

Clinical Education Handbook

Doctor of Physical Therapy Program

School of Physical Therapy

Texas Woman's University

June 2011

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List of Referenced Documents

1. **Addendum I** – Clinical Education Policies (6 pages) and Grading Criteria for Clinical Experiences (4 pages) pp. 17-27

2. **Addendum II** – Clinical Education Course Descriptions and Objectives (2 pages each) pp. 28-38
 - A. Preliminary Clinical Experience (PT 5931)
 - B. Clinical Experience I (PT 5933)
 - C. Clinical Experience II (PT 6804)
 - D. Clinical Experience III (PT 6814)
 - E. Clinical Internship (PT 6816)

3. **Addendum III** – Forms and General Information pp. 39-79
 - A. Clinical Site Information Form (CSIF) – 22 pages
 - B. Confirmation of Student Assignment – 1 page
 - C. New Site Development Form – 1 page
 - D. Request For Clinical Rotation Slots – 2 pages
 - E. Student Site Evaluation Form – 11 pages
 - F. TWU contract (Sample copy) – 3 pages

4. **Addendum IV** – Liability Insurance – 3 pages pp. 80-82

I. Entry-Level/Professional Doctor of Physical Therapy Program

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Overview

The School of Physical Therapy in the Institute of Health Sciences at Texas Woman's University has been a pioneer in graduate education for the physical therapist. The entry-level/professional **Doctor of Physical Therapy degree (DPT)** is offered in both Dallas and Houston. Each site provides modern, well-equipped laboratories for teaching and research, including Supplemental Learning Labs staffed by practicing physical therapists. One-hundred students begin the program each year and graduate 33 months later in May. Entering students are diverse with respect to undergraduate major, age, work experience and culture. Over 500 applications are received each year for the DPT program.

TWU is accredited by the Commission of the Southern Colleges and Schools (SACS) and the DPT Program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

PhD and Transitional DPT degree plans in physical therapy are available for practitioners who hold a PT degree from an accredited institution. For more information on these programs, go to our related School of Physical Therapy [website](#).

Institute of Health Sciences - Houston



Institute of Health Sciences - Dallas Proposed T. Boone Pickens Institute of Health Sciences—Dallas Center Opening 2011



Vision

The TWU School of Physical Therapy will be nationally recognized for excellence in:

- Development of clinical and professional leaders
- Interdisciplinary and community collaboration
- Development of Ph.D.-educated physical therapy faculty
- Faculty and student scholarly activity

Mission

The mission of the Doctor of Physical Therapy program is to provide an educational environment that challenges graduates to think critically, engage in evidence-based practice, embrace life-long learning, deliver effective care within legal parameters, promote health to a variety of constituencies, and demonstrate a strong ethical commitment toward physical therapy and society.

Academic Faculty Information

You may access information about PT faculty and staff [online](#). For clinical education concerns, contact the Director of Clinical Education (DCE) at either campus.

Dr. Peggy Gleeson, DCE in Houston
713.794.2079
pgleeson@twu.edu

Dr. Dale Anderle, DCE in Dallas
214.706.2465
danderle@twu.edu

DPT Curriculum

The academic and clinical faculty strives to provide a challenging but mutually supportive learning environment for students. In addition to didactic, interactive classroom instruction and labs, opportunities for research, professional growth and service are provided. The development of critical thinking, problem solving and clinical reasoning progresses over the course of the curriculum so that graduates are able to use available evidence when determining a physical therapy diagnosis/plan of care, promoting health and wellness or advocating for the profession in the community. Reviewing the DPT degree plan on page 6 provides an overview of the curricular sequence, including the timing of the clinical experience courses. Links to course descriptions and objectives for each Clinical Experience may be found on pg. 9 under “Clinical Education Sequence.” If you would like more information about a specific didactic course, please contact one of the DCEs.

Texas Woman's University School of Physical Therapy
DEGREE PLAN – PROFESSIONAL (ENTRY-LEVEL) DPT CURRICULUM

Dallas & Houston Programs

<u>Fall Semester (1)</u>	<u>Spring Semester (2)</u>	<u>Summer Semester (3)</u>
<p>PT 5015 Gross Human Anatomy PT 5811 Introduction to PT Skills PT 5221 Exercise Testing/Prescription in Physical Therapy PT 5014 Clinical Management in Internal Medicine PT 5072 Developmental Concepts: Adolescence to Geriatrics PT 5082 Professional Practice in Physical Therapy <i>15 credit hours</i></p>	<p>PT 5024 Clinical Neuroscience PT 5033 Medical Kinesiology PT 5122 Clinical Management of the Musculoskeletal System PT 5303 Examination, Evaluation, and Outcomes PT 6383 Cardiopulmonary Physical Therapy (DAL) PT 5233 Research in Physical Therapy (HOU) PT 5931 <i>Preliminary Clinical Experience</i></p> <p><i>16 credit hours</i></p>	<p>PT 6302 Integumentary Physical Therapy PT 5132 Clinical Management of the Neuromuscular System PT 5313 Therapeutic Exercise & Intervention I PT 6002 Primary Care in Physical Therapy PT 5233 Research in Physical Therapy (DAL) PT 6383 Cardiopulmonary PT (HOU) PT 5821 Clinical Integration I</p> <p><i>13 credit hours</i></p>
<p style="text-align: center;"><u>Fall Semester (4)</u></p> <p>PT 6323 Neuromuscular Physical Therapy I PT 6363 Musculoskeletal Physical Therapy: Lower Quadrant PT 5402 Therapeutic Exercise & Intervention II PT 5412 Practice Management Issues I PT 5871 Critical Inquiry in PT I PT 5933 <i>Clinical Experience I (6 wks Nov – Dec)</i></p> <p><i>14 credit hours</i></p>	<p style="text-align: center;"><u>Spring Semester (5)</u></p> <p>PT 6151 Psychosocial Aspects of Rehabilitation PT 6343 Neuromuscular Physical Therapy II PT 6373 Musculoskeletal Physical Therapy: Upper Quadrant PT 6122 Prostheses, Orthoses, Advanced Gait PT 6353 Pediatric Physical Therapy PT 6111 Practice Management Issues II PT 6011 Critical Inquiry in Physical Therapy II</p> <p><i>14 credit hours</i></p>	<p style="text-align: center;"><u>Summer Semester (6)</u></p> <p>PT 6804 <i>Clinical Experience II (7 wks Jun – Jul)</i></p> <p>PT 6142 Health Promotion & Wellness I PT 6121 Practice Management Issues III</p> <p><i>7 credit hours</i></p>
<p style="text-align: center;"><u>Fall Semester (7)</u></p> <p>PT 6814 <i>Clinical Experience III (7 wks Aug – Oct)</i> PT 6161 Therapeutic Exercise & Intervention III PT 6152 Health Promotion & Wellness II PT 6131 Practice Management Issues IV PT 6021 Critical Inquiry in PT III</p> <p><i>9 credit hours</i></p>	<p style="text-align: center;"><u>Spring Semester (8)</u></p> <p>PT 6816 <i>Clinical Internship(12 wks Jan – Mar)</i> PT 6802 Clinical Integration II PT 6132 Professional Development for the Physical Therapist (Practice Management Issues IV)</p> <p><i>10 credit hours</i></p>	<p>Courses highlighted in yellow represent the 5 times that students are in their clinical rotations throughout the 33-month program.</p>

Revised 12 JAN 09

This plan is a sample only and the School of Physical Therapy may make modifications as necessary.

DPT Student Outcomes

The faculty believes that students graduating from the DPT program should show evidence of meeting the following outcomes prior to graduation in order to support the vision and mission of the School of Physical Therapy. Evidence of completion of these outcomes includes satisfactory completion of clinical experiences as well as various assignments and reflections based on those experiences.

Upon graduation from the TWU School of Physical Therapy the DPT student will be able to:

1. Use best evidence and consensus-based clinical practice patterns to meet needs of consumers/patients/clients in a manner that assures benefits of high quality with optimal efficiency and effectiveness.
2. Provide culturally sensitive care.
3. Participate on primary care or interdisciplinary teams, serving as role models and as patient/client advocates
4. Apply human resource management skills to contemporary practice
5. Be a capable and adaptable physical therapy practitioner in an ever changing, complex health care environment
6. Practice in a manner consistent with the physical therapy Code of Ethics
7. Demonstrate critical thinking, reflection, and problem-solving skills
8. Practice preventive and health enhancing care
9. Use communication and information technology effectively and appropriately
10. Provide relationship-centered care that balances individual, family, professional, and organizational needs
11. Practice leadership
12. Advocate for public policy that promotes and protects the health of the public
13. Demonstrate continued competence
14. Advocate for the profession
15. Provide learning opportunities for others

II. Clinical Education Curriculum

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Overview and Philosophy

Clinical education experiences are a critical component of a student's development as a physical therapist and are necessary to meet the DPT outcomes. Clinical experiences are integrated throughout the curriculum, beginning with the first semester when students visit various clinical sites for observation and practice of skills taught within the didactic component. A total of 32 weeks of full-time clinical experience over four rotations is completed and at least one experience must be outside of commuting distance. The faculty is dedicated to providing clinical experiences that are mutually beneficial to the student and our clinical affiliates and which provide a variety of experiences.

Terminology

The Clinical Education faculty use the terminology recommended by the APTA.

DCE – Director of Clinical Education at an academic institution. TWU uses this term. The DCEs or Asst. DCEs on each campus are the primary contacts for Clinical Education information and are responsible for implementing the Clinical Education Curriculum.

ACCE – Academic Coordinator of Clinical Education, an alternate term for DCE

CCCE – Center Coordinator for Clinical Education; a clinician who coordinates clinical education experiences at a clinical site and is the primary contact for the University. This person may also be a CI and may be from another discipline.

CI – Clinical Instructor; a licensed physical therapist who directly supervises one or more students. A minimum of one year's experience in clinical practice is required. Completion of a clinical instructor certification course is recommended, either through the [American Physical Therapy Association](#) (APTA) or the [Texas Consortium](#) for Physical Therapy Clinical Education.

SPT – Student Physical Therapist. Students are required to introduce themselves as a student and sign all documentation with SPT.

Responsibilities of Clinical Sites, CCCEs and CIs

Agreeing to work with TWU DPT students includes taking on certain responsibilities as well receiving rights and privileges from interacting with the School of Physical Therapy. The CCCE Manual on the APTA website is a practical tool to guide CCCEs who are APTA members in administering a student program.

TWU expects that Clinical Sites, CCCEs and CIs adhere to the responsibilities as outlined in the following APTA documents:

APTA Guidelines: See relevant links on the [Clinical Site Development](#) page

APTA Guidelines: See [Reference Manual](#) Link at this site

Rights and Privileges associated with Mentoring Students

While there are many responsibilities in mentoring TWU PT students, there are also benefits and rewards in educating the next generation of physical therapists. These include but are not limited to:

- Free or low-cost Clinical Instructor Certification Courses.
- Recruitment of new staff which are already familiar with the site. A Gallup study found that over **50% of students** in the business and health professions accepted positions at one of the sites where they interned.
- Consultation in designing and implementing clinical experiences.
- Student-led in-services on a topic agreed upon by the CI to meet the needs of the affiliating site.
- Students share their expertise in researching and applying evidence-based practice and bring new ideas and enthusiasm to the clinic.
- Free or low-cost onsite CEU courses on topics related to clinical education or clinical practice.
- Free Annual Research Day at TWU including CEUs, parking and refreshments.
- Opportunity to serve on the DPT Clinical Education Advisory Board or the Texas Consortium Committee.
- Collaboration with or consultation with core faculty members on research projects.
- Invitations to participate in labs and lectures in the curriculum.

If you would like further information on these Rights and Privileges, or if you are interested in serving as a clinician member of either TWU's Clinical Education Advisory Committee or the Texas Consortium Board, contact one of the DCEs.

Clinical Education Sequence

DPT students complete one 12 week, half-day clinical experience in a hospital setting; one 6 week full-time experience in acute care; two 7 week full-time experiences in out-patient orthopedics and neurorehabilitation, and a final 12 week experience in an area of their choice. In addition, students participate in clinic visits with faculty to support classroom material throughout the curriculum. Expectations and grading criteria for each experience are outlined in the syllabus. To access a specific course syllabus, contact the campus DCE or ask your student for a copy. You can use the quick links in the following table, however, to see each course description and its related course objectives:

Course	Semester	Length/Setting
Preliminary Clinical Experience (PT 5931)	Spring, Yr 1	12 half-days/3 different IP settings
1 st FT rotation (PT 5933)	Late Fall, Yr 2	6 weeks, acute care or SNF/LTAC
2 nd FT rotation (PT 6804)	Summer, Yr 2	7 weeks in either ortho or neuro
3 rd FT rotation (PT 6814)	Early Fall, Yr 3	7 weeks in either ortho or neuro
Internship (PT 6816)	Spring, Yr 3	12 week, self designed experience in an area(s) of interest.

Course Descriptions and Student Preparation

Preliminary Clinical Experience (PT 5931): Spring, semester 2, year 1

Students spend 12 half-days in an in-patient setting, working in pairs with a clinical instructor. They travel to 3 different sites for 4 weeks each. Students will be prepared to take a patient history, review a medical record, take vital signs, perform transfers, measure range of motion and strength, and assist with evaluation and treatment programs as deemed appropriate by their clinical instructor. They are expected to complete assignments in the areas for pharmacology and documentation. Packets of information are sent to the CIs prior to student arrival, including a brief evaluation form to be completed by the CI to document student performance. This is an opportunity for new clinical instructors to work with students on a limited scale before they supervise a full-time student.

Clinical Experience I (PT 5933): Late fall, semester 4, year 2

This six week, full-time acute care experience may be in a hospital, SNF or LTAC. Students will have completed coursework in the acute phase of recovery; clinical medicine; tests and measures including goniometry, MMT, vital signs and some outcome measures; basic therapeutic exercise; transfers; assisted gait; modalities; wound care; documentation, cultural competency and ethics. They should be able to develop, modify and progress a simple plan of care.

Clinical Experience II (PT 6804): Summer, semester 6, year 2 **and**

Clinical Experience III (PT 6814): Early fall, semester 7, year 3

Students complete each of these 7 week experiences in either an out-patient orthopedic setting, or an IP or OP adult or pediatric neurorehabilitation setting. Students will have completed all orthopedic and neurorehabilitation didactic and lab content, including pediatrics. Physical therapy interventions learned include: manual therapy, advanced therapeutic exercise, advanced gait analysis, functional training, orthotics, prosthetics and use of adaptive equipment. Students will be familiar with current issues related to practice management, Medicare/reimbursement, documentation and cultural competence.

