

# **Clinical Education Handbook**

Doctor of Physical Therapy Program

School of Physical Therapy

Texas Woman's University

2021

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

### **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 **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 PTs. Approximately 110 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 800 applications are received each year for the DPT program.

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

### **Vision**

Advancing the health and well-being of our diverse communities through excellence and innovation in education, research and service.

### **Mission**

The School of Physical Therapy advances the profession of physical therapy through education, scholarly inquiry, and service, to improve the health and well-being of our communities.

The DPT Program provides an exceptional, education to develop physical therapists who are compassionate, embrace diversity, promote health and well-being and who are prepared to lead in our communities and the profession.

### **Academic Faculty Information**

You may access information about PT faculty and staff ([TWU Faculty](#)). 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](mailto:pgleeson@twu.edu)

Dr. Dale Anderle, DCE in Dallas  
214.689.7720  
[danderle@twu.edu](mailto:danderle@twu.edu)

### **DPT Curriculum**

The faculty strive to provide a challenging and 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. The [DPT degree plan](#) 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 under [Clinical Education Sequence](#).

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**Texas Woman's University School of Physical Therapy**  
**Sample Degree Plan (Clinical Education Courses Highlighted)**  
**PROFESSIONAL DPT CURRICULUM**

<p style="text-align: center;"><u>Fall Semester (1)</u></p> <p><b>PT 6014</b> Clinical Management in Internal Medicine  <b>PT 6015</b> Gross Human Anatomy  <b>PT 6072</b> Developmental Concepts: Adolescence to Geriatrics  <b>PT 6082</b> Professional Practice in Physical Therapy  <b>PT 6041</b> Exercise Testing/Prescription in Physical Therapy  <b>PT 6061</b> Introduction to PT Skills</p> <p><i>15 credit hours</i></p>	<p style="text-align: center;"><u>Spring Semester (2)</u></p> <p><b>PT 6024</b> Clinical Neuroscience  <b>PT 6073</b> Medical Kinesiology  <b>PT 6022</b> Clinical Management of the Musculoskeletal System  <b>PT 6003</b> Examination, Evaluation, and Outcomes  <b>PT 6731</b> Preliminary Clinical Experience  <b>PT 6383</b> Cardiopulmonary Physical Therapy</p> <p><i>16 credit hours</i></p>	<p style="text-align: center;"><u>Summer Semester (3)</u></p> <p><b>PT 6032</b> Clinical Management of the Neuromuscular System  <b>PT 6033</b> Research in Physical Therapy  <b>PT 6173</b> Therapeutic Exercise &amp; Intervention I  <b>PT 6141</b> Clinical Integration I  <b>PT 6002</b> Primary Care in Physical Therapy  <b>PT 6302</b> Integumentary Physical Therapy</p> <p><i>13 credit hours</i></p>
<p style="text-align: center;"><u>Fall Semester (4)</u></p> <p><b>PT 6162</b> Therapeutic Exercise &amp; Intervention II  <b>PT 6102</b> Practice Management Issues I  <b>PT 6001</b> Critical Inquiry in PT I  <b>PT 6323</b> Neuromuscular Physical Therapy I  <b>PT 6363</b> Musculoskeletal Physical Therapy: Lower Quadrant  <b>PT 6733</b> Clinical Experience I (6 wks Nov – Dec)</p> <p><i>14 credit hours</i></p>	<p style="text-align: center;"><u>Spring Semester (5)</u></p> <p><b>PT 6011</b> Critical Inquiry in Physical Therapy II  <b>PT 6111</b> Practice Management Issues II  <b>PT 6122</b> Prostheses, Orthoses, Advanced Gait  <b>PT 6151</b> Psychosocial Aspects of Rehabilitation  <b>PT 6343</b> Neuromuscular Physical Therapy II  <b>PT 6353</b> Pediatric Physical Therapy  <b>PT 6171</b> Therapeutic Exerc and Intervention III (UE)  <b>PT 6373</b> Musculoskeletal Physical Therapy: Upper Quadrant</p> <p><i>15 credit hours</i></p>	<p style="text-align: center;"><u>Summer Semester (6)</u></p> <p><b>PT 6804</b> Clinical Experience II (7 wks Jun – Jul)  <b>PT 6121</b> Practice Management Issues III  <b>PT 6142</b> Health Promotion &amp; Wellness I</p> <p><i>7 credit hours</i></p>
<p style="text-align: center;"><u>Fall Semester (7)</u></p> <p><b>PT 6814</b> Clinical Experience III (7 wks Aug – Oct)  <b>PT 6021</b> Critical Inquiry in PT III  <b>PT 6131</b> Practice Management Issues IV  <b>PT 6152</b> Health Promotion &amp; Wellness II  <b>PT 6161</b> Therapeutic Exercise &amp; Intervention III</p> <p><i>9 credit hours</i></p>	<p style="text-align: center;"><u>Spring Semester (8)</u></p> <p><b>PT 6816</b> Clinical Experience IV (12 wks Jan – Mar)  <b>PT 6181</b> Professional Development for the Physical Therapist  <b>PT 6802</b> Clinical Integration II</p> <p><i>9 credit hours</i></p>	

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

Revised 1/21/20

## **DPT Graduate Outcomes**

The DPT graduate is prepared to practice in a legal and ethical manner in every aspect of patient and practice management. In addition, the DPT graduate will be prepared to:

- I. Provide effective and efficient patient/client management using evidence-based practice**
  - a. 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
  - b. Provide culturally sensitive care
  - c. Demonstrate critical thinking, reflection and problem-solving skills
  - d. Participate in continued competence and life-long learning activities
- II. Demonstrate fundamental practice management skills**
  - a. Participate on primary care or interdisciplinary teams, serving as role models and patient/client advocates
  - b. Apply human resource and financial management skills to contemporary practice
  - c. Use communication and information technology effectively and appropriately
- III. Promote health and wellness in the community: locally, regionally and/or globally**
- IV. Demonstrate leadership**
  - a. Participate on primary care or interdisciplinary teams, serving as role models and patient/client advocates
  - b. Provide learning opportunities for others
- V. Advocate for patients/clients and the profession**

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## **II. Clinical Education Curriculum**

### **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 graduate outcomes. Clinical experiences are integrated throughout the curriculum, beginning with the second semester when students visit various clinical sites for observation and practice of basic skills taught within the didactic component. A total of 32 weeks of full-time clinical experience are completed over four, full-time rotations; at least one experience must be outside of commuting distance of the campus. The faculty is dedicated to providing clinical experiences that are mutually beneficial to the student and our clinical affiliates who provide a variety of experiences.

