



Physical Therapy Program Clinical Education Handbook

2023-2024

Dear Colleagues,

We in the Whitworth DPT program know the success of our students is reliant on the strength of our future clinical partnerships, and we appreciate the work you already do for students across the country. As the Director of Clinical Education, I am excited to find opportunities to collaborate in the area of Clinical Education and value your participation in our program. In forming this collaboration, we hope to ascertain your interests in providing clinical experiences, your needs to support clinical education, and any other ideas for collaboration you may have.

Whitworth believes that the best learning occurs in the context of relationship – inside and outside of the classroom – where faculty and staff members alike invest in the lives of students. As clinical faculty, we welcome you to join us in this investment. Our value placed on relationship means we also would like to find ways our program can best serve you. We are excited to offer our clinical partners library access for evidence-based practice, opportunity for research collaboration and access to the technology in our facility, an invitation to our open future house/job fair, discounted continuing education, free workshops, and opportunity to serve on the CE Advisory Board or apply for a volunteer clinical faculty appointment. If you have additional ideas, please share them with us.

Thank you for your dedication to helping develop our students into professionals that embody the Whitworth University mission. Clinical Education is a vital component in fulfilling our mission of developing physical therapists who: 1) utilize their mind, heart, and hands 2) are servant leaders 3) improve health equity 4) are movement system experts that are committed to advancing our profession.

The Clinical Instructor Handbook should serve as a reference to help support our students' clinical education experiences. We aim for this document to be a valuable resource, providing both students and clinical education faculty with information regarding the policies and procedures of our clinical education curriculum. We hope the information provided within the Handbook is helpful in assisting students to become excellent clinicians and facilitate a supportive culture that helps them live out the Whitworth University DPT mission.

Please contact us if you have any feedback, or questions.

Sincerely,

The Clinical Education Team

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A. Introduction

I. Doctor of Physical Therapy Program Mission

Our Whitworth University DPT graduates integrate mind, heart, and hands as movement system experts. Their professional roles embody reflective servant leadership, global citizenship, and integration of faith and learning, to challenge the injustices of societies and the inequities of health systems. Graduates join the faculty as an inclusive community of scholars engaged in critical inquiry to empower innovation and clinical reasoning that optimizes the human experience throughout the lifespan and advances the profession of physical therapy.

II. Clinical Education Philosophy

Clinical education is a key component of the Whitworth University Doctor of Physical Therapy program and provides students an opportunity to live out the DPT Program Mission in clinical and community settings. These experiences allow for the progressive integration of cognitive, psychomotor, and affective skills with the goal of transitioning our doctoring candidates from students to entry-level clinicians. It is through a cooperative effort between the University, clinical site, and student that the clinical education program meets its goal of developing the student into clinicians who:

III. Whitworth DPT Expected Graduate Program Objectives

1. Embrace servant leadership identities through social responsibility, social justice, cultural responsiveness, global citizenship, and integration of faith and learning.
2. Internalize formation commensurate with the expectations of the physical therapy profession.
3. Develop as primary care providers recognized as movement system expert who considers the physical, emotional, social, and spiritual components of health in the design of patient-centered plans of care.
4. Collaborate as providers and healthcare consultants with patients and families, professional colleagues, and communities to optimize quality of life.
5. Prioritize quality, cost-efficient patient-centered care that integrates sound ethical, legal, and business practices, as valued members of the healthcare team.
6. Educate others, with consideration of the context of the individual, the task, and the environment.
7. Engage in self-directed learning and scholarship that prepare them to be life-long learners to advance health and wellness in our society.
8. Adapt personal resilience to meet the needs of their professional roles and the global communities.

B. Clinical Education Contacts

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C. Clinical Education Team

I. Director of Clinical Education - DCE

Member of the core faculty with administrative, academic, service, and scholarship responsibilities. The DCE, with the assistance of the clinical education team:

- Develops, coordinates, and evaluates the clinical education program
- Develops, monitors, and evaluates clinical education sites
- Acts as a “bridge” between the program, clinical education sites, and students communicating program information regarding:
 - Goals, expectations, grading criteria, and policies/procedures
- Assists in clinical faculty development
- Collaborates with academic faculty and evaluates student readiness for clinical education
- Advises students in preparation for and during each clinical experience
- Ensures student readiness for each clinical experience in cooperation with other faculty
- Monitors student progress during clinical experiences
- Assists in problem-solving conflict in conjunction with the SCCE, CI, and student
- Evaluates recorded student performance for each clinical experience and assign a grade based on:
 - Student performance evaluations completed by students and CI
 - Completed assignments during clinical experiences
 - Information gathered during phone and onsite visits
- Integrates part-time clinical experiences (ICE) within didactic curriculum
- Reports pertinent information from clinical instructors and students to the Curricular Committee including
 - Academic preparedness, areas of deficiency in curriculum, etc.
- Assesses Clinical Education Program and Sites. See [Appendix C](#) and [Appendix D](#) for Assessment Models.

II. Whitworth DPT Faculty Mentors

Faculty members of the clinical education team who support students and work in coordination to:

- Provide ongoing mentorship of students throughout program
- Maintain compliance with accreditation standards
- Coordinate and deliver clinical education coursework
- Facilitate clinical education site acquisition, retention, and perform site visits

Mentors may also be a part of a committee dedicated to improving clinical education experiences and performances.

III. Center Coordinator of Clinical Education - CCCE

Individual responsible for planning and implementing the clinical education program collaborating with all staff and serving as the key contact person with academic programs. Responsibilities include:^{3,4}

- Updates written information within the clinical site and provides current information to academic programs
- Reviews and revises the clinical education program as changes in objectives, programs, and staff occur
- Determines the number and type of clinical experiences available to students each year
- Communicates with:
 - The school regarding special requirements or specific policies and procedures that affect students or student placement
 - The CI providing program and student information prior to each clinical education experience
- Assigns and monitoring clinical instructors to students
- Supervises or provides comprehensive orientation-related activities at the facility
- Works with the University to execute and update clinical affiliation agreements
- Evaluates the ability of individuals to perform clinical instructor responsibilities in the clinic setting
- Assists clinical education team in addressing and managing conflict when appropriate
- Provides formal and informal feedback to the CIs, mentorship, and assistance in reviewing the midterm and final CPI with CIs/students when necessary

IV. Clinical Instructor - CI

Physical therapist who supervises and mentors a student during a clinical experience. Responsibilities include⁴:

- Demonstrates clinical competence and practice patterns commensurate with the APTA values and ethics
 - Reviews documents provided by the University regarding objectives and goals related to clinical education experiences
 - Assists students with developing goals, creating a plan, and individualizing the experience to accomplish them
 - Provides supervision according to student level, program expectation, while ensuring patient safety
 - Provides ongoing (formative) feedback to enhance the student's level of competence and facilitate growth
 - Provides (summative) evaluations at midterm and completion of the clinical experience using the APTA CPI or ICE assessment forms
-
- Communicates with the DCE regarding:

- Identification of areas of concern or “red flag” areas on the CPI
- Student performance
- Completes APTA CPI training

Qualifications for Clinical Instructor

- Holds a valid license in the state in which they provide physical therapy service
- Minimum one year of full-time clinical practice experience

Recommended Additional qualifications

- Membership in the APTA
- Credentialed Clinical Instructor
- Clinical specialty certification

V. Rights and Responsibilities of the Facility/Clinical Education Faculty

- The number of students, clinical education objectives, types of previous experiences, and verification of site requirements (e.g., criminal background check, immunizations) will be included in the material provided to the facility with every student placement.
- Facility may require additional criteria to accept students. These could include (but are not limited to) a site-specific application, interview, additional insurance/background checks, and specific health requirements.
 - Students are responsible for ensuring all site-specific pre-requisites have been met and shared with appropriate personnel prior to starting the CE experience.
- Facility will advise students of relevant policies and procedures that must be followed while completing a clinical experience.
- Facility will complete all forms necessary for students to complete the clinical experience which will be provided by the University.
- Clinical education faculty have the right and responsibility to provide feedback to the academic program regarding curriculum and student performance.
- Clinical education faculty have the right to contact the DCE at any time.
- Clinical education faculty will advise the University at the earliest possible time of issues related to unsatisfactory progress of a student during a clinical experience.
- Clinical education faculty have the right to bring complaints or grievances against the program and/or DCE to the Chair who will address the complaint. If unable to receive a satisfactory response, they may bring it to the Dean of Graduate Health Sciences.

