“Knowledge and application go hand in hand. Without knowledge, application is dangerous, and without application, knowledge is useless”

~ Excerpt from Never Good Enough by Nadir Keval

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https://campus.plymouth.edu/physical-therapy/
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Dear Clinical Education Site:

Thank you for your dedication and commitment to enhancing the clinical practice and knowledge of our students in the Department of Physical Therapy at Plymouth State University! Our faculty attests that the student assigned to your facility has demonstrated the appropriate level of clinical readiness to make them eligible for site placement at your facility.

“I have read and understand the contents of the Clinical Education Handbook. I agree to abide by the established expected performance standards as stated in the Clinical Education Handbook, and to adhere to the policies and procedures of the Department of Physical Therapy and of the clinical education site to which I am assigned.”

______________________________  ________________________________
Student Name (Printed)               CI Signature

______________________________  ________________________________
Student Signature                  CCCE Signature

______________________________  ________________________________
Date                            Date
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Clinical Education Philosophy

The Doctor of Physical Therapy Program at Plymouth State University strives to afford students exceptional opportunities to practice and advance their professional clinical skills in the areas of community movement & wellness, and patient care, while emphasizing the interconnectedness between patients for cross over learning. We believe that providing students with early and frequent exposures to a variety of patient populations and communities, movement system impairments, activity/participation limitations and adaptations is key to promoting and fortifying critical thinking skills and empathetic and collaborative engagement necessary to become well rounded practitioners.

Furthermore, we value the time, education, and expertise of our clinical partners and we consider these partners collaborators in the complete education of Physical Therapists. Our program’s vision for Clinical Education is for a select set of high quality clinical experiences that are well integrated into the curriculum. We believe the best way to achieve that is to work closely with partners and include them in varying capacities within our program. We believe that the smooth transition from the academic to the clinical setting requires such partnerships, and that patients will ultimately benefit from graduates of such tightly integrated programs.

The Doctor of Physical Therapy Program at Plymouth State University, in collaboration with our clinical partners, aims to develop lifelong, self-learners and leaders of physical therapy innovation who will endeavor to “transform society and the human experience” through movement based approaches to individual and public wellness, community integration, and societal contribution in an evolving healthcare system.
Clinical Education Overview

Practical application of knowledge development, systems theory, and knowledge foundations is embedded throughout the 3 year DPT curriculum. A variety of hands on integrated clinical experiences are coalesced into the curriculum early and often.

The Clinical Education Curriculum of the DPT Program at Plymouth State University is composed of:

**Year 1** - Three, 1-credit Integrated Clinicals

**Year 2** - Two, 2-credit Integrated Clinicals
   One full-time, 10-week Clinical Education Experience

**Year 3** - One full-time, 10-week Clinical Education Experience  One, 3-credit Integrated Clinical
   One full-time 14-week Clinical Education Experience
Roles and Responsibilities

1. **Director of Clinical Education (DCE)**
   a. Liaison between academic institution and clinical facility.
   b. Clinical education program planning, implementation, and assessment.
   c. Clinical education site development.
   d. Assists with clinical faculty development.

2. **Site Coordinator of Clinical Education (SCCE)**
   a. Liaison between clinical facility and academic institution.
   b. Manage comprehensive clinical education program.
   c. Supervise clinical educational environment, experiences, and performance of CI and student.
   d. Preparing and providing on-site student learning experiences.

3. **Clinical Instructor (CI)**
   a. Role model
   b. Provide learning environment that fosters students’ professionalism and encourages the development of an independent problem solver and competent entry-level practitioner.
   c. Supervise student throughout the duration of the clinical experience.

4. **Student (Also see Student Responsibilities)**
   a. Feedback to CI, SCCE, and DCE.
   b. Responsible for own learning.
   c. Self-assessment.
   d. Representative of the University and the Physical Therapy Program
Assignment to Clinical Education Sites

A list of clinical sites available for full-time clinical experiences is in Exxat Clinical Education Site Management Program. Site location, setting type, potential housing, and number of student slots will be notated for each available clinical site. Students can create a wish list and are matched to sites via their ranking of the site and the type of setting. The DCE manages oversight of the requested and matched placement sites to ensure that students experience at a minimum of one inpatient setting site and one outpatient clinical setting site. Whenever possible, students will be assigned to one of the sites on their wish list, however, placements to those sites are not guaranteed.

Upon completion of the match, students are notified of their assigned clinical site, and each clinical facility will be notified of the match and be provided the pertinent student information. Students must contact their assigned clinical facility at least one month prior to the start date of the clinical experience. Additionally, students must be registered for their Clinical Experience course prior to the first day of the rotation. Failure to do so will result in suspension of that Clinical Experience.

*See Clinical Readiness Policy in Student Handbook which includes information about Clinical Site Interviews
Clinical Experience Attendance Policy

The Department of Physical Therapy at Plymouth State University does not allow students who are participating in Full-Time Clinical Experiences to request time off for interviews, University holidays, University closings/delays, or to attend to personal matters (excluding emergencies). Students participating in Full-Time Clinical Experiences are expected to comply with the hours established by their clinical site/clinical supervisor; not follow the University’s calendar.

Attendance to Clinical Experiences is mandatory. Tardiness and/or early departure from set clinical hours are not acceptable. Students should make prompt and appropriate arrangements with their CIs and SCCEs in the case of inclement weather that makes travel unsafe.

Students who are observing religious holidays shall be excused from clinical on the observed holiday. It is the student’s responsibility to inform their clinical supervisor and DCE of their planned absence for religious holidays prior to the start of their clinical experience. The student will be responsible for the missed time and will be provided opportunities to make-up the hours.

If a student cannot attend clinical on a given day due to illness, injury or family emergency the Clinical Facility and the DCE must be notified. Make up of 1-2 days missed due to illness will be at the discretion of the student's clinical supervisor. If necessary, missed days can be made up at the end of the affiliation, on weekends, or as extra hours during a regular workday. This should not be interpreted to mean that students are allowed 1-2 days off per affiliation.

In the event of an extended absence (3 or more days) the student, the Clinical Instructor, and the Director of Clinical Education will negotiate a remedial plan. Each case will be addressed on an individual basis and a written record of decisions will be distributed to all parties.
Student Responsibilities

Students are responsible for keeping the following list of required items valid and up to date to participate in Clinical Experiences:

- Background Checks
- Drug Testing
- Immunizations
- Proof of active Health Insurance
- HIPPA Training
- OSHA Training
- APTA Membership

Students may also be responsible for the following expenses during off campus Clinical Experiences:

- Travel to/from clinical sites
- Housing/accommodations associated with Clinical Education
- Cost of any required emergency services
Criminal Background Checks and Drug Screens

Plymouth State University DPT Program has employed Universal Background Screening to perform our students’ Background Checks and Drug Screens. Universal Background Screening is a leading provider of comprehensive employment background checks including county, state and federal criminal record checks, verifications of past employment, education, professional licenses and certification, searches of government and industry-specific sanction lists, and much more.

Upon admittance to the Plymouth State University DPT Program, you will be required to order a 7-year comprehensive Criminal Background Check Package (instructions follow in appendices). Thereafter, your assigned clinical site may require additional criminal background checks prior to your participation in any/all future clinical experiences at their facilities.

Universal Background Screening offers a variety of workplace drug testing services for pre-employment and ongoing testing purposes. Universal offers cost-effective drug testing through a nationwide network of over 8,000 collection sites and SAMHSA-certified labs. Laboratory tests to meet Department of Transportation (DOT) guidelines, expanded tests designed for medical professionals who work in a clinical setting, and on-site oral drug testing products are also available. See Appendices for screenshot instruction manual on how to order.
Students receive an email from Universal containing a link to the required forms they need to complete to initiate a background check/drug test.
Universal Forms: Website

The link takes the student to a welcome page. The student accepts the terms and begins the process.
This entire process is mobile device optimized.
Universal Forms: Student Information

Student must fill out the information about themselves including name, SSN, address, etc.
Students will then be prompted to enter their payment information.
Universal: Drug Screen Clinic Selection

Students can find the nearest clinic for drug testing by their zip code.

John Worker,

Thank you for completing your drug test registration for Dome, LLC. Please print this email or present it to the clinic on your mobile device when you arrive at the clinic.

If you have any questions or concerns about this process please contact the representative with whom you have been in contact with during the recruiting process.

Thank you in advance for your participation.