### **Terminology**

The Clinical Education faculty use the following terminology:

**DCE** – Director of Clinical Education. 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.

**SCCE** – Site Coordinator for Clinical Education is the 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 or may be from another discipline.

**CI** – Clinical Instructor is a licensed physical therapist who directly supervises one or more students. A minimum of one year of experience in clinical practice is required. Completion of a clinical instructor certification course is recommended, either through the [APTA Clinical Instructor Course](#) (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, SCCEs and CIs**

Agreeing to work with TWU DPT students includes assuming certain responsibilities as well as receiving rights and privileges from the School of Physical Therapy. The SCCE Manual on the APTA website is a practical tool to guide SCCEs in administering a student program.

TWU expects that Clinical Sites, SCCEs 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 who are already familiar with the site.
- 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 research and evidence-based practice and bring new ideas and enthusiasm to the clinic.
- Free or low-cost onsite CCU courses on topics related to clinical education or clinical practice.
- Free Annual Research Day at TWU including CCUs, parking and refreshments.
- Opportunity to serve on the DPT Clinical Education Advisory Board.
- CCUs for supervising students.
- Collaboration with or consultation with TWU faculty members on research projects.
- Opportunities to participate in labs, lectures, and practical exams within the curriculum.
- Opportunities to become a clinical partner with TWU in the National Consortium for Clinical Education under ACAPT.

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, contact one of the DCEs.

### **Clinical Education Sequence**

DPT students complete 12 weeks of half-day clinical experiences in 2 inpatient settings; one 6-week full-time experience in acute care, SNF or LTAC; two 7-week full-time experiences in outpatient orthopedics and neurorehabilitation (adults or pediatrics), and a final 12-week experience in an area of their choice. In addition, students participate in Integrated Clinical Experiences (ICE) to support classroom material throughout the curriculum. Expectations and grading criteria for each experience are outlined in the course syllabus. To access a specific course syllabus, contact the campus DCE or ask your student for a copy. Each clinical education course description and its related course objectives can be found in [Addendum II](#).

<b>Course</b>	<b>Semester</b>	<b>Length/Setting</b>
Preliminary Clinical Experience (PT 6731)	Spring, Yr 1	12 half-days/2 different IP settings
1 <sup>st</sup> FT rotation (PT 6733)	Late Fall, Yr 2	6 weeks, acute care/SNF/LTAC or OP
2 <sup>nd</sup> FT rotation (PT 6804)	Summer, Yr 2	7 weeks in either ortho or neuro
3 <sup>rd</sup> FT rotation (PT 6814)	Early Fall, Yr 3	7 weeks in either ortho or neuro
4 <sup>th</sup> FT rotation (PT 6816)	Spring, Yr 3	12 weeks in an area(s) of interest.



## **Course Descriptions and Student Preparation**

### **Preliminary Clinical Experience (PT 6731):** Spring, semester 2, year 1

Students spend 12 half-days in an in-patient setting, working in pairs with a clinical instructor (CI). They travel to 2 different sites for 6 weeks each. Students are prepared to take a patient history, review a medical record, take vital signs, perform simple transfers, measure range of motion and strength, and assist with evaluation and treatment programs as deemed appropriate by their CI. Students are expected to complete various assignments including ones in the areas of pharmacology and documentation. Information packets are sent to the CIs prior to the student's arrival, including a brief evaluation form to be completed by the CI to document student performance. This is an opportunity for new CIs to work with students on a limited scale before they supervise a full-time student.

### **Clinical Experience I (PT 6733):** Late fall, semester 4, year 2

This 6-week, full-time acute care experience may be in a hospital, SNF, 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. Students 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 outpatient orthopedic setting, or an IP or OP adult or pediatric neurorehabilitation setting. Each student completes one ortho and one neuro rotation. Prior to these clinical rotations, 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.

### **Clinical Experience IV (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 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 in a PTA program, conduct research, work in management, intern at the APTA, or work in more than one practice setting. They may assist in mentoring first or second year students. By this time in the curriculum, most students are quite productive and can be considered your peers.

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### III. Clinical Education Policies

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](#). Please review these policies prior to mentoring a student. The Policies include information related to student responsibilities, school responsibilities, the clinical sites assignment process, and attendance and grading policies.

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

Table of Required Student Clearances	
Background Check	Completed upon entrance to program
Blood borne pathogens training	Year 1 and 2
CPR certification	Must be current through end of rotation
Drug Screen	Completed during semester 1 of the 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 an updated printout or click <a href="#">here</a>
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
Seasonal Flu Vaccination	Annually, must be current through end of rotation

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#### **IV. Process of Assigning Students to Clinical Sites**

##### **Clinical Experiences I (6 weeks, IP or OP), 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 and 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 Experience IV (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 work to 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 in a PTA program or specializing in an area of practice. If your clinical site has a specialty area of practice that would be beneficial to a student, please advise one of the DCEs.

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## V. New Site Development

Students may also work to identify new sites. The student may contact the potential clinic to obtain information to complete the [New Site Development Form](#), which is then given to the DCE for follow-up. The DCE will then contact the SCCE to learn more about the site and to discuss how to proceed. New sites must 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 \(CSIF\)](#). It is the responsibility of the SCCE to update this form *every 5 years* or when there is a major change at the site. The DCEs use this information when 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 SCCE. 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 or site-specific contract, this 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.

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## **VI. Communication between TWU and Clinical Sites**

### **Prior to Student Arrival**

#### **Slot Request Form**

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

#### **Initial Confirmation of Student Placement**

When students are assigned to a site, usually about 3 months ahead of time, a confirmation email delineating the length and type of rotation is sent to the SCCE. The SCCE confirms the placement via email to the DCE. Students are given a copy of the confirmation email and are encouraged to contact the SCCE and/or the CI to establish communication.

#### **Student Packets**

About 6 weeks before the start of a clinical experience, information is sent to the SCCE which includes student biographical data and other relevant information. CIs are encouraged to 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 1-3 weeks prior to arrival, the student is directed to contact the CI or SCCE directly.

#### **Release of Slots**

Approximately one month ahead of time, the DCE notifies those sites that offered a slot that will not be used for the upcoming rotation.

