



DPT Program Clinical Education Manual 2021

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The Doctor of Physical Therapy Program at Western Kentucky University is accredited by the Commission of Accreditation in Physical Therapy Education (CAPTE), 1111 Fairfax Street, Alexandria, Virginia 22314; telephone: (703) 706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>

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Preface

Students in the Doctor of Physical Therapy (DPT) Program are students at Western Kentucky University (WKU). There, DPT students are expected to comply with the regulations and academic standards specified in the most current edition of the WKU Student Handbook. Additionally, the DPT Program Student Manual provides information regarding policies, procedures, and requirements specific to the WKU DPT Program. Student enrolled in the DPT Program are expected to be familiar with the information in this Manual, the Clinical Education Manual, and acknowledge such by signing the form "ACKNOWLEDGE OF RECEIPT" found in the back of the Manual *after* having reviewed it.

WKU reserves the right to change any provision or requirement, including fees, contained in this informational document at any time with or without notice. Please read this DPT Program Student Manual carefully. Questions related to the content of this Manual should be directed to the Program Director.

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Accreditation

Graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; phone: (702) 706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

The Doctor of Physical Therapy Program at Western Kentucky University is accredited by the Commission of Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Virginia 22314; phone: (703) 706-3245/ email: accreditation@apta.org; website: <http://www.capteonline.org>. To contact the APTA Commission on Accreditation in Physical Therapy Education call (703) 703-3242 or (703) 683-6748 (TDD) or email accreditation@apta.org. You may also contact sandrawise@apta.org or ellenprice@apta.org.

Welcome and Introduction to the DPT Program at Western Kentucky University

Welcome to the WKU DPT Program! After an exhaustive review of your past achievements and a personal interview, you have been selected as one of our students. This reflects our confidence in your potential to become a competent and ethical physical therapist general practitioner who will be able to deliver quality patient care in a variety of clinical settings. During the first year, your education will include a combination of classroom and laboratory activities designed to give you a strong background in basic sciences, such as human anatomy, neuroanatomy, pathophysiology, and general neurological and orthopaedic principles. You will also learn about the principles of assessment and be introduced to many of the therapeutic techniques commonly used in rehabilitation scenarios.

The second year of study will combine traditional didactic instruction with a case study approach. Some of your classroom time will be spent working in small, problem-solving groups. Each group will spend greater time discussing cases typically sent by physical therapists in clinical settings such as orthopaedics, neurology, pediatrics, geriatrics, etc. You will learn how to evaluate a case using appropriate examination tools and to develop specific interventions. This strategy is one method of helping you to integrate the knowledge you have gained and apply it to actual clinical situations.

Another method of integration will be through clinical affiliations of various lengths (6 to 13 weeks). These will begin during the fall semester of the second year of the DPT curriculum. You will be given the opportunity to work in and experience the varied scope of practice available to physical therapists. In keeping with our University and Program missions, you will also have to least 1 clinical rotation in a rural setting.

Your education is a process that builds on previously learned information. Each segment is critical for guiding you into a profession that is rapidly changing and wide in scope. The first step in the process is to become thoroughly familiar with our Program. The purpose of the Manual is to introduce you to our mission and to inform you of what is expected of you as a student. There is also general information that will answer most of your questions. Become familiar with the Manual and keep it for your reference.

We are here to help you achieve the goal of become an effective, caring practitioner. We hope that you will feel free to come to us at any time with problems and suggestions. **And now, we invite you to accept the challenge!**

Yours in good health,
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Purpose of Clinical Education Manual

The purpose of the Western Kentucky University Doctor of Physical Therapy (WKU DPT) Clinical Education Manual is to inform students, Site Coordinators of Clinical Education (SCCE), and Clinical Instructors (CI) about the Clinical Education Policies, Procedures, and Expectations associated with the WKU DPT Program. The information contained within this manual is intended to provide information and guidelines for decision-making by all parties associated with the WKU DPT clinical education program. This manual is intended to supplement the following: WKU University Handbook, WKU DPT Student Manual, and clinical affiliation published policy/procedure handbooks. We hope this manual will be helpful to facilitate communication and unite the efforts of the clinical facility, clinical faculty, the student, and the WKU DPT Program to create a superior clinical experience that is educational and rewarding for all individuals involved.

DPT Program Contact Information

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Western Kentucky University Mission Statements

Institution Mission Statement

Western Kentucky University prepares students to be productive, engaged, and socially responsible citizen-leaders of a global society. The University provides research, service, and lifelong learning opportunities for its students, faculty, and other constituents. WKU enriches the quality of life for those within its reach.

College Mission Statement

The mission of the College of Health and Human Services (CHHS) is to provide diverse educational opportunities leading to excellence in Health and Human Services for a global community.

Core values of the CHHS are: Collaboration, Lifelong Learning, Scholarship, Integrity, Service, Diversity, Excellence, Accountability, Professionalism, Engagement, and Globalization

DPT Program Mission Statement

The mission of the WKU DPT Program is to serve the health care and preventative needs of the Commonwealth of Kentucky, including rural and under-served areas, by developing culturally competent, caring, and autonomous physical therapists who will engage in critical thinking, evidence-based practice, research, professional behavior, life-long learning, and community/professional service.

Overview of the Doctor of Physical Therapy (DPT) Program Program Goals

The goals of the DPT Program are as follows:

1. To prepare physical therapists who are generalists and who demonstrate competence, integrity, ethics, professional behaviors, and empathetic attitudes in their practices.
2. To help students develop the habits of self-education that will foster lifetime growth and are necessary to function in interdisciplinary healthcare settings.
3. To facilitate the development of graduates who possess an appreciation of the role of clinical research in contemporary, autonomous physical therapy practice.
4. To prepare graduates who demonstrate active engagement and leadership – particularly in rural and underserved areas -- in interdisciplinary healthcare settings during and after the program in physical therapy.
5. To research, design, and implement curriculum and instructional strategies that encourage maximum engagement and preparation of students for clinical practice and professional responsibility.
6. To advance the profession and practice of physical therapy through research, scholarly activities, and community service in collaboration with other professionals.

To serve as a regional site for the administration of continuing education, conferences, and workshops as a means of providing a support system for rural and underserved practitioners and patients.

Program Outcomes

Expected Student Outcomes:

1. Program graduates will demonstrate competence in physical therapy knowledge and clinical skills.
2. Program graduates will demonstrate integrity, ethics, professional behaviors, and empathetic attitudes in their practices.
3. Program graduates will demonstrate habits of self-education related to physical therapy practice.

4. Program graduates will disseminate the results of scholarly activity in local, regional, national, and/or international venues.
 5. Program graduates will demonstrate active engagement and leadership in professional and community arenas.
- Expected Faculty Outcomes:
1. Program faculty will demonstrate evidence of best practices in the areas of curriculum design, implementation, and/or evaluation.
 2. Program faculty will disseminate the results of research activities in local, regional, national, and/or international venues.
 3. Program faculty will demonstrate active engagement and leadership in professional and community arenas.
 4. Program faculty will facilitate the provision of continuing education, conferences, and workshops for healthcare professionals.

DPT Program Educational Philosophy

The educational philosophy of the WKU DPT Program is founded in the mission, objectives, and core values as set forth by the CHHS and is fundamentally related to the broader educational objectives of WKU. WKU has the mission of providing learning experiences for living as well as for learning, resulting in comprehensive academic programs designed to give students the personalized attention they need to lead fulfilling lives and have successful careers. The purposes of general education courses in undergraduate curricula are to assist students by providing a breadth of educational experiences within baccalaureate degrees. Through the completion of such general education requirements, students are expected to develop, synthesize, and internalize personal values; increase awareness and develop a more global perspective of the human condition and adapt to the total human environment; strengthen basic skills in communication and computation; and integrate general and career specific learning. These attributes are hallmarks of a University education and widely accepted as educational experiences which often prompt lifelong learning.

The faculty of the WKU DPT Program believes learning is a lifelong process that requires active participation of both the teacher and the student within an open and supportive learning environment. A wide range of teaching methodologies is utilized within the DPT curriculum, meeting the needs and objectives of this educational program, and building upon the baccalaureate learning experiences noted above. The general education courses selected as prerequisites of this Program provide DPT students with a foundational knowledge base in the areas of communication, behavioral sciences, human biology, statistics, and physical sciences.

It is essential that physical therapists be open-minded, reflective individuals who possess broad interests, understand human nature, and have the capacity to critically analyze ideas. Physical therapy is a licensed profession dedicated to the promotion of wellness, optimal human health and function, and prevention of disability for any individual in any setting. The faculty of the DPT Program believes that individuals are entitled to high quality health care and that consumers should have a decision-making role in the utilization of health care services. Due to constantly changing environments within the health care system, the physical therapist must be flexible and holistic in the approach to the delivery of health care. As a result, the faculty of the DPT Program believe that the curriculum should be designed to provide the student with opportunities to develop problem-solving skills, clinical and research competence, professional values and behaviors, managerial skills, and effective communication skills to understand and function within dynamic health care environments and to develop strategies used to be able to seek new interventions. In addition, we believe it is necessary to promote an understanding and acceptance of the diversity of individuals of various cultures, races, and religions encountered in health care environments and society at large.

The two major components of the professional education curriculum are academic and clinical experiences. The faculty of the DPT Program believes the two components should be planned and implemented to be interdependent and to reinforce one another. The academic setting is designed to provide the information and theoretical basis that is then integrated and expanded in the clinical setting. However, clinical competence will be verified in the classroom as well as in the clinical setting, as clinical components are integrated into the curriculum to allow students to utilize their knowledge and develop skills in anticipated of rotation experiences completed within a supervised clinical education setting.

The faculty of the DPT Program believes that a competency-based curriculum is the most effective for assessing both a student's performance level and his or her readiness to work as a physical therapist in clinical environments. To verify clinical competency, students will be required to successfully complete – in addition to traditional written examinations – a series of “check-offs” and “practical examinations” throughout the curriculum. Competency-based performance evaluation ensures that 1) learning experiences and assessments are organized around the major clinical behaviors that must be exhibited by the students at entry into the profession; and 2) spiraling learning experiences throughout the curriculum enhance the acquisition, utilization, and retention of concepts and skills necessary for competent entry-level practice. The initial focus of the physical therapy curriculum is on normal human function in conjunction with theory-based information and the introduction of problem-solving skills and critical thinking necessary for competent practice as a licensed physical therapist. As the curriculum advances, case study learning is introduced and expanded; this encourages students to problem-solve and analyze patient cases that are increasingly more complex in terms of pathology and psychosocial issues, as is commonly the case in contemporary healthcare scenarios. Repetition of key information, reinforcement of theory and hands-on practice, and the incorporation of a variety of teaching styles and methods of learning as a way of developing critical thinking and inquiry, are areas emphasized to promote full retention of material and attain proficiency in entry-level competencies. Development of coping strategies, appropriate oral and written communication skills, and understanding the roles of members of the health care team are also areas integrated and regularly reinforced throughout the educational experiences.

The faculty of the DPT Program believes it is our responsibility to 1) establish assessment tools relevant to didactic and clinical education performance within the scope of practice for a physical therapist, 2) evaluate student performance consistently and fairly, and 3) provide feedback and guidance to the students regarding their performance. In turn, an equal or greater responsibility is placed on the students for their own learning through self-study, reflection, research, and presentation. The students are also responsible for making choices and accepting the consequences of those choices.

DPT Program Curriculum Overview

The organization of the curricular content has been designed around several clearly identified horizontal themes that are expressed throughout the curriculum, resulting in a solid integration of courses. Particular attention has been given to the vertical integration of the curriculum as well, enhancing the student's assimilation of learning. Horizontal integration refers to the increasing complexity of subject matter throughout the DPT Program, whereas vertical integration is defined as the thematic curricular organization within a given semester.

The commitment of this Program is to provide students with an intellectual environment enabling them to develop the skills necessary to become competent, autonomous practitioners. Integral to this environment are fundamental objectives that form the basis of the curriculum. These fundamental objectives are greatly influenced by manuscripts such as the Guide to Physical Therapy Practice and the Normative Model of Physical Therapy Education, which provide all physical therapy educators with something of a conceptual blueprint for professional education in physical therapy.

First, professional education in physical therapy should include a strong emphasis on the foundational (i.e., anatomy, physiology, kinesiology, biomechanics, exercise physiology, exercise, neurosciences, pharmacology, and pathology), behavioral (i.e., communication, ethics, management, and finance, teaching and learning, and evidence-based practice), and clinical sciences (i.e., orthopaedic, neuromuscular, cardiopulmonary, etc.). This content is taught by the faculty of the DPT Program.

Second, physical therapy is a clinical science. Thus, students must learn a systematic approach to physical therapy diagnoses, examination, establishing goals, developing interventions, assessing outcomes, and modifying treatments for patient progression. Since it cannot be assumed that these skills will be learned simply through immersion in clinical affiliations, they need to be developed prior to exposure to the clinical environment and thus are explicitly integrated into the academic curriculum. Moreover, to obtain clinical efficacy, students must be skilled in clinical reasoning based on critical analysis of the literature to guide them in their treatment approaches. The specific objectives and desired outcomes of the educational process are assessed throughout the curriculum via assessment of student clinical

competencies, evaluated through methods such as written tests, practical examinations, and checkoffs, all of which are integral to the learning experience. Expected levels of competency are defined by the faculty, assessed by the faculty, and self-assessed by the students at each stage of the curriculum. Curricular objectives are classified for purposes of testing as relating to (1) knowledge base (written exams), (2) clinical skills (practical exams and check offs), (3) clinical reasoning and analysis (written exams, practical exams, check offs, and assignments), and (4) professional behavior (group interaction, written and oral communications, participation in class activities, and patient handling skills). After graduation, a Post Education Assessment tool is used to identify the effectiveness of the learning experience and serves as feedback to address any deficiencies inherent to the DPT Program.

Third, the teaching of the science of physical therapy is organized around the “common language” set forth in the International Classification of Functioning, Disability, and Health. Also commonly known as the ICF Model – approved and advocated by the World Health Organization (WHO) – it is a widely used classification system for the health components which impact function and disability, is structured on the following broad components: body functions and structures, activities and participation, and severity and environmental factors. A major advantage of the ICF Model for both clients and health professionals is the integration of the medical and social aspects of health condition, rather than focusing on diagnosis as diagnosis reveals little about one’s functional abilities.

Fourth, integrating clinical scenarios into didactic instruction is a fundamental cornerstone of the DPT curriculum and includes learning experiences throughout the curriculum to enhance acquisition, utilization, and retention of concepts and skills necessary for entry-level practice. This is achieved, in part, via the use of case-study-based educational methodology. Implemented more so in the second year, students will work in small groups, whereby they are given clinical problems carefully designed to assist them in meeting unit objectives. Clinical reasoning and critical analysis in physical therapy are high-level cognitive skills that are best learned within a self-directed, learner-centered framework. Case-study-based learning provides this framework by enabling students to integrate basic and clinical science, clinical reasoning, and critical analysis for a particular clinical problem. This pedagogical approach of requiring DPT students to incrementally handle more clinically challenging cases reaches its culmination within the clinical education rotations integrated throughout the academic curriculum.

Fifth, as part of our mission, the unique needs of underserved and rural populations are addressed. Emphasis in this curriculum is placed on serving the rural and underserved areas of the Commonwealth of Kentucky. Students learn the eclectic nature of rural physical therapy via placement in at least one rural health clinical affiliation. The importance of networking with other disciplines, functional rehabilitation, time management, travel considerations, dealing with life threatening emergencies, and involvement of family members in intervention planning are all goals identified in this experience.

Sixth, it is important to realize the necessity of research to validate practices within the profession of physical therapy. Research concepts need to be integrated for students to develop critical thinking skills, thus providing them with the ability to research and organize information relevant to the practice of physical therapy. Students are taught to critically evaluate published research at several points within the curriculum. For example, students are introduced to such processes within the research course sequence, and these professional skills are reinforced through the curriculum via the integration of relevant research findings into the courses which address the clinical practice patterns identified within practice of physical therapy. Students are then given the opportunity to complete a research project by developing a research question with a faculty member, performing a literature review, and conducting the research study. Another option would be to aid a faculty member through participation in new or on-going projects. Furthermore, as a final culminating experience, the students must prepare and orally defend their research project. A primary aim of this emphasis is to provide students with the critical thinking skills necessary to integrate research findings on an ongoing basis into contemporary physical therapy practice.

Seventh, professional behavior is expected from all students. Specific behaviors have been delineated and are emphasized during interaction with other students, faculty, clinicians, and patients. Inconsistencies in students'

behaviors with respect to the professional behaviors as outlined will be brought to the students' attention to make them cognizant of potential problems that may be encountered in a professional environment.

Eighth, the clinical practice of physical therapy should reflect the art as well as the science of our profession. This includes respect for differences related to age, gender, culture, ethnicity, race, and religion. This is achieved in part by tailoring our communication and treatment design for each patient and his/her family.

These learning experiences serve as the cornerstone that produces competent, autonomous practitioners. Students enter this curriculum with a strong foundational background in basic sciences and humanities that are the hallmarks of a baccalaureate degree earned in a University environment. They are then challenged in intentional and iterative ways over a three-year period to handle increasingly more complex clinical scenarios. These educational experiences provide graduates of this DPT program with the life-long learning skills necessary to function as autonomous physical therapy practitioners within healthcare environments of the 21st century.

DPT Curriculum: Plan of Study
WKU Entry-Level Doctor of Physical Therapy Degree Curriculum-
Traditional Study Plan

Year 1

o SUMMER SEMESTER I 1st YEAR

- DPT 711 Principles of Physical Assessment I – 1 credit
- DPT 720 Gross Human Anatomy I – 2 credits
- DPT 721 Gross Human Anatomy I Lab – 1 credit
 - Total Semester Credit Hours: 4

o SUMMER SEMESTER II 1st YEAR

- DPT 700 Orientation to Physical Therapy – 1 credit
- DPT 712 Principles of Physical Assessment II – 2 credits
- DPT 722 Gross Human Anatomy II – 2 credits
- DPT 723 Gross Human Anatomy II Lab – 1 credit
 - Total Semester Credit Hours: 6

o FALL SEMESTER 1st YEAR

- DPT 713 Principles of Physical Assessment III – 2 credits
- DPT 724 Pathophysiology – 4 credits
- DPT 726 Orthopaedic Foundations – 3 credits
- DPT 728 Clinical Exercise Physiology – 2 credits
- DPT 736 Neuroanatomy – 3 credits
- DPT 781 Research in Physical Therapy I – 3 credits
 - Total Semester Credit Hours: 17

o SPRING SEMESTER 1st YEAR

- DPT 715 Patient Care Techniques – 3 credits
- DPT 739 Foundations for Physical Rehabilitation – 3 credits
- DPT 738 Motor Control – 2 credits
- DPT 729 Pharmacology in Physical Therapy – 2 credits
- DPT 746 Orthopaedic Assessment – 4 credits
- DPT 760 Professional Issues – 2 credits
- DPT 782 Research in Physical Therapy II – 3 credits
 - Total Semester Credit Hours: 19

Year 2

o SUMMER SEMESTER I 2nd YEAR

- DPT 783 Research in Physical Therapy III – 3 credits
 - Total Semester Credit Hours: 3

o SUMMER SEMESTER II 2nd YEAR

- DPT 749 Neurological Assessment – 1 credit
- DPT 761 Physical Therapy Management and Administration I – 1 credit
- DPT 772 Cardiopulmonary Rehabilitation – 3 credits
 - Total Semester Credit Hours: 5

o FALL SEMESTER 2nd YEAR

- DPT 705 Topics in Physical Therapy – 1 credit
- DPT 740 Physical Modalities – 3 credits
- DPT 751 Supervised Clinical Education I – 4 credits (Last 6 weeks)
- DPT 770 Orthopaedic Rehabilitation – 4 credits
- DPT 771 Neurological Rehabilitation – 4 credits
 - Total Semester Credit Hours: 16

o SPRING SEMESTER 2nd YEAR

- DPT 742 Diagnostic Testing and Imaging – 2 credits
- DPT 745 Integumentary System – 2 credits
- DPT 748 Prosthetics and Orthotics – 2 credits
- DPT 762 Physical Therapy Management and Administration II – 3 credits
- DPT 774 Spine Assessment and Intervention – 4 credits
- DPT 778 Geriatric Physical Therapy – 1 credit
- DPT 779 Pediatric Physical Therapy – 3 credits
- DPT 784 Research in Physical Therapy IV – 1 credit
 - Total Semester Credit Hours: 18

Year 3

o SUMMER SEMESTER I 3rd YEAR

- DPT 752 Supervised Clinical Education II – 5 credits (7-week session)
 - Total Semester Credit Hours: 5

o FALL SEMESTER 3rd YEAR

- DPT 727 Health Promotion and Wellness – 2 credits
- DPT 747 Women’s Health in Physical Therapy – 2 credits
- DPT 753 Supervised Clinical Education III – 7 credits (10 weeks)
- DPT 775 Screening for Referral – 3 credits
- DPT 785 Research in Physical Therapy V – 1 credit
 - Total Semester Credit Hours: 15

o SPRING SEMESTER 3rd YEAR

- DPT 754 Supervised Clinical Education IV – 9 credits (13 weeks)
- DPT 790 PT Seminar – 1 credit
 - Total Semester Credit Hours: 10

Total Curriculum Credit Hours: 118

**WKU Entry-Level Doctor of Physical Therapy Degree Curriculum-Class of 2022
(courses highlighted in yellow reflect curriculum changes related to COVID-19)**

Year 1

o SUMMER SEMESTER I 1st YEAR

- DPT 711 Principles of Physical Assessment I – 1 credit
- DPT 720 Gross Human Anatomy I – 2 credits
- DPT 721 Gross Human Anatomy I Lab – 1 credit
- Total Semester Credit Hours: 4

o SUMMER SEMESTER II 1st YEAR

- DPT 700 Orientation to Physical Therapy – 1 credit
- DPT 712 Principles of Physical Assessment II – 2 credits
- DPT 722 Gross Human Anatomy II – 2 credits
- DPT 723 Gross Human Anatomy II Lab – 1 credit
- Total Semester Credit Hours: 6

o FALL SEMESTER 1st YEAR

- DPT 713 Principles of Physical Assessment III – 2 credits
- DPT 724 Pathophysiology – 4 credits
- DPT 726 Orthopaedic Foundations – 3 credits
- DPT 728 Clinical Exercise Physiology – 2 credits
- DPT 736 Neuroanatomy – 3 credits
- DPT 781 Research in Physical Therapy I – 3 credits
- Total Semester Credit Hours: 17

o SPRING SEMESTER 1st YEAR

- DPT 715 Patient Care Techniques – 3 credits
- DPT 739 Foundations for Physical Rehabilitation – 3 credits
- DPT 738 Motor Control – 2 credits
- DPT 729 Pharmacology in Physical Therapy – 2 credits
- DPT 746 Orthopaedic Assessment – 4 credits
- DPT 760 Professional Issues – 2 credits
- DPT 782 Research in Physical Therapy II – 3 credits
- Total Semester Credit Hours: 19