AIRpoint Labs of Scottsdale-AIRpoint L
15455 N Greenway Hospita Loop Ste 116, Scottsdale, AZ 85259
480-916-4566

Clinic Hours/Details: M-F 8:30 am-6:00 pm(Su 9:00 am-12:00 pm), Drug Screen: M-F 8:30 am-6:00 pm(Su 8:00 am-12:00 pm)

An electronic-COC form will be emailed to the student. They will then call the lab and schedule an appt. to provide their sample and provide the lab with this barcode.

Attention Clinic Staff: Please call Universal Background Screening at 1-877-561-5551 with any questions about this collection order!
Universal Forms: Receipt of Payment

Student will receive a receipt and confirmation.
Universal Forms: Disclosures

Students e-sign and complete all the State and Federal compliant forms included.
Universal Forms: Signatures

Student will electronically sign their authorization form with their finger or mouse.
Universal Forms: Confirmation

The student will receive confirmation that they have placed their order with Universal.
Required Clinical Documents - Criminal Background Checks

Criminal Background Checks (CBC)

Upload DPT Program initial background check reports into Exxat

Does your clinical site require additional background checks?

A repeat 7-year comprehensive CBC is required. *Find out Date Due before ordering.

A 2-year Recheck CBC is acceptable

Login to Exxat. Navigate to the Required Documents section in your profile and click on “Request Screening”.

NH State Police Criminal Background Check is required

Order appropriate Background Package option

Click the following link for instructions on how to order: https://www.nh.gov/safety/divisions/nhsp/jib/crimrecords/index.html#criminal

Order appropriate Background Package option
Does your clinical site require a drug screen prior to starting your clinical?

Yes

Find out type of drug screen required and timeframe for completion prior to clinic start date.

If 10 panel test

Login to Exxat. Navigate to the Required Documents section in your profile and click "Request Screening".

Order required site specific drug screen.

If other than 10 panel test

Login to Exxat. Navigate to the Required Documents section in your profile and click "Request Screening".

Order DPT program required 10 panel drug screen.

No

Do you have an up to date Drug Screen on file in Exxat? (within the past calendar year?)

Yes

No further action required at this time.

No

Ordering Required Annual Drug Screens

Kelly Legacy | September 4, 2020
Student Health Information

The Doctor of Physical Therapy Program at Plymouth State University is contractually required to provide each of our clinical education sites with proof of your immunization and an up to date drug test as part of your preparedness for full participation in each Clinical Education Experience. The following is a list of required immunization/test records needed prior to each Clinical Experience.

*Please note that if your assigned clinical site requires additional immunizations/tests beyond the minimum requirements listed here, it is your responsibility to comply with the requirements of the clinical facility to which you are assigned.

All students will be required to have record of the following immunizations/screens PRIOR to going out on their full time Clinical Experiences:

- **Tdap (Tetanus, Diphtheria, Pertussis)**
  Please provide documentation of a TDAP vaccine within the past 10 years.

- **Hepatitis B Positive Titer**
  Please provide documentation of a positive HEP B antibody titer showing immunity. If the titer provided is negative; students are to repeat the 3 shot series and provide a new titer.

- **MMR 2 Shots OR Positive Titer**
  Please provide documentation of 2 MMR vaccines administered OR a positive titer showing immunity. If the titer provided is negative; students are to repeat the 2 shot series and provide a new titer.

- **Varicella 2 Shots OR Positive Titer**
  Please provide documentation of 2 Varicella vaccines administered OR a positive titer showing immunity. If the titer provided is negative; students are to repeat the 2 shot series and provide a new titer. History of disease documented by a healthcare provider is also accepted.

- **Tuberculosis 2 Step PPD**
  Please provide documentation of a 2 step PPD. If results are positive, please provide documentation of a clear chest x-ray. A yearly TB questionnaire will be required there after. Quantiferon TB Gold tests are also accepted.

- **Drug Screen**
  Please provide documentation of your Certiphi Drug Screen Report. Plymouth State requires a minimum of a 10 Panel Drug Screen.

- **Influenza**
  Please provide documentation of a current influenza vaccine. If students choose to waive the flu vaccine; they must provide a copy of the school provided waiver form. Students will also be required to wear a mask when in direct patient care.

- **Hepatitis A 2 Shots OR Positive Titer**
  Please provide documentation of 2 Hepatitis A vaccines administered OR a positive titer showing immunity. If the titer provided is negative; students must repeat the 2 shot series and provide a new titer. Declination forms can also be provided.

- **Meningitis**
  Please provide documentation of a Meningitis vaccine administered within the past 10 years.

- **Declination forms** are available on page 62 of this manual.
Proof of Health Insurance

The Department of Physical Therapy at Plymouth State University is contractually required to provide each of our clinical education sites with Proof of valid Health Insurance as part of your preparedness for full participation in each Clinical Education Experience. New Hampshire law allows students to remain on their parents’ insurance policy up to age 26. Students with a primary residence outside of New Hampshire should check with their agent or insurance company to review applicable state laws. https://www.plymouth.edu/services/health/information-for-students/health-insurance/

You must provide a copy of your insurance card to the DCE in the Doctor of Physical Therapy Program prior to each clinical rotation. Students are required to inform the DCE of any changes or loss of health insurance at any time during their matriculation in the DPT program. Because proof of health insurance is required by our clinical sites, failure to provide valid proof of health insurance will likely result in delays in completion of Clinical Education Experiences and consequently, anticipated graduation date.
CPR CERTIFICATION

Documentation of CPR training is required. American Heart Association or American Red Cross certifications are both acceptable. A photocopy of a current CPR card is required to verify certification. Students must be certified throughout each of the clinical rotations. Plymouth State University requires CPR/AED for Professional Rescuers and Health Care Providers.
HIPAA and OSHA Training

DPT students are required **annually** to take the HIPAA and OSHA training courses and complete a brief quiz for each as part of our program’s ongoing compliance standards. These courses and quizzes supplied by PSU will be available through Moodle.  
*Please note that individual clinical sites may require students to participate in their facility’s HIPAA and OSHA training modules. Students will be expected to comply with the policies and procedures for HIPAA and OSHA training at their assigned clinical site; in addition to completing their HIPAA and OSHA training through the Doctor of Physical Therapy Program at Plymouth State University.*
Grading of Clinical Education Experiences

The Clinical Performance Instrument (CPI) [https://cpi2.amsapps.com/](https://cpi2.amsapps.com/) measures students’ clinical performance and competence in Physical Therapy Practice against Entry-Level Practice Standards. The performance standards remain constant throughout ALL the program’s Clinical Education Experiences. Students’ level of competence in Physical Therapy practice is expected to evolve toward Entry-Level Performance on all 18 standards by the end of their final Clinical Education Experience.

All Clinical Experiences are graded as “Pass” or “No Pass”. Students are required to meet identified expectations for red flag items in order to receive a grade of “Pass”. The Grading Rubric Provided reflects the student’s performance expectations for all 18 Clinical Performance Criteria on the CPI by the end of each clinical experience. Successful completion of all Clinical Experiences is a mandatory requirement for graduation.