### **During Clinical Education Experiences**

#### **Fax Back Form/Midterm Information Form**

The student completes this form on the first day of the rotation and faxes or emails it back to the DCE. This form lists the contact information of the CI and student, working hours, department location and dates/times when the CI is not available for a midterm conference. 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 (for CE I, II, and III), or the Final Clinical Assessment Tool (FCAT) for CE IV is completed and reviewed by the CI and student *prior* to the midterm conference.

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

It is always the privilege of the CI and/or student to request an onsite visit in lieu of this group midterm.

### **Student Evaluation of the Clinical Site**

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

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## **VII. Supervision of Students**

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 are encouraged, as they help in tracking progress and can be adjusted as needed. Regular constructive feedback, including positive comments, reinforce student learning and helps clarify CI expectations. We genuinely appreciate the time and effort SCCEs 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's CSIF, and appropriate state practice act and applicable rules/regulations. In addition, they have been instructed in Medicare and Medicaid regulations regarding their appropriate role. For up-to-date Medicare guidelines, refer to the APTA document: [Supervision of Students Under Medicare Chart](#). 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 or Medicaid guidelines.

### **Alternative Models of Supervision**

While many students work 1:1 with their CI, TWU encourages the 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 (PT/PT or PT/PTA student combos), 2 part-time CIs to 1 student; use of PT residents and fellows to assist 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.

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## **VIII. Assessment of Students**

### **Overview and Grading Criteria**

**Half day Clinical Rotations (PT 6731):** 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 6731 is available upon request.

**Clinical Experiences I-III (PT 6733, PT 6804, PT 6814):** Each fulltime clinical experience has a unique set of requirements. Course credit will require that students must function at *entry-level* for certain clinical skills, as well as complete written and online assignments. CIs should carefully and objectively document student performance in the clinic. *Entry-level* is defined as the level of performance expected of a new graduate who has just been hired at your site. More specifically, the entry-level practitioner provides *safe and effective* patient or staff interaction independently. Ultimately, it is the DCE that assigns the final grade to a student, but a significant component is the CI's feedback regarding the student's performance.

### **PT MACS Assessment Tool**

The primary instrument for assessing 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*, and others (see PT MACS). 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 must develop to be considered entry-level. Clinical Instructors and students use the PT MACS to collaborate in developing a successful clinical learning experience.

TWU now uses the online version of the PT MACS. If you have not used the PT MACS prior to mentoring a TWU student, it is strongly recommended that you review the instructions early in the rotation. The student and the CI grade each pertinent skill. The CI also completes a summative Progress Report at midterm and at the end of the rotation on the webpage provided. The midterm evaluation must be completed prior to the midterm conference.

### **Neurorehabilitation Skills for Clinical Experience II or III**

For a Neurorehabilitation rotation, TWU has developed additional neurorehab skills that must be completed. 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 neuro diagnosis are appropriate for a neurorehab rotation.

### **Grading the PT MACS and Neuro Skills**

Each student has access to the online PT MACS. 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 allow them to meet course grading criteria.



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

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

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

**Clinical Experience IV:** This 12-week clinical rotation represents the final clinical experience of the DPT Entry-level students at TWU and utilizes an alternative grading method.

**Grading of CE IV: The Final Clinical Assessment Tool(FCAT)**

The [Final Clinical Assessment Tool \(FCAT\)](#) is used to evaluate student performance during the final, 12-week Internship. It is a much more general document that can be applied to all settings. A copy of the FCAT is sent to each site hosting a CE IV student.

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## **IX. Other Useful Information**

### **APTA Information**

The American Physical Therapy Association provides a wealth of online [information](#) for clinical educators. All SCCEs and CIs are encouraged to join the APTA as some documents are accessible to APTA members only.

### **Texas Consortium for Physical Therapy Education, Inc.**

TWU is a member organization of The [Texas Consortium](#) along with 13 other DPT programs in Texas. This organization was originally developed from a federally funded grant (1977-1980) with the primary purpose of coordinating 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 online PT MACS is available for purchase on the Consortium website.

### **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 DPT programs and have taken students for 2 or more years. These individuals are announced at the TPTA Annual Conference. Sites may nominate themselves for the Barb Melzer Award, which acknowledges them as an exemplary clinical site for physical therapy clinical education; an honor given to a department or clinic that provides outstanding, innovative clinical education experiences for students. Applications and requirements are posted on [The Texas Consortium](#) website.

### **Clinical Instructor Certification and Credentialing Courses**

The Texas Consortium provides continuing education opportunities and training workshops for Clinical Instructors. The CI Certification Course consists of two parts: Part I is a six-hour online course and Part II is a four-hour onsite course. CCUs (Texas) are given for each. Part I must be completed prior to taking Part II. CI Certification courses are given throughout the state each year. To find 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.

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## **X. Contact a DCE or DPT Program Coordinator**

The Directors and Assistant Directors of Clinical Education at TWU are committed to supporting our clinical faculty as needed, so do not hesitate to contact one of 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.

Dr. Dale Anderle, PT, DPT  
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[danderle@twu.edu](mailto:danderle@twu.edu)

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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**

<b>CLINICAL EDUCATION POLICIES PROFESSIONAL DPT STUDENTS</b>
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The following Policies apply for all full-time Clinical Experiences I - IV (PT 6733, PT 6804, PT 6814 and PT 6816)

**I. STUDENT RESPONSIBILITIES:**

**A. Before Full-Time Clinical Experiences:**

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 a clinical education course.

Students must successfully complete all preceding didactic (classroom and lab) courses in the curriculum sequence, as outlined in the Degree Plan, prior to beginning a clinical education experience. 'Successful completion' of prior coursework means that students maintain a cumulative GPA of 3.0 for all courses completed, and may not earn more than two "C"s in any courses completed prior to a clinical education course. A student on academic probation in the Graduate School due to a GPA being less than 3.0 may still enroll in a clinical education course; however, the student must 'successfully complete' (see definition above) all didactic coursework to bring his/her cumulative GPA to 3.0 in order to begin the clinical experience. In the event that grades have not been officially posted for coursework completed prior to beginning a clinical education experience, (e.g., in Semester 4 when the clinical experience begins mid-semester), students must have successfully completed all coursework (using the definition above) in the didactic courses at the beginning of the semester in order to begin the clinical experience. In other words, the fourth semester grades will be used to make this eligibility determination even if they have not been officially posted.

Occasionally, a student may have to delay starting, or be unable to complete a clinical experience due to illness, injury, pregnancy or other conditions. Students will be allowed to complete clinical education experiences out of sequence from their original class cohort, however, students must successfully complete all preceding didactic courses required to enter into a clinical experience. Students must complete all grading criteria for Clinical Experiences I through III before beginning CE IV.