VI. Privileges of the Facility/Clinical Education Faculty

- Clinical Education faculty have the privilege of:
 - Library access to the University database of journal subscriptions
 - Joining faculty in adding to the body of physical therapy literature/research collaboration
 - An invitation to the DPT open house/job fair
 - Participating in complimentary workshops offered by the University
 - Participating in on-campus and/or virtual discounted continuing education courses
 - Applying to serve on the program’s Clinical Education Advisory Committee

- Involvement includes providing feedback and assisting in decisions for program updates and assisting with admission interviews
- 2-year commitment
- Opportunity to apply for a volunteer clinical faculty appointment
 - Serve through increased involvement in the classroom and serving with students in our local and global communities
- Earning continuing education credit commensurate with state regulations for clinical instruction
 - A CEU certificate will be sent to each clinical instructor at the end of each clinical experience

D. Clinical Education in the Whitworth University Curriculum

I. Descriptions

Integrated Clinical Experience

Integrated Clinical Experiences (ICE) begin in the fall semester of the first academic year. ICE will occur within the Professional Formation series. These part-time clinical experiences provide students the opportunity to implement knowledge, skills, and behaviors learned in the classroom concurrently in patient-care settings with focused outcomes that show progression towards student readiness for full-time clinical experiences (Appendices). Settings include (but are not limited to): the University onsite clinic, a variety of outpatient and inpatient environments. ICE also creates unique opportunities for students to: 1) perform skills developed in the first two years of the program, 2) participate in peer-focused feedback 3) participate in community engagement, serve disadvantaged populations, improve health care access and health equity.

ICE continues in each of the subsequent Professional Formation courses with learning goals and objectives changing to align with concurrent didactic content. A collaborative learning model is emphasized whereas students will be assigned to small groups and rotate together through the different settings. The collaborative model has been found to create deeper levels of problem-solving and critical thinking; greater self-reliance, independence, and interdependence; and enhanced clinical competence.

All students must participate in each semester of the early Integrated Clinical Experience, and successfully complete all coursework before they may continue to each full-time Clinical Experience.

DPT 860 Clinical Education Experience I (CE I)

First of three full-time clinical education experiences. Students will integrate didactic content related to examination, evaluation, and intervention skills during an 8-week mentored clinical experience. Applies clinical decision-making framework to demonstrate clinical reasoning, practices communication and develops socialization skills to optimize health outcomes.

DPT 961 Clinical Education (CE II)

The first of two terminal clinical education experiences. Emphasizes on the development as a primary care movement system expert. Illustrates growth in formation commensurate with the expectations of the profession. This clinical experience is inclusive of mentorship across various roles of professional practice.

DPT 962 Clinical Education (CE III)

The second of two terminal clinical education experiences that confirms entry-level performance as a primary care movement system expert. Affirms their multiple roles as a Doctor of Physical Therapy. Internalizes formation commensurate with the expectations of the profession. This clinical experience is inclusive of mentorship across various roles of professional practice.

II. Calendar

There are a total of thirty-two (32) weeks of full-time clinical education experiences in the curriculum.

<p>Year 1</p>	<p>Fall- Integrative Clinical Experience I (ICE)</p> <ul style="list-style-type: none"> • Introduction to Clinical Experiences <p>Spring – Integrative Clinical Experience II (ICE)</p> <ul style="list-style-type: none"> • Developing clinical reasoning and hands on skills <p>Summer – Integrative Clinical Experience III (ICE)</p>
<p>Year 2</p>	<p>Fall – DPT 860 Clinical Education Experience I (8 weeks)</p> <ul style="list-style-type: none"> • Intermediate Experience progressing to Advanced Beginner Performance Level <p>Spring – Integrative Clinical Experience IV (ICE)</p> <ul style="list-style-type: none"> • Refining reasoning and hands-on skills <p>Summer – Integrative Clinical Experience V (ICE)</p>
<p>Year 3</p>	<p>Fall - DPT 961 Clinical Education Experience II (12 weeks)</p> <ul style="list-style-type: none"> • Terminal Experience progressing to Advanced Intermediate Level Performance <p>Spring- DPT 962 Clinical Education Experience III (12 weeks)</p> <ul style="list-style-type: none"> • Terminal Experience progressing to Entry Level

E. Site Selection and Student Placement

I. General Information

Whitworth University affiliates with an expansive list of diverse clinical sites locally and across the United States. Students have the opportunity to affiliate in a variety of clinical settings and experiences including:

Settings:	Experience:
Skilled Nursing Facilities	Orthopedic
Rehabilitation Centers	Sports Medicine
Hospitals	Neurologic Rehab
Private Practices	Pelvic Health
Schools	Cardiac Rehab
Children's Hospitals	Pediatrics
Home Health	Aquatic
Industrial Rehab Centers	Industrial Rehab

The three full-time clinical experiences must include the management of individuals with conditions representative of those commonly seen in practice across the lifespan and the continuum of care. These experiences prepare the student to operate as a general practitioner of physical therapy.

II. Site Selection Requirements:

- General outpatient setting
- Inpatient setting (acute hospital, acute/subacute rehabilitation, acute long-term care, skilled nursing facility) or a setting that provides the necessary breadth and depth in level of patient acuity, age groups, and interprofessional collaboration.

A signed, active Clinical Education Agreement must be on file between each clinical site and Whitworth University prior to the start of the clinical experience. **Students should NOT contact a current affiliate unless placed at that site or directed to do so by the Director of Clinical Education (DCE).** This applies to established sites as well as new clinical sites.

Due to the large number of students requesting clinical experiences in the greater Spokane area and the limited number of local sites, students must expect to complete a clinical experience in a location outside of the Spokane region. The list of clinical sites contracted with the University is updated every year and is available for review on Exxat. Students are encouraged to plan for sites who are active in the Whitworth DPT placement process.

III. Clinical Experience Site Selection

Whitworth University works in coordination with the Exxat clinical education management system to manage placement availability, site details, required documents, and site placement. Automated slot request emails are sent out March 1 for the following calendar year. Sites enter their availability directly into the Exxat system by clicking a link sent directly to them. Site availability and number of placements offered vary from year to year due to staffing, commitments to other programs, and changes encountered in practice. After the responses to these requests are evaluated, the DCE will give students a list of all placement options for the associated Clinical Experience (CEI, CEII, or CEIII).

Once the list is posted it is recommended each student research the sites available and make informed decisions selecting sites that align with their preferences. The APTA Physical Therapist Student Evaluation of the Clinical Experience and Clinical Instructor forms completed by students who have previously affiliated at the site are resources students may use to compile their list. Students will then submit a “wish list” ranking their top ten choices through the Exxat site ensuring to list them in order. All students who have not been pre-assigned, will have the opportunity to enter their site selections into the Exxat database for computer generated assignment. This ensures equal chance for assignment for popular sites. It is recommended students meet with the DCE prior to submitting their list. The DCEs will review the surveys, academic records, performance in practical exams and previous clinical experiences to assist in the process. Exxat’s “*placement assist*” algorithm will make preliminary placements that will then be reviewed by the DCE for final decision.