*Refer to Fair Grading Policy in Student Handbook*
<table>
<thead>
<tr>
<th>Clinical Performance Criteria</th>
<th>Performance Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Items 1-4 &amp; 7</strong> are considered red flag items and are considered foundational elements in clinical practice</td>
<td>Clin Ed Exp I</td>
</tr>
<tr>
<td><strong>1. SAFETY</strong> Practices in a safe manner that minimizes the risk to patient, self, and others.</td>
<td>Intermediate Performance</td>
</tr>
<tr>
<td><strong>2. PROFESSIONAL BEHAVIOR</strong> Demonstrates professional behavior in all situations.</td>
<td>Intermediate Performance</td>
</tr>
<tr>
<td><strong>3. ACCOUNTABILITY</strong> Practices in a manner consistent with established legal and professional standards and ethical guidelines.</td>
<td>Intermediate Performance</td>
</tr>
<tr>
<td><strong>4. COMMUNICATION</strong> Communicates in ways that are congruent with situational needs.</td>
<td>Advanced Beginner Performance</td>
</tr>
<tr>
<td>5. CULTURAL COMPETENCE</td>
<td>Advanced Beginner Performance</td>
</tr>
<tr>
<td>-------------------------</td>
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</tr>
<tr>
<td>Adapts delivery of physical therapy services with consideration for patients’ differences, values, preferences, and needs.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. PROFESSIONAL DEVELOPMENT</th>
<th>Advanced Beginner Performance</th>
<th>Advanced Intermediate Performance</th>
<th>Entry Level Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates in self-assessment to improve clinical and professional performance.</td>
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<thead>
<tr>
<th>7. CLINICAL REASONING</th>
<th>Advanced Beginner Performance</th>
<th>Advanced Intermediate Performance</th>
<th>Entry Level Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.</td>
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<tr>
<th>8. SCREENING</th>
<th>Advanced Beginner Performance</th>
<th>Advanced Intermediate Performance</th>
<th>Entry Level Performance</th>
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</thead>
<tbody>
<tr>
<td>Determines with each patient encounter the patient’s need for further examination or consultation* by a physical therapist* or referral to another health care professional.</td>
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<tr>
<th>9. EXAMINATION</th>
<th>Advanced Beginner Performance</th>
<th>Advanced Intermediate Performance</th>
<th>Entry Level Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs a physical therapy patient examination using evidenced-based* tests and measures.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. EVALUATION</td>
<td>Advanced Beginner Performance</td>
<td>Intermediate Performance</td>
<td>Entry Level Performance</td>
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<td>--------------------------------</td>
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<td>------------------------</td>
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<tr>
<td>Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.</td>
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<table>
<thead>
<tr>
<th>11. DIAGNOSIS AND PROGNOSIS</th>
<th>Advanced Beginner Performance</th>
<th>Intermediate Performance</th>
<th>Entry Level Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determines a diagnosis* and prognosis* that guides future patient management.</td>
<td></td>
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<thead>
<tr>
<th>12. PLAN OF CARE</th>
<th>Advanced Beginner Performance</th>
<th>Intermediate Performance</th>
<th>Entry Level Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishes a physical therapy plan of care* that is safe, effective, patient-centered, and evidence-based.</td>
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<tr>
<th>13. PROCEDURAL INTERVENTIONS</th>
<th>Advanced Beginner Performance</th>
<th>Intermediate Performance</th>
<th>Entry Level Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs physical therapy interventions* in a competent manner.</td>
<td></td>
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<thead>
<tr>
<th>14. EDUCATIONAL INTERVENTIONS</th>
<th>Advanced Beginner Performance</th>
<th>Advanced Intermediate Performance</th>
<th>Entry Level Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educates* others (patients, caregivers, staff, students, other health care providers*, business and industry representatives, school systems) using relevant and effective teaching methods.</td>
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</table>
15. DOCUMENTATION
Produces quality documentation in a timely manner to support the delivery of physical therapy services.

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<tr>
<th>Advanced Beginner Performance</th>
<th>Advanced Intermediate Performance</th>
<th>Entry Level Performance</th>
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</table>

16. OUTCOMES ASSESSMENT
Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.

<table>
<thead>
<tr>
<th>Beginner Performance</th>
<th>Intermediate Performance</th>
<th>Entry Level Performance</th>
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17. FINANCIAL RESOURCES
Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.

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<tr>
<th>Beginner Performance</th>
<th>Intermediate Performance</th>
<th>Entry Level Performance</th>
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18. DIRECTION AND SUPERVISION OF PERSONNEL
Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

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<tr>
<th>Beginner Performance</th>
<th>Intermediate Performance</th>
<th>Entry Level Performance</th>
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Title IX Policy Statement

Plymouth State University adheres to all federal, state, and local civil rights laws prohibiting discrimination in employment and education. The University does not discriminate in its admissions practices, in its employment practices, or in its educational programs or activities on the basis of sex/gender. As a recipient of federal financial assistance for education activities, PSU is required by Title IX of the Education Amendments of 1972 to ensure that all of its education programs and activities do not discriminate on the basis of sex/gender. Sex includes gender identity, gender expression, sexual orientation, sex stereotyped types, and pregnancy or parenting status.

PSU also prohibits retaliation against any person opposing discrimination or participating in any discrimination investigation or complaint process internal or external to the institution. Sexual harassment, sexual assault, dating and domestic violence, and stalking are forms of sex discrimination, which are prohibited under Title IX and by Plymouth State University Policy. Any member of the campus community, guest, or visitor who acts to deny, deprive, or limit the educational employment, residential, or social access, opportunities, and or/benefits of any member of the PSU community on the basis of sex is in violation of the PSU Equal Opportunity, Harassment, and Nondiscrimination policy. Any person may report sex discrimination (whether or not the person reporting is the person alleged to have experienced the conduct), in person, by mail, by telephone, by video, or by email, using the contact information listed for the Title IX Coordinator. A report may be made at any time, including during non-business hours by email or online reporting form.

Clinical experiences are considered part of a student's educational program. PSU is committed to ensuring that students are placed in safe, supportive learning and working environments. PSU DPT program faculty and the Title IX Coordinator will assist students in addressing any concerns experienced in a field placement or clinical setting- including (but not limited to) providing supportive measures, connecting individuals with confidential advocacy, and assisting with reporting to appropriate authorities in the clinical setting, law enforcement, and/or licensing boards.

Janette T. Wiggett
Title IX/504 Coordinator
Plymouth State University

Frost House
MSC 65 17 High Street
Plymouth, NH 03264
603-535-2206- office
603-535-2172- direct line

Report an incident
Clinical Education Sites

The Department of Physical Therapy at Plymouth State University has adopted the APTA’s position paper on the Guidelines: Clinical Education Sites (BOD) G03-06-21-55 as the expectations for our Clinical Education Sites.
Preamble

Clinical education represents a significant component of physical therapy curricula that has been continuously examined and discussed since APTA's publications of Moore and Perry (1976) entitled Clinical Education in Physical Therapy: Present Status/Future Needs and Barr and Gwyer (1981) entitled Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers. As a result, the Association and the Education Section have launched a number of initiatives to explore and enhance clinical education and to clarify and revise the roles and expectations for individuals responsible for providing student clinical learning experiences. Some of these notable undertakings included conferences held in Kansas City, Missouri (1983), Rock Eagle, Georgia (1985), and Split Rock, Pennsylvania (1987). All of these efforts spurred the growth and development of clinical education research, student evaluation and outcome performance assessment, training and development programs for clinical educators, regional consortia, several National Task Forces on Clinical Education, and universal guidelines for clinical education.

Between 1989 and 1994, two Task Forces on Clinical Education (1989–1991 and 1992–1994), in concert with clinical educators throughout the nation, dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2,500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education, or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was the development of three documents: Guidelines for Clinical Education Sites, Guidelines for Clinical Instructors (CIs), and Guidelines for Center Coordinators of Clinical Education (CCCEs). These guidelines were first adopted by APTA’s Board of Directors in November 1992 and endorsed by APTA’s House of Delegates on June 13, 1993. Revisions to these Clinical Education Guidelines have been subsequently approved by APTA’s Board of Directors in 1999 and 2004.

In October 1998, the Guidelines and Self-Assessment for Clinical Education were reviewed and revised by an Ad Hoc Documentation Review Group to ensure that these documents reflected contemporary and forward-looking clinical education, practice, and care delivery. As part of the review process, current APTA documents were used to assist in editing the Guidelines and Self-Assessments for Clinical Education to ensure congruence in language, education and clinical education expectations, and practice philosophy and framework. Documents used to carry out this process included the Guide to Physical Therapist Practice and in particular the patient management model, A Normative Model of Physical Therapist Professional Education: Version 1997, A Normative Model of Physical Therapist Assistant Education: First Revision (January 1998), Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. The revised Guidelines for Clinical Education were approved by APTA’s Board of Directors in March 1999.
In March 2004, these Guidelines for Clinical Education were revised and approved by the Board of Directors. Revisions were made to reflect the most contemporary versions of the Guide to Physical Therapist Practice (2003), A Normative Model of Physical Therapist Professional Education: Version 2004, Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants, and APTA positions, standards, guidelines, policies, and procedures.

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We are indebted to all the clinical educators and educators who since 1993 have provided feedback and comments on these documents during their initial development through the process of widespread consensus building. Likewise, the contributions of Barr, Gwyer, and Talmor’s Standards for Clinical Education in Physical Therapy (1981) and the Northern California Clinical Education Consortium’s Self-Assessment of a Physical Therapy Clinical Education Site were instrumental to the initial development of the guidelines and self-assessment tools. We are also grateful to the Ad Hoc Documentation Review Group that participated in the process of revising the Guidelines and Self-Assessments for Clinical Education in 1999. APTA is committed to ensuring that these guidelines and self-assessment tools continue to reflect contemporary and forward-looking standards for clinical education that are congruent with expectations for physical therapy education and practice.