2. **Coursework:** Students must be officially registered for clinical education courses before they can begin a clinical education experience. All clinical coursework requires prompt payment of tuition and fees. Each student's name must appear on the class roll in order to begin the clinical experience. 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:** Students 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 **Professional DPT Program Student Handbook**.)
  - 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 (Director of Clinical Education).
  - b. Both CPR certification and TB tests must be current through the final day of the clinical experience to be eligible to start the clinical experience.
  - 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.
  - d. Students must sign the Student Agreement Form, provided by the DCE stating that they have read the contract 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 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 filing cabinets as well as online) may assist in developing agreements with new sites by completing the **New Site Development Form**. This involves the following steps:

- a. The student contacts the clinical site and asks for the information required on the form. All lines should be completed.
- b. Once the completed form has been submitted to the DCE, the DCE will contact the individual who is identified on the form as the person responsible for the student program, to inquire about interest and availability. If the individual at the site is willing, a TWU contract is sent.
- c. If a new site 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: EXXAT is the management system used in clinical education at TWU. The campus DCEs will notify students how to access a list of available sites for each clinical rotation.
- 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 young or school-age child, and may be **solely** responsible for care of the child during the clinical experience.
  - ii. Others as determined by the DCE.
- d. Students will enter their preferred sites into the EXXAT system. Final assignments will be made by the campus DCE and will be based upon careful consideration of curriculum design, site availability, and student interests and requests.

7. **Rescheduling a Clinical Experience:** 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 of the rotation, to request postponement of the rotation. Rescheduling of the postponed rotation will be at the discretion of the DCE and site availability.

#### B. During Full-Time Clinical Experiences:

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 TWU email at least every 48 hours.
2. **Transportation:** Students shall be responsible for their 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 I-IV are full time (typically 35-40 hours per week). The student's schedule is determined by the clinical site and by the CI/SCCE. 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 period (PT 6733 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.
  - b. If absent for any reason from a clinical experience, students are to notify their CI at the facility and the DCE at the school as soon as possible but **MUST** be prior to the expected start of the student's workday.
  - c. Excessive absences may require an additional clinical rotation. The Clinical Education Committee will evaluate the situation and determine the length of time.
  - d. If a student is hospitalized, has surgery, becomes pregnant, or develops a medical condition for which they are under a provider's care, 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 for job interviews or to work on their Critical Inquiry project. However, during CE IV, students **MAY** ask their CI for permission to participate in an interview for a residency program. This permission is granted at the discretion of the CI.
  - f. Attendance at clinical sites during inclement weather: During clinical experiences, students follow the schedule and attendance policies of the facilities to 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 CI, as well as the DCE, in a timely fashion if the student is delayed or unable to report for his/her scheduled day.
6. **Assessment of Progress:**
  - a. For CE I-III, the assessment tool is the Physical Therapist Assessment of Clinical Skills (PT MACS) and it is an online document, managed through the EXXAT system. It is the student's responsibility to insure that both they and the CI have completed the assessment, both at midterm and at the end of the clinical experience.
  - b. For CE IV, the assessment tool is the Final Clinical Assessment Tool (FCAT) and is a paper document. It is up to the student to insure that both they and their CI have completed this form, both at midterm and at the end of CE IV.
  - c. Course grades 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 Canvas for each clinical experience and discuss it with their CI prior to leaving the site but after the final Progress Report has been discussed.

## II. SCHOOL RESPONSIBILITIES:

### A. Before Full-Time Clinical Experiences:

### 1. Assignment of Site for Clinical Experiences:

- a. While student preferences will be taken into consideration, there is no guarantee that a student will be provided a clinical experience 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, 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:

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. The coverage is valid **only** when a student is officially enrolled in the University. Student liability coverage is tied only to coursework and does not cover students during part-time or full-time employment or volunteer activities.
2. **Rights, responsibilities, safety, privacy, and dignity of program students:** These policies, procedures and practices are written, disseminated, and applied equitably.
3. **Midterm Conferences:** It is the policy of the School to schedule a conference with each student and CI for every clinical experience. This conference may take place face-to-face, via telephone or electronically.
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 demonstrate satisfactory progress.
  2. Notification of impending dismissal can be extended at any time that the student is in jeopardy of being dismissed. The notice may be made **verbally and/or in writing**.
  3. Notification will be provided to, and signed by, the student, the CI 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 may be developed to address areas of concern.
  5. The remediation plan will be signed by the student, the CI and the DCE. If the terms of the plan are not met in the specified time frame, the student may receive a grade of "F."
  6. If the notification of termination of the clinical experience is without prior notice, the performance of the student will be evaluated and the student may receive a grade of "F", if appropriate.

### C. Removal from and Return to Clinical Education Experiences

The School has a 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 of the following reasons:

- a. **At the request of the student:** 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 is reviewed by the Clinical Education Committee, and may result in the grade of 'W' Withdrawal or 'I' Incomplete.



**b. At the request of the CI or SCCE:** CI or SCCE 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/SCCE describing the student's performance/behavior is provided to the DCE. The student's performance is reviewed by the Clinical Education Committee and may result in the grade of 'F' Failure or 'PR' Progress, (see below for Grading Scale).

**c. Upon 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 is reviewed by the Clinical Education Committee and may result in the grade of 'F' Failure or 'PR' Progress, (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, if 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'.

Only ONE grade of 'PR' may be earned for a clinical experience. If a second 'PR' is earned by the student, this grade will be converted to a grade of 'F' and the student will be dismissed from the Program.

#### **D. After Full-Time Clinical Experiences:**

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:

<b>CR</b>	Credit -	All grading criteria were met and student successfully completed the clinical experience.
<b>F</b>	Fail -	Any one of the following <b>may</b> 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. student 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 CI, or
- d. CI or SCCE requested that the student be removed from the facility and not complete the clinical experience.

**PR** Progress - Any one of the following **may** result in a grade of PR:

- a. student completed the clinical experience/internship but performance was not adequate to complete grading criteria, or
  - 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 are 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. The additional amount of time and/or required remediation activities will be determined by the Clinical Education Committee.
  - b. A student may earn one 'PR' (Progress) during the DPT clinical education sequence. Upon earning a second 'PR', the grade will be converted to a grade of 'F', and the student will be terminated from the Program.
  - c. The Clinical Education Committee will review the progress of any student who is in danger of receiving an 'F' (Failure) for a clinical education experience. If a grade of 'F' is earned, the student is terminated from the Program. In order to return to the Program, the student must request to return by following the Request to Return process outlined in the **Professional DPT Program Student Handbook**.

