

SCHOOL OF PUBLIC HEALTH  
DEPARTMENT OF EXERCISE SCIENCE

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# Doctoral Physical Therapy Program

## Clinical Education Guide



## UPDATES TO THIS GUIDE

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Periodic updates to this Guide are available by pointing your browser to <http://www.sph.sc.edu/dpt/current.htm> and selecting the USC Clinical Education Guide link. Forms included in this Guide can be printed from the document via this website. The latest update of this Guide occurred in July of 2011.

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Students enrolled in any course must abide by the University Of South Carolina Honor Code,

<http://www.housing.sc.edu/academicintegrity/honorcode.html>,

and the Rule of Academic Responsibility,

<http://www.sc.edu/policies/staf625.pdf>,

Students should make themselves familiar with this code and rule, which can be found in the *U.S.C. - Columbia Student Handbook and Policy Guide*,

<http://www.sa.sc.edu/carolinacommunity/>.

The rule of Academic Responsibility specifically states, “It is the responsibility of every student at the University of South Carolina at Columbia to adhere steadfastly to truthfulness and to avoid dishonesty, fraud or deceit of any type in connection with any academic program. Any student who violates this rule or who knowingly assists another to violate this rule shall be subject to discipline”.

## PROGRAM MISSION AND PHILOSOPHY

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Please depress the CTRL key and click the left mouse key to link to the most current Mission and Philosophy for the University of South Carolina Doctoral Physical Therapy Program.

<http://www.sph.sc.edu/dpt/programstudy-mission.htm>

<http://www.sph.sc.edu/dpt/programstudy-philosophy.htm>

## PHYSICAL THERAPY PROGRAM OF STUDY

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Please depress the CTRL key and click the left mouse key to link to the most current Program of Study for the University of South Carolina Doctoral Physical Therapy Program.

<http://www.sph.sc.edu/dpt/programstudy-courselisting.htm>

## MISSION OF CLINICAL EDUCATION

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The mission of the clinical education program is to train practitioners who are capable of entry-level physical therapy evidence-based practice. The clinical education courses progress from a basic level to entry-level practice at the culmination of the final clinical education experience. Clinical competence is developed through a variety of experiences incorporated throughout the curriculum. In the first two years of the curriculum, clinical training occurs through the use of laboratory sessions, case studies, and brief clinical experiences. Four full-time clinical experiences of 7-12 weeks with progressively higher performance expectations also occur in each year of the curriculum. Graduates of this program are encouraged to participate in residency training and subsequently contribute to scholarly research.

Clinical experiences are the cumulative activity designed to reinforce and practice skills learned in the classroom and laboratory. As such, clinical experiences and clinical instructors are considered a vital component to the student's learning experience. Clinical Instructors are considered as an extension of the faculty of the physical therapy program and are respected and valued for their clinical skills. Clinical experiences prepare students enrolled in the DPT at the University of South Carolina to read and interpret current research and integrate the knowledge into contemporary clinical practice. At the conclusion of these experiences students should value both the science and art of physical therapy and be prepared for entry-level physical therapy practice.

RIGHTS AND PRIVILEGES OF CLINICAL  
INSTRUCTORS

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1. **All clinical instructors will be entitled to attend select USC DPT sponsored workshops if he or she has provided clinical instruction to a USC student.** CEUs will be awarded for these workshops for a nominal fee.
2. Clinical instructors are eligible for reduced tuition benefits. Procedures are detailed on the following pages.
3. Clinical instructors who provide education to a USC PT student may request the USC DPT program to reimburse registration costs for the APTA Clinical Instructor Education and Credentialing Program at the APTA member registration rate. Within budgetary constraints, the USC DPT sponsors as many clinical instructors as possible.
4. Clinical instructors or CCCE's with 2 or more years of experience may apply for Clinical Instructor II status in the USC DPT program. Procedures are detailed on the following pages.

Procedures for Reduced Tuition Benefit  
Arnold School of Public Health

The University of South Carolina Graduate School will award reduced tuition benefits to physical therapists that provide clinical instruction to physical therapy students from the University of South Carolina DPT program. This benefit may begin accrual during the spring of any year in which the clinical instructor provides instruction to a student of the program. Guidelines for this program are as follows:

1. The clinical instructor must have completed 60 hours of direct supervision to be eligible to enroll in graduate level classes (6 hours maximum). If two supervisors share one student, each supervisor is eligible for one class. This must be noted on the form the originating program submits.
2. The participant must be eligible to register in The Graduate School to utilize the reduced fee classes.
3. The benefit is not transferable.
4. The maximum number of classes a clinical instructor can earn in one semester is two, even if more students are supervised during that term.
5. The benefit begins the semester after the supervision is completed and expires at the end of two years. (No exception). For example: if you supervise a student during the fall 2003 term, the benefit is valid for all of 2004 and 2005.
6. If the supervisor registers and then drops the course during the 100 percent refund period, the supervisor must notify the Graduate School so the course can be used at a later date.
7. To register for this benefit, please complete the form included in this section and return to

Harvey W. Mathews, PT, DPT, OCS, ACCE  
Physical Therapy Program  
Department of Exercise Science  
Blatt PE Center  
University of South Carolina  
Columbia, South Carolina 29208

Application for Reduced Tuition Benefit  
Arnold School of Public Health

Term:

- Fall \_\_\_\_\_
- Spring \_\_\_\_\_
- Summer II \_\_\_\_\_

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Name Social Security Number

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Clinical Facility Practice Area

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Student Physical Therapist Number of Hours Instruction to Student

Return this form to:

Harvey W. Mathews, PT, DPT, OCS, ACCE

Physical Therapy Program  
Department of Exercise Science  
Blatt PE Center  
University of South Carolina  
Columbia, South Carolina 29208

## Qualifications Required for Clinical Instructor II Status in University of South Carolina DPT Program

1. Have served as clinical instructor or CCCE for a minimum of 2 USC DPT students
2. Have two years of clinical experience
3. Have successfully completed APTA Credentialed Clinical Instructor course
4. Have successfully completed USC Evidence-based training
5. Submit resume in approved format to USC DPT program

### Benefits

1. USC library privileges with access to electronic databases and free text

### Qualifications required to Maintain Clinical Instructor II Status

1. Serve as CI or CCCE for USC DPT student once every 3 years

### Philosophy of University of South Carolina Physical Therapy Clinical Education Program

Physical therapy is a combination of science and art. According to Sackett, evidence-based practice is an integration of the best evidence, clinical expertise and patient values to foster the best possible decision-making regarding patient care. The development of practitioner's individual clinical expertise can best occur through the use of peer-reviewed literature and by connecting to the clinical knowledge of others. Since all questions are not answerable through the peer-reviewed literature, the use of other sources of physical therapy information is encouraged, especially when the answers to physical therapy related questions are not readily available in the peer-reviewed literature.

The University of South Carolina Clinical Instructor II Application

Name: \_\_\_\_\_

Last 4 of SS#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

- I have served as clinical instructor or CCCE for a minimum of 2 USC DPT students.
- I have two years of clinical experience managing a physical therapy patient caseload.
- I am an APTA Credentialed Clinical Instructor.
- I have successfully completed USC Evidence-based training course.
- My resume in the approved USC DPT program is enclosed.

If you have any questions, please call Denise McHugh.

Please submit application with attached resume to:  
Denise McHugh, 803-777-0486  
The University of South Carolina  
Dept of EXSC/ DPT Program  
Blatt PE Center  
Columbia, SC 29208

## Clinical Instructor II Resume Instructions

In order to create a consistent data base of the qualifications of the Clinical Instructors II and to justify the granting of certain University privileges, we are requesting that each Instructor develop a resume following the attached format.

The resume is divided into the following sections:

- Contact Information
- Summary
- Professional Experience
- Education
- Certifications
- Continuing Education
- Research
- Publications
- Volunteer Activities

Please duplicate the order of the sections as well as the capitalization/bold/italics indications. Examples are provided with each section in addition to a complete sample resume in this format.

## Resume Template

**Name**  
Address  
Phone Number(s)  
Email

### **SUMMARY** (three to four sentences in the PETS format)

**Profession**

**Expertise**

**Types of clinical experiences**

**Strengths**

*Example:*

Pediatric Physical Therapist with expertise in the treatment of patients with spina bifida and significant experience in both acute care and out-patient settings. Have mentored multiple physical therapy students over a five year period. Possesses strong communication skills, the ability to work well with peers and families and to manage time effectively.

### **PROFESSIONAL EXPERIENCE**

NAME OF ORGANIZATION, Location  
employment

Years of

**Working Title**

Scope Statement - one sentence that is a broad statement of responsibilities

- Accomplishment(s) - things you did to bring value to an employer.

*Example:*

PALMETTO-RICHLAND CHILDREN'S HOSPITAL, Columbia, SC

2005-2008

**Staff Physical Therapist**

Managed pediatric caseload consisting of 50% inpatient and 50% out-patient.

- Coordinated weekly Special Needs Equipment Clinics
- Supervised Home Assessment Team

### **EDUCATION** (list most recent degree first)

COLLEGE/UNIVERSITY, Location

Graduation year

**Degree**

*Example:*

UNIVERSITY OF SOUTH CAROLINA, Columbia, SC

2002

**Doctor of Physical Therapy**

### **CERTIFICATIONS**

ORGANIZATION GRANTING CERTIFICATE

Date

**Specific Certificate**

*Example:*

AMERICAN BOARD OF PHYSICAL THERAPY SPECIALTIES

2005

**Pediatric Certified Specialist**

Name, page two

**CONTINUING EDUCATION (PAST FIVE YEARS ONLY)**

SPONSORING ORGANIZATION Date

Name of Course

*Example:*

**AMERICAN PHYSICAL THERAPY ASSOCIATION** 2007

Management of the Complex Pediatric Patient

**RESEARCH EXPERIENCE (IF APPLICABLE)**

RESEARCH ENTITY Date

Name of Project or Role in Research

*Example:*

**UNIVERSITY OF SOUTH CAROLINA** 2004

Provided neuro-developmental and functional interventions to children with spina bifida

**PUBLICATIONS (IF APPLICABLE)**

NAME OF JOURNAL Date

*Title of Article*

*Example:*

**JOURNAL OF NEUROLOGICAL PHYSICAL THERAPY** Date

*Comparison of Neuro-developmental and Functional Interventions on Impairments in Children with Spina Bifida*

**VOLUNTEER ACTIVITIES**

NAME OF ORGANIZATION Date

Role

*Example:*

**SPECIAL OLYMPICS** 2008-present

Performed physical fitness assessments of children with disabilities

## Fictional Resume Example

### Harvey W. Mathews, DPT

1234 Washington Street  
Columbia, SC 29201  
803-920-9013  
hmathews@mailbox.sc.edu

#### SUMMARY

Orthopedic physical therapist with 20 years of expertise in managing patients with extremity and spinal orthopedic disorders in rural and urban outpatient clinics. Possess supervisory experience managing a staff of seven employees including PTs, PTAs, OTRs and office staff and have mentored over 10 physical therapy students in the past five years. Demonstrate strong written and verbal communication skills with patients, patient families, health care providers, administrators, and payors.

#### PROFESSIONAL EXPERIENCE

ELLIS PHYSICAL THERAPY, Columbia, SC 2006-2011

##### Staff Physical Therapist

Managed full orthopedic physical therapy caseload consisting of nonsurgical and postsurgical impairments and functional losses related primarily to dysfunction of the spine, knee and shoulder.

- Managed clinical education program consisting of communication with ACCE's from three PT and one PTA school(s) and the assignment of students to qualified PT and PTA instructors.
- Directed one PTA in the management of a physical therapy patient caseload.

NOVANT HEALTH CONTRACTING TO NORTHERN  
HOSPITAL OF SURRY COUNTY, Mount Airy, NC

2001-2006

##### Physical Therapy Program Leader

Managed Rehabilitation Services Department.

- Managed 80% outpatient orthopedic physical therapy caseload consisting of nonsurgical and postsurgical impairments and functional losses of the extremities and spine.
- Developed Outpatient Rehabilitation Program to be the most profitable of nine programs in Novant Health System.
- Provided safe lifting classes to all new employees of Northern Hospital of Surry County.
- Collected quality management data for improving practices of the department and implemented education, training and further data collection as necessary based on analysis of results by the Continuous Improvement Manager

#### EDUCATION

SHENANDOAH UNIVERSITY, Winchester, VA

2008

##### Doctor of Physical Therapy

UNIVERSITY OF SOUTH CAROLINA, Columbia, SC

1989

##### Master of Exercise Science

MEDICAL COLLEGE OF GEORGIA, Augusta, GA

1980

##### Bachelor of Physical Therapy

#### CERTIFICATIONS

AMERICAN BOARD OF PHYSICAL THERAPY SPECIALTIES

2003

##### Orthopaedic Certified Specialist

**Harvey W. Mathews DPT**, page two

**CONTINUING EDUCATION** (past five years only)

MCKENZIE INSTITUTE McKenzie Approach to Mechanical Diagnosis and Therapy of the Spine	2006
ORTHOPAEDIC SECTION APTA Home Study Course: Lumbar Spine	2006
ORTHOPAEDIC SECTION APTA Home Study Course: Foot and Ankle	2007
CLINICAL SPECIALTY EDUCATION Introduction to Hand Therapy	2007
ORTHOPAEDIC SECTION APTA Home Study Course: Wrist and Hand	2007
ORTHOPAEDIC SECTION APTA Home Study Course: Cervical Spine	2008
NOVANT HEALTH ErgoScience Physical Work Performance Evaluation	2008
MULLIGAN INSTITUTE Mulligan Concept - Mobilization with Movement, “NAGS”, “SNAGS” and More	2009
ORTHOPAEDIC SECTION APTA Strength & Conditioning Applications in Orthopaedics	2010
PHYSIOTHERAPY ASSOCIATES Evaluation and Treatment of the Thoracic Spine and Rib Cage	2010
MCKENZIE INSTITUTE McKenzie Approach to Mechanical Diagnosis and Therapy of the Spine Advanced Problem Solving and Techniques: A Practical Workshop – McKenzie Mechanical Diagnosis and Therapy	2011

**RESEARCH EXPERIENCE**

UNIVERSITY OF SOUTH CAROLINA PHYSICAL THERAPY PROGRAM Reader and editor for several student research projects on manual and quantitative testing of muscle strength.	2006 - 2011
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**PUBLICATIONS**

JOURNAL OF PHYSICAL THERAPY EDUCATION <i>Investigation of the Preferred PT-PTA Relationship in a 2:2 Clinical Education Model</i>	2010
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**VOLUNTEER ACTIVITIES**

UNIVERSITY OF SOUTH CAROLINA DPT STUDENT ORGANIZATION Tutor five immigrant Karen children refugees from what is now known as Myanmar in all subjects taught in 1 <sup>st</sup> through 10 <sup>th</sup> grades.	2009-2011
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## CLINICAL EDUCATION POLICIES AND PROCEDURES

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### AMERICANS WITH DISABILITIES ACT REQUIREMENTS

Due to the ADA privacy requirement, the Academic Coordinator of Clinical Education (ACCE) is prohibited from discussing any disability with the clinical site without specific authorization to do so from the student. Thus, it is recommended that the student discuss any relevant information about their disability, which may result in any clinical performance, scheduling, or time management difficulties with the Clinical Instructor (CI) during a private orientation meeting. If problems arise which cannot be resolved, the ACCE should be notified as described in the “Clinical Problems” section of these policies.

If requested and written permission is provided, the ACCE will discuss the disability and implications for the clinical site prior to the student’s arrival at the assigned facility.

### CLINICAL EDUCATION EXPERIENCE ASSIGNMENTS

Clinical education is considered a privilege and not a right. Qualified students will be assigned to a clinical facility as outlined in Student Responsibilities for Clinical Education. The student’s academic record and clinical goals will be considered when assigning clinical experiences. In the event that a clinical assignment is cancelled, the student will be immediately notified and will be re-assigned to another facility as soon as it can be arranged.

### CLINICAL PROBLEMS

If the student perceives a clinical problem has occurred (e.g. supervision, academic preparation), the student should immediately discuss the problem with the CI. If the situation is not improved the student should next notify the CCCE of the facility for assistance in resolving the problem. If that does not resolve the problem, notify the ACCE immediately. Due to the nature of some problems faced by students, it may be appropriate to contact the ACCE immediately to discuss alternative strategies for resolving the problem or to arrange an onsite visit or telephone conversation.

If a clinical problem arises from the clinical instructor’s perspective, the clinical instructor should immediately discuss the problem with the student. If the situation is not improved, the clinical instructor should next notify the CCCE of the facility for assistance in resolving the problem. If that does not solve the problem, notify the ACCE immediately. Due to the nature of some problems faced by clinical instructors, it may be appropriate to contact the ACCE immediately to discuss alternative strategies for resolving the problem or to arrange an onsite visit or telephone conversation.

### COMMUNICATION

Communication between the school and the clinical facility will generally occur as outlined in the Communication and Evaluation Plan as outlined in the Clinical Education Guide. All other communication should occur on an as needed basis.

### COMPLAINT PROCEDURE

Complaints regarding the USC DPT program may be formally or informally submitted by clinical education faculty and the public via procedures outlined at <http://www.sph.sc.edu/dpt/pdf/complaints.pdf>.