1.1 THE PHILOSOPHY OF THE CLINICAL EDUCATION SITE AND PROVIDER OF PHYSICAL THERAPY FOR PATIENT/CLIENT CARE AND CLINICAL EDUCATION IS COMPATIBLE WITH THAT OF THE ACADEMIC PROGRAM.

1.2 The philosophies of the clinical education site and the academic program must be compatible, but not necessarily identical or in complete accord.

1.3 The clinical education site and the provider of physical therapy should have a written statement of philosophy.

1.2.1 The statement of philosophy may include comments concerning responsibilities for patient/client care, community service and resources, and educational and scholarly activities.

2.1 CLINICAL EDUCATION EXPERIENCES FOR STUDENTS ARE PLANNED TO MEET SPECIFIC OBJECTIVES OF THE ACADEMIC PROGRAM, THE PROVIDER OF PHYSICAL THERAPY, AND THE INDIVIDUAL STUDENT.

2.2 Planning for students should take place through communication* among the Center Coordinator of Clinical Education (CCCE), the Clinical Instructors (CIs), and the Academic Coordinator/Director of Clinical Education (ACCE/DCE).
2.2.1 The provider of physical therapy has clearly stated, written objectives for its clinical education programs consistent with the philosophy and requirements of each academic program.

2.2.2 Clinical education objectives should be written specifically for the provider of physical therapy by physical therapy personnel.

2.2.3 Students should participate in planning their learning experiences according to mutually agreed-on objectives.

2.2.4 CIs should be prepared to modify learning experiences to meet individual student needs, objectives, and interests.

2.3 A thorough orientation to the clinical education program and the personnel of the clinical education site should be planned for students.

2.3.1 Organized procedures for the orientation of students exist. These procedures may include providing an orientation manual, a facility tour, and information related to housing, transportation, parking, dress code, documentation, scheduling procedures, and other important subjects.

2.4 Evaluation of student performance is an integral part of the learning plan to ensure that objectives are met.

2.4.1 Opportunities for discussion of strengths and weaknesses should be scheduled on a continual basis.

2.4.2 The provider of physical therapy gives both constructive and cumulative evaluations of students. These will be provided in both written and verbal forms, and the evaluation frequency will be scheduled as mutually agreed on by the academic program and the provider of physical therapy.

3.1 PHYSICAL THERAPY PERSONNEL PROVIDE SERVICES IN AN ETHICAL AND LEGAL MANNER.

3.2 All physical therapists and physical therapist assistants provide services in an ethical and legal manner as outlined by the standards of practice, the state/jurisdictional practice act, clinical education site policy, and APTA positions, policies, standards, codes, and guidelines.

3.2.1 The clinical education site has evidence of valid licensure, registration, or certification for all physical therapists and physical therapist assistants, where appropriate.

3.2.2 The provider of physical therapy has a current policy and procedure manual, which includes a copy of the state/jurisdictional practice act and interpretive rules and regulations, APTA’s Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Professional Conduct,

Guide for Conduct of the Physical Therapist Assistant, Guide to Physical Therapist Practice, and a clinical education site code of ethics, if available.

3.3 The clinical education site policies are available to the personnel and students.

3.3.1 Written policies should include, but not be limited to, statements on patients/clients’ rights, release of confidential information (eg, HIPAA), photographic permission, clinical research, and safety and infection control.

3.3.2 The clinical education site has a mechanism for reporting unethical, illegal, unprofessional, or incompetent practice.

4.1 THE CLINICAL EDUCATION SITE IS COMMITTED TO THE PRINCIPLE OF EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION AS REQUIRED BY FEDERAL LEGISLATION.

4.2 The clinical education site adheres to affirmative action policies and does not discriminate on the basis of race, creed, color, gender, age, national or ethnic origin, sexual orientation, or disability or health status. These policies apply
to recruiting, hiring, promoting, retaining, training, or recommending benefits for all personnel.

4.2.1 The clinical education site has written statements regarding nondiscrimination in its hiring, promotion, and retention practices.

4.3 The clinical education site does not discriminate against students and ensures that each student is provided equal opportunities, learning experiences, and benefits.

4.3.1 The clinical education site does not discriminate in the selection or assignment of students or their learning experiences. Evidence of this nondiscrimination may be demonstrated through the clinical education agreement.*

4.3.2 The clinical education site is sensitive to issues of individual and cultural diversity in clinical education.

4.3.3 The clinical education site makes reasonable accommodations for personnel and students according to ADA* guidelines.

5.1 THE CLINICAL EDUCATION SITE DEMONSTRATES ADMINISTRATIVE SUPPORT OF PHYSICAL THERAPY CLINICAL EDUCATION.

5.2 A written clinical education agreement, in a format acceptable to both parties, exists between each academic program and each clinical education site.

5.2.1 A corporate clinical education agreement with an academic program may exist to cover multiple clinical education sites.

5.3 The clinical education site demonstrates support of the participation of its personnel in clinical education activities.

5.3.1 The clinical education site promotes participation of personnel as CIs and CCCEs.

5.3.2 The clinical education site facilitates growth of clinical educators by providing educational opportunities related to clinical education such as in-service presentations, CI training and credentialing programs, and attendance at clinical education conferences.

5.3.3 The clinical education site demonstrates commitment to clinical education by reasonable allocation of resources.

5.4 Administrative support should be demonstrated by the inclusion of a statement of educational commitment within the clinical education site’s philosophy statement.

5.5 A clinical education program manual exists, which might include, but should not be limited to, structure of the program, roles and responsibilities of personnel, quality improvement mechanism, policies and procedures, sample forms, and a listing of current academic program relationships.

6.1 THE CLINICAL EDUCATION SITE HAS A VARIETY* OF LEARNING EXPERIENCES AVAILABLE TO STUDENTS.

6.2 Students in clinical education are primarily concerned with delivery of services to patients/clients; therefore, the provider of physical therapy must have an adequate number and variety of patients/clients.

6.2.1 The primary commitment of students is to patient/client care, including when appropriate, screening, examination, evaluation, diagnosis,* prognosis,* intervention, outcomes, and re-examination (see Guide to Physical Therapist Practice).

6.2.2 Provision of a “variety of learning experiences” may include, but should not be limited to, patient/client acuity, continuum of care, presence of a PT working with a PTA, complexity of patient/client diagnoses and environment, health care systems, and health promotion.
6.2.3 The clinical education site provides a clinical experience appropriate to the students’ level of education and prior experiences.

6.2.4 The clinical education site will provide, if available and appropriate, opportunities for students to participate in other patient/client-related experiences, including, but not limited to, attendance on rounds, planning conferences, observation of other health professionals and medical procedures, and health promotion, prevention, and wellness programs.

6.2.5 The provider of physical therapy has adequate equipment to provide contemporary services to conduct screenings, perform examinations, and provide interventions.

6.2.6 The provider of physical therapy indicates the types of clinical learning experiences that are offered (e.g., observational, part-time, full-time).

6.3 Other learning experiences should include opportunities in practice management (e.g., indirect patient/client care). For physical therapist students, these opportunities may include consultation, education, critical inquiry, administration,* resource (financial and human) management, public relations and marketing, and social responsibility and advocacy. For physical therapist assistant students, these opportunities may include education, administration, and social responsibility and advocacy.

6.3.1 The clinical education site will expose students to various practice management opportunities, if available and appropriate, such as resource utilization, quality improvement, reimbursement, cost containment, scheduling, and productivity.

6.3.2 The clinical education site will expose students to various direction and supervision experiences, if available and appropriate, such as appropriate utilization of support personnel.

6.3.3 The clinical education site will expose students to teaching experiences, if available and appropriate, such as in-service programs and patient/client, family, caregiver, and consumer education.

6.3.4 The clinical education site will expose students to various scholarly activities, if available and appropriate, such as journal clubs, continuing education/in-services, literature review, case studies, and clinical research.

7.1 THE CLINICAL EDUCATION SITE PROVIDES AN ACTIVE, STIMULATING ENVIRONMENT APPROPRIATE TO THE LEARNING NEEDS OF STUDENTS.

7.2 The desirable learning environment in the clinical education site demonstrates characteristics of effective management, positive morale, collaborative working relationships, professionalism, and interdisciplinary patient/client management procedures.