Once the placement has occurred, system-generated emails share the student’s profile with their assigned clinical site and provide students with visibility into the attributes of their assigned site including contact information, documents and clearance requirements.

Special/Unique Circumstance Sites:

For any full-time clinical experience there might be a unique circumstance during the match process which could include: an application, resume and/or interview. The DCE will communicate with the students individually in these circumstances for each Clinical Experience.

- If a student chooses to participate in a special selection process, they are committing to go if selected
- Students may only participate in one special selection process at any given time until that process has been completed
- Students may wait to participate in the general selection process when pending a special selection process, and results may not be released to that individual student until the special selection process has been completed
- If the special selection process extends past the general selection process and the student is not selected, the DCE will work with that individual for placement

IV. Establishing New Clinical Sites

A student interested in a clinical placement at a facility that is not an affiliate of Whitworth University should first make a request to the Clinical Education Team and allow ample time to investigate the potential of establishing a new partnership. **Individual students should not contact sites independently to inquire about becoming an affiliate or regarding site availability without permission from the DCE.**

Students are expected to initiate this process by submitting the “New Clinical Site Request Form” (available on Exxat). **Each student is limited to a single request to establish a new clinical site.** The

Clinical Education team will then determine if the site is compatible with the Program mission and able to accommodate future students and meets accreditation standards. If the facility meets the guidelines for clinical education sites, the DCE will work to establish a Clinical Education Agreement, which establishes the relationship with the facility. If the contract is successfully completed, the student who initiates this process will have priority for this placement.

A fully executed Clinical Education Agreement must be in place by the time the clinical experience starts. Failure to follow the established procedures will result in the denial of the request to open a new clinical site.

F. Clinical Education Eligibility

I. Program Requirements

The Clinical Education team will work in conjunction with faculty to ensure that students are safe and ready to progress to clinical education. Students must successfully complete all DPT coursework to date including successful completion of ICE. They must demonstrate compliance with all policies per the Student Handbook and the Clinical Education Handbook and proof of all site-specific and Program “on-boarding” requirements.

II. Academic Standing

In order to register for the full-time clinical experience, students must be in a good academic standing. See the Academic Policy section in the program’s Student Handbook for additional information regarding details. The DCE will not approve a student for any full-time clinical experience while on academic probation until the student successfully completes a remediation of coursework and demonstrates clinical readiness as determined by the DCE and appropriate faculty.

Prior to each clinical education experience, faculty collectively perform a review of a student looking at student behavior and performance. The following items assist in determining readiness to progress to clinical education:

- Successful completion of prior didactic and clinical education courses (Min GPA)
- Performance in Integrated Clinical Experiences
- Performance on Practical Examinations (including passing all Red Flag Items of Safety; Accountability; Professionalism; Communication; Clinical Reasoning)
- ACAPT Document: Student Readiness for First Fulltime Clinical Education Experience (Clinical Education I) ([Appendix B](#))
- Professional Behaviors Assessment Tool¹² ([Appendix E](#))

III. Immunizations

Students are required to submit documentation of vaccination/immunity to the Exxat database (see below) no later than six weeks prior to the first Integrated Clinical Experience. The requirements are based upon the current recommendations of the U. S. Public Health Service Center for Disease Control and the Washington State Department of Health. Verification of immunizations is also required by clinical sites prior to engaging in clinical experiences.

All recent (within the last 10 years) immunizations and the tuberculosis (PPD) test must be verified by a healthcare provider. It is recommended that students request a printout of all immunization records from a previous or current healthcare provider. Depending on age, students may not have proof verified by a

healthcare provider for early childhood immunizations. Some clinical sites (including WU) will accept a copy of records (e.g., a childhood immunization booklet) as long as there are exact dates of administration. Records will need to include:

- Diphtheria-Pertussis-Tetanus (DPT, DTaP, or TdaP) with TdaP booster within last 10 years
- Measles Mumps Rubella (MMR), 2 shots (or immunity confirmed by titer)
- Hepatitis B vaccine (HBV) 3-shot series and immunity confirmed by titer
- Varicella vaccine or titer proving immunity
- Tuberculosis screen (PPD) within the last 12 months and within the 30 days of starting a hospital rotation. A positive PPD screen may need to be followed up by a chest x-ray.
- Influenza
- COVID-19 vaccine (see University policy on exemptions).

Students are responsible for reviewing any additional requirements at each Facility prior to their Clinical Education experience and meeting those requirements. Students are responsible for sending actual proof of immunizations, testing or other requirements to the facility when required. If the site only requires attestation, the DCE will send a letter of fulfilled requirements prior to the start of the experience. The student's name and contact information will be shared with the site by the program.

IV. Criminal Background Checks

Criminal background checks are required for students to be accepted into the Whitworth Doctor of Physical Therapy Program. After students have been accepted into the program, they will set up an Exxat profile and be able to run a background check through their account. The program has contracted with [Universal](#) to facilitate background checks. Universal works in conjunction with Exxat to provide the required background checks and documentation. Accounts are set up independently by the student at student expense; this fee is not included in any university tuition or fees. The DCE will provide specific information about how and when to set up an account.

Students must report any criminal charges with court appearance, arrest or conviction of misdemeanor or felony offense to the Director/Chair and DCE within 1 week of starting the program. Students found to have criminal convictions or positive drug screens may prohibit them from participating in a clinical experience. If a site refuses to accept a student due to findings from a background check or drug screen, the program cannot guarantee alternate clinical placements for the student. Inability to be scheduled for clinical experiences due to criminal convictions or positive drug screens may prevent progression in the program. A clinical site may require a student to also participate in its own drug test. Students are responsible for reviewing additional requirements such as drug testing prior to any clinical education experience and meeting those requirements.

A previous criminal background may also impact a student's ability to obtain licensure as a physical therapist despite completing the WU DPT program. Students should contact the Washington State Department of Health (www.doh.wa.gov) for additional information regarding how a criminal record may impact the ability to obtain licensure as a physical therapist or the comparable governmental agency in the state where they are seeking licensure.

V. Drug Testing

Drug testing may be required for students to be accepted by a site for a clinical experience. [Universal](#) will facilitate the test and data will be uploaded in the Exxat system. Students who do not pass the drug test but have authorized prescription medication to explain the results may submit the prescription to the DCE for further clarification. Though marijuana is legal in many states, a positive result from marijuana use in any form may also prevent acceptance by a clinical site for the experience. A clinical site may require a student to also participate in a scheduled or random drug test performed at the site. Students are responsible for reviewing additional requirements such as drug testing prior to any clinical education experience and for meeting those requirements.

VI. Insurance

Liability Insurance

Students participating in the Whitworth University Doctor of Physical Therapy Program are covered by with professional liability insurance provided by the University. Policy information will be provided during the first fall quarter. Policy premiums are paid for with course fees each fall quarter. Professional liability coverage is up to \$1,000,000 each claim and \$3,000,000 in the aggregate. Certificates of such coverage will be provided to the site where the Clinical Experience will occur upon request.

Health Insurance

Every student is required to have personal health care insurance to be able to participate in Clinical Education. Students are responsible for the cost of covering any emergency services that would be needed for illnesses or injuries sustained during off-campus educational experiences. See the Clinical Education Agreement for additional information. Proof of health insurance must be obtained prior to the clinical education experience and uploaded into the Exxat system.

Workers Compensation Insurance

Students will be provided Workers compensation insurance coverage for clinical education experiences that occur in states where it is required. The Clinical Education Agreement will specify if the state and clinical education site require students to have workers compensation coverage. Certificates of insurance is provided to the clinical education sites where coverage is required.

VII. Additional Requirements

CPR

Students are required to maintain continuous certification in CPR offered by the **American Heart Association**. Certification must be at the level of *Basic Life Support for Healthcare Providers* and is valid for two years. Recertification classes are arranged through the athletic training program to minimize expenses.