Internship (PT 6816): Spring, semester 8, year 3

The final, 12 week experience is designed with the student's individual career goals and objectives in mind. Students will have completed 20 weeks of full-time clinic work and met all of the entry-level requirements in the PT MACS and neuro skills sheets prior to the Internship. In addition to clinical practice students may elect to teach, conduct research, work in management, intern at the APTA, or work in more than one practice setting or department. They may assist the site CCCE in mentoring first or second year students. By this time in the curriculum, most students are quite productive and can be considered your peers.

III. Clinical Education Policies

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Prior to a clinical experience, each student is required to sign a Student Agreement Form stating that they have read and agree to the [Clinical Education Policies](#), including the Policy for Required Drug and Background Screening. Please review these policies prior to mentoring a student. The Policies include information related to student responsibilities, school responsibilities, how clinical sites are assigned and general information about grading.

Below is a summary table of student clearances and other information which you may wish to know prior to a student's arrival. If you have any specific questions, please contact one of the DCEs directly.

Required Student Clearances	
Background Check	Completed upon entrance to program
Blood borne pathogens training	Years 1 and 2
CPR certification	Must be current through end of rotation
Drug Screen	Completed upon entrance to program
HIPAA Training	Year 1
Immunizations	Must be up to date, as determined by TWU Office of Student Health
Liability Insurance	Provided by TWU, student can access printout or click here
OSHA Training	Years 1 and 2
Proof of Health Insurance	Must be current through end of rotation
TB test	Annually, must be current through end of rotation

IV. Process of Assigning Students to Clinical Sites

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Clinical Experiences I (6 weeks, acute), II and III (7 weeks, ortho or neuro)

A list of available slots is provided to the students several months ahead of time. Students rank their top 8 choices for a given rotation, including in or out of town sites, and provide a rationale for why they should be assigned to a specific site if there are extenuating circumstances. The DCEs from Dallas and Houston work together to assign all 100 students.

Clinical Internship (12 weeks)

This experience is individually designed, based upon the goals of the student. The students start planning their internships up to a year in advance, and the DCEs make contacts to try and place the students where their goals can be met. Students may be permitted to split their time between 2 sites, or may practice in multiple locations at a given site. Some students have developed innovative rotations to include interning at the APTA, assisting in research, providing hippotherapy, teaching or specializing in an area of practice. If you have a specialty area of practice that would be beneficial to a student please advise one of the DCEs.

V. New Site Development

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Students may also work to establish new sites. The student may contact the Director or CCCE directly to get information to complete the [New Site Development Form](#), which is then given to the DCE for follow-up. The DCE will then contact the CCCE to learn more about the site and to discuss how to proceed. Sites should be willing to accept future TWU students, not just the student making the request.

To begin the process of affiliating with TWU, a site must complete the [Clinical Site Information Form](#). It is the responsibility of the CCCE to update this form *every 2 years* or when there is a major change at the site. The DCEs use this information in deciding where to place students, and the students have access to the CSIFs to help them prioritize their choices for a clinical experience.

Once a DCE has reviewed the CSIF and determined the site is a good match for TWU students, a [standard contract](#) is sent to the CCCE. If the contract is acceptable, it is signed and returned to TWU. If the site's legal department requires changes to the contract, or if a site has a corporate contract, the amended contract will require additional review by TWU's legal department prior to signing. Once a contract is signed by both parties, students may be assigned to the site.

VI. Communication between TWU and Clinical Sites

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Prior to Student Arrival

Slot Request Forms

In March of each year, in compliance with the Uniform Mailing Date established by the Education Section of the APTA, a [Slot Request Form](#) will be sent to the CCCE for completion. A list of available slots is then generated for each rotation. It is important that TWU has correct CCCE contact information and that any change regarding slot availability be communicated to the DCEs in a timely fashion.

Initial Confirmation of Student Placement

As soon as students are assigned to a site, usually about 3 months ahead of time, a [Confirmation of Student Placement Form](#) delineating the length and type of rotation will be sent to the CCCE. The CCCE is to sign and return the form to the DCE to confirm the placement. Students are given a copy of the Confirmation Form and are encouraged to contact the CCCE and/or the CI to establish communication.

Student Packets

About 6 weeks before the start of an experience, a packet will be sent to the CCCE which includes student biographical data and other relevant information. It is expected that the CI contact the student prior to arrival at the site to provide information on dress code, hours to be worked, parking, etc. If the student has not heard from the CI 1-2 weeks prior to arrival, the student is permitted to contact the CI or CCCE directly.

Release of Slots

One month prior to the start of a rotation, a Release of Slot form will be sent to all sites that have offered slots for a given rotation but the slots will not be needed. If there is a last minute cancellation by a site, the DCE may contact a site whose slot has been released to see if it is still available.

During Clinical Education Experiences

Fax Back Form

The student is to complete this form the first day in the clinic and fax it back to the DCE. The form lists the contact information of the CI and student, working hours, department location and dates/times when the CI is not available. This information is used to schedule midterm visits or phone calls.

Midterm Conference (Site Visit, Phone Call or Email Communication)

Each student and CI receives a visit, phone call or email communication by one of the DCEs, Asst. DCEs or a faculty member to review how the student is progressing. The PT MACS and Progress Report, or the Internship Assessment (as appropriate) should be completed and reviewed by the CI and student *prior* to the DCE's visit or phone call.

During Clinical Experience III, a late afternoon group midterm visit is held at TWU for students working near the Houston or Dallas campuses but CIs are not expected to attend this meeting. In addition to the DCEs, faculty members facilitate discussions related to their areas of teaching.

CIs may contact a DCE at any time with questions or to request an onsite visit.

Student Evaluation of the Clinical Site

Students are required to complete the APTA [Student Evaluation of the Clinical Site Form](#) at the end of the rotation and share the information with their CI(s) following the final evaluation. This form provides feedback to the site about the experience and the form also provides information to future TWU students and the academic faculty about a specific site.

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Students are eager to learn from clinical faculty. TWU expects CIs to carefully plan experiences appropriate for the level of knowledge, previous clinical experience and learning style of each student. Weekly objectives agreed upon by the student and CI help in tracking progress and can be adjusted as needed. Regular constructive feedback, including positive comments, reinforce student learning and help clarify CI expectations. We genuinely appreciate the time and effort CCCEs and CIs give in working with our students.

Medicare Guidelines

Students are required to sign an agreement prior to each clinical experience that they have read the site CSIF, and appropriate state practice act and applicable rules/regulations. In addition, they have been instructed in Medicare regulations regarding their appropriate role under Part A and B. For up-to-date Medicare guidelines, refer to the APTA document: [Medicare Guidelines](#) Regarding Student Supervision. It is expected that all Clinical Sites and CIs adhere to appropriate rules and regulations regarding student-patient contact. Please contact one of the DCEs if you need clarification on Medicare guidelines.

Alternatives to the 1 CI: 1 student model

While most students work 1:1 with their CI, TWU encourages use of a variety of models to meet student and site needs in Clinical Education. Alternative models may include 1 CI: 2 or more students, 2 part-time CIs to 1 student; use of PT residents and fellows to assist the CI in working with students, or sharing of a student at the same site between 2 services, such as IP and OP. The [Texas Consortium](#) and the [American Physical Therapy Association](#) both offer Clinical Instructor Certification courses which provide information

on alternate models of supervision. The DCEs at most Texas PT Programs are also willing to present CI certification courses or consult at sites where students are accommodated.

VIII. Assessment of Students

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- A. **One-half day Clinical Rotations (PT 5931):** For the ½ day clinical rotations, students are evaluated on their participation, professionalism, and performance of basic psychomotor skills. A Master Checklist of Assignments for PT 5931 is available upon request.
- B. **Clinical Experiences I-III (PT 5933, PT 6804, PT 6814):** Each fulltime clinical experience has a unique set of requirements. To pass a rotation, students must not only function at *entry-level* for certain clinical skills, but successfully complete written and online assignments and attend classes at TWU. CIs should carefully and objectively document student performance in the clinic. *Entry-level* is defined as the level of performance you would expect out of a new graduate who has just been hired at your site, or more specifically, *safe and effective* patient or staff interaction independently. Ultimately, it is the DCE that assigns the final grade to a student, but a large component is the CI's feedback regarding the student.

PT MACS Assessment Tool –

The primary instrument for grading students during Clinical Experiences I-III is the Physical Therapist Manual for the Assessment of Clinical Skills (PT MACS). This tool is used by most of the PT schools in Texas and is a clinical skills assessment document developed by clinical and academic faculty. The skill content of the PT MACS is based upon definitions for professional behaviors identified as the Generic Abilities and clinical practice as outlined in *A Normative Model of Physical Therapist Professional Education* and *The Guide to Physical Therapist Practice*. The PT MACS is designed to be used as a method for evaluating clinical performance and as a tool to promote clinical teaching and learning. It identifies skills every student needs to develop in order to be considered entry-level. Clinical Instructors (CIs) and students can also use the PT MACS to collaborate in developing a successful clinical learning experience.

If you have not used the PT MACS prior to mentoring a TWU student, it is strongly recommended you review the instructions in the front of the manual early in the rotation. The student and the CI must grade each pertinent skill in the manual. The CI also completes a summative Progress Report at midterm and the end of the rotation on the form provided in the PT MACS. Please complete the midterm evaluation prior to the DCE's phone call or visit.

Neurorehabilitation Skills for Clinical Experience II or III

For a Neurorehabilitation rotation, TWU has additional neuro skills that must be completed and use the same grading scale as the PT MACS skills. Students must complete two skills in each of four categories. Sites which can provide at least a 50% caseload of adult or pediatric clients with a primary neurorehab diagnosis are appropriate for a neurorehab rotation.

Grading the PT MACS and Neuro Skills

Each student has a PT MACS and is to bring it to the clinic each day. Course grading criteria for each experience may be viewed in the [Clinical Education Grading Criteria](#) section in [Addendum I](#). Students are responsible for working with their CI to arrange experiences that meet course grading criteria.

Every relevant skill should be rated at *each* rotation according to the following criteria:

- √ Student performs skill at entry-level (safe and effective)
- NI Student is not independent (requires documentation of why student is NI)
- U Unsatisfactory (must contact DCE immediately)
- + For exceptional performance
- Blank Inadequate or no opportunity to assess skill

For a more detailed explanation and examples, see the PT MACS instructions.

- C. **Final Internship:** This 12-week clinical period represents the culminating clinical experience of the DPT Entry-level students at TWU and utilizes an alternative grading method.

Grading of the Final Internship: The CIET

The Clinical Internship Evaluation Tool (CIET) from the University of Pittsburg is used to evaluate student performance during the final, twelve week Internship. It is a much more general document that can be applied to all settings and is being piloted by TWU and several other PT schools. A copy of the CIET is sent to each site hosting an internship student.

IX. Other Useful Information

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APTA

The **American Physical Therapy Association** provides a wealth of online [information](#) for clinical educators. All CCCEs and CIs are encouraged to join the APTA. Some documents are accessible to APTA members only, such as the CCCE Manual.

Texas Consortium for Physical Therapy Education, Inc.

TWU is a member organization of The [Texas Consortium](#) along with 10 other PT programs in Texas. This organization was originally developed from a federally funded grant (1977-1980) with the primary purpose being to coordinate all aspects of physical therapy clinical education in Texas. The Consortium functions with financial support from the participating Universities. The Consortium has reduced the time, effort and cost of maintaining quality clinical education for the state's physical therapy students. The PT MACS is available for purchase on the website, as well as a CD of forms useful for Clinical Education.

Consortium Awards

Each year the consortium honors several **Outstanding Clinical Educators** from around the state who are APTA members, have an active contract with at least two Consortium programs and have taken students for 2 or more years. The winners are announced at the TPTA Annual Conference. Sites may nominate themselves for the **Exemplary Site for Clinical Site for Physical Therapy Clinical Education Experiences** award, honoring a department or clinic that has provided outstanding, innovative clinical education experiences for students. Applications will be posted on [The Texas Consortium](#) website in the near future.

Clinical Instructor Certification and Credentialing Courses

The Texas Consortium provides continuing education opportunities and training workshops for Clinical Instructors as well as Academic Coordinators of Clinical Education from all parts of the nation. The CI Certification Course consists of two parts: Part I is a four hour online course and Part II is a one day onsite course. CCUs (Texas) are given. You must complete Part I prior to taking Part II. CI Certification courses are given throughout the state each year and at TPTA Annual Conference. To check on upcoming courses or to register for a course, see The [Texas Consortium](#) website. If your site is interested in hosting a course, contact the member PT program closest to your location. The [American Physical Therapy Association](#) also provides a multi-day, CI Credentialing course.

X. Contact a DCE or DPT Program Coordinator

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The Directors and Asst. Directors of Clinical Education at TWU are committed to supporting our clinical faculty as needed, so do not hesitate to contact one us if you are experiencing a challenge or have ideas on how to improve the clinical education experience for our students. If you would like to be a member of our clinical education advisory team, please contact the DCE in Dallas or Houston. You may also contact the Coordinator of the DPT Program at either campus with questions or concerns.

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Thank you for hosting our students!