Year 2

o SUMMER SEMESTER I 2nd YEAR

- DPT 783 Research in Physical Therapy III – 3 credits
- **DPT 761 Physical Therapy Management and Administration I – 1 credit**
- Total Semester Credit Hours: 4

o SUMMER SEMESTER II 2nd YEAR

- DPT 772 Cardiopulmonary Rehabilitation – 3 credits
- Total Semester Credit Hours: 3

o FALL SEMESTER 2nd YEAR

- **DPT 749 Neurological Assessment – 1 credit**
- DPT 740 Physical Modalities – 3 credits
- DPT 770 Orthopaedic Rehabilitation – 4 credits
- DPT 771 Neurological Rehabilitation – 4 credits
- DPT 705 Topics in Physical Therapy – 1 credit
- Total Semester Credit Hours: 13

o SPRING SEMESTER 2nd YEAR

- DPT 742 Diagnostic Testing and Imaging – 2 credits
- DPT 745 Integumentary System – 2 credits

- DPT 748 Prosthetics and Orthotics – 2 credits
- DPT 762 Physical Therapy Management and Administration II – 3 credits
- DPT 774 Spine Assessment and Intervention – 4 credits
- DPT 778 Geriatric Physical Therapy – 1 credit
- DPT 779 Pediatric Physical Therapy – 3 credits
- DPT 784 Research in Physical Therapy IV – 1 credit
 - Total Semester Credit Hours: 18

Year 3

o SUMMER SEMESTER I 3rd YEAR

- **DPT 751 Supervised Clinical Education I – 4 credits (6 weeks)**
 - Total Semester Credit Hours: 4

o SUMMER SEMESTER II 3rd YEAR

- DPT 752 Supervised Clinical Education II – 5 credits (7 weeks)
 - Total Semester Credit Hours: 5

o FALL SEMESTER 3rd YEAR

- DPT 727 Health Promotion and Wellness – 2 credits
- DPT 747 Women’s Health in Physical Therapy – 2 credits
- DPT 753 Supervised Clinical Education III – 7 credits (10 weeks)
- DPT 775 Screening for Referral – 3 credits
- DPT 785 Research in Physical Therapy V – 1 credit
 - Total Semester Credit Hours: 15

o SPRING SEMESTER 3rd YEAR

- DPT 754 Supervised Clinical Education IV – 9 credits (13 weeks)
- DPT 790 PT Seminar – 1 credit
 - Total Semester Credit Hours: 10

Total Curriculum Credit Hours: 118

WKU Entry-Level Doctor of Physical Therapy Degree Curriculum- Class of 2023
(courses highlighted in yellow reflect curriculum adjustments related to COVID-19)

Year 1

o SUMMER SEMESTER I 1st YEAR

- DPT 724 Pathophysiology – 4 credits
- DPT 720 Gross Human Anatomy I – 2 credits
- DPT 721 Gross Human Anatomy I Lab – 1 credit
 - Total Semester Credit Hours: 7

o SUMMER SEMESTER II 1st YEAR

- DPT 700 Orientation to Physical Therapy – 1 credit
- DPT 722 Gross Human Anatomy II – 2 credits
- DPT 723 Gross Human Anatomy II Lab – 1 credit
- DPT 781 Research in Physical Therapy I – 3 credits
 - Total Semester Credit Hours: 7

o FALL SEMESTER 1st YEAR

- DPT 711 Principles of Physical Assessment I – 1 credit
- DPT 712 Principles of Physical Assessment II – 2 credits
- DPT 713 Principles of Physical Assessment III – 2 credits
- DPT 726 Orthopaedic Foundations – 3 credits
- DPT 728 Clinical Exercise Physiology – 2 credits
- DPT 736 Neuroanatomy – 3 credits
 - Total Semester Credit Hours: 13

o SPRING SEMESTER 1st YEAR

- DPT 715 Patient Care Techniques – 3 credits
- DPT 739 Foundations for Physical Rehabilitation – 3 credits
- DPT 738 Motor Control – 2 credits
- DPT 729 Pharmacology in Physical Therapy – 2 credits
- DPT 746 Orthopaedic Assessment – 4 credits
- DPT 760 Professional Issues – 2 credits
- DPT 782 Research in Physical Therapy II – 3 credits
 - Total Semester Credit Hours: 19

Year 2

o SUMMER SEMESTER I 2nd YEAR

- DPT 783 Research in Physical Therapy III – 3 credits
 - Total Semester Credit Hours: 3

o SUMMER SEMESTER II 2nd YEAR

- DPT 749 Neurological Assessment – 1 credit
- DPT 761 Physical Therapy Management and Administration I – 1 credit
- DPT 772 Cardiopulmonary Rehabilitation – 3 credits
 - Total Semester Credit Hours: 5

o FALL SEMESTER 2nd YEAR

- DPT 705 Topics in Physical Therapy – 1 credit
- DPT 740 Physical Modalities – 3 credits
- DPT 751 Supervised Clinical Education I – 4 credits (Last 6 weeks)
- DPT 770 Orthopaedic Rehabilitation – 4 credits
- DPT 771 Neurological Rehabilitation – 4 credits
 - Total Semester Credit Hours: 16

o SPRING SEMESTER 2nd YEAR

- DPT 742 Diagnostic Testing and Imaging – 2 credits
- DPT 745 Integumentary System – 2 credits

- DPT 748 Prosthetics and Orthotics – 2 credits
- DPT 762 Physical Therapy Management and Administration II – 3 credits
- DPT 774 Spine Assessment and Intervention – 4 credits
- DPT 778 Geriatric Physical Therapy – 1 credit
- DPT 779 Pediatric Physical Therapy – 3 credits
- DPT 784 Research in Physical Therapy IV – 1 credit
 - Total Semester Credit Hours: 18

Year 3

o SUMMER SEMESTER I 3rd YEAR

- DPT 752 Supervised Clinical Education II – 5 credits (7-week session)
 - Total Semester Credit Hours: 5

o FALL SEMESTER 3rd YEAR

- DPT 727 Health Promotion and Wellness – 2 credits
- DPT 747 Women’s Health in Physical Therapy – 2 credits
- DPT 753 Supervised Clinical Education III – 7 credits (10 weeks)
- DPT 775 Screening for Referral – 3 credits
- DPT 785 Research in Physical Therapy V – 1 credit
 - Total Semester Credit Hours: 15

o SPRING SEMESTER 3rd YEAR

- DPT 754 Supervised Clinical Education IV – 9 credits (13 weeks)
- DPT 790 PT Seminar – 1 credit
 - Total Semester Credit Hours: 10

Total Curriculum Credit Hours: 118

WKU Entry-Level Doctor of Physical Therapy Degree Curriculum- Class of 2024

Year 1

- SUMMER SEMESTER I 1st YEAR
 - DPT 720 Gross Human Anatomy I – 2 credits
 - DPT 721 Gross Human Anatomy I Lab – 1 credit
 - DPT 729 Pharmacology in Physical Therapy – 2 credits
 - Total Semester Credit Hours: 5
- SUMMER SEMESTER II 1st YEAR
 - DPT 700 Orientation to Physical Therapy – 1 credit
 - DPT 722 Gross Human Anatomy II – 2 credits
 - DPT 723 Gross Human Anatomy II Lab – 1 credit
 - Total Semester Credit Hours: 4
- FALL SEMESTER 1st YEAR
 - DPT 711 Principles of Physical Assessment I – 1 credit
 - DPT 712 Principles of Physical Assessment II – 2 credits
 - DPT 724 Pathophysiology – 4 credits
 - DPT 726 Orthopaedic Foundations – 3 credits
 - DPT 728 Clinical Exercise Physiology – 2 credits
 - DPT 736 Neuroanatomy – 3 credits
 - DPT 781 Research in Physical Therapy I – 3 credits
 - Total Semester Credit Hours: 18
- SPRING SEMESTER 1st YEAR
 - DPT 713 Principles of Physical Assessment III – 2 credits
 - DPT 715 Patient Care Techniques – 3 credits
 - DPT 738 Motor Control – 2 credits
 - DPT 739 Foundations for Physical Rehabilitation – 3 credits
 - DPT 746 Orthopaedic Assessment – 4 credits
 - DPT 760 Professional Issues – 2 credits
 - DPT 782 Research in Physical Therapy II – 3 credits
 - Total Semester Credit Hours: 17

Year 2

- SUMMER SEMESTER I 2nd YEAR
 - DPT 772 Cardiopulmonary Rehabilitation – 3 credits
 - DPT 783 Research in Physical Therapy III – 3 credits
 - Total Semester Credit Hours: 6

- SUMMER SEMESTER II 2nd YEAR
 - DPT 749 Neurological Assessment – 1 credit
 - DPT 761 Physical Therapy Management and Administration I – 1 credit
 - Total Semester Credit Hours: 2
- FALL SEMESTER 2nd YEAR
 - DPT 705 Topics in Physical Therapy – 1 credit
 - DPT 740 Physical Modalities – 3 credits
 - DPT 770 Orthopaedic Rehabilitation – 4 credits
 - DPT 771 Neurological Rehabilitation – 4 credits
 - DPT 751 Supervised Clinical Education I – 4 credits (Last 6 weeks)
 - Total Semester Credit Hours: 16
- SPRING SEMESTER 2nd YEAR
 - DPT 742 Diagnostic Testing and Imaging – 2 credits
 - DPT 745 Integumentary System – 2 credits
 - DPT 748 Prosthetics and Orthotics – 2 credits
 - DPT 762 Physical Therapy Management and Administration II – 3 credits
 - DPT 774 Spine Assessment and Intervention – 4 credits
 - DPT 778 Geriatric Physical Therapy – 1 credit
 - DPT 779 Pediatric Physical Therapy – 3 credits
 - DPT 784 Research in Physical Therapy IV – 1 credit
 - Total Semester Credit Hours: 18

Year 3

- SUMMER SEMESTER I 3rd YEAR
 - DPT 752 Supervised Clinical Education II – 5 credits (7-week session)
 - Total Semester Credit Hours: 5
- FALL SEMESTER 3rd YEAR
 - DPT 727 Health Promotion and Wellness – 2 credits
 - DPT 747 Women’s Health in Physical Therapy – 2 credits
 - DPT 753 Supervised Clinical Education III – 7 credits (10 weeks)
 - DPT 775 Screening for Referral – 3 credits
 - DPT 785 Research in Physical Therapy V – 1 credit
 - Total Semester Credit Hours: 15
- SPRING SEMESTER 3rd YEAR
 - DPT 754 Supervised Clinical Education IV – 9 credits (13 weeks)
 - DPT 790 PT Seminar – 1 credit
 - Total Semester Credit Hours: 10

Total Program Credit Hours: 118

DPT Program Course Descriptions

DPT 700 Orientation to Physical Therapy (1 Credit)

Provide the student with an orientation to the physical therapy profession including specific clinical education policies and procedures and clinical placement. Prerequisites: Open only to DPT students in good standing.

DPT 705 Orientation to Clinical Education in Physical Therapy (1 Credit)

Disseminates information to students on contemporary professional issues in physical therapy as it pertains to clinical education. Prerequisites: Open only to DPT students in good standing.

DPT 711 Principles of Physical Assessment I (1 Credit)

Introduction to basic patient assessment skills, including surface palpation and vital signs. Prerequisites: Open only to DPT students in good standing.

DPT 712 Principles of Physical Assessment II (2 Credits)

Additional patient assessment skills, including manual muscle testing, reflex testing, sensory testing, and abdominal quadrant screening. Prerequisites: Open only to DPT students in good standing.

DPT 713 Principles of Physical Assessment III (2 Credits)

Additional patient assessment skills, including goniometry, posture, anthropometric measures, with an introduction to patient history and documentation in SOAP note format. Prerequisites: Open only to DPT students in good standing.

DPT 715 Patient Care Techniques (3 Credits)

Performance and application of positioning skills, bed mobility, transfers, and gait training techniques (including assistive devices) across the continuum of care. Prerequisites: Open only to DPT students in good standing.

DPT 720 Gross Human Anatomy I (2 Credits)

The study of gross human anatomy, including muscle, tendon, ligament, and vascular supply of the upper and lower extremities. Open only to DPT students in good standing. Co-requisites: DPT 721.

DPT 721 Gross Human Anatomy I Lab (1 Credit)

Gross human anatomy cadaver lab with supervised dissection and exploration of muscle, tendon, ligament, and nerve innervation of the upper and lower extremities. Prerequisites: Open only to DPT students in good standing. Co-requisites: DPT 720.

DPT 722 Gross Human Anatomy II (2 Credits)

The study of gross human anatomy, including muscle, tendon, ligament, innervation and vascular supply of the head, neck, trunk, pelvic, thoracic, and abdominal regions. Prerequisites: Open only to DPT students in good standing. Co-requisites: DPT 723.

DPT 723 Gross Human Anatomy II Lab (1 Credit)

Gross human anatomy cadaver lab with dissection of muscle, tendon, ligament, innervation, and vascular supply of head, neck, trunk, pelvic, thoracic, and abdominal regions. Prerequisites: Open only to DPT students in good standing. Co-requisites: DPT 722

DPT 724 Pathophysiology (4 Credits)

Fundamentals of physiology and pathology related to diseases causing abnormal movement patterns or capabilities. Processes and diseases most frequently encountered in physical therapy practice emphasized. Prerequisites: Open only to DPT students in good standing.

DPT 726 Orthopaedic Foundations (3 Credits)

Principles of orthopaedic physical therapy including biomechanics, applied anatomy, and osteokinematic and arthrokinematic concepts. Musculoskeletal system investigation from histological, structural, and functional perspectives. Prerequisite: Open only to DPT students in good standing.

DPT 727 Health Promotion and Wellness (2 Credits)

This course will create a forum to prepare students for clinical competencies regarding health promotion/wellness as it relates to physical therapy. Prerequisites: Open only to DPT students in good standing.

DPT 728 Clinical Exercise Physiology (2 Credits)

Overview of the physiologic responses of the human body to exercise and training in normal and patient populations. Prerequisites: Open only to DPT students in good standing.

DPT 729 Pharmacology in Physical Therapy (2 Credits)

Actions and effects of pharmaceutical agents commonly encountered in physical therapy clinical practice. Prerequisites: Open only to DPT students in good standing.

DPT 736 Neuroanatomy (3 Credits)

Anatomy of the central and peripheral nervous systems, emphasizing structure and functional relationships in normal and pathological states. Prerequisites: Open only to DPT students in good standing.

DPT 738 Motor Control (2 Credits)

This course will prepare students to understand and apply motor control principles as it relates to physical therapy. Prerequisites: Open only to DPT students in good standing.

DPT 739 Foundations of Physical Rehabilitation (3 Credits)

This course will cover foundational topics in rehabilitation for the musculoskeletal and neuromuscular systems to include components of neurophysiology, surgical procedures, and principles of therapeutic exercise. Prerequisites: Open only to DPT students in good standing.

DPT 740 Physical Modalities (3 Credits)

The clinical application of soft tissue techniques, thermal agents, intermittent compression, continuous motion, electrical stimulation, and mechanical traction. Prerequisites: Open only to DPT students in good standing.

DPT 742 Diagnostic Testing and Imaging (2 Credits)

Presentation of diagnostic tests and interpretation of results as it applies to physical therapy evaluation, intervention, planning, and treatment. Prerequisites: Open only to DPT students in good standing.

DPT 745 Integumentary System (2 Credits)

Clinical practice of wound care including assessment tools, dressings, and treatment approaches. Prerequisites: Open only to DPT students in good standing.

DPT 746 Orthopaedic Assessment (4 Credits)

Evaluation and assessment of upper and lower extremity orthopaedic dysfunctions. Prerequisites: DPT 726; open only to DPT students in good standing.

DPT 747 Women's Health in Physical Therapy (2 Credits)

Discussion of physical therapy management of musculoskeletal, integumentary, cardiopulmonary, and genitourinary pathologies common to women. Prerequisites: Open only to DPT students in good standing.

DPT 748 Prosthetics and Orthotics (2 Credits)

Design, fabrication and fitting, and management of individuals requiring prosthetic and orthotic devices. Prerequisites: Open only to DPT students in good standing.

DPT 749 Neurological Assessment (1 Credit)

Physical therapy examination, evaluation, and assessment of individuals with neurologically- based movement disorders. Prerequisites: Open only to DPT students in good standing.

DPT 751 Supervised Clinical Education I (6 weeks) (4 Credits)

This full-time first clinical education experience provides students the opportunity to actively engage in experiential learning and develop introductory clinical competence. Students are responsible for transportation to and from off-campus experiences. Prerequisites: Open only to DPT students in good standing.

DPT 752 Supervised Clinical Education II (7 weeks) (5 Credits)

This full-time second clinical education experience provides students additional opportunities for experiential learning and further development of clinical competence. Students are responsible for transportation to and from off-campus experiences. Prerequisites: Open only to DPT students in good standing.

DPT 753 Supervised Clinical Education III (10 weeks) (7 Credits)

The third full-time clinical education experience provides students opportunities for refinement of their professional behaviors and examination skills, and development of intervention techniques. Students are responsible for transportation to and from off-campus experiences. Prerequisites: Open only to DPT students in good standing.

DPT 754 Supervised Clinical Education IV (13 weeks) (9 Credits)

The fourth full-time clinical education experience provides students the opportunity to further develop skills and display clinical competence as an autonomous physical therapist. Students are responsible for transportation to and from off-campus experiences. Prerequisites: Open only to DPT students in good standing.

DPT 760 Professional Issues (2 Credits)

Professional issues pertinent to physical therapy including state and national associations, state and federal laws, standards of practice, and code of ethics. Prerequisite: Open only to DPT students in good standing.

DPT 761 Physical Therapy Management and Administration I (1 Credit)

Foundational concepts of business principles for DPT students with an emphasis on leadership, administration, management, and professionalism. Prerequisites: Open only to DPT students in good standing.

DPT 762 Physical Therapy Management and Administration II (3 Credits)

General principles of organization and administration that impact the ethical and legal aspects of physical therapy practice. Prerequisites: Open only to DPT students in good standing.

DPT 770 Orthopaedic Rehabilitation (4 Credits)

Manual therapy, exercise techniques, intervention, and progressions for individuals with orthopaedic pathologies and dysfunctions. Prerequisites: Open only to DPT students in good standing.

DPT 771 Neurological Rehabilitation (4 Credits)

Emphasis on hands-on skill development, clinical reasoning, and critical analysis for treating individuals with neurologically based movement disorders. Prerequisites: Open only to DPT students in good standing.

DPT 772 Cardiopulmonary Rehabilitation (3 Credits)

Evaluation and treatment of patients with cardiopulmonary disease and dysfunction, emphasizing the response of cardiac, circulatory, and pulmonary systems to exercise. Prerequisites: Open only to DPT students in good standing.

DPT 774 Spine Assessment and Intervention (4 Credits)

Spine assessment and treatment, including mobilizations, special tests, and exercise progressions, in patients with spine dysfunction. Prerequisites: Open only to DPT students in good standing.

DPT 775 Screening for Referral (3 Credits)

A systems-based approach to differential screening and diagnosis to determine if further medical referral is necessary. Prerequisites: Open only to DPT students in good standing.

DPT 778 Geriatric Physical Therapy (1 Credit)

This course will explore the physical and psycho-behavioral aspects of aging. Students will review typical physiologic response to aging and the effects of these changes on the function of older clients being treated in various physical therapy settings. A problem-solving approach to management of elder patients with varied degree of medical complexity in multiple settings will be emphasized.

DPT 779 Pediatric Physical Therapy (3 Credits)

Examination of the factors affecting normal and pathologic development in infants and children to age 21 years. Additionally, treatment techniques appropriate to these populations will be covered. Prerequisites: Open only to DPT students in good standing.

DPT 781 Research in Physical Therapy I (3 Credits)

An introduction to clinical research in physical therapy, dealing with research design and methodology, as well as the development of a research project topic. Prerequisites: Open only to DPT students in good standing.

DPT 782 Research in Physical Therapy II (3 Credits)

Further development of the research topic, critical review of clinically relevant research literature, IRB submission, and the initiation of data collection. Prerequisites: Open only to DPT students in good standing.

DPT 783 Research in Physical Therapy III (3 Credits)

Use of SPSS for physical therapy related data analysis, including descriptive statistics, statistical inference, analysis of differences, and analysis of relationships. Prerequisites: Open only to DPT students in good standing.

DPT 784 Research in Physical Therapy IV (1 Credit)

Continuation of the Research track in Physical Therapy. Emphasis placed on data collection and application of applied research statistics. Prerequisites: Open only to DPT students in good standing.

DPT 785 Research in Physical Therapy V (1 Credit)

Continuation of the Research track in Physical Therapy, with emphasis on research project completion and preliminary presentation to research advisor. Prerequisites: Open only to DPT students in good standing.

DPT 790 PT Seminar (1 Credit)

Completion of research project with dissemination of results to faculty and clinicians. Prerequisites: Open only to DPT students in good standing.

Clinical Education

Definitions & Terminology

Director of Clinical Education (DCE): The physical therapy faculty member who develops, organizes, supervises, coordinates, and evaluates the clinical education component of the physical therapy curriculum.

Associate Director of Clinical Education (ADCE): The physical therapy faculty member who assists with developing, organizing, supervising, coordinating, and evaluating the clinical education component of the physical therapy curriculum.

Site Coordinator of Clinical Education (SCCE): The physical therapist (or other designated individual) employed and designated by the clinical education site to organize, administer, direct, supervise, coordinate, and evaluate the clinical education program in that facility. The SCCE is the primary contact person for the ACCE/DCE.

Clinical Instructor (CI): The physical therapist employed by the clinical education facility who is designated by the Center Coordinator of Clinical Education to provide direct instruction, supervision, and evaluation of the performance of physical therapy students in the clinical education setting. The CI is also responsible for planning and facilitating an effective clinical experience for the physical therapy student.

Affiliation Agreement/Contract: The written, legal document which defines the agreement developed between the academic facility and the clinical education facility. It outlines the rights and responsibilities of all parties.

Online Clinical Performance Instrument (Online CPI): An online evaluation tool, developed by the APTA, to assess student performance on 18 performance criteria representing entry level physical therapist performance. The online CPI utilizes a rating scale with 6 well-defined anchors ranging from *Advanced Beginner Performance to Beyond Entry-Level Performance*. The Online CPI is completed by the student and the CI at mid-term and the end of each clinical rotation experience.

