care and outcomes.

8.0 Professional Practice Expectation: Clinical Reasoning

8.1 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning in order to minimize errors and enhance patient/client outcomes.

8.1.1 Students will apply learned models for clinical decision-making.

8.1.2 Students will demonstrate openness to contradictory ideas and determine solutions through logical consideration of these ideas.

8.1.3 Students will provide sound justification for clinical decisions.

8.1.4 Students will evaluate effectiveness of decisions made and alter actions/decisions accordingly.

8.1.5 Students will demonstrate responsibility for obtaining necessary information to support clinical decisions.

9.0 Evidence-Based Practice

9.1 Consistently use information technology to access sources of information to support clinical decisions.

9.1.1 Students will access and report on information technology methods used to gather information that supports clinical decisions or follows up on assignments given in the clinical setting.

9.2 Consistently and critically evaluate sources of information related to physical therapy practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.

9.2.1 Students will critically review inservices or other presented information based on familiarity and/or review of current literature.

9.2.2 Students will participate in activities at the clinical site as opportunities present, such as journal clubs, study groups, etc.

9.3 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.

- 9.3.1 Students will differentiate traditional intervention methods from practices that are based on evidence.
- 9.5 Participate in the design and implementation of patterns of best clinical practice for various populations.
 - 9.5.1 Students will select and use appropriate outcomes measures for assessing effectiveness of patient care.

10.0 Professional Practice Expectation: Education

10.1 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

- 10.1 Students will present educational inservice programs to physical therapy or other personnel as required by clinical site.
 - 10.1.1 Students will select appropriate topic for staff educational programs as required by clinical site.
 - 10.1.2 Students will modify delivery of information to incorporate teaching and learning theory and considering the needs of the target audience.
 - 10.1.3 Students will evaluate effectiveness of educational programs by seeking and responding to feedback from participants.

11.0 Patient/Client Management Expectation: Screening

11.1 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

- 11.1.1 Students will operate within their current scope of knowledge based on academic preparation when selecting screening procedures and evaluating screening results.
- 11.1.2 Students will perform screening activities in a technically competent manner and according to guidelines and policies of the clinical site.
- 11.1.3 Students will recognize signs and symptoms from screening procedures that indicate the need for further examination or referral to other health care professionals.
- 11.1.4 Students will recognize screening results that fall outside age-related norms for all body systems.
- 11.1.5 Students will screen patients/clients for potentially serious complications or secondary effects of musculoskeletal or cardiopulmonary events (i.e. deep vein thrombosis) and respond accordingly to findings.

12.0 Patient/Client Management Expectation: Examination

12.1 Examine patients/clients by obtaining a history from them and from other sources.

12.2 Examine patients/clients by performing systems reviews.

- 12.2.1 Students will conduct standardized exercise test protocols to determine patients'/clients' aerobic capacity.
- 12.2.2 Students will assess patients'/clients' aerobic capacity during functional activities.
- 12.2.3 Students will assess patients'/clients' cardiovascular and pulmonary systems' responses to exercise and conditioning activities.
- 12.2.4 Students will perform technically correct screening procedures.

12.3 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures.

- 12.3.1 Students will perform technically competent examination procedures, modifying approaches according to patients'/clients' responses and age-related norms, including the following:
 - 12.3.1.1 Aerobic capacity/Endurance
 - 12.3.1.2 Anthropometric characteristics
 - 12.3.1.3 Attention and cognitive function
 - 12.3.1.4 Use and safety with assistive gait devices
 - 12.3.1.5 Circulation (heart rate and rhythm, blood pressure, ventilation patterns)
 - 12.3.1.6 Peripheral nerve integrity (through dermatomal and myotomal examinations, tissue tension testing)
 - 12.3.1.7 Sensory integrity
 - 12.3.1.8 Environmental barriers
 - 12.3.1.9 Ergonomics and body mechanics

- 12.3.1.10 Gait
 - 12.3.1.11 Basic balance function
 - 12.3.1.12 Joint integrity and joint mobility
 - 12.3.1.13 Muscle strength, power and endurance
 - 12.3.1.14 Pain
 - 12.3.1.15 Posture
 - 12.3.1.16 Range of motion and muscle length
 - 12.3.1.17 Deep tendon reflex integrity
 - 12.3.1.18 Self-care and ability to resume pre-injury activity levels in home, work, community and leisure settings
- 12.3.2 Students will accurately document data obtained from tests and measures.

13.0 Patient/Client Management Expectation: Evaluation

13.1 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

- 13.1.1 Students will interpret examination data to establish diagnoses within their current knowledge base.
- 13.1.2 Students will recognize signs and symptoms that are not consistent with musculoskeletal or aerobic deconditioning for purposes of differential diagnosis and appropriate referral where necessary.
- 13.1.3 Students will support clinical judgments based on current evidence.
- 13.1.4 Students will consider other factors that influence patients'/clients' health status, needs and prognosis: medical, social, psychosocial, psychological.
- 13.1.5 Students will recognize the need for periodic re-examination and re-evaluation.

14.0 Patient/Client Management Expectation: Diagnosis

14.1 Determine a diagnosis that guides future patient/client management

- 14.1.1 Students will differentiate signs and symptoms to determine musculoskeletal system versus cardiopulmonary system involvement.
- 14.1.2 Students will establish impairment-based diagnoses for patients/clients with acquired nonprogressive musculoskeletal system conditions or injuries.

15.0 Patient/Client Management Expectation: Prognosis

15.1 Determine patient/client prognoses.

- 15.1.1 Students will consider factors that influence outcomes for patients/clients with musculoskeletal diagnoses when establishing prognosis.
- 15.1.2 From the time of initial examination and evaluation, students will consider factors that influence discharge potential for patients/clients with acquired nonprogressive musculoskeletal diagnoses and conditions.

16.0 Patient/Client Management Expectation: Plan of Care

16.1 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient/client-centered.

16.2 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.

- 16.2.1 Obtain informed consent from patient/client or responsible party according to clinical facility procedures.

16.3 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.

16.4 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations, and administrative policies and procedures of the practice environment.

16.5 Monitor and adjust the plan of care in response to patient/client status.

17.0 Patient/Client Management Expectation: Intervention

17.1 Provide physical therapy interventions to achieve patient/client goals and outcomes.

- 17.1.1 Students will perform technically competent interventions as part of the plan of care for patients/clients in a general outpatient clinical setting, including:

- 17.1.1.1 Coordination and documentation of patient/client care.
 - 17.1.1.2 Patient/client instruction within the scope of students' knowledge and academic preparation to date.
 - 17.1.1.3 Therapeutic exercise for:
 - 17.1.1.3.1 Aerobic capacity/endurance conditioning or reconditioning
 - 17.1.1.3.2 Coordination and agility training for patients/clients with musculoskeletal dysfunction
 - 17.1.1.3.4 Body mechanics and postural stabilization
 - 17.1.1.3.5 Flexibility exercises
 - 17.1.1.3.6 Gait training for patients/clients with musculoskeletal dysfunction
 - 17.1.1.3.7 General relaxation techniques
 - 17.1.1.3.8 Strength, power and endurance training for spine and extremities
 - 17.1.1.4 Functional training, including:
 - 17.1.1.4.1 ADL training for self-care, bed mobility and transfers for patients/clients with musculoskeletal dysfunction and/or aerobic deconditioning
 - 17.1.1.4.2 Safe use of assistive gait and other ADL/adaptive devices in the presence of musculoskeletal dysfunction and/or aerobic deconditioning
 - 17.1.1.4.3 Techniques to prevent or reduce risk of re-injury, including task modification and use of appropriate assistive devices or adaptive equipment
 - 17.1.1.5 Manual therapy techniques, including:
 - 17.1.1.5.1 Therapeutic massage
 - 17.1.1.5.2 Mobilization and manipulation techniques (soft tissue and spinal and peripheral joints, thrust and nonthrust techniques)
 - 17.1.1.5.3 Passive range of motion for spinal and peripheral joints
 - 17.1.1.6 Prescription, application, and (as appropriate) fabrication of devices and equipment, including:
 - 17.1.1.6.1 Adaptive equipment, such as raised toilet seats
 - 17.1.1.6.2 Assistive devices, including gait devices and reachers
 - 17.1.1.6.3 Upper extremity splints to relieve stresses in the presence of certain musculoskeletal dysfunction/impairments
 - 17.1.1.6.4 Upper extremity slings and cervical collars for support/protection in the presence of certain musculoskeletal dysfunction/impairments
 - 17.1.1.7 Breathing and airway clearance strategies
 - 17.1.1.7.1 Assisted cough/huff techniques
 - 17.1.1.7.2 Modified breathing techniques
 - 17.1.1.7.3 Manual techniques: chest percussion and vibration
 - 17.1.1.7.4 Pulmonary postural drainage
 - 17.1.1.8 Physical agents, including:
 - 17.1.1.8.1 Electrotherapeutic agents as adjunct for treatment of musculoskeletal conditions
 - 17.1.1.8.2 Cold and heat agents as adjunct for treatment of musculoskeletal conditions
 - 17.1.1.9 Mechanical devices, including spinal traction and continuous passive motion
- 17.2 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.
- 17.2.1 Students will provide education of patients/clients with musculoskeletal dysfunction and aerobic deconditioning.
 - 17.2.2 Students will participate in planning and presentation of educational programs for clinical staff and others on topics consistent with their current scope of knowledge.
- 17.3 Complete documentation that follows professional guidelines, guidelines required of the health care systems, and guidelines required by the practice setting.
- 17.4 Practice using principles of risk management.
- 17.4.1 Students will employ effective techniques of infection control in an outpatient general/orthopedic setting to reduce risk to patients/clients, others and self.
- 17.5 Respond effectively to patient/client and environmental emergencies in one's practice setting.
- 17.5.1 Students will observe safety standards and regulations in the clinical setting.

17.5.2 Students will employ emergency management techniques during each patient/client interaction and at all other times in the clinical setting.

17.5.2.1 Students will familiarize themselves with facility-specific emergency management procedures.

18.0 Patient/Client Management Expectation: Outcomes Assessment

18.1 Select outcome measures to assess individual and collective outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

18.1.1 Students will participate in the determination of appropriate outcomes measures with clinical supervisors in the general/orthopedic outpatient clinical setting.

18.2 Collect data from the selected outcomes measures in a manner that supports accurate analysis of individual patient/client outcomes.

18.3 Analyze results arising from outcomes measures selected to assess individual outcomes of patients/clients.

18.3.1 Students will provide recommendations for developing clinical pathways or guidelines based on outcomes data in a general/orthopedic outpatient clinical setting.

18.4 Use analysis from individual outcomes measurements to modify the plan of care.

19.0 Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

19.1 Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.

19.1.1 Students will recognize potential existence of cultural influences affecting the clinical population's health beliefs and will seek guidance from the clinical supervisor as necessary to address these factors when providing services for prevention, health promotion, fitness, and wellness to individuals or groups in a general/orthopedic outpatient clinical setting.

19.2 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice.

19.3 Apply principles of prevention to defined population groups.

19.3.1 Provide education and other interventions to reduce modifiable cardiopulmonary risk factors for patients/clients with musculoskeletal impairments/dysfunction.

20.0 Practice Management Expectation: Management of Care Delivery

20.1 Provide culturally competent first contact through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.

20.1.1 Students will abide by state regulations for providing services via direct access and for consultation when appropriate for patients/clients in a general/orthopedic outpatient clinical setting.

20.2 Provide culturally competent care to patients/clients referred by other practitioners and ensure that care is continuous and reliable.

20.3 Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.

20.3.1 Students will respond appropriately in a situation of a difference of opinion about case management for patients/clients in a general/orthopedic outpatient clinical setting.

20.4 Participate in the case management process.

20.4.1 Students, with the clinical supervisor's input and direction, will progressively increase the volume and variety of a patient caseload in a general/orthopedic outpatient clinical setting.

20.4.2 Students will manage scheduling and coordinating a portion of a caseload as prescribed by the clinical supervisor in a general/orthopedic outpatient clinical setting.

21.0 Practice Management Expectation: Practice Management

21.1 Direct and supervise human resources to meet the patient's/client's goals and expected outcomes.

21.1.1 Students will provide direction to support personnel as guided by clinical supervisor to do so, abiding by all state regulations and facility policies and procedures.

21.1.2 Students will exhibit professional judgment and decision-making in determining tasks that may be directed to support personnel.

21.2 Participate in financial management of the practice.

21.2.1 Students will submit timely, accurate and appropriately recorded documentation of services provided to patients/clients in a manner consistent with facility guidelines for billing.

21.2.2 Students will use resources effectively and efficiently, demonstrating recognition and respect for clinical facility as a business.

21.2.3 Students will demonstrate respect for the multiple responsibilities of clinical supervisor and other personnel.

21.4 Participate in activities related to marketing and public relations.

21.4.1 Students will participate in marketing and public relations activities with their assigned clinical site as offered the opportunity and with direction and supervision of the clinical supervisor as indicated.

22.0 Practice Management Expectation: Consultation

22.1 Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

22.1.1 Students will, when provided the opportunity, provide consultation regarding patients'/clients' need for physical therapy services following screening or evaluation, or for wellness and prevention services.