## 2. Appeals of Clinical Education Grades:

Appeals can be made following the guidelines described in the **Professional DPT Program 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

Revised Jun 16, 2011

Revised August, 2012, Approved by Physical Therapy Faculty on August 22, 2012

Revised June, 2017

Revised August, 2018

Revised June 2021, Approved by Physical Therapy Faculty on August 1, 2021

**TEXAS WOMAN'S UNIVERSITY**  
**School of Physical Therapy PT**  
**6733 Clinical Experience I**  
**Grading Criteria**

Student's Name \_\_\_\_\_

**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
<b>I. I. Professional Practice</b>	Skills 1-11	Complete 4 skills Work on 4 skills	
<b>II. Patient Management</b>	Skills 12.1-12.3, 14.1-14.2, 15.1-15.2	Complete 3 skills Work on 3 skills	
Tests and Measures	Skills 13.1-13.14	Complete 4 skills Work on 4 skills	
Interventions	Skills 16.1-16.8	Complete 3 skills Work on 3 skills	
<b>III. Management of Care Delivery</b>	Skills 17-19, 21-24	Complete 3 skills Work on 3 skills	
Outcomes Assessment	Skill 20 <i>(complete and turn in form provided)</i>	MUST complete	
<b>IV. Site Specific Skills</b>	25.1-25.8 Tests & Measures	Work on 1 skill	
	26.1-26.3 Interventions		
	27 Prevention/Wellness/Screening		
<b>II. OTHER REQUIREMENTS</b>		<b>Method of Submission</b>	<b>CHECK IF COMPLETED</b>
<b>Pharmacology</b>	Refer to form. 2 patients with minimum of 3 meds each	MUST Complete	
<b>In-service Project</b>	Refer to forms; CI Signature on Summary Feedback form required	Complete <u>once</u> by end of PT 6814	
<b>Student Evaluation</b>	Refer to form. CI Signature required.	Turn in to Dr. Gleeson via Canvas.	
<b>Cost Summary</b>	Refer to form.	Turn in to Dr. Gleeson via Canvas	

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 \_\_\_\_\_

**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
<b>III. I. Professional Practice</b>	Skills 1-11	Complete 8 skills	
<b>II. Patient Management</b>	Skills 12.1-12.3, 14.1-14.2, 15.1-15.2	Complete 5 skills	
Tests and Measures	Skills 13.1-13.14	Complete 8 skills	
Interventions	Skills 16.1-16.8	Complete 6 skills	
<b>III. Management of Care Delivery</b>	Skills 17-19, 21-24	Complete 5 skills	
<b>IV. Site Specific Skills</b>	25.1-25.8 Tests & Measures	Complete 1 skill	
	26.1-26.3 Interventions	Work on 1 skill	
	27 Prevention/Wellness/Screening		
<b>IV. OTHER REQUIREMENTS</b>		<b>Method of Submission</b>	<b>CHECK IF COMPLETED</b>
<b>TWU Rehab Skills</b>	Refer to forms.	Complete 8 during NEURO rotation	
<b>Cost of Episode of Care</b>	Refer to forms.	Complete during ORTHO rotation	
<b>CAT</b>	Refer to forms.	Complete	
<b>In-service Project</b>	Refer to forms; CI Signature on Summary Feedback form required	Complete <u>once</u> by end of PT 6814	
<b>Student Evaluation</b>	Refer to form. CI Signature required.	Upload to Canvas	
<b>Cost Summary</b>	Refer to form.	Upload to Canvas	

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 \_\_\_\_\_

**Definitions:** "Complete" means a final rating of + or ✓

PT MACS SECTION	SPECIFIC SKILLS	MINIMUM CRITERIA	IDENTIFY SKILLS COMPLETED
<b>1. I. Professional Practice</b>	Skills 1-11	Complete <u>all</u> 11 skills	
<b>II. Patient Management</b>	Skills 12.1-12.3, 14.1-14.2, 15.1-15.2	Complete <u>all</u> 7 skills	
Tests and Measures	Skills 13.1-13.14	Complete <u>all</u> 14 skills	
Interventions	Skills 16.1-16.8	Complete <u>all</u> 8 skills	
<b>III. Management of Care Delivery</b>	Skills 17-19, 21-24	Complete <u>all</u> 7 skills	
<b>IV. Site Specific Skills</b>	25.1-25.8 Tests & Measures	Complete 2 skills	
	26.1-26.3 Interventions		
	27 Prevention/Wellness/Screening		
<b>2. OTHER REQUIREMENTS</b>		<b>Method of Submission</b>	<b>CHECK IF COMPLETED</b>
<b>TWU Rehab Skills</b>	Refer to forms.	Complete 8 during NEURO rotation	
<b>Cost of Episode of Care</b>	Refer to forms.	Complete during ORTHO rotation	
<b>In-service Project</b>	Refer to forms; CI Signature on Summary Feedback form required	Complete <u>once</u> by end of PT 6814	
<b>Student Evaluation</b>	Refer to form. CI Signature required.	<b>Upload to Canvas</b>	
<b>Cost Summary</b>	Refer to form.	<b>Upload to Canvas</b>	

Grading Criteria Met? (circle one)      YES      NO      COMMENTS \_\_\_\_\_

DCE Signature \_\_\_\_\_ DATE \_\_\_\_\_

**TEXAS WOMAN'S UNIVERSITY**  
**School of Physical Therapy**  
**PT 6816 Clinical Experience IV**  
**Grading Criteria**

Student's Name: \_\_\_\_\_

IAT SECTION	STANDARDS & BENCHMARKS	MINIMUM EXPECTED GRADING CRITERIA BY END OF CLINICAL EXPERIENCE	IDENTIFY AREAS <u>NOT</u> COMPLETED
<b>I. Professional Behaviors</b>	1. Professional Conduct	All 4 Standards must be marked as "Always."	
	2. Safety		
	3. Communication		
	4. Self- Management		
<b>II. Patient Management Skills</b>	5. Exam, Evaluation, Diagnosis and Prognosis	Both Standards must be marked as "Entry Level."	
	6. Interventions and Outcomes Assessments		
<b>III. Practice Management Skills</b>	7. Supervision/Direction	Both Standards must be marked as "Entry Level."	
	8. Management		
<b>Summary Rating of Student Clinical Competence</b>	Overall assessment of student performance compared to a competent clinician	Student must be assessed at the level of "8" or above.	
<b>OTHER REQUIREMENTS</b>		<b>MINIMUM CRITERIA</b>	<b>CHECK IF COMPLETED</b>
<b>Objectives</b>	Developed in conjunction with, approved by, and signed by Clinical Instructor	Signed and returned to DCE by end of first week of internship	
<b>FCAT</b>		Submit electronic or paper copy to DCE	
<b>Student Evaluation of Clinical Educ. Experience</b>		Submit electronic or paper copy to DCE	
<b>Cost Form</b>		Submit electronic or paper copy to DCE	