TEXAS WOMAN'S UNIVERSITY
School of Physical Therapy

ADDENDUM I

**CLINICAL EDUCATION POLICIES for PROFESSIONAL DPT STUDENTS,
including GRADING CRITERIA FOR CLINICAL EXPERIENCES**

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TEXAS WOMAN'S UNIVERSITY

School of Physical Therapy

CLINICAL EDUCATION POLICIES PROFESSIONAL DPT STUDENTS

The following Policies apply for all full-time Clinical Experiences (PT 5933, PT 6804, and PT 6814) and the Clinical Internship (PT 6816)

I. STUDENT RESPONSIBILITIES:

A. Before Full-Time Clinical Experiences/Internship:

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1. **Grades:** Students must have made a grade of no less than C in any physical therapy coursework. A student on probation in the Graduate School due to a GPA being less than 3.0 may still enroll in any clinical education course
2. **Coursework:** Students must be officially registered for clinical education courses before they can begin a clinical education experience/internship. All clinical course work requires prompt payment of tuition and fees. Each student's name must appear on the class roll in order to begin the clinical experience/internship. Students who are paying tuition on the installment plan are cautioned that late payments could result in being dropped from the class rolls and the University.
3. **Required Paperwork/Testing:** The student must meet the immunization requirements of the school. In addition, students will undergo a criminal background check and a drug screen during their first semester in the program at the student's expense. If a clinical site requires a more recent criminal background check or drug screen, the student is responsible for the cost of providing these to the site.
(See DPT **Professional Program in Physical Therapy Student Handbook** for more information).
 - a. Proof of health insurance, biographical data forms, current CPR certification, results of current TB tests and the Student Agreement Form must be submitted by the date assigned by the DCE.
 - b. Both CPR certification and TB tests must be current through the final day of the clinical experience or internship.
 - c. All students complete an initial drug screening and criminal background check during the student's first week of matriculation. However, clinical sites may elect to require additional testing before starting clinical experiences. Students are required to complete additional testing as the site requires, and are responsible for paying any additional costs of testing incurred.
 - d. Students must sign the Student Agreement Form, provided by the DCE stating that they have read the contracts and will comply with the provisions.
 - e. The DCE may cancel a student's placement at a clinical site if the student fails to submit all the required documentation in a timely manner.
4. **Information about Sites:**

The Director of Clinical Education (DCE) will inform students of the location of information related to each clinical site. Students must read the Clinical Site Information Form (CSIF) and the clinical education agreement/contract for each of their assigned clinical sites.

 - a. It is the student's responsibility to respond to any specific request made by the facility that has been approved by the program.
5. **New Site Development:** Students who are interested in clinical sites not already on the School's Master List (i.e., the School has a valid contract **and** a file in the facility filing cabinets) may assist in developing agreements with new sites by completing the "New Site Development Form". This involves the following steps:
 - a. The student must contact the individual who is in charge of the Physical Therapy Student Program at the clinical site. This contact can be via phone or email. The student must determine the following:
 - i. Is the clinical site interested in accepting TWU PT students for clinical rotations in the future?

- ii. Is the clinical site interested in accepting more than the student who is making the contact? They do not have to make a commitment to take multiple students at one time, but they must be willing to establish and maintain an agreement with TWU for several years, not just for one year or for one student.
- b. If the answers to the above questions are “yes,” the student should complete the Request for New Site Development and submit it to the campus Director of Clinical Education (DCE)
- c. Once the completed form has been submitted the DCE will contact the individual to whom the student spoke, to continue the process to establish an agreement.
- d. If a new site agreement has been developed at a student’s request, that student is obligated to accept placement at the site.

6. Clinical Site Selection:

- a. **Site Availability:** The campus DCEs will notify students of available sites well in advance of selection deadlines. Students of both campuses will be informed of available sites at the same time. Updates to available sites will be made to students on both campuses upon receipt by the DCEs.
- b. **Out of Commuting Distance Requirement:**
 - i. All students will be required to complete one or more clinical rotations outside of commuting distance from their campus location. Students are responsible for their own room, board, transportation, and living expenses related to clinical rotations.
 - ii. **Defining ‘Out of Commuting Distance’:** The campus DCE will define the distance from campus/commuting time that denotes ‘out of commuting distance’.
- c. Exceptions to the out of commuting distance requirement may be made at the discretion of the campus DCE, upon request by a student. Reasons for the exception include, but are not limited to the following:
 - i. The student is the parent of a school-age child, and may be solely responsible for care of the child during the clinical experience.
 - ii. Others as determined the DCE.
- d. Student assignments will be made by the campus Director of Clinical Education (DCE) and will be based upon careful consideration of curriculum design, site availability, and student interests and requests.

7. Rescheduling a Clinical Experience/Internship: If a student is unable to begin a scheduled rotation, the student must submit a written request to the DCE, along with appropriate documentation, as soon as possible but prior to the starting date to request postponement of the rotation. Rescheduling of the postponed rotation will be at the discretion of the DCE.

B. During Full-Time Clinical Experiences/Internship:

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- 1. **Contact Information:** Students must notify the DCE of their day and evening telephone numbers and email address. Because timely communication with the DCE is essential, students are expected to access their email at least every 48 hours.
- 2. **Transportation:** Student shall be responsible for his or her own transportation and shall not be authorized to transport any client of the facility by car or other vehicle.
- 3. **Clinical Site Policies:** Students are expected to follow the policies and procedures of the facility, such as hours of operation and dress code. They are expected to follow the work schedules and the learning experiences assigned by the Clinical Instructor (CI). Students observe the holidays of the facility and not of the school, unless otherwise notified. Students shall maintain confidentiality related to Facility’s employees, patients, clients, customers, business operations, and/or trade secrets.
- 4. **Rights, safety, dignity, and privacy of patients and clients and other individuals involved with the program as well as the rights of the clinical education sites.** These policies, procedures and practices are written, disseminated, and applied equitably, and conform to applicable law.

5. **Attendance and Absences:** Clinical experiences CE I, II, III and Internship are full time (typically 40 hours per week). The student's schedule is dictated at the clinical site, by the CI/CCCE. This may include weekend or evening work, or alternate work schedules (e.g., four 10 hour days). Students are not allowed time off for TWU holidays (e.g., spring break). The student must observe policies of the facility regarding days off and holidays.
 - a. Students are allowed up to a total of four days of absence during the entire clinical education/internship period (PT 5933 through PT 6816). **These days are to be used only for illness and should not be considered as personal days.** Each additional day missed for illness or another reason must be made up during the current or subsequent clinical experience/internship.
 - b. If absent for any reason from a clinical experience or internship, students are to notify their CI at the facility and the DCE at the school.
 - c. Excessive absences may require an additional clinical rotation. The Clinical Education Committee will evaluate and recommend the length of time.
 - d. If a student is hospitalized, has surgery, becomes pregnant, or develops a medical condition requiring bed rest, the student must submit a written medical release to the campus DCE in order to begin or return to patient care related activities.
 - e. Students may **not** request time off during clinical experiences/internships for job interviews or to work on work related to other courses or their research project.
 - f. Attendance at clinical sites during inclement weather: During clinical experiences, students follow the schedule and attendance policies of the facilities at which they are assigned. Campus closures (due to inclement weather) do not automatically excuse the student from reporting to the clinical site. In the event of inclement (non-emergency) weather conditions, students are expected to make their best effort to report for their scheduled shift on time. Students are expected to demonstrate good judgment about their abilities to travel safely in inclement weather. It is the student's responsibility to contact the clinical instructor, as well as the DCE, in a timely fashion if the student is delayed or unable to report for his/her scheduled day.
6. **Progress Report:**
 - a. It is the student's responsibility to insure that the CI completes a Progress Report, found in the forms section of the Physical Therapist Manual for the Assessment of Clinical Skills (PT MACS) for each clinical experience. The CI must complete the narrative pages and the Visual Analog Scale at midterm and at the end of the experience. Both the student and the CI are required to sign the form indicating that they have reviewed the information.
 - b. **The Progress Report must be returned to the school in a timely manner.** The report may be mailed to the school or hand delivered by the student, as directed by the DCE. If the Progress Report is hand delivered, the CI must place the report in an envelope and sign across the seal of the envelope and return it to the student.
 - c. Course grades or letters of program completion from the graduate school will not be issued until all requirements have been completed.
7. **Student Evaluation Form:** Students are expected to complete the Physical Therapist Student Evaluation form found on Blackboard for each clinical experience/internship and discuss it with their Clinical Instructor, prior to leaving the site but after the final Progress Report has been discussed.

II. SCHOOL RESPONSIBILITIES:

A. Before Full-Time Clinical Experiences/Internship:

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1. Assignment of Site for Clinical Experience/Internship:

- a. While student preferences will be taken into consideration, there is no guarantee that a student will be provided a clinical experience/ internship at a specific time period or at a particular facility.
- b. Students are placed only at sites where signed agreements exist.
- c. Students will not be placed in sites where any real or potential conflict of interest exists. Some examples (not all-inclusive) of conflict of interest are: previous paid employment in the physical therapy department, ownership of the clinic by a relative or contract for future employment.

2. **Special Requests:** Any request from a student regarding scheduling of clinical experiences/internships, exceptions for personal reasons or other requests that may affect the Clinical Education Policies shall be directed in writing to the campus DCE. At the DCE's discretion, the matter may be referred to the Clinical Education Committee.

B. During Full-Time Clinical Experiences/Internship:

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1. **Professional Liability Insurance:** The University, as part of the course fees, collects liability insurance fees. The University maintains student liability insurance coverage for all students during their clinical experiences/internship. The coverage is valid **only** when a student is officially enrolled in the University. Student liability coverage is tied only to course work and does not cover students during part-time or full-time employment activities.
2. **Rights, responsibilities, safety, privacy, and dignity of program students:** These policies, procedures and practices are written, disseminated, and applied equitably.
3. **Conferences:** It is the policy of the School to schedule a conference with each student and Clinical Instructor for every clinical experience/internship. This conference may take place face to face, via telephone or electronically. Faculty from either campus may be assigned for the conference.
4. **Potential dismissal from a clinical site.**
 1. The student will be notified by the DCE of the potential for dismissal from the clinical facility when he or she is failing to meet criteria.
 2. Notification of impending dismissal does not have to wait until the midterm conference; it can be extended at any time that the student is in jeopardy of being dismissed. The notice must be made both **verbally and in writing**.
 3. Notification will be provided to, and signed by, the student, the Clinical Instructor and the DCE. Signed copies of the notification will be given to the student and placed in the student's academic file at the School.
 4. Following notification, a written remediation plan will be developed to address areas of concern.
 5. The remediation plan will be signed by the student, the Clinical Instructor and the DCE. If the terms of the plan are not met in the specified time frame, the clinical experience/ internship will be terminated and the student may receive the grade of "F."
 6. If the notification of termination of the internship is without prior notice, the performance of the student will be evaluated and the student will receive a grade of "F", if appropriate.

C. Removal from and Return to Clinical Education Experiences:

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The School has the responsibility to the public to assure that its students are sufficiently prepared to provide safe, effective patient care, under the supervision of a licensed physical therapist. In order to assure effective patient management and/or prevent potential injury to patients/clients, clinical faculty and/or students, it may become necessary to remove a student from a clinical experience.

Students may be removed from a clinical experience for any one or a combination of the following reasons:

- a. **At the request of the student:** a student may request removal from a clinical experience due to physical, emotional or mental causes that interfere with safe, effective patient/client management, with supporting documentation from the appropriate health care provider (physician, psychologist, counselor, nurse practitioner). Student requests will be reviewed by the Clinical Education Committee, and may result in the grade of 'W' Withdrawal or 'I' Incomplete. Refer to the TWU Student Handbook under Academic Policies.
- b. **At the request of the clinical instructor or center coordinator of clinical education:** CI or CCCE may request that a student be removed from a clinical experience due to deficiencies in professional behavior (including risks to patient safety), deficiencies in patient/client management, or physical, emotional or mental causes, that may interfere with safe, effective patient/client management. Supporting documentation from the student's CI/CCCE describing the student's performance/behavior will be provided to the DCE. The student's performance will be reviewed by the Clinical Education Committee, and may result in the grade of 'F' or 'PR' (see below for Grading Scale).
- c. **At the decision of the DCE/Clinical Education Committee:** The DCE may remove a student from a clinical experience due to deficiencies in professional behavior (including risks to patient safety), deficiencies in patient/client management, or physical, emotional or mental causes that may interfere with safe, effective patient/client management, with supporting documentation describing the student's performance/behavior. The student's performance will be reviewed by the Clinical Education Committee, and may result in the grade of 'F' or 'PR' (see below for Grading Scale).

Students who are removed from the clinical experience due to deficiencies in professional behavior (including risks to patient safety) or deficiencies in patient/client management, resulting in a grade of 'PR' may be eligible to re-enter clinical education following completion of a remediation plan. The DCE, with input from the student and/or faculty members, may develop a remediation plan to address identified deficiencies.

Remediation plans may include, but are not limited to the following:

- i. directed readings and patient case studies, or
- ii. supervised lab practice, or
- iii. skill checkout or lab practical examination, potentially including videotaping of skills, or
- iv. observation and assessment of patient/client management skills by another CI or faculty member, or
- v. referral to an appropriate health care provider (physician, psychologist, counselor, nurse practitioner) for evaluation and counseling to address deficiencies in professional behaviors.

If the student was removed from the clinical experience due to problems with physical, emotional or mental health, the DCE, with assistance from the campus director as needed, may refer the student to an appropriate health care provider (physician, psychologist, counselor, nurse practitioner) for evaluation and treatment recommendation(s). It is the student's responsibility to comply with recommended treatment and to request a release or authorization to return to clinical education from the appropriate health care provider stating that the student is ready to resume clinical education and poses no threat of injury to him/herself or others.

Upon completion of remediation work and/or recommended treatment students will be scheduled to re-enter clinical education pending availability of clinical sites/experiences.

If the student fails to successfully complete a remediation and/or fails to comply with recommended treatment, and/or fails to receive a release/authorization to return to clinical education, the DCE has the right to:

- i. withhold the student from entering future clinical experiences, and/or
- ii. convert the grade of 'PR' to 'F'.

D. After Full-Time Clinical Experiences/Internship:

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1. **Grading:** The campus DCE, as course coordinator, assigns the grade to students. Refer to the goals and objectives and grading criteria of individual clinical education courses for detail on the assignment of grades.

Possible grades include:

- CR** Credit - All grading criteria were met. Student attended clinical education seminars and successfully completed the clinical experience/internship.
 - F** Fail - Any one of these examples **may** result in a grade of F: Examples of circumstance that may result in failure Include, but are not limited to the following:
 - a. significant number of the grading criteria were not met even though the necessary experiences were available, or
 - b. demonstrated continuing deficiencies in areas of professional behavior or issues involving safety or
 - c. student demonstrated continuing deficiencies in any area of patient/client management, despite repeated remediation and feedback from Clinical Instructor or
 - d. Clinical Instructor requested that the student be removed from the facility and not complete the clinical experience/internship
 - PR** Progress - Any one of these examples **may** result in a grade of PR:
 - a. student completed the clinical experience/internship but performance was not adequate to complete grading criteria
 - b. student was withdrawn at the discretion of the Clinical Education Committee.
- a. If a student earns a grade of "PR" (Progress), the provisions for the removal of the Progress will be given to the student in writing. Grades of Progress in clinical education courses will require that the student repeat part or all of the clinical experience/internship. The additional amount of time and/or remediation will be determined by the Clinical Education Committee.
 - b. The Clinical Education Committee will review the progress of any student who is in danger of receiving an F (Failure) for the clinical education experience/internship. If a grade of "F" (Failure) is earned, the student is terminated from the program. In order to be reinstated in the program, the student must appeal to retake the course by following the appeal process of the School and the University.