HIPPA

Students must complete the Health Insurance Portability and Accountability Act of 1996 (HIPAA) training. Once completed, the student is required to upload the proof of completion with their name visible into the Exxat system. Some clinical facilities may require additional training modules prior to beginning clinical experiences. Students are responsible for reviewing additional requirements to any clinical education experience and meeting those requirements.

BBP

Students must complete training that includes bloodborne pathogens, infection control, personal protective equipment, chemical hazards and fire safety training. Once completed, the student is required to upload the proof of completion with their name visible into the Exxat system. Some clinical facilities may require additional training modules prior to beginning clinical experiences. Students are responsible for reviewing additional requirements to any clinical education experience and meeting those requirements.

Whitworth's university-wide BBP policy is available at:

<https://www.whitworth.edu/generalinformation/health&safety/safety/accident-prevention.htm>

Failure to maintain updated records:

If any of the Clinical Education Eligibility requirements are absent or expired, a reminder to provide proof of current status will be sent to the student. If the student fails to update the document or information within 1 week of notification, the student will be contacted by the DCE or member of the Clinical Education team and have an additional week to update the information. Failure in updating information will result in a referral to the Student Affairs and Progression Committee and result in the possible delay or inability to participate in clinical education experiences.

G. Onsite Policies and Procedures

I. Information Forms

Student Information Form and Initial Contact

Prior to each full-time clinical experience, students must verify that the Student Information Form is updated on the Exxat system. This form includes student's information, emergency contact information, previous clinical experiences, clinical interests, outside interests, learning styles, and goals/objectives. Six weeks prior to any full-time clinical experience, each student is required to make contact with the SCCE and CI to gather information regarding: site location, public transportation, parking, dress code, hours, patient population, suggested preparatory reading, and contact information.

CI Information Form

In the first week of any full-time clinical experience, students are expected to enter:

- Details regarding the CI contact information, work schedule and basic CI demographic information.

Students are required to maintain good communication with the Clinical Education Team throughout the duration of each experience and provide any updates to changes in site information.

Clinical Site Information Form

Students on any clinical education experience are expected to assist in completing or updating the CSIF. The CSIF forms assist the Clinical Education Team in counseling students in regard to clinical matching.

II. Professionalism

At the heart of the Whitworth DPT Program, is the desire that faculty and students are representatives of the mission of the University and its commitment to the integration of faith and learning. *Commitment to faith means commitment to good—including life that reflects (Christian) virtue, action that is ethical, and public policy that is just.*⁸ Students must reflect upon how their character, behavior, and communication is representative of both a Whitworth DPT student and a future health care provider

caring for the needs of patients.⁹ This includes demonstrating behavior consistent with the [APTA Guide to Professional Conduct](#), [Code of Ethics for the Physical Therapist \(APTA\)](#), [Core Values for the Physical Therapist and Physical Therapist Assistant](#), and the Physical Therapy Practice Act for the state in which the affiliating site is located.

The “Professional Behaviors Assessment Tool” document (Appendix E) will also be used in conjunction with the CPI for the assessment of professional behaviors throughout the clinical education curriculum. Assessment will begin during ICE with the expectation that the student is progressing from the beginning to the intermediate level by CEI.

Students must be identified by their “student status” by always wearing a name badge and verbally disclosing their status when obtaining patient consent for treatment. Patients have the right to refuse treatment by a student at any time.

Failure to demonstrate professional, ethical, and legal behavior may result in disciplinary action, including dismissal from the WU DPT Program. Additional information is found on the DPT Student Handbook and the Whitworth University Student Handbook.

III. Attendance Policy

Daily attendance and punctuality are mandatory in each clinical experience. Prior to or at the beginning of the experience, the clinical work schedule will be established by the clinical instructor (CI). Students will be scheduled within guidelines set forth by the assigned facility’s policies and procedures and must be scheduled no less than an average of 40 hours per week. The work schedule must span the entirety of the time period between the starting and ending dates of the rotation. Prior authorization is required for earlier start dates or later ending dates and is only to be initiated by the academic or clinical institution.

Students are expected to adhere to the daily scheduled hours of the facility and/or the CI. Students may be required to work evenings, weekends, or holidays. Students and CI(s) should discuss the schedule prior to the start of the clinical affiliation. In the event a CI is absent, the student will be reassigned to another CI. The new CI is required to follow the guidelines regarding student supervision.

A student, who cannot be present in clinic or anticipates being late, must notify the SCCE or the CI as early as possible. The student must notify the DCE of clinic absences that exceed one day. A student is permitted one absence due to illness in each clinical experience. If a clinical site is unable to add days to the clinical experience for purposes of making up time, or if there is an academic course conflict, compensating time will be added to a future clinical experience. All requests for personal days must be approved by the DCE and SCCE.

Holidays

Students will follow the clinic’s holiday schedule, not that of the University. If the clinic is closed for more than 2 days during the clinical experience, students may be required to make up the missed time and must notify their CE faculty mentors. The student, CI, and mentor will work together to determine a plan for making up the missed time.

Illness

The Program recognizes that illness may result in missed time during clinical education. Please be aware of the clinical site’s guidelines related to illness. In the event of illness, the student is expected to contact the clinical instructor as soon as possible. A student is permitted one excused absence due to illness in each clinical experience, and other absent days must be completed at the clinical site’s convenience.

Integrative Clinical Experiences (ICE) are also included in this policy. The student must contact the DCE for absences that exceed one day. The DCE, CI, and student will work together to determine when missed days will be completed.

Extended Absences

In the event that an unavoidable personal event, injury, or serious family issue (e.g., family illness or death) occurs during a clinical experience, the student should notify the DCE and clinical instructor as soon as possible. The DCE will communicate with the CI/SCCE regarding the status of the student and the length of the absence. If the absence is related to an injury, a physician should determine if and when the student is cleared to return to full work duties and should provide the appropriate documentation. If temporary work restrictions are recommended, the DCE will determine whether these accommodations can be provided by the clinic. The student may be required to complete the assignment at a later date when restrictions are lifted. Students are not permitted to make their own arrangements for work modification without notifying the DCE.

Planned Events/Professional Development

In some circumstances, students may request time off during the clinical experience. It is the responsibility of the student to notify the DCE and CI well in advance if he/she cannot work a day, for example, due to a religious observance (see Accommodations for Religious Observances below). Students should not expect or assume that requests for personal time off for personal or family events will be approved. Absence for professional activities (e.g., presenting at APTA conference) may be permitted with prior written notification to the DCE and CI. A maximum of two (2) days are allowed for attendance at professional meetings but must be approved in advance. While Whitworth University values student-athletes, participating on an athletic team during clinical education experiences is not permitted.

IV. Travel Expenses/Costs

All travel expenses incurred during local or out-of-town clinical experiences are the responsibility of the student. This may include costs related to travel, housing, meals, other living expenses, and arrangements for pet care and childcare. Other expenses could be related to fulfilling special requirements that the clinical site may have such as: clinical uniforms, additional background checks, additional drug screens, and finger printing.

V. Dress Code

Students are expected to follow the dress code of the clinical facility. If the facility has no code, students are required to dress in a professional manner that allows for patient treatment. A Whitworth University nametag/ID Badge must be always worn unless directed otherwise by the Clinical Instructor or SCCE. Fingernails must be kept short and clean for sanitary and safety reasons. Hairstyles must be unobtrusive and not interfere with patient care. Jewelry should be kept minimal and should not interfere with treatment or cause potential safety hazards. Students are to remove facial piercings, and limit use of perfumes and/or colognes.