22.1.2 Students will provide consultation in a technically competent and professionally presented manner.

22.1.3 Students will, if given the opportunity, participate in consultation for businesses or other community entities on ergonomics assessment findings and make recommendations.

23.0 Practice Management Expectation: Social Responsibility and Advocacy

23.1 Challenge the status quo of practice to raise it to the most effective level of care.

23.1.1 Students will demonstrate professional behaviors in addressing challenges regarding practice issues in the clinical setting.

23.2 Advocate for the health and wellness needs of society.

23.3 Participate and show leadership in community organizations and volunteer service.

23.4 Influence legislative and political processes.

23.4.1 Students will, when presented with opportunities, respond to efforts by professional associations to influence legislative and political processes.

23.4.2 Students will inform clinical supervisors and other appropriate parties of current legislative and political issues affecting the delivery of physical therapy and other healthcare services to consumers.

Revised August 2007

Revised February 2008

Revised April 2008

Reviewed March 2009

Practice Expectations
PTHP 9292
Clinical Experience II
Fall 2

Practice Expectations are those behaviors, skills, and/or knowledge that define the expected performance of the physical therapist. When taken in aggregate, they describe the performance of the graduate upon entry into the practice of physical therapy.

This full-time clinical experience focuses on the care of patients in various physical therapy settings. Practice settings may include inpatient, outpatient, subacute, rehabilitation, skilled nursing facilities, school systems, home health and others in which physical therapy is commonly practiced. Under the direct supervision of a physical therapist, students use the knowledge and skills gained in didactic coursework to examine, evaluate, diagnose, develop a prognosis, outline expected outcomes and design and implement an intervention plan for patients across the life span with problems encompassing any of the body systems and at any phase of care or rehabilitation. The following *Practice Expectations* reflect those specific to the course Clinical Experience II (PTHP 9292).

1.0 Professional Practice Expectation: Accountability

1.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

1.1.1 Students will participate in the orientation process to the clinical facility, including orientation to clinical facility policies and procedures.

1.1.2 Students will identify appropriate resources available to them during their clinical assignment to assist them with identifying relevant regulations.

1.2 Has a fiduciary responsibility for all patients/clients.

1.3 Practice in a manner consistent with the professional code of ethics.

1.3.1 Students will abide by positions and guidelines for reporting any observed questionable practices or behaviors to the school.

1.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.

1.4.1 Students will accept responsibility for decisions and actions by admitting errors and taking steps toward corrective action where possible.

1.4.2 Students will demonstrate progress toward individualized clinical goals as established on the PTHP 9292 *Clinical Expectations Form*.

1.4.3 Students will demonstrate progress toward expected levels of performance (according to program grading requirements for this experience and the *Physical Therapist Clinical Performance Instrument*) throughout the clinical assignment.

1.4.3.1 Students will actively seek feedback from clinical faculty regarding efforts to change behavior.

1.4.3.2 Students will complete and document a summary of their progress toward clinical goals, with input from their clinical supervisors, and submit to the school according to guidelines.

1.4.3.3 Students will complete and submit the *Clinical Tracking Tool* according to the prescribed guidelines to ensure that they are meeting program expectations and outcomes for entry-level by graduation.

1.5 Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

1.5.1 Students will participate in programs and external efforts that support the role of the physical therapist in furthering the health and wellness of the public as these opportunities become available during the clinical assignment.

2.0 Professional Practice Expectation: Altruism

2.1 Place patient's/client's needs above the physical therapist's needs.

2.1.1 Students will display expected levels of professionalism throughout the clinical experience.

- 2.1.2 Students will participate in making clinical decisions regarding continuing care for patients/clients whose insurance coverage or other resources have become exhausted.
- 2.2 Incorporate *pro bono* services into practice.
 - 2.2.1 Students will participate in *pro bono* service opportunities as available during the clinical experience.
 - 2.2.2 Students will participate in identifying alternate resources to meet patients' needs when necessary.
 - 2.2.3 As opportunities present, students will participate in activities to advocate for patients to have access and fiscal resources to meet their needs.
 - 2.2.4 Students will discuss ideas for implementing *pro bono* services within their assigned clinical facility, as appropriate.

3.0 Professional Practice Expectation: Compassion/Caring

- 3.1 Exhibit caring, compassion, and empathy in providing services to patients/clients.
 - 3.1.1 Students will recognize socio-cultural, economic, and psychological influences on patients/clients in whose care they are involved.
 - 3.1.2 Students will discuss the impact of socio-cultural, economic, and psychological influences on patients'/clients' care and experiences with the healthcare system.
 - 3.1.3 Students will account for the impact of socio-cultural, economic, and psychological factors in plans of care they develop for patients/clients.
 - 3.1.2 Students will have no reported incidents of acting in a negative fashion on any of their own social, cultural, gender and sexual biases during the clinical experience.
 - 3.1.3 Students will exhibit actions that demonstrate a desire to achieve the greatest well-being for patients/clients.
- 3.2 Promote active involvement of the patient/client in his or her care.
 - 3.2.1 Students will abide by the clinical facility's policies and procedures for informed consent.
 - 3.2.2 Students will develop physical therapy plans of care that incorporate the patient's/client's involvement and that are congruent with the patient's/client's needs, taking into account factors related to the patient's/client's sociocultural, psychological and economic status.

4.0 Professional Practice Expectation: Integrity

- 4.1 Demonstrate integrity in all interactions with patients/ clients, family members, caregivers, other health care providers, students, other consumers, and payers.
 - 4.1.1 Students will seek assistance from appropriate resources (internal and external) throughout duration of clinical experience.
 - 4.1.2 Students will treat patients/clients within the scope of their expertise.
 - 4.1.3 Students will participate in the referral process as appropriate.
 - 4.1.4 Students will accept responsibility for decisions and actions during the clinical experience.
 - 4.1.5 Students will abide by professional guidelines and positions for communicating information to the academic program regarding situations that appear to be in conflict with acceptable ethical and legal standards of physical therapy practice.
 - 4.1.6 Students will identify situations in which the potential for breach of confidentiality exists in the clinical environment, and will respond appropriately by exhibiting behaviors consistent with confidentiality protection.

5.0 Professional Practice Expectation: Professional Duty

- 5.1 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
 - 5.1.1 Students will achieve their individualized professionalism goal as indicated on PTHP 9292 *Clinical Expectations Form*.
 - 5.1.2 Students will meet entry-level performance expectations for each of the *Red Flag Criteria* on the APTA's Physical Therapist *Clinical Performance Instrument*.
- 5.2 Participate in self-assessment to improve the effectiveness of care.
 - 5.2.1 Students will seek feedback from clinical faculty regarding their professional behaviors and incorporate feedback into weekly progress summary forms to submit to school.
 - 5.2.2 Students will identify areas in which they need to further develop professional behaviors and indicate these on the weekly progress summary forms to submit to school.

- 5.2.3 Students will link results of self-assessment to effectiveness of care.
- 5.2.4 Students will participate in the planning and direction of the clinical education experience, through effective use and timely submission of the *Clinical Tracking Tool*.
- 5.3 Participate in peer assessment activities.
 - 5.3.1 Students will actively participate in journal clubs or other staff development programs, including providing feedback for peers and other presenters, as available in their assigned clinical setting.
- 5.4 Effectively deal with positive and negative outcomes resulting from assessment activities.
 - 5.4.1 Students will implement a plan to address each area identified from assessment activities.
 - 5.4.2 Students will react professionally and responsibly to feedback and outcomes.
- 5.5 Participate in clinical education of students.
 - 5.5.1 Students will, when presented with opportunities, collaborate with other students in the clinical setting to seek and provide assessment.
 - 5.5.2 Students will actively engage in mentoring other students or support personnel, and will seek opportunities to participate in mentoring relationships with clinical supervisors and others, as opportunities present.
- 5.6 Participate in professional organizations.
 - 5.6.1 Students will participate in professional activities beyond the practice setting that become available to them during their clinical experience.
 - 5.6.2 Students will promote the profession by modeling professional behaviors and involvement and responding appropriately to others' questions about the profession.

6.0 Professional Practice Expectation: Communication

- 6.1 Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policy makers.
 - 6.1.1 Students will demonstrate culturally competent communication, both expressive and receptive, during all patient/client and caregiver interactions throughout the clinical experience.
 - 6.1.2 Students will demonstrate effective verbal and non-verbal skills and behaviors during interactions with patients/clients, family members and caregivers, practitioners, interdisciplinary team members, consumers, payers and policy makers.
 - 6.1.3 Students will self-assess and seek feedback on their communications skills throughout the clinical experience.
 - 6.1.4 Students will demonstrate progress toward and achievement of their individualized communications goal as indicated on the PTHP 9292 *Clinical Expectations Form*.
 - 6.1.5 Students will provide constructive and professionally presented feedback related to the clinical experience, including quality of instruction, clinical site, and clinical education program, upon completion of the clinical experience.

7.0 Professional Practice Expectation: Cultural Competence

- 7.1 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.
 - 7.1.1 Students will adapt delivery of services to reflect respect for and sensitivity to all patients/clients, regardless of individuals' race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status.
 - 7.1.2 Students will incorporate awareness and understanding of cultural influences into all interactions with patients/clients, their families and caregivers, and other members of the healthcare team.
 - 7.1.3 Students will incorporate appropriate methods to determine cultural influences that may affect patients'/clients' care and outcomes.

8.0 Professional Practice Expectation: Clinical Reasoning

- 8.1 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning in order to minimize errors and enhance patient/client outcomes.
 - 8.1.1 Students will apply learned models for clinical decision-making.
 - 8.1.2 Students will demonstrate openness to contradictory ideas and determine solutions through logical consideration of these ideas.

- 8.1.3 Students will provide sound justification for clinical decisions.
- 8.1.4 Students will evaluate effectiveness of decisions made and alter actions/decisions accordingly.
- 8.1.5 Students will demonstrate responsibility for obtaining necessary information to support clinical decisions.
- 8.2 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.
 - 8.2.1 Students will demonstrate independent responsibility for increasing knowledge through seeking information to enhance clinical decision making.

9.0 Evidence-Based Practice

- 9.1 Consistently use information technology to access sources of information to support clinical decisions.
 - 9.1.1 Students will access and report on information technology methods used to gather information that supports clinical decisions or follows up on assignments given in the clinical setting.
- 9.4 Consistently and critically evaluate sources of information related to physical therapy practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.
 - 9.4.1 Students will critically review inservices or other presented information based on familiarity and/or review of current literature.
 - 9.4.2 Students will participate in activities at the clinical site as opportunities present, such as journal clubs, study groups, etc.
- 9.5 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.
 - 9.5.1 Students will differentiate traditional intervention methods from practices that are based on evidence.
 - 9.5.2 Students will seek and report on disconfirming evidence in the process of making clinical decisions.
- 9.6 Participate in the design and implementation of patterns of best clinical practice for various populations.
 - 9.6.1 Students will select and use appropriate outcomes measures for assessing effectiveness of patient care.

10.0 Professional Practice Expectation: Education

- 10.1 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.
 - 10.1 Students will present educational inservice programs to physical therapy or other personnel as required by clinical site.
 - 10.1.1 Students will identify learning needs of clinical staff, design learning objectives, and present an educational program for clinical and/or other personnel as required by clinical site.
 - 10.1.2 Students will modify delivery of information to incorporate teaching and learning theory and considering the needs of the target audience.
 - 10.1.3 Students will evaluate effectiveness of educational programs by seeking and responding to feedback from participants.

11.0 Patient/Client Management Expectation: Screening

- 11.1 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.
 - 11.1.1 Students will perform screening activities in a technically competent manner and according to guidelines and policies of the clinical site.
 - 11.1.2 Students will recognize signs and symptoms from screening procedures that indicate the need for further examination or referral to other health care professionals.
 - 11.1.2.1 Students will recognize situations in the clinical setting in which screening for effects of elder abuse, domestic violence, mental illness, and/or substance abuse is indicated.

- 11.1.2.2 Students will approach situations in which elder abuse, domestic violence, mental illness and/or substance abuse with sensitivity and professionalism.
- 11.1.3 Students will recognize screening results that fall outside age-related norms for all body systems.
- 11.1.4 Students will screen patients/clients for potentially serious complications or secondary effects of primary diagnosis (such as deep vein thrombosis) and respond accordingly to findings.