2. Appeals of Clinical Education Grades:

Appeals can be made following the same guidelines stated in the **DPT Professional Program in Physical Therapy Student Handbook**.

Adopted by the Physical Therapy Faculty on May 11, 1992, Houston, Texas
Revised, January 21, 1994,
Revised, May 1995, Approved by the Physical Therapy Faculty on August 21, 1995
Revised, March 1998, Approved by the Physical Therapy Faculty on May 18, 1998
Revised, March 2000, Approved by the Physical Therapy Faculty on May 16, 2000
Revised, October 2001, Approved by the Physical Therapy Faculty on January 14, 2002
Revised, May 2006, Approved by the Physical Therapy Faculty on May 6, 2006
Revised, September 2008, Approved Physical Therapy Faculty on October 1, 2008
Revised, June, 2010, Approved Physical Therapy Faculty on February 16, 2011

TEXAS WOMAN'S UNIVERSITY
School of Physical Therapy
PT 5933 Clinical Experience I
Grading Criteria

Student's Name _____

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Definitions: "Work on," means a final rating of NI; "Complete" means a final rating of + or √

PT MACS SECTION	SPECIFIC SKILLS	MINIMUM CRITERIA	IDENTIFY SKILLS COMPLETED
I. Professional Practice	Skills 1-12	Complete 4 skills Work on 4 skills	
II. Patient Management	Skill 13, 15, 16.1, 16.2, 16.3, 16.4, 17.1, 17.5, 17.6	Complete 3 skills Work on 3 skills	
Tests and Measures	Skills 14.1-14.13	Complete 4 skills Work on 4 skills	
Interventions	Therapeutic Exercise (17.2)	Complete 2	
	Functional Training (17.3)	Complete 2	
	Manual Therapy (17.4)	Complete 6 techniques By end of 6814	
	Electrical Modalities (17.7)	Complete 2 By end of 6814	
	Thermal Physical Agents (17.8)	Complete 3 By end of 6814	
	Mechanical Modalities (17.9)	Complete 2 By end of 6814	
III. Practice Management	Skill 18	Complete By end of 6814	
	Skill 19	Work on	
IV. Site Specific Skills	20.1-20.6 Tests & Measures	Work on 1 skill	
	21.1-21.2 Interventions		
	22.2-22.3 Practice Management		
	22.1 Outcomes Management (refer to explanation & form provided)	Complete at 2 different sites By end of 6814	
I. OTHER REQUIREMENTS		MINIMUM CRITERIA	IDENTIFY IF COMPLETED
Pharmacology	2 patients with minimum of 3 meds each. Refer to form on Blackboard.		
Progress Report	5 pages	Mail	
Student Evaluation	CI or CCCE Signature required; pp. 7-8 contains feedback for CI only	Mail	
Cost Summary	Refer to form	Submit to DCE	

Grading Criteria Met? (circle one) **YES** **NO** **COMMENTS**

DCE Signature _____ DATE _____

TEXAS WOMAN'S UNIVERSITY
School of Physical Therapy
PT 6804 Clinical Experience II
Grading Criteria

Student's Name _____

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Definitions: "Work on," means a final rating of NI; "Complete" means a final rating of + or ✓

PT MACS SECTION	SPECIFIC SKILLS	MINIMUM CRITERIA	IDENTIFY SKILLS COMPLETED
I. Professional Practice	Skills 1-12	Complete 8 skills	
II. Patient Management	Skill 13, 15, 16.1, 16.2, 16.3, 16.4, 17.1, 17.5, 17.6	Complete 6 skills	
Tests and Measures	Skills 14.1-14.13	Complete 8 skills	
Interventions	Therapeutic Exercise (17.2)	Complete 4	
	Functional Training (17.3)	Complete 4	
	Manual Therapy (17.4)	Complete 6 by end of 6814	
	Electrical Modalities (17.7)	Complete 2 by end of 6814	
	Thermal Physical Agents (17.8)	Complete 3 by end of 6814	
	Mechanical Modalities (17.9)	Complete 2 by end of 6814	
III. Practice Management	Skills 18	Complete By end of 6814	
	Skill 19	Work on EVERY ROTATION	
IV. Site Specific Skills	20.1-20.6 Tests & Measures	Work on 2 skills	
	21.1-21.2 Interventions		
	22.2-22.3 Practice Management		
	22.1 Outcomes Management	Complete at 2 different sites by end of 6814	
OTHER REQUIREMENTS		MINIMUM CRITERIA	CHECK IF COMPLETED
TWU Rehab Skills	Refer to forms on Blackboard (BB)	Complete 8 during NEURO rotation	
CAT	Refer to form on BB	Complete	
In-service Project	Refer to forms on BB; CI Signature on Summary Feedback form required	Complete <u>once</u> by end of 6814	
Cost of Episode of Care	Refer to form on BB	Complete during ORTHO rotation ONLY	
Progress Report	5 pages (PT MACS)	Hand carry ONLY	
SECEE	Refer to form on BB. CI or CCCE Signature required	Hand carry ONLY	
Cost/Summary	Refer to form on BB	Complete	

Grading Criteria Met? (circle one) YES NO COMMENTS _____

DCE Signature _____ DATE _____

TEXAS WOMAN'S UNIVERSITY
School of Physical Therapy
PT 6814 Clinical Experience III
Grading Criteria

Student's Name: _____

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Definitions: "Work on," means a final rating of NI; "Complete" means a final rating of + or ✓

PT MACS SECTION	SPECIFIC SKILLS	MINIMUM CRITERIA	IDENTIFY SKILLS NOT COMPLETED
I. Professional Practice	Skills 1-12	Complete <u>all</u> 12 skills	
II. Patient Management	Skill 13, 15, 16.1, 16.2, 16.3, 16.4, 17.1, 17.5, 17.6	Complete <u>all</u> 9 skills	
Tests and Measures	Skills 14.1-14.13	Complete <u>all</u> 13 skills	
Interventions	Therapeutic Exercise (17.2)	Complete 6	
	Functional Training (17.3)	Complete 6	
	Manual Therapy (17.4)	Complete 6	
	Electrical Modalities (17.7)	Complete 2	
	Thermal Physical Agents (17.8)	Complete 3	
	Mechanical Modalities (17.9)	Complete 2	
III. Practice Management	Skills 18	Complete	
	Skill 19	Work on AT EVERY ROTATION	
IV. Site Specific Skills	20.1-20.6 Tests & Measures	Complete 2 skills	
	21.1-21.2 Interventions		
	22.2-22.3 Practice Management		
	22.1 Outcomes Management	Complete at 2 different sites by end of 6814	
OTHER REQUIREMENTS		MINIMUM CRITERIA	CHECK IF COMPLETED
TWU Rehab Skills	Refer to handout on Blackboard (BB)	Complete 8 during NEURO rotation	
CAT	Refer to handout on BB	Complete	
In-service Project	Refer to handout on BB; CI Signature on Summary Feedback form required	Complete <u>once</u> by end of 6814	
Cost of Episode of Care	Refer to handout on BB	Complete during ORTHO rotation <u>ONLY</u>	
Progress Report	5 pages (PT MACS)	Hand carry <u>only</u>	
SECEE	CI or CCCE Signature required (on BB)	Hand carry <u>only</u>	
Cost/Summary	Refer to on BB	Complete	

Grading Criteria Met? (circle one) YES NO COMMENTS _____

DCE Signature _____ DATE _____

TEXAS WOMAN'S UNIVERSITY
 School of Physical Therapy
 PT 6816 Clinical Internship
 Grading Criteria

Student's Name: _____

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CIET SECTION	STANDARDS & BENCHMARKS	MINIMUM EXPECTED GRADING CRITERIA BY END INTERNSHIP	IDENTIFY AREAS NOT COMPLETED
I. Professional Behaviors	Safety (1 - 3)	All 21 Standards must be assessed at 'Always'.	
	Professional Ethics (1 - 7)		
	Initiative (1 - 4)		
	Communication Skills - Verbal (1 - 2)		
	Communication Skills - Written (3 - 5)		
II. Patient Management	Examination (1 - 8)	21 of 24 Standards must be assessed at 'At that Level' or higher, and no Standards may be assessed at 'Well Below' by the end of the Internship.	
	Evaluation (1 - 3)		
	Diagnosis/Prognosis (1 - 5)		
	Intervention (1 - 8)		
Global Rating of Student Clinical Competence	Overall assessment of student performance compared to a competent clinician.	Student must be assessed at 'At that Level' of a competent clinician.	
OTHER REQUIREMENTS		MINIMUM CRITERIA	CHECK IF COMPLETED
Objectives	Developed in conjunction with and approved by Clinical Instructor	Signed and returned to DCE by end of first week of internship	
Case Study Report		Submit electronically via BB by 6:00 pm on April 9, 2010	
Student Evaluation of Clinical Education Experience		Submit paper copy to DCE on April 12, 2010	
Cost Form		Submit paper copy to DCE on April 12, 2010	

Grading Criteria Met? (circle one) YES NO

COMMENTS _____

DCE Signature _____ DATE _____

ADDENDUM II

“Clinical Education Course Descriptions and Objectives”*

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PT 6816 – Course Description/Objectives	Page 37-38

*If you would like more information about any of the courses, including Topical Outlines and Grading Criteria, please contact one of the campus DCE's:

Dale Anderle in Dallas (danderle@twu.edu) or

Peggy Gleeson in Houston (pgleeson@twu.edu)

**TEXAS WOMAN'S UNIVERSITY
SCHOOL OF PHYSICAL THERAPY
PROFESSIONAL DOCTOR OF PHYSICAL THERAPY CURRICULUM
COURSE SYLLABUS**

Course Prefix, Number and Title: PT 5931 – Preliminary Clinical Experience

Semester, Year, Campus: Spring, 2nd semester of program

Course Description: Supervised, part-time, onsite exposure to the inpatient clinical environment. Emphasis on observation and reflection of characteristics of professional practice as demonstrated by various healthcare providers. Four practicum hours per week.

Course Overview: This course is the first of four clinical experiences/internships scheduled in the Doctor of Physical Therapy (DPT) Curriculum. The course occurs in the second semester of the curriculum, providing students an opportunity to observe clinicians in practice in the acute care setting, while integrating content from the first semester's courses in Anatomy, Pathophysiology, Basic Skills and Professionalism in Physical Therapy.

Global Course Objectives:

By the end of this course the student will:

1. Understand the medical record and identify its contents.
2. Analyze physical therapy documentation for clarity, brevity and content.
3. Locate lab values and pharmacology reports in the medical record and research the implications, contraindications and precautions associated with commonly used tests and drugs.
4. Recognize the characteristics of effective, culturally competent communication in a clinical environment.
5. Observe usage of time of specific healthcare providers.
6. Analyze how physical therapists demonstrate professional behaviors in all interactions.
7. Compare and contrast the role that physical therapists play in various patient venues.

Enabling Objectives:

1. Understand the medical record and identify its contents.
 - 1.1. Locate pertinent sections of the medical record
 - 1.2. Superficially interpret significance of results of pertinent tests, measurements or data.
2. Analyze physical therapy documentation for clarity, brevity and content.
 - 2.1. Compare and contrast the content of physical therapy documentation to the Patient/Client Management Model in the *Guide to PT Practice*.
 - 2.2. Critique documentation for errors or weaknesses, and make recommendations for corrections or improvements.

3. Locate lab values and pharmacology reports in the medical record and research the implications, contraindications and precautions associated with commonly used tests and drugs.
4. Recognize the characteristics of effective, culturally competent communication in a clinical environment
 - 4.1. Observe and reflect on the impact of culture on communication in the acute and sub-acute settings
5. Observe usage of time of specific healthcare providers.
 - 5.1. Differentiate time management strategies by providers among practice settings
 - 5.2. Analyze effective and ineffective time management practices in different settings
6. Analyze how physical therapists demonstrate professional behaviors in all interactions.
 - 6.1. Observe behaviors of physical therapists, and compare the behaviors to the Generic Abilities and/or Core Values of Professional Behavior in Physical Therapy.
 - 6.2. Identify potential sources of conflict among healthcare providers.
7. Compare and contrast the role that physical therapists play in various patient venues.
 - 7.1. Perform selected physical therapy examination and intervention activities under the supervision of a physical therapist.
 - 7.2. Describe the roles or activities performed by physical therapists in addition to direct patient care.

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**TEXAS WOMAN'S UNIVERSITY
SCHOOL OF PHYSICAL THERAPY
PROFESSIONAL DOCTOR OF PHYSICAL THERAPY CURRICULUM
COURSE SYLLABUS**

Course Prefix, Number and Title: PT 5933 Clinical Experience I (Acute Care Setting)

Semester, Year, Campus: Fall, 4th Semester of program

Course Description: First of three supervised full-time clinical experiences. Application of physical therapy knowledge, skills and behaviors appropriate to patient and practice management in the acute care setting. One lecture hour and sixteen practicum hours per week.

Course Overview: This course is the second of four clinical experiences/internships scheduled in the Doctor of Physical Therapy (DPT) Curriculum. The course occurs in the fourth semester of the curriculum, providing students an opportunity to implement skills learned in the first three semesters, integrating knowledge from Basic Sciences, with information from clinical courses in Examination/Evaluation, basic interventions, and Professionalism in Physical Therapy.