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

DCE Signature \_\_\_\_\_ **DATE** \_\_\_\_\_

## ADDENDUM II

### Clinical Education Course Descriptions and Objectives

Return to [Addendum List](#) or  
Return to [Clinical Education Sequence](#) in Handbook

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

Dale Anderle in Dallas ([danderle@twu.edu](mailto:danderle@twu.edu)) or

Peggy Gleeson in Houston ([pgleeson@twu.edu](mailto:pgleeson@twu.edu))

## Clinical Education Course Descriptions and Course Objectives

### **PT 6731 Preliminary Clinical Experience**

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.

#### **Global Objectives**

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

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## **PT 6733 Clinical Experience I**

First of four supervised full-time clinical experiences. Application of physical therapy knowledge, skills and behaviors appropriate to patient and practice management in the inpatient or outpatient orthopedic setting.

### **Global Course Objectives:**

1. Effectively integrate culturally sensitive communication skills with patients, caregivers, and other healthcare providers.
2. Accurately 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. Consistently integrate professional behaviors in interactions with patients, caregivers and other healthcare providers.
4. Effectively support 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. Accurately manage documentation complying with federal and state regulations, professional guidelines, and facility requirements.

### **Enabling Objectives**

1. Effectively integrate culturally sensitive communication skills with patients, caregiver and other healthcare 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 those of 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 health care providers
  - 1.8 Effectively access interpreter resources when necessary.
2. Accurately 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. Consistently integrate professional behaviors in interactions with patients, caregivers and other healthcare 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. Effectively support 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 inpatient/OP 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 Assess one's own level of development in clinical decision making & psychomotor skills
- 5. Accurately manage 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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## **PT 6804      Clinical Experience II**

Second of four 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.

### **Global Course Objectives:**

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

### **Enabling Objectives**

1. Accurately manage 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. Accurately 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. Consistently 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. Accurately document evidence based practice and decision making through a learning portfolio.
  - 4.1 Complete an inservice, critical appraisal of topic (CAT) or other appropriate learning 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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## **PT 6814 Clinical Experience III**

Third of four 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.

### **Global Objectives:**

1. Accurately manage physical therapy screening and examination on patients with varied diagnoses and complexity within the assigned clinical setting.
2. Competently 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. Competently manage a patient caseload with an understanding of the clinical site's fiscal situation, organizational structure and other practice management considerations.
4. Accurately document evidence based practice and decision making.

### **Enabling Objectives:**

1. Accurately manage 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. Competently 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. Competently 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. Accurately document evidence based practice and decision making.
  - 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.

## **PT 6816 Clinical Experience IV**

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

### **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
4. Participate in and evaluate the clinical education program at the chosen clinical environment(s).

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## **ADDENDUM III**

### **Clinical Education Forms and General Information**

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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 (i.e., we have a valid contract **and** a file in the facility filing cabinets) must follow these procedures:

- 1) The student may call the facility's Physical Therapy Department and ask for the name and contact information for the individual who is in charge of their student program. This contact should only be made by phone.
- 2) The student should complete **every line** of this form and turn it in to the campus Director of Clinical Education (DCE).
- 3) When the above procedures have been followed, the campus DCE will contact the student coordinator identified below to continue the site development process.

Provide the following information:

Student's name: \_\_\_\_\_ Date: \_\_\_\_\_  
Student's email address: \_\_\_\_\_  
Facility's COMPLETE name: \_\_\_\_\_  
Facility's PHONE NUMBER: \_\_\_\_\_  
Facility's COMPLETE address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information regarding Contact Person in charge of student program:

Contact Person's Name: \_\_\_\_\_

Contact Person's credentials, if known (PT, SCCE, rehab director, etc): \_\_\_\_\_

Contact Person'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: \_\_\_\_\_



TEXAS WOMAN'S UNIVERSITY- School of Physical Therapy

REQUEST FOR CLINICAL ROTATIONS – 2020

**\*\*THIS IS FOR DALLAS and HOUSTON STUDENTS - DPT PROGRAM\*\***

Please write your name: \_\_\_\_\_.

Facility name, city, state: \_\_\_\_\_.

Preferred contact Info: \_\_\_\_\_.

C O U R S E	<u>Clinical Experience I</u> PT 6733 (1 <sup>st</sup> of 4 rotations)	<u>Clinical Experience II</u> PT 6804 (2 <sup>nd</sup> of 4 rotations)	<u>Clinical Experience III</u> PT 6814 (3 <sup>rd</sup> of 4 rotations)	<u>Clinical Experience IV</u> PT 6816 (4 <sup>th</sup> of 4 rotations)
L E N G T H	6 weeks	7 weeks	7 weeks	12 weeks
D A T E S	November 2 – December 11, 2020	June 1 – July 17, 2020	August 24 – October 9, 2020	January 13 - April 3, 2020
S L O T S	TOTAL # of TWU students you will accept for Rotation I: —	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 IV: —
P L A C E M E N T	<p><b>This rotation is for ACUTE/LTAC/ SNF settings ONLY</b></p> <p>Designate where you will place each student:</p> <p>_____ Acute _____ LTAC _____ SNF</p>	<p><b>This rotation is for ORTHO or NEURO settings.</b></p> <p>Designate where you will place each student:</p> <p>_____ Outpatient _____ Adult Neuro Rehab (IP or OP) _____ Pediatric (IP or OP)</p>	<p><b>This rotation is for ORTHO or NEURO settings.</b></p> <p>Designate where you will place each student:</p> <p>_____ Outpatient _____ Adult Neuro Rehab (IP or OP) _____ Pediatric (IP or OP)</p>	<p><b>This rotation is for INTERNSHIP IN AREA OF STUDENT INTEREST</b></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><b>ARE YOU WILLING TO SPLIT INTO 2 SIX WEEK ROTATIONS IF NEEDED?</b></p> <p>YES NO (Circle your preference)</p>