12.0 Patient/Client Management Expectation: Examination

- 12.1 Examine patients/clients by obtaining a history from them and from other sources.
- 12.2 Examine patients/clients by performing systems reviews.
 - 12.2.1 Students will prioritize tests and measures to perform systems reviews on all body systems and cognition for patients/clients with various general medical, neurological or complex conditions.
 - 12.2.2 Students will perform technically competent systems review on all body systems and cognition.
- 12.3 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures.
 - 12.3.1 Students will perform technically competent examination procedures, modifying approaches according to patients'/clients' responses and age-related norms, including the following:
 - 12.3.1.1 Aerobic capacity/Endurance
 - 12.3.1.2 Anthropometric characteristics
 - 12.3.1.3 Arousal, attention and cognitive function
 - 12.3.1.4 Gait and locomotion
 - 12.3.1.4.1 Students will examine use and safety with assistive gait or other locomotive devices
 - 12.3.1.4.2 Students will examine gait and locomotion with or without use of assistive, adaptive, orthotic, protective, supportive or prosthetic devices or equipment.
 - 12.3.1.5 Circulation (heart rate and rhythm, blood pressure, ventilation patterns, superficial vascular responses)
 - 12.3.1.6 Cranial and peripheral nerve integrity (through dermatomal and myotomal examinations, tissue tension testing)
 - 12.3.1.6.1 Students will participate in electrophysiological examination, if available at clinical site, with direction and supervision of appropriate provider.
 - 12.3.1.7 Environmental barriers in home, work, and community settings
 - 12.3.1.8 Ergonomics and body mechanics
 - 12.3.1.9 Balance and vestibular function
 - 12.3.1.10 Joint integrity and joint mobility
 - 12.3.1.11 Muscle power, strength and endurance
 - 12.3.1.12 Neuromotor development and sensory integration
 - 12.3.1.13 Pain
 - 12.3.1.14 Posture
 - 12.3.1.15 Range of motion and muscle length
 - 12.3.1.16 Reflex integrity
 - 12.3.1.17 Self-care and ability to resume pre-injury activity levels in home, work, community and leisure settings
 - 12.3.1.18 Integumentary integrity
 - 12.3.1.19 Motor function (motor control and motor learning)
 - 12.3.1.20 Prosthetic requirements, including:
 - 12.3.1.20.1 Components, alignment, fit, care of devices
 - 12.3.1.20.2 Prosthetic device use for mobility and other functional activities
 - 12.3.1.21 Sensory integrity
 - 12.3.1.22 Work, community
 - 12.3.1.23 Use and safety with assistive and adaptive devices and equipment
 - 12.3.2 Students will complete screening procedures within allotted time frames, according to facility/clinical supervisor guidelines.
 - 12.3.3 Students will accurately document data obtained from tests and measures.

13.0 Patient/Client Management Expectation: Evaluation

13.1 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

13.1.1 Students will interpret examination data to establish diagnoses within their current knowledge base.

13.1.2 Students will recognize signs and symptoms that are not consistent with the scope of physical therapy problems for purposes of differential diagnosis and appropriate referral where necessary.

13.1.3 Students will support clinical judgments based on current evidence.

13.1.4 Students will consider other factors that influence patients'/clients' health status, needs and prognosis: medical, social, psychosocial, psychological.

13.1.5 Students will recognize the need for periodic re-examination and re-evaluation.

14.0 Patient/Client Management Expectation: Diagnosis

14.1 Determine a diagnosis that guides future patient/client management

14.1.1 Students will perform differential diagnostic procedures to rule out or confirm competing diagnoses.

14.1.2 Students will establish impairment-based diagnoses for patients/clients with acquired nonprogressive or progressive conditions or injuries.

14.1.3 Students will determine accurate diagnoses for patients/clients across the life span.

14.1.4 Students will perform periodic re-examinations of patients/clients, according to changes in patient/client status and facility guidelines, to evaluate for changes in diagnosis/prognosis.

15.0 Patient/Client Management Expectation: Prognosis

15.1 Determine patient/client prognoses.

15.1.1 Students will consider multiple factors that influence outcomes and discharge potential for patients/clients, including past medical history, socioeconomic and psychological factors, and cultural influences.

15.1.2 Students will determine realistic prognoses for patients/clients, based on clinical findings, diagnosis, and factors listed above.

16.0 Patient/Client Management Expectation: Plan of Care

16.1 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient/client-centered.

16.6 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.

16.6.1 Students will obtain informed consent from patient/client or responsible party according to clinical facility procedures.

16.6.2 Students will consider indications/contraindications associated with available interventions when developing a plan of care.

16.6.3 Students will develop a plan of care that includes strategies and interventions consistent with the established diagnosis and prognosis.

16.7 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.

16.7.1 Students will consider limitations in service availability or other resources when determining development of effective and efficient plan of care.

16.8 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations, and administrative policies and procedures of the practice environment.

16.8.1 Students will consider availability of support personnel and will determine appropriate levels for their involvement in the delivery of plans of care.

16.9 Monitor and adjust the plan of care in response to patient/client status.

16.9.1 Students will progress patients/clients through established plans of care, based on expected outcomes, changes in patient/client status, and patient/client response to interventions.

17.0 Patient/Client Management Expectation: Intervention

17.1 Provide physical therapy interventions to achieve patient/client goals and outcomes.

17.1.1 Students will perform technically competent interventions as part of the plan of care for patients/clients with various conditions or diagnoses, including:

17.1.1.1 Coordination, communication and documentation of patient/client care, including that related to:

17.1.1.1.1 Coordinate care with other members of the health care team through documentation and care planning activities.

17.1.1.2 Patient/client instruction.

17.1.1.3 Therapeutic exercise for:

17.1.1.3.1 Aerobic capacity/endurance conditioning or reconditioning

17.1.1.3.2 Balance, coordination and agility training

17.1.1.3.4 Body mechanics and postural stabilization

17.1.1.3.5 Flexibility exercises

17.1.1.3.6 Gait and locomotion training

17.1.1.3.7 General relaxation techniques

17.1.1.3.8 Strength, power and endurance training for head, neck, limb, pelvic floor, trunk and ventilatory muscles

17.1.1.3.9 Neuromotor development training

17.1.1.4 Functional training, including:

17.1.1.4.1 ADL training for self-care, bed mobility and transfers

17.1.1.4.2 Safe use of assistive gait and other ADL/adaptive devices

17.1.1.4.3 Techniques to prevent or reduce risk of re-injury, including task modification and use of appropriate assistive devices or adaptive equipment

17.1.1.4.4 Modification or adaptation to environmental barriers

17.1.1.4.5 Instrumental activities of daily living in the home and immediate environment of discharge and community, depending on programs and resources available in the assigned practice environment

17.1.1.5 Manual therapy techniques, including:

17.1.1.5.1 Therapeutic massage

17.1.1.5.2 Mobilization and manipulation techniques (soft tissue and spinal and peripheral joints, thrust and nonthrust techniques)

17.1.1.5.3 Passive range of motion for spinal and peripheral joints

17.1.1.6 Prescription, application, and (as appropriate) fabrication of devices and equipment, including:

17.1.1.6.1 Adaptive equipment, such as raised toilet seats

17.1.1.6.2 Assistive devices, including gait devices and reachers

17.1.1.6.3 Upper extremity splints to relieve mechanical stresses

17.1.1.6.4 Upper extremity slings and cervical collars for support/protection

17.1.1.6.5 Orthotic, prosthetic, supportive and protective devices

17.1.1.7 Breathing and airway clearance strategies, including:

17.1.1.7.1 Assisted cough/huff techniques

17.1.1.7.2 Modified breathing techniques

17.1.1.7.3 Manual techniques: chest percussion and vibration

17.1.1.7.4 Pulmonary postural drainage

17.1.1.8 Physical agents, including:

17.1.1.8.1 Electrotherapeutic agents

17.1.1.8.2 Cold and heat agents

17.1.1.9 Mechanical modalities including:

17.1.1.9.1 Spinal traction

17.1.1.9.2 Continuous passive motion

17.1.1.9.3 Compression therapies

17.1.1.10 Integumentary repair and protection techniques, including:

17.1.1.10.1 Wound cleansing and debridement

17.1.1.10.2 Selection and application of dressings

17.1.1.10.3 Selection and application of topical agents

17.2 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

17.2.1 Students will provide education of patients/clients and their caregivers that is consistent with the established goals and plan of care.

17.2.2 Students will participate in planning and presentation of educational programs for clinical staff and others on topics identified as needs for learning in the clinical setting to which they are assigned.

17.6 Complete documentation that follows professional guidelines, guidelines required of the health care systems, and guidelines required by the practice setting.

17.6.1 Students will produce documentation that follows facility guidelines for timeliness and format.

17.6.2 Students will produce documentation that is accurate, concise and professionally and technically correct.

17.7 Practice using principles of risk management.

17.7.1 Students will employ effective techniques of infection control in an outpatient general/orthopedic setting to reduce risk to patients/clients, others and self.

17.8 Respond effectively to patient/client and environmental emergencies in one's practice setting.

17.8.1 Students will observe safety standards and regulations in the clinical setting.

17.8.2 Students will employ emergency management techniques during each patient/client interaction and at all other times in the clinical setting.

17.8.2.1 Students will familiarize themselves with facility-specific emergency management procedures.

18.0 Patient/Client Management Expectation: Outcomes Assessment

18.1 Select outcome measures to assess individual and collective outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

18.1.1 Students will participate in the determination of appropriate outcomes measures with clinical supervisors in the clinical setting to which they are assigned.

18.2 Collect data from the selected outcomes measures in a manner that supports accurate analysis of individual patient/client outcomes.

18.2.1 Students will collect and record outcomes data in accordance with systems and procedures that exist in the clinical setting to which they are assigned.

18.3 Analyze results arising from outcomes measures selected to assess individual outcomes of patients/clients.

18.3.1 Students will provide recommendations for developing clinical pathways or guidelines based on outcomes data.

18.4 Use analysis from individual outcomes measurements to modify the plan of care.

18.4.1 Students will modify plans of care based on assessment of outcomes by continuing the plan of care, changing the plan of care (interventions), or discharging the patient/client.

19.0 Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

19.1 Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.

19.1.1 Students will recognize potential existence of cultural influences affecting the clinical population's health beliefs and will seek guidance from the clinical supervisor as necessary to address these factors when providing services for prevention, health promotion, fitness, and wellness to individuals or groups.

19.1.2 Students will incorporate principles of wellness, fitness and prevention to all populations, including those with existing conditions or diagnoses.

19.2 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice.

19.2 Students will participate in conducting or organizing community-based opportunities to provide information on health, fitness, wellness and prevention, as opportunities arise during the clinical education experience.

19.3 Apply principles of prevention to defined population groups.

19.3.1 Provide education and other interventions to reduce modifiable risk factors for various conditions and impairments, including those related to normal aging, gender-specific conditions, cardiopulmonary, musculoskeletal and neuromuscular conditions.

20.0 Practice Management Expectation: Management of Care Delivery

20.1 Provide culturally competent first contact through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.

20.1.1 Students will abide by state regulations for providing services via direct access and for consultation when appropriate for patients/clients in the assigned clinical setting.

20.2 Provide culturally competent care to patients/clients referred by other practitioners and ensure that care is continuous and reliable.

20.2.1 Students will adhere to facility guidelines for communication to other practitioners to ensure continuity of care.

20.3 Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.

20.3.1 Students will respond appropriately in a situation of a difference of opinion about case management for patients/clients in the assigned clinical setting.

20.5 Participate in the case management process.

20.5.1 Students, with the clinical supervisor's input and direction, will progressively increase the volume and variety of a patient caseload in the assigned clinical setting.

20.5.2 Students will manage scheduling and coordinating a portion of a caseload as prescribed by the clinical supervisor in the assigned clinical setting.

20.5.3 Students will alter their schedule as needed to accommodate patient/client and facility needs.

21.0 Practice Management Expectation: Practice Management

21.1 Direct and supervise human resources to meet the patient's/client's goals and expected outcomes.

21.1.1 Students will provide direction to support personnel as guided by clinical supervisor to do so, abiding by all state regulations and facility policies and procedures.

21.1.2 Students will exhibit professional judgment and decision-making in determining tasks that may be directed to support personnel.

21.3 Participate in financial management of the practice.

21.3.1 Students will submit timely, accurate and appropriately recorded documentation of services provided to patients/clients in a manner consistent with facility guidelines for billing.

21.3.2 Students will use resources effectively and efficiently, demonstrating recognition and respect for clinical facility as a business.

21.3.3 Students will demonstrate respect for the multiple responsibilities of clinical supervisor and other personnel.

21.5 Participate in activities related to marketing and public relations.

21.5.1 Students will participate in marketing and public relations activities with their assigned clinical site as offered the opportunity and with direction and supervision of the clinical supervisor as indicated.

22.0 Practice Management Expectation: Consultation

22.1 Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

22.1.1 Students will, when provided the opportunity, provide consultation regarding patients'/clients' need for physical therapy services following screening or evaluation, or for wellness and prevention services.

22.1.2 Students will provide consultation in a technically competent and professionally presented manner.

22.1.3 Students will, if given the opportunity, participate in consultation for businesses or other community entities on ergonomics and environmental assessment findings and recommendations.

23.0 Practice Management Expectation: Social Responsibility and Advocacy

23.1 Challenge the status quo of practice to raise it to the most effective level of care.

23.1.1 Students will demonstrate professional behaviors in addressing challenges regarding practice issues in the clinical setting.

- 23.1.1 Students will recognize disparity between the status quo of practice and optimal levels of care in the assigned clinical setting and will offer a plan for remediation.
- 23.2 Advocate for the health and wellness needs of society.
 - 23.2.1 Students will participate through communication and volunteer activities addressing advocacy when opportunities arise during the clinical education experience.
- 23.3 Participate and show leadership in community organizations and volunteer service.
 - 23.3.2 Students will participate in any community or volunteer programs that exist at the clinical site to which they are assigned.
- 23.4 Influence legislative and political processes.
 - 23.4.1 Students will, when presented with opportunities, respond to efforts by professional associations to influence legislative and political processes.
 - 23.4.2 Students will inform clinical supervisors and other appropriate parties of current legislative and political issues affecting the delivery of physical therapy and other healthcare services to consumers.