Global Course Objectives:

1. Demonstrate effective and culturally sensitive communication skills with patients, caregivers, and other health care providers.
2. Adhere to federal and state legal and ethical practice standards, as well as facility practice guidelines regulating PT practice, in the acute care setting.
3. Demonstrate professional behaviors in interactions with patients, caregivers and other health care providers.
4. Demonstrate entry-level clinical decision-making and psycho-motor skills in: Examination, Evaluation, Diagnosis, Prognosis, development, implementation and modification of Plan of Care, Interventions, and Outcomes Assessment with patients in the acute care setting.
5. Complete documentation complying with federal and state regulations, professional guidelines, and facility requirements

Enabling Objectives

1. Demonstrate effective and culturally sensitive communication skills with patients, caregiver and other health care providers.
 - 1.1. Communicate verbally and in written form, with sensitivity to differences in race/ethnicity, religion, gender, age, sexual orientation and disability or health status
 - 1.2. Use non-verbal communication consistent with the intended message
 - 1.3. Recognize, interpret and respond to the body language of others consistent with professional guidelines and with the educational level of the individual
 - 1.4. Modify method of communication to address cultural needs as above.
 - 1.5. Plan, provide and evaluate education of patients/clients as well as professional personnel at various levels
 - 1.6. Provide effective feedback to clinical educators and professional colleagues.
 - 1.7. Assess the effectiveness of communication with patients/clients, family, caregivers and other healthcare providers

- 1.8. Effectively access interpreter resources when necessary.
2. Adhere to federal and state legal and ethical practice standards, as well as facility practice guidelines regulating PT practice, in the acute care setting.
 - 2.1. Identify sections of the Practice Act and/or Rules governing physical therapists and physical therapist assistants for the jurisdiction in which the clinical experience occurs.
 - 2.2. Exhibit appropriate levels of supervision of physical therapist assistants and physical therapy aides/techs.
 - 2.3. Demonstrate ethical PT practice consistent with the APTA's Code of Ethics and Guide for Professional Conduct.
 - 2.4. Identify potential sources of legal and ethical conflict within the context of physical therapy practice.
 - 2.5. Demonstrate knowledge of facility practice guidelines, where applicable.
3. Demonstrate professional behaviors in interactions with patients, caregivers and other health care providers.
 - 3.1. Demonstrate behaviors consistent with the Core Values of Professionalism and the professional practice skills in all interactions with patients/clients, family members, caregivers and other healthcare providers.
 - 3.2. Self-assess one's own level of development in area of professionalism.
4. Demonstrate entry-level clinical decision-making and psychomotor skills in: Examination, Evaluation, Diagnosis, Prognosis, development, implementation and modification of Plan of Care, Interventions, and Outcomes Assessment with patients in the acute care setting.
 - 4.1. Apply the principles of clinical decision making in the delivery of patient/client care.
 - 4.2. Analyze and integrate patient/client feedback into the clinical decision making and case management processes
 - 4.3. Integrate evidence based practice into clinical decisions
 - 4.4. Demonstrate entry-level performance of psychomotor skills as defined in the Physical Therapist: Mastery and Assessment of Clinical Skills (PT MACS)
 - 4.5. Self-assess one's own level of development in clinical decision making and psychomotor skills
5. Complete documentation complying with federal and state regulations, professional guidelines, and facility requirements.
 - 5.1. Effectively utilize the documentation system used in the clinical facility
 - 5.2. Demonstrate professional and technically correct written communication skills
 - 5.3. Document clinical encounters effectively

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COURSE SYLLABUS**

Course Prefix, Number and Title: PT 6804 Clinical Experience II

Semester, Year, Campus: Summer, 6th Semester of program

Course Description: Second of three supervised full-time clinical experiences; application of physical therapy knowledge, skills, and behaviors appropriate to patient and practice management in either the orthopedic or neuro-rehabilitation setting.

Course Overview: This course is the second of four full-time clinical experiences/internships scheduled in the Doctor of Physical Therapy (DPT) Curriculum. The course occurs in the sixth semester of the curriculum, providing students an opportunity to implement skills learned in the first five semesters, integrating knowledge from Basic Sciences, with information from clinical courses in Examination/ Evaluation and Interventions for the patient with musculoskeletal or neurological pathologies.

Global Course Objectives:

1. Conduct physical therapy screening and examination on patients with varied diagnoses and complexity within the assigned clinical setting
2. Formulate a physical therapy evaluation, diagnosis, prognosis and plan of care on patients based on accurate interpretation of data from the physical therapy exam using evidence based practice principles.
3. Manage a patient caseload with an understanding of the clinical site's fiscal situation, organizational structure and other practice management considerations.
4. Document evidence based practice and decision making through a learning portfolio.

Enabling Objectives

1. Conduct physical therapy screening and examination on patients with varied diagnoses and complexity within the assigned clinical setting
 - 1.1 Select appropriate screens/tests and measures based upon the initial medical diagnosis, referral, chief complaint and/or patient history.
 - 1.2 Complete screening or examination procedures accurately and independently.
 - 1.3 Establish rapport with a variety of patients during screening and/or examination.
2. Formulate a physical therapy evaluation, diagnosis, prognosis and plan of care for patients based on interpretation of data from the physical therapy exam using evidence based practice principles.
 - 2.1 Interpret examination findings to determine a physical therapy diagnosis, and develop a plan of care considering medical, pharmacological and other relevant findings gathered from the medical record and patient history.

- 2.2 Develop a prognosis and plan of care for a given patient incorporating evidence from the literature
 - 2.3 Implement a plan of care, demonstrating entry-level performance of psychomotor and professional skills, as defined in the PT MACS.
 - 2.4 Modify the plan of care over time based upon patient response to treatment, with supervision from the clinical instructor.
3. Manage a patient caseload with an understanding of the clinical site's fiscal situation, organizational structure and other practice management considerations.
 - 3.1 Participate in discharge planning activities including, but not limited to:
 - 3.1.1 developing home exercise programs,
 - 3.1.2 making recommendations for continued care after discharge
 - 3.1.3 attending staffings/case conferences
 - 3.1.4 meeting formally and informally with discharge planners/case managers/social workers
 - 3.1.5 providing input into equipment selection and procurement for durable medical equipment.
 - 3.2 Complete all documentation relative to patient care with minimal feedback from the clinical instructor.
 - 3.3 Adhere to the policies and procedures related to reimbursement at the clinical site.
 - 3.4 Direct and supervise ancillary personnel appropriately.
 - 3.5 Participate in practice management activities, (e.g., quality management, outcomes assessment), as available.
 4. Document evidence based practice and decision making through a learning portfolio.
 - 4.1 Complete an inservice, critical appraisal of topic (CAT) or other appropriate earning activity, based upon evidence from literature
 - 4.2 Reflect upon own strengths and weaknesses in providing patient care and develop a strategy for personal and professional development for Clinical Experience III.

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COURSE SYLLABUS**

Course Prefix, Number and Title: PT 6814 Clinical Experience III

Semester, Year, Campus: Fall, 7th semester of program

Course Description: Third of three supervised full-time clinical experiences; application of physical therapy knowledge, skills, and behaviors appropriate to patient and practice management in either the orthopedic or neuro-rehabilitation setting.

Course Overview: This course is the third of four full-time clinical experiences/internships scheduled in the Doctor of Physical Therapy (DPT) Curriculum. The course occurs in the seventh semester of the curriculum, providing students an opportunity to implement skills learned in the first six semesters, integrating knowledge from Basic Sciences, with information from clinical courses in Examination/ Evaluation and Interventions for the patient with musculoskeletal or neurological pathologies.

Global Objectives:

1. Conduct physical therapy screening and examination on patients with varied diagnoses and complexity within the assigned clinical setting.
2. Formulate a physical therapy evaluation, diagnosis, prognosis and plan of care on patients based on accurate interpretation of data from the physical therapy examination using evidence based practice and principles.
3. Manage a patient caseload with an understanding of the clinical site's fiscal situation, organizational structure and other practice management considerations.
4. Create a learning portfolio to document evidence based practice and decision making.

Enabling Objectives:

1. Conduct physical therapy screening and examination on patients with varied diagnoses and complexity within the assigned clinical setting.
 - 1.1 Select appropriate screens/tests and measures for patients with co-morbidities or complicated diagnoses.
 - 1.2 Complete the screening or examination independently in an efficient and effective manner, making modifications as needed based upon patient response.
2. Formulate a physical therapy evaluation, diagnosis, prognosis and plan of care on patients based on accurate interpretation of data from the physical therapy exam using evidence based practice principles.
 - 2.1 Determine an accurate physical therapy diagnosis and develop an initial plan of care based upon examination findings.
 - 2.2 Implement plan of care, demonstrating entry-level performance of psychomotor and professional skills, as defined in the PT MACS.

- 2.3 Modify the plan of care over time based upon patient response to treatment and research evidence, with supervision from the clinical instructor
3. Manage a patient caseload with an understanding of the clinical site's fiscal situation, organizational structure and other practice management considerations.
 - 3.1 Assume responsibility for discharge planning activities including, but not limited to: developing of home exercise programs, recommending continued care after discharge, attending staffings, case conferences, meeting formally and informally with discharge planners, case managers or social workers, and providing input into selection and procurement of durable medical equipment.
 - 3.2 Complete all required documentation independently, in a timely manner and in accordance with relevant insurance guidelines and the clinical site's requirements.
 - 3.3 Disseminate findings to members of the patient care team, including insurance and relevant physical therapy business entities, through both written and oral communication, as applicable.
 - 3.4 Manage an entry-level patient load independently
 - 3.5 Direct and supervise tasks of support personnel
4. Document evidence based practice and decision making through a learning portfolio.
 - 4.1 Provide written evidence of rationale for clinical decisions using research and best practice
 - 4.2 Reflect upon own strengths and interests and develop individualized goals for Clinical Experience IV (Internship)

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COURSE SYLLABUS**

Course Prefix, Number and Title: PT 6816 Clinical Internship

Semester, Year, Campus: Spring, 8th Semester of program

Course Description: Directed clinical internship in selected area(s) of physical therapy practice culminating in effective clinical decision making for autonomous practice and professional development.

Course Overview: This course is the fourth of four full-time clinical experiences/internships scheduled in the Doctor of Physical Therapy (DPT) Curriculum. The course occurs in the eight semester of the curriculum, providing students an opportunity to integrate skills learned in the first seven semesters, integrating knowledge from Basic Sciences, with information from clinical courses in Examination/ Evaluation and Interventions for the patient with musculoskeletal or neurological pathologies.

Global Course Objectives:

1. Perform examinations, evaluations, diagnoses, prognoses, interventions and outcomes assessments within the chosen clinical environment in a manner that is safe and effective (defined as "entry level practice").
2. Manage a caseload while demonstrating a basic understanding of the practice management activities appropriate for the chosen clinical environment.
3. Evaluate and publicly present a patient case based on the clinical experience.
4. Participate in and evaluate the clinical education program at the chosen clinical environment(s).

Enabling Objectives

1. Perform examinations, evaluations, diagnoses, prognoses, interventions and outcomes assessments within the chosen clinical environment in a manner that is safe and effective (defined as "entry level practice").
 - 1.1 Use best evidence and consensus-based clinical practice patterns to meet needs of consumers/patients/clients in a manner that assures benefits of high quality with optimal efficiency and effectiveness.
 - 1.2 Provide culturally sensitive care
2. Manage a caseload while demonstrating a basic understanding of the practice management activities appropriate for the chosen clinical environment.
 - 2.1 Demonstrate self management skills, including but not limited to:
 - 2.2.1 scheduling
 - 2.2.2 time management
 - 2.2.3 flexibility

- 2.2.4 adapting to unforeseen circumstances
 - 2.2.5 stress management
 - 2.2 Apply human resource management skills to contemporary
 - 2.2.1 Directing and supervising aides/PTAs
 - 2.2.2 Interacting with other professional and support personnel
 - 2.2.3 Apply conflict management techniques as needed
 - 2.3 Practice in a manner consistent with the physical therapy Code of Ethics
 - 2.4 Demonstrate financial responsibility associated with patient care
 - 2.5 Participate on primary care or interdisciplinary teams, serving as role models and as patient/client advocates as appropriate
 - 2.6 Incorporate disease prevention and health promotion into patient care activities
3. Evaluate and publicly present a patient case based on the clinical experience.
- 3.1 Demonstrate critical thinking, reflection, and problem-solving skills by patient case example
 - 3.2 Use communication and/or information technology effectively and appropriately
 - 3.3 Provide learning opportunities for others

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ADDENDUM III

“Clinical Education Forms and General Information”

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CLINICAL SITE INFORMATION FORM (CSIF)

APTA Department of Physical Therapy Education
Revised January 2006

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INTRODUCTION:

The primary purpose of the Clinical Site Information Form (CSIF) is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites to:

- Facilitate clinical site selection,
- Assist in student placements,
- Assess the learning experiences and clinical practice opportunities available to students; and
- Provide assistance with completion of documentation required for accreditation.

The CSIF is divided into two sections:

- Part I: Information for Academic Programs (pages 4-16)
 - Information About the Clinical Site (pages 4-6)
 - Information About the Clinical Teaching Faculty (pages 7-10)
 - Information About the Physical Therapy Service (pages 10-12)
 - Information About the Clinical Education Experience (pages 13-16)
- Part II: Information for Students (pages 17-20)

Duplication of requested information is kept to a minimum except when separation of Part I and Part II of the CSIF would omit critical information needed by both students and the academic program. The CSIF is also designed using a check-off format wherever possible to reduce the amount of time required for completion.



American Physical Therapy Association

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

DIRECTIONS FOR COMPLETION:

To complete the CSIF go to APTA's website under “**Careers and Education,**” click on “For Educators” followed by a second click on “Clinical Educators” when the new page opens. Finally choose “Clinical Site Development” to access an updated “Clinical Site Information Form (CSIF)” and open the folder which displays a link for the (.doc) version of the form [NOTE: TWU does not currently subscribe to the (CSIF Web) version of the form. As a speedier option, you can click this [link](#).

1. **Save the CSIF on your computer** before entering your facility’s information. The title should be the clinical site’s zip code, clinical site’s name, and the date (e.g., 90210BevHillsRehab10-26-2005). Using this format for titling the document allows the users to quickly identify the facility and most recent version of the CSIF from a folder. Saving the document will preserve the original copy on the disk or hard drive, allowing for ease in updating the document as changes in the clinical site information occurs.
2. **Complete the CSIF thoroughly and accurately.** Use the tab key or arrow keys to move to the desired blank space. The form is comprised of a series of tables to enable use of the tab key for quicker data entry. Use the Comment section to provide addition information as needed.
3. **Save the completed CSIF.**
4. **E-mail** the completed CSIF to each academic program with whom the clinic affiliates (accepts students).
5. In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, **e-mail** a copy of the completed CSIF Word document to the Department of Physical Therapy Education at kristinestoneley@apta.org.
6. **Update the CSIF on an annual basis** to assist in maintaining accurate and relevant information about your physical therapy service for academic programs, students, and the national database.

What should I do if my physical therapy service is associated with multiple satellite sites that also provide clinical learning experiences?