Appropriate Clinical Attire:

- Shoes that are closed toed and closed heeled
- Shirts that have a collar or neckline that does not expose the upper chest
- Shirts that are of sufficient length to cover the torso in the front and back

- Shirts with short, $\frac{3}{4}$ or full-length sleeves
- Pants that are full length

The following items are excluded from Clinical Professional Attire:

- Tight pants and/or shirts that are anatomically revealing or that may expose undergarments during patient care
- Tops that could potentially expose the torso/breast/chest during patient care
- Clothing that exposes a tattoo during patient care
- Shorts unless specifically cleared by the clinical site
- Informal pants such as jeans or cargo-style pants
- Anything that is against the clinical site policy for attire

VI. Electronic Devices

Students must abide by the electronic device or cell phone policy of the clinical site. It is recommended that a discussion of this policy occurs prior to or during the site orientation. Generally, it is expected that students will not use their cell phones while in the clinic except for emergency situations. Refer to the site-specific policies regarding the usage of photos/video and the required consent forms. If no policy exists, refer to the Whitworth photo/video policy and consent form.

Social Media Policy

The Whitworth University Doctor of Physical Therapy Program understands the large role that social networking plays in the lives of students and appreciates both its positive uses and potential negative consequences. Students are not restricted from personal use of social media, but a certain standard of conduct is expected in doing so. The following policy was developed to provide clear guidelines on expectations for professionalism regarding social media and other public venues that will reflect on both the student and the WU DPT Program.

Students should take note that potential employers often use social media sites to screen candidates, as well as many graduate programs and scholarship committees.

Students should maintain that all pictures, posts, and tags are positive and professional at all times so as not to place yourself or others in a compromising position that could embarrass you or Whitworth University. Social media is neither private nor secure; once something is posted it is available to anyone on the internet.

Therefore, in the interest of protecting the safety and reputation of students and the program, the following actions are recommended:

- For social media sites such as Facebook, Twitter, and Instagram, make your profile private
- Enable security settings that allow you to preview pictures or posts that you are tagged in before they become public, and determine who can see posts that you tag others in
- Do not allow the transience of social media to affect the level of care and professionalism with which you share; change privacy settings to limit access to those with whom you are not affiliated
- Be in the right state of mind when you make a post; refrain when you are angry, upset, or your judgment is impaired in any way

As a member of the Whitworth DPT Program, the following actions are considered inappropriate:

- Posting pictures inside clinical site facilities or a sanctioned event
- Posting pictures of patients or of imaging films
- Sharing any information concerning the injury/illness of a patient or with a person involved in their immediate care
- Communicating with a patient about their health care over social media
- Posts about internal matters of the Whitworth University DPT Program, or any clinical site
- Pictures or posts depicting consumption of alcohol, especially with or around patients or while wearing WU clothing
- Use of foul language in social media posts
- Derogatory language and remarks about other professionals, WU faculty or staff, or representatives of other universities or colleges

Act as a representative of the Whitworth University DPT Program at all times. In everything, strive to honor God, follow Christ, and serve humanity.

“Whatever you do, in word or actions, do it all in the name of the Lord Jesus Christ, giving thanks to God the Father through Him.” Colossians 3:17

VII. Clinical Site Calls and Visits

Whitworth believes that the best learning occurs in the context of relationship – inside and outside of the classroom – where faculty and staff members alike invest in the lives of students. Whitworth acknowledges the tremendous role our clinical partners play in the growth of our students. We hope to develop relationships with all clinical faculty and see this as an essential strategy to create a collaborative culture; one with effective communication between the WU DPT program, the clinical sites, SCCEs and CIs, and students. Site calls and visits are highly valued and seen as a strategy to both cultivate relationships and communication.

Visits also create opportunities for:

- The Program to learn from our clinical faculty expertise and receive feedback on recommended changes to the curriculum.
- Receiving information about facility programming, specialty services, and potential changes in staffing and/or policies.
- Discussions regarding student performance, additional learning opportunities, and strategies to meet goals and expectations for all stakeholders.
- The facility to learn more about the WU DPT program including updates on curriculum, research and/or changes in faculty

Site visits are often scheduled near the CE midterm review and will be scheduled at the most convenient time for the CI and SCCE. A telephone call or web-based video conference call will be conducted if a site visit is not possible. Students are responsible for updating information regarding the contact information of the CI and clinical schedule in Exxat by Friday of their first week of each full-time experience. Academic faculty may assist the clinical education team in conducting calls and visits. Calls and/or visits may occur multiple times if deemed necessary by the Facility or Clinical Education Team.

H. Student Rights and Safety During Clinical Experiences

Confidentiality of Student Records

All student academic records including those related to clinical education are kept confidential according to FERPA guidelines. Whitworth Faculty Mentors and/or the DCE may contact clinical education faculty prior to the start date to individualize a learning plan for the experience but will do so with the involvement of the student. Additional information regarding the Whitworth policy regarding confidentiality is found in the University Student Handbook.

Accommodations (ADA/504):

Whitworth University is committed to providing its students access to education. Students seeking accommodation should contact the Office of Educational Support Services (ESS) in Student Life to identify accommodations that can help mitigate barriers to success. ESS will work with the DPT Program to determine eligibility and implementation of the accommodation if there is approval and if the accommodation is reasonable. Students must contact the DCE as early as possible to allow time to coordinate with the clinical site regarding accommodations.

Contact Information:

To request accommodation, fill out an application on the ESS webpage:

<https://www.whitworth.edu/cms/administration/educational-support-services/>

Katie McCray, Coordinator for Educational Support Services

Phone: 509.777.3380

Email: kmccray@whitworth.edu

Accommodations for Religious Observances

In accord with SSB 5166, Whitworth University accommodates student absences, for up to two days per academic year, for reasons of faith or conscience, or for an organized activity conducted under the auspices of a religious denomination, church, or religious organization. Written notice and request for accommodation must be given within the first two weeks of the beginning of the clinical experience and provide specific dates the student requests accommodation. The DCE and Clinical Faculty will work with students to reach mutual agreement about the terms of the accommodation.

Title IX

Whitworth University faculty members are committed to the well-being of each student. It is common for students to discuss non-course related issues with faculty and, when possible, faculty will keep such conversations strictly confidential. However, because federal law views faculty members as mandated reporters of any incidents of sexual misconduct, if a student informs a faculty member of an issue of sexual harassment, sexual assault, or discrimination, the faculty member is required by federal law to bring it to the attention of the Title IX Coordinator, Rhosetta Rhodes. The Title IX Coordinator will make the student aware of all options and resources available to them under Whitworth University policies and under the law.

There are Whitworth University employees whom federal law does not view as mandatory reporters, to whom a student could speak without the conversation being reported to the Title IX Coordinator. These include counselors in Counseling Services, health center staff, and any of the university chaplains on the staff of Campus Ministries.

Contact Information:

Rhosea Rhodes
Title IX Coordinator, Vice President for Student Life and Dean of Students
Phone: 509.777.4536
Email: titleixcoordinator@whitworth.edu

Counseling Center: 509-777-3259; Schumacher Hall
Campus Ministries: 509-777-4345; Seeley G. Mudd Chapel
Health Center: 509-777-3259; Schumacher Hall

Non-Discrimination

Whitworth University is committed to delivering a mission-driven educational program that cultivates in students the capacity to engage effectively across myriad dimensions of diversity. Whitworth University is committed to the fair and equal treatment of all students in its educational programs and activities. The University does not discriminate against students based on race, color, national origin, sex, gender identity, sexual orientation, religion, age, or disability and complies with all applicable federal or state non-discrimination laws in its instructional programs.

If a student at any time perceives that they are experiencing harassment or discrimination, they are to immediately contact the DCE. The DCE will investigate the situation, always considering the student's safety. If warranted, the student will be removed from the clinical site without penalty, and an alternative experience will be instituted. The DCE will counsel the clinical site and determine action resolution.