August 2007

Revised February 2008

Revised April 2008

Reviewed March 2009

Practice Expectations
PTHP 9393
Clinical Experience III
Spring 3

Practice Expectations are those behaviors, skills, and/or knowledge that define the expected performance of the physical therapist. When taken in aggregate, they describe the performance of the graduate upon entry into the practice of physical therapy.

This full-time clinical experience focuses on the care of patients with a wide variety of diagnoses in settings encompassing the health care continuum. The experiences will vary with the student's previous clinical experiences and areas of interest serving as a guide for selection and assignment. Under the direct supervision of a physical therapist, students use the knowledge and skills gained in didactic coursework to examine, evaluate, diagnose, develop a prognosis, outline expected outcomes and design and implement an intervention plan for patients with a wide variety of medical diagnoses. By the end of this clinical rotation, students are expected to be functioning at the level of an entry-level physical therapist, based on amount of supervision required, the complexity of patients'/clients' diagnoses and needs and other factors. The following *Practice Expectations* reflect those specific to the course Clinical Experience III (PTHP 9393).

1.0 Professional Practice Expectation: Accountability

1.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

1.1.1 Students will participate in the orientation process to the clinical facility, including orientation to clinical facility policies and procedures.

1.1.2 Students will identify appropriate resources available to them during their clinical assignment to assist them with identifying relevant regulations.

1.2 Has a fiduciary responsibility for all patients/clients.

1.3 Practice in a manner consistent with the professional code of ethics.

1.3.1 Students will abide by positions and guidelines for reporting any observed questionable practices or behaviors to the school.

1.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.

1.4.1 Students will accept responsibility for decisions and actions by admitting errors and taking steps toward corrective action where possible.

1.4.2 Students will demonstrate progress toward individualized clinical goals as established on the PTHP 9393 *Clinical Expectations Form*.

1.4.3 Students will demonstrate progress toward expected levels of performance (according to program grading requirements for this experience and the *Physical Therapist Clinical Performance Instrument*) throughout the clinical assignment.

1.4.3.1 Students will actively seek feedback from clinical faculty regarding efforts to change behavior.

1.4.3.2 Students will complete and document a summary of their progress toward clinical goals, with input from their clinical supervisors, and submit to the school according to guidelines.

1.4.3.3 Students will complete and submit the *Clinical Tracking Tool* according to the prescribed guidelines to ensure that they are meeting program expectations and outcomes for entry-level by graduation.

1.5 Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

1.5.1 Students will participate in programs and external efforts that support the role of the physical therapist in furthering the health and wellness of the public as these opportunities become available during the clinical assignment.

2.0 Professional Practice Expectation: Altruism

- 2.1 Place patient's/client's needs above the physical therapist's needs.
 - 2.1.1 Students will display expected levels of professionalism throughout the clinical experience.
 - 2.1.2 Students will participate in making clinical decisions regarding continuing care for patients/clients whose insurance coverage or other resources have become exhausted.
- 2.2 Incorporate *pro bono* services into practice.
 - 2.2.1 Students will participate in *pro bono* service opportunities as available during the clinical experience.
 - 2.2.2 Students will participate in identifying alternate resources to meet patients' needs when necessary.
 - 2.2.3 As opportunities present, students will participate in activities to advocate for patients to have access and fiscal resources to meet their needs.
 - 2.2.4 Students will discuss ideas for implementing *pro bono* services within their assigned clinical facility, as appropriate.

3.0 Professional Practice Expectation: Compassion/Caring

- 3.1 Exhibit caring, compassion, and empathy in providing services to patients/clients.
 - 3.1.1 Students will recognize socio-cultural, economic, and psychological influences on patients/clients in whose care they are involved.
 - 3.1.2 Students will discuss the impact of socio-cultural, economic, and psychological influences on patients'/clients' care and experiences with the healthcare system.
 - 3.1.3 Students will account for the impact of socio-cultural, economic, and psychological factors in plans of care they develop for patients/clients.
 - 3.1.2 Students will have no reported incidents of acting in a negative fashion on any of their own social, cultural, gender and sexual biases during the clinical experience.
 - 3.1.3 Students will exhibit actions that demonstrate a desire to achieve the greatest well-being for patients/clients.
- 3.2 Promote active involvement of the patient/client in his or her care.
 - 3.2.1 Students will abide by the clinical facility's policies and procedures for informed consent.
 - 3.2.2 Students will develop physical therapy plans of care that incorporate the patient's/client's involvement and that are congruent with the patient's/client's needs, taking into account factors related to the patient's/client's sociocultural, psychological and economic status.

4.0 Professional Practice Expectation: Integrity

- 4.1 Demonstrate integrity in all interactions with patients/ clients, family members, caregivers, other health care providers, students, other consumers, and payers.
 - 4.1.1 Students will seek assistance from appropriate resources (internal and external) throughout duration of clinical experience.
 - 4.1.2 Students will treat patients/clients within the scope of their expertise.
 - 4.1.3 Students will participate in the referral process as appropriate.
 - 4.1.4 Students will accept responsibility for decisions and actions during the clinical experience.
 - 4.1.5 Students will abide by professional guidelines and positions for communicating information to the academic program regarding situations that appear to be in conflict with acceptable ethical and legal standards of physical therapy practice.
 - 4.1.6 Students will identify situations in which the potential for breach of confidentiality exists in the clinical environment, and will respond appropriately by exhibiting behaviors consistent with confidentiality protection.

5.0 Professional Practice Expectation: Professional Duty

- 5.1 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
 - 5.1.1 Students will achieve their individualized professionalism goal as indicated on PTHP 9393 *Clinical Expectations Form*.
 - 5.1.2 Students will meet entry-level performance expectations for each of the *Red Flag Criteria* on the APTA's Physical Therapist *Clinical Performance Instrument*.

- 5.2 Participate in self-assessment to improve the effectiveness of care.
 - 5.2.1 Students will seek feedback from clinical faculty regarding their professional behaviors and incorporate feedback into weekly progress summary forms to submit to school.
 - 5.2.2 Students will identify areas in which they need to further develop professional behaviors and indicate these on the weekly progress summary forms to submit to school.
 - 5.2.3 Students will link results of self-assessment to effectiveness of care.
 - 5.2.4 Students will participate in the planning and direction of the clinical education experience, through effective use and timely submission of the *Clinical Tracking Tool*.
- 5.3 Participate in peer assessment activities.
 - 5.3.1 Students will actively participate in journal clubs or other staff development programs, including providing feedback for peers and other presenters, as available in their assigned clinical setting.
- 5.4 Effectively deal with positive and negative outcomes resulting from assessment activities.
 - 5.4.1 Students will implement a plan to address each area identified from assessment activities.
 - 5.4.2 Students will react professionally and responsibly to feedback and outcomes.
- 5.5 Participate in clinical education of students.
 - 5.5.1 Students will, when presented with opportunities, collaborate with other students in the clinical setting to seek and provide assessment.
 - 5.5.2 Students will actively engage in mentoring other students or support personnel, and will seek opportunities to participate in mentoring relationships with clinical supervisors and others, as opportunities present.
- 5.6 Participate in professional organizations.
 - 5.6.1 Students will participate in professional activities beyond the practice setting that become available to them during their clinical experience.
 - 5.6.2 Students will promote the profession by modeling professional behaviors and involvement and responding appropriately to others' questions about the profession.

6.0 Professional Practice Expectation: Communication

- 6.1 Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policy makers.
 - 6.1.1 Students will demonstrate culturally competent communication, both expressive and receptive, during all patient/client and caregiver interactions throughout the clinical experience.
 - 6.1.2 Students will demonstrate effective verbal and non-verbal skills and behaviors during interactions with patients/clients, family members and caregivers, practitioners, interdisciplinary team members, consumers, payers and policy makers.
 - 6.1.3 Students will self-assess and seek feedback on their communications skills throughout the clinical experience.
 - 6.1.4 Students will demonstrate progress toward and achievement of their individualized communications goal as indicated on the PTHP 9393 *Clinical Expectations Form*.
 - 6.1.5 Students will provide constructive and professionally presented feedback related to the clinical experience, including quality of instruction, clinical site, and clinical education program, upon completion of the clinical experience.

7.0 Professional Practice Expectation: Cultural Competence

- 7.1 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.
 - 7.1.1 Students will adapt delivery of services to reflect respect for and sensitivity to all patients/clients, regardless of individuals' race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status.
 - 7.1.2 Students will incorporate awareness and understanding of cultural influences into all interactions with patients/clients, their families and caregivers, and other members of the healthcare team.
 - 7.1.3 Students will incorporate appropriate methods to determine cultural influences that may affect patients'/clients' care and outcomes.

8.0 Professional Practice Expectation: Clinical Reasoning

8.1 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning in order to minimize errors and enhance patient/client outcomes.

8.1.1 Students will apply learned models for clinical decision-making.

8.1.2 Students will demonstrate openness to contradictory ideas and determine solutions through logical consideration of these ideas.

8.1.3 Students will provide sound justification for clinical decisions.

8.1.4 Students will evaluate effectiveness of decisions made and alter actions/decisions accordingly.

8.1.5 Students will demonstrate responsibility for obtaining necessary information to support clinical decisions.

8.2 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

8.2.1 Students will demonstrate independent responsibility for increasing knowledge through seeking information to enhance clinical decision making.

9.0 Evidence-Based Practice

9.1 Consistently use information technology to access sources of information to support clinical decisions.

9.1.1 Students will access and report on information technology methods used to gather information that supports clinical decisions or follows up on assignments given in the clinical setting.

9.6 Consistently and critically evaluate sources of information related to physical therapy practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.

9.6.1 Students will critically review inservices or other presented information based on familiarity and/or review of current literature.

9.6.2 Students will participate in activities at the clinical site as opportunities present, such as journal clubs, study groups, etc.

9.7 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.

9.7.1 Students will differentiate traditional intervention methods from practices that are based on evidence.

9.7.2 Students will seek and report on disconfirming evidence in the process of making clinical decisions.

9.7 Participate in the design and implementation of patterns of best clinical practice for various populations.

9.7.1 Students will select and use appropriate outcomes measures for assessing effectiveness of patient care.

10.0 Professional Practice Expectation: Education

10.1 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

10.1 Students will present educational inservice programs to physical therapy or other personnel as required by clinical site.

10.1.1 Students will identify learning needs of clinical staff, design learning objectives, and present an educational program for clinical and/or other personnel as required by clinical site.

10.1.2 Students will modify delivery of information to incorporate teaching and learning theory and considering the needs of the target audience.

10.1.3 Students will evaluate effectiveness of educational programs by seeking and responding to feedback from participants.

11.0 Patient/Client Management Expectation: Screening

11.1 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

11.1.1 Students will perform screening activities in a technically competent manner and according to guidelines and policies of the clinical site.

11.1.2 Students will recognize signs and symptoms from screening procedures that indicate the need for further examination or referral to other health care professionals.

11.1.2.1 Students will recognize situations in the clinical setting in which screening for effects of elder abuse, domestic violence, mental illness, and/or substance abuse is indicated.

11.1.2.2 Students will approach situations in which elder abuse, domestic violence, mental illness and/or substance abuse with sensitivity and professionalism.

11.1.3 Students will recognize screening results that fall outside age-related norms for all body systems.

11.1.4 Students will screen patients/clients for potentially serious complications or secondary effects of primary diagnosis (such as deep vein thrombosis) and respond accordingly to findings.

12.0 Patient/Client Management Expectation: Examination

12.1 Examine patients/clients by obtaining a history from them and from other sources.

12.2 Examine patients/clients by performing systems reviews.

12.2.1 Students will prioritize tests and measures to perform systems reviews on all body systems and cognition for patients/clients with various general medical, neurological or complex conditions.

12.2.2 Students will perform technically competent systems review on all body systems and cognition.

12.3 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures.

12.3.1 Students will perform technically competent examination procedures, modifying approaches according to patients'/clients' responses and age-related norms, including the following:

12.3.1.1 Aerobic capacity/Endurance

12.3.1.2 Anthropometric characteristics

12.3.1.3 Arousal, attention and cognitive function

12.3.1.4 Gait and locomotion

12.3.1.4.1 Students will examine use and safety with assistive gait or other locomotive devices

12.3.1.4.2 Students will examine gait and locomotion with or without use of assistive, adaptive, orthotic, protective, supportive or prosthetic devices or equipment.

12.3.1.5 Circulation (heart rate and rhythm, blood pressure, ventilation patterns, superficial vascular responses)

12.3.1.6 Cranial and peripheral nerve integrity (through dermatomal and myotomal examinations, tissue tension testing)

12.3.1.6.1 Students will participate in electrophysiological examination, if available at clinical site, with direction and supervision of appropriate provider.