#### CRIMINAL BACKGROUND CHECK

Prior to starting a clinical internship with a contracted/affiliated hospital or healthcare facility, students are required to undergo a background check to enhance patient safety and protection. In compliance with this requirement, the USC DPT program has established the following policy.

1. USC DPT program requires that admitted students undergo a background check prior to their first clinical internship.
2. A private company approved by the University of South Carolina to perform background checks will conduct these checks.
3. The student has the responsibility to initiate the procedures to obtain the background check.
4. The background check may include, but not be limited to, one or more of the following checks:
  - a) Criminal Record Check for all locations of residence for previous seven years from addresses disclosed as part of the application process;
  - b) Statewide Sexual Offender and/or Sexual Predator Registry – A database search for individuals registered as sex offenders and/or sexual predators in the selected state or jurisdiction for all locations of residence for the previous seven years;
  - c) Health and Human Services (HHS), Office of the Inspector General (OIG), General Services Administration (GSA) List, Persons or entities listed as excluded from participation in Medicaid, Medicare and Federal Health Care Programs. Debarment actions on the HHS/OIG/GSA lists ;
  - d) Office of Foreign Assets Control (OFAC) Terrorist Search, Specially designated nationals and blocked persons as determined by OFAC;
  - e) Social Security Report, Names, addresses, and employment associated with a social security number.
5. The background check vendor will provide a report to USC Human Resources who will forward results to the DPT Clinical Director (ACCE).
6. Information from the background check may be used to advise the student regarding their admission or continuance status in the USC DPT program, but only after consultation with the student and University officials.

#### Process

1. USC DPT program will notify all newly admitted students of the new requirement that they must have an approved background check prior to matriculation.
2. USC DPT program will notify all enrolled students of the new requirement that they must complete a background check prior to being placed (as part of their training) in an affiliated healthcare facility.

3. Students must complete an authorization and release to initiate the background check. This document is available on the University's Human Resources website at: <http://hr.sc.edu/forms/bkgrndAuthStu.pdf>
4. Upon completion of the authorization and release the student must submit the form to the DPT Clinical Director.
5. The report will be delivered to the DPT Clinical Director, and will be available for review by the student upon request.
6. Any finding from a student background check will be discussed with the student to allow the student to explain the results. The authorized individual representing the DPT program, either the DPT Program Director or DPT Program Clinical Director (ACCE) will consult legal counsel to discuss the findings of the background check. Certain findings in a background check could preclude participation in clinical education at certain training facilities and may also preclude licensure as a physical therapist in the state of South Carolina. If it is likely that a student may pose a threat to the welfare of patients or that a student will be unable to complete the clinical education portion of the curriculum, the student may be denied admission or continuance in the USC DPT Program.
7. Once the background check is done, additional background checks will only be performed when the student self reports a violation or when the clinical facility requires a more recent or more extensive background check. In the event that a facility requires more extensive background checks, the student must follow the facility procedure if the student wishes to do an internship in that facility. Prior to any individual clinical internship, each student will complete a form affirming the absence or presence of any criminal convictions since the last background check.
8. Background check reports will be stored in a locked file in the DPT Clinical Director's (ACCE's) office.

#### DRUG SCREENING POLICY AND PROCEDURE

Drug Screening is performed only at the request of institutions that clinically educate our students. Results are forwarded to the institution.

In the event that a clinical education site requests a drug screen, the USC DPT Program will follow this procedure.

1. A private company approved by the University of South Carolina to perform drug screens will perform these screens.
2. The student has the responsibility to initiate the procedures to obtain the drug screen.
3. The drug screen will usually be a 5 panel urine screen, but the type of screen that is performed will be individualized to the clinical site's request.

4. The drug screen vendor will provide a report to USC Human Resources who will forward results to the DPT Clinical Director (ACCE).
6. Information from the drug screen may be used to advise the student regarding their admission or continuance status in the USC DPT program, but only after consultation with the student and University officials.

### Process

1. USC DPT program will notify a student of drug screens that are required by their clinical site prior to the clinical internship in the affiliated health care facility.
2. Students must complete a *Chain of Custody Form* that authorizes collections of specimens and release of test results to the University of South Carolina. This document is available from the ACCE or ACCE Assistant.
3. The student completes the drug screen at an approved site.
4. The results will be delivered to the DPT Clinical Director, and will be available for review by the student upon request.
5. Any finding from a student drug screen will be discussed with the student to allow the student to explain the results. The authorized individual representing the DPT program, either the DPT Program Director or DPT Program Clinical Director (ACCE) will consult legal counsel to discuss the findings of the drug screen. Certain findings in a drug screen could preclude participation in clinical education at certain training facilities and may also preclude licensure as a physical therapist in the state of South Carolina. If it is likely that a student may pose a threat to the welfare of patients or that a student will be unable to complete the clinical education portion of the curriculum, the student may be denied continuance in the USC DPT Program.
6. Drug screen reports will be stored in a locked file in the DPT Clinical Director's (ACCE's) office.

### EVALUATION OF CLINICAL INSTRUCTORS

All CIs who provide 160 hours of clinical instruction are required to complete a Clinical Instructor Curriculum Review form. The student is required to complete a Student Evaluation of Clinical Educational Experience form on any CI who provides 160 hours of clinical instruction.

### INCIDENT REPORT

The following procedure should be followed if a student is involved in any incident that has potential for professional liability legal action to be filed.

- The student must immediately notify the CI of the incident and follow the facility's procedure regarding incident reporting.

- The student must notify the ACCE of the event as soon as the facility's procedures regarding incident reporting have been completed and provide the ACCE with a written copy of the incident report from the student and CI.
- Upon receipt of any official document notifying the student of a compensable event, the student must furnish a copy of the document to the ACCE.
- The ACCE will furnish the written documentation of the possible legal action to the Program Chair, the University of South Carolina attorney and the professional liability carrier.

#### OPTIONAL CLINICAL EDUCATION EXPERIENCE

Students may request an optional outpatient clinical experience to be performed one to two half days per week during the Fall and Spring semesters of their second year. This course will be taken as an independent study and grading of this clinical will be based on achieving mutually agreed upon objectives between the student and the ACCE. These objectives will be established in an independent study contract. An overload form will be required to enroll in this course. The intent of this optional clinical is to increase levels of confidence and skill in clinical practice.

#### REPEAT OR EXTENSION OF A CLINICAL COURSE

If successful completion of a clinical is not attained during the normal time frame of the clinical, the student will be assigned a "U" or unsatisfactory grade for the clinical performance. In certain cases of hardship, such as family death, maternity, paternity, illness, etc. an incomplete may be assigned for the clinical. The incomplete may also be assigned in "limited" cases, at the discretion of the ACCE if the student is minimally below the passing mark on a minimal number of *Clinical Performance Instrument* criteria and/or the clinical site did not provide an adequate number of opportunities to pass specific criteria.

The student will assume responsibility for formulating objectives for any extended or repeat clinical experience; these objectives must be approved by the ACCE. A satisfactory "S" or unsatisfactory "U" grade will be assigned at the end of the extended or repeat clinical based upon achievement of these objectives.

Any extended or repeat clinical may result in delayed graduation of the student.

**The student can repeat only one clinical experience.**

#### SOCIAL NETWORKING POLICY

Students will not post any confidential information relating to patients or clinical instructors on social networking sites or university electronic communication systems such as Facebook, Twitter, and Blackboard, etc. Prohibited confidential information includes names, photographs, social security numbers, addresses, patient diagnoses, dates of admission, and any other information that may be protected by the Health Insurance Portability and Accountability Act of 1996.

#### STUDENT RESPONSIBILITIES

Students must follow the Student Responsibilities for Clinical Education as outlined in The Clinical Education Guide.

## THE CLINICAL EDUCATION AGREEMENT

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A clinical education experience agreement between the school and facility must be signed and current for a student to be placed in a clinical rotation in the facility. The agreement between the University of South Carolina and the clinical facility defines the roles and responsibilities of each agency. A copy of the agreement is filed in the office of the Physical Therapy Program. An original agreement is kept in the University legal office and a second original agreement is returned to the facility.

Clinical education experience agreements will be reviewed annually. Agreements expiring that year will be reviewed and the appropriate procedure to update or renew the agreement will be followed.

The University of South Carolina may use the clinical facility's agreement, but the University's office of legal counsel must approve the agreement.

## CLINICAL FACILITY SELECTION CRITERIA

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Clinical sites for the USC DPT program are chosen according to the following criteria:

- Professionals in the facility want to clinically train students.
- The facility is located in the school's geographic region. Sites in other regions may be selected according to the clinical, research, or personal needs of the student.
- The clinical facility practices ethically and legally.
- The clinical facility employs an adequate number of clinical instructors (physical therapists) to provide appropriate supervision of the student. Supervision must be provided at a level that meets legal directives for that setting.
- The facility has an adequate number and variety of patients available to the student.
- A written clinical education experience agreement has been signed and approved by USC and the facility.
- The facility has a designated Center Coordinator of Clinical Education (CCCE) responsible for coordinating assignments and activities of the students.
- Clinical instructors will perform mid term and final evaluations on a timely basis.
- Clinical instructors will continually communicate with students regarding their clinical performance (strengths, weaknesses, good behaviors, poor behaviors, inappropriate behaviors) and will communicate with the ACCE on an as needed basis.
- Feedback will be willingly shared between the CI's, CCCE, and ACCE regarding performance in their respective roles.
- Clinical instructors should have a minimum of one year's clinical experience.
- The clinical instructor or other identified personnel will orient the student to the facility by
  - Performing a facility tour,
  - Discussing documentation and scheduling procedures,
  - Showing the locations of the MSDS, fire extinguishers, emergency evacuation routes, and personal protective equipment,
  - Discussing the exposure control plan of the facility, and
  - Reviewing dress code, punctuality, and attendance requirements.

Other criteria are also important in the selection of clinical sites, but are not absolute requirements. Such criteria are as follows.

- The philosophy of the clinical site regarding patient care and clinical education is compatible with that of the academic program.
- The clinical education site provides other learning experiences (administrative, educational, research) in addition to the primary training activity of evaluating and treating patients.
- The student will be designated an area for personal belongings and charting.
- The clinical site is receptive to alternative models of clinical instruction (e.g. 2 students per clinical instructor, 1 student with split supervision by different clinical instructors).
- A credentialed clinical instructor is on site.
- Clinical instructor or CCCE provides student with guidelines and expectations regarding documentation and charging in that facility.

## RESPONSIBILITIES OF THE ACADEMIC COORDINATOR OF CLINICAL EDUCATION

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The Academic Coordinator of Clinical Education:

- Plans, implements and refines the academic clinical education component in collaboration with the academic faculty, clinical instructors, and students.
- Communicates and coordinates the spread of information between the affiliated clinical education sites and the academic institution.
- Maintains updated clinical education files on each facility including contracts, Clinical Site Information Forms (CSIF), Student Evaluations of the Clinical Education Experience, and Diagnosis Listing forms.
- Maintains student clinical education files including clinical performance evaluations, the Student Clinical Information form and Telephone Contact Sheets.
- Maintains individual and separate files on necessary student health information.
- Coordinates the preparation, assignment and supervision of students in clinical experiences.
- Communicates with clinical education faculty and students before, during, and after clinical education experiences.
- Provides counseling and remedial interventions on an as needed basis.
- Recruits and develops new clinical sites on an as needed basis.
- Assists clinical faculty development.
- Assigns final grade for Clinical Education Experience.
- Visits majority of clinical sites prior to sending student to site.

## RESPONSIBILITIES OF THE CENTER COORDINATOR OF CLINICAL EDUCATION

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The Center Coordinator of Clinical Education:

- Administers the facility's clinical education program.
- Coordinates assignments and activities of students at clinical education site.
- Selects qualified Clinical Instructor for student assignment.
- Distributes information about the curriculum, evaluation materials, clinical education experience objectives, and specific student profiles to the appropriate Clinical Instructor.
- Ensures completion of Clinical Site Information Form and returns to ACCE.
- Communicates with Academic Coordinator of Clinical Education, Clinical Instructor, and student.
- Educates and develops Clinical Instructors' skills as needed.
- Assists the Clinical Instructor in developing alternative or remedial instruction for students as needed.
- Assists the Clinical Instructor in evaluating the student as needed.
- Reports to the ACCE any student who is at risk of failing the clinical education experience.

## RESPONSIBILITIES OF THE CLINICAL INSTRUCTOR

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The Clinical Instructor:

- Has a minimum of 1 year of clinical experience.
- Must be a licensed physical therapist in the state of practice
- Provides effective clinical instruction to the student.
- Uses best efforts to facilitate safe practice by the student physical therapist.
- Demonstrates clinical competence and legal and ethical practice.
- Reviews the Student Clinical Information Form and the APTA Clinical Performance Instrument prior to the student's arrival.
- Discusses clinical education objectives, the student's personal objectives, and methods of supervising and communicating with the student during the first day(s) of the clinical education experience.
- Discusses and modifies objectives, supervision, and communication with the student throughout the clinical education experience as needed.
- Communicates daily with the student to provide feedback as needed to assist the student in meeting personal and clinical education experience objectives.
- Completes and reviews *Clinical Instructor / Student Constructive Feedback Form* on a weekly basis.
- Performs midterm and final evaluations using the Clinical Performance Instrument. Also reviews personal objectives at midterm and final.
- Communicates with the CCCE or ACCE as needed.
- Reports to the CCCE and ACCE any student who is at risk of failing the clinical education experience.
- Facilitates evidence-based learning in the student.

## STUDENT RESPONSIBILITIES FOR CLINICAL EDUCATION

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### COMPLETE ALL NECESSARY ACADEMIC REQUIREMENTS

Students must pass all courses identified as the “clinical science core” with a grade “B” or better. The student must also pass a comprehensive examination before enrollment will be permitted in the final full time clinical experience, PHYT 853.

### EMAIL COMMUNICATION

The student is responsible for monitoring emails sent to their university email address from the ACCE and ACCE Assistant on a daily basis. Failure to respond to emails within 24 hours is unacceptable.

### SITE SELECTION

Prior to a clinical experience, students will identify a facility type and a geographic location that meets the requirements for the specific clinical experience. The student may request specific sites for their final clinical as this clinical is generally designed to allow the student to gain experience in an area of individual interest. If a contract is not in place with a specific site, the student should complete the *Request for New Clinical Site* form, which is located on the DPT Clinical Education site on Blackboard. The ACCE will contact the facility to establish an agreement; if an agreement is not established, the student will be assigned to an alternate site.

The ACCE welcomes requests for out-of-town sites for any clinical, but these requests should be made 1-2 years in advance of the clinical experience. The ACCE will not accept requests to perform a clinical experience at a specific site in the Columbia, South Carolina region with the exception of the PHYT 853 clinical experience.

### SITE ASSIGNMENT

The ACCE will finalize all clinical placements. **The student should contact the clinical facility at least 3 months prior to the internship to confirm his/her placement.** The student may ask the contact person (CCCE or CI) questions regarding dress, arrival time, working hours, and facility expectations at this time. If the student does not receive necessary information from the facility, he/she should coordinate efforts to obtain information through the ACCE. Much of the information regarding the facility is present in the Clinical Site Information form if it has been returned by the facility.

### REQUESTS FOR NEW CLINICAL EDUCATION SITES

Requests for new clinical sites must be submitted to the ACCE before or during the first week of January of the year preceding the clinical education experience. Requests should be made by completing the Request for New Clinical Site form and can be found on the Blackboard DPT Clinical Education Site when the student enrolls in the USC DPT Program. If the ACCE and the clinical site agree to a contractual relationship, the student initiating the request will be given the first option to intern at the site should the facility offer an appropriate clinical education experience.

### CLINICAL HOLD POLICY

Students who have not obtained health immunizations, or who have not completed required training or other required documentation will be placed on clinical hold. This means the student will not be allowed to attend their clinical education experience until they have updated their required

immunizations, required health training, tuberculosis skin testing, CPR training, and other required documentation as outlined in student responsibilities. Additionally, students who are on clinical hold will be given last priority when assigning clinical sites.

#### CLINICAL CONTRACT AND CLINICAL SITE INFORMATION FORM

The student is required to review the Clinical Contract and Clinical Site Information Form for each facility to which they are assigned. All provisions of the contract requiring an obligation on the part of the student should be carefully reviewed. The student is required to read and sign the *Contract Review Sheet*. **If the contract requires training or immunizations not routinely conducted by the USC program, the student must satisfy these requirements before he/she can attend this internship.** Clinical contracts are available in the DPT office in a file cabinet. Clinical Site Information forms are available in the same file cabinet or on the Blackboard DPT Clinical Education site in the Clinical Site Info section. These forms are in two locations as many sites are not yet sending electronic copies to the ACCE. If you can not find a contract or Clinical Site Information form, please contact the ACCE.

#### AUTHORIZATION FOR RELEASE OF RECORDS AND INFORMATION

Each student should review and sign the appropriate forms for the release and exchange of necessary medical and academic information between the facility and the academic institution. A copy of this form may be found on the Blackboard DPT Clinical Education Site.