Overview and Requirements

The WKU DPT Program believes the two primary components of PT education, academic and clinical, should be planned and implemented to be interdependent and to reinforce one another. The academic setting is designed to provide the information and theory base that is integrated and expanded upon in the clinical setting. The academic curriculum is designed in an integrated fashion, combining orthopaedic and neurological sciences and theories rather than a compartmentalized approach. The clinical education component is integrated throughout the curriculum to supplement the academic portion and provide students with periodic "hands on" opportunities to implement the skills they have been learning.

Policy, DPT-P11, "Student Readiness for Clinical Education," outlines procedures to ensure students are competent and safe to perform clinical education experiences. Students must be competent in both the classroom and laboratory settings as assessed via tests, checkoffs, and practical exams. Collectively, the faculty will discuss and determine student readiness before the initial clinical experience. Readiness for subsequent clinical experiences will be determined by the overall performance on the previous experience.

The clinical education component consists of 4 separate full-time supervised clinical education experiences, for a total of 36 weeks. In alignment with the Missions of the Program, College, and University, serving the health-related needs of those within our reach, the Commonwealth of Kentucky, and those in rural and underserved areas, the DPT Program strives to develop physical therapists prepared to do so. All students will be required to successfully complete a clinical rotation in each of the following 3 areas of practice:

- Acute Care/Hospital: Setting examples include local/community hospitals, regional medical centers (may include both inpatient and outpatient services), and long-term acute care hospitals/facilities.
- Sub-Acute/Rehabilitation: Setting examples include inpatient rehabilitation, sub-acute rehabilitation, skilled nursing facilities, and home health PT.
- Outpatient: Setting examples include primarily outpatient and private practice clinics.

The Program also recommends that students complete a clinical rotation in a “Specialty” area of Physical Therapy. Setting examples include aquatics, wellness-prevention, home health, industrial/occupational health, manual therapy, pediatrics/early intervention, school systems, sports medicine, women’s health, and wound care/integumentary. Clinical rotations in this specialty category may qualify as meeting the above practice setting requirements. An additional Program requirement is that students complete at least 1 of their 4 rotations in a rural setting. Rural is defined according to Urban Influence Codes (UIC) published by the United States Department of Agriculture Economic Research Service as all nonmetropolitan counties (UIC 3-12) and metropolitan counties (UIC 1-2) with a population density of less than 250 people per square mile (<https://www.ers.usda.gov/data-products/urban-influence-codes/>). All sites located in the vicinity of Western Kentucky University campus (Warren County, Kentucky) will qualify as rural. Students will be reminded, via email and class discussions, of the above practice setting requirements as part of the regular clinical education assignment process. The DCE is ultimately responsible for monitoring and ensuring each student fulfills the above requirements.

Due to the integrated nature of the curriculum, specific clinical education rotations are not required at any one specific time in the Program curriculum. The Program believes students will be adequately prepared with physical assessment, therapeutic exercise, patient care, and therapeutic modalities skills prior to their first clinical rotation to successfully complete a rotation in any of the 3 required areas. Program defined specialty rotations may not be appropriate for the first clinical education rotation. Students should be aware that **any or all rotations may be scheduled outside of the immediate Bowling Green area** and may be located outside the Commonwealth of Kentucky. Students are responsible for travel and housing costs associated with each clinical education experience.

DCE/ADCE Responsibilities

- The DCE/ADCE ensures that students are prepared for clinical education experiences by providing and discussing with students all information included within the Clinical Education Manual.
- The DCE/ADCE provides students with clinical site information and regulations on a timely basis, (immunizations, CPR, health insurance, liability insurance, etc.) allowing students sufficient time to comply and/or complete necessary forms/procedures.
- The DCE/ADCE is responsible for ensuring a sufficient number of appropriate clinical education sites are available for all clinical education experiences. Current Affiliation Agreements-Contracts between WKU and the clinical sites are required to be in place before students begin clinical rotation experiences. The DCE, in conjunction with Program and College office personnel, are responsible for ensuring the agreements are in place.
- The DCE/ADCE serves as the primary contact between the WKU DPT Program and the clinical sites/facilities.
- The DCE/ADCE assigns students to clinical education rotations according to the policies and procedures described within the Clinical Education Manual.
- The DCE/ADCE communicates regularly with clinical sites, SCCE’s, & CI’s when planning for and securing sites for student experiences.

- The DCE/ADCE monitors and facilitates student performance and progress toward individual and course goals/objectives. This includes completing mid-term visits or phone calls with student/CI/ SCCE to discuss student performance.
- The DCE/ADCE counsels individual student's/CI's and provides educational strategies to assist with clinical performance or professional behavior areas of concern.
- The DCE/ADCE is ultimately responsible for determining and assigning student grades for clinical education rotations.
- The DCE/ADCE evaluates the effectiveness of CI/ SCCE /Clinical Sites by reviewing student assessment forms, as well as through personal experiences and observations. Concerns will be address based on best practice.
- The DCE/ADCE communicates all Clinical Education related information to the Department Head/Director and Core Faculty.
- The DCE/ADCE ensures that all required and necessary paperwork, assessments, and documentation are effectively and appropriately maintained.
- The DCE/ADCE is responsive to and assists with Clinical Faculty professional development.

Establishing Clinical Sites

Program Faculty, Advisory Board members, professional colleagues, and WKU alumni may recommend potential clinical education sites. Students may also recommend potential clinical education sites to the DCE/ADCE, but they are not to contact the clinical site directly until discussions with the DCE/ADCE and recommendations/approval to do so have occurred. Work towards inquiring about and entering into an affiliation agreement with these sites will be prioritized by the DCE and Program. Priority will be based upon numerous factors including unique practice settings, difficult to obtain specialties, desirable locations, or other stipends, housing, or educational opportunities.

The DCE/ADCE will contact the facility to discuss the potential for, and interest in, clinical education opportunities for WKU DPT students. It is ultimately the responsibility of the DCE to evaluate the appropriateness of the clinical site, which is achieved through verbal discussion with the SCCE, Clinic Rehabilitation Director or CI (if no SCCE) using the APTA Guidelines for Clinical Education Sites as a reference. Questions about the types of patients served, as well as practice setting details would assist in the classification of the site. If there is a completed Clinical Site Information Form (CSIF) available, further information about site details would confirm classification. The qualifications and experience of clinical instructors are also reviewed during the telephone conversation prior to setting up a contract. If deemed an appropriate site, the DCE will work with the desired clinical site contact to obtain a mutually agreed upon Affiliation Agreement between WKU and the clinical site.

When new clinical sites are being developed per current student's requests, the following timelines are required for students to actively pursue the clinical site:

1. Facility information must be received from the student by the DCE/ADCE no later than six months prior to the beginning of the clinical rotation.
2. Verbal commitment from the facility must be received and work must begin on the Affiliation Agreement no later than four months prior to the beginning of the clinical rotation.
3. Completed contracts and paperwork must be completed no later than one month prior to the beginning of the clinical rotation.

Every attempt will be made to adhere to the above time frame and requirements; the student may be counseled that a different clinical site for the respective rotation will be assigned.

Affiliation Agreement: Renewal & Termination

The College of Health and Human Services (CHHS) at WKU utilizes a standard “Unified Affiliation Agreement” (Appendix A) for all programs within the College. This standard agreement is for three years in length and must be renewed following the completion of the agreement period. Any edits or modifications to this agreement must be approved by the CHHS Dean’s Office. In the event the clinical site/company prefers to use a different Affiliation Agreement, it must be approved by either the CHHS Dean’s Office or WKU legal counsel. The WKU DPT Program and the associated clinical site reserve the right to terminate the Affiliation Agreement effective 30 days after the receipt of a written notice to do so. Both parties reserve the right to remove a student, or ask that a student be removed, without notice if it is in the best interest of the student, the facility, or the Program.

Evaluation of Clinical Site, CI, and SCCE

A clinical experience is determined to be effective if students meet expected requirements outlined for each course on each of the 18 CPI indicators. Additionally, students offer formal and informal comments and feedback regarding their specific clinical education experiences. Formal evaluation of the clinical site and CI is completed when students complete the **Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (APTA 2010)** available in a modified format through the EXXAT database program, at the end of their clinical experience **(available in the Appendix E)**. Student ratings on questions 1-21 are averaged for each CI are averaged and any average score lower than 4 would be evaluated on an individual basis.

Informally, students will give feedback regarding their clinical education experience to the DCE/ADCE during the debriefing sessions after each of their clinical rotations. The DCE/ADCE also performs informal assessments of the Clinical Site, CI, and SCCE. These informal assessments are based upon DCE/ADCE observations and personal experiences in the facilities as well as through all communications and interactions with the CI/ SCCE’s.

When areas of concern are discovered, the DCE or ADCE contacts the site and the student to discuss any issues that may have transpired affecting the student assessment. If appropriate, an on-site visit and meeting with the CI, student and SCCE to determine the best course of action would be conducted. The DCE reports this information about findings of site, CI and SCCE analysis to the Program Director who then contributes to the determination of the best practice, with faculty input as appropriate. Best practice may include removal of the site as an option, monitoring the site in the future, or no action needed.

Procedures for Assigning Students to Clinical Sites

A clinical site information folder (or online collection of documents located in EXXAT) containing site information, Student Assessment forms, and other appropriate information will be made available to the students for review. After the clinical sites respond to the annual slot recruitment email sent through EXXAT, the DCE/ADCE compose a list of the sites available for said specific clinical rotation.

All four clinical education rotation assignments will be assigned using an assignment-preference ranking system. Students will be provided with a listing of the available sites for the specific clinical education rotation as determined above. Students will utilize the EXXAT web-based program to rank-order their preferences for each rotation.

EXXAT web-based software automated assignment generator, along with manual override capabilities determined by the DCE/ADCE will be the primary mechanism for assigning clinical rotations. The automated assignment generator within the EXXAT program may be overridden when students have participated in setting up a clinical rotation, or when a specific site or setting is a remaining student requirement. The DCE/ADCE will also consider the individual needs of the student when making clinical placement decisions. The DCE/ADCE reserves the right to place, or not to place, students at specific clinical sites for reasons that may include medical conditions, documented disabilities that require accommodations, family commitments, anticipated personality conflicts, or other circumstances deemed appropriate by the faculty.

A student will not be placed at a clinical site where a potential conflict of interest may exist. Prior to the above assignment procedures, the DCE/ADCE will discuss conflicts of interest and review the process with the students. Each student is asked to reveal to the DCE/ADCE any sites where potential conflicts of interest may exist. Examples of potential conflicts of interest or awkward situations may include, but are not limited to, a facility:

- where the student has or is currently working in some capacity,
- where a student may be mentored by a CI with whom the student has previously worked, or completed significant observation hours
- that has entered into a scholarships or loan repayment plan with the student
- where a spouse or family member is employed
- a direct competitor to a facility the student has or will have a relationship with

In situations where a conflict of interest may occur, the DCE/ADCE will consult with the student about the individual situation. If the DCE/ADCE determines the conflict of interest or potential for a conflict is present, the student will not be placed in the facility.

When several students are requesting the same site, the DCE/ADCE leans heavily on considerations for previously awarded preference number of each student requesting the same site, the best fit for student/site/CI, as well as the individual learning needs of each student. After fully assessing the needs and considerations of each student, and all things appearing to be equal between multiple students requesting the same site, a lottery/random drawing will occur to determine placements in an unbiased fashion. Every effort will be made to accommodate student choices; however, the final decision regarding student placement will be made by the DCE in consultation with the ADCE. Students and sites will be notified of placements using EXXAT.

Student Readiness for Clinical Education

Criteria for student readiness to engage in clinical education includes appropriate course grade, cumulative program GPA of at least 3.0 out of 4.0, compliance with the technical standards, appropriate performance in professional behaviors. Additionally, students must be competent to perform evaluation and assessment, as well as apply intervention skills during skill competencies and practical examinations in multiple didactic courses. The faculty will collectively review each students' individual readiness to advance to the clinical component of the curriculum prior to the first clinical experience.

The core faculty will discuss student readiness for clinical education during a meeting in which student competency in areas of skill proficiency and professionalism are discussed. This meeting will occur following the midterm examinations (including scores on written exams, practical exam/check off rubrics) during the semester in which students are scheduled for their first clinical experience. All skills and course work to date is considered during this meeting. If there are any identified professional behaviors or skill competency deficits in the uncompleted course, the individual instructor will notify the DCE/ADCE for re-consideration of clinical readiness. Practical and Check Off competency exams follow procedures outlined in the Student Manual (page 46).

Faculty may collectively vote/determine one of the following scenarios during the clinical readiness meeting:

- Student is prepared.
- Student is prepared but should meet with the DCE/ADCE prior to the experience to discuss a factor identified as a potential area of concern during the meeting.
- Student is prepared but should be monitored early during the clinical experience due to an area of concern.
- Student is not prepared and will need a remediation plan designed to address the areas of concern that were identified by the faculty. All remediation plans will be developed on an individual basis under the direction of the DCE/ADCE with faculty input. The DCE/ADCE will be responsible to notify the student of

the need for remediation and may seek the input of the student in the development of the remediation plan.

Information Shared with Facility

The DCE/ADCE and student, utilizing a third-party tracking and verification online company, will accumulate and distribute to the clinical site the following information 1 to 2 months prior to each student's clinical affiliation:

- Course syllabus specific to rotation with sample learning objectives
- General student information to include the following:
 - Background check (if required according to the Affiliation Agreement)
 - Emergency contact information
 - Proof of health and liability insurance
 - CPR certification
 - TB skin tests, vaccination records (see page 45 in CE Manual)

The DCE/ADCE will assist the student in determining what materials are requested or required, but the student will ultimately be responsible for sharing requested criminal background check, drug screen, and immunization materials with the clinical site prior to starting the clinical rotations if required by facilities.

Prior to attending the Clinical Education experience, students sign a Site Placement Agreement (APPENDIX: B) that enables the DCE or ADCE to provide the above information when a facility requires these materials to satisfy a time-sensitive clinic audit.

If any student protected information other than the information listed above, needs to be sent to the clinical site, the DCE/ADCE and Program will obtain a signed release of information form from the student, or if the student is not available to provide a signed release, verbal consent will be obtained.

Information sent to clinical sites may include personal health information that would be limited to the following information provided by students to the program: immunization records, results of tuberculosis test (PPD), CPR training records, results of WKU ordered background checks and drug screens.

Clinical Education Remediation Plan

If a clinical education problem is brought forth by a student or clinical instructor during a clinical experience, the following problem-solving intervention/plan is to be followed. The first step in the process is to have the student and CI discuss the issue together, keeping the DCE informed of the situation. If the student, CI or DCE/ADCE do not feel a satisfactory outcome results from the initial discussion, the DCE/ADCE will facilitate more formal discussions with all parties and make suggestions to resolve the issue. Following these discussions and implementation of suggestions from the DCE/ADCE, if the student, CI or DCE/ADCE determine the issue has not been resolved, the Department Head/Director. The DCE/ADCE will provide an overview of the situation, a summary of actions taken to date, and make additional recommendations as appropriate to resolve the problem.

One option at this point is to place the student on Clinical Education Remediation which is designed to address the specific areas of concern with input from the DCE/ADCE, student and CI. Clinical remediation may result in various outcomes, depending upon the issue at hand. Broadly, these outcomes include remaining in the clinic with the issuance of a learning contract or being removed from the clinical site.

If the student remains in the clinical site, the experience may be completed on schedule, or extended if the CI and DCE/ADCE agree that the student can be remediated under the guidance of a learning plan in a limited amount of time that will not impact progression in other areas of the curriculum. Extended time in the clinical experience may result in the issuance of an "Incomplete" grade if the extended experience is not completed in the appropriate time frame.

If the student is removed from the clinical site because the remediation activities require a longer period of time to complete, the student may be issued an “incomplete” and repeat the entire experience at another clinical site upon completion of remediation plan agreed upon by the student, DCE, and ADCE. If the remediation plan is not expected to be able to be satisfied prior to the university deadline for completion, then the student may be advised to withdraw from the clinical course and re-register after the remediation plan has been satisfied. In the event of an incomplete grade due to required lengthy remediation period, the Academic Review Committee (ARC) will be notified (Student Manual, page 37)

The Program Director will be informed of all actions concerning the student’s performance and remediation, whether the student remains in the clinical experience or not. Should the student be issued an incomplete or be required to repeat the experience in its entirety at a different site, the student will not be allowed to advance to the next clinical education course or in the Program until the remediated clinical education course is satisfactorily completed.

The student could be given an “Incomplete” grade that is not based on inadequate clinical performance or poor professional abilities, rather it is based on student, CI, or clinic circumstances, (i.e.--family or medical situations) that resulted in the student not being able to complete the clinical rotation. In these situations, the DCE/ADCE will make recommendations to the Department Head/Director and/or ARC without the requirement of entering a formal “Clinical Education Remediation Plan.”

A student who is removed from a clinical education site due to a major violation of expected professional behavior policy or due to gross negligence that puts the facility or patients at risk will receive a grade of “F” for the clinical rotation. The seriousness of any infraction will be determined based on consultation with the student, the CI, the DCE, the ADCE and the Program Director.

Communication between all parties is emphasized and encouraged during all clinical experiences. The DCE/ADCE is expected to establish a relationship with student/CI/ SCCE that fosters open communication between all parties. The DCE/ADCE will be responsive to all communication, email, and phone, between parties to address issues as efficiently as possible before they progress to larger concerns.

Receiving a grade of Fail in any Clinical Education rotation will result in a referral to the DPT Department Head with a recommendation for dismissal from the Program. Refer to the Progression and Reapplication Policy in the WKU DPT Student Manual for full details (page 41).

Clinical Education Course Syllabi

DPT 751

Western Kentucky University
Department of Physical Therapy
Doctor of Physical Therapy Program

Course Number:	DPT 751
Course Title:	Supervised Clinical Education I
Credit Hours:	4
Clock Hours:	240 hours (5;0)
Lecture Hours:	N/A
Weekly Schedule:	Monday – Friday, 40 hours/week (6 weeks)
Office Hours:	Variable, as needed by phone conference or site visit
Location:	On-site
Instructor:	Karen Furgal, PT, DPT, PCS Director of Clinical Education (DCE) karen.furgal@wku.edu 270-745-3232 Mike Kennedy, PT, DPT Associate Director of Clinical Education (ADCE) michael.kennedy@wku.edu 270-745-3608

Course Description:

This full-time first clinical education experience provides students the opportunity to actively engage in experiential learning and develop introductory clinical competence. Students are responsible for transportation to and from off-campus experiences. Prerequisite: Open only to graduate physical therapy students.

Course Objectives:

At the completion of the course content, the student will be able to:

1. Adhere to the Standards of Practice of the APTA and the Code of Ethics as well as state and federal laws as they relate to physical therapy and confidentiality; practice as a student according to the specific policies and procedures of the clinical facility, demonstrating respect for licensure of the clinical instructor. (7D1) (7D4) (7D5) (7D28)
2. Demonstrate professional caring, integrity, and sensitivity to the needs of the patients and staff. (7D5)
3. Participate as an active learning partner in the clinical education environment by proactive engagement in self-study outside the clinic in order to prepare for patient care specific to the practice setting. (7D4) (7D5)
4. Demonstrate flexibility and willingness to accept changes in the clinical education experience as needed, based on effective communication and CI formative evaluation, as well as student self-assessment. (7D12) (7D5)
5. Communicate with clinical faculty as directed, and additionally if needed, to monitor progression of skills during the clinical education experience. (7D7)
6. Synthesize the impact of social, economic, legislative, cultural, geographical, and demographic factors on the delivery of physical therapy services. (7D8) (7D14)

7. Perform a physical therapy patient examination using appropriate screening, history, systems review, tests, and measures. (7D17) (7D18) (7D19)
8. Evaluate examination data to determine a diagnosis and prognosis for future patient management. (7D22) (7D23)
9. Safely and efficiently examine a patient using appropriate tests and measures in order to determine a physical therapy diagnosis that guides future patient/client management under the direct supervision of the clinical instructor. (7D22)
10. Competently perform physical therapy interventions to achieve patient/client goals and outcomes. (7D27, a-i)
11. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. (7D18) (7D20)
12. Establish measurable and functional goals and expected outcomes within available resources, under the direct supervision of the clinical instructor. (7D23)
13. Considering the goals of the patient, family members, payers, and other medical health team members, safely and effectively implement a physical therapy plan of care under the direct supervision of a clinical instructor. (7D24)
14. Design a therapeutic exercise program appropriate to the practice setting. (7D27i)
15. Monitor and adjust the plan of care in response to patient/client status. (7D30)
16. Articulate clinical reasoning for all decisions made within patient/client management process that reflects best practice and evidence-based medicine. (7D9) (7D10)
17. Document all aspects of the patient/client management process in a manner that is consistent with state practice acts, the practice setting and other regulatory agencies. This includes initial patient encounters, reassessments, and daily episodes of care. (7D32)
18. Discuss and, if necessary, demonstrate ability to respond effectively and appropriately to emergency situations in the practice setting. (7D33)
19. Educate others (such as patients, caregivers, staff, physical therapist assistants, other health care providers) using relevant and effective, individualized teaching methods in a culturally competent manner and at a level that is commensurate with the needs of the learner. (7D12) (7D25) (7D29)
20. Demonstrate communication to the Site Coordinator of Clinical Education (SCCE) and/or Clinical Instructor (CI) that reflects awareness of differences in teaching and learning styles in order to facilitate beneficial learning experience. (7D4) (7D5) (7D15)
21. Present an evidence-based in-service education program for the clinical center staff on a topic of mutual interest for an appropriate patient population. (7D9) (7D10) (7D11)

Evaluation Methods:

1. Clinical Performance Instrument (CPI)

Students will be evaluated by their clinical instructors using the online CPI developed by the APTA with Academic Management Systems and adopted by the Doctor of Physical Therapy Program at WKU. This assessment will be completed by both clinical instructor and student at the mid-term (end of week 3) and conclusion of the clinical rotation. Open discussion of student performance, strengths, and weaknesses should occur on a weekly basis between the CI and the student. To facilitate this communication, the student and CI will be required to complete the Weekly Planning Form. The weekly discussions occurring in conjunction with the completion of the Planning Form should help facilitate and determine teaching and learning methods to optimize the clinical learning experience.

CPI Performance

Students will be evaluated on all 18 performance criteria of the CPI. Students are expected to achieve the following CPI ratings:

- Criteria 1-6: Intermediate
- Criteria 7-15: Advanced Beginner
- Criteria 16-18: Beginning Performance

2. Weekly Planning Form

This form will be used to facilitate effective communication between the student and clinical instructor to promote weekly reflection, communication, and planning. These forms are to be sent by the end of the day on Friday each week to the assigned clinical faculty member (DCE or ADCE) for review.

3. In-service

Students are to complete an in-service presentation or project, subject being relevant to and agreed upon by the student's CI/CCCE. Electronic copies of the presentation, outline, or materials used for this presentation must be emailed to the DCE at the completion of the clinical rotation.