If your physical therapy service is associated with multiple satellite sites that offer a variety of clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, provide information regarding the primary clinical site for the clinical experience on **page 4**. Complete **page 4**, to provide essential information on all additional clinical sites or satellites associated with the primary clinical site. *Please note that if the satellite site(s) offering a clinical experience differs from the primary clinical site, a separate CSIF must be completed for each satellite site. Additionally, if any of the satellite sites have a different CCCE, an abbreviated resume must be completed for each individual serving as CCCE.*

What should I do if specific items are not applicable to my clinical site or I need to further clarify a response?

If specific items on the CSIF do not apply to your clinical education site at the time you are completing the form, please leave the item(s) blank. Provide additional information and/or comments in the Comment box associated with the item.

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CLINICAL SITE INFORMATION FORM

Part I: Information For the Academic Program
Information About the Clinical Site – Primary

Initial Date
Revision Date

Person Completing CSIF					
E-mail address of person completing CSIF					
Name of Clinical Center					
Street Address					
City		State		Zip	
Facility Phone		Ext.			
PT Department Phone		Ext.			
PT Department Fax					
PT Department E-mail					
Clinical Center Web Address					
Director of Physical Therapy					
Director of Physical Therapy E-mail					
Center Coordinator of Clinical Education (CCCE) / Contact Person					
CCCE / Contact Person Phone					
CCCE / Contact Person E-mail					
APTA Credentialed Clinical Instructors (CI) (List name and credentials)					
Other Credentialed CIs (List name and credentials)					
Indicate which of the following are required by your facility prior to the clinical education experience:	<input type="checkbox"/> Proof of student health clearance <input type="checkbox"/> Criminal background check <input type="checkbox"/> Child clearance <input type="checkbox"/> Drug screening <input type="checkbox"/> First Aid and CPR <input type="checkbox"/> HIPAA education <input type="checkbox"/> OSHA education <input type="checkbox"/> Other: Please list				

Information About Multi-Center Facilities

If your health care system or practice has multiple sites or clinical centers, complete the following table(s) for each of the sites. Where information is the same as the primary clinical site, indicate "SAME." If more than three sites, copy, and paste additional sections of this table before entering the requested information. Note that you must complete an abbreviated resume for each CCCE.

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
Fax Number			Facility E-mail		
Director of Physical Therapy				E-mail	
CCCE				E-mail	

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
Fax Number			Facility E-mail		
Director of Physical Therapy				E-mail	
CCCE				E-mail	

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
Fax Number			Facility E-mail		
Director of Physical Therapy				E-mail	
CCCE				E-mail	

Clinical Site Accreditation/Ownership

Yes	No		Date of Last Accreditation/Certification
<input type="checkbox"/>	<input type="checkbox"/>	Is your clinical site certified/ accredited? If no, go to #3.	
		If yes, has your clinical site been certified/accredited by:	
<input type="checkbox"/>	<input type="checkbox"/>	JCAHO	
<input type="checkbox"/>	<input type="checkbox"/>	CARF	
<input type="checkbox"/>	<input type="checkbox"/>	Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	Other	
		Which of the following best describes the ownership category for your clinical site? (check all that apply)	
		<input type="checkbox"/> Corporate/Privatey Owned <input type="checkbox"/> Government Agency <input type="checkbox"/> Hospital/Medical Center Owned <input type="checkbox"/> Nonprofit Agency <input type="checkbox"/> Physician/Physician Group Owned <input type="checkbox"/> PT Owned <input type="checkbox"/> PT/PTA Owned <input type="checkbox"/> Other (please specify)	

Clinical Site Primary Classification

To complete this section, please:

A. Place the number 1 (1) beside the category that best describes how your facility functions the majority (≥ 50%) of the time. Click on the drop down box to the left to select the number 1.

B. Next, if appropriate, check (√) up to four additional categories that describe the other clinical centers associated with your facility.

<input type="checkbox"/>	Acute Care/Inpatient Hospital Facility	<input type="checkbox"/>	Industrial/Occupational Health Facility	<input type="checkbox"/>	School/Preschool Program
<input type="checkbox"/>	Ambulatory Care/Outpatient	<input type="checkbox"/>	Multiple Level Medical Center	<input type="checkbox"/>	Wellness/Prevention/Fitness Program
<input type="checkbox"/>	ECF/Nursing Home/SNF	<input type="checkbox"/>	Private Practice	<input type="checkbox"/>	Other: Specify
<input type="checkbox"/>	Federal/State/County Health	<input type="checkbox"/>	Rehabilitation/Sub-acute Rehabilitation		

Clinical Site Location

Which of the following best describes your clinical site's location?

- Rural
- Suburban
- Urban

Information About the Clinical Teaching Faculty

ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION

Please update as each new CCCE assumes this position.

NAME:		Length of time as the CCCE:	
DATE: (mm/dd/yy)		Length of time as a CI:	
PRESENT POSITION: (Title, Name of Facility)		Mark (X) all that apply: <input type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> Other, specify	Length of time in clinical practice:
LICENSURE: (State/Numbers)	APTA Credentialed CI Yes <input type="checkbox"/> No <input type="checkbox"/>	Other CI Credentialing Yes <input type="checkbox"/> No <input type="checkbox"/>	
Eligible for Licensure: Yes <input type="checkbox"/> No <input type="checkbox"/>		Certified Clinical Specialist: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Area of Clinical Specialization:			
Other credentials:			

SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (Start with most current): Tab to add additional rows.

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		

SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current): Tab to add additional rows.

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO

CLINICAL INSTRUCTOR INFORMATION

Provide the following information on all PTs or PTAs employed at your clinical site who are **CI**s. **For clinical sites with multiple locations, use one form for each location and identify the location here.** Tab to add additional rows.

Name followed by credentials (e.g., Joe Therapist, DPT, OCS Jane Assistant, PTA, BS)	PT/PTA Program from Which CI Graduated	Year of Graduation	Highest Earned Physical Therapy Degree	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	List Certifications KEY: A = APTA credentialed, CI B = Other CI credentialing C = Cert. clinical specialist List others	APTA Member Yes/No	L= Licensed, Number E= Eligible T= Temporary	
								L/E/T Number	State of Licensure

Clinical Instructors

What criteria do you use to select clinical instructors? (Mark (X) all that apply):

<input type="checkbox"/>	APTA Clinical Instructor Credentialing	<input type="checkbox"/>	No criteria
<input type="checkbox"/>	Career ladder opportunity	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing
<input type="checkbox"/>	Certification/training course	<input type="checkbox"/>	Therapist initiative/volunteer
<input type="checkbox"/>	Clinical competence	<input type="checkbox"/>	Years of experience: Number:
<input type="checkbox"/>	Delegated in job description	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Demonstrated strength in clinical teaching		

How are clinical instructors trained? (Mark (X) all that apply)

<input type="checkbox"/>	1:1 individual training (CCCE:CI)	<input type="checkbox"/>	Continuing education by consortia
<input type="checkbox"/>	Academic for-credit coursework	<input type="checkbox"/>	No training
<input type="checkbox"/>	APTA Clinical Instructor Education and Credentialing Program	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing program
<input type="checkbox"/>	Clinical center in-services	<input type="checkbox"/>	Professional continuing education (e.g., chapter, CEU course)
<input type="checkbox"/>	Continuing education by academic program	<input type="checkbox"/>	Other (please specify):

Information About the Physical Therapy Service

Number of Inpatient Beds

For clinical sites with inpatient care, please provide the number of beds available in each of the subcategories listed below: (If this does not apply to your facility, please skip and move to the next table.)

Acute care		Psychiatric center	
Intensive care		Rehabilitation center	
Step down		Other specialty centers: Specify	
Subacute/transitional care unit			
Extended care		Total Number of Beds	

Number of Patients/Clients

Estimate the average number of patient/client visits **per day**:

INPATIENT		OUTPATIENT	
	Individual PT		Individual PT
	Student PT		Student PT
	Individual PTA		Individual PTA
	Student PTA		Student PTA
	PT/PTA Team		PT/PTA Team
	Total patient/client visits per day		Total patient/client visits per day

Patient/Client Lifespan and Continuum of Care

Indicate the frequency of time typically spent with patients/clients in each of the categories using the key below:

1=(0%) 2=(1-25%) 3=(26-50%) 4=(51-75%) 5=(76-100%)

Click on the gray bar under rating to select from the drop down box.

Rating	Patient Lifespan	Rating	Continuum of Care
	0-12 years		Critical care, ICU, acute
	13-21 years		SNF/ECF/sub-acute
	22-65 years		Rehabilitation
	Over 65 years		Ambulatory/outpatient
			Home health/hospice
			Wellness/fitness/industry

Patient/Client Diagnoses

1. Indicate the frequency of time typically spent with patients/clients in the primary diagnostic groups (bolded) using the key below:

1 = (0%) 2 = (1-25%) 3 = (26-50%) 4 = (51-75%) 5 = (76-100%)

2. Check (✓) those patient/client diagnostic sub-categories available to the student.

Click on the gray bar under rating to select from the drop down box.

(1-5)	Musculoskeletal		
<input type="checkbox"/>	Acute injury	<input type="checkbox"/>	Muscle disease/dysfunction
<input type="checkbox"/>	Amputation	<input type="checkbox"/>	Musculoskeletal degenerative disease
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Orthopedic surgery
<input type="checkbox"/>	Bone disease/dysfunction	<input type="checkbox"/>	Other: (Specify)
<input type="checkbox"/>	Connective tissue disease/dysfunction		
(1-5)	Neuro-muscular		
<input type="checkbox"/>	Brain injury	<input type="checkbox"/>	Peripheral nerve injury
<input type="checkbox"/>	Cerebral vascular accident	<input type="checkbox"/>	Spinal cord injury
<input type="checkbox"/>	Chronic pain	<input type="checkbox"/>	Vestibular disorder
<input type="checkbox"/>	Congenital/developmental	<input type="checkbox"/>	Other: (Specify)
<input type="checkbox"/>	Neuromuscular degenerative disease		
(1-5)	Cardiovascular-pulmonary		
<input type="checkbox"/>	Cardiac dysfunction/disease	<input type="checkbox"/>	Peripheral vascular dysfunction/disease
<input type="checkbox"/>	Fitness	<input type="checkbox"/>	Other: (Specify)
<input type="checkbox"/>	Lymphedema		
<input type="checkbox"/>	Pulmonary dysfunction/disease		
(1-5)	Integumentary		
<input type="checkbox"/>	Burns	<input type="checkbox"/>	Other: (Specify)
<input type="checkbox"/>	Open wounds		
<input type="checkbox"/>	Scar formation		
(1-5)	Other (May cross a number of diagnostic groups)		
<input type="checkbox"/>	Cognitive impairment	<input type="checkbox"/>	Organ transplant
<input type="checkbox"/>	General medical conditions	<input type="checkbox"/>	Wellness/Prevention
<input type="checkbox"/>	General surgery	<input type="checkbox"/>	Other: (Specify)
<input type="checkbox"/>	Oncologic conditions		

Hours of Operation

Facilities with multiple sites with different hours must complete this section for each clinical center.

Days of the Week	From: (a.m.)	To: (p.m.)	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Student Schedule

Indicate which of the following best describes the typical student work schedule:

- Standard 8 hour day
- Varied schedules

Describe the schedule(s) the student is expected to follow during the clinical experience:
--

Staffing

Indicate the number of full-time and part-time budgeted and filled positions:

	Full-time budgeted	Part-time budgeted	Current Staffing
PTs			
PTAs			
Aides/Techs			
Others: Specify			

Information About the Clinical Education Experience

Special Programs/Activities/Learning Opportunities

Please mark (X) all special programs/activities/learning opportunities available to students.

<input type="checkbox"/>	Administration	<input type="checkbox"/>	Industrial/ergonomic PT	<input type="checkbox"/>	Quality Assurance/CQI/TQM
<input type="checkbox"/>	Aquatic therapy	<input type="checkbox"/>	In-service training/lectures	<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Athletic venue coverage	<input type="checkbox"/>	Neonatal care	<input type="checkbox"/>	Research experience
<input type="checkbox"/>	Back school	<input type="checkbox"/>	Nursing home/ECF/SNF	<input type="checkbox"/>	Screening/prevention
<input type="checkbox"/>	Biomechanics lab	<input type="checkbox"/>	Orthotic/Prosthetic fabrication	<input type="checkbox"/>	Sports physical therapy
<input type="checkbox"/>	Cardiac rehabilitation	<input type="checkbox"/>	Pain management program	<input type="checkbox"/>	Surgery (observation)
<input type="checkbox"/>	Community/re-entry activities	<input type="checkbox"/>	Pediatric-general (emphasis on):	<input type="checkbox"/>	Team meetings/rounds
<input type="checkbox"/>	Critical care/intensive care	<input type="checkbox"/>	Classroom consultation	<input type="checkbox"/>	Vestibular rehab
<input type="checkbox"/>	Departmental administration	<input type="checkbox"/>	Developmental program	<input type="checkbox"/>	Women's Health/OB-GYN
<input type="checkbox"/>	Early intervention	<input type="checkbox"/>	Cognitive impairment	<input type="checkbox"/>	Work Hardening/conditioning
<input type="checkbox"/>	Employee intervention	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	Wound care
<input type="checkbox"/>	Employee wellness program	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	Other (specify below)
<input type="checkbox"/>	Group programs/classes	<input type="checkbox"/>	Prevention/wellness		
<input type="checkbox"/>	Home health program	<input type="checkbox"/>	Pulmonary rehabilitation		

Specialty Clinics

Please mark (X) all specialty clinics available as student learning experiences.

<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Orthopedic clinic	<input type="checkbox"/>	Screening clinics
<input type="checkbox"/>	Balance	<input type="checkbox"/>	Pain clinic	<input type="checkbox"/>	Developmental
<input type="checkbox"/>	Feeding clinic	<input type="checkbox"/>	Prosthetic/orthotic clinic	<input type="checkbox"/>	Scoliosis
<input type="checkbox"/>	Hand clinic	<input type="checkbox"/>	Seating/mobility clinic	<input type="checkbox"/>	Pre-participation sports
<input type="checkbox"/>	Hemophilia clinic	<input type="checkbox"/>	Sports medicine clinic	<input type="checkbox"/>	Wellness
<input type="checkbox"/>	Industry	<input type="checkbox"/>	Women's health	<input type="checkbox"/>	Other (specify below)
<input type="checkbox"/>	Neurology clinic				

Health and Educational Providers at the Clinical Site

Please mark (X) all health care and educational providers at your clinical site students typically observe and/or with whom they interact.