7.2.1 Less tangible characteristics of the site's personnel include receptiveness, a variety of expertise, interest in and use of evidence-based interventions, and involvement with care providers outside of physical therapy.

7.3 There is evidence of continuing and effective communication within the clinical education site.

7.3.1 Possible mechanisms of verbal communication might include personnel meetings, advisory committee meetings, and interaction with other care providers, referral agencies, and consumers.

7.3.2 Possible written communications available includes regular monthly or yearly reports, memorandums, and evaluations.*

7.3.3 Possible use of information technology includes e-mail, voice mail, computer documentation, electronic pagers, literature searches on
8.1 SELECTED SUPPORT SERVICES ARE AVAILABLE TO STUDENTS.

8.2 Evidence exists that, prior to arrival, students are advised in writing of the availability of support services within the clinical education site and procedures for access to such services.

8.2.1 Support services may include, but are not limited to: health care, emergency medical care, and pharmaceutical supplies; library facilities, educational media and equipment, duplicating services, and computer services; support for conducting critical inquiry; and room and board, laundry, parking, special transportation, and recreational facilities.

8.2.2 Support services will be provided for special learning needs of students within reasonable accommodations and in accordance with ADA guidelines.

9.1 ROLES AND RESPONSIBILITIES OF PHYSICAL THERAPY PERSONNEL ARE CLEARLY DEFINED.

9.2 Current job descriptions exist which are consistent with the respective state/jurisdictional practice acts and rules and regulations, and are available for all physical therapy personnel.

9.2.1 Job responsibilities reflecting clinical education activities are clearly defined within the job descriptions of all physical therapy personnel.

9.3 Students are informed of the roles and responsibilities of all levels of personnel within the clinical education site and provider of physical therapy and how these responsibilities are distinguished from one another.

9.4 The clinical education site and the provider of physical therapy should have a current policy and procedure manual that includes a written organizational chart for the provider of physical therapy and for the provider of physical therapy in relation to the clinical education site.

9.4.1 The physical therapy organizational chart clearly identifies the lines of communication to be used by the student during clinical education experiences.*

9.4.2 Organizational charts should also reflect all personnel relationships, including the person to whom the students are responsible while at the clinical education site.

10.1 THE PHYSICAL THERAPY PERSONNEL ARE ADEQUATE IN NUMBER TO PROVIDE AN EDUCATIONAL PROGRAM FOR STUDENTS.

10.2 Comprehensive clinical education can be planned for students in a clinical education site with at least one physical therapist in accordance with APTA positions, policies, standards, codes, and guidelines.
10.2.1 Direct clinical supervision of a physical therapist assistant student is delegated to a physical therapist or a physical therapist/physical therapist assistant team.

10.3 Student-personnel ratio can vary according to the provision of physical therapy services, the composition and expertise of the personnel, the educational preparation of students, the type (PT or PTA) of students, the learning needs of students, state/jurisdictional practice act, and the length of the clinical education assignments.

10.3.1 Alternative approaches to student supervision should be considered where feasible. Examples may include two or more students to one supervisor, and split supervision by two or more CIs or split supervision by rotation.

10.4 Physical therapist responsibilities for patient/client care, teaching, critical inquiry, and community service permit adequate time for supervision of physical therapy students.

11.1 A CENTER COORDINATOR OF CLINICAL EDUCATION IS SELECTED BASED ON SPECIFIC CRITERIA.

11.2 To qualify as a Center Coordinator of Clinical Education (CCCE), the individual should meet the Guidelines: Center Coordinators of Clinical Education. Preferably, a physical therapist and/or a physical therapist assistant are designated as the CCCE. Various alternatives may exist, including, but not limited to, non-physical therapist professionals who possess the skills to organize and maintain an appropriate clinical education program.*

11.2.1 If the CCCE is a physical therapist or physical therapist assistant, the CCCE should be experienced as a clinician; experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process of students.

11.2.2 If the CCCE is not from the physical therapy profession, the CCCE should be experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; be knowledgeable about the clinical education site and its resources; and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist assistant who is experienced as a clinician must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of physical therapist students is delegated to a physical therapist. Direct clinical supervision of the physical therapist assistant student is delegated to a physical therapist or a physical therapist working with a physical therapist assistant.

11.3 Planning and implementing the clinical education program in the clinical education site should be a joint effort among all physical therapy personnel with the CCCE serving as the key contact person for the clinical education site with academic programs.

12.1 PHYSICAL THERAPY CLINICAL INSTRUCTORS ARE SELECTED BASED ON SPECIFIC CRITERIA.

12.2 To qualify as a Clinical Instructor (CI), individuals should meet the Guidelines for Clinical Instructors.

12.2.1 One year of clinical experience with demonstrated clinical competence is preferred as the minimal criteria for serving as a CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.

12.2.2 CIs demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.
12.2.3. Cls should preferably complete a clinical instructor-credentialing program such as APTA’s Clinical Instructor Education and Credentialing Program.

12.3 Cls should be able to plan, conduct, and evaluate a clinical education experience based on sound educational principles.

12.3.1 Necessary educational skills include the ability to develop written objectives for a variety of learning experiences, organize activities to accomplish these objectives, effectively supervise students to facilitate learning and clinical reasoning, and participate in a multifaceted process for evaluation of the clinical education experience.

12.3.2 The CI is evaluated on the actual application of educational principles.

12.4 The primary CI for physical therapist students must be a physical therapist.

12.5 The PT working with the PTA is the preferred model of clinical instruction for the physical therapist assistant student to ensure that the student learns the appropriate aspects of the physical therapist assistant role.

12.5.1 Where the physical therapist is the CI, the preferred roles of the physical therapist assistant are to serve as a role model for the physical therapist assistant student and to maintain an active role in the feedback and evaluation of the physical therapist assistant student.

12.5.2 Where the physical therapist assistant is the CI working with the PT, the preferred roles of the physical therapist are to observe and consult on an ongoing basis, to model the essentials of the PT/PTA relationship, and to maintain an active role in feedback and evaluation of the physical therapist assistant students.

12.5.3 Regardless of who functions as the CI, a physical therapist will be the patient/client care team leader with ultimate responsibility for the provision of physical therapy services to all patients/clients for whom the physical therapist assistant student provides interventions.

13.1 SPECIAL EXPERTISE OF THE CLINICAL EDUCATION SITE PERSONNEL IS AVAILABLE TO STUDENTS.

13.2 The clinical education site personnel, when appropriate, provide a variety of learning opportunities consistent with their areas of expertise.

13.2.1 Special expertise may be offered by select physical therapy personnel or by other professional disciplines that can broaden the knowledge and competence of students.

13.2.2 Special knowledge and expertise can be shared with students through in-service education, demonstrations, lectures, observational experiences, clinical case conferences, meetings, or rotational assignments.

13.2.3 The involvement of the individual student in these experiences is determined by the CI.

14.1 THE CLINICAL EDUCATION SITE ENCOURAGES CLINICAL EDUCATOR (CI and CCCE) TRAINING AND DEVELOPMENT.

14.2 Clinical education sites foster participation in formal and informal clinical educator training, conducted either internally or externally.

14.2.1 The ACCE and the CCCE may collaborate on arrangements for presenting materials on clinical teaching to the CIs.

14.2.2 The clinical education site should provide support for attendance at clinical education conferences and clinical teaching seminars on the consortia, regional, component, and national levels.

14.2.3 APTA’s Clinical Instructor Education and Credentialing Program is recommended for clinical educators.
15.1 THE CLINICAL EDUCATION SITE SUPPORTS ACTIVE CAREER DEVELOPMENT FOR PERSONNEL.

15.2 The clinical education site's policy and procedure manuals outline policies concerning on-the-job training, in-service education, continuing education, and post-professional physical therapist/post-entry level physical therapist assistant study.

15.3 The clinical education site supports personnel participation in various development programs through mechanisms such as release time for in-services, on-site continuing education programs, or financial support and educational time for external seminars and workshops.

15.4 In-service education programs are scheduled on a regular basis and should be planned by personnel of the clinical education site.

15.5 Student participation in career development activities is expected and encouraged.

16.1 PHYSICAL THERAPY PERSONNEL ARE ACTIVE IN PROFESSIONAL ACTIVITIES.

16.2 Activities may include, but are not limited to, self-improvement activities, professional development and career enhancement activities, membership in professional associations including the American Physical Therapy Association activities related to offices or committees, paper or verbal presentations, community and human service organization activities, and other special activities.