4. Completion of Required Paperwork and Forms

Students are required to complete, in a timely fashion, additional paperwork and forms before, during, and at the completion of the clinical rotation. This includes the items such as: introductory letter to CI, emergency contact and profile form, facility required documentation, additional items requested by the DCE, and the Student Evaluation of Clinical Experience and Clinical Instruction form. All forms and paperwork must be provided to the DCE within 5 working days of the completion of the clinical rotation unless instructed otherwise by the DCE. If paperwork is not completed in a timely manner, you will receive an incomplete for the course, which can affect your ability to progress in the program. See Clinical Education Manual for further details.

Grading

This clinical experience is graded on a pass/fail basis. The DCE will consider CPI ratings, comments from the CPI, completion and performance of the required in-service, timely completion of the associated required paperwork, online discussions, and forms, and input from the CI/CCCE, student, and faculty advisor when assigning student grades.

Additional Student Responsibilities:

1. All students are expected to conduct themselves in a professional manner in the clinical environment adhering to the standards, ethics, procedural and legal requirements pertaining to physical therapists. Students are expected to complete all assignments in an efficient and effective manner and to increase their level of clinical competence in an escalating manner during the affiliation. Please see item #3 Clinical Center Responsibilities below for further information.
2. Each student is expected to participate in Blackboard. Please refer to the Clinical Education Manual and to Blackboard for additional details.

Clinical Center Responsibilities:

The clinical faculty is expected to meet with the student on a regular basis no less than weekly and to assist the student in establishing specific goals and objectives for the affiliation. Online CPI evaluation of the student's performance is to be completed at the completion of the affiliation. Written evaluations may be developed at other intervals depending on the center's policies and procedures or in the event that a student is not progressing at a rate which will result in accomplishment of the objectives of this affiliation. All evaluations are to be reviewed with the student. The final CPI evaluation from the CI and the student's self-evaluation should be completed online by the final day of the affiliation.

1. It is expected that the learning nature of the affiliation will take precedence over productivity. This is the student's first affiliation, and they are not expected to carry the load of a staff physical therapist.
2. In the event that a student's performance is not deemed satisfactory at mid-term or any point thereafter the Clinical Instructor or Center Coordinator of Clinical Education is to notify the DCE immediately and steps to handle the situation will be discussed on a case-by-case basis utilizing the Action/Remediation Plan Forms in the Clinical Education Manual.
3. In the event that a student's performance is not deemed satisfactory at mid-term or any point thereafter the Clinical Instructor or Center Coordinator of Clinical Education is to notify the DCE immediately and steps to handle the situation will be discussed on a case-by-case basis utilizing the Action/Remediation Plan Forms in the Clinical Education Manual.

Course Policies

1. Refer to WKU DPT Student Manual for the following items:

- a. Student Responsibilities
- b. Student Disability Services
- c. Copyright
- d. Academic Misconduct
- e. Religious Holidays Notification
- f. WKU Writing Center
- g. Missed Class(es)/Student
- h. Professional Behaviors

2. Refer to WKU DPT Clinical Education Manual for the following items:

- a. Attendance Policy
- b. Dress Code and Appearance
- c. Cell Phone Use
- d. Ethical Behavior
- e. Student Grievance Procedures

3. Student Professional Responsibilities and Relationships

As a Doctor of Physical (DPT) student and future physical therapist, you have chosen to pursue a profession which requires personal integrity, compassion, and a constant awareness of the commitment made. Exhibiting personal behaviors consistent with a respect for this profession and having pride in your work are central tenets of professionalism. You are expected to incorporate them into your daily life. To demonstrate commitment to these responsibilities while enrolled in clinical education courses, you will be held to the professional standards in the Student Manual and are expected to:

- a. Seek and accept feedback and constructive instruction from clinical education faculty in order to continually improve your educational experience, knowledge, and clinical skills.
- b. Commit to the highest standards of competence.
- c. Be mindful of your demeanor, language, and appearance in all areas of the clinic and facility.
- d. Be accountable to all members of the healthcare team including fellow students, clinical faculty, and clinic support staff.
- e. Admit to and assume responsibility for mistakes in a mature and honest manner and develop productive strategies for correcting them.
- f. Be considerate and respectful of others' (patients, clinical instructor, clinic support staff, other health care providers) time, rights, values, religious, ethnic, and socioeconomic backgrounds,
- g. lifestyles, opinions, and choices, even when they differ from your own. In other words, treat them with dignity and respect.
- h. Meet the expectations for participation and timeliness.
- i. Recognize limitations and seek help when expertise, knowledge, or level of experience is inadequate to handle a situation in the clinical setting.
- j. Maintain appropriate relationships with clinical education faculty, clinic staff, and other healthcare providers.
- k. Treat all members of the clinical team with respect, compassion, and dignity.
- l. Be mindful to avoid intentionally embarrassing or disparaging others.
- m. Actively work to create an atmosphere in clinical settings that is conducive to optimal, interactive learning.

Title IX Statement:

WKU is committed to supporting faculty, staff, and students by upholding WKU's Title IX Sexual Misconduct/Assault Policy (#0.2040) at

<https://wku.edu/eoo/documents/titleix/skutitleixpolicyandgrievanceprocedure.pdf> and the Discrimination and Harassment Policy (#0.2040) at

https://wku.edu/policies/hr_policies/2040_discrimination_harrassment_policy.pdf

Under these policies, discrimination, harassment and/or sexual misconduct based on sex/gender are prohibited. If you experience an incident of sex/gender-based discrimination, harassment and/or sexual misconduct, you are encouraged to report it to the Title IX Coordinator, Andrea Anderson, 270-745-5398 or Title IX Investigators, Michael Crowe, 270-745-5429 or Joshua Hayes, 270-745-5121.

Please note that while you may report an incident of sex/gender-based discrimination, harassment and/or sexual misconduct to the faculty member, WKU faculty are “Responsible Employees” of the University and **MUST** report what you share to WKU’s Title IX Coordinator or Title IX Investigator. If you would like to speak with someone who may be able to afford you confidentiality, you may contact WKU’s Counseling and Testing Center at 270-745-3159.

Student Accessibility Resource Center

In compliance with University policy, students with disabilities who require academic and/or auxiliary accommodations for this course must contact the Student Accessibility Resource Center located in Downing Student Union, 1074. SARC can be reached by phone number at 270-745-5004 [270-745-3030 TTY] or via email at sarc.connect@wku.edu. Please do not request accommodations directly from the professor or instructor without a Faculty Notification Letter (FNL) from The Student Accessibility Resource Center.

The instructor reserves the right to make changes in the course schedule as needed to accommodate guest lecturers or to alter course content.

DPT 752

**Western Kentucky University
Department of Physical Therapy
Doctor of Physical Therapy Program**

Course Number:	DPT 752
Course Title:	Supervised Clinical Education II
Credit Hours:	5
Clock Hours:	240 hours (5;0)
Lecture Hours:	N/A
Weekly Schedule:	Monday – Friday, 40 hours/week (7 weeks)
Office Hours:	Variable, as needed by phone conference or site visit
Location:	On-site
Instructors at WKU:	<p>Karen Furgal, PT, DPT, PCS Director of Clinical Education (DCE) karen.furgal@wku.edu 270-745-3232</p> <p>Michael Kennedy, PT, DPT Associate Director of Clinical Education (ADCE) michael.kennedy@wku.edu 270-745-3608</p>

Course Description:

This full-time second clinical education experience provides students additional opportunities for experiential learning and further development of clinical competence. Students are responsible for transportation to and from off-campus experiences. Prerequisites: DPT 751.

Course Objectives:

At the completion of the course content, the student will be able to:

1. Adhere to the Standards of Practice of the APTA and the Code of Ethics as well as state and federal laws as they relate to physical therapy and confidentiality; practice as a student according to the specific policies and procedures of the clinical facility, demonstrating respect for licensure of the clinical instructor. (7D1) (7D4) (7D5) (7D28)
2. Demonstrate professional caring, integrity, and sensitivity to the needs of the patients and staff. (7D5)
3. Participate as an active learning partner in the clinical education environment by proactive engagement in self-study outside the clinic in order to prepare for patient care specific to the practice setting. (7D4) (7D5)
4. Demonstrate flexibility and willingness to accept changes in the clinical education experience as needed, based on effective communication and CI formative evaluation, as well as student self-assessment. (7D12) (7D5)
5. Communicate with clinical faculty as directed, and additionally if needed, to monitor progression of skills during the clinical education experience. (7D7)

6. Synthesize the impact of social, economic, legislative, cultural, geographical, and demographic factors on the delivery of physical therapy services. (7D8) (7D14) (7D23)
7. Perform a physical therapy patient examination using appropriate screening, history, systems review, tests, and measures. (7D17) (7D18) (7D19)
8. Evaluate examination data to determine a diagnosis and prognosis for future patient management. (7D22) (7D23)
9. Safely and efficiently examine a patient using appropriate tests and measures in order to determine a physical therapy diagnosis that guides future patient/client management under the direct supervision of the clinical instructor. (7D22)
10. Competently perform physical therapy interventions to achieve patient/client goals and outcomes. (7D27, a-i)
11. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. (7D18) (7D20)
12. Establish measurable and functional goals and expected outcomes within available resources, under the direct supervision of the clinical instructor. (7D23)
13. Considering the goals of the patient, family members, payers, and other medical health team members, safely and effectively implement a physical therapy plan of care under the direct supervision of a clinical instructor. (7D24)
14. Design a therapeutic exercise program appropriate to the practice setting. (7D27i)
15. Monitor and adjust the plan of care in response to patient/client status. (7D30)
16. Articulate clinical reasoning for all decisions made within patient/client management process that reflects best practice and evidence-based medicine. (7D9) (7D10)
17. Document all aspects of the patient/client management process in a manner that is consistent with state practice acts, the practice setting and other regulatory agencies. This includes initial patient encounters, reassessments, and daily episodes of care. (7D32)
18. Discuss and, if necessary, demonstrate ability to respond effectively and appropriately to emergency situations in the practice setting. (7D33)
19. Educate, delegate, and supervise others (such as patients, caregivers, staff, physical therapist assistants, other health care providers) using relevant and effective, individualized teaching methods in a culturally competent manner and at a level that is commensurate with the needs of the learner. (7D12) (7D25) (7D29)
20. Educate others (such as patients, caregivers, staff, students, physical therapist assistants, other health care providers) using relevant and effective teaching methods in a culturally competent manner. (7D12) (7D25) (7D29)
21. Delegate and supervise supportive personnel, such as physical therapist assistants, and assess the impact delegation has on quality patient care. (7D25) (7D29)
22. Demonstrate communication to the Site Coordinator of Clinical Education (SCCE) and/or Clinical Instructor (CI) that reflects awareness of differences in teaching and learning styles in order to facilitate beneficial learning experience. (7D4) (7D5) (7D15)
23. Present an evidence-based in-service education program for the clinical center staff on a topic of mutual interest for an appropriate patient population. (7D9) (7D10) (7D11)
24. Determine with each patient the need for further examination or consultation by a physical therapist or referral to another health care professional with the assistance and under the direct supervision of a clinical instructor. (7D16) (7D39)
25. Demonstrate understanding of professional roles and obligations through discussion of and/or participation in delivery of pro bono services and promoting health and wellness activities. (7D5) (7D13) (7D34)
26. Display commitment to professional growth by seeking learning experiences outside of direct patient care and demonstrating professional behavior in all patient care experiences. (7D13)
27. Re-evaluate and determine the efficacy/outcomes of treatment intervention under the direct supervision of a clinical instructor; discuss modifications to the treatment plan as indicated. (7D30) (7D31)
 - a. Analyze results from outcomes measures to assess individual outcomes of the patient/client. (7D20)
 - b. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. (7D10) (7D11) (7D19) (7D20) (7D21)

28. Educate patients/caregivers in functional training for self-care and home management as well as reintegration into the community and workforce. (7D24) (7D27d, h)
29. Demonstrate knowledge of and sensitivity to the needs for accountability, cost effectiveness of services provided, and the efficiency and efficacy of various treatment interventions. (7D23)
 - a. Participate in billing and reimbursement activities as required by the clinical facility. (7D1) (7D42)
30. Effectively utilize on-line resources to critically reflect on patient-related topics and participate in online threaded discussion. (7D40)
31. Participate in the case management process as appropriate for the practice setting. (7D36)
32. Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students. (7D15)
33. Assist the Site Coordinator of Clinical Education (SCCE) and/or Clinical Instructor (CI) in designing a beneficial learning experience addressing the specific needs of the student. (7D4) (7D5) (7D7)
34. Effectively communicate with Clinical Instructor, colleagues, Physical Therapist Assistants, other healthcare practitioners, professional staff, patients, and families to coordinate efficient and effective patient care. (7D8) (7D19) (7D39) (7D29) (7D25)

Evaluation Methods:

1. Clinical Performance Instrument (CPI)

Students will be evaluated by their clinical instructors using the online CPI developed by the APTA with Academic Management Systems and adopted by the Doctor of Physical Therapy Program at WKU. This assessment will be completed by both clinical instructor and student at the mid-term (end of week 4) and conclusion of the clinical rotation. Open discussion of student performance, strengths, and weaknesses should occur on a weekly basis between the CI and the student. To facilitate this communication, the student and CI will be required to complete the Weekly Planning Form. The weekly discussions occurring in conjunction with the completion of the Planning Form should help facilitate and determine teaching and learning methods to optimize the clinical learning experience.

CPI Performance Expectations

Students will be evaluated on all 18 performance criteria of the CPI. Students are expected to achieve the following CPI ratings:

- Criteria 1-6: Intermediate
- Criteria 7-15: Intermediate
- Criteria 16-18: Advanced Beginner

2. Weekly Planning Form

This form will be used to facilitate effective communication between the student and clinical instructor to promote weekly reflection, communication, and planning. These forms are to be sent by the end of the day on Friday each week to the assigned clinical faculty member (DCE or ADCE) for review.

3. In-service

Students are to complete an in-service presentation or project, subject being relevant to and agreed upon by the student's CI/CCCE. Electronic copies of the presentation, outline, or materials used for this presentation must be emailed to the DCE at the completion of the clinical rotation.

4. Completion of Required Paperwork and Forms

Students are required to complete, in a timely fashion, additional paperwork and forms before, during, and at the completion of the clinical rotation. This includes the items such as: introductory letter to CI, emergency contact and profile form, facility-required documentation, additional items requested by the DCE or ADCE, and the Student Evaluation of Clinical Experience and Clinical Instruction form. All forms and paperwork must be provided to the DCE or ADCE within 5 working days of the completion of the clinical rotation unless instructed otherwise by the DCE or ADCE. If paperwork is not completed in a timely manner, you will receive an incomplete for the course, which can affect your ability to progress in the program. See Clinical Education Manual for further details.

Grading

This clinical experience is graded on a pass/fail basis. The DCE and ADCE will consider final CPI ratings, comments from the CPI, completion and performance of the required in-service, timely completion of the associated required paperwork, online discussions, and forms, and input from the CI/CCCE, student, and faculty advisor when assigning student grades.

Additional Student Responsibilities:

1. All students are expected to conduct themselves in a professional manner in the clinical environment adhering to the standards, ethics, procedural and legal requirements pertaining to physical therapists. Students are expected to complete all assignments in an efficient and effective manner and to increase their level of clinical competence in an escalating manner during the affiliation.
2. Each student is expected to participate in Blackboard. Please refer to the Clinical Education Manual and to Blackboard for additional details.
3. Each student is expected to monitor their WKU email at least two times per day to receive updates and information from clinical education faculty.

Clinical Center Responsibilities:

The clinical faculty is expected to meet with the student on a regular basis no less than weekly and to assist the student in establishing specific goals and objectives for the affiliation. Written evaluations of the student's performance are to be completed at mid-term and at the completion of the affiliation. Written evaluations may be developed at other intervals depending on the center's policies and procedures or in the event that a student is not progressing at a rate which will result in accomplishment of the objectives of this affiliation. All evaluations are to be reviewed with the student. These include weekly planning forms. The mid-term CPI from the CI and the student's self-evaluation should be completed online by the end of week 3 and the final evaluation should be completed online by the final day of the affiliation.

1. It is expected that the learning nature of the affiliation will take precedence over productivity. This is the student's second affiliation, and he/she may be expected to carry up to 50% of a patient load of a new graduate staff physical therapist by the end of the affiliation.
2. In the event that a student's performance is not deemed satisfactory at mid-term or any point thereafter the Clinical Instructor or Center Coordinator of Clinical Education is to notify the DCE or ADCE immediately and steps to handle the situation will be discussed on a case-by-case basis utilizing the Action/Remediation Plan Forms in the Clinical Education Manual.

Course Policies

1. **Refer to WKU DPT Student Manual for the following items:**
 - a. Student Responsibilities
 - b. Student Disability Services
 - c. Copyright
 - d. Academic Misconduct
 - e. Religious Holidays Notification
 - f. WKU Writing Center
 - g. Missed Class(es)/Student
 - h. Professional Behaviors
2. **Refer to WKU DPT Clinical Education Manual for the following items:**
 - a. Attendance Policy
 - b. Dress Code and Appearance
 - c. h. Cell Phone Use
 - d. Ethical Behavior
 - e. Student Grievance Procedures
3. **Student Professional Responsibilities and Relationships**

As a Doctor of Physical (DPT) student and future physical therapist, you have chosen to pursue a profession which requires personal integrity, compassion, and a constant awareness of the commitment made. Exhibiting personal behaviors consistent with a respect for this profession and having pride in your work are central tenets of professionalism. You are expected to incorporate them into your daily life. To demonstrate commitment to these responsibilities while enrolled in clinical education courses, you will be held to the professional standards in the Student Manual and are expected to:

- a. Seek and accept feedback and constructive instruction from clinical education faculty in order to continually improve your educational experience, knowledge, and clinical skills.
- b. Commit to the highest standards of competence.
- c. Be mindful of your demeanor, language, and appearance in all areas of the clinic and facility.
- d. Be accountable to all members of the healthcare team including fellow students, clinical faculty, and clinic support staff.
- e. Admit to and assume responsibility for mistakes in a mature and honest manner and develop productive strategies for correcting them.
- f. Be considerate and respectful of others' (patients, clinical instructor, clinic support staff, other health care providers) time, rights, values, religious, ethnic, and socioeconomic backgrounds, lifestyles, opinions, and choices, even when they differ from your own. In other words, treat them with dignity and respect.
- g. Meet the expectations for participation and timeliness.
- h. Recognize limitations and seek help when expertise, knowledge, or level of experience is inadequate to handle a situation in the clinical setting.
- i. Maintain appropriate relationships with clinical education faculty, clinic staff, and other healthcare providers.
- j. Treat all members of the clinical team with respect, compassion, and dignity.
- k. Be mindful to avoid intentionally embarrassing or disparaging others.
- l. Actively work to create an atmosphere in clinical settings that is conducive to optimal, interactive learning.

Title IX Statement:

WKU is committed to supporting faculty, staff and students by upholding WKU's Title IX Sexual Misconduct/Assault Policy (#0.2040) at <https://wku.edu/eoo/documents/titleix/skutitleixpolicyandgrievanceprocedure.pdf> and the Discrimination and Harassment Policy (#0.2040) https://wku.edu/policies/hr_policies/2040_discrimination_harrassment_policy.pdf

Under these policies, discrimination, harassment and/or sexual misconduct based on sex/gender are prohibited. If you experience an incident of sex/gender-based discrimination, harassment and/or sexual misconduct, you are encouraged to report it to the Title IX Coordinator, Andrea Anderson, 270-745-5398 or Title IX Investigators, Michael Crowe, 270-745-5429 or Joshua Hayes, 270-745-5121.

Please note that while you may report an incident of sex/gender-based discrimination, harassment and/or sexual misconduct to the faculty member, WKU faculty are "Responsible Employees" of the University and MUST report what you share to WKU's Title IX Coordinator or Title IX Investigator. If you would like to speak with someone who may be able to afford you confidentiality, you may contact WKU's Counseling and Testing Center at 270-745-3159.

Student Accessibility Resource Center

In compliance with University policy, students with disabilities who require academic and/or auxiliary accommodations for this course must contact the Student Accessibility Resource Center located in Downing Student Union, 1074. SARC can be reached by phone number at 270-745-5004 [270-745-3030 TTY] or via email at sarc.connect@wku.edu. Please do not request accommodations directly from the professor or instructor without a Faculty Notification Letter (FNL) from The Student Accessibility Resource Center.

The instructor reserves the right to make changes in the course schedule as needed to accommodate make up days or other unforeseen circumstances that may arise.

DPT 753

**Western Kentucky University
Department of Physical Therapy
Doctor of Physical Therapy Program**

Course Number:	DPT 753
Course Title:	Supervised Clinical Education III
Credit Hours:	7
Clock Hours:	320 hours (7;0)
Lecture Hours:	N/A
Weekly Schedule:	Monday – Friday, 40 hours/week (10 weeks)
Office Hours:	Variable, as needed by phone conference or site visit
Location:	On-site
Instructors:	Karen Furgal, PT, DPT, PCS Director of Clinical Education (DCE) karen.furgal@wku.edu 270-745-3232 Michael Kennedy, PT, DPT Associate Director of Clinical Education (ADCE) michael.kennedy@wku.edu 270-745-3608

Course Description:

The third full-time clinical education experience provides students opportunities for refinement of their professional behaviors and examination skills, and development of intervention techniques. Students are responsible for transportation to and from off-campus experiences. Prerequisites: DPT 752.