Fair and Equitable Treatment

Whitworth University faculty strive to treat all students fairly and equitably, applying the same rigorous standards and expectations to each of our students and working to invite students from all backgrounds into the challenges and rewards of our academic disciplines. Concerns regarding fairness and equity should be directed to the DCE.

Grievances/Conflict

If a student is concerned a clinical experience is not meeting the expectation established, the student is required to first attempt to resolve any problem with the CI. Recommended conflict resolution strategies are located in the Appendix. If a resolution is not obtained, the student should next request to meet with the SCCE. If the situation cannot be resolved at this point, the student should request a meeting with the DCE who will include additional members of the CE Team or Program Chair if necessary.

Injury During Clinical Education

Whitworth University cares about the welfare of students in the event of an emergency. It is recommended that during the clinical site orientation, students familiarize themselves with the safety information available. In the event that a student is injured while on site at the clinic, the student should seek immediate medical attention if required. In addition, the student is responsible for notifying his/her clinical education faculty mentor, who will guide the student through steps required by the university. Students should be notified of any out of the ordinary potential health risks associated with a particular clinical site and/or patient population when known.

I. Evaluation of Student Performance

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

I. Clinical Performance Instrument (CPI)

The APTA Clinical Performance Instrument is used to evaluate student performance during CE I, CE II, and CE III. The student and the clinical instructor will complete separate online copies of the APTA Physical Therapist CPI at the midterm and end of Clinical Education I, II, and III. Clinical Instructors are also encouraged to provide ongoing formative feedback throughout the clinical experience. After the student and the CI have each completed the online midterm and final evaluations separately, it is expected that the student and CI will schedule a time for discussion. The student is responsible for seeking feedback and responding to feedback in a positive manner.

Information regarding CPI scores from previous clinical experiences is not shared with current or future sites. It is, however, in the interest of the student for them to share feedback from previous clinical experiences. The DCE or any Faculty mentor may share information related to a student's prior academic and clinical performance with clinical instructors only with authorization from the student and to positively impact future learning experiences.

II. Grading Policy

This course is graded on a Pass/Fail basis. Grades are assigned by the Director of Clinical Education based on:

- Completing the course assignments
- Adhering to the program and course policies
- Meeting of performance criteria on the Clinical Performance Instrument (CPI) completed by the Clinical Instructor in the grading policy section of the clinical education course syllabi.

Criteria for successful completion of each Clinical Education Course is as follows:

DPT 860 – Clinical Education I

- Completion of all course assignments and adherence to all program and course policy
- Completion of all clinical time scheduled for CE I
- Ratings at the conclusion of CE I are expected to be at Advanced Beginner Level Performance or above in all 18-performance criteria. Formal evaluations are done at mid-term and final using the CPI form, which allows the student, CI and DCE to view the level of progress made on the continuum by the student.
- Performance progression from midterm to final, and congruence between all information (written and verbal) about the student's performance
- Final score from all course assignment must be ≥ 80 according to the rubric
- No "Significant Concerns" box checked at the final evaluation on any CPI skill

DPT 961 – Clinical Education II and DPT 962 – Clinical Education III

- Completion of all course assignments and adherence to all program and course policy
- Completion of all clinical time scheduled for CE II and CE III
- Achievement of ratings for CE II and CE III are expected to progress along the continuum ranging from Intermediate Performance to Entry Level Performance and beyond. Ratings at the conclusion of CE II are expected to be at Advanced Intermediate Level Performance or above in all 18-performance criteria. Students must demonstrate Entry Level Performance in all 18-performance criteria in either CE II or CE III. Formal evaluations are done at mid-term and final using the CPI form, which allows the student, CI and DCE to view the level of progress made on the continuum by the student.
- Performance progression from midterm to final, and congruence between all information (written and verbal) about the student's performance
- Final score from all course assignment must be ≥ 80 according to the rubric
- No "Significant Concerns" box checked at the final evaluation on any CPI skill

The Director of Clinical Education (DCE) and/or a member of the Clinical Education Team is responsible for reviewing all PT CPI assessments, both the self-assessment and the clinical instructor assessment, for consensus between the two assessments, and monitor for rating of entry-level on all criteria by the end of the CE III. The DCE will initiate communication with the clinical instructor and/or student for clarification if assessment ratings and comments do not meet the expectations of the experience, or if there is a significant discrepancy between the instructor and student ratings and/or comments. The DCE may override a clinical instructor's rating of a student's performance if there is substantial evidence which questions the objectivity used during the CPI performance evaluation or significant discrepancy between narrative and ratings. If a student does not achieve entry-level by the end of the final clinical experience, the DCE evaluates the student's performance and develops a plan, in consultation with the CI, the chair, and other faculty if appropriate, for the student to pass, fail or remediate the clinical experience.

*ICE is integrated into the Professional Formation series and therefore will be included in the PF course grade. Criteria for successful completion of each experience will include:

- Completion of all clinical time scheduled for each experience
- Completion of (self and peer) the Professional Behaviors Assessment Tool with the expectation of progressing from Beginning to Intermediate levels prior to CE I
- Completion of a skills check with a passing score on psychomotor skills introduced in previous or synchronous courses

III. Unsatisfactory Student Performance

Action Plan

Any concerns regarding the performance of a student that may lead to an unsuccessful clinical experience should be clearly communicated to the student and DCE as soon as possible. Early communication is key to identify areas of weakness that require immediate additional attention. Once identified, an Action Plan should be created with specific goals to address the identified weaknesses.

The Action Plan should include a timeline to create accountability and to ensure the goals are attainable and will lead to a successful outcome for the remainder of the experience.

Not meeting goals identified in the Action Plan could result in early termination of the clinical experience. Decisions following early termination will be determined by the Clinical Education Team in conjunction with the Program Director (see below).

Incomplete/Remediation

Students are referred to the Doctor of Physical Therapy Program Graduate Student Handbook, for additional information on academic policies. If a student does not meet ALL CRITERIA required for passing the clinical experience, including not receiving required rating on up to 20% of CPI criteria excluding Red Flag items, the student will receive an “I” (Incomplete) grade for the course. In addition, the CE team in conjunction with the Program Director will determine an individual plan of action which may include remediation or failure in the course. If the student receives one or more Red Flags on the CPI, the student may not have an opportunity to remediate and determination for a failure of the clinical experience may be made. After discussion with the CE Team, the DCE will determine the location, length, and type of remediation of the clinical experience. If a student does not receive a passing score during remediation or fails more than one course in the clinical education series, he or she will be reviewed by the Student Affairs and Progression Committee and may be dismissed from the Program.

Students must pass all CPI criteria at Entry Level between the two terminal experiences in order to be eligible for the NPTE.

Failure

Students are referred to the Doctor of Physical Therapy Program Graduate Student Handbook, for additional information on academic policies. If the student does not meet ALL CRITERIA required for passing the clinical experience, including not receiving Entry Level on less than 80% of CPI criteria or not receiving Entry Level on any “red flags” criteria the student will receive an “F” resulting in failure for the course. In addition, the CE team in conjunction with the Program Director will determine an individual plan of action which may include repeating the course or dismissal of the program. Students must pass all CPI criteria at Entry Level on one of the terminal experiences in order to be eligible for the NPTE.

Policies regarding Grade Challenges, Academic Grievances and Due Process are found in the DPT Student Handbook and the University Student Handbook.

IV. Early Termination

The DCE reserves the right to remove a student from a clinical experience if evidence of:

- Consistent safety concerns displayed by the student
- A breach in the Clinical Education Agreement between the University and Facility
- Unprofessional behavior displayed by the student
- Failure to follow the APTA code of ethics
- The CI demonstrates unethical behavior or practices below the APTA standard of practice

If the student is removed because of their own actions, a plan of action will be determined by the CE Team in conjunction with the Program Director. If the student is removed due to reasons of the Facility or the CI, the student will be placed at an alternative clinical site as soon as possible.