16.3 The physical therapy personnel should be encouraged to be active at local, state, component, or national levels.

16.4 The physical therapy personnel should provide students with information about professional activities and encourage their participation.

16.5 The physical therapy personnel should be knowledgeable of professional issues.

16.6 Physical therapy personnel should model APTA's core values for professionalism.

17.1 THE PROVIDER OF PHYSICAL THERAPY HAS AN ACTIVE AND VIABLE PROCESS OF INTERNAL EVALUATION OF ITS AFFAIRS AND IS RECEPTIVE TO PROCEDURES OF REVIEW AND AUDIT APPROVED BY APPROPRIATE EXTERNAL AGENCIES AND CONSUMERS.

17.2 Performance evaluations of physical therapy personnel should be completed at regularly scheduled intervals and should include appropriate feedback to the individuals evaluated.

17.3 Evaluation of the provider of physical therapy should occur at regularly scheduled intervals.

17.3.1 Evaluation methods may include, but are not limited to, continuous quality improvement, peer review, utilization review, medical audit, program evaluation, and consumer satisfaction monitors.

17.3.2 Evaluations should be continuous and include all aspects of the service, including, but not limited to, consultation, education, critical inquiry, and administration.

17.4 The clinical education site has successfully met the requirements of appropriate external agencies.

17.5 The provider of physical therapy involves students in the review processes as possible.

17.6 The physical therapy clinical education program should be reviewed and revised as changes occur in objectives, programs, and personnel.

The foundation for this document is:


Revisions of this document are based on:


Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clincal Education Affairs Department, ext 3203)

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

Site Coordinator of Clinical Education (SCCE)

The Department of Physical Therapy at Plymouth State University has adopted the APTA’s position paper on the **Guidelines: Center Coordinators of Clinical Education (BOD) G03-06-21-55** as the expectations for our Center Coordinators of Clinical Education (CCCE’s).
GUIDELINES: CENTER COORDINATORS OF CLINICAL EDUCATION BOD G03---06---21---55 [Amended BOD
G03---04---23--- 57; BOD 03---99---23---75; Initial BOD 11---92---43---201] [Guideline]

Preamble

Clinical education represents a significant component of physical therapy curricula that has been continuously examined and discussed since APTA publications of Moore and Perry (1976) entitled Clinical Education in Physical Therapy: Present Status/Future Needs and Barr and Gwyer (1981) entitled Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers. As a result, the Association and the Education Section have launched a number of initiatives to explore and enhance clinical education and to clarify and revise the roles and expectations for individuals responsible for providing student clinical learning experiences. Some of these notable undertakings included conferences held in Kansas City, Missouri (1983), Rock Eagle, Georgia (1985), and Split Rock, Pennsylvania (1987). All of these efforts spurred the growth and development of clinical education research, student evaluation and outcome performance assessment, training and development programs for clinical educators, regional consortia, several National Task Forces on Clinical Education, and universal guidelines for clinical education.

Between 1989 and 1994, two Task Forces on Clinical Education (1989–1991 and 1992–1994), in concert with clinical educators throughout the nation, dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2,500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education, or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was the development of three documents: Guidelines for Clinical Education Sites, Guidelines for Clinical Instructors (CIs), and Guidelines for Center Coordinators of Clinical Education (CCCES). These guidelines were first adopted by APTA’s Board of Directors in November 1992 and endorsed by APTA’s House of Delegates on June 13, 1993. Revisions to these Clinical Education Guidelines have been subsequently approved by APTA’s Board of Directors in 1999 and 2004.

In October 1998, the Guidelines and Self-Assessment for Clinical Education were reviewed and revised by an Ad Hoc Documentation Review Group to ensure that these documents reflected contemporary and forward-looking clinical education, practice, and care delivery. As part of the review process, current APTA documents were used to assist in editing the Guidelines and Self-Assessments for Clinical Education to ensure congruence in language, education and clinical education expectations, and practice philosophy and framework. Documents used to carry out this process included the Guide to Physical Therapist Practice and in particular the patient management model, A Normative Model of Physical Therapist Professional Education: Version 1997, A Normative Model of Physical Therapist Assistant Education: First Revision (January 1998), Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. The revised Guidelines for Clinical Education were approved by APTA’s Board of Directors in March 1999.
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1.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION (CCCE) HAS SPECIFIC QUALIFICATIONS AND IS RESPONSIBLE FOR COORDINATING THE ASSIGNMENTS AND ACTIVITIES OF STUDENTS AT THE CLINICAL EDUCATION SITE.

1.2 To qualify as a Center Coordinator of Clinical Education (CCCE), an individual should meet the Guidelines: Center Coordinators of Clinical Education. Preferably, a physical therapist or a physical therapist assistant is designated as the CCCE. Various alternatives may exist, including, but not limited to, nonphysical therapist professionals who possess the skills to organize and maintain an appropriate clinical education program.

1.2.1 If the CCCE is a physical therapist or physical therapist assistant, he or she should be experienced as a clinician; experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; knowledgeable about the clinical education site and its resources; and serve as a consultant in the evaluation process of students.

1.2.1.1 The CCCE meets the requirements of APTA's Guidelines for Clinical Instructors.
1.2.2 If the CCCE is not from the physical therapy profession, the CCCE should be experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; knowledgeable of the clinical education site and its resources; and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist and physical therapist assistant who are experienced clinicians must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of a physical therapist student is delegated to a physical therapist. Direct clinical supervision of a physical therapist assistant student is delegated to either a physical therapist or physical therapist working with a physical therapist assistant.

1.2.2.1 The CCCE meets the non-discipline-specific APTA Guidelines: 

Clinical Instructors (i.e., Guidelines 2.0, 3.0, 4.0, and 5.0).

1.3 The CCCE demonstrates knowledge of contemporary issues of clinical practice, management of the clinical education program, educational theory, and issues in health care delivery.

1.4 The CCCE demonstrates ethical and legal behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy.

2.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE COMMUNICATION AND INTERPERSONAL SKILLS.

2.2 The CCCE interacts effectively and fosters collegial relationships with parties internal and external to the clinical education site, including students, clinical education site personnel, and representatives of the academic program.

2.2.1 The CCCE performs administrative functions between the academic program and clinical education site, including, but not limited to, completion of the clinical center information forms (CCIF), clinical education agreements, student placement forms,* and policy and procedure manuals.

2.2.2 The CCCE provides consultation to the clinical instructor (CI) in the evaluation process regarding clinical learning experiences.

2.2.3 The CCCE serves as a representative of the clinical education site to academic programs.

2.2.4 The CCCE is knowledgeable about the affiliated academic programs and their respective curricula and disseminates the information to clinical education site personnel.

2.2.5 The CCCE communicates with the Academic Coordinator of Clinical Education* (ACCE) regarding clinical education planning, evaluation, and CI development.

2.2.6 The CCCE is open to and encourages feedback from students, CIs, ACCEs, and other colleagues.

2.2.7 The CCCE demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.

3.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

3.2 The CCCE plans and implements activities that contribute to the professional development of the CIs.

3.2.1 The CCCE is knowledgeable about the concepts of adult and lifelong learning and life span development.

3.2.2 The CCCE recognizes the uniqueness of teaching in the clinical context.

3.3 The CCCE identifies needs and resources of CIs in the clinical education site.

3.4 The CCCE, in conjunction with CIs, plans and implements alternative or remedial learning experiences for students experiencing difficulty.

3.5 The CCCE, in conjunction with CIs, plans and implements challenging
clinical learning experiences for students demonstrating distinctive performance.

3.6 The CCCE, in conjunction with CIs, plans and implements learning experiences to accommodate students with special needs.

4.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

4.2 The CCCE supervises the educational planning, clinical experiences, and performance evaluation of the CI(s)/students(s) team.

4.2.1 The CCCE provides consistent monitoring and feedback to CIs about clinical education activities.

4.2.2 The CCCE serves as a resource to both CIs and students.

4.2.3 The CCCE assists in planning and problem solving with the CI(s)/student(s) team in a positive manner that enhances the clinical learning experience.

5.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE PERFORMANCE EVALUATION SKILLS.

5.2 The CCCE is knowledgeable about educational evaluation methodologies and can apply these methodologies to the physical therapy clinical education program.