#### CLINICAL EDUCATION EXPERIENCE PROGRAM AGREEMENT

Each student should review and sign this agreement. This details information and rules the student should know prior to going to the clinical education experience. It includes many of the items in this section and a confidentiality agreement. A copy of this form may be found on the Blackboard DPT Clinical Education Site.

#### TRAVEL/LIVING COSTS

The student is expected to arrange travel to and housing at the clinical site. Costs are the responsibility of the student. Please check the Clinical Site Information Form for housing information in the facility's area. A few facilities provide housing free of charge. Sometimes, housing costs can be decreased by sharing accommodations with a student from another school. Housing options for selected sites may be found in the *Housing* section of the Blackboard DPT Clinical Education Site.

#### WORK SCHEDULE/ATTENDANCE/TARDINESS/HOLIDAYS

- The work schedule will be as directed by the clinical instructor.
- The student must be present for work daily; missed work time must be made up according to a plan acceptable to the clinical instructor and the ACCE.
- The ACCE should be contacted if the student is absent more than one day from the clinical. The ACCE generally recommends that absences exceeding one day be made up.
- Timeliness is expected for all clinical activities.
- Any delay in arriving to work should be reported to the clinical instructor prior to the beginning of the workday.
- Student holidays are taken according to the facility's custom and not the University's calendar.

- In the case of illness, the facility may require a medical release to return to work.

#### DRESS/NAMETAG/APPEARANCE/PROFESSIONAL CONDUCT

The student will follow the dress code of the facility. This information is located in the Clinical Site Information Form. **Nametags are required to be worn daily and include the student's name and identification as a student physical therapist from the University of South Carolina. These nametags are in compliance with the Lewis Blackmon Act of South Carolina.** Appearance should always be neat and well groomed. **Dress that does not conform to the facility standard may result in the CCCE and the ACCE removing the student from the clinical education experience.**

Professional, legal and ethical behavior is expected at all times during the clinical education experience. Inappropriate behavior may result in the CI and the ACCE removing the student from the clinical education experience.

#### AMERICAN PHYSICAL THERAPY ASSOCIATION MEMBERSHIP

Student membership in the APTA is recommended. Information on APTA membership is available upon request or can be obtained from the APTA website at [www.apta.org](http://www.apta.org).

#### MALPRACTICE INSURANCE

Malpractice insurance in the amount of One Million/Three Million dollars of coverage per incidence/occurrence is required for the duration of each clinical experience and is provided by the University of South Carolina doctoral physical therapy program. Additional personal student professional liability coverage can be obtained through Healthcare Providers Service Organization (HPSO). Information regarding this coverage may be found at the website <http://www.hpso.com/students/stucovm3.php3>.

#### WORKMAN'S COMPENSATION INSURANCE

Workman's compensation insurance is required for the duration of each clinical education experience.

#### HEALTH EXAMINATION

Many clinical facilities require a health or physical exam. Students will be required to obtain this exam if assigned to a facility with this requirement. **Failure to obtain a required health examination will prevent the student from attending the required clinical education experience and will likely result in delayed graduation.**

#### HEALTH INSURANCE COVERAGE

Health insurance coverage is required by the University of South Carolina Graduate School. Additionally, many clinical facilities require a statement of health insurance coverage. You must provide a record of health insurance coverage to the clinical facility if they request proof that you have health insurance.

The University will provide and charge you with the University's health insurance plan if you do not provide proof of other satisfactory health insurance coverage. More information regarding the University's health insurance policy can be found at <https://www.pearceandpearce.com//PearceSite/Schools/SC/usc/Default.asp>. The American Physical Therapy association also provides a link where students may obtain coverage at <http://www.apta.org/AM/Template.cfm?Section=Insurance1&CONTENTID=62020&TEMPLATE=/CM/ContentDisplay.cfm>.

#### IMMUNIZATION REQUIREMENTS/TB TESTING

Proof of immunity is required for measles (rubeola), German measles (rubella), mumps, chickenpox (varicella), pertussis and tetanus. Hepatitis-B vaccination series or signed declination and annual tuberculosis screening are also required. It is acceptable to establish varicella immunity through documentation of the receipt of 2 doses of varicella vaccine or documentation of immunity with a positive varicella titer.. Occasionally, a clinical education facility may have more extensive immunization requirements. As of 2009, many facilities were requiring influenza vaccination for fall and winter clinical education experiences. **The additional requirements must be met before the student can practice in that facility.**

#### CPR, HEALTH AND SAFETY REQUIREMENTS

- Safe practice in the clinical environment is the responsibility of the student and the CI. It is the student's responsibility to inform the CI when he or she has not performed a specific task. The student should articulate a plan for the performance of novel tasks and the CI may give feedback as he or she deems necessary.
- CPR certification for the infant, child, and adult and maintenance of that certification according to the rules of the certifying agency (usually 1 year or 2 years).
- Blood borne pathogen, hazard communications and standard precautions training are required annually.
- Back safety training is required at orientation.
- The student is required to inquire and have knowledge about the isolation procedures required in the affiliate facility.

#### HIPAA REQUIREMENTS

Students must complete a HIPAA orientation provided by East Carolina University and submit the certificate of completion for this training to the ACCE prior to attending clinical. This training is available at <http://www.ecu.edu/hiss/STUDENTHIPPA/studenthipaa.htm>. Additionally, the student must ascertain and adhere to the HIPAA policies and procedures specific to the clinical site where he or she interns

#### CRIMINAL BACKGROUND CHECK

A criminal background check is required by the USC DPT Program. The Policy may be found in the *Clinical Education Policies* section of this Guide and on the Blackboard DPT Clinical Education Site

#### ALCOHOL AND DRUG POLICY

Students are prohibited from reporting to any clinical education experience while under the influence of alcohol or any substance that may impair the ability to function in a clinical setting. **Some facilities may require drug screens.** If a facility requires a drug screen the student will pay for and submit to the drug screen after consenting to the drug screen process that is required by the facility.

#### PREDISPOSING MEDICAL CONDITIONS

If a student has a medical condition or is taking a prescription medication that may be a risk to either the student or patient, it is recommended that the student inform the faculty of this condition. Examples include such conditions as pregnancy, epilepsy, diabetes, and medications that alter

alertness or judgment. Confidentiality regarding this situation will be maintained and reasonable accommodations will be made to facilitate student progress.

#### IN - SERVICE

Students are required to give an in-service at the PHYT 851, 852, and 853 clinical education experiences. The type, time, and length of the in-service should be coordinated with the clinical instructor. If the PHYT 850 clinical site requires the student to perform an in-service, the student will also have to perform an in-service for that clinical education experience.

#### EVIDENCE - BASED PRACTICE

An evidence-based practice assignment will be required for the PHYT 852 and PHYT 853 clinical education experiences. The guidelines for this assignment will be distributed prior to each clinical. Failure to complete this assignment will result in a non-passing grade for objective 9 of the *Clinical Performance Instrument* in all clinical education experiences.

#### SELF - EVALUATION

Students are expected to self evaluate their performance in affective, cognitive, and psychomotor domains by performing the following:

- Student will complete the following prior to the internship.
  - Student Clinical Information Form
  - Generic Abilities Assessment
- During the internship, the student will keep a diagnosis listing to record her/his experience in evaluating and treating different diagnoses.
- Student will monitor his/her progress by filling out the Clinical Performance Instrument prior to mid-term and final evaluation sessions with his/her clinical instructor.
- Student and clinical instructor will review the student's self-assessed strengths and weaknesses, learning objectives and goals, plan for achieving goals, and other items on the Student Clinical Information Form at the beginning of internship. Ideally objectives should be reviewed formally or informally on a weekly basis. Formal re-evaluation of the student's objectives and the objectives in the Clinical Performance Instrument should be performed at midterm and final evaluation periods.

During each week of the clinical, the student will complete the Clinical Instructor/Student feedback form and fax it to the USC ACCE. This form may be found on the Blackboard DPT Clinical Education Site

#### EVALUATION OF CLINICAL SITE

At the conclusion of the clinical, the student will evaluate the clinical site. This information must be shared with the facility through the clinical instructor.

This form should be completed and given to the clinical instructor in a sealed envelope at the time the student receives their final evaluation for the clinical experience. The facility evaluation should be openly discussed after the final CPI evaluation has been completed and discussed. The name of the clinical instructor or student should not be placed on the facility evaluation.

#### COMMUNICATION

Communication occurs primarily via forms, email, and telephone. Both the student and CI should complete a *Week One Contact Sheet* at the end of the first week to indicate if 1) the student is adjusting favorably to the clinical environment and 2) the student and clinical instructor are communicating well. During each week of the clinical education experience the student and CI should complete the *Clinical Instructor / Student Feedback* form to develop student learning objectives and to foster ongoing communication.

In the event of student or CI concerns regarding the clinical experience, the student and CI should candidly discuss their concerns with each other. The ACCE should be contacted if the student and the clinical instructor cannot resolve these concerns or if the concern is programmatic in nature.

The ACCE will visit the site as necessary to assist the CCCE, CI, and student in resolving clinical education problems.

## DESIRABLE CHARACTERISTICS OF STUDENT LEARNERS

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The characteristics listed in the table below have been adapted from several articles appearing in the physical therapy literature during the 1990's.<sup>1,2,3</sup> Communication and professional behaviors are cited more often than knowledge and skill behaviors as problem areas for the student physical therapist. However, skill and knowledge behaviors are more likely to be cited as a reason for a student failing a clinical.

Clinical instructor communication to the student regarding deficit areas is critical to the student improving his/her performance.<sup>3</sup> When the clinical instructor does not report problem areas to the student, the behavior is unlikely to improve.<sup>3</sup> Furthermore, it appears that clinical instructors are less likely to inform the student of communication and professional behavior problems than of knowledge and skill problems.

The student and clinical instructor are encouraged to communicate regularly. The student should seek information regarding his/her cognitive and non-cognitive performance and the clinical instructor should freely give feedback regarding that performance.

<b>Desirable Characteristics</b>	<b>Undesirable Characteristics</b>
Good core physical therapy knowledge	Lack of knowledge
Basic physical therapy psychomotor skills	Poor psychomotor skill
Demonstrates professional and responsible behavior	Unprofessional behavior
Effective communication skills and personal interactions with others	Poor communication skill
Commitment to learning; uses constructive feedback	
Demonstrates critical thinking and problem solving behaviors	
Effectively copes with stress	
Effectively uses time and resources	

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<sup>1</sup> May WW, Morgan BJ, Lemke JC, Karst GM, Stone HL. *Model for ability-based assessment in physical therapy education*. Journal of Physical Therapy Education; 1995; 9:3-7.

<sup>2</sup> Jarski RW, Kulig K, Olson RE. *Clinical teaching in physical therapy: student and teacher perceptions*. Physical Therapy. 1990; 70:173-178.

<sup>3</sup> Hayes KW, Huber G, Rogers J, Sanders B. *Behaviors that cause clinical instructors to question the clinical competence of physical therapist students*. Physical Therapy. 1999; 79:653-667.

## DESIRABLE CHARACTERISTICS OF CLINICAL INSTRUCTORS

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The traits listed in the table below were identified in a questionnaire completed by 139 students and 33 clinical instructors.<sup>1</sup> These traits are listed in order of importance. The top traits in each column have been identified as the most helpful or un-helpful traits.

This listing is intended to help clinical instructors self identify behaviors that facilitate and hinder the clinical education experience. The clinical instructor should strive to develop more of the desirable behaviors and to limit the undesirable behaviors.

The listing is a guideline. Sometimes, undesirable traits such as correcting a student error in front of the patient may be necessary to protect the safety of the patient or to ensure the correct performance of the patient. Such corrections should be done in as tactful a manner as possible. Discussion between the clinical instructor and the student about the handling of such issues on the first day of the clinical and on an as needed basis during the clinical will probably help to create a positive clinical experience.

<b>Desirable Characteristics</b>	<b>Undesirable Characteristics</b>
Takes time for discussion and questions	Questions students in an intimidating manner
Answers questions clearly	Corrects students' errors in front of patients
Provides constructive feedback to student	Bases judgment of student on indirect evidence
Provides student with opportunities to practice both technical and problem-solving skills	Fails to adhere to teaching schedule
Is willingly accessible to students	Fails to recognize extra effort
Discusses practical applications of knowledge and skills	Discusses medical cases in front of patients
Shares his or her knowledge and experience	

Other desirable characteristics of clinical instructors include

- Demonstration of administrative duties beyond the provision of patient care.
- Ethical and legal practice.
- Shares with student guidelines for progressing level of clinical supervision.

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<sup>1</sup> Jarski RW, Kulig K, Olson RE: Clinical teaching in physical therapy: student and teacher perceptions. Phys Ther 70:173-178, 1990.

#### SUGGESTED FRAMEWORK FOR CLINICAL EXPERIENCE

A suggested framework for the experience is to allow the student to perform and develop component history, examination and treatment skills in the first week of the clinical education experience and allow the student to evaluate and treat patients with orthopedic problems in the last three weeks of the clinical education experience. **A high level of supervision is expected.**

#### USC CODE OF CONDUCT

Students enrolled in this course are bound by the University of South Carolina Code of Academic Responsibility. Students should make themselves familiar with this code, which can be found in the **U.S.C. - Columbia Student Handbook and Policy Guide**. This rule specifically states “*It is the responsibility of every student at the University of South Carolina at Columbia to adhere steadfastly to truthfulness and to avoid dishonesty, fraud or deceit of any type in connection with any academic program. Any student who violates this rule or who knowingly assists another to violate this rule shall be subject to discipline.*”

SUMMARY OF CLINICAL EXPERIENCES

	Summer Year 02	Summer Year 03	Spring Year 03	Fall Year 04
	<b>PHYT 850 Clinical Experience</b> (7 weeks)	<b>PHYT 851 Clinical Experience</b> (8 weeks)	<b>PHYT 852 Clinical Experience</b> (12 weeks)	<b>PHYT 853 Clinical Experience</b> (12 weeks)
<b>Supervision:</b>	1:1 or 2:1 Clinical Instruction Model	1:1 or 2:1 Clinical Instruction Model	1:1 or 2:1 Clinical Instruction Model	Clinical Mentor
<b>Goal:</b>	Primary goal is to develop basic physical therapy patient management skills (emphasis on conducting a number of patient examinations) in common orthopedic disorders.	Student is guided through simple patient problems. Focus is on the development and refinement of moderate level cognitive, affective and psychomotor behaviors in the acute care and/or outpatient clinical setting.	Student works directly with clinical instructor to begin to make the transition from moderate level to more advanced behaviors. The student is challenged to treat patients exhibiting more complex problems specifically including neurological disorders	Student works directly with a clinical instructor to develop advanced levels of behavior appropriate to that of an entry-level practitioner in a setting of the student's choice. Student will carry a full patient load and demonstrate the ability to manage complex patients.
<b>Environment:</b>				
Experience Length	Moderte	Moderate	Long	Long
Number of Patients	Progress from low to moderate	Progress from low to moderate	Slightly below full	Full patient load
Patient Complexity	Low to Moderate	Low to High	Low to High	Moderate to High
Supervision Level	High to Moderate	High to Moderate	Moderate	Low
Error Frequency	High to Moderate	High to Moderate	Moderate to Low	Low

PHYT 850 OVERVIEW:  
280 HOUR CLINICAL EXPERIENCE

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The purpose of this clinical experience is to develop orthopedic physical therapy examination, evaluation and treatment skills in DPT students. The clinical experience will occur five days a week for a seven-week period from June to August. A copy of the student's program of study will be provided to the Clinical Instructor for this clinical experience.

This clinical is intended to be a hands-on physical therapy experience; most of our students have substantial volunteer observation experience prior to arriving in the program. The expectations of the clinical environment for this clinical education experience are as follows:

Length of experience	intermediate
Number of patients	moderate
Patient complexity	low to high
Level of supervision	high
Frequency of errors	high

#### EVALUATION

The APTA's Clinical Performance Instrument will be used to evaluate student performance. Instructions for rating performance are included in the required PT CPI training. The USC DPT program's objectives are included in the course syllabus. Students should also be evaluated on objectives stated in the Student Clinical Information Form. **Students are expected to prepare for midterm and final evaluations by self-rating their performance prior to these evaluative meetings with the clinical instructor.** The student will receive either a pass or fail grade. Letter grades will not be assigned.

The evaluation process should give the student knowledge of where he/she needs to target his/her skill development. It is expected that the student will have many areas in which he/she needs to focus skill development.

**We recommend that students receive verbal feedback on a regular basis. Weekly clinical objectives formulated by the student and by the clinical instructor and weekly review of these objectives are a requirement of the USC DPT program. The *Clinical Instructor / Student Feedback Form* was designed for this purpose and will be provided by the student each week of the internship.**

PHYT 851 OVERVIEW:  
320 HOUR CLINICAL EXPERIENCE

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The purpose of this clinical is to begin development of entry-level physical therapy practitioner skills in USC DPT students as enumerated in the Physical Therapist Clinical Performance Instrument in an acute care and/or outpatient orthopedic setting. This is the first full time clinical education experience for the DPT students. The clinical experience will occur over an eight-week period in the *summer semester* in the third year of program study. A copy of the student's Program of Study will be included with the students clinical information packet sent four to six weeks prior to the clinical experience. The Program of Study details the sequence of the student's coursework.