Course Objectives:

At the completion of the course content, the student will be able to:

1. Adhere to the Standards of Practice of the APTA and the Code of Ethics as well as state and federal laws as they relate to physical therapy and confidentiality; practice as a student according to the specific policies and procedures of the clinical facility, demonstrating respect for licensure of the clinical instructor. (7D1) (7D4) (7D5) (7D28)
2. Demonstrate professional caring, integrity, and sensitivity to the needs of the patients and staff. (7D5)
3. Participate as an active learning partner in the clinical education environment by proactive engagement in self-study outside the clinic in order to prepare for patient care specific to the practice setting. (7D4) (7D5)
4. Demonstrate flexibility and willingness to accept changes in the clinical education experience as needed, based on effective communication and CI formative evaluation, as well as student self-assessment. (7D12) (7D5)
5. Communicate with clinical faculty as directed, and additionally if needed, to monitor progression of skills during the clinical education experience. (7D7)

6. Synthesize the impact of social, economic, legislative, cultural, geographical, and demographic factors on the delivery of physical therapy services. (7D8) (7D14) (7D23)
7. Perform a physical therapy patient examination using appropriate screening, history, systems review, tests, and measures. (7D17) (7D18) (7D19)
8. Evaluate examination data to determine a diagnosis and prognosis for future patient management. (7D22) (7D23)
9. Safely and efficiently examine a patient using appropriate tests and measures in order to determine a physical therapy diagnosis that guides future patient/client management under the direct supervision of the clinical instructor. (7D22)
10. Competently perform physical therapy interventions to achieve patient/client goals and outcomes. (7D27, a-i)
11. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. (7D18) (7D20)
12. Establish measurable and functional goals and expected outcomes within available resources, under the direct supervision of the clinical instructor. (7D23)
13. Considering the goals of the patient, family members, payers, and other medical health team members, safely and effectively implement a physical therapy plan of care under the direct supervision of a clinical instructor. (7D24)
14. Design a therapeutic exercise program appropriate to the practice setting. (7D27i)
15. Monitor and adjust the plan of care in response to patient/client status. (7D30)
16. Articulate clinical reasoning for all decisions made within patient/client management process that reflects best practice and evidence-based medicine. (7D9) (7D10)
17. Document all aspects of the patient/client management process in a manner that is consistent with state practice acts, the practice setting and other regulatory agencies. This includes initial patient encounters, reassessments, and daily episodes of care. (7D32)
18. Discuss and, if necessary, demonstrate ability to respond effectively and appropriately to emergency situations in the practice setting. (7D33)
19. Educate, delegate, and supervise others (such as patients, caregivers, staff, physical therapist assistants, other health care providers) using relevant and effective, individualized teaching methods in a culturally competent manner and at a level that is commensurate with the needs of the learner. (7D12) (7D25) (7D29)
20. Educate others (such as patients, caregivers, staff, students, physical therapist assistants, other health care providers) using relevant and effective teaching methods in a culturally competent manner. (7D12) (7D25) (7D29)
21. Delegate and supervise supportive personnel, such as physical therapist assistants, and assess the impact delegation has on quality patient care. (7D25) (7D29)
22. Demonstrate communication to the Site Coordinator of Clinical Education (SCCE) and/or Clinical Instructor (CI) that reflects awareness of differences in teaching and learning styles in order to facilitate beneficial learning experience. (7D4) (7D5) (7D15)
23. Present an evidence-based in-service education program for the clinical center staff on a topic of mutual interest for an appropriate patient population. (7D9) (7D10) (7D11)
24. Determine with each patient the need for further examination or consultation by a physical therapist or referral to another health care professional with the assistance and under the direct supervision of a clinical instructor. (7D16) (7D39)
25. Demonstrate understanding of professional roles and obligations through discussion of and/or participation in delivery of pro bono services and promoting health and wellness activities. (7D5) (7D13) (7D34)
26. Display commitment to professional growth by seeking learning experiences outside of direct patient care and demonstrating professional behavior in all patient care experiences. (7D13)
27. Re-evaluate and determine the efficacy/outcomes of treatment intervention under the direct supervision of a clinical instructor; discuss modifications to the treatment plan as indicated. (7D30) (7D31)
 - a. Analyze results from outcomes measures to assess individual outcomes of the patient/client. (7D20)

- b. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. (7D10) (7D11) (7D19) (7D20) (7D21)
- 28. Educate patients/caregivers in functional training for self-care and home management as well as reintegration into the community and workforce. (7D24) (7D27d, h)
- 29. Demonstrate knowledge of and sensitivity to the needs for accountability, cost effectiveness of services provided, and the efficiency and efficacy of various treatment interventions. (7D23)
 - a. Participate in billing and reimbursement activities as required by the clinical facility. (7D1) (7D42)
- 30. Effectively utilize on-line resources to critically reflect on patient-related topics and participate in online threaded discussion. (7D40)
- 31. Participate in the case management process as appropriate for the practice setting. (7D36)
- 32. Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students. (7D15)
- 33. Assist the Site Coordinator of Clinical Education (SCCE) and/or Clinical Instructor (CI) in designing a beneficial learning experience addressing the specific needs of the student. (7D4) (7D5) (7D7)
- 34. Effectively communicate with Clinical Instructor, colleagues, Physical Therapist Assistants, other healthcare practitioners, professional staff, patients, and families to coordinate efficient and effective patient care. (7D8) (7D10) (7D39) (7D29) (7D25)

Evaluation Methods:

1. Clinical Performance Instrument (CPI)

Students will be evaluated by their clinical instructors using the online CPI developed by the APTA with Academic Management Systems and adopted by the Doctor of Physical Therapy Program at WKU. This assessment will be completed by both clinical instructor and student at the mid-term (end of week 4) and conclusion of the clinical rotation. Open discussion of student performance, strengths, and weaknesses should occur on a weekly basis between the CI and the student. To facilitate this communication, the student and CI will be required to complete the Weekly Planning Form. The weekly discussions occurring in conjunction with the completion of the Planning Form should help facilitate and determine teaching and learning methods to optimize the clinical learning experience.

CPI Performance:

Students will be evaluated on all 18 performance criteria of the CPI. Students are expected to achieve the following CPI ratings:

- Criteria 1-6: Advanced Intermediate
- Criteria 7-15: Advanced Intermediate
- Criteria 16-18: Advanced Intermediate

2. Weekly Planning Forms

A weekly planning form summarizing the completed week's activities, with goals for the coming week must be submitted in Black Board by the end of the business day each Friday for the first half of the clinical rotation. There is no required form due the week of the mid-term CPI, and continuation of this form beyond the midterm will be at the discretion of the CI, DCE or student on an as-needed basis. In the event that this form cannot be completed by Friday, the assigned clinical faculty member (DCE or ADCE) must be notified with the reason and an expected date when the form may be submitted in Black Board.

3. In-service

Students are to complete an in-service presentation or project, subject being relevant to and agreed upon by the student's CI/CCCE. Electronic copies of the presentation, outline, or materials used for this presentation must be provided to the DCE in Blackboard prior to the completion of the clinical rotation.

4. Completion of Required Paperwork and Forms

Students are required to complete, in a timely fashion, additional paperwork and forms before, during, and at the completion of the clinical rotation. This includes the items such as: introductory letter to CI, emergency contact and

profile form, facility-required documentation, additional items requested by the DCE, and the Student Evaluation of Clinical Experience and Clinical Instruction form. All forms and paperwork must be provided to the DCE within 3 working days of the completion of the clinical rotation unless instructed otherwise by the DCE. If paperwork is not completed in a timely manner, you will receive an incomplete for the course, which can affect your ability to progress in the program. See Clinical Education Manual for further details.

Grading

This clinical experience is graded on a pass/fail basis. The DCE will consider CPI ratings, comments from the CPI, completion and performance of the required in-service, timely completion of the associated required paperwork, online discussions, and forms, and input from the CI/CCCE, student, and faculty advisor when assigning student grades.

Additional Student Responsibilities:

1. All students are expected to conduct themselves in a professional manner in the clinical environment adhering to the standards, ethics, procedural and legal requirements pertaining to physical therapists. Students are expected to complete all assignments in an efficient and effective manner and to increase their level of clinical competence in an escalating manner during the affiliation.

2. Each student is expected to participate in Blackboard. There will be a portal to submit the weekly planning forms, evidence of an in-service or project, a case study as well as a weekly discussion board to interact with peers on rotation. Please refer to the Clinical Education Manual and to Blackboard for additional details.

Clinical Center Responsibilities:

The clinical faculty is expected to meet with the student on a regular basis no less than weekly and to assist the student in establishing specific goals and objectives for the affiliation. Written evaluations of the student's performance are to be completed at mid-term and at the completion of the affiliation. Written evaluations may be developed at other intervals depending on the center's policies and procedures or in the event that a student is not progressing at a rate which will result in accomplishment of the objectives of this affiliation. All evaluations are to be reviewed with the student. The mid-term CPI from the CI and the student's self-evaluation should be completed online by the end of week 5 and the final evaluation should be completed online by the final day of the affiliation.

1. It is expected that the learning nature of the affiliation will take precedence over productivity. This is the student's third affiliation, and he/she may be expected to carry up to 75% of a patient load of a new graduate staff physical therapist by the end of the affiliation.

2. In the event that a student's performance is not deemed satisfactory at mid-term or any point thereafter the Clinical Instructor or Center Coordinator of Clinical Education is to notify the DCE immediately and steps to handle the situation will be discussed on a case-by-case basis utilizing the Action/Remediation Plan Forms in the Clinical Education Manual.

Course Policies

1. Refer to WKU DPT Student Manual for the following items:

- a. Student Responsibilities
- b. Student Accessibility Services Resource
- c. Copyright
- d. Academic Misconduct
- e. Religious Holidays Notification
- f. WKU Writing Center
- g. Missed Class(es)/Student
- h. Professional Behaviors

2. Refer to WKU DPT Clinical Education Manual for the following items:

- a. Attendance Policy

- b. Dress Code and Appearance
- c. Cell Phone Use
- d. Ethical Behavior
- e. Student Grievance Procedures

3. Student Professional Responsibilities and Relationships

As a Doctor of Physical (DPT) student and future physical therapist, you have chosen to pursue a profession which requires personal integrity, compassion, and a constant awareness of the commitment made. Exhibiting personal behaviors consistent with a respect for this profession and having pride in your work are central tenets of professionalism. You are expected to incorporate them into your daily life. To demonstrate commitment to these responsibilities while enrolled in clinical education courses, you will be held to the professional standards in the Student Manual and are expected to:

- a. Seek and accept feedback and constructive instruction from clinical education faculty in order to continually improve your educational experience, knowledge, and clinical skills.
- b. Commit to the highest standards of competence.
- c. Be mindful of your demeanor, language, and appearance in all areas of the clinic and facility.
- d. Be accountable to all members of the healthcare team including fellow students, clinical faculty, and clinic support staff.
- e. Admit to and assume responsibility for mistakes in a mature and honest manner and develop productive strategies for correcting them.
- f. Be considerate and respectful of others' (patients, clinical instructor, clinic support staff, other health care providers) time, rights, values, religious, ethnic, and socioeconomic backgrounds, lifestyles, opinions, and choices, even when they differ from your own. In other words, treat them with dignity and respect.
- g. Meet the expectations for participation and timeliness.
- h. Recognize limitations and seek help when expertise, knowledge, or level of experience is inadequate to handle a situation in the clinical setting.
- i. Maintain appropriate relationships with clinical education faculty, clinic staff, and other healthcare providers.
- j. Treat all members of the clinical team with respect, compassion, and dignity.
- k. Be mindful to avoid intentionally embarrassing or disparaging others.
- l. Actively work to create an atmosphere in clinical settings that is conducive to optimal, interactive learning.

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Student Accessibility Resource Center

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not request accommodations directly from the professor or instructor without a Faculty Notification Letter (FNL) from The Student Accessibility Resource Center.

The instructor reserves the right to make changes in the course schedule as needed to accommodate guest lecturers or to alter course content.

DPT 754

**Western Kentucky University
Department of Physical Therapy
Doctor of Physical Therapy Program**

Course Number:	DPT 754
Course Title:	Supervised Clinical Education IV
Credit Hours:	9
Clock Hours:	520 hours (9;0)
Lecture Hours:	N/A
Weekly Schedule:	Monday – Friday, 40 hours/week (13 weeks)
Office Hours:	Variable, as needed by phone conference or site visit
Location:	On-site
Instructors:	Karen Furgal, PT, DPT, PCS Director of Clinical Education (DCE) karen.furgal@wku.edu 270-745-3232 Michael Kennedy, PT, DPT Associate Director of Clinical Education (ADCE) michael.kennedy@wku.edu 270-745-3608

Course Description:

The fourth full-time clinical education experience provides students opportunity to further develop skills and display clinical competence as an autonomous physical therapist. Students are responsible for transportation to and from off-campus experiences. Prerequisites: DPT 753.

Course Objectives:

At the completion of the course content, the student will be able to:

1. Adhere to the Standards of Practice of the APTA and the Code of Ethics as well as state and federal laws as they relate to physical therapy and confidentiality; practice as a student according to the specific policies and procedures of the clinical facility, demonstrating respect for licensure of the clinical instructor. (7D1) (7D4) (7D5) (7D28)
2. Demonstrate professional caring, integrity, and sensitivity to the needs of the patients and staff. (7D5)
3. Participate as an active learning partner in the clinical education environment by proactive engagement in self-study outside the clinic in order to prepare for patient care specific to the practice setting. (7D4) (7D5)
4. Demonstrate flexibility and willingness to accept changes in the clinical education experience as needed, based on effective communication and CI formative evaluation, as well as student self-assessment. (7D12) (7D5)
5. Communicate with clinical faculty as directed, and additionally if needed, to monitor progression of skills during the clinical education experience. (7D7)

6. Synthesize the impact of social, economic, legislative, cultural, geographical, and demographic factors on the delivery of physical therapy services. (7D8) (7D14) (7D23)
7. Perform a physical therapy patient examination using appropriate screening, history, systems review, tests, and measures. (7D17) (7D18) (7D19)
8. Evaluate examination data to determine a diagnosis and prognosis for future patient management. (7D22) (7D23)
9. Safely and efficiently examine a patient using appropriate tests and measures in order to determine a physical therapy diagnosis that guides future patient/client management under the direct supervision of the clinical instructor. (7D22)
10. Competently perform physical therapy interventions to achieve patient/client goals and outcomes. (7D27, a-i)
11. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. (7D18) (7D20)
12. Establish measurable and functional goals and expected outcomes within available resources, under the direct supervision of the clinical instructor. (7D23)
13. Considering the goals of the patient, family members, payers, and other medical health team members, safely and effectively implement a physical therapy plan of care under the direct supervision of a clinical instructor. (7D24)
14. Design a therapeutic exercise program appropriate to the practice setting. (7D27i)
15. Monitor and adjust the plan of care in response to patient/client status. (7D30)
16. Articulate clinical reasoning for all decisions made within patient/client management process that reflects best practice and evidence-based medicine. (7D9) (7D10)
17. Document all aspects of the patient/client management process in a manner that is consistent with state practice acts, the practice setting and other regulatory agencies. This includes initial patient encounters, reassessments, and daily episodes of care. (7D32)
18. Discuss and, if necessary, demonstrate ability to respond effectively and appropriately to emergency situations in the practice setting. (7D33)
19. Educate, delegate, and supervise others (such as patients, caregivers, staff, physical therapist assistants, other health care providers) using relevant and effective, individualized teaching methods in a culturally competent manner and at a level that is commensurate with the needs of the learner. (7D12) (7D25) (7D29)
20. Educate others (such as patients, caregivers, staff, students, physical therapist assistants, other health care providers) using relevant and effective teaching methods in a culturally competent manner. (7D12) (7D25) (7D29)
21. Delegate and supervise supportive personnel, such as physical therapist assistants, and assess the impact delegation has on quality patient care. (7D25) (7D29)
22. Demonstrate communication to the Site Coordinator of Clinical Education (SCCE) and/or Clinical Instructor (CI) that reflects awareness of differences in teaching and learning styles in order to facilitate beneficial learning experience. (7D4) (7D5) (7D15)
23. Present an evidence-based in-service education program for the clinical center staff on a topic of mutual interest for an appropriate patient population. (7D9) (7D10) (7D11)
24. Determine with each patient the need for further examination or consultation by a physical therapist or referral to another health care professional with the assistance and under the direct supervision of a clinical instructor. (7D16) (7D39)
25. Demonstrate understanding of professional roles and obligations through discussion of and/or participation in delivery of pro bono services and promoting health and wellness activities. (7D5) (7D13) (7D34)
26. Display commitment to professional growth by seeking learning experiences outside of direct patient care and demonstrating professional behavior in all patient care experiences. (7D13)
27. Re-evaluate and determine the efficacy/outcomes of treatment intervention under the direct supervision of a clinical instructor; discuss modifications to the treatment plan as indicated. (7D30) (7D31)
 - a. Analyze results from outcomes measures to assess individual outcomes of the patient/client. (7D20)
 - b. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. (7D10) (7D11) (7D19) (7D20) (7D21)

28. Educate patients/caregivers in functional training for self-care and home management as well as reintegration into the community and workforce. (7D24) (7D27d, h)
29. Demonstrate knowledge of and sensitivity to the needs for accountability, cost effectiveness of services provided, and the efficiency and efficacy of various treatment interventions. (7D23)
 - a. Participate in billing and reimbursement activities as required by the clinical facility. (7D1) (7D42)
30. Effectively utilize on-line resources to critically reflect on patient-related topics and participate in online threaded discussion. (7D40)
31. Participate in the case management process as appropriate for the practice setting. (7D36)
32. Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students. (7D15)
33. Assist the Site Coordinator of Clinical Education (SCCE) and/or Clinical Instructor (CI) in designing a beneficial learning experience addressing the specific needs of the student. (&d4) (7D5) (7D7)
34. Effectively communicate with Clinical Instructor, colleagues, Physical Therapist Assistants, other healthcare practitioners, professional staff, patients, and families to coordinate efficient and effective patient care. (7D8) (7D10) (7D29) (7D25)

Evaluation Methods:

1. Clinical Performance Instrument (CPI)

Students will be evaluated by their clinical instructors using the online CPI developed by the APTA with Academic Management Systems and adopted by the Doctor of Physical Therapy Program at WKU. This will be performed at mid-term and on the final day of the affiliation. Students will also be required to self-assess their performance using the online CPI for their mid-term and final performance. Open discussion of student performance, strengths, and weaknesses should occur on a weekly basis between the CI and the student. To facilitate this communication, the student and CI will be required to complete the Weekly Planning Form. The weekly discussions occurring in conjunction with the completion of the Planning Form should help facilitate and determine teaching and learning methods to optimize the clinical learning experience.

CPI Performance Expectations:

Students will be evaluated on all 18 performance criteria of the CPI. Students are expected to achieve the following CPI ratings:

- Criteria 1-6: Entry Level
- Criteria 7-15: Entry Level
- Criteria 16-18: Entry Level
-

2. Weekly Planning Forms

A weekly planning form summarizing the completed week's activities, with goals for the coming week must be submitted in Black Board by the end of the business day each Friday for the first half of the clinical rotation. There is no required form due the week of the mid-term CPI, and continuation of this form beyond the midterm will be at the discretion of the CI, DCE or student on an as-needed basis. In the event that this form cannot be completed by Friday, the assigned clinical faculty member (DCE or ADCE) must be notified with the reason and an expected date when the form may be submitted in Black Board.

3. In-service

Students are to complete an in-service presentation or project, subject being relevant to and agreed upon by the student's CI/CCCE. Electronic copies of the presentation, outline, or materials used for this presentation must be provided to the DCE in Blackboard prior to the completion of the clinical rotation.

4. Completion of Required Paperwork and Forms

Students are required to complete, in a timely fashion, additional paperwork and forms before, during, and at the completion of the clinical rotation. This includes the items such as: introductory letter to CI, emergency contact and profile form, facility-required documentation, additional items requested by the DCE, and the Student Evaluation of

Clinical Experience and Clinical Instruction form. All forms and paperwork must be provided to the DCE within 3 working days of the completion of the clinical rotation unless instructed otherwise by the DCE. If paperwork is not completed in a timely manner, you will receive an incomplete for the course, which can affect your ability to progress in the program. See Clinical Education Manual for further details.

Grading

This clinical experience is graded on a pass/fail basis. The DCE will consider CPI ratings, comments from the CPI, completion and performance of the required in-service, timely completion of the associated required paperwork, online discussions, and forms, and input from the CI/CCCE, student, and faculty advisor when assigning student grades.

Additional Student Responsibilities:

1. All students are expected to conduct themselves in a professional manner in the clinical environment adhering to the standards, ethics, procedural and legal requirements pertaining to physical therapists. Students are expected to complete all assignments in an efficient and effective manner and to increase their level of clinical competence in an escalating manner during the affiliation.
2. Each student is expected to participate in Blackboard. There will be a portal to submit the weekly planning forms, evidence of an in-service or project, a case study as well as a weekly discussion board to interact with peers on rotation. Please refer to the Clinical Education Manual and to Blackboard for additional details.

Clinical Center Responsibilities:

The clinical faculty is expected to meet with the student on a regular basis no less than weekly and to assist the student in establishing specific goals and objectives for the affiliation. Written evaluations of the student's performance are to be completed at mid-term and at the completion of the affiliation. Written evaluations may be developed at other intervals depending on the center's policies and procedures or in the event that a student is not progressing at a rate which will result in accomplishment of the objectives of this affiliation. All evaluations are to be reviewed with the student. The mid-term CPI from the CI and the student's self-evaluation should be completed online by the end of week 7 and the final evaluation should be completed online by the final day of the affiliation.

1. It is expected that the learning nature of the affiliation will take precedence over productivity. This is the student's third affiliation, and he/she may be expected to carry up to 75% of a patient load of a new graduate staff physical therapist by the end of the affiliation.
2. In the event that a student's performance is not deemed satisfactory at mid-term or any point thereafter the Clinical Instructor or Center Coordinator of Clinical Education is to notify the DCE immediately and steps to handle the situation will be discussed on a case-by-case basis utilizing the Action/Remediation Plan Forms in the Clinical Education Manual.

Course Policies

1. Refer to WKU DPT Student Manual for the following items:

- a. Student Responsibilities
- b. Student Accessibility Services Resource
- c. Copyright
- d. Academic Misconduct
- e. Religious Holidays Notification
- f. WKU Writing Center
- g. Missed Class(es)/Student
- h. Professional Behaviors

2. Refer to WKU DPT Clinical Education Manual for the following items:

- a. Attendance Policy
- b. Dress Code and Appearance
- c. Cell Phone Use

- d. Ethical Behavior
- e. Student Grievance Procedures

3. Student Professional Responsibilities and Relationships

As a Doctor of Physical (DPT) student and future physical therapist, you have chosen to pursue a profession which requires personal integrity, compassion, and a constant awareness of the commitment made. Exhibiting personal behaviors consistent with a respect for this profession and having pride in your work are central tenets of professionalism. You are expected to incorporate them into your daily life. To demonstrate commitment to these responsibilities while enrolled in clinical education courses, you will be held to the professional standards in the Student Manual and are expected to:

- a. Seek and accept feedback and constructive instruction from clinical education faculty in order to continually improve your educational experience, knowledge, and clinical skills.
- b. Commit to the highest standards of competence.
- c. Be mindful of your demeanor, language, and appearance in all areas of the clinic and facility.
- d. Be accountable to all members of the healthcare team including fellow students, clinical faculty, and clinic support staff.
- e. Admit to and assume responsibility for mistakes in a mature and honest manner and develop productive strategies for correcting them.
- f. Be considerate and respectful of others' (patients, clinical instructor, clinic support staff, other health care providers) time, rights, values, religious, ethnic, and socioeconomic backgrounds, lifestyles, opinions, and choices, even when they differ from your own. In other words, treat them with dignity and respect.
- g. Meet the expectations for participation and timeliness.
- h. Recognize limitations and seek help when expertise, knowledge, or level of experience is inadequate to handle a situation in the clinical setting.
- i. Maintain appropriate relationships with clinical education faculty, clinic staff, and other healthcare providers.
- j. Treat all members of the clinical team with respect, compassion, and dignity.
- k. Be mindful to avoid intentionally embarrassing or disparaging others.
- l. Actively work to create an atmosphere in clinical settings that is conducive to optimal, interactive learning.