5.3 The CCCE contributes to the clinical education site's process of personnel evaluation and development.

5.4 The CCCE provides feedback to CIs on their performance in relation to the Guidelines for Clinical Instructors.

5.4.1 The CCCE assists CIs in their goal setting and in documenting progress toward achievement of these goals.

5.5 The CCCE consults with CIs in the assessment of student performance and goal setting as it relates to specific evaluative criteria established by academic programs.*

5.5.1 For student remedial activities, the CCCE participates in the development of an evaluation plan to specifically document progress.

6.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE ADMINISTRATIVE AND MANAGERIAL SKILLS.

6.2 The CCCE is responsible for the management of a comprehensive clinical education program.

6.2.1 The clinical education program includes, but is not limited to, the program's goals and objectives; the learning experiences available and the logistical details for student placements; and a plan for CI training, evaluation, and development.

6.2.2 The CCCE implements a plan for program review and revision that reflects the changing health care environment.

6.3 The CCCE advocates for clinical education with the clinical education site's administration, the provider of physical therapy's administration, and physical therapy personnel.

6.4 The CCCE serves as the clinical education site's formal representative and liaison with academic programs.

6.4.1 Activities include scheduling; providing information, documentation, and orientation to incoming students; and maintaining records of student performance, CI qualifications, and clinical education site resources.

6.5 The CCCE facilitates and maintains the necessary documentation to affiliate with academic programs.

6.5.1 The CCCE maintains current information, including clinical site information forms (e.g., CSIF), clinical education agreements, and
6.6 The CCCE has effective relationships with clinical education site administrators, representatives of other disciplines, and other departments to enhance the clinical education program.

6.7 The CCCE demonstrates knowledge of the clinical education site’s philosophy and commitment to clinical education.

6.8 The CCCE demonstrates an understanding of the clinical education site’s quality improvement and assessment activities.

The foundation for this document is:


Revisions of this document are based on:


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

Clinical Instructors (CI’s)

The Department of Physical Therapy at Plymouth State University has adopted the APTA’s position paper on the Guidelines: Clinical Instructors (BOD) G03-06-21-55 as the expectations for our Clinical Instructors (CI’s).
GUIDELINES: CLINICAL INSTRUCTORS BOD G03-06-21-55 [Amended BOD G03-04-22-56; BOD 11-01-06-09; BOD 03-99-23-75; Initial BOD 11-92-43-201] [Guideline]

Preamble
Clinical education represents a significant component of physical therapy curricula that has been continuously examined and discussed since APTA's publications of Moore and Perry (1976) entitled Clinical Education in Physical Therapy: Present Status/Future Needs and Barr and Gwyer (1981) entitled Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers. As a result, the Association and the Education Section have launched a number of initiatives to explore and enhance clinical education and to clarify and revise the roles and expectations for individuals responsible for providing student clinical learning experiences. Some of these notable undertakings included conferences held in Kansas City, Missouri (1983), Rock Eagle, Georgia (1985), and Split Rock, Pennsylvania (1987). All of these efforts spurred the growth and development of clinical education research, student evaluation and outcome performance assessment, training and development programs for clinical educators, regional consortia, several National Task Forces on Clinical Education, and universal guidelines for clinical education.

Between 1989 and 1994, two Task Forces on Clinical Education (1989–1991 and 1992–1994), in concert with clinical educators throughout the nation, dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2,500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education, or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was the development of three documents: Guidelines for Clinical Education Sites, Guidelines for Clinical Instructors (CIs), and Guidelines for Center Coordinators of Clinical Education (CCCEs). These guidelines were first adopted by APTA’s Board of Directors in November 1992 and endorsed by APTA’s House of Delegates on June 13, 1993. Revisions to these Clinical Education Guidelines have been subsequently approved by APTA’s Board of Directors in 1999 and 2004. In October 1998, the Guidelines and Self-Assessment for Clinical Education were reviewed and revised by an Ad Hoc Documentation Review Group to ensure that these documents reflected contemporary and forward-looking clinical education, practice, and care delivery. As part of the review process, current APTA documents were used to assist in editing the Guidelines and Self-Assessments for Clinical Education to ensure congruence in language, education and clinical education expectations, and practice philosophy and framework. Documents used to carry out this process included the Guide to Physical Therapist Practice and in particular the patient management model, A Normative Model of Physical Therapist Professional Education: Version 1997, A Normative Model of Physical Therapist Assistant Education: First Revision (January 1998), Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. The revised Guidelines for Clinical Education were approved by APTA’s Board of Directors in March 1999.

In March 2004, these Guidelines for Clinical Education were revised and approved by the Board of Directors. Revisions were made to reflect the most contemporary versions of the Guide to Physical Therapist Practice (2003), A Normative Model of Physical Therapist Professional Education: Version
The intent of these guidelines is to provide academic and clinical educators with direction and guidance in the development and enhancement of clinical education sites and physical therapist and physical therapist assistant CIs and CCCEs. These documents reflect the nature of current practice and also represent the future ideals of physical therapy clinical education. The guidelines were designed to encourage and direct clinical education in diverse settings ranging from single or multiple clinicians, public or private clinical education sites, and clinical education sites housed within a building or a patient's home.

These guidelines are most effective when used collectively; however, they have been written in a format that allows them to be used separately. Each guideline is accompanied by measurement statements to help the clinical education site, CIs, and CCCEs understand how to demonstrate the attainment of the specific guidelines and to delineate areas for further growth. In addition, each document provides minimal guidelines essential for quality clinical education as well as ideal guidelines to foster growth in the clinical education site, CI, and CCCE. Minimal guidelines are expressed through the active voice while ideals are designated by the use of "should" and "may."

We are indebted to all of the clinical educators and educators who since 1993 have provided feedback and comments on these documents during their initial development through the process of widespread consensus building. Likewise, the contributions of Barr, Gwyer, and Talmon's *Standards for Clinical Education in Physical Therapy* (1981) and the Northern California Clinical Education Consortium’s Self-Assessment of a Physical Therapy Clinical Education Site were instrumental to the initial development of the guidelines and self-assessment tools. We are also grateful to the Ad Hoc Documentation Review Group that participated in the process of revising the Guidelines and Self-Assessments for Clinical Education in 1999. APTA is committed to ensuring that these guidelines and self-assessment tools continue to reflect contemporary and forward-looking standards for clinical education that are congruent with expectations for physical therapy education and practice.

1.1 THE CLINICAL INSTRUCTOR (CI) DEMONSTRATES CLINICAL COMPETENCE, AND LEGAL AND ETHICAL BEHAVIOR THAT MEETS OR EXCEEDS THE EXPECTATIONS OF MEMBERS OF THE PROFESSION OF PHYSICAL THERAPY.

1.2 One year of clinical experience is preferred as minimal criteria for serving as the CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.

1.2.1 The CI demonstrates a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.

1.3 The CI is a competent physical therapist or physical therapist assistant.

1.3.1 The CI demonstrates a systematic approach to patient/client care using the patient/client management model described in the *Guide to Physical Therapist Practice*.

1.3.2 The CI uses critical thinking in the delivery of health services.

1.3.3 Rationale and evidence is provided by:

1.3.3.1 The physical therapist for examination, evaluation, diagnosis, prognosis, interventions, outcomes, and re-examinations.

1.3.3.2 The physical therapist assistant for directed interventions, data collection associated with directed interventions, and outcomes.

1.3.4 The CI demonstrates effective time-management skills.

1.3.5 The CI demonstrates the core values associated with professionalism in physical therapy.

1.4 The CI adheres to legal practice standards.

1.4.1 The CI holds a valid license, registration, or certification as required by the state in which the individual provides physical therapy services.

1.4.2 The CI provides physical therapy services that are consistent with the respective state/jurisdictional practice act and interpretive rules and regulations.

1.4.3 The CI provides physical therapy services that are consistent with state and federal legislation, including, but not limited to, equal opportunity and affirmative action.
policies, HIPAA, Medicare regulations regarding reimbursement for patient/client care where students are involved, and the ADA.

1.4.3.1 The physical therapist is solely responsible for ensuring the patient/client is aware of the student status of any student involved in providing physical therapy services.

1.5 The CI demonstrates ethical behavior.
   1.5.1 The CI provides physical therapy services ethically as outlined by the clinical education site policy and APTA's Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Physical Therapist Assistant, and Guide to Physical Therapist Practice.