Housing/Stipend Information:

- No assistance is available; students are responsible for own housing arrangements.
- 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 & retain for your records, then return in 1 of 3 ways: 1.) **FAX** with cover page to Dale Anderle- 214-689-7703; or 2.) **email** to [ejohnson22@mail.twu.edu](mailto:ejohnson22@mail.twu.edu) , or 3.) return via **mail** to: Dale Anderle, PT, DPT, DCE  
TWU - School of Physical Therapy

TEXAS WOMAN'S UNIVERSITY

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# CLINICAL SITE INFORMATION FORM (CSIF) 2021

**Please remember to make a copy of this form and retain for your records!** To assist in maintaining accurate and relevant information about your physical therapy service for academic programs and students, we encourage you to update this form on an annual basis

## **DIRECTIONS FOR COMPLETION:**

**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 (for example, corporate hospital mergers) that offer clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, you will need to complete **pages 3 and 4**. On **page 3**, provide the primary clinical site for the clinical experience. On **page 4**, indicate other clinical sites or satellites associated with the primary clinical site. ***Please note that if the individual facility information varies with each satellite site that offers a clinical experience, it will be necessary to duplicate a blank CSIF and complete the form for each satellite site that offers different clinical learning experiences.***

**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 form do not apply to your clinical education site at the time you are completing the form, please leave the item blank. Opportunities to provide comments have been made available throughout the form.

## CLINICAL SITE INFORMATION FORM

<b><i>I. Information About the Clinical Site</i></b>				Date (   /   /   )	
Person Completing Questionnaire					
E-mail address of person completing questionnaire					
Name of Clinical Center					
Street Address					
City		State		Zip	
Facility Phone			Ext.		
PT Department Phone			Ext.		
PT Department Fax					
PT Department E-mail					
Web Address					
Director of Physical Therapy					
Director of Physical Therapy E-mail					
Center Coordinator of Clinical Education (SCCE) / Contact Person					
SCCE / Contact Person Phone					
SCCE / Contact Person E-mail					

**Complete the following table(s) if there are multiple sites that are part of the same health care system or practice. Copy this table before entering information if you need more space.**

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		
Center Coordinator of Clinical Education/contact (SCCE)			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		
Center Coordinator of Clinical Education/contact (SCCE)			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		
Center Coordinator of Clinical Education/contact (SCCE)			E-mail		

*Clinical Site Accreditation/Ownership*

Yes	No		Date of Last Accreditation/Certification
		1. Is your clinical site certified/ accredited? If no, go to #3.	
		2. If yes, by whom?	
		JCAHO	
		CARF	
		Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
		Other	
		3. Who or what type of entity owns your clinical site? _____ PT owned _____ Hospital Owned _____ General business/corporation _____ Other (please specify) _____	

4. Place the **number 1** next to your clinical site's primary classification -- noted in **bold type**. Next, if appropriate, mark (X) **up to four additional bold typed categories** that describe other clinical centers associated with your primary classification. Beneath each of the **five possible bold typed categories**, mark (X) the specific learning experiences/settings that best describe that facility.

	<b>Acute Care/Hospital Facility</b>		Functional Capacity Exam-FCE		spinal cord injury
	university teaching hospital		industrial rehab		traumatic brain injury
	pediatric		other (please specify)		other
	cardiopulmonary		<b>Federal/State/County Health</b>		<b>School/Preschool Program</b>
	orthopedic		Veteran's Administration		school system
	other		pediatric develop. ctr.		preschool program
	<b>Ambulatory Care/Outpatient</b>		adult develop. ctr.		early intervention
	geriatric		other		other
	hospital satellite		<b>Home Health Care</b>		<b>Wellness/Prevention Program</b>
	medicine for the arts		Agency		on-site fitness center
	orthopedic		contract service		other
	pain center		<b>Hospital based</b>		<b>Other</b>
	pediatric		other		international clinical site
	podiatric		<b>Rehab/Subacute Rehab</b>		administration
	sports PT		Inpatient		research
	other		Outpatient		other
	<b>ECF/Nursing Home/SNF</b>		Pediatric		
	Ergonomics		Adult		
	work hardening/conditioning		Geriatric		

## II. Information about the Provider of Physical Therapy Service at the Primary Center

### 5. PT Service hours

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

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

	Full-time budgeted	Part-time budgeted
PTs		
PTAs		
Aides/Techs		

### 7. Estimate an average number of **patients per therapist treated per day** by the provider of physical therapy.

INPATIENT		OUTPATIENT	
	Individual PT		Individual PT
	Total PT service per day		Total PT service per day

## III. Available Learning Experiences

### 8. Please mark (X) the *diagnosis related* learning experiences available at your clinical site:

	Amputations		Critical care/Intensive care		Neurologic conditions
	Arthritis		Degenerative diseases		Spinal cord injury
	Athletic injuries		General medical conditions		Traumatic brain injury
	Burns		General surgery/Organ Transplant		Other neurologic conditions
	Cardiac conditions		Hand/Upper extremity		Oncologic conditions
	Cerebral vascular accident		Industrial injuries		Orthopedic/Musculoskeletal
	Chronic pain/Pain		ICU (Intensive Care Unit)		Pulmonary conditions
	Connective tissue diseases		Mental retardation		Wound Care
	Congenital/Developmental				Other (specify below)

9. Please mark (X) all *special programs/activities/learning opportunities* available to students during clinical experiences, or as part of an independent study.