This is intended to be a hands-on physical therapy experience. The expectations of the clinical environment for this clinical education experience are as follows:

Experience length	moderate
Number of patients	low to moderate
Patient complexity	low to high
Supervision level	high to moderate
Error Frequency	high to moderate

#### EVALUATION

The APTA's Clinical Performance Instrument will be used to evaluate student performance. Instructions for rating performance are included in the required PT CPI training. The USC DPT program's objectives are included in the course syllabus. Students should also be evaluated on objectives stated in the Student Clinical Information Form. **Students are expected to prepare for midterm and final evaluations by self-rating their performance prior to these evaluative meetings with the clinical instructor.** The student will receive either a pass or fail grade. Letter grades will not be assigned.

The evaluation process should give the student knowledge of where he/she needs to target his/her skill development. It is expected that the student will have many areas in which he/she needs to focus skill development.

**We recommend that students receive verbal feedback on a regular basis. Weekly clinical objectives formulated by the student and by the clinical instructor and weekly review of these objectives are a requirement of the USC DPT program. The *Clinical Instructor / Student Feedback Form* was designed for this purpose and will be provided by the student each week of the internship.**

#### USC'S CODE OF CONDUCT

Students enrolled in this course are bound by the University of South Carolina Code of Academic Responsibility. Students should make themselves familiar with this code, which can be found in the **U.S.C. - Columbia Student Handbook and Policy Guide**. This rule specifically states “*It is the responsibility of every student at the University of South Carolina at Columbia to adhere steadfastly to truthfulness and to avoid dishonesty, fraud or deceit of any type in connection with any academic program. Any student who violates this rule or who knowingly assists another to violate this rule shall be subject to discipline.*”

PHYT 852 OVERVIEW:  
480 HOUR CLINICAL EXPERIENCE

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The purpose of this clinical is to continue development of entry-level physical therapy practitioner skills in USC DPT students as enumerated in the Physical Therapist Clinical Performance Instrument in a neurological rehabilitation setting. This is the second full time clinical education experience for the DPT students. The clinical experience will occur over a twelve-week period in the *spring semester* in the third year of program study. A copy of the student's Program of Study will be included with the students clinical information packet sent four to six weeks prior to the clinical experience. The Program of Study details the sequence of the student's coursework.

This is intended to be a hands-on physical therapy experience. The expectations of the clinical environment for this clinical education experience are as follows:

Experience length	long
Number of patients	slightly below full
Patient complexity	average to complex
Supervision level	moderate
Error Frequency	moderate

#### EVALUATION

The APTA's Clinical Performance Instrument will be used to evaluate student performance. Instructions for rating performance are included in the required PT CPI training. The USC DPT program's objectives are included in the course syllabus. Students should also be evaluated on objectives stated in the Student Clinical Information Form. **Students are expected to prepare for midterm and final evaluations by self-rating their performance prior to these evaluative meetings with the clinical instructor.** The student will receive either a pass or fail grade. Letter grades will not be assigned.

The evaluation process should give the student knowledge of where he/she needs to target his/her skill development. It is expected that the student will have several areas in which he/she needs to focus skill development.

**We recommend that students receive verbal feedback on a regular basis. Weekly clinical objectives formulated by the student and by the clinical instructor and weekly review of these objectives are a requirement of the USC DPT program. The *Clinical Instructor / Student Feedback Form* was designed for this purpose and will be provided by the student each week of the internship.**

#### USC'S CODE OF CONDUCT

Students enrolled in this course are bound by the University of South Carolina Code of Academic Responsibility. Students should make themselves familiar with this code, which can be found in the **U.S.C. - Columbia Student Handbook and Policy Guide**. This rule specifically states “*It is the responsibility of every student at the University of South Carolina at Columbia to adhere steadfastly to truthfulness and to avoid dishonesty, fraud or deceit of any type in connection with any academic program. Any student who violates this rule or who knowingly assists another to violate this rule shall be subject to discipline.*”

PHYT 853 OVERVIEW:  
480 HOUR CLINICAL EXPERIENCE

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The purpose of this clinical is to attain entry-level physical therapy practitioner skills in USC DPT students as enumerated in the Physical Therapist Clinical Performance Instrument in an internship of the student's choice. This is the third full time clinical education experience for the DPT students. The clinical experience will occur over a twelve-week period in the *spring semester* in the fourth year of program study. A copy of the student's Program of Study will be included with the students clinical information packet sent four to six weeks prior to the clinical experience. The Program of Study details the sequence of the student's coursework.

This is intended to be a hands-on physical therapy experience. The expectations of the clinical environment for this clinical education experience are as follows:

Experience length	long
Number of patients	full patient load
Patient complexity	moderate to high
Supervision level	low
Error Frequency	low

#### EVALUATION

The APTA's Clinical Performance Instrument will be used to evaluate student performance. Instructions for rating performance are included in the required PT CPI training. The USC DPT program's objectives are included in the course syllabus. Students should also be evaluated on objectives stated in the Student Clinical Information Form. **Students are expected to prepare for midterm and final evaluations by self-rating their performance prior to these evaluative meetings with the clinical instructor.** The student will receive either a pass or fail grade. Letter grades will not be assigned.

The evaluation process should give the student knowledge of where he/she needs to target his/her skill development. It is expected that the student will have few areas in which he/she needs to focus skill development.

**We recommend that students receive verbal feedback on a regular basis. Weekly clinical objectives formulated by the student and by the clinical instructor and weekly review of these objectives are a requirement of the USC DPT program. The *Clinical Instructor / Student Feedback Form* was designed for this purpose and will be provided by the student each week of the internship.**

#### USC'S CODE OF CONDUCT

Students enrolled in this course are bound by the University of South Carolina Code of Academic Responsibility. Students should make themselves familiar with this code, which can be found in the **U.S.C. - Columbia Student Handbook and Policy Guide**. This rule specifically states “*It is the responsibility of every student at the University of South Carolina at Columbia to adhere steadfastly to truthfulness and to avoid dishonesty, fraud or deceit of any type in connection with any academic program. Any student who violates this rule or who knowingly assists another to violate this rule shall be subject to discipline.*”

## OBJECTIVES FOR FULL TIME CLINICAL EDUCATION EXPERIENCES

CPI Criterion	PHYT 851 - Physical Therapy I (8 weeks)	PHYT 852 - Physical Therapy II (12 weeks)	PHYT 853 - Physical Therapy III (12 weeks)	
<i>At the conclusion of this clinical experience the student will:</i>				
<b>Communication</b>	6, 8	1. use appropriate verbal and non-verbal communication skills (e.g. body language, modeling, demonstration) when communicating with the patient, care provider or other professionals.	1. use verbal and non-verbal communication skills which are appropriate to the age and level of understanding of the patient, care provider or other professional.	1. adapt non-verbal communication in response to the behaviors of the patient.
	6, 8	2. exhibit empathy, interest and concern in the problems of the patient and care provider.	2. exhibit a regular appreciation and concern for the individual needs of patients and their care providers.	2. exhibit a consistent appreciation and concern for the individual needs of patients and their care providers.
	6, 7	3. communicate effectively using correct oral and written grammar.	3. communicate effectively using correct oral and written grammar.	3. communicate effectively and fluidly using correct oral and written grammar.
	6, 8	4. demonstrate the use of active listening habits when communicating with patients, family and other professionals.	4. regularly employ effective listening skills when communicating with patients, family and other professionals.	4. consistently employ effective listening skills when communicating with patients, family and other professionals.
	6, 8	5. interact with the patient at their level of comprehension to develop understanding and trust between the patient and physical therapist.	5. modulate communication with the patient to his/her level of comprehension in order to obtain the desired patient response and understanding.	5. demonstrate the ability to evaluate an individual's cognitive level and learning style and utilize this information to develop effective methods of communication between the patient and physical therapist.
	6, 7	6. demonstrate a knowledge of the specific terminology, symbols and abbreviations commonly accepted for use in the medical profession.	6. utilize standard terminology, symbols and abbreviations to accurately document a patient's treatment and progress.	6. utilize all standard terminology, symbols and abbreviations to accurately document a patient's treatment and progress.

	<b>CPI Criterion</b>	<b>PHYT 851 - Physical Therapy I (8 weeks)</b>	<b>PHYT 852 - Physical Therapy II (12 weeks)</b>	<b>PHYT 853 - Physical Therapy III (12 weeks)</b>
	<i>At the conclusion of this clinical experience the student will:</i>			
<b>Communication (cont'd)</b>	7	7. demonstrate the ability to accurately and legibly document the results of a physical therapy evaluation, progress note and discharge summary with moderate supervision	7. demonstrate the ability to accurately and legibly document the results of a physical therapy evaluation, progress note and discharge summary with minimal supervision.	7. demonstrate the ability to accurately and legibly document the results of a physical therapy evaluation, progress note and discharge summary.
	3, 6, 16	8. accept critical feedback and attempt to use this information constructively without becoming defensive.	8. use critical feedback from others to engage in constructive dialogue and improve performance.	8. use critical feedback from others to engage in constructive dialogue, and integrate critical feedback into one's behavior as appropriate to improve performance.
	9	9. read, interpret, and evaluate research in physical therapy and related disciplines.	9. read, interpret, and evaluate research in physical therapy and related disciplines to help answer clinical questions.	9. read, interpret, and evaluate research in physical therapy and related disciplines to help answer clinical questions.
	3, 6, 8	10. display the ability to formulate appropriate communication techniques to obtain the information required in a tactful and respectful manner.	10. display the ability to formulate appropriate communication techniques to obtain the information required in a tactful and respectful manner.	10. demonstrate the ability to analyze the quality of the information obtained from a patient and modify techniques to secure additional information.
	9, 10	11. demonstrate the ability to locate pertinent information found in a patient's medical record and provide a basic interpretation of its meaning (e.g., vital signs, lab procedures, medications, diagnostic tests).	11. demonstrate the ability to locate pertinent information found in a patient's medical record and provide an interpretation of its meaning (e.g., vital signs, lab procedures, medications, diagnostic tests).	11. demonstrate the ability to analyze all pertinent information contained in a patient's medical record and synthesize these data into an accurate summary of the patient's physical therapy needs.
	12, 13	12. demonstrate the ability to apply information found in the medical record in developing a physical therapy problem list.	12. demonstrate the ability to apply information found in the medical record in formulating appropriate short and long term goals.	12. demonstrate the ability to apply information found in the medical record in developing a comprehensive plan of care.
<b>Individual and Cultural Differences</b>	8	1. demonstrate respect of individual differences, including culture and ethnicity, in the provision of physical therapy services.	1. demonstrate respect of individual differences, including culture and ethnicity, in the provision of physical therapy services.	1. consistently exhibit behaviors that demonstrate the internalization of values of respect and appreciation for an individual's ethnic and cultural background.

CPI Criterion	PHYT 851 - Physical Therapy I (8 weeks)	PHYT 852 - Physical Therapy II (12 weeks)	PHYT 853 - Physical Therapy III (12 weeks)	
<i>At the conclusion of this clinical experience the student will:</i>				
<b>Professional Behavior</b>	3, 4, 5	1. practice physical therapy in a manner that is consistent with the professional, ethical and legal standards of the profession.	1. practice physical therapy in a manner that is consistent with the professional, ethical and legal standards of the profession	1. exhibit behaviors that are internally consistent with individuals that values the professional , ethical and legal standards of practice.
	3, 6, 15, 23	2. demonstrate a willingness to participate in professional development activities by actively participating in and presenting in-service sessions.	2. demonstrate a willingness to participate in professional development activities by actively participating in and presenting in-service sessions	2. demonstrate a consistent pattern of behaviors that supports the premise that the student values the profession of physical therapy and other health related disciplines.
	3, 23	3. maintain professional and cooperative relationships with patients, peers, staff and other professionals in the clinical environment	3. articulate plan for continued professional development.	3. actively participate in and articulate plan for continued professional development.
	21	4. recognize the role of physical therapist in the delegation and supervision of staff.	4. delegate some activities to supportive physical therapy staff and supervise appropriately.	4. regularly and appropriately utilize supportive physical therapy staff to increase productivity and efficiency of treatment without compromising patient care/outcome.
	1, 2, 3, 4, 5, 6, 9, 12, 18	5. seek the assistance and advise of other professionals when a problem arises which is beyond his/her abilities.	5. seek the assistance and advise of other professionals when a problem arises which is beyond his/her abilities.	5. seek the assistance and advise of other professionals when a problem arises which is beyond his/her abilities.
	3, 6	6. exhibit an open and non-confrontational attitude regarding constructive feedback and recognize his/her own limitations.	6. exhibit an open and non-confrontational attitude regarding constructive feedback and recognize his/her own limitations.	6. exhibit an open and non-confrontational attitude regarding constructive feedback and readily recognize his/her own limitations.
	3, 21, 23	7. accept responsibility for one's own actions.	7. accept responsibility for one's own actions.	7. accept responsibility for one's own actions.
	22, 24	8. demonstrate a willingness to contribute to the health care profession through participation in professional and community service.	8. demonstrate a willingness to contribute to the health care profession through participation in professional and community service.	8. behave in a consistent manner that demonstrates respect for the values of the profession within and beyond the clinical setting.
	3	9. maintain professional behavior in all situations encountered in the clinical environment.	9. maintain professional behavior in all situations encountered in the clinical environment	9. operationalize one's personal value system into the delivery of patient services.

	<b>CPI Criterion</b>	<b>PHYT 851 - Physical Therapy I (8 weeks)</b>	<b>PHYT 852 - Physical Therapy II (12 weeks)</b>	<b>PHYT 853 - Physical Therapy III (12 weeks)</b>
<i>At the conclusion of this clinical experience the student will:</i>				
<b>Professional Behavior (cont'd)</b>	2	10. maintain professional dress and work behaviors.	10. maintain professional dress and work behaviors.	10. maintain professional dress and work behaviors.
<b>Critical Inquiry and Clinical Decision Making</b>	9, 10, 11, 12, 13	1. demonstrate an awareness of the process of clinical decision making.	1. outline his/her clinical decision making process and demonstrate the ability to use this process in the clinical setting.	1. incorporate the use of outcomes studies on the effectiveness of selected protocols in the design and implementation of appropriate treatment strategies.
	9, 10, 11, 12, 13	2. apply clinical decision making skills in the delivery of patient care.	2. identify general principles of the clinical decision making process included or omitted in his/her own clinical decision making process. Discuss and modify this process as necessary.	2. proceed fluidly through the clinical decision making process with a variety of patients.
	9, 10, 11, 12, 13	3. recognize the value and role of professional research literature in the process of delivering clinical services.	3. demonstrate several clinical cases where interpretation of the research impacted delivery of care.	3. read, interpret, evaluate and synthesize research in physical therapy and related disciplines and apply this knowledge to the clinical practice of physical therapy.
	9, 10, 11, 12, 13	4. demonstrate, with moderate assistance, the ability to formulate critical questions, identify contributors to problems, review appropriate literature and formulate solutions.	4. demonstrate, with minimal assistance, the ability to formulate critical questions, identify contributors to problems, review appropriate literature and formulate solutions.	4. demonstrate the ability to formulate critical questions, identify contributors to problems, review appropriate literature and formulate solutions.
	9, 13	5. use current research, with moderate supervision, to support the selection of treatment protocols	5. use current research, with minimal supervision, to support the selection of treatment protocols.	5. use current research to support the selection of treatment protocols.
	9, 10, 11, 12, 13	6. exhibit the ability, with moderate assistance, to evaluate the cost/benefit of a particular treatment protocol and make appropriate decisions based upon the needs of the patient and family.	6. exhibit the ability, with minimal assistance, to evaluate the cost/benefit of a particular treatment protocol and make appropriate decisions based upon the needs of the patient and family.	6. exhibit the ability to evaluate the cost/benefit of a particular treatment protocol and make appropriate decisions based upon the needs of the patient and family.

CPI Criterion	PHYT 851 - Physical Therapy I (8 weeks)	PHYT 852 - Physical Therapy II (12 weeks)	PHYT 853 - Physical Therapy III (12 weeks)
<i>At the conclusion of this clinical experience the student will:</i>			
<b>Critical Inquiry and Clinical Decision Making (cont'd)</b>	9, 10, 11, 12, 13	7. exhibit healthy skepticism and intuitive thought when evaluating conventional wisdom and new/innovative clinical practices.	7. exhibit healthy skepticism and intuitive thought when evaluating conventional wisdom and new/innovative clinical practices..
<b>Education</b>	15	1. demonstrate the ability to use effective teaching strategies when providing the patient and/or care provider with clinical instruction.	1. demonstrate the ability to organize a variety of learning experiences designed to meet the instructional needs of patients and other professionals.
	15	2. be able to identify the learning needs of patient, care-giver, or others in the clinical setting.	2. acknowledge that individuals learn differently and demonstrate the ability to analyze the learner's learning style and adapt instructional delivery to meet the needs of the learner.
	16	3. participate in educational activities of the clinical setting including patient instruction and professional education.	3. participate in educational activities of the clinical setting including patient instruction and professional education.
	15	4. demonstrate, with moderate supervision, the ability to analyze the instructional needs of a large audience and synthesize the best instructional approach to meet these needs.	4. demonstrate the ability to analyze the instructional needs of a large audience and synthesize the best instructional approach to meet these needs.
	15	5. value the role of the physical therapist as an educator and consistently exhibit behaviors that consider the needs of the patient, family and other professionals.	5. value the role of the physical therapist as an educator and consistently exhibit behaviors that consider the needs of the patient, family and other professionals.
<b>Professional Development</b>	3, 6, 22, 23	1. accept constructive feedback.	1. consistently exhibit behaviors that demonstrate the value of professional development.