Title IX Statement:

WKU is committed to supporting faculty, staff, and students by upholding WKU's Title IX Sexual Misconduct/Assault Policy (#0.2040) <https://wku.edu/eoo/documents/titleix/skutitleixpolicyandgrievanceprocedure.pdf> and the Discrimination and Harassment Policy (#0.2040) at https://wku.edu/policies/hr_policies/2040_discrimination_harrassment_policy.pdf.

Under these policies, discrimination, harassment and/or sexual misconduct based on sex/gender are prohibited. If you experience an incident of sex/gender-based discrimination, harassment and/or sexual misconduct, you are encouraged to report it to the Title IX Coordinator, Andrea Anderson, 270-745-5398 or Title IX Investigators, Michael Crowe, 270-745-5429 or Joshua Hayes, 270-745-5121.

Please note that while you may report an incident of sex/gender-based discrimination, harassment and/or sexual misconduct to the faculty member, WKU faculty are "Responsible Employees" of the University and MUST report what you share to WKU's Title IX Coordinator or Title IX Investigator. If you would like to speak with someone who may be able to afford you confidentiality, you may contact WKU's Counseling and Testing Center at 270-745-3159.

Student Accessibility Resource Center

In compliance with University policy, students with disabilities who require academic and/or auxiliary accommodations for this course must contact the Student Accessibility Resource Center located in Downing Student Union, 1074. SARC can be reached by phone number at 270-745-5004 [270-745-3030 TTY] or via email at sarc.connect@wku.edu. Please do not request accommodations directly from the professor or instructor without a Faculty Notification Letter (FNL) from The Student Accessibility Resource Center.

The instructor reserves the right to make changes in the course schedule as needed to accommodate guest lecturers or to alter course content.

Students Responsibilities, Requirements, & Rights

Professional Behaviors

The Program expects DPT students to develop and demonstrate 10 professional behaviors (Appendix C) important to the practice of physical therapy. These are adopted from the work of Warren May, PT, and colleagues. "In addition to a core of cognitive knowledge and psychomotor skills, it has been recognized by educators and practicing professionals that a repertoire of behaviors is required for success in any given profession" (Alverno College Faculty Assessment at Alverno, 1979).

The failure of students to exhibit Professional Behaviors at all times while in the clinic may lead towards disciplinary action. These disciplinary actions range from a remediation action plan, removal from clinical rotation, or dismissal from the Program. ([Refer to the Clinical Education Remediation Plan](#)).

Attendance

Students are expected to follow the schedule of their CI during clinical rotations. Attendance is mandatory. Students are allowed one sick day for the 6- and 7-week rotations, and two sick days for the 10- and 13-week rotations. These sick days are for **sickness or emergency**, they are not to be utilized as personal days off. Students must make all reasonable efforts to speak directly with the CI, prior to or immediately after working hours begin, to notify them of their absence. E-mail, text messages, and voice messages are NOT the preferred avenue to call in sick. **All student absences during the clinical rotation, regardless of the reason, must be reported to the DCE/ADCE via e-mail, phone, or text messages prior to the workday beginning. Absences are also to be reported in EXXAT within 24 hours of returning to the clinic.**

Students may be required to make up these additional days. If the clinic, CI or SCCE's schedules does not allow for makeup days, alternative learning experiences/assignment may be required. These alternative actions are at the discretion of the DCE/ADCE in consultation with the Program Director, and/or faculty. In cases where prolonged absences are required, the DCE/ADCE, Program Director, and/or faculty will assess these situations on a case-by-case basis to determine the appropriate course of action.

Holidays

Students are allowed to take/observe the same holidays as their clinical facility and CI, not the Holidays observed by WKU. In the event the student wishes to observe a personal or religious holiday not observed at their clinical site, the student must arrange holiday clinic release time with the DCE/ADCE at least 2 weeks prior to the holiday. Students may be required to make up these clinical hours.

Absence due to Inclement Weather

As a general rule, clinical experiences are not canceled because of inclement weather or local/regional emergencies. However, in those cases where student safety is a concern, students are expected to use sound judgment in the determining whether they can safely get to/from their clinical education site. Should a student suspect they cannot safely attend their clinical day due to the above conditions, they must follow the above procedures to alert the CI and the DCE/ADCE of their absence. Absences due to weather or emergency conditions may be required to be made up to successfully complete the clinical rotation.

Other Attendance Issues

Additional absences in clinical education experiences may occur due to unforeseen circumstances. In these situations, it is essential the student and the DCE/ADCE communicate beforehand or as soon as the circumstances are evident to determine the best course of action. These unforeseen circumstances could include emergency family situations, educational conferences, job interviews, travel requirements, etc. Absences due to other attendance issues may be required to be made up to successfully complete the clinical rotation.

Dress Code & Appearance

The appearance and dress worn by students represents not only the students themselves, but the WKU DPT Program and WKU. Students are expected to maintain a professional appearance while attending clinical experiences that complies with the facility dress code or expectations for each clinical site. Appropriate footwear is also required for safety. Open-toes shoes, sandals, flip flops, clogs and high heel shoes are not permitted. The clinical site has ultimate authority to impose additional requirements for dress code, appearance, and hygiene.

ID Badge

Students are required to wear an ID badge, either WKU or facility generated, identifying them as a student physical therapist, at all times regardless of facility ID badge requirements.

Cell Phone Use

Any use of smart phone technology to facilitate the clinical education experience is allowed solely according to facility policy and CI discretion. Other than facility-mandated circumstances, students are not to use cell phones, for calls or texting during patient care times, in patient care areas, or in any other manner that would interfere with patient care or clinical education activities.

Ethical Behavior

Students are expected to practice in a manner consistent with the APTA's professional Code of Ethics (Appendix D). Students suspected of or engaging in unethical behavior will be subject to disciplinary actions according to the Clinical Education Remediation Plan ([Clinical Education Manual p.23](#)). Students questioning or suspecting unethical behaviors occurring at the clinical site are instructed to contact eh DCE/ADCE immediately. The DCE/ADCE and/or Program Director will respond to the student in a timely fashion regarding how to address the issue.

Student Requirements

During DPT 705 Orientation to Clinical Education in Physical Therapy, students will be required to provide proof of current Healthcare Provider CPR certification and evidence of personal health insurance coverage to the Program. Additionally, students will be required to upload proof of immunization records, and other health related documents (as required by individual affiliation agreements) to a third-party tracking and verification online company. This will provide students an easy way to monitor, track, update, and forward required information to their future clinical affiliations. Evidence of an annual flu shot (or declination form), as well as a 2-step (with Risk Assessment Form) TB skin test results, with annual 1 step updates will be tracked by the program and all documentation will be stored confidentially. Student will be informed if these documents are not provided, submitted, and accepted by the verification company, they may not be allowed to participate in the required clinical education component of the Program.

Some clinics/facilities have more stringent requirements than others. This may result in additional requirements, such as proof of immunity (blood titer) instead of proof of immunization (immunization record), onboarding fees, or more stringent drug/background screening. Students will be notified of these exceptions as early as possible and will be responsible for any costs incurred.

Liability Insurance

The DPT Program will provide a Student Blanket Liability Insurance Policy, with a minimum coverage amount of \$2,000,000 / \$5,000,000, covering students during recognized clinical education and educational activities.

Health Insurance

Students are required to have personal health insurance.

CPR Certification

Students are required to have evidence of current BLS Healthcare Provider CPR certification through the American Heart Association during the final 20 months (covering all clinical rotations) of the program. Evidence of this will be required during DPT 705 Orientation to Clinical Education in Physical Therapy, prior to the start of the first rotation. Attainment

May be at the expense of the student, and no student will be permitted to attend their rotation without this evidence. If a student has CPR certification that will expire prior to the completion of the final rotation, early re-certification will be required in order to cover all clinical rotations.

Tetanus-Diphtheria-Pertussis (Tdap)

Students are required to have evidence of a current Tdap vaccination and/or titer.

Measles-Mumps-Rubella (MMR)

Students are required to have evidence of a current MMR vaccination and/or titer.

Varicella (Chicken Pox)

Students are required to have evidence of a current Varicella vaccination and/or titer.

Hepatitis B

Students are required to have evidence of a current Hepatitis B Vaccination and/or titer.

Influenza

Students are required to have evidence of an annual flu shot.

TB skin test

Students are required to have evidence of a negative, current 2-step TB skin test with the risk assessment form, or TB blood test to be updated annually at student expense. A negative chest x-ray with risk assessment form is acceptable in the event of a previous positive TB skin test. This is in accordance with Kentucky law and CDC recommendations for all states.

See the following website for further information: <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>.

Criminal Background Check and Drug Screen

The WKU DPT Program uses an independent, third party company, Verified Credentials Incorporated (VCI) to manage all background and drug screening at various points during the program. Following verification by VCI, student release information to the program for review and potential use in a future audit conducted by the clinic. Students may be required to pay for initial background and drug screenings, as well as all subsequent and additional screenings that may be required by clinics. Occasionally, the requirements of an individual site may exceed the drug screen and background check required by the program. The student is responsible to pay for additional screening that may be required in this instance.

Students will be required to complete a background check and drug screen through VCI prior to beginning their first clinical rotation and again one year later (annual screening) in order to fulfill clinical education contractual requirements. The DCE/ADCE will review the final report provided by the company conducting the background check and drug screen. The DCE/ADCE will review completed background check and drug screening and attest to negative findings or provide the individual clinical sites with results upon request. Information provided will be limited only to clinics at which the student is scheduled to be placed for clinical experiences.

Students with drug screen/background check findings that may hinder clinical placement will be required to personally notify the SCCE and/or CI to verify willingness of the clinic to accept the student. If a student is unable to secure an affiliation in a specific setting due to their background check and/or drug screen, the student may not be able to complete requirements for the DPT Program.

A positive drug test or a DUI committed during a clinical rotation will result in failure of that rotation and dismissal from the Program. **See Student Manual Page 53 for further details.**

NOTE:

Clinical Sites reserve the right to require additional medical records, immunization records, insurance requirements, specific HIPAA or OSHA training, and more stringent background, alcohol, and drug testing beyond what is conducted during the Program. These additional requirements are the responsibility of the individual student and not the WKU DPT Program.

Technical Standards

Physical therapy is an intellectually, physically, and psychologically demanding profession. Students acquire the foundation of knowledge, attitudes, skills, and behaviors needed throughout a physical therapist's career. Those abilities that physical therapists must possess to practice safely are reflected in the Program's Technical Standards. These abilities fall in the following categories: Observation, Communication, Motor/Psychomotor, Intellectual, and Behavioral/Social. **For successful completion of degree requirements, students must be able to meet these minimum technical standards with or without reasonable accommodation.** Refer to the Technical Standards section of the WKU DPT Student Manual for definitions and discussions of these standards. Students are expected to notify the DCE/ACDCE should there be a change in their ability to complete the technical standards as outlined on **Page 29 and 30 of the Student Manual.**

Student Grievance Procedures

Student Grievance Procedures are detailed in the WKU DPT Student Manual. These procedures are defined in detail in the WKU Graduate Catalog and summarized as follows:

Steps within the College

A written grievance must **first be submitted to the faculty member involved.** If the grievance is not resolved to the student's satisfaction after this initial submission, the grievance may be submitted in a stepwise fashion through the following administrative channels:

1. Head/Director
2. College Dean
3. College Complaint Committee
4. University Complaint Committee (Steps External to College)

SCCE & CI Roles, Responsibilities, & Rights**Roles**

The Clinical Faculty that educate and supervise the WKU DPT students are integral members of the educational process. The Clinical Faculty collaborate with the WKU DPT Program in the delivery of the clinical education portion of the Program and provide feedback to the Program, both formal and informal, regarding all aspects of clinical education and academic preparation.

Role of the Site Coordinator of Clinical Education (SCCE)

The SCCE is the staff member at the facility, not always a physical therapist, responsible for the development, coordination, and management of the clinical education at the clinical site. The SCCE is the primary point of communication between the clinical setting and the Program and is responsible for matching CI's and students.

Role of the Clinical Instructor (CI)

The CI is the licensed physical therapist with a minimum of one-year experience as a licensed and practicing physical therapist. The primary responsibility of the CI is to provide direct supervision and clinical instruction to the student. The CI must be willing to work with students and be able to develop an appropriate learning environment for the student.

Responsibilities

The primary responsibilities of the SCCE include to:

- Serve as the key contact person for the Program DCE/ADCE for all clinical education matters.
- Facilitate and assist with the completion of the Affiliation Agreement.

- Provide the Program with current student prerequisite information, i.e., required immunizations, laboratory tests, certifications, background checks, screenings, etc.
- Select/Assign CI's to supervise and educate physical therapy students based on the Program's criteria and delegate clinical supervision of students to approved CI's
- Provide, arrange, or request for CI education and training in conjunction with the DCE/ADCE.
- Oversee the orientation of the student to the clinical facility.
- Act as a liaison between the student and CI.
- Supervise the CI's performance assessment of the student, midterm and final CPI evaluations completed at a minimum.
- In conjunction with the DCE/ADCE, evaluate the effectiveness of the CI and the overall clinical education program provided by the site.
- Demonstrate effective communication skills and conduct in interpersonal relationships.
- Demonstrate appropriate organization skills by maintaining/completing proper documentation requested by the Program.

The primary responsibilities of the CI include to:

- Develop and provide, (with input from SCCE, DCE/ADCE, and student) appropriate individual learning objectives for each student.
- Plan appropriate learning experiences for each student.
- Alter learning experiences based on the student's knowledge base, interests, and experience.
- Provide appropriate student supervision (on an individual basis) to ensure patient safety and facilitate optimal learning by the student.
- Provide different levels of feedback, (formal and informal) on a regular basis, to improve the student's understanding and clinical competence.
- Assess student performance, by using the CPI for midterm and final assessments.
- Practice in a legal and ethical manner, thus serving as a role model for the student.
- Demonstrate effective instructional, communication, and interpersonal skills.
- Communicate effectively with the SCCE and DCE/ADCE regarding student performance.

Rights & Privileges

The Associated Rights and Privileges afforded to Clinical Faculty include to:

- Be treated in a fair and equitable manner, with dignity, and without discrimination by all parties affiliated with the WKU DPT Program.
- Receive required and requested information from the Program in a timely manner.
- Receive clinical assignments and associated student information in a timely manner.
- Request information, resources, and training materials regarding clinical education topics.
- Request program assistance (DCE/ADCE) in dealing with student issues or other clinical education situations/concerns.
- Attend future clinical education courses sponsored by the Program at reduced rates.
- Discuss clinical research topics with Program Faculty and possibly collaborate as a member of the research team.
- Cancel or refuse a student clinical placement without undo sanctions or repercussions from the Program.
- Terminate or dismiss a student from continuing their clinical rotation if they feel it is not in their and the student's best interest, without undo sanctions or repercussions from the Program.
- Expect confidentiality of all business-communication between them and the Program.
- Provide comments and feedback to the DCE/ADCE/Program Director regarding Program curriculum and student performance.

The Clinical Faculty will also have opportunities to be involved with other aspects of the Program. Curricular review, including clinical education, Program committees, assisting with Admissions procedures, Program advisory board, etc. are all areas that clinical faculty can be involved with the Program.

Additional Clinical Education Policies and Procedures

Health Risks

During clinical rotations, students may be exposed to people with infectious diseases (including COVID-19), chronic and degenerative diseases, and mental illness. Student will be informed of these health risks and will be provided with information regarding safety and protection as instructed in DPT 705.

Universal and Standard Precautions

All students complete Universal Precautions/Blood Borne Pathogens training in DPT 705 Orientation to Clinical Education in Physical Therapy, which occurs before any scheduled clinical rotations. It is the responsibility of the student and CI to review facility specific policy and procedures regarding Universal/Standard Precautions and Blood Borne Pathogens. Additional training may be required as part of the orientation or onboarding for select clinics if required.

Patient Information and HIPAA

Prior to clinical education rotations, students will receive training on HIPAA, (Health Insurance Portability and Accountability Act), PHI (Protected Health Information) and Confidentiality. This will occur in conjunction with DPT 705 Orientation to Clinical Education in Physical Therapy, DPT 713 Principles of Physical Assessments, DPT 715 Patient Care Techniques, and DPT 782 Research II. The discussions of these topics in the above courses will provide students with the necessary knowledge to prevent violation of patient's privacy rights. Students will also be instructed to use discretion when discussing patient/client information with other appropriate individuals to assure that the nature of the discussions remains professional, pertains only to information clinically relevant, and cannot easily be overheard by those not involved in the patient's care.

Any other information available at the clinic, particularly that which could be considered proprietary, (e.g., treatment protocols, administrative information, etc.) is only to be used with the express consent of the facility. Violations of this policy may result in disciplinary action and may result in removal from the clinical rotation.

Emergency Procedures

The availability and access to Emergency Medical services is discussed in the standard WKU Affiliation Agreement. The clinical site is not responsible for providing or paying for medical treatment. All health care services (emergency or otherwise) that a student received while participating in clinical education rotations will be at the expense of the individual involved.

Patient Right to Refuse Treatment

Students are required to wear an ID badge that signifies that they are a student physical therapist. Furthermore, students are required to introduce themselves to patients as a student physical therapist. Patients have the right to refuse treatment from a student or refuse to participate in student training.

Incident Reports/ Procedures

In the event of an accident resulting in patient injury during a clinical experience, the student should immediately notify the CI of the accident and follow the policies of the facility, including completing the appropriate incident report/documentation the student/CI must submit to the school related to the incident.

Procedure for Filing a Complaint

When there is a specific complaint about a student, faculty member, or the Program in general, it should be documented and submitted in writing to the Program Director. The Program Director or designee should respond to the complainant within 2 weeks of receiving the complaint. When appropriate, the Program Director or designee may consult with other University offices and personnel in addressing the complaint. In the event the Program Director is not available or if it is inappropriate for the Program Director to handle the complaint, the complaint will be forwarded

to the Associate Dean of the College of Health and Human Services. All documentation regarding the compliant and any actions taken are maintained by the Program Director.

Filing a Complaint to CAPTE

Physical therapy education programs in the United States are accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), which works in conjunction with the American Physical Therapy Association (APTA) to maintain the standards of the profession. Students, parents, patients, faculty, and other stakeholders may lodge a complaint regarding the DPT Program to the APTA to report a wrongdoing or a concern that directly involves student rights and privileges, patient/client rights, and privileges, and public safety. To contact CAPTE call (703)706-3242 or (703)683-6748 (TDD) or email accreditation@apta.org. You may contact sandrawise@apta.org or ellenprice@apta.org. All complaints should be followed up by a written letter of complaint that is signed and dated. Mail should be sent to Dr. Sandra Wise, Senior Director of Education, CAPTE 1111 N. Fairfax St. Alexandria, VA 22314.

Assessment Student Performance

Student Clinical Performance is assessed by the CI as well as the student according to the guidelines in the course syllabi. Student clinical performance will be assessed using the Online Clinical Performance Instrument. The Physical Therapy Clinical Performance Indicator (CPI) is a standard tool used by clinical instructors to assess student performance during clinical experiences across multiple domains including professional practice and patient management. The CPI is a copyrighted instrument of the American Physical Therapy Association (APTA). Posting this document in public areas is not permitted. Please refer to the following website for further information: <https://www.apta.org/PTCPI/>.

The CPI will be completed by both the student and the supervising CI at the midterm and completion of all clinical rotations. Weekly or periodic planning forms will also be utilized during the initial few weeks of each rotation to ensure CI-student communication and feedback occurs, as well as information the DCE/ADCE of student performance. Ratings on all 18 performance criteria along with written comments will be completed. Students are also required to provide an in-service to clinical faculty while at the clinical site. Additionally, students will be expected to complete all requested paperwork and forms along with participating in online activities as directed by the DCE/ADCE.

It is the responsibility of the DCE/ADCE to assign the **pass/fail** grades for all clinical education courses. The DCE/ADCE will consider CPI rating, comments from the CPI, completion and performance of the required in-service, timely completion of the associated required paperwork, online discussions, and forms, and input from the CI/SCCE, and student when assigning student grades.

Clinical Experience/Clinical Instruction Assessment

Students will complete the APTA developed Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction Assessment ([Appendix E](#)) at the end of each clinical experience. The information obtained from these assessments will be tracked by the DCE for assessment of the clinical experience and instruction. Information about the clinical experience (not the clinical instruction) will be available for review by future students to engage in ranking preferences for assignment.

Director of Clinical Education/Associate Director of Clinical Education Assessment

The DCE/ADCE will be assessed by multiple individuals participating in the educational process. Following the second and fourth Clinical Education rotation, the respective individuals will complete the following assessment forms:

- CI and/or SCCE will complete the DCE Performance Assessment CI and SCCE Survey ([Appendix F](#) – modified for online survey distribution)
- Students will complete the DCE Performance Assessment Student Survey ([Appendix G](#) – modified for online survey distribution)

On an annual basis, the respective individuals will complete the following assessment forms:

- Core faculty will complete the DCE Performance Assessment Faculty Survey ([Appendix H](#) – modified for online survey distribution)

- Program Director will complete the DCE Performance Assessment DCE Self-Assessment and Academic Administration Surveys ([Appendix I](#) – modified for online survey distribution). The DCE will also complete this self-assessment on an annual basis.

SUMMARY OF CHANGES TO CLINICAL EDUCATION FOR COHORTS AFFECTED BY COVID 19

The total number of hours in clinical education will be changed from 36 weeks to 33 weeks during the period of COVID 19 rules. In addition, the following practice setting enhancements will be available to students. COVID 19 has created a clinical education environment in which a large number of clinical experiences have been cancelled on short notice, almost exclusively in the in-patient subacute/rehabilitation practice setting. This situation has increased the likelihood that some students may have an unfulfilled clinical education practice setting, potentially affecting their ability to graduate on a timely basis or without a gap in education. It is anticipated that these changes to our clinical education requirements will be in effect for cohorts that graduate in 2021 and 2022. The practice setting requirements are designed to provide the breadth of experiences that physical therapists typically treat patients. The WKU DPT Practice settings are as follows:

- Acute Care/Hospital: Setting examples include local/community hospitals, regional medical centers (may include both inpatient and outpatient services), and long-term acute care hospitals/facilities.
- Sub-Acute/Rehabilitation: Setting examples include inpatient rehabilitation, sub-acute rehabilitation, skilled nursing facilities, and home health PT.
- Outpatient: Setting examples include primarily outpatient and private practice clinics.
- Each student is required to complete at least one rotation in a rural setting.