12.3.1.7 Environmental barriers in home, work, and community settings

12.3.1.8 Ergonomics and body mechanics

12.3.1.9 Balance and vestibular function

12.3.1.10 Joint integrity and joint mobility

12.3.1.11 Muscle power, strength and endurance

12.3.1.12 Neuromotor development and sensory integration

12.3.1.13 Pain

12.3.1.14 Posture

12.3.1.15 Range of motion and muscle length

12.3.1.16 Reflex integrity

12.3.1.17 Self-care and ability to resume pre-injury activity levels in home, work, community and leisure settings

12.3.1.18 Integumentary integrity

12.3.1.19 Motor function (motor control and motor learning)

12.3.1.20 Prosthetic requirements, including:

12.3.1.20.1 Components, alignment, fit, care of devices

12.3.1.20.2 Prosthetic device use for mobility and other functional activities

- 12.3.1.21 Sensory integrity
- 12.3.1.22 Work, community
- 12.3.1.23 Use and safety with assistive and adaptive devices and equipment
- 12.3.2 Students will complete screening procedures within allotted time frames, according to facility/clinical supervisor guidelines.
- 12.3.3 Students will accurately document data obtained from tests and measures.

13.0 Patient/Client Management Expectation: Evaluation

- 13.1 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.
 - 13.1.1 Students will interpret examination data to establish diagnoses within their current knowledge base.
 - 13.1.2 Students will recognize signs and symptoms that are not consistent with the scope of physical therapy problems for purposes of differential diagnosis and appropriate referral where necessary.
 - 13.1.3 Students will support clinical judgments based on current evidence.
 - 13.1.4 Students will consider other factors that influence patients'/clients' health status, needs and prognosis: medical, social, psychosocial, psychological.
 - 13.1.5 Students will recognize the need for periodic re-examination and re-evaluation.

14.0 Patient/Client Management Expectation: Diagnosis

- 14.1 Determine a diagnosis that guides future patient/client management
 - 14.1.1 Students will perform differential diagnostic procedures to rule out or confirm competing diagnoses.
 - 14.1.2 Students will establish impairment-based diagnoses for patients/clients with acquired or progressive or nonprogressive conditions or injuries involving any of the body systems.
 - 14.1.3 Students will determine accurate diagnoses for patients/clients across the life span.
 - 14.1.4 Students will perform periodic re-examinations of patients/clients, according to changes in patient/client status and facility guidelines, to evaluate for changes in diagnosis/prognosis.

15.0 Patient/Client Management Expectation: Prognosis

- 15.1 Determine patient/client prognoses.
 - 15.1.1 Students will consider multiple factors that influence outcomes and discharge potential for patients/clients, including past medical history, socioeconomic and psychological factors, and cultural influences.
 - 15.1.2 Students will determine realistic prognoses for patients/clients, based on clinical findings, diagnosis, and factors listed above.

16.0 Patient/Client Management Expectation: Plan of Care

- 16.1 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient/client-centered.
- 16.10 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.
 - 16.10.1 Students will obtain informed consent from patient/client or responsible party according to clinical facility procedures.
 - 16.10.2 Students will consider indications/contraindications associated with available interventions when developing a plan of care.
 - 16.10.3 Students will develop a plan of care that includes strategies and interventions consistent with the established diagnosis and prognosis.
- 16.11 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.
 - 16.11.1 Students will consider limitations in service availability or other resources when determining development of effective and efficient plan of care.
- 16.12 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations, and administrative policies and procedures of the practice environment.
 - 16.12.1 Students will consider availability of support personnel and will determine appropriate levels for their involvement in the delivery of plans of care.

16.13 Monitor and adjust the plan of care in response to patient/client status.

16.13.1 Students will progress patients/clients through established plans of care, based on expected outcomes, changes in patient/client status, and patient/client response to interventions.

17.0 Patient/Client Management Expectation: Intervention

17.1 Provide physical therapy interventions to achieve patient/client goals and outcomes.

17.1.1 Students will perform technically competent interventions as part of the plan of care for patients/clients with various conditions or diagnoses, including:

17.1.1.1 Coordination, communication and documentation of patient/client care, including that related to:

17.1.1.1.1 Coordinate care with other members of the health care team through documentation and care planning activities.

17.1.1.2 Patient/client instruction.

17.1.1.3 Therapeutic exercise for:

17.1.1.3.1 Aerobic capacity/endurance conditioning or reconditioning

17.1.1.3.2 Balance, coordination and agility training

17.1.1.3.4 Body mechanics and postural stabilization

17.1.1.3.5 Flexibility exercises

17.1.1.3.6 Gait and locomotion training

17.1.1.3.7 General relaxation techniques

17.1.1.3.8 Strength, power and endurance training for head, neck, limb, pelvic floor, trunk and ventilatory muscles

17.1.1.3.9 Neuromotor development training

17.1.1.4 Functional training, including:

17.1.1.4.1 ADL training for self-care, bed mobility and transfers

17.1.1.4.2 Safe use of assistive gait and other ADL/adaptive devices

17.1.1.4.3 Techniques to prevent or reduce risk of re-injury, including task modification and use of appropriate assistive devices or adaptive equipment

17.1.1.4.4 Modification or adaptation to environmental barriers

17.1.1.4.5 Instrumental activities of daily living in the home and immediate environment of discharge and community, depending on programs and resources available in the assigned practice environment

17.1.1.5 Manual therapy techniques, including:

17.1.1.5.1 Therapeutic massage

17.1.1.5.2 Mobilization and manipulation techniques (soft tissue and spinal and peripheral joints, thrust and nonthrust techniques)

17.1.1.5.3 Passive range of motion for spinal and peripheral joints

17.1.1.6 Prescription, application, and (as appropriate) fabrication of devices and equipment, including:

17.1.1.6.1 Adaptive equipment, such as raised toilet seats

17.1.1.6.2 Assistive devices, including gait devices and reachers

17.1.1.6.3 Upper extremity splints to relieve mechanical stresses

17.1.1.6.4 Upper extremity slings and cervical collars for support/protection

17.1.1.6.5 Orthotic, prosthetic, supportive and protective devices

17.1.1.7 Breathing and airway clearance strategies, including:

17.1.1.7.1 Assisted cough/huff techniques

17.1.1.7.2 Modified breathing techniques

17.1.1.7.3 Manual techniques: chest percussion and vibration

17.1.1.7.4 Pulmonary postural drainage

17.1.1.8 Physical agents, including:

17.1.1.8.1 Electrotherapeutic agents

17.1.1.8.2 Cold and heat agents

17.1.1.9 Mechanical modalities including:

17.1.1.9.1 Spinal traction

17.1.1.9.2 Continuous passive motion

17.1.1.9.3 Compression therapies

17.1.1.10 Integumentary repair and protection techniques, including:

17.1.1.10.1 Wound cleansing and debridement

17.1.1.10.2 Selection and application of dressings

17.1.1.10.3 Selection and application of topical agents

17.2 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

17.2.1 Students will provide education of patients/clients and their caregivers that is consistent with the established goals and plan of care.

17.2.2 Students will participate in planning and presentation of educational programs for clinical staff and others on topics identified as needs for learning in the clinical setting to which they are assigned.

17.9 Complete documentation that follows professional guidelines, guidelines required of the health care systems, and guidelines required by the practice setting.

17.9.1 Students will produce documentation that follows facility guidelines for timeliness and format.

17.9.2 Students will produce documentation that is accurate, concise and professionally and technically correct.

17.10 Practice using principles of risk management.

17.10.1 Students will employ effective techniques of infection control in an outpatient general/orthopedic setting to reduce risk to patients/clients, others and self.

17.11 Respond effectively to patient/client and environmental emergencies in one's practice setting.

17.11.1 Students will observe safety standards and regulations in the clinical setting.

17.11.2 Students will employ emergency management techniques during each patient/client interaction and at all other times in the clinical setting.

17.11.2.1 Students will familiarize themselves with facility-specific emergency management procedures.

18.0 Patient/Client Management Expectation: Outcomes Assessment

18.1 Select outcome measures to assess individual and collective outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

18.1.1 Students will participate in the determination of appropriate outcomes measures with clinical supervisors in the clinical setting to which they are assigned.

18.2 Collect data from the selected outcomes measures in a manner that supports accurate analysis of individual patient/client outcomes.

18.2.1 Students will collect and record outcomes data in accordance with systems and procedures that exist in the clinical setting to which they are assigned.

18.3 Analyze results arising from outcomes measures selected to assess individual outcomes of patients/clients.

18.3.1 Students will provide recommendations for developing clinical pathways or guidelines based on outcomes data.

18.4 Use analysis from individual outcomes measurements to modify the plan of care.

18.4.1 Students will modify plans of care based on assessment of outcomes by continuing the plan of care, changing the plan of care (interventions), or discharging the patient/client.

19.0 Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

19.1 Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.

19.1.1 Students will recognize potential existence of cultural influences affecting the clinical population's health beliefs and will seek guidance from the clinical supervisor as necessary to address these factors when providing services for prevention, health promotion, fitness, and wellness to individuals or groups.

19.1.2 Students will incorporate principles of wellness, fitness and prevention to all populations, including those with existing conditions or diagnoses.

19.2 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice.

- 19.2 Students will participate in conducting or organizing community-based opportunities to provide information on health, fitness, wellness and prevention, as opportunities arise during the clinical education experience.
- 19.3 Apply principles of prevention to defined population groups.
- 19.3.1 Provide education and other interventions to reduce modifiable risk factors for various conditions and impairments, including those related to normal aging, gender-specific conditions, cardiopulmonary, musculoskeletal and neuromuscular conditions.

20.0 Practice Management Expectation: Management of Care Delivery

- 20.1 Provide culturally competent first contact through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.
- 20.1.1 Students will abide by state regulations for providing services via direct access and for consultation when appropriate for patients/clients in the assigned clinical setting.
- 20.2 Provide culturally competent care to patients/clients referred by other practitioners and ensure that care is continuous and reliable.
- 20.2.1 Students will adhere to facility guidelines for communication to other practitioners to ensure continuity of care.
- 20.3 Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.
- 20.3.1 Students will respond appropriately in a situation of a difference of opinion about case management for patients/clients in the assigned clinical setting.
- 20.6 Participate in the case management process.
- 20.6.1 Students, with the clinical supervisor's input and direction, will progressively increase the volume and variety of a patient caseload in the assigned clinical setting.
- 20.6.2 Students will manage scheduling and coordinating a portion of a caseload as prescribed by the clinical supervisor in the assigned clinical setting.
- 20.6.3 Students will alter their schedule as needed to accommodate patient/client and facility needs.

21.0 Practice Management Expectation: Practice Management

- 21.1 Direct and supervise human resources to meet the patient's/client's goals and expected outcomes.
- 21.1.1 Students will provide direction to support personnel as guided by clinical supervisor to do so, abiding by all state regulations and facility policies and procedures.
- 21.1.2 Students will exhibit professional judgment and decision-making in determining tasks that may be directed to support personnel.
- 21.4 Participate in financial management of the practice.
- 21.4.1 Students will submit timely, accurate and appropriately recorded documentation of services provided to patients/clients in a manner consistent with facility guidelines for billing.
- 21.4.2 Students will use resources effectively and efficiently, demonstrating recognition and respect for clinical facility as a business.
- 21.4.3 Students will demonstrate respect for the multiple responsibilities of clinical supervisor and other personnel.
- 21.6 Participate in activities related to marketing and public relations.
- 21.6.1 Students will participate in marketing and public relations activities with their assigned clinical site as offered the opportunity and with direction and supervision of the clinical supervisor as indicated.

22.0 Practice Management Expectation: Consultation

- 22.1 Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.
- 22.1.1 Students will, when provided the opportunity, provide consultation regarding patients'/clients' need for physical therapy services following screening or evaluation, or for wellness and prevention services.
- 22.1.2 Students will provide consultation in a technically competent and professionally presented manner.
- 22.1.3 Students will, if given the opportunity, participate in consultation for businesses or other community entities on ergonomics and environmental assessment findings and recommendations.

23.0 Practice Management Expectation: Social Responsibility and Advocacy

23.1 Challenge the status quo of practice to raise it to the most effective level of care.

23.1.1 Students will demonstrate professional behaviors in addressing challenges regarding practice issues in the clinical setting.

23.1.1 Students will recognize disparity between the status quo of practice and optimal levels of care in the assigned clinical setting and will offer a plan for remediation.

23.2 Advocate for the health and wellness needs of society.

23.2.1 Students will participate through communication and volunteer activities addressing advocacy when opportunities arise during the clinical education experience.

23.3 Participate and show leadership in community organizations and volunteer service.

23.3.2 Students will participate in any community or volunteer programs that exist at the clinical site to which they are assigned.

23.4 Influence legislative and political processes.

23.4.1 Students will, when presented with opportunities, respond to efforts by professional associations to influence legislative and political processes.

23.4.2 Students will inform clinical supervisors and other appropriate parties of current legislative and political issues affecting the delivery of physical therapy and other healthcare services to consumers.

November 2007

Revised February 2008

Reviewed April 2008

Reviewed March 2009

CLINICAL EDUCATION POLICIES AND PROCEDURES

PURPOSE

To publish the philosophy and process of making assignments to clinical facilities, to list the faculty's expectations of students during clinical education courses, and to clarify methods of dealing with emergencies within the process.

PHILOSOPHY

All clinical education courses are viewed by the faculty as being of equal importance with the didactic DPT courses, which lay the foundation for safe and effective clinical practice knowledge and skills. Clinical education is a series of structured learning experiences designed to allow students to develop and improve clinical skills, to seek opportunities for the development of advanced professional behaviors, and to be socialized into the profession.