CPI Criterion	PHYT 851 - Physical Therapy I (8 weeks)	PHYT 852 - Physical Therapy II (12 weeks)	PHYT 853 - Physical Therapy III (12 weeks)
<i>At the conclusion of this clinical experience the student will:</i>			
<b>Professional Development (cont'd)</b>	3, 6, 22, 23	2. participate in professional development activities designed to assist in meeting personally established professional goals.	2. participate in professional development activities designed to assist in meeting personally established professional goals.
	22, 23	3. demonstrate the ability to critically evaluate one's own clinical skills and identify strengths, biases and personal limitations.	3. exhibit the ability to perform a self analysis of one's own professional behavior and make decisions regarding self-improvement.
<b>Screening</b>	1, 3, 8	1. provide a clinical environment that is safe, secure and private to protect the dignity of the patient.	1. provide a clinical environment that is safe, secure and private to protect the dignity of the patient.
	10	2. select appropriate screening instruments that are age-appropriate for the patient to be screened.	2. independently use screening instruments/ techniques which are appropriate to the age, developmental level, and system being screened.
	10	3. with moderate supervision, correctly use information obtained from the screening to appropriately individualize the physical exam, select direct interventions, or make referrals to other practitioners.	3. with minimal supervision, correctly use information obtained from the screening to appropriately individualize the physical exam, select direct interventions, or make referrals to other practitioners.
	10	4. with moderate assistance of the CI, determine when physical therapy services are not warranted.	4. determine when physical therapy services are not warranted.
	10	5. demonstrate the ability to identify the appropriate referral resource for a patient with moderate assistance of the CI.	5. exhibit an awareness of the role of other health care providers in treating a patient and make referrals when appropriate.

	<b>PHYT 851 - Physical Therapy I (8 weeks)</b>	<b>PHYT 852 - Physical Therapy II (12 weeks)</b>	<b>PHYT 853 - Physical Therapy III (12 weeks)</b>	
<i>At the conclusion of this clinical experience the student will:</i>				
<b>Examination</b>	11	1. demonstrate the ability to accurately perform an evaluation of a patient in the clinical setting with moderate assistance of the CI.	1. demonstrate the ability to accurately perform an evaluation of a patient in the clinical setting with moderate assistance of the CI.	1. demonstrate the ability to analyze and synthesize all data obtained during an examination of a patient across systems to develop a correct diagnosis of the patient's needs.
	9, 10, 11, 12, 19	2. demonstrate the use of special tests in the clinical setting to differentiate pathology.	2. select, perform and interpret special tests which are appropriate to the information he/she wishes to obtain.	2. review the literature on often used clinical special tests to clarify the specificity and sensitivity of the test. Is the test valid; does the test measure what it is designed to measure?
	1, 9, 10, 11, 12, 13, 14	3. demonstrate the ability to obtain and monitor vital signs and exhibit the ability to interpret the clinical significance of these signs.	3. regularly obtain and monitor vital signs in appropriate populations and exercise situations; interpret and adjust treatment appropriately.	3. consistently obtain and monitor vital signs in appropriate populations and exercise situations; interpret signs and adjust treatment appropriately.
	11	4. adapt the patient position and individual body mechanics to the needs of the examination.	4. adapt the patient position and individual body mechanics to the needs of the examination.	4. adapt the patient position and individual body mechanics to the needs of the examination.

CPI Criterion	PHYT 851 - Physical Therapy I (8 weeks)	PHYT 852 - Physical Therapy II (12 weeks)	PHYT 853 - Physical Therapy III (12 weeks)
<i>At the conclusion of this clinical experience the student will:</i>			
Examination (cont'd)	11	5. demonstrate the ability (given time to investigate) to select basic examination techniques and use these techniques to examine the following systems and abilities of a patient using a slow deliberate approach (results may be inconsistent and reliability of results low)	5. exhibit flexibility during the examination of a patient and demonstrate competence in examining all relevant systems (results should be consistent and reliability of results should be good)
		aerobic capacity /endurance	aerobic capacity /endurance
		anthropometric characteristics	anthropometric characteristics
		arousal, attention and cognition	arousal, attention and cognition
		assistive and adaptive devices	assistive and adaptive devices
		circulation (arterial, venous, lymphatic)	circulation (arterial, venous, lymphatic)
		cranial nerve integrity	cranial nerve integrity
		environmental, home and work barriers	environmental, home and work barriers
		ergonomics and body mechanics	ergonomics and body mechanics
		gait, locomotion and balance	gait, locomotion and balance
		integumentary integrity	integumentary integrity
		joint integrity and mobility	joint integrity and mobility
		motor function (motor control and motor learning)	motor function (motor control and motor learning)
		muscle performance (strength, power, and endurance)	muscle performance (strength, power, and endurance)
		neuromotor development/sensory integration	neuromotor development/sensory integration
		orthotic, protective and supportive devices	orthotic, protective and supportive devices

CPI Criterion	PHYT 851 - Physical Therapy I (8 weeks)	PHYT 852 - Physical Therapy II (12 weeks)	PHYT 853 - Physical Therapy III (12 weeks)	
<i>At the conclusion of this clinical experience the student will:</i>				
<b>Examination (cont'd)</b>	pain	pain	pain	
	posture	posture	posture	
	prosthetic requirements	prosthetic requirements	prosthetic requirements	
	range of motion (including muscle length)	range of motion (including muscle length)	range of motion (including muscle length)	
	reflex integrity	reflex integrity	reflex integrity	
	self care and home management	self care and home management	self care and home management	
	sensory integration	sensory integration	sensory integration	
	ventilation, respiration and circulation	ventilation, respiration and circulation	ventilation, respiration and circulation	
	work, community and leisure integration or re-integration (including instrumental activities of daily living)	work, community and leisure integration or re-integration (including instrumental activities of daily living)	work, community and leisure integration or re-integration (including instrumental activities of daily living)	
	8, 11	6. modify, with moderate assistance, the environment/equipment /method to enhance the examination of a patient.	6. modify, with minimal assistance, the environment/equipment /method to enhance the examination of a patient.	6. modify the environment/equipment /method to enhance the examination of a patient.
6, 7, 11	7. demonstrate the ability to communicate with the patient throughout the examination process and establish problem list at the conclusion of the examination.	8. demonstrate the ability to communicate with the patient throughout the examination process and summarize findings at the conclusion of the examination.	8. demonstrate the ability to communicate with the patient throughout the examination process and efficiently summarize findings at the conclusion of the examination.	
9, 11	8. with moderate assistance, articulate the limitations of selected examination techniques and consider these limitations in drawing conclusions regarding the patient condition.	8. with minimal assistance, articulate the limitations of selected examination techniques and consider these limitations in drawing conclusions regarding the patient condition.	8. articulate the limitations of selected examination techniques and consider these limitations in drawing conclusions regarding the patient condition.	
<b>Evaluation</b>	12	1. demonstrate, with moderate assistance, the ability to make diagnostic and prognostic judgments based upon the results of a clinical examination.	1. demonstrate, with minimal assistance, the ability to make diagnostic and prognostic judgments based upon the results of a clinical examination..	1. demonstrate the ability to make diagnostic and prognostic judgments based upon the results of a clinical examination..

CPI Criterion	PHYT 851 - Physical Therapy I (8 weeks)	PHYT 852 - Physical Therapy II (12 weeks)	PHYT 853 - Physical Therapy III (12 weeks)	
<i>At the conclusion of this clinical experience the student will:</i>				
Evaluation (cont'd)	12	2. with moderate assistance, develop a problems list and establish appropriate short term clinical objectives, long term clinical objectives, and outcomes after patient examination.	2. with minimal assistance, develop a problems list and establish appropriate short term clinical objectives, long term clinical objectives, and outcomes after patient examination.	2. develop a problems list and establish appropriate short term clinical objectives, long term clinical objectives, and outcomes after patient examination.
	12, 13	3. with moderate assistance, design and implement a treatment plan designed to meet the needs of a patient established by clinical examination.	3. with minimal assistance, design and implement a treatment plan designed to meet the needs of a patient established by clinical examination.	3. design and implement a treatment plan designed to meet the needs of a patient established by clinical examination.
	12, 13	4. regularly re-evaluate patient's status regarding impairment and function with moderate assistance.	4. consistently re-evaluate patient's status with regard to impairment and function with minimal assistance	4. consistently re-evaluate patient's status with regard to impairment and function.
	12, 13	5. with moderate assistance, modify a treatment plan based upon factors such as the patient's emotional needs, the patient's financial needs, and the therapist's and patient's time restrictions	5. with minimal assistance, modify a treatment plan based upon factors such as the patient's emotional needs, the patient's financial needs, and the therapist's and patient's time restrictions	5. modify a treatment plan based upon factors such as the patient's emotional needs, the patient's financial needs, and the therapist's and patient's time restrictions
	Diagnosis	12	1. demonstrate knowledge of the patient management sequence as outlined in <i>The Guide to Physical Therapist Practice, 2nd edition.</i>	1. demonstrate knowledge of the patient management sequence as outlined in <i>The Guide to Physical Therapist Practice, 2nd edition.</i>
12		2. with moderate supervision, use information obtained from clinical, behavioral and the basic sciences to differentiate the pathology of selected conditions commonly encountered in the clinical setting.	2. with minimal supervision, use information obtained from clinical, behavioral and the basic sciences to differentiate the pathology of selected conditions commonly encountered in the clinical setting.	2. use information obtained from clinical, behavioral and the basic sciences to differentiate the pathology of selected conditions commonly encountered in the clinical setting.
12		3. identify the underlying impairments contributing to a patient's functional limitations with moderate supervision.	3. identify the underlying impairments contributing to a patient's functional limitations with minimal supervision.	3. identify the underlying impairments contributing to a patient's functional limitations.

CPI Criterion	PHYT 851 - Physical Therapy I (8 weeks)	PHYT 852 - Physical Therapy II (12 weeks)	PHYT 853 - Physical Therapy III (12 weeks)
<i>At the conclusion of this clinical experience the student will:</i>			
<b>Diagnosis (cont'd)</b>	12	4. formulate a listing of alternative diagnoses after evaluating the patient with moderate assistance.	4. formulate a listing of alternative diagnoses after evaluating the patient with minimal assistance.
			4. exhibit an awareness of one's diagnostic limitations and exhibit a willingness to consult with other professionals when appropriate.
<b>Prognosis</b>	12	1. identify factors that must be considered in making a prognosis of a patient's condition with moderate supervision.	1. identify factors that must be considered in making a prognosis of a patient's condition with minimal supervision.
	12	2. demonstrate the ability to predict the prognosis of a patient in response to selected interventions, patient compliance and other contributing factors with moderate supervision.	2. demonstrate the ability to predict the prognosis of a patient in response to selected interventions, patient compliance and other contributing factors.
	6, 12	3. exhibit the ability to communicate to a patient his/her prognosis for rehabilitation with moderate supervision.	3. exhibit the ability to communicate to a patient his/her prognosis for rehabilitation and the patient's role in achieving that prognosis.
			3. exhibit the ability to modify a prognosis as additional information regarding the patient's condition and compliance is determined; effectively communicate this change to the patient, family and other professionals.
	12	4. accept the patient's right for an accurate prognosis of his/her condition.	4. value the patient's right for an accurate prognosis of his/her condition.
<b>Plan of Care</b>	13	1. with moderate supervision, develop short and long term goals and/or outcomes which appropriately address impairments, level of function, optimization of health, optimization of patient satisfaction, and prevention of disability.	1. with minimal supervision, develop short and long term goals and/or outcomes which appropriately address impairments, level of function, optimization of health, optimization of patient satisfaction, and prevention of disability.
			1. develop short and long term goals and/or outcomes which appropriately address impairments, level of function, optimization of health, optimization of patient satisfaction, and prevention of disability.

CPI Criterion	PHYT 851 - Physical Therapy I (8 weeks)	PHYT 852 - Physical Therapy II (12 weeks)	PHYT 853 - Physical Therapy III (12 weeks)	
<i>At the conclusion of this clinical experience the student will:</i>				
Plan of Care (cont'd)	13	2. with moderate supervision, demonstrate the ability to develop a long term plan of care for a patient in the clinical setting.	2. with minimal assistance, demonstrate the ability to develop a long term plan of care for a patient in the clinical setting and train other professionals and care providers in its implementation.	2. develop short and long term goals and/or outcomes which appropriately address impairments, level of function, optimization of health, optimization of patient satisfaction, and prevention of disability.
	13	3. with moderate supervision, continually analyze a patient's progress and make appropriate changes in the patient's plan of care based on this analysis.	3. with minimal supervision, continually analyze a patient's progress and make appropriate changes in the patient's plan of care based on this analysis.	3. continually analyze a patient's progress and make appropriate changes in the patient's plan of care based on this analysis.
	6, 13, 15	4. with moderate supervision, communicate to the patient all aspects and changes to the original plan of care.	4. with minimal supervision, communicate to the patient all aspects and changes to the original plan of care.	4. communicate to the patient all aspects and changes to the original plan of care.
	6, 13, 15	5. with moderate supervision, involve patient and family in the design and implementation of the patient's plan of care as appropriate.	5. with minimal supervision, involve patient and family in the design and implementation of the patient's plan of care as appropriate.	5. involve patient and family in the design and implementation of the patient's plan of care as appropriate.
	Intervention	1, 14	1. demonstrate and apply Standard Precautions for the protection of self and patient.	1. demonstrate and apply Standard Precautions for the protection of self and patient.
1, 14		2. with moderate supervision, demonstrate the proper techniques to take and monitor vital signs.	2. with minimal supervision, demonstrate the proper techniques to take and monitor vital signs.	2. consistently demonstrate the proper techniques to take and monitor vital signs.
1, 14		3. demonstrate correct emergency procedures including correct coding protocol, airway clearance and CPR, as needed.	3. demonstrate correct emergency procedures including correct coding protocol, airway clearance and CPR, as needed.	3. demonstrate correct emergency procedures including correct coding protocol, airway clearance and CPR, as needed.
1, 14		4. with moderate supervision, select and apply the appropriate transfer techniques when working with patients exhibiting a variety of motor impairments.	4. with minimal supervision, select and apply the appropriate transfer techniques when working with patients exhibiting a variety of motor impairments.	4. consistently use appropriate transfer techniques when working with patients exhibiting a variety of motor impairments

CPI Criterion	PHYT 851 - Physical Therapy I (8 weeks)	PHYT 852 - Physical Therapy II (12 weeks)	PHYT 853 - Physical Therapy III (12 weeks)	
<i>At the conclusion of this clinical experience the student will:</i>				
Intervention (cont'd)	1, 14	5. exhibit an awareness regarding one's own musculoskeletal health and personal safety by modeling correct body mechanics with assistance as needed.	5. demonstrate and model safe, effective and efficient movement strategies that insure personal safety, efficiency and optimal musculoskeletal health.	5. demonstrate and model safe, effective and efficient movement strategies that insure personal safety, efficiency and optimal musculoskeletal health.
	1, 14	6. consistently use safety precautions to insure patient safety during the application of therapeutic exercise.	6. consistently use safety precautions to insure patient safety during the application of therapeutic exercise.	6. consistently use safety precautions to insure patient safety during the application of therapeutic exercise
	1, 8, 14	7. correctly position patients for treatment taking into consideration safety, patient respect, and therapist body mechanics.	7. correctly position patients for treatment taking into consideration safety, patient respect, and therapist body mechanics.	7. adapts the treatment to the positional limitations of the patient taking into consideration safety, patient respect, and therapist body mechanics.
	1, 14	8. with moderate supervision, consistently and correctly select, demonstrate and instruct a patient in the best ambulatory technique using the appropriate assistive devices and correct mechanical patterns; modify ambulatory technique according to patient progress.	8. with minimal assistance, consistently and correctly select, demonstrate and instruct a patient in the best ambulatory technique using the appropriate assistive devices and correct mechanical patterns; modify ambulatory technique according to patient progress.	8. consistently and correctly select, demonstrate and instruct a patient in the best ambulatory technique using the appropriate assistive devices and correct mechanical patterns; modify ambulatory technique according to patient progress.
	1, 14	9. with moderate assistance, correctly demonstrate and safely apply spinal traction procedures.	9. with minimal assistance, correctly demonstrate and safely apply spinal traction procedures.	9. correctly demonstrate and safely apply the spinal traction procedures.
	1, 14	10. with moderate supervision, correctly apply manual therapy techniques to a patient including joint mobilizations, manual traction, soft tissue mobilization.	10. with minimal supervision, correctly apply manual therapy techniques to a patient including mobilizations, manual traction, soft tissue mobilization; modify or change procedure based upon patient response.	10. correctly apply manual therapy techniques to a patient including mobilizations, manual traction, soft tissue mobilization; modify or change procedure based upon patient response.