In light of shortages and inability of multiple sites to take students due to COVID 19, we will be expanding our proposed changes to clinical education. They are as follows:

1. Any outstanding practice settings that are anticipated to be unfulfilled due to COVID 19 factors (cancellations) may be managed through alternative experiences that will become part of another rotation.
2. The options for alternative experiences will involve a minimum of 3-week experience in the unfulfilled practice setting, with altered learning expectations to be determined in collaboration with the clinical site. This will result in an extension of DPT 752, DPT 753 or DPT 754 accordingly.
 - a. The alternate experience may occur either at the beginning, or the end of the primary assignment.
 - b. There may be a scenario in which the alternate experience will occur after graduation based on availability of the clinical site to receive students.
 - c. The “primary” experience will be defined as the site in which the student spends the majority of their time.
 - d. The “alternate” experience will be at least 3 weeks in duration but may be up to 5 weeks if the alternate and primary rotation is at the same clinical site. This decision will be at the preference/discretion of the site.
 - e. If the primary and alternate experience occur at the same facility, the DPT 752, or DPT 753
 - i. DPT 752: 5-6 weeks duration (total weeks 8-9)
 - ii. DPT 753: 7-8 weeks duration (total weeks 10-11)
 - iii. DPT 754: 12-13 weeks duration (total weeks 15-16)
 - f. If the primary and alternate experiences occur at the same facility for DPT 754, then the primary experience may be shortened at the preference of the clinic in order to enable additional time in the alternate practice setting. The total time in the rotation would be 15 weeks, with a minimum of 10 weeks dedicated to the primary practice setting in order to allow sufficient time for the student to meet the entry level requirement.
 - g. If the primary and alternate experiences occur at different facilities for DPT 754 and are to be completed prior to the end of the semester, then the primary experience may be shortened to 12 weeks to enable the student time to conclude the 3-week alternate experience at a different facility.

- h. Start and end dates for the primary experience may be altered at the request of the site, as well as in order to accommodate these experiences within the timeframe of the semester, and in order to remain in sequence in the program.
3. Students are required to meet the course expectations for CPI rating on the primary practice setting assignment, including entry level by the end of DPT 754. The course grade will be recorded when both components (primary and alternate) are completed. IF there is a gap between the primary and secondary experiences, then a grade of incomplete will be entered until such time that both components of the rotation have been completed by the student. No student may advance to the next rotation (DPT 753 to DPT 754, for example) without completing the rotation in its entirety (both primary and alternate components of the same course).
4. The alternative experience will be accompanied with the student completing a case study for submission to the DCE/ADCE for review. IT should be based on a case that is observed during the alternate experience.
5. Rotation Sharing: another option is to have two student share two rotation at different sites that are located in a geographically close proximity but not within the same company. This option would be available for DPT 754 only and will be 15 weeks total (includes primary and alternate placements). The first 12 weeks will be the student's primary rotation. At the end of the rotation, they will switch and complete 3 weeks in the opposite setting.
 - a. Student A: IPR weeks 1-12, followed by OP for weeks 13-15
 - b. Student B: OP weeks 1-12, following by IPR for weeks 13-15
 - c. At the beginning of weeks 13, Student A and Student B switch locations. Both would be expected to be rated at entry level on the first 12-week portion of this rotation.
 - d. If all parties agree, there may be a scenario in which the number of weeks is altered; however, the primary experience will not be less than 10 weeks. The total number of weeks for both the primary and alternate experiences will be 15.
6. IF the student has a rural setting rotation cancellation, every effort will be made to ensure it is replaced with a rural experience. However, if is not possible, the rural rotation requirement may be waived.
 - a. An alternate learning experience (which may include completing modules in the TRAIN Kentucky learning portal) in the area of rural healthcare physical therapist practice will be assigned to any student who is not able to fulfill this requirement.

APPENDICES

[Appendix A](#)

[Appendix B](#)

[Appendix C](#)

[Appendix D](#)

[Appendix E](#)

[Appendix F](#)

[Appendix G](#)

[Appendix H](#)

[Appendix I](#)

WKU Unified Contract Template

Student Site Placement Agreement

Professional Behaviors

APTA Code of Ethics

APTA Student Evaluation: Clinical Experience
and Clinical Instruction Form

CI & SCCE Assessment of DCE Form

Student Assessment of DCE Form

Faculty Assessment of DCE Form

Program Director and DCE Self-Assessment Form

APPENDIX A: WKU Unified Affiliation Agreement/Contract

MEMORANDUM OF AGREEMENT
BETWEEN
College of Health and Human Services, all divisions
And
Kentucky Emergency Medical Services Academy
Entities of

WESTERN KENTUCKY UNIVERSITY

AND

AFFILIATING SITE
ADDRESS

THIS AGREEMENT, by and between WESTERN KENTUCKY UNIVERSITY (WKU) and AFFILIATING SITE, signifies that both parties are desirous of cooperating in a plan to furnish education to College of Health & Human Services (CHHS) students enrolled at WESTERN KENTUCKY UNIVERSITY, and students in the Kentucky Emergency Medical Services Academy (KEMSA) of WESTERN KENTUCKY UNIVERSITY. The period of performance for this Agreement shall begin on or about and shall continue through.

WHEREAS, WESTERN KENTUCKY UNIVERSITY has Associate, Bachelor's, Graduate, and Certificate programs in the College of Health & Human Services of WKU and which require planned learning experiences for students; and

WHEREAS, AFFILIATING SITE herein after referred to as Facility, has facilities, services, and personnel to provide experiences essential for quality education through the curriculum at WESTERN KENTUCKY UNIVERSITY; and

WHEREAS, WESTERN KENTUCKY UNIVERSITY and, AFFILIATING SITE will benefit from cooperating to ensure a future supply of health and human services professionals;

THEREFORE, in consideration of the mutual covenants and conditions herein contained it is agreed, as written hereon that:

Agreement between WKU and

A. AFFILIATING SITE:

1. Will make available to CHHS students of WKU facilities to be used for educational purposes under the guidance and supervision of a qualified preceptor or faculty member. Said facility will be available upon a schedule agreeable to both parties.
2. Will conduct an orientation for WESTERN KENTUCKY UNIVERSITY students to ensure a working knowledge of the facility and its regulations.
 - 2.1 For Health Information Management students, the orientation will include facility orientation and instructions on safety and security policies related to parking and facility access. Orientation must explicitly address to whom the student would report incidents, including harassment, behavioral issues, and threats to personal safety.
3. Will be responsible for the organization, administration, staffing, operating, and financing of its services, and the maintenance of accepted standards for efficient management, patient care and/or client services, and will operate in accordance with acceptable health care standards.
4. Will provide personnel who are capable and qualified in those divisions in which students are placed.
5. The Facility will provide first aid, with appropriate calls to emergency medical services or referral to a physician to students and faculty in case of an accident or illness (including accidental needle sticks) while engaged in learning experiences. All health care (emergency or otherwise) that a student or University faculty member receives will be at the expense of the individual involved.
6. When applicable, Facility will follow all federal and state mandates regarding standard precautions, to include blood borne pathogens.
7. Will comply with The Family Educational Rights and Privacy Act (FERPA) of 1974, also known as the Buckley Amendment, which affords certain rights to students concerning educational records, and will consult with the University as appropriate concerning same. FERPA coverage includes records, files, documents, and data directly related to students.

B. WESTERN KENTUCKY UNIVERSITY

1. Will be responsible for the administration of educational programs and determining the final grade.
2. Will assume responsibility for providing competent faculty who shall be well qualified, meeting state licensure guidelines in the appropriate discipline, when applicable.
3. When applicable, will assume responsibility for maintaining records of students and correspondence relating to the program.
4. When applicable, will comply with the standards, licensing, and regulatory requirements of appropriate accrediting agency(ies) insofar as they pertain to the activities of the students and instructors in their placement at the facility.

Agreement between WKU and

5. Will provide faculty who will (a) identify student experiential needs, and (b) confer with facility personnel about the prescribed student experience as it relates to the course(s) in which each student is enrolled.

6. Faculty will work collaboratively with facility personnel who are ultimately responsible for patient/client care, as applicable by discipline.
7. Will direct and instruct that students are to act only within the scope of their assigned and supervised activities and are not to act independently of such supervision or instruction.
8. Will assure the affiliating agency that all students studying in the facility will have in effect current individual professional liability coverage in the amount of \$1,000,000/\$3,000,000. All students must have on file in their respective Department a photocopy of the current individual insurance policy (not applicable to Public Health, Healthcare Administration, and EMT-B).
9. As appropriate, will maintain a student/faculty ratio (excluding observational experiences) not to exceed the maximum prescribed by the Kentucky Board of Nursing or any other discipline specific accrediting agencies.
10. The University will require students to either be vaccinated for Hepatitis B or sign a release if declining that vaccination and complete all other immunizations/health examinations required by the Facility.
 - 10.1. The Program will assure the affiliating agency that all nursing students have on file in the department of nursing a current RN license (if applicable), as well as a current medical history, medical examination report, a negative drug screen, and evidence of current immunizations against diphtheria, tetanus, and measles. Results of the following diagnostic studies must also be on file: Tuberculin skin test and Rubella Titer or proof of immunizations. All students in the nursing program will be vaccinated with Hepatitis B vaccine or they must sign the declination statement.
11. Will require students participating in educational experiences to provide results of criminal background check to the facility upon request.
 - 11.1. All students will be required to complete a criminal background check. The Nursing Department will maintain the results of the policy checks confidentially and securely. Affiliating agencies requiring the police checks will be advised of any students with reported felony or misdemeanor information and may reserve the right to determine the student's appropriateness for clinical practice within their agency.

C. AFFILIATING SITE AND WESTERN KENTUCKY UNIVERSITY

1. Will cooperate in planning and evaluating clinical, administrative, or other learning experiences which will ensure student progress and competency.
2. Will have mutually acceptable standards for the behavior of the students acceptable to both the facility staff and to the University faculty.
3. Will review this agreement as needed, at which time mutually agreeable revisions or modifications may be made in writing.

Agreement between WKU and

4. Will agree that the withdrawal of a student from an assignment may be affected by either party. The party causing such withdrawal shall notify the other party, and the withdrawal shall be upon the terms and conditions agreed to by WKU and the facility. However, the facility retains the right at all times to safeguard the health, safety, and welfare of its

patients/clients and employees by removing a student from an assignment, at any time, for any reason not prohibited by law.

5. Will agree to the desires of either party to terminate this agreement. Either party shall serve written notice thereof on the other party. Termination shall thereupon be effective 30 days after the date of service of such notice. Terminations shall not become effective as to students already enrolled and participating in the program until they shall have had an opportunity to fully complete their scheduled program.

6. Will not discriminate against any student in the nomination, selection, and training of individuals because of race, color, creed, sex, disability, or national origin.

7. WKU faculty, staff, or students shall not be deemed to be employees of the facility for any purpose, including but not limited to, compensation or fringe benefits, worker's compensation, unemployment compensation, minimum wage laws, OSHA regulations or for any other purpose, due to their participation in the educational program. This provision shall not be deemed to prohibit the employment of any such participant by the facility under a separate employment agreement.

8. SCHOOL agrees to provide participating instructors, advisors, and students with training on the security and privacy standards of the Health Insurance Portability and Accountability Act ("HIPAA") and regulations promulgated thereunder. For purposes of HIPAA, CHHS at WKU AND FACILITY acknowledge that Students are part of Facility's "workforce", as defined in the HIPAA Privacy Regulations at 45 C.F.R. 160.103, and as such, no Business Associate agreement is required between CHHS at WKU AND FACILITY.

D. MODIFICATION OF AGREEMENT

This agreement may be modified only by written amendment executed by all parties hereto.

E. INSURANCE / LIABILITY

WESTERN KENTUCKY UNIVERSITY, as an agency and instrumentality of the Commonwealth of Kentucky, is vested with sovereign immunity and does not carry general liability for itself, agents, officers, employees, or students. Any claim brought against WKU for negligence is governed by the Kentucky Board of Claims Act, KRS 44.070 et.seq. and/or as requested by WKU legal council: The University is a state agency that cannot enter into indemnification agreements, therefore, any indemnification by the University are hereby deleted.

F. BINDING EFFECT / CHOICE OF LAW

1. This agreement shall not be binding upon the parties until it is approved by a Western Kentucky University Authorized Representative of the College of Health & Human Services and by the Authorized Representative of the facility.

2. This agreement shall be governed in all respects by the laws of the Commonwealth of Kentucky.

Agreement between WKU and

G. SIGNED BY:

CHHS, WKU Authorized Representative
Dr. Danita Kelley, Associate Dean
College of Health and Human Services
Phone: (270) 745-8912
FAX: (270) 745-7073
E-Mail: danita.kelley@wku.edu

Date

Facility/Hospital - Authorized Representative
Name:
Title:
Agency Name:
Address:
Phone:
Fax:
E-Mail:

Date

Facility/Hospital - Technical Representative
(If different from Authorized Representative)
Name:
Title:
Agency Name:
Address:
Phone:
Fax:
E-Mail:

Date

APPENDIX B: Student Site Placement Agreement

WESTERN KENTUCKY UNIVERSITY Department of Physical Therapy Student Site Placement Agreement

This Agreement ("Agreement") is entered into by and between Western Kentucky University Doctor of Physical Therapy Program, (WKU, Program) and _____ (Student Name).

Background

- A. WKU and Student desire to cooperate in obtaining coordinated clinical placements for the Student, who has been admitted to the Doctor of Physical Therapy Program.
- B. WKU has the ability and resources to arrange for the necessary clinical experience for Student through an Affiliation Agreement between WKU and Assigned Clinical Rotation Sites throughout DPT 3-year program.
- C. The parties agree that the sole purpose of this Agreement is to confirm and memorialize Student's acceptance of the terms and conditions of the Site and Student's placement therein.

AGREEMENT

For and in the consideration stated above, the Student agrees as follows:

1. Student is requested and consents to be assigned for clinical experience to the Sites.
2. Student acknowledged that s/he has read, reviewed, understands, and is aware of the requirement to abide by the existing rules, policies and/or regulations of the Sites, including any additional site-specific Code of Conduct or student education manuals and materials, and the wearing of proper dress and identification.
3. Student is required to respect the confidentiality of all patient/client information obtained while participating in the Program at the Sites.
4. Student will meet Site's employee standards for safety, health, or ethical behavior.
5. Student shall defend, indemnify, and hold harmless WKU, its agents, officers, officials, employees, and volunteers from and against all claims, damages, losses, and expenses (including but not limited to attorney fees and court costs) arising from the acts, errors, mistakes, omissions, work, or service of the Student with regard to the Student's performance of this Agreement. The insurance requirements of this Agreement will not be construed as limiting the scope of this indemnification.
6. Student will be responsible for any charges generated for emergency or other care related to any occupational injury, environment hazard or infectious disease incurred in the line of duty while on a clinical rotation. The university will not cover any cost related to medical care for the student.
7. Students are responsible for having health insurance coverage and show documentation of such before going on any clinical rotation sites.
8. Student agrees to allow the WKU Director or Associate Director of Clinical Education to send records to clinical sites upon request as proof of compliance with site contractual terms in the event of a facility audit. Records would be limited to evidence of immunization and CPR training, and results of background check and drug screening performed through Verified Credentials Incorporated.

Student Date

WKU I.D.# _____

WKU Authorized Official

Date

The Spirit Makes the Master
Department of Physical Therapy | Western Kentucky University
1906 College Heights Blvd. #21031 | Bowling Green, KY 42101-1031
phone: 270.745.3234 fax: 270.745.3497 web: www.wku.edu/physicaltherapy
Equal Education and Employment Opportunities Printing paid from state funds, KRS 57.375, 2006

APPENDIX C: Professional Behaviors

Professional Behaviors

The program expects DPT students to develop and demonstrate 10 professional behaviors important to the practice of physical therapy. These are adopted from the work of Warren May, PT, and colleagues. "In addition to a core of cognitive knowledge and psychomotor skills, it has been recognized by educators and practicing professional that a repertoire of behaviors is required for success in any given profession" (Alverno College Faculty, Assessment at Alverno, 1979). The identified repertoire of behaviors that constitute professional behavior reflect the values of any given profession and, at the same time, cross disciplinary line (May et.al., 1991). Visualizing cognitive knowledge, psychomotor skills, and a repertoire of behaviors as the legs of a three-legged stool serves to emphasize the importance of each. Remove one leg and the stool loses its stability and makes it very difficult to support professional growth, development, and ultimately, professional success (May et.al., Opportunity Favors the Prepared: A Guide to Facilitating the Development of Professional Behavior, 2002).

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.

- Raises relevant questions
- Understands and accepts scientific method.
- Thinks analytically.
- Uses information effectively.
- Formulates alternate hypotheses.
- Critique's solutions
- Feels challenged to understand and solve problems.

2. Communication

The ability to communicate effectively (i.e., verbal, non-verbal, written, etc.)

- Demonstrates basic English skills.
- Presents verbal or written message with logical organization and sequencing.

3. Problem Solving

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

- Recognizes problems and prioritizes them.
- State's problems clearly
- Can identify solutions to the problem or resources needed to develop solutions.

4. Interpersonal Skills

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

- Maintains professional demeanor in all clinical and classroom interactions.
- Recognizes impact of verbal and non-verbal communication and modifies all communication to meet situational needs.
- Listens actively and uses appropriate body language.
- Assumes responsibility for mistakes, apologizes.
- Demonstrates interest and ability to work with peers in a group process/project.

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.

- Demonstrates dependability.
- Demonstrates punctuality.
- Fulfills commitments.
- Budgets time wisely.
- Accepts responsibility for actions and outcomes.
- Provides safe and secure environment for patients.

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.

- Projects professional image
- Continuous positive regard for all
- Abides by APTA code of Ethics and standards of practice.
- Follows state licensure regulations.
- Abides by facility policies and procedures.
- Abides by university and department policies and procedures.
- Demonstrates involvement in and commitment to local and national chapters of the APTA.
- Contributing creatively to classroom and community projects on a regular basis
- Demonstrates leadership qualities.
- Demonstrates respect for others.

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.

- Actively seeks feedback and help.
- Demonstrates a positive attitude towards feedback.
- Critiques own performance
- Integrates feedback for positive change in growth.

8. Effective Use of Time and Resources

The ability to manage time and resources effectively to obtain the maximum possible benefit.

- Meets external deadlines.
- Demonstrates flexibility and adaptability.
- Sets priorities.
- Sets realistic goals.
- Utilizing university library resources
- Utilizes time wisely outside of class and clinic.

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.

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."

- Reads articles critically and understands limits of application to professional practice.

- Demonstrates a positive attitude (motivation) towards learning.
- Monitors own progress.
- Takes a collaborative approach.
- Seeks assistance from professors or peers regarding difficult concepts.
- Demonstrates initiative towards learning.
- Demonstrates equal participation in progression and completion of group projects.

References: Adapted from: Warren May, PT, MPH, Laurie Kontney PT, DPT, MS and Z. Annette Iglarsh,PT, PhD, MBA: Professional Behaviors for the 21st Century, 2009-2010

APPENDIX D: APTA Code of Ethics

Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA).

The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient and client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive, nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive. The APTA Guide for Professional Conduct and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

This Code of Ethics describes the desired behavior of physical therapists in their multiple roles (e.g., management of patients and clients, consultation, education, research, and administration), addresses multiple aspects of ethical action (individual, organizational, and societal), and reflects the core values of the physical therapist (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.

(Core Values: Compassion and Caring, Integrity)

- 1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.

(Core Values: Altruism, Collaboration, Compassion and Caring, Duty)

- 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients and clients over the interests of the physical therapist.
- 2B. Physical therapists shall provide physical therapist services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.
- 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapist care or participation in clinical research.
- 2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.
- 2E. Physical therapists shall protect confidential patient and client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.

(Core Values: Collaboration, Duty, Excellence, Integrity)

- 3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's or client's best interest in all practice settings.
- 3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient and client values.
- 3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
- 3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
- 3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

(Core Value: Integrity)

- 4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative, or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).
- 4C. Physical therapists shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
- 4D. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.
- 4E. Physical therapists shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
- 4F. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

Principle #5: Physical therapists shall fulfill their legal and professional obligations.

(Core Values: Accountability, Duty, Social Responsibility)

- 5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
- 5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
- 5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient or client continues to need physical therapist services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

(Core Value: Excellence)

- 6A. Physical therapists shall achieve and maintain professional competence.
- 6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
- 6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
- 6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients and clients and society.

(Core Values: Integrity, Accountability)

- 7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
- 7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
- 7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
- 7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
- 7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapist services accurately reflect the nature and extent of the services provided.
- 7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients and clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

(Core Value: Social Responsibility)

- 8A. Physical therapists shall provide pro bono physical therapist services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
- 8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapist services.
- 8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

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

Last Updated: 8/12/2020

Contact: nationalgovernance@apta.org

<https://www.apta.org/apta-and-you/leadership-and-governance/policies/code-of-ethics-for-the-physical-therapist>

PHYSICAL THERAPIST STUDENT
EVALUATION:

CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION

June 10, 2003
(updated 12/27/10)



American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314

PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent, and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential, and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (SCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, DeboralIngram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name [redacted]

Academic Institution [redacted]

Name of Clinical Education Site [redacted]

Address [redacted] City [redacted] State [redacted]

Clinical Experience Number [redacted] Clinical Experience Dates [redacted]

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements. I understand that my personal information will not be available to students in the academic program files.

[redacted] [redacted]
Student Name (Provide signature) Date

[redacted] [redacted]
Primary Clinical Instructor Name (Print name) Date

[redacted]
Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned [redacted]
Highest degree earned [redacted] Degree area [redacted]
Years' experience as a CI [redacted]
Years' experience as a clinician [redacted]
Areas of expertise [redacted]
Clinical Certification, specify area [redacted]
APTA Credentialed CI Yes No
Other CI Credential [redacted] State Yes No
Professional organization memberships APTA Other [redacted]

[redacted] [redacted]
Additional Clinical Instructor Name (Print name) Date

[redacted]
Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned [redacted]
Highest degree earned [redacted] Degree area [redacted]
Years' experience as a CI [redacted]
Years' experience as a clinician [redacted]
Areas of expertise [redacted]
Clinical Certification, specify area [redacted]
APTA Credentialed CI Yes No
Other CI Credential [redacted] State Yes No
Professional organization memberships APTA Other

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site

Address City State

2. Clinical Experience Number

3. Specify the number of weeks for each applicable clinical experience/rotation.

Acute Care/Inpatient Hospital Facility Private Practice
 Ambulatory Care/Outpatient Rehabilitation/Sub-acute Rehabilitation
 ECF/Nursing Home/SNF School/Preschool Program
 Federal/State/County Health Wellness/Prevention/Fitness Program
 Industrial/Occupational Health Facility Other

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No

6. What else could have been provided during the orientation?

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1 = Never 2 = Rarely 3 = Occasionally 4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

<i>Diversity of Case Mix</i>	<i>Rating</i>	<i>Patient Lifespan</i>	<i>Rating</i>	<i>Continuum of Care</i>	<i>Rating</i>
Musculoskeletal		0-12 years		Critical care, ICU, Acute	
Neuromuscular		13-21 years		SNF/ECF/Sub-acute	
Cardiopulmonary		22-65 years		Rehabilitation	
Integumentary		over 65 years		Ambulatory/Outpatient	
Other (GI, GU, Renal, Metabolic, Endocrine)				Home Health/Hospice	
				Wellness/Fitness/Industry	

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale.