2.1 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

2.2 The CI uses verbal, nonverbal, and written communication skills and information technology to clearly express himself or herself to students and others.
   2.2.1 The CI defines performance expectations for students.
   2.2.2 The CI and student(s) collaborate to develop mutually agreed-on goals and objectives for the clinical education experience.
   2.2.3 The CI provides feedback to students.
   2.2.4 The CI demonstrates skill in active listening.
   2.2.5 The CI provides clear and concise communication.

2.3 The CI is responsible for facilitating communication.
   2.3.1 The CI encourages dialogue with students.
   2.3.2 The CI provides time and a place for ongoing dialogue to occur.
   2.3.3 The CI initiates communication that may be difficult or confrontational.
   2.3.4 The CI is open to and encourages feedback from students, clinical educators, and other colleagues.

3.1 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS.

3.2 The CI forms a collegial relationship with students.
   3.2.1 The CI models behaviors and conduct, and instructional and supervisory skills that are expected of the physical therapist/physical therapist assistant and demonstrates an awareness of the impact of this role modeling on students.
   3.2.2 The CI promotes the student as a colleague to others.
   3.2.3 The CI demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.
   3.2.4 The CI is willing to share his or her strengths and weaknesses with students.

3.3 The CI is approachable by students.
   3.3.1 The CI assesses and responds to student concerns with empathy, support or interpretation, as appropriate.

3.4 The CI interacts with patients/clients, colleagues, and other health care providers to achieve identified goals.

3.5 The CI represents the physical therapy profession positively by assuming responsibility for career and self-development and demonstrates this responsibility to the students.
   3.5.1 Activities for development may include, but are not limited to: continuing education courses, journal clubs, case conferences, case studies, literature review, facility sponsored courses, post-professional/entry-level education, area consortia programs, and active involvement in professional associations including APTA.

4.1 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

4.2 The CI collaborates with students to plan learning experiences.
   4.2.1 Based on a plan, the CI implements, facilitates, and evaluates learning experiences with students.
4.2.2 Learning experiences should include both patient/client interventions and patient/client practice management activities.

4.3 The CI demonstrates knowledge of the student's academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience.

4.4 The CI recognizes and uses the entire clinical environment for potential learning experiences, both planned and unplanned.

4.5 The CI integrates knowledge of various learning styles to implement strategies that accommodate students' needs.

4.6 The CI sequences learning experiences to promote progression of the students' personal and educational goals.

4.6.1 The CI monitors and modifies learning experiences in a timely manner based on the quality of the student's performance.

5.1 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

5.2 The CI supervises the student in the clinical environment by clarifying goals, objectives, and expectations.

5.2.1 The CI presents clear performance expectations to students at the beginning and throughout the learning experience.

5.2.2 Goals and objectives are mutually agreed-on by the CI and student(s).

5.3 Feedback is provided both formally and informally.

5.3.1 To provide student feedback, the CI collects information through direct observation and discussion with students, review of the students' patient/client documentation, available observations made by others, and students' self-assessments.

5.3.2 The CI provides frequent, positive, constructive, and timely feedback.

5.3.3 The CI and students review and analyze feedback regularly and adjust the learning experiences accordingly.

5.4 The CI performs constructive and cumulative evaluations of the students' performance.

5.4.1 The CI and students both participate in ongoing formative evaluation.

5.4.2 Cumulative evaluations are provided at least at midterm and at the completion of the clinical education experience and include student self-assessments.

6.1 THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS.

6.2 The CI articulates observations of students' knowledge, skills, and behavior as related to specific student performance criteria.

6.2.1 The CI familiarizes herself or himself with the student's evaluation instrument prior to the clinical education experience.

6.2.2 The CI recognizes and documents students' progress, identifies areas of entry-level competence, areas of distinction, and specific areas of performance that are unsafe, ineffective, or deficient in quality.

6.2.3 Based on areas of distinction, the CI plans, in collaboration with the CCCE and the ACCE/DCE, when applicable, activities that continue to challenge students' performance.

6.2.4 Based on the areas identified as inadequate, the CI plans, in collaboration with the CCCE and ACCE/DCE, when applicable, remedial activities to address specific deficits in student performance.

6.3 The CI demonstrates awareness of the relationship between the academic program and clinical education site concerning student performance evaluations, grading, remedial activities, and due process in the case of student failure.

6.4 The CI demonstrates a constructive approach to student performance evaluation that is educational, objective, and reflective and engages students in self-assessment (e.g., problem identification, processing, and solving) as part of the performance evaluation process.

6.5 The CI fosters student evaluations of the clinical education experience, including learning opportunities, CI and CCCE performance, and the evaluation process.
The foundation for this document is:


Revisions of this document are based on:


Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:
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Critical Incident Reports

Critical Incident Reports can be used in situations where problematic behaviors are observed in clinical practice (safety issues). The form can be used as necessary by Clinical Instructors to record concerning behaviors of the student in an effort to remediate the behavior and foster safety and professional growth.

The following definitions should be considered when completing Critical Incident Reports.

**Behaviors:** An objective description of the behavior/incident made by the Clinical Instructor - no interpretation of the behavior is made by the CI.

**Antecedents:** Events/environmental factors that preceded the behavior in question

**Consequences:** Resultant implications of the behavior imposed by the CI
# Critical Incident Report

Student Name: __________

CI Name: __________

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
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Student’s Signature: __________  Date: __________

Evaluator’s Signature: __________  Date: __________
Anecdotal Records

Anecdotal Records are nonjudgmental, objective accounts of a student’s actions/behaviors that help to identify opportunity for improvement and guide developmental progress. This form may be used as a way to help the CI formalize feedback for a student. CI interpretation provides awareness for the reason of concern and the possibility of consequences the behavior could have resulted in. The student and CI both sign the form as acknowledgement of the feedback. The student then has the opportunity to make any comments on the form.
Anecdotal Record

Student Name: _ Date: _

Evaluator/Observer: _

Setting: (Place, persons involved, atmosphere etc)

Student Behavior:

Evaluator Interpretation:

Student Signature: _

Evaluator Signature: _

Student’s Comments:
Weekly Goal Sheet

Weekly goal sheets are guided assessments designed for tracking and developing progress during Clinical Experiences. Weekly Goal sheets are used as an opportunity for the student to evaluate their performance of the previous week and prepare performance goals for the upcoming week. These goals should be set in line with the appropriate Clinical Education Performance Expectations for that Clinical Experience. Weekly goal sheets are most effective when the student and the CI can review them together and discuss opportunities during the week to guide professional growth. Complete weekly goal sheets can also be helpful to use when completing the CPI at Midterm and Final evaluations.
# Weekly Goal Sheet

Student Name:  
CI(s) Name:  
Facility:  
Name of  

<table>
<thead>
<tr>
<th>Rotation #</th>
<th>Week #:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Student Assessment of the week:</td>
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</table>

| CI Assessment of the week: |

| Goals for Upcoming week: |

| Student Comments |

| CI Comments: |
Assessment of Clinical Experience

At Midterm and at the completion of each Clinical Education Experience, students are required to evaluate each Clinical Experience using the PTSE 1 & PTSE 2 in Exxat.
Immunization/Test Declination Form

I understand that my exposure to patients at healthcare facilities with the following diseases puts me at risk of acquiring the disease. Most of these diseases are preventable through vaccines. I have had the opportunity to be vaccinated for these diseases; however, I choose at this time to decline the vaccination(s) checked below. I understand that by declining vaccine protection I continue to be at risk of acquiring the disease. I understand that I can receive these vaccinations or tests at any time.

<table>
<thead>
<tr>
<th>VACCINATION OR TEST</th>
<th>REASON</th>
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<tbody>
<tr>
<td>Tdap (Tetanus, Diphtheria, Pertussis)</td>
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<tr>
<td>Hepatitis B Positive Titer</td>
<td></td>
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<tr>
<td>MMR 2 Shots OR Positive Titer</td>
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<tr>
<td>Varicella 2 Shots OR Positive Titer</td>
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<td>Tuberculosis 2 Step PPD</td>
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<td>Influenza</td>
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<tr>
<td>Hepatitis A 2 Shots OR Positive Titer</td>
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<tr>
<td>Meningitis</td>
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<tr>
<td>Other(s): __________________________</td>
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By submitting this form, I acknowledge that each of my customers defines the required documentation used to manage vendor relationships and that a declination may not satisfy these requirements.

Name: ________________________________

Signature: ____________________________  Date: ____________________