V. Student Evaluation of Clinical Experience

Physical Therapist Student Evaluation/Final Assessment of Experience

Students are required to complete the American Physical Therapy Association Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction at the end of each full-time clinical experience. Sections I and II are completed at the conclusion of the clinical education experience. The evaluations can be found on the Exxat Database and are known as PTSE I and PTSE II. The PTSE I is viewable by future students, but the PTSE II is private and only viewable to the DCEs. Students are expected to review the ratings and provide feedback with their CI and/or the facility's SCCE in person at the end of each experience.

DCE Evaluation

Students will complete a course evaluation prior to the completion of each Clinical Education Experience. Course evaluations will include an evaluation of the effectiveness of the DCE and provide an opportunity for specific feedback.

Appendices

Appendix A: Supervision

It is the responsibility of the physical therapist to evaluate and assess patients, develop a plan of care, and oversee provision of services. The level of student supervision should be based on the professional judgment of the licensed physical therapist. Judgement may be based upon:

- Supervision requirements as determined by the state practice act
- Policies of individual payers and insurers
- Complexity of the management of each patient
- Clinic setting and previous student experience
- Current student level or preparation leading up to the clinical experience
- Patient comfort level

The following categories are from APTA's position statement regarding levels of supervision (HOD 06-00-15-26).

General Supervision: The supervising physical therapist is required to be on-site and generally available for direction and supervision and must be available at least by telecommunications.

Direct Supervision: The physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient during each visit. The supervising physical therapist has consulted with the student on each patient and has approved the plan of care. Telecommunications does not meet the requirement of direct supervision

Direct Personal Supervision: The physical therapist is physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. Telecommunications does not meet the requirement of direct personal supervision.

Medicare Provisions:

The following statement is adopted from an APTA [Column](#) entitled: Compliance Matters: Supervision Requirements for PTAs and Physical Therapy Students.¹⁵

“Medicare states that PTs may not bill for services provided by physical therapy students, because they are not licensed practitioners. Students may help PTs provide billed services, however, and PTs may physically guide students through the provision of a billed service.”

Appendix B: American Council of Academic Physical Therapy
Document: Student Readiness for the First Fulltime Clinical Experience^{13,14}



AMERICAN COUNCIL OF
ACADEMIC PHYSICAL THERAPY

Adapted from ©American Council of Academic Physical Therapy

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

Student Readiness Themes and KSAs		Level of Competency	Whitworth	ACAPT
Theme 1	Students should have foundational knowledge to support application and synthesis in the following content areas:			
1.1	Anatomy (i.e. functional anatomy)		Proficient	Emerging
1.2	Common diagnoses related to systems review (e.g. medical, physical therapy)		Emerging	Emerging
1.3	Kinesiology (i.e. biomechanics, exercise science, movement science)		Emerging	Emerging
1.4	Physiology / Pathophysiology (related to general systems review)		Emerging	Emerging
1.5	Tissue mechanics (e.g. stages of healing, use/disuse, load/overload)		Emerging	Emerging
Theme 2	Students should meet the specific program identified curricular requirements including:			
2.1	achieve minimum GPA	>3.0		
2.2	meet minimum expectations for practical examinations	Passed all exams		
2.3	remediation of any and all safety concerns	Passed all safety checks		
Theme 3	Students should take initiative to apply evidence-based strategies to:			
3.1	generate interventions ideas		Emerging	Familiar
3.2	guide decision-making		Emerging	Familiar
3.3	measure outcomes		Emerging	Familiar
3.4	research unfamiliar information or conditions		Emerging	Emerging
Theme 4	Students should engage in self-assessment including:			
4.1	self-assessment of the impact of one's behaviors on others		Emerging	Emerging
4.2	the understanding of one's own thought processes (metacognition)		Emerging	Emerging


4.3	self-reflection and identification of areas of strength and those needing improvement, development of a plan to improve, and discussion of that plan with instructors	Emerging	Emerging
4.4	seeking out resources, including support from others when needed, to assist in implementation of the plan	Emerging	Emerging
Theme 5	Students should utilize constructive feedback by:		
5.1	being open and receptive, verbally/non-verbally	Emerging	Emerging
5.2	implementing actions to address issues promptly	Emerging	Emerging
5.3	reflecting on feedback provided	Emerging	Emerging
Theme 6	Students should demonstrate effective communication abilities within the following groups:		
6.1	diverse patient populations	Emerging	Familiar
6.2	families and other individuals important to the patients	Emerging	Familiar
6.3	healthcare professionals	Emerging	Familiar
Theme 7	Students should exhibit effective verbal, non-verbal and written communication abilities to:		
7.1	listen actively	Proficient	Emerging
7.2	demonstrate polite, personable, engaging and friendly behaviors	Proficient	Proficient
7.3	independently seek information from appropriate sources	Proficient	Emerging
7.4	build rapport	Proficient	Emerging
7.5	seek assistance when needed	Proficient	Emerging
7.6	engage in shared decision-making with patients	Emerging	Familiar
7.7	demonstrate a level of comfort and respect with patient handling	Emerging	Familiar
7.8	demonstrate empathy	Proficient	Emerging
7.9	use language and terminology appropriate for the audience	Proficient	Emerging
7.10	introduce self to CI, clinical staff, and patients	Proficient	Proficient
Theme 8	Students should be prepared to engage in learning through demonstrating:		
8.1	accountability for actions and behaviors	Proficient	Emerging
8.2	resilience/perseverance	Proficient	Emerging
8.3	cultural competence and sensitivity	Proficient	Emerging
8.4	an eager, optimistic and motivated attitude	Proficient	Emerging
8.5	respect for patients, peers, healthcare professionals and community	Proficient	Proficient
8.6	open-mindedness to alternative ideas	Proficient	Emerging
8.7	punctuality with all assignments	Proficient	Proficient
8.8	self-care to manage stress	Proficient	Emerging
8.9	responsibility for learning	Proficient	Emerging
8.10	self-organization	Proficient	Emerging
8.11	taking action to change when needed	Proficient	Emerging
8.12	willingness to adapt to new and changing situations	Proficient	Emerging

8.13	appropriate work ethic	Proficient	Emerging
8.14	maturity during difficult or awkward situations with patients, families and healthcare professionals	Emerging	Emerging
Theme 9	Students should develop the following elements including the documentation of:		
9.1	examination/re-examination (History, systems review, and tests and measures)	Emerging	Familiar
9.2	establish and document the problem list	Emerging	Familiar
9.3	daily interventions	Emerging	Familiar
Theme 10	Student should recognize and address issues related to safe patient care including the ability to:		
10.1	identify contraindications and precautions	Emerging	Emerging
10.2	assess and monitor vital signs	Emerging	Emerging
10.3	identify and respond to physiologic changes	Emerging	Familiar
10.4	assess the environment for safety, including lines, tubes, and other equipment	Emerging	Familiar
10.5	appropriately apply infection control procedures including universal precautions	Emerging	Emerging
10.6	provide assistance and guarding for patient safety	Emerging	Emerging
10.7	utilize appropriate body mechanics to avoid injury to self or patients	Emerging	Emerging
10.8	provide appropriate draping during patient care activities	Emerging	Emerging
Theme 11	Student should demonstrate the following clinical reasoning skills for a non-complex patient:		
11.1	utilize the elements of the patient-client management model including: address various body systems (cardiopulmonary, integumentary, musculoskeletal, neuromuscular) during the examination	Emerging	Familiar
11.2	articulate a clinical rationale in patient evaluation	Emerging	Familiar
11.3	develop goals that are linked to the patient's activity limitations and participation restrictions	Emerging	Familiar
11.4	determine appropriateness for therapy within scope of PT practice	Emerging	Familiar
11.5	interpret examination findings	Emerging	Familiar
11.6	screen to rule in/out conditions and concerns	Emerging	Familiar
Theme 12	Student should have BOTH the understanding and skill to perform the following examination skills:		
12.1	balance assessment	Emerging	Familiar
12.2	chart review to extract relevant history	Emerging	Familiar
12.3	dermatome screening	Emerging	Familiar
12.4	functional mobility assessment	Emerging	Familiar
12.5	gait assessment	Emerging	Familiar
12.6	goniometry	Emerging	Emerging
12.7	interview / history taking	Emerging	Emerging