<input type="checkbox"/>	Administrators	<input type="checkbox"/>	Massage therapists	<input type="checkbox"/>	Speech/language pathologists
<input type="checkbox"/>	Alternative therapies: List:	<input type="checkbox"/>	Nurses	<input type="checkbox"/>	Social workers
<input type="checkbox"/>	Athletic trainers	<input type="checkbox"/>	Occupational therapists	<input type="checkbox"/>	Special education teachers
<input type="checkbox"/>	Audiologists	<input type="checkbox"/>	Physicians (list specialties)	<input type="checkbox"/>	Students from other disciplines
<input type="checkbox"/>	Dietitians	<input type="checkbox"/>	Physician assistants	<input type="checkbox"/>	Students from other physical therapy education programs
<input type="checkbox"/>	Enterostomal /wound specialists	<input type="checkbox"/>	Podiatrists	<input type="checkbox"/>	Therapeutic recreation therapists
<input type="checkbox"/>	Exercise physiologists	<input type="checkbox"/>	Prosthetists /orthotists	<input type="checkbox"/>	Vocational rehabilitation counselors
<input type="checkbox"/>	Fitness professionals	<input type="checkbox"/>	Psychologists	<input type="checkbox"/>	Others (specify below)
<input type="checkbox"/>	Health information technologists	<input type="checkbox"/>	Respiratory therapists		

Availability of the Clinical Education Experience

Indicate educational levels at which you accept PT and PTA students for clinical experiences (**Mark (X) all that apply**).

Physical Therapist		Physical Therapist Assistant	
<input type="checkbox"/> First experience: Check all that apply. <input type="checkbox"/> Half days <input type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)		<input type="checkbox"/> First experience: Check all that apply. <input type="checkbox"/> Half days <input type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	
<input type="checkbox"/> Intermediate experiences: Check all that apply. <input type="checkbox"/> Half days <input type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)		<input type="checkbox"/> Intermediate experiences: Check all that apply. <input type="checkbox"/> Half days <input type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	
<input type="checkbox"/> Final experience		<input type="checkbox"/> Final experience	
<input type="checkbox"/> Internship (6 months or longer)			
<input type="checkbox"/> Specialty experience			

	PT		PTA	
	From	To	From	To
Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.				
Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.				

	PT	PTA
Average number of PT and PTA students affiliating <u>per year</u> . Clarify if multiple sites.		

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	Is your clinical site willing to offer reasonable accommodations for students under ADA?	

What is the procedure for managing students whose performance is below expectations or unsafe?

Box will expand to accommodate response.

Answer if the clinical center employs only one PT or PTA.

Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.

Box will expand to accommodate response.

Clinical Site's Learning Objectives and Assessment

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Does your clinical site provide written clinical education objectives to students? If no, go to # 3.
		2. Do these objectives accommodate:
<input type="checkbox"/>	<input type="checkbox"/>	• The student's objectives?
<input type="checkbox"/>	<input type="checkbox"/>	• Students prepared at different levels within the academic curriculum?
<input type="checkbox"/>	<input type="checkbox"/>	• The academic program's objectives for specific learning experiences?
<input type="checkbox"/>	<input type="checkbox"/>	• Students with disabilities?
<input type="checkbox"/>	<input type="checkbox"/>	3. Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students?
(Mark (X) all that apply)

<input type="checkbox"/>	Beginning of the clinical experience	<input type="checkbox"/>	At mid-clinical experience
<input type="checkbox"/>	Daily	<input type="checkbox"/>	At end of clinical experience
<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Other

Indicate which of the following methods are typically utilized to inform students about their clinical performance? **(Mark (X) all that apply)**

<input type="checkbox"/>	Written and oral mid-evaluation	<input type="checkbox"/>	Ongoing feedback throughout the clinical
<input type="checkbox"/>	Written and oral summative final evaluation	<input type="checkbox"/>	As per student request in addition to formal and ongoing written & oral feedback
<input type="checkbox"/>	Student self-assessment throughout the clinical	<input type="checkbox"/>	

OPTIONAL: Please feel free to use the space provided below to share additional information about your clinical site (eg, strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students [early, final]).

Box will expand to accommodate response.

Part II. Information for Students

Use the check (√) boxes provided for Yes/No responses. **For all other responses or to provide additional detail, please use the Comment box.**

Arranging the Experience

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	1. Do students need to contact the clinical site for specific work hours related to the clinical experience?	
<input type="checkbox"/>	<input type="checkbox"/>	2. Do students receive the same official holidays as staff?	
<input type="checkbox"/>	<input type="checkbox"/>	3. Does your clinical site require a student interview?	
		4. Indicate the time the student should report to the clinical site on the first day of the experience.	
<input type="checkbox"/>	<input type="checkbox"/>	5. Is a Mantoux TB test (PPD) required? a) one step_____ (√ check) b) two step_____ (√ check) If yes, within what time frame?	
<input type="checkbox"/>	<input type="checkbox"/>	6. Is a Rubella Titer Test or immunization required?	
<input type="checkbox"/>	<input type="checkbox"/>	7. Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:	
		8. How is this information communicated to the clinic? Provide fax number if required.	
		9. How current are student physical exam records required to be?	
<input type="checkbox"/>	<input type="checkbox"/>	10. Are any other health tests or immunizations required on-site? If yes, please specify:	
<input type="checkbox"/>	<input type="checkbox"/>	11. Is the student required to provide proof of OSHA training?	
<input type="checkbox"/>	<input type="checkbox"/>	12. Is the student required to provide proof of HIPAA training?	
<input type="checkbox"/>	<input type="checkbox"/>	13. Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.	
<input type="checkbox"/>	<input type="checkbox"/>	14. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
<input type="checkbox"/>	<input type="checkbox"/>	15. Is the student required to have proof of health insurance?	
<input type="checkbox"/>	<input type="checkbox"/>	16. Is emergency health care available for students?	
<input type="checkbox"/>	<input type="checkbox"/>	a) Is the student responsible for emergency health care costs?	

<input type="checkbox"/>	<input type="checkbox"/>	17. Is other non-emergency medical care available to students?	
<input type="checkbox"/>	<input type="checkbox"/>	18. Is the student required to be CPR certified? (Please note if a specific course is required).	
Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	a) Can the student receive CPR certification while on-site?	
<input type="checkbox"/>	<input type="checkbox"/>	19. Is the student required to be certified in First Aid?	
<input type="checkbox"/>	<input type="checkbox"/>	a) Can the student receive First Aid certification on-site?	
<input type="checkbox"/>	<input type="checkbox"/>	20. Is a criminal background check required (e.g., Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.	
<input type="checkbox"/>	<input type="checkbox"/>	21. Is a child abuse clearance required?	
<input type="checkbox"/>	<input type="checkbox"/>	22. Is the student responsible for the cost or required clearances?	
<input type="checkbox"/>	<input type="checkbox"/>	23. Is the student required to submit to a drug test? If yes, please describe parameters.	
<input type="checkbox"/>	<input type="checkbox"/>	24. Is medical testing available on-site for students?	
		25. Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.)	

Housing

Yes	No			Comments
<input type="checkbox"/>	<input type="checkbox"/>	26. Is housing provided for male students? (If no, go to #32)		
<input type="checkbox"/>	<input type="checkbox"/>	27. Is housing provided for female students? (If no, go to #32)		
		28. What is the average cost of housing?		
		29. Description of the type of housing provided:		
		30. How far is the housing from the facility?		
		31. Person to contact to obtain/confirm housing:		
		Name:		
		Address:		
		City:	State: Zip:	
		Phone:	E-mail:	
Yes	No			Comments
		32. If housing is not provided for either gender:		
<input type="checkbox"/>	<input type="checkbox"/>	a) Is there a contact person for information on housing in the area of the clinic? Please list contact person and phone #.		
<input type="checkbox"/>	<input type="checkbox"/>	b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.		

Transportation

Yes	No			Comments
<input type="checkbox"/>	<input type="checkbox"/>	33. Will a student need a car to complete the clinical experience?		
<input type="checkbox"/>	<input type="checkbox"/>	34. Is parking available at the clinical center?		
		a) What is the cost for parking?		
<input type="checkbox"/>	<input type="checkbox"/>	35. Is public transportation available?		
		36. How close is the nearest transportation (in miles) to your site?		
		a) Train station?		miles

	b) Subway station?	miles
	c) Bus station?	miles
	d) Airport?	miles
	37. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.	
	38. Please enclose a map of your facility, specifically the location of the department and parking. Travel directions can be obtained from several travel directories on the internet. (e.g., Google Maps , Yahoo , MapQuest , Expedia).	

Meals

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	39. Are meals available for students on-site? (If no, go to #40)	
		Breakfast (if yes, indicate approximate cost)	
		Lunch (if yes, indicate approximate cost)	
		Dinner (if yes, indicate approximate cost)	
<input type="checkbox"/>	<input type="checkbox"/>	40. Are facilities available for the storage and preparation of food?	

Stipend/Scholarship

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	41. Is a stipend/salary provided for students? If no, go to #43.	
		a) How much is the stipend/salary? (\$ / week)	
<input type="checkbox"/>	<input type="checkbox"/>	42. Is this stipend/salary in lieu of meals or housing?	
		43. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?	

Special Information

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	44. Is there a facility/student dress code? If no, go to # 45. If yes, please describe or attach.	
		a) Specify dress code for men:	
		b) Specify dress code for women:	
<input type="checkbox"/>	<input type="checkbox"/>	45. Do you require a case study or in-service from all students (part-time and full-time)?	
<input type="checkbox"/>	<input type="checkbox"/>	46. Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?	
<input type="checkbox"/>	<input type="checkbox"/>	47. Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.	
<input type="checkbox"/>	<input type="checkbox"/>	48. Will the student have access to the Internet at the clinical site?	

Other Student Information

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	49. Do you provide the student with an on-site orientation to your clinical site?	
(mark X below)		a) Please indicate the typical orientation content by marking an X by all items that are included.	
<input type="checkbox"/>	Documentation/billing	<input type="checkbox"/>	Review of goals/objectives of clinical experience
<input type="checkbox"/>	Facility-wide or volunteer orientation	<input type="checkbox"/>	Student expectations
<input type="checkbox"/>	Learning style inventory	<input type="checkbox"/>	Supplemental readings
<input type="checkbox"/>	Patient information/assignments	<input type="checkbox"/>	Tour of facility/department
<input type="checkbox"/>	Policies and procedures (specifically outlined plan for emergency responses)	<input type="checkbox"/>	Other (specify below – e.g., bloodborne pathogens, hazardous materials, etc.)
<input type="checkbox"/>	Quality assurance		
<input type="checkbox"/>	Reimbursement issues		
<input type="checkbox"/>	Required assignments (e.g., case study, diary/log, inservice)		

In appreciation...

Many thanks for your time and cooperation in completing the CSIF and continuing to serve the physical therapy profession as clinical mentors and role models. Your contributions to learners' professional growth and development ensure that patients/clients today and tomorrow receive high-quality patient/client care services.

CONFIRMATION OF STUDENT ASSIGNMENT

*Return to [Addendum III Table of Contents](#) or
Return to [Confirmation](#) of Student Assignment area in Handbook*

TO: Dr. Peggy Gleeson, DCE or FAX: 713-794-2071

FROM: _____ DATE: _____

RE: Confirmation of Student Assignment PAGES: 1

**FAX BACK THIS CONFIRMATION LETTER AS SOON AS POSSIBLE.
NOTE: A COPY OF THIS FAX WILL BE GIVEN TO THE STUDENT.**

I, _____ at _____
Name of CCCE Name of Facility

In _____, _____ have received notification of
City State

A clinical internship for _____ from
Student Name

Texas Woman’s University School of Physical Therapy—Houston

for the dates of: _____.

I understand this clinical rotation will be in the following area:

Acute OP Ortho Neuro Rehab Peds

The student’s Clinical Instructor will be _____

If the student has questions about this clinical experience, s/he can call me at _____ or email me at _____.

CCCE Signature

TEXAS WOMAN'S UNIVERSITY
School of Physical Therapy

Clinical Education
Request for New Site Development

Students who are interested in clinical sites not already on our Master List (ie. we have a valid contract **and** a file in the 6th floor Resource Room) must follow these procedures.

- 1) The student must contact the individual who is in charge of the Physical Therapy Student Program at the clinical site. (This is NOT someone in the Human Resources Department, a Recruiter, someone in charge of contracts or anyone else). This contact can be via phone or email and the student must determine the following:
 - a. Is the clinical site interested in accepting TWU PT students for clinical rotations in the future?
 - b. Is the clinical site interested in accepting more than the student who is making the contact? They do not have to make a commitment to take multiple students at one time, but they must be willing to establish and maintain an affiliation with TWU for several years, not just for one year or for one student.
- 2) If the answers to the above questions are "yes," the student should complete **every line** of this form and turn it in to Dr. Gleeson.
- 3) Only after all of the above procedures have been followed, will Dr. Gleeson begin contacting the individual to whom the student spoke, to continue to the process.

Provide the following information:

Student's name: _____ Date: _____

Student's email address: _____

Facility's COMPLETE name: _____

Facility's COMPLETE address: _____

Contact person: _____

Contact person's credentials (PT, CCCE, rehab director, etc): _____

Contact's phone number: _____ Fax number: _____

Contact's email: _____

Type of clinical rotation the student is interested in (acute, OP, neuro rehab, peds):

Specific timeframe when the student is interested in going: _____

Return to [Addendum III Table of Contents](#) or
Return to [New Site Development](#) in Handbook

TEXAS WOMAN'S UNIVERSITY
School of Physical Therapy

REQUEST FOR CLINICAL ROTATION SLOTS - 2011

THIS IS FOR DALLAS and HOUSTON STUDENTS - DPT PROGRAM

C O U R S E	Clinical Internship PT 6816 (4 th of 4 rotations)	Clinical Experience II PT 6804 (2 nd of 4 rotations)	Clinical Experience III PT 6814 (3 rd of 4 rotations)	Clinical Experience I PT 5933 (1 st of 4 rotations)
L E N G T H	12 weeks	7 weeks	7 weeks	6 weeks
D A T E S	January 18 - April 8, 2011	June 6 – July 22, 2011	August 29 – October 14, 2011	November 7 – December 16, 2011
S L O T S	TOTAL # of TWU students you will accept for Rotation IV: _____	TOTAL # of TWU students you will accept for Rotation II: _____	TOTAL # of TWU students you will accept for Rotation III: _____	TOTAL # of TWU students you will accept for Rotation I: _____
P L A C E M E N T	<p>This rotation is for INTERNSHIP IN AREA OF STUDENT INTEREST</p> <p>Designate where you will place each student:</p> <p>____ Outpatient ____ Acute ____ Adult Neuro Rehab (IP or OP) ____ Pediatric (IP or OP) ____ Other</p> <p>ARE YOU WILLING TO SPLIT THIS ROTATION INTO 2 SIX WEEK ROTATIONS IF NEEDED? YES NO</p>	<p>This rotation is for ORTHO or NEURO settings.</p> <p>Designate where you will place each student:</p> <p>____ Outpatient ____ Adult Neuro Rehab (IP or OP) ____ Pediatric (IP or OP)</p>	<p>This rotation is for ORTHO or NEURO settings.</p> <p>Designate where you will place each student:</p> <p>____ Outpatient ____ Adult Neuro Rehab (IP or OP) ____ Pediatric (IP or OP)</p>	<p>This rotation is for ACUTE/LTAC settings ONLY</p> <p>Designate where you will place each student:</p> <p>____ Acute ____ LTAC</p>

Housing/Stipend Information:

- No assistance is available; students are responsible for own housing arrangements.
- We will provide a list of housing possibilities.
- We will provide housing free of cost or at an approximate cost to the student of \$_____ per week.
- We will provide a stipend of approximately \$____ per week / in total (circle one).