POLICIES

All policies regarding academic behavior in the Department of Physical Therapy apply to clinical education courses, with the addition of the following policies:

- I. Rights and Privileges of Clinical Faculty
 - A. Clinical faculty are defined as *faculty who are not MCG employees* but are involved in teaching associated with patient care.
 - B. Clinical faculty are afforded access to academic program faculty to serve as resources. Through routine scheduled and other informal contact with academic faculty, clinical faculty may request assistance with resources or other support.
 - C. Clinical faculty are invited (through routine contacts) to partner with MCG faculty-advised student research projects. Involvement in a formal research project allows clinical faculty to avail themselves of certain program resources, primarily through their contact with academic faculty. Also, projects may result in publication or other scholarly products, thus offering clinical faculty professional development opportunities. Interested clinical educators may contact the ACCE or MCG PT research faculty for further information or to express an interest in this program.
 - D. Qualified health professional personnel across the State are a critically important constituency to the Medical College of Georgia. As appointed clinical and adjunct faculty members these health professionals significantly broaden the perspectives and strengthen the community role of the academic health center. The Medical College of Georgia, in turn, provides vital resources for their enrichment, development and recognition. Together, these mutual benefits advance the mission of the institution in education, research and service on behalf of the people of the State of Georgia.* Information regarding MCG's Clinical Faculty Appointment policy can be found at:

<http://www.mcg.edu/faculty/facman/fadpt/clnadj99.pdf>

*From: www.mcg.edu/faculty/facman/fadpt/clnadj99.pdf (accessed 6/19/08)

II. Assignments to Clinical Facilities

A. Assignments to clinical facilities are made by the Academic Coordinator of Clinical Education (ACCE). The process for making assignments takes into account the following factors:

1. The availability of clinical facilities having current affiliation agreements with MCG;
2. The sequence and types of learning experiences available at the facilities;
3. Clinical education experiences **should expect** to be scheduled in more than one geographical area (outside of Central Savannah River Area [CSRA]).
4. PTHP 8191 is an experience focusing on the care of individuals with orthopedic dysfunction in an out-patient facility;
5. PTHP 9292 focuses on the care of patients across the life span with problems encompassing any of the body systems and at any phase of care or rehabilitation. Experiences occur in various settings in which physical therapy is commonly practiced;
6. PTHP 9393 focuses on the care of patients with a wide variety of diagnoses in settings encompassing the health care continuum. The experiences will vary according to the student's previous clinical experiences and areas of interest serving as a guide for selection and assignment. By the end of this clinical rotation, students are expected to be functioning at the level of an entry-level physical therapist.

*****One experience for PTHP 9292 or PTHP 9393 MUST be at an inpatient acute/general medical setting.**

B. Clinical assignments are made via a computerized matching software program. Final assignments are approved at the discretion of the Academic Coordinator of Clinical Education. The following procedures will be followed when the students are being assigned to the clinical facilities:

1. Clinical preparation sessions prior to the date of assignment are utilized to acquaint students with the proper procedure for completing and submitting their clinical preference sheets.
2. Students may **not** contact potential or current clinical sites for the purpose of determining availability or seeking placement at a site.
3. Students will review availability lists and prepare a list of preferences for each clinical experience being assigned.

Students are advised to consider the following guidelines in developing their list of preferences:

- a. Students cannot complete more than one clinical course at the same site;
- b. Students cannot be assigned to a facility where they have volunteered;
- c. Students cannot be assigned to a facility where they have previously been employed;
- d. Students cannot be assigned to a facility that is providing financial assistance or where they have a current work or tuition assistance agreement;
- e. Students cannot be assigned to a facility where they will be supervised by any individual in which a conflict of interest may arise; this may include family

members, friends, previous employers or others.

4. Students will seek input from their advisor, other faculty and/or the ACCE in preparing their preference list; preference lists must be approved by the ACCE. Students will then submit their preferences to the Clinical Education Office Specialist by the assigned date.
 5. Preferences will be entered into the computer after all preference sheets have been submitted, and the computer matching software program will determine assignments.
 6. The assignment list will be posted when computer assignments have been verified and approved by the ACCE.
 7. In the event a student does not match to a clinical site listed on his or her preference sheet, the student will select alternate preferences from a list of facilities that remain available for that clinical assignment. Alternative placements will be verified and approved by the ACCE.
 8. In the event that a student is experiencing circumstances that are beyond the student's control and that will have an impact on the clinical assignment, the student may submit a formal request in writing to waive participation in the computerized match process. If the request is approved by the Clinical Education Committee, the ACCE will work with the student to find an appropriate clinical assignment, based on the availability of clinical sites, the student's needs, and the ACCE's discretion. In some cases, waiving the computerized match process may result in an inability to find timely and appropriate placement, which may subsequently delay the student's graduation.
- C. On occasion, a previously confirmed clinical assignment placement must be changed, as determined by the clinical site or the ACCE. When a change of clinical assignment is necessitated, the following procedures will be followed:
1. If the change is for a dedicated clinic (i.e., required type of experience):
 - a. The student will be given a list of potentially available sites;
 - b. The student will have the opportunity to select prioritized preferences of clinics for further consideration;
 - c. The clinics will be contacted in order of priority preference to determine availability and, if confirmed by the clinic, the student will be assigned without further consultation or discussion;
 - d. The student will be advised of the assignment when it is determined and confirmed;
 - e. In the event none of the clinics are available, the student will be assigned to an available clinic by the ACCE.
- III. Requirements to attend a clinical experience (see *Department of Physical Therapy Student Handbook* regarding academic policies dealing with grades, passing, failing and remediation of courses)
- A. Successful completion of all preceding coursework is considered prerequisite for clinical courses.
 - B. Students must furnish the Clinical Education Office Specialist with proof of current health care provider's adult-child-infant CPR certification prior to attending the initial

clinical experience. If the CPR certification expires prior to any clinical experience, the student must become recertified and furnish proof of recertification. Individual clinical sites may require certification from a particular provider. It is the student's responsibility to ensure that the proper certification is obtained.

- C. The student must be aware of and meet all health and other requirements of the clinical facility. It is the student's responsibility to obtain and submit all required documentation to the clinical facility. Requirements may include but are not limited to:
1. proof of liability insurance;
 2. proof of HIPAA training;
 3. proof of training in OSHA regulations and infection control procedures;
 4. proof of completion of the Hepatitis B series or statement of declination;
 5. proof of current TB screening;
 6. proof of MMR vaccination or rubella immunizations;
 7. criminal background check;
 8. drug screen;
 9. other requirements as directed the assigned facility.

MCG WILL NOT SIGN ATTESTATION FORMS.

- D. If a student encounters performance difficulties in either a clinical or didactic course, future clinical placements will be at the discretion of the Academic Coordinator of Clinical Education.

IV. Preparation for Clinical Experience

- A. When a student receives confirmation (*Clinical Site Demographic Information* form) for a clinical assignment, each student is expected to:

1. Contact the clinical site within 2 weeks of receipt of this confirmation, to make initial contact with the clinical supervisor. The purpose of this call is for the student to introduce himself/herself and to gather information regarding dress code, schedule, resources for housing,* etc. Thereafter, it is the student's responsibility to maintain contact with the clinical site as appropriate until the start of the assignment.
***NOTE: Securing housing is the responsibility of the student.**
2. Read the objectives and evaluation tool to be used during the clinical experience and come to the clinical preparation sessions prepared to discuss the upcoming clinical experience with the ACCE.
3. Complete the *Pre-Clinical Professionalism Self-Assessment* and the *Clinical Expectation Form* and meet with his/her assigned faculty advisor to review these forms prior to the specified date for submission to the Clinical Education Office Specialist. Refer to Appendix C of the APTA's CPI training program (<http://www.apta.org/AM/APTAAPPS/restricted/ptcpi/login.cfm?notloggedin=yes>) for definitions of rating anchors (beginning through entry-level) for the *Clinical Expectation* form.
4. Take responsibility for the timely submission of the completed and signed *Clinical Expectation Form* to the Clinical Education Office Specialist.

V. During the Clinical Education Course

- A. Students will adhere to all administrative and personnel policies of the clinical facility to which they are assigned.
- B. Professional attire and behavior are expected at all times.
 - 1. Students are expected to conform to the dress code of the clinical facility. If the clinical facility does not provide a dress code, students are expected to conform to the MCG PT program dress code, as described in Departmental Policies in the Student Handbook.
 - 2. Students **MUST** wear a name tag indicating student status at all times.
- C. The following attendance requirements will apply:
 - 1. Attendance at clinical assignments is required as scheduled. Students are governed by the rules and regulations of the clinical facility. Credit for clinical education is based on a minimum average of 40 hours/week, which may include holiday and weekend hours.
 - 2. In the event of illness or emergency, the student must contact the clinic and the ACCE (706/721-2141) prior to the start of the clinical day.
 - 3. In the event of 2 or more absences due to illness during the clinical rotation, a signed medical excuse must be provided.
 - 4. In the event of illness or injury that may affect the student's ability to fully participate in the clinical education experience, the student must also provide a medical release to return to full participation in the clinical education experience. Physical Therapy Program Technical Standards are available in the Student Handbook.
 - 5. Any absences will be made up at the discretion of the ACCE with input from the Clinical Instructor (CI). It is the student's responsibility to make arrangements when make-up days are required. Students must notify the ACCE of any such arrangements.
 - 6. Absence or tardiness from a clinical education course may result in an unsatisfactory grade.
 - i. In the event a student requires emergency or other medical attention during a clinical education experience, services are to be sought according to the individual memorandum of agreement with the particular clinical facility. If the agreement does not specify stipulations for medical care, the student is responsible for obtaining proper attention and for costs incurred accordingly.
 - ii. Students are expected to adhere to all principles of ethical and legal practice during clinical education experiences, including honoring patients' risk-free rights to refuse to participate in clinical education. Each student is expected to adhere to legal requirements for identifying him/herself as a Student Physical Therapist to all parties during clinical education experiences.
 - iii. Within one week of beginning each clinical education assignment, students must verify that they have access to and understand that it is their responsibility to review clinical assignment facility policies and procedures. Written verification of this requirement is part of the Week One Communication Form that must be faxed to the ACCE by the end of the first week of the clinical education experience.

VI. Evaluations

- A. The CI is responsible for evaluating the student's progress and final performance in the clinical setting by completing the *Clinical Performance Instrument* (CPI) at the mid-term point and upon completion of the experience. Students are required to complete a self-assessment CPI prior to scheduled meetings with the CI at the midterm point and upon completion of the experience.
- B. Students are encouraged to evaluate themselves and the clinical experience on an ongoing basis. **If problems are identified, they need to be addressed early.**
 1. Students are encouraged to discuss problems with their CI and CCCE.
 2. When problems are identified, the ACCE should be contacted immediately.
 3. The ACCE and CCCE/CI will work toward a satisfactory resolution with the student.
 4. Premature termination of the clinical experience is at the discretion of the ACCE and the CCCE and CI.
- C. Biweekly Clinical Education Planning Form
 1. Students are responsible for completion and submission of the *Biweekly Clinical Education Planning* form according to instructions.
 2. The form must be signed by the student and the CI and faxed to the school on a biweekly basis to assist with tracking student performance and progress. These forms are reviewed by the student's academic advisor as they are received.
- D. Clinical Education Tracking Tool
 1. Students are responsible for maintaining a record of their patient interactions on the *Clinical Education Tracking Tool* and submitting this form according to instructions for each clinical assignment.
 2. This tool is used to assist with planning and goal-setting for upcoming clinical experiences and to determine the student's progress toward meeting program expectations for clinical practice.
- E. Midterm Evaluation
 1. The purpose of the midterm evaluation is to allow the student and CI to review course objectives and determine student progress toward meeting the objectives.
 2. The CI will complete the CPI prior to the scheduled meeting with the student.
 3. The student will complete the self-assessment CPI prior to the scheduled meeting.
 4. The student and the CI will meet to formally discuss the student's progress in the clinical experience.
 5. The student's academic advisor from MCG will call during the middle week of the assignment to verify that the clinical learning experience is progressing according to plans and expectations.
 - a. Any problems that are identified during the phone visit will be referred to the ACCE for follow up.
- F. Interim Progress Verification
 1. At a point mid-way between the midterm phone visit and the final evaluation (date to be determined for each assignment), students are required to fax the completed

and signed Verification of Clinical Progress form to the school.

G. Final Evaluation

1. The purpose of the final student performance evaluation is to determine that course objectives have been satisfactorily met and that the student has demonstrated progression toward entry level.
2. The CI will complete the CPI and discuss results with the student during the final week of the clinical experience.
3. The student will complete the self-assessment CPI prior to the scheduled meeting.
4. **The final evaluation CPI and student self-evaluation CPI signed by both the student and CI(s) must be electronically submitted to the program by the assigned date or a grade of “U” will be assigned for that clinical experience. Students are directly responsible for returning all required forms on time. It is strongly advised that students make copies of all forms and have them available in the event that the forms are lost in transit.**
5. Final grades are assigned by the ACCE.