12.8	lower quadrant screening	Emerging	Familiar
12.9	manual muscle testing	Emerging	Emerging
12.10	muscle length testing	Emerging	Emerging
12.11	myotome screening	Emerging	Emerging
12.12	reflex testing	Emerging	Emerging
12.13	sensory examination	Emerging	Emerging
12.14	medical screening for red flags	Emerging	Familiar
12.15	systems review	Emerging	Familiar
12.16	upper quadrant screening	Emerging	Familiar
Theme 13	Student should have the understanding and skill to perform the following interventions:		
13.1	prescribe, fit, and instruct patients in proper use of assistive devices	Emerging	Familiar
13.2	functional training (including bed mobility, transfers, and gait) with appropriate guarding and assistance	Emerging	Familiar
13.3	individualized patient education	Emerging	Familiar
13.4	therapeutic exercise: specifically strengthening	Emerging	Familiar
13.5	therapeutic exercise: specifically stretching	Emerging	Familiar
13.6	therapeutic exercise: specifically aerobic exercise	Emerging	Familiar
Theme 14	Student should recognize and follow specific professional standards, including:		
14.1	appropriate dress code	Proficient	Proficient
14.2	core values identified by the APTA as accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility	Proficient	Emerging
14.3	<i>code of ethics identified by the APTA**</i>	Proficient	Emerging
14.4	clinical expectations specific to setting	Proficient	Emerging
14.5	HIPAA regulations	Proficient	Emerging
14.6	legal aspects related to patient care	Proficient	Emerging
14.7	obligations of the patient-provider relationship	Proficient	Emerging
14.8	passion for the profession	Proficient	Emerging
14.9	patient rights	Proficient	Emerging
14.10	maintaining professional boundaries	Proficient	Emerging
14.11	understanding physical therapy's role in the healthcare system	Proficient	Emerging

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

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

 **At least familiar**

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

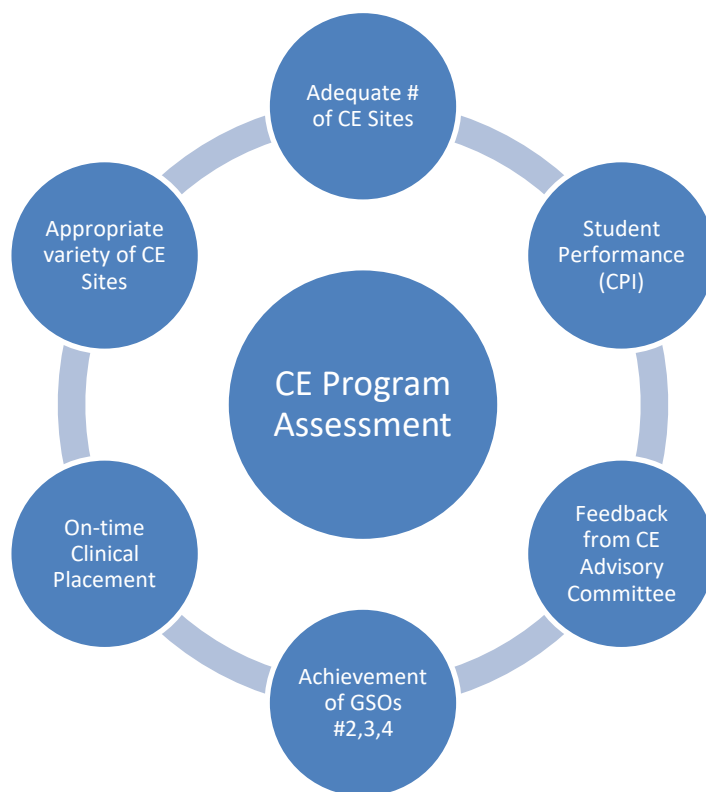
 **At least emerging**

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

 **Proficient**

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

Appendix C: Clinical Education Assessment Model



GSO

2. Internalize formation commensurate with the expectations of the physical therapy profession.
3. Develop as primary care providers recognized as a movement system expert who considers the physical, emotional, social and spiritual components of health in the design of patient-centered plans of care.
4. Collaborate as providers and healthcare consultants with patients and families, professional colleagues, and communities to optimize quality of life.

Appendix D: Clinical Education Assessment of Site Model



Appendix E: Professional Behaviors Assessment Tool

Read the description of each Professional Behavior and highlight the level of current performance. Provide specific examples justifying the performance level indicated.¹² *Adapted from Professional Behaviors for the 21st Century, May W, Kontney L, Iglarsh ZA; 4/2010*

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

Beginning Level	Intermediate Level	Entry Level	Post-Entry Level
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2. **Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes

Beginning Level	Intermediate Level	Entry Level	Post-Entry Level
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3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

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

Beginning Level	Intermediate Level	Entry Level	Post-Entry Level
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5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

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

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

Beginning Level	Intermediate Level	Entry Level	Post-Entry Level
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8. **Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.

Beginning Level	Intermediate Level	Entry Level	Post-Entry Level
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9. **Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

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

Beginning Level	Intermediate Level	Entry Level	Post-Entry Level
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Appendix F: Conflict Management Strategies from the Reference Manual for Site Coordinators of Clinical Education

Tips for effective communication:^{4,10}

- Identify who “owns” the problem.
- Paraphrase the student’s words.
- Respond to the student’s emotional state or feelings.
- Obtain clarification using open-ended questions.
- Listen, allowing time and possibly some awkward silence.
- Avoid judgment.
- Acknowledge any gender or cultural differences.
- Have a congruent, authentic response (what you say matches what you feel).
- Use “I” statements, such as “I feel frustrated when...” or “I feel confused...”.
- Provide feedback, while being aware of non-verbal communication (eye-contact, facial expression, personal space between you and the student, tone of voice).

Tips for an Open, Respectful, and Supportive Conversation:^{4,11}

- Find a private location.
- State the purpose of the meeting.
- Encourage free flow of relevant information (objective observations, open & honest opinions & feelings) and view of the situation.
- Ensure understanding of differing perspectives/meanings of all involved.
- During the conversation, keep focused on the objective of the discussion. Do not get sidetracked into other topics.
- Keep conversation going by making it safe for others to share.
 - Ask to hear their opinion/thoughts/their “story”.
 - Confirm their feelings by what you hear or observe.
 - Paraphrase what was said with active listening techniques.
- Control your emotions.
 - Focus on the end goal.
- Commit to a mutual purpose.
- Separate facts from the story.
 - Identify that there can be different points of view, and maintain that no ones view is wrong.
- Seek agreement on a clear action plan to improve the situation.

Appendix G: Weekly Planning Form

Weekly Planning Form^a

Dates: _____ Experience Week Number: _____

STUDENTS REVIEW OF THE WEEK

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

CI'S REVIEW OF THE WEEK

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

GOALS FOR THE UPCOMING WEEK OF _____

Student's Signature _____

CI Signature _____

^aAPTA Clinical Instructor Education and Credentialing Program, American Physical Therapy Association, Alexandria, Va, September 2005: Section IV-7.

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