CPI Criterion	PHYT 851 - Physical Therapy I (8 weeks)	PHYT 852 - Physical Therapy II (12 weeks)	PHYT 853 - Physical Therapy III (12 weeks)	
<i>At the conclusion of this clinical experience the student will:</i>				
Intervention (cont'd)	1, 14	11. with moderate supervision, demonstrate the ability to safely and efficiently perform all electrotherapeutic procedures.	11 with minimal supervision, demonstrate the ability to safely and efficiently perform all electrotherapeutic procedures; modify or change procedure based upon patient response.	11. demonstrate the ability to safely and efficiently perform all electrotherapeutic procedures; modify or change procedure based upon patient response.
	1, 14	12. with moderate supervision, demonstrate the effective and safe use of physical agents in the clinical environment including superficial and deep thermal modalities, hydrotherapy, and phonotherapy.	12 with minimal supervision, demonstrate the effective and safe use of physical agents in the clinical environment including superficial and deep thermal modalities, hydrotherapy, and phonotherapy; modify or change procedure based upon patient response.	12. demonstrate the effective and safe use of physical agents in the clinical environment including superficial and deep thermal modalities, hydrotherapy, and phonotherapy; modify or change procedure based upon patient response.
	1, 13, 14	13. with moderate supervision, plan and implement appropriate rehabilitation strategies based on the needs of the patient as determined by an examination and evaluation.	13. with minimal supervision, plan and implement appropriate rehabilitation strategies based on the needs of the patient as determined by an examination and evaluation; modify and/or change strategies or interventions based upon the response and/or changing needs of the patient.	13. plan and implement appropriate rehabilitation strategies based on the needs of the patient as determined by an examination and evaluation; modify and/or change strategies or interventions based upon the response and/or changing needs of the patient.
	1, 14	14. with supervision demonstrate the correct application of wound care to a patient including whirlpool, debridement, application of medication and application of dressing using universal precaution and sterile and/or clean technique.	14. with supervision demonstrate the correct application of wound care to a patient including whirlpool, debridement, application of medication and application of dressing using universal precaution and sterile and/or clean technique.	14. demonstrate the correct application of wound care to a patient including whirlpool, debridement, application of medication and application of dressing using universal precaution and sterile and/or clean technique; recommend changes in treatment if progress is not apparent or if better alternative treatment exists.

Intervention (cont'd)

CPI Criterion	PHYT 851 - Physical Therapy I (8 weeks)	PHYT 852 - Physical Therapy II (12 weeks)	PHYT 853 - Physical Therapy III (12 weeks)
<i>At the conclusion of this clinical experience the student will:</i>			
1, 14	15. with supervision demonstrate a knowledge of the prescription, application and fabrication of adaptive, assistive, orthotic, protective and supportive devices and equipment.	15. with supervision demonstrate a knowledge of the prescription, application and fabrication of adaptive, assistive, orthotic, protective and supportive devices and equipment.	15. demonstrate a knowledge of the prescription, application and fabrication of adaptive, assistive, orthotic, protective and supportive devices and equipment.
1, 13	16. occasionally use and analyze current outcomes based research in the selection of the most efficient treatment protocols for rehabilitating specific conditions.	16. regularly use and analyze current outcomes based research in the selection of the most efficient treatment protocols for rehabilitating specific conditions.	16. consistently use and analyze current outcomes based research in the selection of the most efficient treatment protocols for rehabilitating specific conditions.
3, 4, 8, 14	17. be responsible in promoting policies and actions to insure the privacy and dignity of all patients under his/her care.	17. be responsible in promoting policies and actions to insure the privacy and dignity of all patients under his/her care.	17. be responsible in promoting policies and actions to insure the privacy and dignity of all patients under his/her care.
6, 7, 14	18. take initiative in supervising a patient's rehabilitation and effectively communicates with others responsible with patient care.	18. take initiative in supervising a patient's rehabilitation and effectively communicates with others responsible with patient care.	18. take initiative in supervising a patient's rehabilitation and effectively communicates with others responsible with patient care.
6, 7, 8, 13, 14	19. with moderate supervision, modify treatment plan when expected results are not obtained.	19. with minimal supervision, modify treatment plan when expected results are not obtained.	19. demonstrate the ability to analyze a patient's personality and behavior and modify intervention strategies to meet these individual needs.
13, 14			20. exhibit flexibility and imagination in developing patient interventions.
1, 14	21. begin to demonstrate a pattern of competency in all aspects of intervention.	21. demonstrate a usual pattern of competency in all aspects of intervention.	21. demonstrate a consistent pattern of competency in all aspects of intervention.
1, 14	22. with minimal assistance, analyze and anticipate specific conditions that will pose a safety risk to the patient or care provider and take appropriate action to limit this risk.	22. with minimal assistance, analyze and anticipate specific conditions that will pose a safety risk to the patient or care provider and take appropriate action to limit this risk.	22. analyze and anticipate specific conditions that will pose a safety risk to the patient or care provider and take appropriate action to limit this risk.

	<b>CPI Criterion</b>	<b>PHYT 851 - Physical Therapy I (8 weeks)</b>	<b>PHYT 852 - Physical Therapy II (12 weeks)</b>	<b>PHYT 853 - Physical Therapy III (12 weeks)</b>
<i>At the conclusion of this clinical experience the student will:</i>				
<b>Outcomes Assessment</b>	7, 9, 10, 11, 12, 13	1. demonstrate knowledge of various outcome assessment techniques to evaluate common problems encountered in the physical therapy setting.	1. demonstrate knowledge of various outcome assessment techniques to evaluate common problems encountered in the physical therapy setting.	1. demonstrate the ability to analyze patient outcomes and modify treatments as necessary to attempt to improve functional, disability and patient satisfaction outcomes.
	7, 9, 10, 11, 12, 13	2. with moderate supervision, demonstrate the use of functional and patient satisfaction outcomes in documenting a patient's progress.	2. with minimal supervision, demonstrate the use of functional and patient satisfaction outcomes in documenting a patient's progress.	2. acknowledge the value of outcome assessment in physical therapy and apply this technique to daily practice.
<b>Discharge Planning</b>	13	1. recognize different indications for discharge of a patient such as patient declination to continue treatment or patient unable to make progress toward goals secondary to medical or psychological reasons.	1. with supervision, seek consultation when appropriate prior to discharge of patient.	1. seek consultation when appropriate prior to discharge of patient.
	7, 13	2. with moderate supervision, write discharge summary in accordance with rules of facility.	2. with minimal supervision, appropriately discharge patients through use of verbal and written communication; include reason for discontinuation if patient does not meet goals.	2. appropriately discharge patients through use of verbal and written communication; include reason for discontinuation if patient does not meet goals.
<b>Prevention, Wellness and Health Promotion</b>	24	1. demonstrate knowledge and appreciation of the role of prevention and health promotion in the delivery of physical therapy services.	1. demonstrate knowledge and appreciation of the role of prevention and health promotion in the delivery of physical therapy services.	1. demonstrate throughout clinical practice an appreciation for the role of health prevention, wellness, and promotion.
	24	2. model health promotion by living a healthy lifestyle.	2. model health promotion by living a healthy lifestyle.	2. exhibit the ability to analyze a patient's lifestyle and determine the relationships between it and its effect upon rehabilitation
	24	3. with moderate supervision, instruct patients in appropriate primary, secondary, and tertiary prevention activities.	3. with minimal supervision, instruct patients in appropriate primary, secondary, and tertiary prevention activities.	3. instruct patients in appropriate primary, secondary, and tertiary prevention activities.

CPI Criterion	PHYT 851 - Physical Therapy I (8 weeks)	PHYT 852 - Physical Therapy II (12 weeks)	PHYT 853 - Physical Therapy III (12 weeks)	
<i>At the conclusion of this clinical experience the student will:</i>				
<b>Management of Patient Care</b>	19	1. demonstrate an understanding of the role of the physical therapist as a part of the total health care team.	1. demonstrate an understanding of the role of the physical therapist as a part of the total health care team.	1. consistently demonstrate through actions in the clinic that he/she values collaboration with other health care professionals when appropriate.
	19	2. occasionally demonstrate the efficient use of time, equipment, space and facilities.	2. usually demonstrate the efficient use of time, equipment, space and facilities.	2. demonstrate efficient use of time, equipment, space and facilities.
	18, 19	3. with moderate supervision, actively seek referrals and/or assistance when appropriate.	3. with minimal supervision, actively seek referrals and/or assistance when appropriate.	3. actively seek referrals and/or assistance when appropriate.
	19	4. occasionally demonstrate the efficient use of educational and research resources in the management of patient care.	4. usually demonstrate the efficient use of educational and research resources in the management of patient care.	4. demonstrate the efficient use of educational and research resources in the management of patient care.
	19, 20	5. exhibit an awareness regarding the cost of physical therapy services and the role of reimbursement.	5. appropriately charge for physical therapy services.	5. appropriately charge for physical therapy services and explain the charge to the patient.
	18, 19	6. demonstrate a willingness to collaborate with other physical therapists and professionals during the treatment of a patient.	6. demonstrate the ability to manage and work harmoniously with colleagues and those that support the clinical setting.	6. demonstrate the ability to manage and work harmoniously with colleagues and those that support the clinical setting.
	19	7. exhibit behaviors that support the premise that each member of the health care system has a valuable role to play in treating patients.	7. exhibit behaviors that support the premise that each member of the health care system has a valuable role to play in treating patients.	7. exhibit behaviors that support the premise that each member of the health care system has a valuable role to play in treating patients.
<b>Administration</b>	19, 20	1. provide input into setting of one's own patient schedule.	1. provide input into setting of one's own patient schedule.	1. consider himself/herself as a leader in the clinical setting and exhibit the ability to efficiently delegate responsibility to others.
	19, 20, 21	2. demonstrate a knowledge of the role of the physical therapist in delegating work to support personnel.	2. with supervision as needed, delegate work appropriately to support personnel.	2. efficiently use clinical resources and time.

<b>CPI Criterion</b>	<b>PHYT 851 - Physical Therapy I (8 weeks)</b>	<b>PHYT 852 - Physical Therapy II (12 weeks)</b>	<b>PHYT 853 - Physical Therapy III (12 weeks)</b>	
<i>At the conclusion of this clinical experience the student will:</i>				
<b>Administration (cont'd)</b>	3, 4, 5, 19, 20, 21	3. with moderate supervision, effectively manage stressful situations that arise in the clinical setting.	3. with minimal supervision, effectively manage stressful situations that arise in the clinical setting.	3. effectively manage stressful situations that arise in the clinical setting.
	3, 19, 21	4. with moderate supervision, establish clinical priorities and establish realistic practice goals.	4. with minimal supervision, establish clinical priorities and establish realistic practice goals.	4. establish clinical priorities and establish realistic practice goals.
	3, 19, 20, 21, 23			5. accepts the responsibility as role model and practice physical therapy accordingly.
<b>Consultation</b>	6, 17, 18	1. demonstrate the ability to recognize when additional referral and consultation is required.	1. regularly demonstrate the use of consultation when in the best interest of the patient	1. consistently demonstrate the use of consultation when in the best interest of the patient.
	6, 17, 18	2. demonstrate a knowledge of primary, secondary and tertiary level of care and be able to articulate the role of physical therapy at each level.	2. with supervision, provide consultation as requested in primary, secondary, and tertiary levels of care.	2. provide consultation as requested in primary, secondary, and tertiary levels of care.
	3, 6, 17, 18	3. with moderate supervision, demonstrate the interpersonal skills necessary to collaborate with other professionals in the diagnostic and intervention process.	5. with minimal supervision, demonstrate the interpersonal skills necessary to collaborate with other professionals in the diagnostic and intervention process.	5. exhibit the ability to effectively communicate all aspects of the patient's care to other health care professionals.
	3, 6, 17, 18	4. with moderate supervision, acknowledge one's own limitations and the need for consultation.	4. with minimal supervision, acknowledge one's own limitations and the need for consultation.	4. acknowledge one's own limitations and the need for consultation.
	6, 17, 18			5. begin to develop a referral base and knowledge of local services available to the patient.
	<b>Social Responsibility</b>	3, 4, 5, 21, 22	1. be able to differentiate between professional and unprofessional behavior, legal and illegal acts relevant to the practice of physical therapy	1. consistently act as a professional within and beyond the clinical setting.

	<b>CPI Criterion</b>	<b>PHYT 851 - Physical Therapy I (8 weeks)</b>	<b>PHYT 852 - Physical Therapy II (12 weeks)</b>	<b>PHYT 853 - Physical Therapy III (12 weeks)</b>
		<i>At the conclusion of this clinical experience the student will:</i>		
<b>Social Responsibility (cont'd)</b>	22, 23	2. demonstrate an awareness of the purpose, role and responsibilities of the APTA and other professional organizations.	2. actively participate in the activities of the professional association at state and national levels.	2. actively participate in the activities of the professional association at state and national levels.
	22, 23	3. demonstrate a willingness to participate in ongoing professional development.	3. actively participate in ongoing professional activities to enhance professional skills.	3. actively participate in ongoing professional activities to enhance professional skills.
	22	4. contribute to the health care profession through active participation in professional and community service.	4. contribute to the health care profession through active participation in professional and community service.	4. have specific activities that would be considered as pro bono services.

## COMMUNICATION AND EVALUATION PLAN

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*Most forms, instructions, and information referred to in this plan may be located in the pages immediately following*

1. A contract between the USC DPT program and the facility is negotiated.
2. The ACCE visits the majority of clinical sites prior to placing a student at the site.
3. The Clinical Site Information Form is requested during or immediately after negotiation of the contract.
4. The USC DPT program will mail *Clinical Request Forms* for clinical education experiences occurring in the next calendar year to the facility in late February of the preceding year. For example, requests for calendar year 2014 would be mailed in February of 2013.
5. The facility should return the completed *Clinical Request Form* to the USC DPT program by April 15, approximately 6 weeks after the form is received by the facility.
6. Students will complete *Clinical Preference Form* (available on *Blackboard DPT Clinical Education* site), expressing location and clinical type preferences, at least 6 months prior to the beginning date of the clinical education experience. The *Clinical Preference Form for PHYT 853* should be completed by January of the year preceding their final clinical. For example, the preference form for the final clinical beginning in August of 2014 should be completed by January of 2013.
7. Students will be assigned to clinical facilities at least 4 months prior to the beginning date of the clinical education experience.
8. Notification to the facility that a student will or will not use the allotted slot will occur at least 2-3 months prior to the clinical education experience.
9. The student will call the facility's CCCE once they have been assigned to the facility. The student is required to review the Clinical Site Information Form and contract prior to calling the facility.
10. Students will review and complete the following listed forms 6 weeks prior to the clinical education experience.
  - a. Contract Review Sheet
  - b. Authorization for Release of Records and Information
  - c. Clinical Education Experience Program Agreement
  - d. Student Clinical Information Form
  - e. Generic Abilities Assessment and Information
  - f. Negative Criminal Activity Affirmation form

- i. Criminal Background check is performed on students during the 2nd semester of the program according to *Criminal Background Check* policy in section 7 of this manual.
  - g. Any forms and tests specific to the facility, including Drug Tests
- 11. The student will review the following forms and documents 6 weeks prior to the clinical education experience.
  - a. APTA Clinical Performance Instrument
  - b. Appropriate PHYT 850, 851, 852, or 853 course syllabus
- 12. The ACCE will mail completed forms a, b, c, d, e, and f in item 10, evidence of professional and general liability insurance coverage and worker's compensation insurance, criminal background check information, immunization information, a copy of the *Clinical Instructor / Student Constructive Feedback* form, and a copy of the student's Program of Study to the site 4 weeks prior to the beginning date of the clinical education experience. The ACCE will also mail other documentation required by the facility at this time. The student will arrive at the facility on the scheduled day at the scheduled time.
- 13. Prior to a student's first internship, the student will successfully complete training to use the PT CPI (evaluation tool utilized to rate student performance during clinical internships) from the APTA Learning Center at <http://www.apta.org/am/aptaapps/restricted/ptcpiindex.cfm>. All clinical instructors and CCCE's will also complete this training. The PT CPI may not be accessed by either the student, CI, or CCCE until this training is completed.
- 14. The student should be oriented to the facility on Day 1; the student and Clinical Instructor should review and discuss the *Student Clinical Information Form* in the first two days of the clinical education experience.
- 15. Ideally, daily communication will occur between the student and Clinical Instructor regarding the student's performance and progress toward both personal and *Clinical Performance Instrument* objectives.
- 16. The student and CI will fax *Week One Contact* forms to the ACCE at the end of the first week. And the ACCE will review the form.
- 17. The student will foster completion of the *Clinical Instructor / Student Feedback* form on a weekly basis and fax it to the ACCE. This form may be obtained by the student from the DPT Clinical Education Site on Blackboard and should be faxed to the ACCE.
- 18. The ACCE will review weekly *Clinical Instructor / Student Feedback* forms and call Clinical Instructor or Student if either has indicated a need to communicate with the ACCE. If telephone communication is non-routine, the ACCE will keep a written log of the conversation.
- 19. If problems arise that are not resolved through telecommunication, the ACCE will visit the site (if feasible) to facilitate resolution of the learning problem.
- 20. The student will daily maintain on the *Diagnosis Listing* form a recording of the different diagnoses seen during the clinical.
- 21. Midterm evaluations of the student utilizing the *Clinical Performance Instrument* should be completed at the midpoint of the clinical education experience. The student is also