When will student receive stipend? _____

Copy and retain for your records, then *either* **FAX** to Kathleen Luedtke-Hoffmann, PT, PhD, DCE @ **214-706-2361** *or* return via mail to: Kathleen Luedtke-Hoffmann, PT, PhD, DCE
TWU-School of Physical Therapy
8194 Walnut Hill Lane
Dallas, TX 75231-4365

Any changes to contact information?
Please indicate here:

*Return to [Addendum III Table of Contents](#) or
Return to [Slot Request](#) area in Handbook*

**PHYSICAL THERAPIST STUDENT
EVALUATION:

CLINICAL EXPERIENCE

AND

CLINICAL INSTRUCTION**

June 12, 2003



American Physical Therapy Association

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

*Return to [Addendum III Table of Contents](#) or
Return to [Student Eval of Clinical Site](#) section in Handbook*

PREAMBLE

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

Key Assumptions

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

Acknowledgement

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

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

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See [Link](#) on the APTA Website for a more “User-Friendly” Version of the
“PT Student Site Evaluation Form”

GENERAL INFORMATION AND SIGNATURES

General Information

Student Name _____

Academic Institution _____

Name of Clinical Education Site _____

Address _____ City _____ State _____

Clinical Experience Number _____ Clinical Experience Dates _____

Signatures

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

Student Name (Provide signature) _____ Date _____

Primary Clinical Instructor Name (Print name) _____ Date _____

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned _____

Highest degree earned _____ Degree area _____

Years experience as a CI _____

Years experience as a clinician _____

Areas of expertise _____

Clinical Certification, specify area _____

APTA Credentialed CI _____ Yes _____ No

Other CI Credential _____ State _____ Yes _____ No

Professional organization memberships _____ APTA _____ Other _____

Additional Clinical Instructor Name (Print name) Date

Additional Clinical Instructor Name (Provide signature)

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

Additional Clinical Instructor Name (Print name) Date

Additional Clinical Instructor Name (Provide signature)

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

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

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

1. Name of Clinical Education Site _____
 Address _____ City _____ State _____
2. Clinical Experience Number _____
3. Specify the number of weeks for each applicable clinical experience/rotation.

<input type="checkbox"/> Acute Care/Inpatient Hospital Facility	<input type="checkbox"/> Private Practice
<input type="checkbox"/> Ambulatory Care/Outpatient	<input type="checkbox"/> Rehabilitation/Sub-acute Rehabilitation
<input type="checkbox"/> ECF/Nursing Home/SNF	<input type="checkbox"/> School/Preschool Program
<input type="checkbox"/> Federal/State/County Health	<input type="checkbox"/> Wellness/Prevention/Fitness Program
<input type="checkbox"/> Industrial/Occupational Health Facility	<input type="checkbox"/> Other _____

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes No
5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No
6. What else could have been provided during the orientation? _____

Patient/Client Management and the Practice Environment

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

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

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

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

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

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

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

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

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

Clinical Experience

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

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

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

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

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

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

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

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

Overall Summary Appraisal

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

- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
- Time well spent; would recommend this clinical education site to another student.
- Some good learning experiences; student program needs further development.
- Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site? _____

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed. _____

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? _____

20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*? _____

21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*? _____

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

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

Assessment of Clinical Instruction

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

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

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

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

Midterm Evaluation ____Yes ____ No Final Evaluation ____Yes ____No

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

Midterm Evaluation _____

Final Evaluation _____

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

Midterm Comments _____

Final Comments _____

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

Midterm Comments _____

Final Comments _____

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

**AN AGREEMENT BETWEEN
TEXAS WOMAN'S UNIVERSITY
AND
{NAME OF FACILITY}
{City and State}**

This AGREEMENT is executed between **Texas Woman's University**, for and on behalf of the Institute of Health Sciences, sometimes referred to as "School" in this agreement, and **{Name of Facility, city and state}**, sometimes referred to as "Facility" in this agreement, WITNESSETH:

WHEREAS, the School and the Facility have the following common objectives:

(1) to provide clinical experience in terms of patient and related instruction for the students of the School; (2) to improve the overall educational program of the School by providing opportunities for learning experiences that will progress the student to advanced levels of performance; (3) to increase contacts between academic facilities and expertise; and (4) to establish and operate a Clinical Education Program of the first rank.

NOW, THEREFORE, for and in consideration of the foregoing, and in further consideration of the mutual benefits, the parties to this agreement agree as follows:

(1) GENERAL INFORMATION

- (a) The Clinical Education Program will be consistent with the semester plan for the School.
- (b) The period of time for each student's clinical education will be mutually agreed upon at least one month before the beginning of the Clinical Education Program.
- (c) The number of students eligible to participate in the Clinical Education Program will be mutually determined by agreement of the parties and may be altered by mutual agreement.

(2) RESPONSIBILITIES OF THE SCHOOL

- (a) The School will send the name and biographical data of each student to the Facility at least four weeks before the beginning date of the Clinical Education Program.
- (b) The School is responsible for supplying any additional information required by the Facility prior to the arrival of the students.
- (c) The School will assign to the Facility only those students who have satisfactorily completed the prerequisite didactic portion of the curriculum.
- (d) The School will designate a faculty member, the Director of Clinical Education, to coordinate with a designee of the Facility the assignment to be assumed by the student participating in the Clinical Education Program.
- (e) The School may appoint faculty members who shall be responsible for the instruction and supervision of students during clinical learning experiences at the Facility. The faculty members shall coordinate with a representative to be designated by the Facility.
- (f) The School will enforce rules and regulations governing students that are mutually agreed upon by the School and the Facility.
- (g) The School agrees to require the assigned student to have proof of coverage by professional liability insurance.

- (h) The School shall remove from the Clinical Education Program any student that it is requested to remove from the Program pursuant to Section (3)(c) below immediately upon receipt of such request.

(3) RESPONSIBILITIES OF THE FACILITY

- (a) The Facility shall provide a jointly-planned, supervised program of clinical experience.
- (b) The Facility shall maintain complete records and reports on each student's performance and provide an evaluation to the School on forms provided by the School.
- (c) The Facility may request the School to withdraw from the Clinical Education Program any student whose performance is unsatisfactory, whose personal characteristics prevent desirable relationships with the Facility, or whose health status is hazardous to the Facility's patients or personnel or is detrimental to the student's successful completion of the clinical education assignment.
- (d) The Facility shall provide equally to each student participation in the Clinical Education Program, within a given semester, any student arrangements and considerations mutually agreed upon by the School and the Facility.
- (e) The Facility shall, on reasonable request, permit the inspection of the clinical facilities, services available for clinical experiences, student records, and such other items pertaining to the Clinical Education Program by the school or agencies.
- (f) The Facility shall designate and submit in writing to the School for acceptance the name and professional and academic credentials of a person to be responsible for the Clinical Education Program. That person shall be called the Center Coordinator of Clinical Education (CCCE).
- (g) The Facility shall immediately notify the School in writing of any change or proposed change of the Clinical Education Instructor.

(4) RESPONSIBILITIES OF THE STUDENT

The Student

- (a) is responsible for following the administrative policies of the Facility,
- (b) is responsible for providing the necessary and appropriate uniforms required but not provided by the Facility,
- (c) is responsible for reporting to the Facility on time and following all established regulations during the regularly scheduled operating hours of the Facility, and
- (d) will not submit for publication any material relating to the clinical education experience without prior written approval of the Facility and the School.

(5) DEPARTMENTAL LETTER AGREEMENTS AUTHORIZED

- (a) Recognizing that the specific nature of the clinical experience required by the several categories of allied health professions may vary, it is agreed by the School and the Facility, that, following the execution of this agreement and within the scope of its provisions, the several departments of the School may develop letter agreements with their clinical counterparts in the Facility to formalize operational details of the Clinical Education Program.
- (b) The authority to execute these letter agreements shall remain with the Director/Dean of the School and the chief administrative officer of the Facility unless it is specifically delegated to others.

(6) MISCELLANEOUS

- (a) It is understood and agreed that the students are not and shall not be employees of the Facility for any purposes and are not and will not be eligible for any employee benefits. Such students shall, however, at all times be subject to the Facility's policies and regulations concerning the Facility's operating, administrative, and professional functions.
- (b) Compliance With Laws and Regulatory Agencies. In performance of the duties required under the Agreement, both parties shall comply with all applicable laws, ordinances and codes of federal, state and local governments, as well as Joint Commission on Accreditation of Healthcare Organization standards.
- (c) The Facility will not be responsible for providing the students with life insurance, workman's compensation insurance, or hospitalization insurance. The hospital will not provide free medical care to the student.
- (d) The School and the Facility mutually agree not to discriminate on the basis of race, color, creed, age, national origin, or sex, except as provided by law, nor will either party discriminate on the basis of handicap under Section 504 of the Rehabilitation Act of 1973 or disability under the Americans with Disabilities Act of 1990.

(7) TERM OF AGREEMENT, MODIFICATION, TERMINATION

- (a) This agreement is for a term of one year and therefore from year to year unless terminated by either party on ninety (90) days written notice to the other. Except under unusual conditions, such notice shall be submitted before the beginning of a clinical education period.
- (b) It is understood and agreed that the parties to this agreement may revise or modify this agreement by written amendment when both parties agree to such amendment.

EXECUTED by the parties on the dates set out below.

{Name of Facility}

TEXAS WOMAN'S UNIVERSITY

BY: _____
ADMINISTRATOR

BY: _____
JOHN LAWHON
GENERAL COUNSEL

DATE: _____

DATE: _____

WITNESSED: _____

WITNESSED: _____


DATE : _____

DATE: _____

ADDENDUM IV – Liability Insurance Contract

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MEMORANDUM OF INSURANCE	Date Issued: 8/11/2011				
Producer: Bill Beatty Insurance Agency, Inc. 1202 Richardson Dr., Suite 100 Richardson, Texas 75080 (800) 451-8358	This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.				
Insured: Students of Texas Woman's University P.O. Box 425498 Denton, Texas 76204					
Company Affording Coverage					
Chicago Insurance Company					
Covered Person:					
Physical Therapist Students					
This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.					
Type of Insurance	Certificate/Policy Number	Effective Date	Expiration Date	Limits	
Professional Liability Student Blanket Medical Liability Insurance	AHC 2000855	09/01/2011	09/01/2012	Each incident Annual aggregate	\$ 1,000,000. \$ 3,000,000.
General Liability	N/A			Per occurrence Aggregate	\$ \$
THIS IS AN OCCURRENCE POLICY. POLICY INCLUDES COVERAGE FOR THE STUDENTS LISTED ON THE APPLICATION, THE FACULTY AND THE SCHOOL.					

Memorandum Holder:	Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
EVIDENCE OF INSURANCE	Authorized Representative:
Texas Woman's University Department of Physical Therapy 8194 Walnut Hill Lane Dallas, Texas 75231	

Bill Beatty INSURANCE AGENCY, INC.
Medical Professional Liability Insurance

STUDENT BLANKET LIABILITY INSURANCE PROGRAM

NAMED INSURED: Students of Texas Woman’s University / Physical Therapy

EFFECTIVE DATES: 09-01-2011 to 09-01-2012

LIMITS OF LIABILITY: \$1,000,000 Each medical incident / \$3,000,000 Aggregate

COMPANY: Chicago Insurance Company

COVERAGE: This is an Occurrence policy form. Coverage is for claims arising out of real or alleged malpractice, regardless of the number of claims or persons involved, when the injury being claimed is the result of professional error, accident, or omission. Payment of all court costs is also provided. Expert legal counsel and claims adjustors are immediately available in all sections of the country to aid and defend, without cost to the insured, when a claim is filed against the insured.

During a normal curriculum period, the students are insured 24 hours a day, while participating in activities which are a part of and a requirement of the students' curriculum as specified on the enrollment form. Under this program, students are not covered for related employment. The liability coverage under this blanket program terminates the day the student leaves school (graduation or other).

The school and faculty members are also covered as additional insured's while supervising and/or instructing the students insured under the provisions of the policy. We recommend that faculty members check with their financial advisors regarding their need for individual professional liability insurance.

All policies will be endorsed to add the following coverages: assault coverage up to \$1,000 per student for Bodily Injury and/or Property Damage to the insured (up to \$20,000); coverage for medical related expenses which the insured has incurred up to a maximum of \$500 per student, for first-aid being rendered to others (up to \$15,000); and the limits of liability stated in the Declarations as "aggregate" shall apply separately to each individual defined as an insured.

EXCLUSIONS: Coverage does not include the operation of a motor driven vehicle including automobiles, trucks, airplanes, farm equipment and water-craft. This insurance does not apply to injury arising out of the performance of a criminal act by the insured.

CLAIMS REPORTING: BILL BEATTY INSURANCE AGENCY, INC.
1202 Richardson Drive, Suite 100
Richardson, Texas 75080

PLEASE NOTE: This is an illustration of benefits, not a contract. The coverage described above is subject to all the terms, exclusions, and conditions contained in the insurance certificate. Please read the policy and endorsements for further information and clarification.

1202 Richardson Dr., Suite 100 Richardson, Texas 75080
800-451-8358 • 972-644-4281 • FAX 972-437-3759