H. Student Evaluation of the Facility and Learning Experience

1. The purpose of this evaluation is to provide the clinical supervisor(s) with feedback on the clinical experience and facility from the student’s perspective at the midterm point and upon completion of the experience.
2. **ALL** students are required to complete an evaluation of the facility and of the learning experience both at midterm and upon completion of each clinical experience. Students must complete the *Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction* form according to instructions, including collection of demographic data and all required signatures.
3. At midterm and upon completion of the assignment, the student evaluation of the facility and the learning experience is shared with the CI and CCCE. The CI signs the form, and may keep a copy, before the original is returned to MCG by the assigned date.
4. **The student evaluation form of the clinical experience signed by both the student and CI(s) must be returned to the Clinical Education Office Specialist by the assigned date or a grade of “U” will be assigned for that clinical experience. Students are directly responsible for returning all required forms on time. It is recommended that students make copies of all forms and have them available in the event that the forms are lost in transit.**

I. Grades

Grades issued for clinical education experiences are “Satisfactory” or “Unsatisfactory.” A required minimum acceptable performance level is established for each clinical course. If the student’s performance does not meet that performance level, a grade of Unsatisfactory (“U”) will be issued. Mastery shall be defined for each clinical experience as follows based on the definitions set forth on the CPI:

PTHP 8191: Advanced Beginner

PTHP 9292: Advanced Intermediate

PTHP 9393: Entry Level

J. Clinical Experience Mastery Support Process

1. Students may be granted the opportunity to remediate an unsatisfactory clinical education experience, at the discretion of the ACCE. The need for a mastery support

process of a clinical course results in delayed graduation. This is necessary to allow time for mastery of the failed course and successful completion of the required repeat clinical education experience. The schedule for mastery support of a clinical course is dependent upon the availability of both time and a suitable clinical site.

2. The design and schedule of the mastery support experience are at the discretion of the ACCE, based upon the identified needs of the individual student.
3. Before the mastery support experience begins, the student, with input from the ACCE, and other academic and/or clinical faculty as appropriate, will develop goals and a formal plan of action. The final plan requires approval from the ACCE. In cases where the mastery support arrangements include a clinical site, the CCCE and the CI at that site will be apprised of all areas in which the student requires mastery support, and the approved plan will be shared with them.
4. If the student does not successfully complete the mastery support experience, s/he will be referred to the Student Affairs Committee, along with the ACCE's recommendation for administrative withdrawal from the program.
5. If the mastery support process is for PTHP 8191 (Clinical Education Experience I), and the student satisfactorily completes the process, the student may be eligible to re-enroll in the program the next time this course is offered.
6. If the mastery support process is for PTHP 9292 (Clinical Education Experience II) or PTHP 9393 (Clinical Education Experience III), and the student is successful with the process, the ACCE will arrange a repeat clinical experience for a course that is similar in character and length to the original unsatisfactory clinical experience. In this event, the new clinical site will not be apprised of the areas in which the student had unsatisfactory performance, though the student may choose to disclose this information to the new clinical site.

a. Dismissal from the program

The same rules and regulations regarding failure of classes and administrative withdrawal from the program that apply to the didactic courses apply to the clinical education courses.

Revised November 2007

Revised March 2008

Revised July 2008

Revised March 2009

Revised June 2009

MEDICAL COLLEGE OF GEORGIA
DEPARTMENT OF PHYSICAL THERAPY
Clinical Expectation Form

Indicate the appropriate clinical experience:

PTHP 8191

PTHP 9292 A B C

PTHP 9393

Student's Name Phone email address

Mailing Address City State Zip

Clinical Facility Type of Experience Dates of Clinical Experience

Clinical Address City State Zip

Clinical Instructor Phone email address

I. I have had the following experiences in physical therapy prior to entering the physical therapy education program: (include the type of facility, a brief summary of your activities and hours of experience.)

A.

B.

C.

II. I have had the following clinical experiences as part of my physical therapy education program: (include the type of facility and a brief summary of your activities.)

A.

B.

C.

Clinical Expectation Form

Page 2

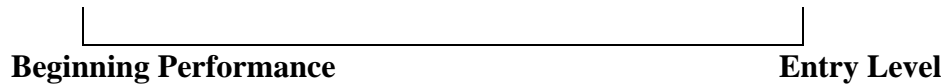
III. The following visual analog scales give you the opportunity to share with your clinical instructor a self appraisal of your current performance in each area as related to entry level

practice. The questions that follow the visual analog scales provide you with the opportunity to let the clinical instructor know your plan for progression toward entry-level practice, the level of supervision you think you need and when and how you like to receive feedback. Based on this information, as well as the materials sent by the program, you and your CI can discuss how you can best progress on the continuum in this particular clinical setting.

For each area, and in relation to the objectives for this specific clinical experience:

- Place a mark on the scale identifying where you are performing at the beginning of the clinical experience;
- Compose a related goal;
- Outline a plan you will follow to reach each goal; include specific actions and learning activities that you will seek and plan that will enable you to meet each goal;
- Outline ways that you would like your CI to help you meet each goal.

A. Patient/Client examination

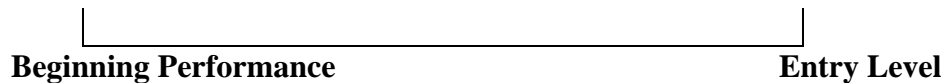


Goal:

I plan to:

I would like my CI to:

B. Patient/Client evaluation

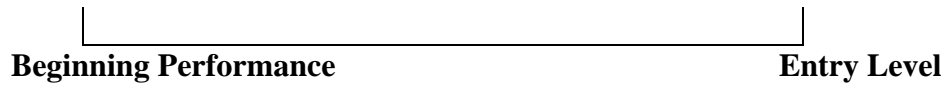


Goal:

I plan to:

I would like my CI to:

C. Setting goals and establishing a plan of care

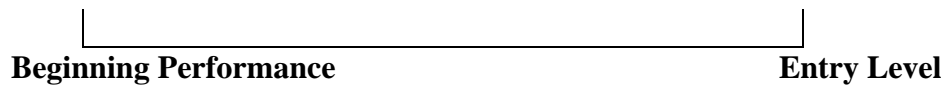


Goal:

I plan to:

I would like my CI to:

D. Physical therapy interventions

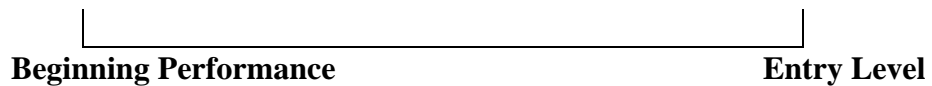


Goal:

I plan to:

I would like my CI to:

E. Communication with clients, families, staff, colleagues, etc.

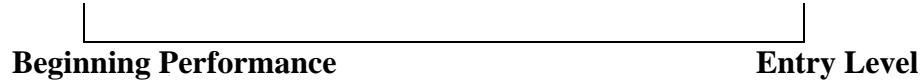


Goal:

I plan to:

I would like my CI to:

F. Professionalism



Goal:

I plan to:

I would like my CI to:

Other goals:

IV. Supervision and Feedback

A. Describe the level and type of supervision you feel would be most beneficial to you for this rotation.

B. Describe how and when you would like to receive feedback from your CI.

Student's signature

Date

Faculty Advisor's signature

Date

Note: I am currently insured for malpractice by Maginnis & Associates in a group policy with other allied health students at the Medical College of Georgia. There is a one million dollar per occurrence and three million dollars aggregate limit of coverage.

Revised March 2007, March 2009

Reviewed March 2008

Professional and Personal Development Plan Medical College of Georgia DPT Program

Name: _____

Semester: _____

Introduction

The purpose of this tool is to provide structure for each student to develop a formal, progressive plan for professional development in consultation with his/her advisor. Program faculty and students who participated in the development of this form and its application subscribe to the belief that students and graduates of the Medical College of Georgia Physical Therapy Program strive to exceed minimum expectations in all aspects of professionalism.

Instructions

Advisor meetings

- During the first semester (Summer 1) of the program, an advisor meeting is to be scheduled **between the sixth and seventh weeks** of the semester.*
- During subsequent semesters (with the exception of semesters 4, 8 and 9) an advisor meeting is to be scheduled **within one month of the beginning of the semester**; follow-up sessions may be planned and scheduled on an individual basis, as determined by a student and his/her advisor.
- Although completing the template is not mandatory during the fourth semester (Summer 2), you must still meet with your advisor as required at least once during the semester.

*A **minimum** of 1 advisor meeting per semester is required. Students are encouraged to schedule advisor meetings as needed or desired in addition to the required meeting.

Completing the template

- *Accomplishments* (box 1) and *Overall Professionalism Objective* for this semester (box 2) are to be completed **prior to** meeting with your advisor.
- You may begin to complete the *Areas of Needed Improvement* section (box 3) prior to meeting with your advisor, or you may complete this section with your advisor's input during your advisement session.
- The *Goals* (box 4) and *Plan* (box 5) sections will be completed with your advisor's input.
- You and your advisor both sign and date your plan once finalized.
- On subsequent meetings each semester, what you document in the *Accomplishments* section (box 1) on a new form is based on your reassessment of how you did with your plan.
- To help you describe your accomplishments, identify areas of needed improvement, and compose your goals, refer to the Generic Abilities and the Core Values of Professionalism in Physical Therapy documents (Appendix).

**Professional and Personal Development Plan
Medical College of Georgia DPT Program**

Semester: _____

1. Accomplishments (Sample indicators of current level of Professionalism):						
2. Overall professionalism objective for this semester:						
3. Areas of needed improvement (utilize the attribute descriptions in the Appendix for specific indicators)	4. Goals for improvement in identified areas (State goals in behavioral and measurable terms to aid with assessment)	5. Plan for development (How will you achieve your goals? What outside resources or assistance will you seek?)				
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-top: 1px solid black;"> Advisor signature </td> <td style="width: 50%; border-top: 1px solid black;"> Date </td> </tr> <tr> <td style="border-top: 1px solid black;"> Student signature </td> <td style="border-top: 1px solid black;"> Date </td> </tr> </table>			Advisor signature	Date	Student signature	Date
Advisor signature	Date					
Student signature	Date					

Appendix – Attribute Descriptions for *Generic Abilities* and *Core Values*

Attribute Descriptions for Generic Abilities:*

- 1) Commitment to Learning
 - a. Identify problems and prioritize your learning needs
 - b. Demonstrate a positive attitude toward learning; seek and welcome new learning opportunities
 - c. Set personal and professional goals
 - d. Offer your own thoughts and ideas during learning activities
 - e. Research and study areas when you identify lacking knowledge
- 2) Interpersonal Skills
 - a. Maintain professional demeanor in interactions as each situation demands
 - b. Communicate with others in a respectful, confident manner
 - c. Demonstrate acceptance of any limitations in your knowledge and experience
 - d. Demonstrate respect for all peers, faculty and staff within and outside of this department
 - e. Demonstrate responsibility and accountability for your own actions
 - f. Respond appropriately to unexpected situations
 - g. Talk about difficult issues with sensitivity and objectivity
 - h. Approach others appropriately to discuss a difference in opinion
- 3) Communication Skills
 - a. Recognize the impact of non-verbal communication: eye contact, active listening, body language
 - b. Demonstrate effective active listening skills
 - c. Use standardized English for oral and written communications, using logical organization, correct grammar and accurate spelling and expression
 - d. Mediate conflict if necessary, using effective professional and interpersonal communication techniques
 - e. Submit professionally written papers and assignments, according to recommended or prescribed format
- 4) Effective Use of Time and Resources
 - a. Focus on the task at hand without dwelling on past mistakes
 - b. Use unscheduled time efficiently
 - c. Respect demands on others' time and make arrangements accordingly
 - d. Set priorities and reorganize as needed
 - e. Demonstrate the ability to say "No" when this would be most effective
 - f. Advance personal and professional goals while maintaining expected workload
- 5) Use of Constructive Feedback
 - a. Demonstrate active listening skills during feedback sessions
 - b. Perform ongoing self assessment and actively seek peer and faculty feedback and help
 - c. Use feedback to establish professional goals
 - d. Provide constructive and timely feedback to peers and faculty (academic and clinical) and staff as appropriate
 - e. Engage in non-judgmental, constructive problem-solving discussions
 - f. Reconcile differences in feedback with sensitivity

- 6) Problem-Solving
 - a. State problems and potential solutions clearly utilizing appropriate assertiveness skills
 - b. Examine multiple solutions to problems
 - c. Consider consequences/effects of possible solutions
 - d. Accept responsibility for implementing solutions to problems
 - e. Participate in efforts to examine and resolve problems in community
- 7) Professionalism
 - a. Abide by program and professional association (APTA) codes and positions
 - b. Demonstrate honesty, courage and continuous regard for all
 - c. Project professional image
 - d. Act on moral commitment
 - e. Seek and emulate positive professional role models
 - f. Participate actively in professional associations (regional, state, national)
 - g. Act in leadership role when called or led to do so
 - h. Support and engage in research
- 8) Responsibility
 - a. Demonstrate dependability and punctuality
 - b. Follow through on commitments
 - c. Accept responsibility for actions and outcomes
 - d. Offer and accept help when needed
 - e. Encourage accountability among peers and class communities
- 9) Critical Thinking
 - a. Raise relevant questions
 - b. Consider available information (based on knowledge and experience) and articulately offer ideas
 - c. Recognize gaps in knowledge and seek further information/understanding
 - d. Demonstrate an openness to be challenged with new and/or contradictory ideas and information
 - e. Justify suggested solutions to problems
 - f. Recognize own biases and suspend judgmental thinking
 - g. Challenge others to think critically
- 10) Stress Management
 - a. Recognize own stressors or problems and seek help as needed
 - b. Recognize distress or problems in others and help them recognize these
 - c. Maintain professional demeanor in all situations
 - d. Maintain balance between professional and personal life, establishing appropriate/healthy outlets to cope with stressors
 - e. Demonstrate effective affective responses in all situations, including remaining calm in urgent situations
 - f. Prioritize multiple commitments and obligations
 - g. Recognize when problems are out of your control or unsolvable
 - h. Offer solutions for stress reduction for individual peers and in classroom community

*From: May, W., Morgan, B. et al. *Model for Ability-Based Assessment in Physical Therapy Education*. Journal of Physical Therapy Education. 9:1, 3-6, Spring 1995.