- required to self-assess her/his performance on the *CPI* prior to the Clinical Instructor's evaluation. Both the Clinical Instructor and the student should follow the *Clinical Performance Instrument* instructions and refer to syllabus objectives as necessary to complete the *CPI*.
22. The CI electronically signs the midterm CPI evaluation of the student and the student electronically signs both the self CPI evaluation and the CI CPI evaluation of student performance after the CI has reviewed the CPI evaluation with the student.
  23. Final evaluations of the student utilizing the *Clinical Performance Instrument* should be completed at the end of the clinical education experience. The student is again required to self-assess her/his performance on the *CPI* prior to the Clinical Instructor's evaluation.
  24. The CI electronically signs the final CPI evaluation of the student and the student electronically signs both the final CPI self evaluation and the final CI CPI evaluation of student performance after the CI has reviewed the CPI evaluation with the student.
  25. Student completes *Student Evaluation of Clinical Educational Experience* form prior to receiving the final CPI evaluation from the Clinical Instructor.
  26. The student shares the *Student Evaluation of Clinical Educational Experience* form with the Clinical Instructor immediately after the student receives his/her *CPI* evaluation.
  27. The Clinical Instructor completes the *Clinical Instructor Curriculum Review Form* and gives it to the student to return to the ACCE at USC.
  28. The Clinical Instructor and CCCE complete individual *CI/CCCE Evaluation of USC ACCE* forms during the clinical experience and fax to the DPT Program Director at 803-777-8422.
  29. The student returns the original *CPI* and copies of the *Student Evaluation of Clinical Educational Experience* form, the *Diagnosis Listing* form, the *Clinical Instructor Curriculum Review Form*, and a 1 page summary regarding their clinical instructor(s) to the ACCE at USC.
  30. The student will attend a mandatory clinical meeting at the University 1-2 weeks after completion of the Clinical Education Experience and complete the *Student Curriculum Review Form* and the *Student Evaluation of USC ACCE* form. If the student does not attend the meeting or if all of a student's required paperwork is not satisfactorily completed and submitted, an Incomplete, "I", will be assigned by the ACCE for the Clinical Education Experience. The "I" may be removed when the student completes the paperwork and an additional assignment from the ACCE.

CLINICAL REQUEST FORM

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**CLINICAL REQUEST FORM  
DOCTORAL PHYSICAL THERAPY PROGRAM  
UNIVERSITY OF SOUTH CAROLINA  
DEPARTMENT OF EXERCISE SCIENCE  
BLATT PE CENTER  
COLUMBIA, SC 29208  
TELEPHONE 803/777-0478 / FAX: 803/777-8422**

**TO:** CENTER COORDINATOR OF CLINICAL EDUCATION  
**FROM:** HARVEY MATHEWS, PT, DPT, OCS, ACCE  
**DATE:**  
**RE:** 1. PHYT 850 7-WEEK FULL-TIME CLINICAL EXPERIENCE  
 2. PHYT 851 8-WEEK FULL-TIME CLINICAL EXPERIENCE  
 3. PHYT 852 12-WEEK FULL-TIME CLINICAL EXPERIENCE  
 4. PHYT 853 12-WEEK FULL-TIME CLINICAL EXPERIENCE

The **initial clinical experience** (PHYT 850) for the USC Physical Therapy Program is a seven week full-time (280 hours over 7 weeks) experience to develop orthopedic clinical skills. This experience occurs from \_\_\_\_\_ to \_\_\_\_\_. This experience should ideally occur in an outpatient orthopedic setting to correlate with the student's level of academic training. The experience will occur in the morning, as students will be in class in the afternoon.

The **second clinical experience** (PHYT 851) is the second full-time (320 hours over 8 weeks) experience and the purpose is to develop acute care clinical skills. This clinical requires a minimum 50% acute care caseload. The students will not have had their Neuromuscular Assessment and Treatment course at this time. This experience occurs from \_\_\_\_\_ to \_\_\_\_\_.

The **third clinical experience** (PHYT 852) is the third full-time (480 hours over 12 weeks) experience and the purpose is to develop clinical skills with neurological and orthopaedic rehabilitation patients. Neurological patients should compose **40%** of the case mix if possible. This experience occurs from \_\_\_\_\_ to \_\_\_\_\_.

The **fourth clinical experience** (PHYT 853) is the fourth full-time (480 hours over 12 weeks) experience and the purpose is to develop entry-level skills in a setting that the student chooses. A wide variety of experiences are desired for this clinical. This experience occurs from \_\_\_\_\_ to \_\_\_\_\_.

Please answer the following questions to indicate the number of students you can train, the type of experience (ortho, neuro, acute, rehab, subacute, ECF, pediatrics, industrial medicine, wellness, school-based, wound care), and general contact information regarding your facility. Thank you for providing this service to our students and our program.

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Name of CCCE

\_\_\_\_\_  
CCCE Phone

\_\_\_\_\_  
email

\_\_\_\_\_  
Fax Number

	PHYT 850 Year 1	PHYT 851 Year 2	PHYT 852 Year 3	PHYT 853 Year 4
# of Students/Experience				
Type of Experience	Ortho	Acute	Neuro	Student Choice

REQUEST FOR NEW CLINICAL SITE

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Class of \_\_\_\_\_

Requested by \_\_\_\_\_

Date of Request \_\_\_\_\_

Best Time to Reach CCCE \_\_\_\_\_

Rotation Date \_\_\_\_\_

General Information

Name of Facility \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Position of Contact Person \_\_\_\_\_

Type of Clinical Experience \_\_\_\_\_

e-mail \_\_\_\_\_

Educational Opportunities Provided

Clinical Instructors

Benefits Available (e.g., housing provided, stipends, etc.)

Other Academic Programs Affiliated with this Facility

Why do you think this facility should be added to our list?

How did you find out about this facility?

Is this a physician-owned physical therapy service?     Yes     No

CONTRACT REVIEW SHEET

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Student Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

The undersigned physical therapy student acknowledges that she/he has:

- read a copy of the above stated contract;
- noted all provisions requiring an obligation on the part of the student; including that criminal background and/or drug screen information may be collected and held by the Area Coordinator of Clinical Education and / or transmitted to the Site; and
- been provided an opportunity to discuss the contractual obligations required of the student.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A U T H O R I Z A T I O N   F O R   R E L E A S E   O F   R E C O R D S  
A N D   I N F O R M A T I O N

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RE: \_\_\_\_\_  
*(Print Name of Student)*

TO: The University of South Carolina (hereinafter referred to as the "Institution"), and any Facility where I participate in or request to participate in an applied learning experience (hereinafter referred to as the "Facility").

As a condition of my participation in an applied learning experience, and with respect thereto, I grant my permission, and authorize the University of South Carolina, or any of its member institutions, to release my educational records, (which shall include academic records, and records created as a result of my participation in an applied learning experience), health records, criminal background records, drug screen information and records, and any other information in its possession which it deems appropriate, to any Facility where I participate in, or request to participate in, an applied learning experience, including but not limited to the Facility (hereinafter referred to as the "Facility"). I further authorize the release of any information relative to my health to the Facility for purposes of verifying the information provided by me and determining my ability to perform my assignments in the applied learning experience. I also grant my permission to and authorize the Facility to release the above information to the Institution. The purpose of this release and disclosure is to allow the Facility and the Institution to exchange information about my medical, criminal background, and drug screen information and records history and about my performance in an applied learning experience.

I further understand that I may revoke this authorization at any time by providing written notice to the above stated person(s)/entities, except to the extent of any action(s) that has already been taken in accordance with this "Authorization for Release of Confidential Records and Information".

I further agree that this authorization will be valid throughout my participation in the applied learning experience. I further request that you do not disclose any information to any other person or entity without prior written authority from me to do so, unless disclosure is authorized or required by law. I understand that this authorization shall continue in force until revoked by me by providing written notice to the Institution and the Facility, except to the extent of any action(s) that has already been taken in accordance with this "Authorization for Release of Records and Information".

In order to protect my privacy rights and interests, other than those specifically released above, I may elect to not have a witness to my signature below. However, if there is no witness to my signature below, I hereby waive and forfeit any right I might have to contest this release on the basis that there is no witness to my signature below. Further, a copy or facsimile of this "Authorization for Release of Records and Information" may be accepted in lieu of the original.

I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, or my parent or guardian has signed below; that I am legally competent to execute this "Authorization for Release of Records and Information"; and that I, or my parent and/or guardian, have read carefully and understand the above "Authorization for Release of Records and Information"; and that I have freely and voluntarily signed this "Authorization for Release of Records and Information".

This the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness Signature

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

## CLINICAL EDUCATION EXPERIENCE STUDENT AGREEMENT

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In consideration for participating in a clinical education experience program at Facility or any other Facility where I may participate in such a program (hereinafter referred to as the "Facility"), I hereby agree to the following:

To follow the administrative policies, standards and practices of the Facility when in the Facility.

To report to the Facility on time and to follow all established regulations of the Facility.

If requested, to undergo a health examination as necessary to meet program requirements, including testing to determine infectious or contagious diseases. Also, to provide evidence of immunity, as may be appropriate and to meet program requirements.

To undergo a drug screen and criminal background check as may be required by the facility.

To keep in confidence all medical, health, financial and social information (including mental health) pertaining to particular clients or patients.

To not publish any material related to my educational training program that identifies or uses the name of the University, its members of the Board of Trustees, or the Facility, its members, clients, students, faculty or staff, directly or indirectly, unless I have received written permission from the University and the Facility.

To comply with all federal, state and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances.

To follow Center for Disease Control and Prevention (C.D.C.) Universal Precautions for Bloodborne Pathogens, C.D.C. Guidelines for Tuberculosis Infection Control, and Occupational Safety and Health Administration (O.S.H.A.) Respiratory Protection Standard.

To arrange for and be solely responsible for my living accommodations while at the Facility.

To provide the necessary and appropriate uniforms and supplies required where not provided by the Facility.

To wear a name tag that clearly identifies me as a student.

Further, I understand and agree that I will not receive any monetary compensation from the University or the Facility for any services I provide to the Facility or its clients, students, faculty or staff as a part of my clinical educational experience program.

I also understand and agree that I shall not be deemed to be employed by or an agent or a servant of the University or the Facility; that the University and Facility assumes no responsibilities as to me as may be imposed upon an employer under any law, regulation or ordinance; and that I am not entitled to any benefits available to employees. Therefore, I agree not to in any way to hold myself out as an employee of the University, or the Facility.

I understand and agree that I may be immediately withdrawn from the Facility's educational training program based upon a perceived lack of competency on my part, my failure to comply with the rules and policies of the Institution or Facility, if I pose a direct threat to the health or safety of others or, for any other reason the University or the Facility reasonably believes that it is not in the best interest of the University, the Facility or the Facility's patients or clients for me to continue.

I further understand that potential risks of clinical education include, but are not limited to, exposure to infectious diseases, hazardous chemicals and musculoskeletal disorders including back injuries.

I understand and agree to show proof of liability insurance in amounts satisfactory to the Facility, and covering my activities at the Facility, and to provide evidence of such insurance upon request of the Facility.

I further understand that all medical or health-care (emergency or otherwise) that I receive at the Facility will be my sole responsibility and expense.

I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, suffer under no legal disabilities, and that I have freely and voluntarily signed this "Clinical Education Experience Program Agreement."

This the \_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

STUDENT CLINICAL INFORMATION FORM

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Check the clinical education experience:  PHYT 850  PHYT 851  PHYT 852  PHYT 853

*Please complete the form legibly.*

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Student Name Phone Birth Year

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Mailing Address City State Zip Code

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Student E-mail Address

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Clinical Facility Date of Clinical Education Experience

---

Clinical Address City State Zip Code

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Clinical Instructor Phone

Physical therapy experiences before entering physical therapy school.

**Student Instruction:** Type of facility, activities performed or observed, and the number of hours at the facility should be included.

A.

B.

C.

Previous physical therapy clinical education experiences (PHYT 850, PHYT 851, PHYT 852)  
**Student Instruction:** Type of facility and brief description of your activities should be included.

A

B.

C.

Clinical educational experiences are critical components of a student's training designed to prepare the student for entry-level physical therapy practice. This training may be individualized if the clinical instructor has knowledge of the student's self-perceived performance level.

In the table below, the student has assessed his/her strengths and weaknesses. Objectives to address areas of weakness and to guide the clinical education of the student will be developed in a subsequent item of this form.

**Student instruction:** The student should refer to the *Clinical Performance Instrument*, the *Generic Abilities Self-Assessment*, and specific Clinical Objectives for PHYT 851, PHYT 852, and PHYT 853 prior to filling out the table. Specific strengths and weaknesses must be stated for the first five items of the table.

	Strengths	Weaknesses
1. Patient examination/ re-examination		
2. Patient diagnosis, prognosis, and goal-setting (choose one or several of these items)		
3. Establishing plan of care and performing interventions (choose one or several of these items)		
4. Communication with patient, family, and staff (written or oral)		
5. Integrating research into clinical practice.		

Develop objectives for the clinical education experience to address **each identified weakness** and to guide your development toward the **entry-level** performance criterion.

State how you would like your CI to help you progress to entry-level performance on the above objectives.

Describe the level of supervision you are comfortable with.

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

State or discuss anything else you would like your CI to know.

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Student Signature

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Date

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ACCE Signature

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Date

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## GENERIC ABILITIES •

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Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Students will self-assess these abilities as a self-learning tool. **The clinical instructor assesses these abilities when the student has a problem not directly related to knowledge or psychomotor skill.** Ten generic abilities were identified through a study conducted at UW-Madison in 1991-92. The ten abilities and definitions developed are:

Generic Ability	Definition
Commitment to Learning	The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.
Communication Skills	The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
Effective Use of Time and Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
Professionalism	The ability to exhibit appropriate professional conduct and represent the profession effectively.
Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
Critical Thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
Stress Management	The ability to identify sources of stress and to develop effective coping behaviors.

## GENERIC ABILITIES BEHAVIORAL CRITERIA

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**Instructions:** Select criterion levels that best describe your current generic abilities for each category.

Generic Abilities	Beginning Level Behavioral Criteria	Developing Level Behavioral Criteria	Entry Level Behavioral Criteria
<b>Commitment to Learning</b>	Identifies problems; formulates appropriate questions; identifies and locates appropriate resources; demonstrates a positive attitude (motivation) toward learning; offers own thoughts and ideas; identifies need for further information.	Prioritizes information needs; analyzes and subdivides large questions into components; seeks out professional literature; sets personal and professional goals; identifies own learning needs based on previous experiences; plans and presents an in-service, or research or case studies; welcomes and/or seeks new learning opportunities.	Applies new information and re-evaluates performance; accepts that there may be more than one answer to a problem; recognizes the need to and is able to verify solutions to problems; reads articles critically and understands the limits of application to professional practice; researches and studies areas where knowledge base is lacking.
<b>Interpersonal Skills</b>	Maintains professional demeanor in all clinical interactions; demonstrates interest in patients as individuals; respects cultural and personal differences of others; is non-judgmental about patients' lifestyles; communicates with others in a respectful, confident manner; respects personal space of patients and others; maintains confidentiality in all clinical interactions; demonstrates acceptance of limited knowledge and experience.	Recognizes impact of non-verbal communication and modifies accordingly; assumes responsibility for own actions; motivates others to achieve; establishes trust; seeks to gain knowledge and input from others; respects role of support staff.	Listens to patient but reflects back to original concern; works effectively with challenging patients; responds effectively to unexpected experiences; talks about difficult issues with sensitivity and objectivity; delegates to others as needed; approaches others to discuss differences in opinions; accommodates differences in learning styles.
<b>Communication Skills</b>	Demonstrates understanding of basic English (verbal and written); uses correct grammar, accurate spelling and expression; writes legibly; recognizes impact of non-verbal communication; listens actively; maintains eye contact.	Utilizes non-verbal communication to augment verbal message; restates, reflects and clarifies message; collects necessary information from the patient interview.	Modifies communication (oral and written) to meet needs of different audiences; presents verbal or written messages with logical organization and sequencing; maintains open and constructive communication; utilizes communication technology effectively; dictates clearly and concisely.