<i>Components of Care</i>	<i>Rating</i>	<i>Components of Care</i>	<i>Rating</i>
Examination		Diagnosis	
• Screening		Prognosis	
• History taking		Plan of Care	
• Systems review		Interventions	
• Tests and measures		Outcomes Assessment	
Evaluation			

9. During this experience, how frequently did staff (i.e., CI, SCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (e.g., Medicare, HIPAA, informed consent, APTA Code of Ethics, etc.).	
Being sensitive to individual differences (i.e., race, age, ethnicity, etc.).	
Using evidence to support clinical practice.	
Being involved in professional development (e.g., degree and non-degree continuing education, in-services, journal clubs, etc.).	
Being involved in district, state, regional, and/or national professional activities.	

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth?

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- Physical therapist students
- Physical therapist assistant students
- Students from other disciplines or service departments (Please specify)

12. Identify the ratio of students to CIs for your clinical experience:

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe

13. How did the clinical supervision ratio in Question #12 influence your learning experience?

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

- Attended in-services/educational programs.
- Presented an in-service.
- Attended special clinics.
- Attended team meetings/conferences/grand rounds.
- Directed and supervised physical therapist assistants and other support personnel
- Observed surgery.
- Participated in administrative and business practice management.
- Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines)
- Participated in opportunities to provide consultation.
- Participated in service learning.
- Participated in wellness/health promotion/screening programs.
- Performed systematic data collection as part of an investigative study.
- Other; Please specify

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)

Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.

Time well spent; would recommend this clinical education site to another student.

Some good learning experiences: student program needs further development.

Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.
19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?
20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*?
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*?

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

Provision of Clinical Instruction	<i>Midterm</i>	<i>Final</i>
The clinical instructor (CI) was familiar with the academic program’s objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site’s objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance.		
The CI provided timely feedback on student performance.		
The CI demonstrated skill in active listening.		
The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		
The CI taught in an interactive manner that encouraged problem solving.		
There was a clear understanding to whom you were directly responsible and accountable.		
The supervising CI was accessible when needed.		
The CI clearly explained your student responsibilities.		
The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated patient-therapist and therapist-student relationships.		
Time was available with the CI to discuss patient/client management.		
The CI served as a positive role model in physical therapy practice.		
The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching.		
The CI made the formal evaluation process constructive.		
The CI encouraged the student to self-assess.		

23. Was your CI’(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation Yes No Final Evaluation Yes No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation

Final Evaluation

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments

Final Comments

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments

Final Comments

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.

ACCE/DCE PERFORMANCE ASSESSMENT

CLINICAL INSTRUCTOR **and** **CENTER COORDINATOR OF CLINICAL** **EDUCATION SURVEYS**

May 2010

**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**



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Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated
2. Academic Program
3. For what clinical experience(s) are you commenting on the ACCE/DCE or Assistant/Co-ACCE performance? (1-8)
4. For what time period are you assessing the ACCE/DCE or Assistant ACCE/Co-ACCE? (annually, biannually, every other year, upon request)
5. Evaluator Role (select from drop down menu) Date of Evaluation

Directions

Responses should be relevant to your interactions with the individual(s) being assessed, please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

- 1 = Rarely/never exhibits behavior
2 = Sometime exhibits behavior
3 = Usually exhibits behavior

- 4 = Always exhibits behavior
5 = Is exceptional in exhibiting behavior
IE = Insufficient evidence to rate behavior

For all of the Likert Scale items provided, please "click" on only ONE response (use the mouse).

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

1. promoting students' self-assessment of their clinical performance. **1 2 3 4 5 IE**
- 2 reinforcing expectations for demonstrating professionalism. **1 2 3 4 5 IE**
3. conferring with students to maximize learning during a clinical experience. **1 2 3 4 5 IE**
4. facilitating the development of individualized action plans to advance student performance. **1 2 3 4 5 IE**
5. monitoring the progression of individualized action plans. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A.

SECTION B. DEVELOPMENT OF CLINICAL EDUCATION FACULTY

The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by...

1. using a variety of feedback methods to assess clinical educators. **1 2 3 4 5 IE**
2. providing feedback to clinical educators to improve clinical teaching. **1 2 3 4 5 IE**
3. promoting development of clinical teaching and mentoring skills. **1 2 3 4 5 IE**
4. providing professional development opportunities to promote best practice in physical therapy. **1 2 3 4 5 IE**
5. facilitating development of SCCE s as managers of their clinical education programs. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section B.

SECTION C. DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (e.g., clinical education sites, policies, procedures, learning experiences, and curriculum) by...

1. implementing a plan to respond to the needs of clinical education sites based on feedback. **1 2 3 4 5 IE**
2. sharing changes about the clinical education program with feedback sources. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section C.

SECTION D. MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

1. promoting adherence to current policies and procedures of the clinical education program. **1 2 3 4 5 IE**
2. informing students and clinical sites about legal and liability requirements prior to clinical placements. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section D.

SECTION E. LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

1. facilitating reflective dialogue about advancements in the profession of physical therapy. **1 2 3 4 5 IE**
2. networking with individuals and groups at local, regional, and/or national levels to further clinical education. **1 2 3 4 5 IE**
3. building partnership(s) to strengthen the relationship between academic programs and clinical sites. **1 2 3 4 5 IE**
4. using technology to enhance clinical education. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section E.

SECTION F. COMMUNICATION

The ACCE's/DCE's communication skills are integral in creating and sustaining a meaningful and effective clinical education program by...

The ACCE/DCE...

1. providing timely communication. **1 2 3 4 5 IE**
2. soliciting comments, feedback, and concerns. **1 2 3 4 5 IE**
3. highlighting key academic program policy and procedures for clinical education. **1 2 3 4 5 IE**
4. clarifies federal and state regulations and professional positions, policies, and guidelines related to clinical education. **1 2 3 4 5 IE**
5. conducting clinical site visits/contacts. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.

SECTION G. PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

1. fostering an atmosphere of mutual respect in clinical education. **1 2 3 4 5 IE**
2. displaying a positive attitude. **1 2 3 4 5 IE**
3. being approachable. **1 2 3 4 5 IE**
4. being accessible. **1 2 3 4 5 IE**
5. listening actively. **1 2 3 4 5 IE**
6. demonstrating effective time management. **1 2 3 4 5 IE**
7. demonstrating effective organizational skills. **1 2 3 4 5 IE**

- 8.** demonstrating interpersonal skills that foster quality relationships. **1 2 3 4 5 IE**
- 9.** demonstrating effective conflict resolution skills. **1 2 3 4 5 IE**
- 10.** responding to unexpected situations using productive problem-solving skills. **1 2 3 4 5 IE**
- 11.** displaying expertise in clinical education. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section G.

SUMMATIVE COMMENTS

Areas of strengths:

Areas for improvement:

Name of Evaluator (Optional)

Name of Clinical Site (Optional)

Would you like a follow up contact to discuss this assessment? Yes No

Contact Information: e-mail: Phone:

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

Last Updated: 05/07/10
Contact: education@apta.org

ACCE/DCE PERFORMANCE ASSESSMENT

STUDENT SURVEY

May 2010

**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**



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STUDENT ASSESSMENT OF DCE PERFORMANCE

Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated
2. Academic Program
3. For what clinical experience(s) are you commenting on the ACCE/DCE or Assistant/Co-ACCE performance? (1-8)
4. For what period of time are you assessing the ACCE/DCE or Assistant ACCE/Co-ACCE? (annually, biannually, every other year, upon request)
5. What will be your highest earned physical therapy degree when you complete your program?

Associate Masters DPT (Professional)
6. Evaluator Role (select from drop down menu) Date of Evaluation

Directions

Responses should be relevant to your interactions with the individual(s) being assessed, please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

1 = Rarely/never exhibits behavior

2 = Sometimes exhibits behavior

3 = Usually exhibits behavior

4 = Always exhibits behavior

5 = Is exceptional in exhibiting the behavior

IE = Insufficient evidence to rate behavior

For all of the Likert Scale items provided, please "click" on only ONE response (use the mouse).

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

1. promoting students' self-assessment of clinical performance across cognitive, psychomotor, and affective domains. **1 2 3 4 5 IE**
2. facilitating student reflection upon clinical education experiences. **1 2 3 4 5 IE**
3. instructing students on methods to provide constructive feedback to clinical educators. **1 2 3 4 5 IE**
4. reinforcing expectations for demonstrating professionalism. **1 2 3 4 5 IE**
5. conferring with students to maximize learning during a clinical experience. **1 2 3 4 5 IE**
6. facilitating the development of student action plans designed to advance student performance. **1 2 3 4 5 IE**
7. monitoring the progression of student action plans. **1 2 3 4 5 IE**
8. ensuring that students have the opportunities to acquire the necessary clinical skills for entry-level practice. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A.

SECTION B. DEVELOPMENT OF CLINICAL EDUCATION FACULTY (This category is not applicable for students.)

The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by...

SECTION C. DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (e.g., clinical education sites, policies, procedures, learning experiences, and curriculum) by...

1. assessing the strengths and needs of the clinical education program using feedback from a variety of sources. **1 2 3 4 5 IE**
2. sharing changes about the clinical education program with feedback sources. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section C.

SECTION D: MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

1. maintaining the number and variety of clinical sites to allow each student to meet clinical education program requirements. **1 2 3 4 5 IE**
2. managing information about clinical sites and clinical educators. **1 2 3 4 5 IE**
3. promoting adherence to current policies and procedures of the clinical education program. **1 2 3 4 5 IE**
4. informing students and clinical sites about legal and liability requirements prior to clinical placements. **1 2 3 4 5 IE**
5. implementing procedures for student clinical placements based on established program policies. **1 2 3 4 5 IE**
6. adhering to program policies and procedures regarding student's eligibility and progression through clinical education. **1 2 3 4 5 IE**
7. grading students' clinical education coursework based on clinical performance and academic program guidelines. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section D.

SECTION E: LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by... facilitating 1. reflective dialogue about advancements in the profession of physical therapy. **1 2 3 4 5 IE**

2. networking with individuals and groups at local, regional, and/or national levels to further clinical education. **1 2 3 4 5 IE**
3. using technology to enhance clinical education. **1 2 3 4 5 IE**
4. facilitating academic faculty involvement in clinical education. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section E.

SECTION F: COMMUNICATION

The ACCE's/DCE's communication skills create and sustain an effective clinical education program by

1. providing timely communication. **1 2 3 4 5 IE**
2. soliciting comments, feedback, and concerns **1 2 3 4 5 IE**
3. highlighting key academic program policy and procedures for clinical education. **1 2 3 4 5 IE**
4. clarifying federal and state regulations and professional positions, policies, and guidelines related to clinical education. **1 2 3 4 5 IE**
5. conducting clinical site visits/contacts. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.

SECTION G: PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

1. fostering an atmosphere of mutual respect in clinical education. **1 2 3 4 5 IE**
2. displaying a positive attitude. **1 2 3 4 5 IE**
3. being approachable. **1 2 3 4 5 IE**
4. being accessible. **1 2 3 4 5 IE** listening actively. **1 2 3 4 5 IE**
5. demonstrating effective time management. **1 2 3 4 5 IE**
6. demonstrating effective organizational skills. **1 2 3 4 5 IE**
7. demonstrating interpersonal skills that foster quality relationships. **1 2 3 4 5 IE**
8. demonstrating effective conflict resolution skills. **1 2 3 4 5 IE**
9. responding to unexpected situations using productive problem-solving skills. **1 2 3 4 5 IE**
10. displaying expertise in clinical education. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section G.

SUMMATIVE COMMENTS

Areas of strengths:

Areas for improvement:

Name of Evaluator (Optional)

Would you like a follow up contact to discuss this assessment? Yes No

Contact Information: e-mail: Phone:

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

Last Updated: 05/07/10
Contact: education@apta.org

APPENDIX H: Faculty Assessment of DCE Form

ACCE/DCE PERFORMANCE **ASSESSMENT**

FACULTY SURVEY

May 2010

**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**



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Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated
2. Academic Program
3. For what period of time are you assessing the ACCE/DCE? (annually, biannually, every other year, upon request)
4. Evaluator Role (select from drop down menu) Date of Evaluation

Directions

Responses should be relevant to your interactions with the individual(s) being assessed, please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

1 = Rarely/never exhibits behavior

2 = Sometimes exhibits behavior

3 = Usually exhibits behavior

4 = Always exhibits behavior

5 = Is exceptional in exhibiting the behavior

IE = Insufficient evidence to rate behavior

*For all of the Likert Scale items provided, please “click” on only **ONE** response (use the mouse).*

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

1. promoting students' self-assessment of their clinical performance. **1 2 3 4 5 IE**
2. facilitating student reflection upon clinical education experiences. **1 2 3 4 5 IE**
3. reinforcing expectations for demonstrating professionalism. **1 2 3 4 5 IE**
4. conferring with students to maximize learning during a clinical experience. **1 2 3 4 5 IE**
5. facilitating the development of individualized action plans to advance student performance. **1 2 3 4 5 IE**
6. monitoring the progression of individualized action plans. **1 2 3 4 5 IE**
7. ensuring that students have the opportunities to acquire the necessary clinical skills for entry-level practice. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A.

SECTION B. DEVELOPMENT OF CLINICAL EDUCATION FACULTY

The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by...

1. using a variety of feedback methods to assess clinical educators. **1 2 3 4 5 IE**
2. promoting development of clinical teaching and mentoring skills. **1 2 3 4 5 IE**
3. providing professional development opportunities to promote best practice in physical therapy. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section B.

SECTION C: DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (e.g., clinical education sites, policies, procedures, learning experiences, and curriculum) by...

1. conducting ongoing review of clinical education policies and procedures. **1 2 3 4 5 IE**
2. assessing the strengths and needs of the clinical education program using feedback from a variety of sources. **1 2 3 4 5 IE**
3. implementing a plan to respond to the needs of clinical education sites based on feedback. **1 2 3 4 5 IE**
4. providing recommendations to the academic program based on the analysis of the feedback. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section C.

SECTION D: MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

1. maintaining the number and variety of clinical sites to allow each student to meet clinical education program requirements **1 2 3 4 5 IE**
2. synthesizing clinical education data to prepare necessary reports including for CAPTE documentation. **1 2 3 4 5 IE**
3. promoting adherence to current policies and procedures of the clinical education program. **1 2 3 4 5 IE**
4. adhering to program policies and procedures regarding student's eligibility and progression through clinical education. **1 2 3 4 5 IE**
5. grading students' clinical education coursework based on clinical performance and academic program guidelines. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section D.

SECTION E: LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

1. networking with individuals and groups at local, regional, and/or national levels to further clinical education. **1 2 3 4 5 IE**
2. building partnership(s) to strengthen the relationship between academic programs and clinical sites. **1 2 3 4 5 IE**
3. advising the program director and faculty of changing health care trends that affect student learning and programmatic issues. **1 2 3 4 5 IE**
4. advocating a vision for clinical education within the context of the academic program's mission and vision. **1 2 3 4 5 IE**
5. using technology to enhance clinical education. **1 2 3 4 5 IE**
6. facilitating academic faculty involvement in clinical education. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section E.

SECTION F: COMMUNICATION

The ACCE's/DCE's communication skills are integral in creating and sustaining a meaningful and effective clinical education program by...

1. providing timely communication. **1 2 3 4 5 IE**
2. soliciting comments, feedback, and concerns. **1 2 3 4 5 IE**
3. highlighting key academic program policy and procedures for clinical education. **1 2 3 4 5 IE**
4. conducting clinical site/visits. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.

SECTION G: PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

1. *displaying a positive attitude. 1 2 3 4 5 IE*
2. *being accessible. 1 2 3 4 5 IE*
3. *listening actively. 1 2 3 4 5 IE*
4. *demonstrating effective organizational skills. 1 2 3 4 5 IE*
5. *demonstrating interpersonal skills that foster quality relationships. 1 2 3 4 5 IE*
6. *demonstrating effective conflict resolution skills. 1 2 3 4 5 IE*
7. *responding to unexpected situations using productive problem-solving skills. 1 2 3 4 5 IE*
8. *displaying expertise in clinical education. 1 2 3 4 5 IE*

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section G.

SUMMATIVE COMMENTS

Areas of strengths:

Areas for improvement:

Name of Evaluator (Optional)

Would you like a follow up contact to discuss this assessment? Yes No

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

Last Updated: 05/07/10
Contact: education@apta.org

ACCE/DCE PERFORMANCE ASSESSMENT

ACCE/DCE SELF-ASSESSMENT **and** **ACADEMIC ADMINISTRATOR SURVEYS**

May 2010

**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**



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Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated
2. Academic Program
3. For what period of time are you assessing the ACCE/DCE? (annually, biannually, every other year, upon request)
4. Evaluator Role (select from drop down menu) Date of Evaluation

Directions

Responses should be relevant to your interactions with the individual(s) being assessed, please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

1 = Rarely/never exhibits behavior

2 = Sometimes exhibits behavior

3 = Usually exhibits behavior

4 = Always exhibits behavior

5 = Is exceptional in exhibiting the behavior

IE = Insufficient evidence to rate behavior

*For all of the Likert Scale items provided, please "click" on only **ONE** response (use the mouse).*

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

1. promoting students' self-assessment of their clinical performance. **1 2 3 4 5 IE**
2. facilitating student reflection upon clinical education experiences. **1 2 3 4 5 IE**
3. instructing students on methods to provide constructive feedback to clinical educators. **1 2 3 4 5 IE**
- 4 reinforcing expectations for demonstrating professionalism. **1 2 3 4 5 IE**
5. conferring with students to maximize learning during a clinical experience. **1 2 3 4 5 IE**
6. facilitating the development of individualized action plans to advance student performance. **1 2 3 4 5 IE**
7. monitoring the progression of individualized action plans. **1 2 3 4 5 IE**
8. ensuring that students have the opportunities to acquire necessary clinical skills for entry-level practice. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A.

SECTION B. DEVELOPMENT OF CLINICAL EDUCATION FACULTY

The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by...

1. using a variety of feedback methods to assess clinical educators. **1 2 3 4 5 IE**
2. providing feedback to clinical educators to improve clinical teaching. **1 2 3 4 5 IE**
3. promoting development of clinical teaching and mentoring skills. **1 2 3 4 5 IE**
4. providing professional development opportunities to promote best practice in physical therapy. **1 2 3 4 5 IE**
5. facilitating development of SCCEs as managers of their clinical education program. **1 2 3 4 5 IE**
6. measuring outcomes of professional development programs coordinated by the ACCE/DCE. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section B.

SECTION C: DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (e.g., clinical education sites, policies, procedures, learning experiences, and curriculum) by...

1. conducting ongoing review of clinical education policies and procedures. **1 2 3 4 5 IE**
2. assessing the strengths and needs of the clinical education program using feedback from a variety of sources. **1 2 3 4 5 IE**
3. implementing a plan to respond to the needs of clinical education sites based on feedback. **1 2 3 4 5 IE**
4. providing recommendations to the academic program based on the analysis of the feedback. **1 2 3 4 5 IE**
5. sharing changes about the clinical education program with feedback sources. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section C.

SECTION D: MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

1. maintaining the number and variety of clinical sites to allow each student to meet clinical education requirements. **1 2 3 4 5 IE**
2. managing information about clinical sites and clinical educators. **1 2 3 4 5 IE**
3. synthesizing clinical education data to prepare necessary reports including CAPTE documentation. **1 2 3 4 5 IE**
4. promoting adherence to current policies and procedures of the clinical education program. **1 2 3 4 5 IE**
5. informing students and clinical sites about legal and liability requirements prior to clinical placements. **1 2 3 4 5 IE**
6. implementing procedures for student clinical placements based on established program policies. **1 2 3 4 5 IE**
7. adhering to program policies and procedures regarding student's eligibility and progression through clinical education. **1 2 3 4 5 IE**
8. grading students' clinical education coursework based on clinical performance and academic program guidelines. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section D.

SECTION E: LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

1. facilitating reflective dialogue about advancements in the profession of physical therapy. **1 2 3 4 5 IE**
2. networking with individuals and groups at local, regional, and/or national levels to further clinical education. **1 2 3 4 5 IE**
3. building partnership(s) to strengthen the relationship between academic programs and clinical sites. **1 2 3 4 5 IE**
4. advising the program director and faculty of changing health care trends that affect student learning and programmatic issues. **1 2 3 4 5 IE**
5. advocating a vision for clinical education within the context of the academic program's mission and vision. **1 2 3 4 5 IE**
6. providing the program director with justification for clinical education budgetary needs. **1 2 3 4 5 IE**
7. using technology to enhance clinical education. **1 2 3 4 5 IE**
8. facilitating academic faculty involvement in clinical education. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section E.

SECTION F: COMMUNICATION

The ACCE's/DCE's communication skills create and sustain an effective clinical education program by...

1. providing timely communication. **1 2 3 4 5 IE**
2. soliciting comments, feedback, and concerns. **1 2 3 4 5 IE**
3. highlighting key academic program policy and procedures for clinical education. **1 2 3 4 5 IE**
4. clarifying federal and state regulations and professional positions, policies, and guidelines related to clinical

education. **1 2 3 4 5 IE**

5.conducting clinical site visits/contacts. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.

G: PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

1. fostering an atmosphere of mutual respect in clinical education. **1 2 3 4 5 IE**
2. displaying a positive attitude. **1 2 3 4 5 IE**
3. being approachable. **1 2 3 4 5 IE**
4. being accessible. **1 2 3 4 5 IE**
5. listening actively. **1 2 3 4 5 IE**
6. demonstrating effective time management. **1 2 3 4 5 IE**
7. demonstrating effective organizational skills. **1 2 3 4 5 IE**
8. demonstrating interpersonal skills that foster quality relationships. **1 2 3 4 5 IE**
9. demonstrating effective conflict resolution skills. **1 2 3 4 5 IE**
10. responding to unexpected situations using productive problem-solving skills. **1 2 3 4 5 IE**
11. displaying expertise in clinical education. **1 2 3 4 5 IE**
12. creating a professional development plan to advance own competence. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section G.

SUMMATIVE COMMENTS:

Areas of strengths:

Areas for improvement:

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

Last Updated: 05/07/10
Contact: education@apta.org