Attribute Descriptions for Core Values:*

- 1) Accountability
 - a. Seek and respond to feedback from peers and faculty
 - b. Acknowledge and accept consequences of your actions
 - c. Maintain membership in APTA
- 2) Compassion/Caring
 - a. Communicate effectively, both verbally and nonverbally, with others, taking into consideration individual differences in learning styles, language, cognitive abilities, etc
 - b. Recognize and refrain from acting on your social, cultural, gender and sexual biases
 - c. Demonstrate respect for others and consider others as unique and of value
- 3) Excellence
 - a. Demonstrate initiative, evidenced by investing time, original thought and personal action
 - b. Demonstrate appropriate levels of knowledge and skill in all courses and learning activities
 - c. Use evidence consistently to support professional decisions
 - d. Demonstrate a tolerance for ambiguity – accept that there may be more than one “right” answer or way to approach problems
 - e. Share your knowledge with others
- 4) Integrity
 - a. Abide by Program policies and procedures
 - b. Articulate and internalize stated ideals and professional values
 - c. Resolve dilemmas with respect to a consistent set of core values
 - d. Be trustworthy
 - e. Know your limitations and act accordingly
 - f. Confront harassment and bias among others
 - g. Act on the basis of professional values even when the results of the behavior may place you at risk
- 5) Professional Duty
 - a. Preserve confidentiality of peers and others in all professional contexts
 - b. Involve yourself in professional activities beyond the academic setting
 - c. Take pride in one’s profession
- 6) Social Responsibility
 - a. Participate in community volunteerism
 - b. Provide leadership in the academic community

*From: *Professionalism in Physical Therapy: Core Values: Self-Assessment*. Alexandria, VA: American Physical Therapy Association; 2003.

**Medical College of Georgia
DPT Clinical Education Tracking Tool**

Purpose:

The purpose of the Clinical Education Tracking Tool is to assist students and their advisors in planning and assessing clinical education experiences. The Tool allows students to visually record and track their exposure to different aspects of the continuum of physical therapy practice. Using the Tool, students document their experiences according to practice patterns, pathologies involved, levels of complexity and points in the lifespan. Once completed, students and their advisors review the record to determine further clinical education needs; the results of this review are then used during planning and setting goals for subsequent clinical experiences.

Instructions:

- The Tool is arranged as a taxonomy to represent the four main physical therapy practice patterns (Musculoskeletal, Neuromuscular, Cardiopulmonary, and Integumentary).
- Each cell within the grid is used to record the type (by diagnosis) and age range of patients/clients with whom the student interacts.
- The dashed diagonal arrow within each cell denotes the relative level of complexity of each patient/client entry, with the level of complexity increasing as you move from the center of the taxonomy to the outer border.
- It is not necessary to make a distinct entry for every single patient/client interaction, but be sure that the final product provides a reasonable representation of your experience during this assignment, keeping the purpose of the Tool (see above) in mind.

Guidelines for submission:

PTHP 8191 (Clinical Education Experience I)

Students complete the Tool over the course of the clinical experience and keep it with them to have it available during their *Fall 2 advisement session(s)*.

PTHP 9292 (Clinical Experience II)

If the student is completing 9292A and 9292B rotations:

PTHP 9292A (Clinical Education Experience IIA)

Students fill in the Tool over the course of the 8-week clinical experience and fax the Tool to their advisor *within 1 week before the final day of this experience*.

And

PTHP 9292B (Clinical Education Experience IIB)

Students fill in the Tool over the course of the first several weeks of this experience and fax the Tool to their advisor *prior to the end of week 4 of this experience*.

Or

If the student is completing a 9292C rotation:

Students fill in the Tool over the course of this clinical experience and fax the Tool to their advisor *prior to the end of week 12 of this experience*.

PTHP 9393 (Clinical Education Experience III)

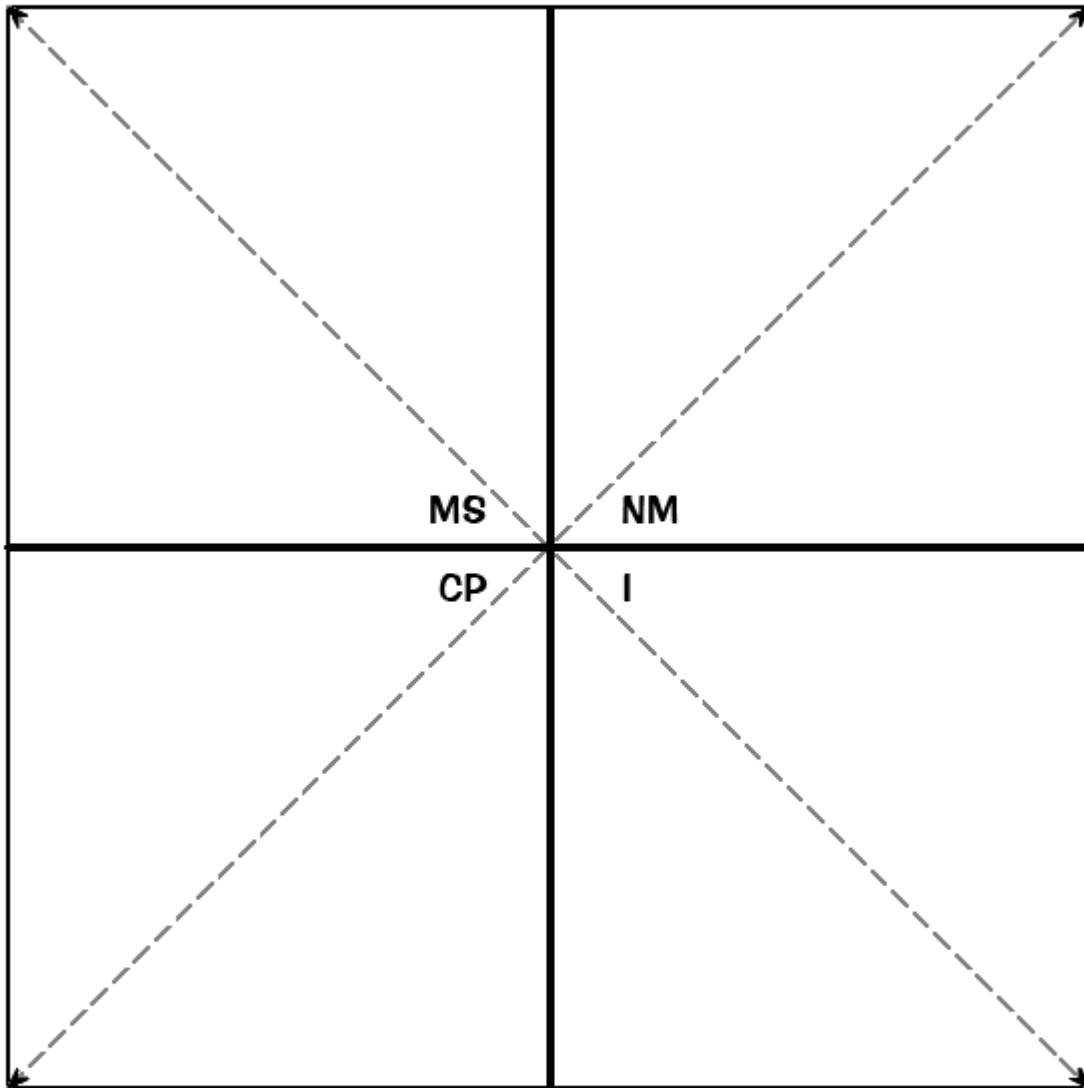
Students fill in the Tool over the course of this clinical experience and fax the Tool to their advisor *by the end of mid-term for this experience*.

March 2008, Reviewed March 2009

Student Name: _____

Course Number: _____

Clinical Education Tracking Tool



Key:

MS = Musculoskeletal

NM = Neuromuscular

CP = Cardiopulmonary

I = Integumentary

Age Key: A = Birth - 18

B = 19 - 65

C = 65+

Directions:

List patient diagnosis and age code in the appropriate quadrant. Patient complexity increases on the diagonal line as it moves away from the center of the quadrant

RMN

**MEDICAL COLLEGE OF GEORGIA
DEPARTMENT OF PHYSICAL THERAPY
BI-WEEKLY CLINICAL EDUCATION PLANNING FORM**

Instructions: Students are to complete the self-assessment portion of this form and establish biweekly goals, with review and input from their Clinical Instructors. Forms are to be faxed to the school, attention to your advisor, no later than the first day of the upcoming week. FAX: 706/721-3209.

Rationale: The purpose of this form is to assist both the student and the CI in formative assessment by targeting specific areas where improvement is needed and to serve as a measure of progress throughout the learning experience.

Dates: _____ Week Number: _____ Student: _____

STUDENT'S REVIEW OF THE LAST 2 WEEKS

When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of task/environment, and efficiency of performance.

CI'S REVIEW OF THE LAST 2 WEEKS

When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, efficiency of performance.

GOALS FOR THE UPCOMING WEEK OF _____:
Dates

Student's Signature: _____ CI's Signature: _____

MEDICAL COLLEGE OF GEORGIA
Department of Physical Therapy
Midterm Phone Visit Form

Circle Appropriate Course Number:

PTHP 8191

PTHP 9292 A B C

PTHP 9393

Student's Name: _____ Facility: _____

Faculty Advisor's Name: _____ Date: _____

Clinical Instructor (1): _____

Clinical Instructor (2): _____

Part I. Interview with Clinical Instructor

1. How would you describe the patient population that you and the student are working with at this time?

2. What is your typical daily caseload (number of visits)? _____

3. Have you had the opportunity to review the midterm evaluation with the student?

Yes _____ No _____

If not, when will this be done? _____

4. On a scale of 0 to 10, with 10 being defined as "entry-level," how would you rate the student's overall performance as of this point in time? _____

What is the basis of the number? (Explore the rationale behind the designation)

a. What are the student's strengths?

b. What areas need improvement?

c. Is the student in danger of not meeting the expected performance level on any of the 24 CPI criteria? (If so, identify which criteria and the current rating; **refer to ACCE for follow-up.**)

5. How will the areas needing improvement be addressed?

6. Is there anything the school could have taught, or taught differently, to enhance the student's performance?

7. Have you noted any incidents or circumstances in which the student has gone above and beyond your expectations? Briefly describe.

8. Do you have any questions about the DPT program at MCG?

9. Other questions or items for follow up, including CI/facility interest in research partnerships with MCG DPT students/research advisor.**

**Refer to appropriate research faculty and forward to Raymond Chong.

Part II. Interview with the Student*

***Advisor:** Please ensure that the student is in a private area conducive to open and honest discussion prior to beginning the interview.

1. On a scale of 0 to 10, with 10 defined as “entry-level,” how would you rate your overall performance as of this point in time? _____
What is the basis of the number? (Explore the rationale behind the designation.)
 - a. What would you identify as your strengths?
 - b. What would you say are areas in which you need to improve?

2. Are you meeting your goals and the goals for this clinical experience?

If not, why not?

3. What would you like to accomplish for the rest of the clinical experience and how do you plan to accomplish these goals?

4. How is the supervision and feedback? Is it enough? Too much...?

5. Have you felt prepared for the demands of the clinic? Reflect on what you have been taught.

Are there any areas for which you felt unprepared?

6. Do you have any questions, or is there anything else that we need to follow-up on?

Revised August 2007

Reviewed January 2008, Reviewed March 2009

Medical College of Georgia Physical Therapy Program



Fax for Verification of Clinical Progress– Clinical Education Courses

To: **Interim Co-ACCEs:**

Malorie Novak, PT, DPT

Janet Tankersley, PT, DPT, PCS

Fax: **706/721-3209**

Phone: **706/721-2143 or 706/721-3574**

Date: **Due Date to be determined
according to midway
between mid-term phone
visit and final**

Please verify the student's progress since the mid-term phone visit by checking the appropriate box and faxing the form to 706/721-3209 by the due date above.

Adequate progress toward required performance expectations

Inadequate progress toward required performance expectations

Follow up with ACCE required; notify CCCE and immediately contact ACCE at 706/721-3574 or 706/721-2141.

Clinical Instructor (Print Name)

Contact Phone Number

Clinical Instructor Signature

Date

Student (Print Name)

Contact Phone Number

Student Signature

Date

NOTE: Do not hesitate to contact the ACCE at any time during your rotation if you have questions or concerns.

1/9/07

Reviewed March 2009