<b>Generic Abilities</b>	<b>Beginning Level Behavioral Criteria</b>	<b>Developing Level Behavioral Criteria</b>	<b>Entry Level Behavioral Criteria</b>
<b>Effective Use of Time and Resources</b>	Focuses on tasks at hand without dwelling on past mistakes; recognizes own resource limitations and uses existing resources effectively; uses unscheduled time efficiently; completes assignments in timely fashion.	Sets up own schedule; coordinates schedule with others; demonstrates flexibility; plans ahead.	Sets priorities and reorganizes when needed; considers patient's goals in context of patient, clinic, and third party resources; has ability to say "No", performs multiple tasks simultaneously and delegates when appropriate; uses scheduled time with each patient efficiently.
<b>Use of Constructive Feedback</b>	Demonstrates active listening skills; actively seeks feedback and help; demonstrates a positive attitude toward feedback; critiques own performance; maintains two-way information.	Assesses own performance accurately; utilizes feedback when establishing pre-professional goals; provides constructive and timely feedback when establishing pre-professional goals; provides constructive and timely feedback when establishing pre-professional goals; develops plan of action in response to feedback.	Seeks feedback from clients; modifies feedback given to clients according to their learning styles; reconciles differences with sensitivity; considers multiple approaches when responding to feedback.
<b>Problem-Solving</b>	Recognizes problems; states problems clearly; describes known solutions to problem; identifies resources needed to develop solutions; begins to examine multiple solutions to problems.	Prioritizes problems; identifies contributors to problem; considers consequences of possible solutions; consults with others to clarify problem.	Implements solutions; reassesses solutions; evaluates outcomes; updates solutions to problems based on current research; accepts responsibility for implementing of solutions.
<b>Professionalism</b>	Abides by APTA Code of Ethics; demonstrates awareness of state licensure regulations; abides by facility policies and procedures; projects professional image; attends professional meetings; demonstrates honesty, compassion, and continuous regard for all.	Identifies appropriate professional role models; discusses societal expectations of the profession; acts on moral commitment; involves other health care professionals in decision-making; seeks informed consent from patients.	Demonstrates accountability for professional decisions; treats patients within scope of expertise; discusses role of physical therapy in health care; keeps patient as priority.
<b>Responsibility</b>	Demonstrates dependability; demonstrates punctuality; follows through on commitments; recognizes own limits.	Accepts responsibility for actions and outcomes; provides safe and secure environment for patients; offers and accepts help; completes projects without prompting.	Directs patients to other health care professionals when needed; encourages patient accountability.

Generic Abilities	Beginning Level Behavioral Criteria	Developing Level Behavioral Criteria	Entry Level Behavioral Criteria
<b>Critical Thinking</b>	Raises relevant questions; considers all available information; states the result of scientific literature; recognizes “holes” in knowledge base; articulates ideas.	Feels challenged to examine ideas; understands scientific method; formulates new ideas; seeks alternative ideas; forms alternative hypotheses; critiques hypotheses and ideas.	Exhibits openness to contradictory ideas; assesses issues raised by contradictory ideas; justifies solutions selected; determines effectiveness of applied solutions.
<b>Stress Management</b>	Recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance when appropriate; maintains professional demeanor in all situations.	Maintains balance between professional and personal life; demonstrates effective affective responses in all situations; accepts constructive feedback; establishes outlets to cope with stressors.	Prioritizes multiple commitments, responds calmly to urgent situations; tolerates inconsistencies in health care environment.

# GENERIC ABILITIES ASSESSMENT

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FORM 6  
STUDENT  
POSSIBLY CI

**Instructions:** Assess each of the ten abilities based on the Generic Abilities Behavioral Criteria by circling the appropriate level. Comment as needed. Please sign and date the assessment. The student should self-assess using this tool before and during each clinical learning experience. The clinical instructor may assess the student using this tool if needed.

Student Name \_\_\_\_\_

**B – Beginning Level      D – Developing Level      E- Entry Level**

<b>Commitment to Learning</b>	<b>B</b>	<b>D</b>	<b>E</b>
Comments: _____			
_____			
_____			
<b>Interpersonal Skills</b>	<b>B</b>	<b>D</b>	<b>E</b>
Comments: _____			
_____			
_____			
<b>Communication Skills</b>	<b>B</b>	<b>D</b>	<b>E</b>
Comments: _____			
_____			
_____			
<b>Effective Use of Time and Resources</b>	<b>B</b>	<b>D</b>	<b>E</b>
Comments: _____			
_____			
_____			

**Use of Constructive Feedback**

**B D E**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Problem Solving**

**B D E**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Professionalism**

**B D E**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Responsibility**

**B D E**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Critical Thinking**

**B D E**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Stress Management**

**B D E**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature \_\_\_\_\_

Evaluator Signature \_\_\_\_\_

Date \_\_\_\_\_

## CLINICAL GRADING POLICY

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The physical therapy program at the University of South Carolina will utilize the CPI-Web (Clinical Performance Instrument) for the grading of PHYT 850, 851, 852, and 853 clinical education experiences. The PT CPI-Web is the recommended clinical performance assessment tool of the APTA and may not be altered. Each academic program develops its own grading criteria regarding usage of the CPI.

A series of clinical objectives for each clinical has been developed by the USC PT program. These objectives are printed in the course syllabus for each clinical course. The Clinical Instructor should assess progress toward these objectives in determining the level of achievement on each criterion of the PT CPI. The ACCE determines the final clinical grade by evaluating student progress toward expectations outlined in the specific course syllabus as reported by the clinical instructor

Students will also assess their abilities and establish a few objectives prior to each clinical. This self-assessment is useful to the clinical instructor in designing the experience and understanding the perception of the student regarding his/her abilities.

Mid-term and final evaluations are required. The USC DPT Program requires weekly evaluations utilizing the *Clinical Instructor / Student Constructive Feedback Form* to review progress on previously set objectives and to establish objectives for areas identified as needing further improvement. The student will self-evaluate prior to receiving mid-term and final evaluations from the Clinical Instructor using a separate copy of the CPI. Narrative comments when completing the CPI are encouraged.

If a student is having problems or the clinical instructor has any questions regarding the clinical experience, the ACCE should be called at 803-777-0478.

DIAGNOSIS LISTING

Clinical education experience: PHYT 850 PHYT 851 PHYT 852 PHYT 853 \_\_\_\_\_  
Date of Experience

Student Name	Clinical Facility
Please circle the type of experience: Acute            Rehab            Ortho            Specialty: _____	

**Please check the kinds of patients treated on your clinical rotation.**

Orthopedic		Neurological	
General Medicine		Psychiatric	
General Surgery		Arthritis	
Cardiac		Pulmonary	
Amputation		Burns	
Oncology		Pain	
Athletic Injury		Industrial	

**Please describe the approximate percent of time that you spent in each of the following areas during this clinical experience.**

Case Mix by System	% Time	Lifespan	% Time	Continuum of Care	% Time
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	

**Please write the diagnoses of the patients you treated on this clinical education experience below:**


WEEK ONE STUDENT CONTACT SHEET

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Clinical Education Experience: PHYT 850 PHYT 851 PHYT 852 PHYT 853

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Student Name

Date

---

Clinical Instructor

Facility

Phone

Do you have concerns regarding your performance or adjustment to this experience at this time?

Do you feel that you and your clinical instructor communicate well?

The ACCE will call you if you answered “yes” to the first question or “no” to the second question.

WEEK ONE CI CONTACT SHEET

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Clinical Education Experience:  PHYT 850  PHYT 851  PHYT 852  PHYT 853

---

Student Name

Date

---

Clinical Instructor

Facility

Phone

Does the student exhibit any performance or adjustment problems at this time?

Do you feel that you and the student communicate well?

The ACCE will call you if you answered “yes” to the first question or “no” to the second question.

## STUDENT EVALUATION OF CLINICAL EDUCATIONAL EXPERIENCE

Student Name \_\_\_\_\_ CI Name(s) \_\_\_\_\_

Dates of Experience \_\_\_\_\_ Name of Facility \_\_\_\_\_

Facility Type \_\_\_\_\_ Patient Types \_\_\_\_\_

Please rate each statement by circling the appropriate number according to the scale below. Please comment as needed.

4 – strongly agree   3 – agree   2 – disagree   1 – strongly disagree   NA – not applicable

Statement	Accreditation Criteria	Rating	Comment
1. I received an orientation that provided me with an awareness of the information and resources I would need for this experience.	4.1.4	4 3 2 1 NA	
2. I clearly knew the person(s) to whom I was directly responsible and accountable.	4.1.4, 3.6	4 3 2 1 NA	
3. The CI clearly identified and explained my responsibilities as a student physical therapist.	4.1.4, 3.6	4 3 2 1 NA	
4. My personal learning objectives were considered in planning my learning experience..	4.1.4, 3.6	4 3 2 1 NA	
5. During the first week of the clinical experience, my CI and I identified specific skills needing practice to achieve competency.	4.1.4, 3.6	4 3 2 1 NA	
6. Daily performance feedback was provided to me in an effective manner.	4.1.4, 3.6	4 3 2 1 NA	
7. Clinical learning objectives were appropriately evaluated and adjusted on a weekly basis.	4.1.4, 3.6	4 3 2 1 NA	
8. Learning experiences were modified according to my demonstrated level of performance.	4.1.4, 3.6	4 3 2 1 NA	
9. My level of supervision was adjusted appropriately as my abilities changed during the clinical experience.	4.1.4, 3.6	4 3 2 1 NA	
10. I was given an adequate time allotment for questions and discussion during individual patient evaluations and treatments.	4.1.4, 3.6	4 3 2 1 NA	

Statement	Accreditation Criteria	Rating	Comment
11. The staff effectively instructed me in patient care skills and behaviors that I needed to learn.	4.1.4, 3.6	4 3 2 1 NA	
12. I was given ample opportunity for hands-on practice.	3.6	4 3 2 1 NA	
13. My patient caseload during the experience was appropriate.	3.5	4 3 2 1 NA	
14. The clinical faculty served as appropriate professional role models for me.	3.5, 3.8.3.3	4 3 2 1 NA	
15. Clinical faculty consistently made provisions for patient privacy.	3.8.3.1, 3.8.3.3	4 3 2 1 NA	
16. Clinical faculty consistently made provisions for informed consent.	3.8.3.1, 3.8.3.3	4 3 2 1 NA	
17. The clinical faculty used clinical/research evidence to support their clinical practice.	3.8	4 3 2 1 NA	
18. The clinical faculty adhered to ethical and legal codes and standards.	3.8.3.4, 3.8.3.5	4 3 2 1 NA	
19. The physical therapy provided met a high standard of care.	3.5, 4.1.4	4 3 2 1 NA	
20. Clinical faculty appreciated and dealt with individual and cultural differences effectively.	3.8.3.2	4 3 2 1 NA	

21. Check the learning experiences that occurred in the clinical experience below:
- Administration and business management
  - Attended in-services/educational programs
  - Attended special clinics
  - Attended team meetings/conferences/grand rounds
  - Collaborative treatment with other disciplines to provide patient/client care (Please specify disciplines)
- 
- Directed and supervised PTA's and other support personnel
  - Observation of surgery
  - Opportunities for providing consultation
  - Performed systematic data collection as part of an investigative study
  - Presented in-service
  - Participated in wellness/health promotion programs
  - Other \_\_\_\_\_

22. Using the 1-4 point scale below, describe the frequency with which you provided the following components of care (from the patient/client management model) during this clinical experience (Accreditation criterion 3.5)

**1 = No experience encountered (never)**                      **2 = ≤ 5 experiences encountered (rarely)**  
**3 = 6 – 10 experiences encountered (occasionally)**    **4 = > 10 experiences encountered (often)**

Component of Care	Accreditation Criteria	Experience Category			
a. Examination					
Screening	3.8.3.15	1	2	3	4
History taking	3.8.3.16	1	2	3	4
Systems review	3.8.3.16	1	2	3	4
Tests and measures	3.8.3.16	1	2	3	4
b. Evaluation	3.8.3.17	1	2	3	4
c. Diagnosis	3.8.3.18-20	1	2	3	4
d. Prognosis	3.8.3.21	1	2	3	4
e. Plan of Care					
Setting Goals	3.8.3.22-26	1	2	3	4
Discharge Planning	3.8.3.22-26	1	2	3	4
f. Interventions					
Coordination, communication, documentation	3.8.3.1, 3.8.3.30	1	2	3	4
Patient/client-related instruction	3.8.3.29	1	2	3	4
Direct intervention	3.8.3.27-28	1	2	3	4
g. Outcomes assessment		1	2	3	4

List the five most common interventions provided

- 1.
- 2.
- 3.
- 4.
- 5.

What were the strengths of this clinical education experience?

What changes would you suggest for this clinical education experience?

Please state any other comments you may have.

Date of Discussion: \_\_\_\_\_

STUDENT CURRICULUM REVIEW FORM

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Clinical Education Experience:  PHYT 850  PHYT 851  PHYT 852  PHYT 853

\_\_\_\_\_  
Clinical Site

\_\_\_\_\_  
Date

What recommendations do you have for changing the academic curriculum?

What recommendations do you have for changing the clinical program?

What recommendations do you have for changing the communication between the ACCE and the student before, during, and after the clinical education experience?

What is the curriculum doing well?



STUDENT EVALUATION OF USC ACCE

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Please evaluate Harvey Mathews, the Academic Coordinator of Clinical Education (ACCE) for the University of South Carolina using this form.

Clinical Education Experience: PHYT 850 PHYT 851 PHYT 852 PHYT 853

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Site: \_\_\_\_\_

1. Please rate timeliness of communication from ACCE regarding your clinical assignment.

**2** **1**  
**adequate** **less than adequate**

Comments: \_\_\_\_\_

\_\_\_\_\_

2. Please rate the adequacy of instruction in clinical education policies and procedures.

**2** **1**  
**adequate** **less than adequate**

Comments: \_\_\_\_\_

\_\_\_\_\_

3. Please rate the adequacy of instruction in grading procedures.

**2** **1**  
**adequate** **less than adequate**

Comments: \_\_\_\_\_

\_\_\_\_\_

4. Please rate the quality, frequency, and quantity of the communication with the ACCE during the clinical education experience.

**2** **1**  
**adequate** **less than adequate**

Comments: \_\_\_\_\_

\_\_\_\_\_

5. Please rate the appropriateness of the homework assignment provided for this clinical.

**2** **1**  
**adequate** **less than adequate**

Comments: \_\_\_\_\_

\_\_\_\_\_

Fax to DPT Program Director at 803-777-8422

C I / C C C E   E V A L U A T I O N   O F   U S C   A C C E

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Please evaluate Harvey Mathews, the Academic Coordinator of Clinical Education (ACCE) for the University of South Carolina using this form.

Name: \_\_\_\_\_ Clinical Role:      CCCE   CI

Site: \_\_\_\_\_

Date: \_\_\_\_\_

1. Please rate timeliness of communication from ACCE regarding initial placement of the student
- |                 |                           |
|-----------------|---------------------------|
| <b>2</b>        | <b>1</b>                  |
| <b>adequate</b> | <b>less than adequate</b> |

Comments: \_\_\_\_\_

\_\_\_\_\_

2. Please rate the pre-clinical information you received from the clinical site about the student and the program.
- |                 |                           |
|-----------------|---------------------------|
| <b>2</b>        | <b>1</b>                  |
| <b>adequate</b> | <b>less than adequate</b> |

Comments: \_\_\_\_\_

\_\_\_\_\_

3. Please rate the quality, frequency, and quantity of the communication with the ACCE during the clinical education experience.
- |                 |                           |
|-----------------|---------------------------|
| <b>2</b>        | <b>1</b>                  |
| <b>adequate</b> | <b>less than adequate</b> |

Comments: \_\_\_\_\_

\_\_\_\_\_

4. Please rate the appropriateness of the homework assignment provided for this clinical.
- |                 |                           |
|-----------------|---------------------------|
| <b>2</b>        | <b>1</b>                  |
| <b>adequate</b> | <b>less than adequate</b> |

Comments: \_\_\_\_\_

\_\_\_\_\_

Additional Comments:

Fax to DPT Program Director at 803-777-8422

CLINICAL INSTRUCTOR/STUDENT  
CONSTRUCTIVE FEEDBACK FORM

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The University of South Carolina DPT program requires that Students and Clinical Instructors share formal feedback on a weekly basis. The student is expected to lead this process. Each week the student and the CI should answer the following questions by listing **only** 1 to 2 items for each category.

STUDENT

I appreciate the way my CI \_\_\_\_\_

It would be helpful if my CI \_\_\_\_\_

I would like to improve my ability to \_\_\_\_\_

CLINICAL INSTRUCTOR

The student demonstrated the following positive qualities or behaviors this week.

The student needs to improve in \_\_\_\_\_

The student needs additional exposure to \_\_\_\_\_

Did the student meet the objective established last week?       YES    NO      \_\_\_\_\_ / \_\_\_\_\_  
CI's Initials / Date

Write one objective for student performance to be achieved by the end of the following week. The student should lead this process, but both the CI and the student should sign that they have approved of this objective.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Clinical Instructor Signature

\_\_\_\_\_  
Date

☎ ACCE please call:       CI       Student       CCCE \_\_\_\_\_

## CLINICAL PERFORMANCE INSTRUMENT AND INSTRUCTIONS

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The Physical Therapist Clinical Performance Instrument (CPI) is only available electronically from PT CPI WEB at <https://cpi2.amsapps.com>. All Clinical Instructors who rate students on the CPI must satisfactorily complete training to use the tool from the APTA Learning Center. A representative from the USC DPT program will contact you with instructions regarding completion of this training when you are scheduled to clinically educate a USC DPT student.