	Administration		Industrial/Ergonomic PT		Prevention/Wellness
	Aquatic therapy		Inservice training/Lectures		Pulmonary rehabilitation
	Back school		Neonatal care		Quality Assurance/CQI/TQM
	Biomechanics lab		Nursing home/ECF/SNF		Radiology
	Cardiac rehabilitation		On the field athletic injury		Research experience
	Community/Re-entry activities		Orthotic/Prosthetic fabrication		Screening/Prevention
	Critical care/Intensive care		Pain management program		Sports physical therapy
	Departmental administration		Pediatric-General (emphasis on):		Surgery (observation)
	Early intervention		Classroom consultation		Team meetings/Rounds
	Employee intervention		Developmental program		Women's Health/OB-GYN
	Employee wellness program		Mental retardation		Work Hardening/Conditioning
	Group programs/Classes		Musculoskeletal		Wound care
	Home health program		Neurological		Other (specify below)

10. Please mark (X) all *Specialty Clinics* available as student learning experiences.

	Amputee clinic		Neurology clinic		Screening clinics
	Arthritis		Orthopedic clinic		Developmental
	Feeding clinic		Pain clinic		Scoliosis
	Hand clinic		Preparticipation in sports		Sports medicine clinic
	Hemophilia Clinic		Prosthetic/Orthotic clinic		Other (specify below)

11. Please mark (X) all *health professionals* at your clinical site with whom students might interact.

	Administrators		Health information technologists		Psychologists
	Alternative Therapies		Nurses		Respiratory therapists
	Athletic trainers		Occupational therapists		Therapeutic recreation therapists
	Audiologists		Physicians (list specialties)		Social workers
	Dietitians		Physician assistants		Special education teachers
	Enterostomal Therapist		Podiatrists		Vocational rehabilitation counselors
	Exercise physiologists		Prosthetists /Orthotists		Others (specify below)

12. List all PT and PTA education programs with which you currently affiliate.


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

	APTA Clinical Instructor Credentialing		Demonstrated strength in clinical teaching
	Career ladder opportunity		No criteria
	Certification/Training course		Therapist initiative/volunteer
	Clinical competence		Years of experience
	Delegated in job description		Other (please specify)

14. How are clinical instructors trained? (mark (X) all that apply)

	1:1 individual training (SCCE:CI)		Continuing education by consortia
	Academic for-credit coursework		No training
	APTA Clinical Instructor Credentialing		Professional continuing education (eg, chapter, CEU course)
	Clinical center inservices		Other (please specify)
	Continuing education by academic program		

On the following pages, please provide information about individual(s) serving as the SCCE(s), and provide information about individual(s) serving as the CI(s) at your clinical site.

#### ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION

*Please update as each new SCCE assumes this position.*

<b>NAME:</b>		<b>Length of time as the SCCE:</b>
<b>DATE: (mm/dd/yy)</b>		<b>Length of time as the CI:</b>
<b>PRESENT POSITION:</b> (Title, Name of Facility)	<b>Mark (X) all that apply:</b> ____PT ____PTA ____Other, specify	<b>Length of time in clinical practice:</b>
<b>LICENSURE:</b> (State/Numbers)		<b>Credentialed Clinical Instructor:</b> Yes_____ No_____
<b>Eligible for Licensure:</b> Yes_____ No_____		<b>Certified Clinical Specialist:</b>
		<b>Area of Clinical Specialization:</b>
		<b>Other credentials:</b>



**SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (start with most current):**

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):

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 CIs**.

Name	School from Which CI Graduated	PT/PTA	Year of Graduation	No. of Years of Clinical Practice	Credentialed CI Specialist Certification Other

Yes	No	
		Does your clinical site provide written clinical education objectives to students?

## Information for Students - Part II

### *I. Information About the Clinical Site*

Yes	No	
		1. Do students need to contact the clinical site for specific work hours related to the clinical experience?
		2. Indicate the time the student should report to the clinical site on the first day of the experience:

#### a) Medical Information

Yes	No		Comments
		5. Is a Mantoux TB test required? a) one step _____ b) two step _____	
		5a. If yes, within what time frame?	
		6. Is a Rubella Titer Test or immunization required?	
		7. Are any other health tests/immunizations required prior to the clinical experience?	
		a) If yes, please specify:	
		8. How current are student physical exam records required to be?	
		9. Are any other health tests or immunizations required on-site?	
		a) If yes, please specify:	
		10. Is the student required to provide proof of OSHA training?	
		11. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
		12. Is the student required to have proof of health insurance?	
		13. Is emergency health care available for students?	
		a) Is the student responsible for emergency health care costs?	
		14. Is other non-emergency medical care available to students?	
		15. Is the student required to be CPR certified? (Please note if a specific course is required).	
		16. Is the student required to be certified in First Aid?	

Yes	No		Comments
		17. Is a criminal background check required (eg, Criminal Offender Record Information)?	
		18. Is the student required to submit to a drug test?	

**b) Housing**

Yes	No		Comments
		20. Is housing provided for students?	
\$		21. What is the average cost of housing?	
		22. If housing is <b>not</b> provided:	
		a) Is there a contact person for information on housing in the area of the clinic? (Please list contact person and phone #).	
		b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.	
		Name:	
		Address:	
		City:	State:

*Stipend/Scholarship*

Yes	No		Comments
		23. Is a stipend/salary provided for students? If no, go to #36	
\$		a) How much is the stipend/salary? (\$ / week)	
		24. Is this stipend/salary in lieu of meals or housing?	
		25. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?	

**c) Special Information**

			Comments
		26. Is there a student dress code?	
		a) Specify dress code for men:	
		b) Specify dress code for women:	
		27. Do you require a case study or inservice from all students?	





# **PHYSICAL THERAPIST STUDENT EVALUATION:**

## **CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION**

2020



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

## **PREAMBLE**

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

### **Key Assumptions**

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

## **V.**

### **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.

VI. 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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## 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 \_\_\_\_\_

## 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.

- Name of Clinical Education Site \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- Clinical Experience Number \_\_\_\_\_
- Specify the number of weeks for each applicable clinical experience/rotation.  

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

### Orientation

- Did you receive information from the clinical facility prior to your arrival? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 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

- 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	

- 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, SCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (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

Provision of Clinical Instruction	Midterm	Final
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.**

*Return to [Addendum III Table of Contents](#) or  
Return to [Internship Assessment Tool](#) area in Handbook*

**Texas Woman's University  
School of Physical Therapy**

**FINAL CLINICAL ASSESSMENT TOOL**

**Intern Name:**\_\_\_\_\_

**Year of Graduation:**\_\_\_\_\_

**Name of Facility:**\_\_\_\_\_

**Address of Facility:**\_\_\_\_\_

**Type of Rotation:**\_\_\_\_\_ **Dates of Internship:** \_\_\_\_\_

**Midterm:**\_\_\_\_\_ **Final:**\_\_\_\_\_ **Days Absent:**\_\_\_\_\_ **Days Made Up:** \_\_\_\_\_

**Clinical Instructor:**\_\_\_\_\_

**Clinical Instructor's Phone Number:**\_\_\_\_\_

**Clinical Instructor's E-mail:**\_\_\_\_\_

Please Return to: Jennifer Bogardus PT, PhD  
Assistant Director of Clinical Education  
Assistant Professor  
Texas Woman's University  
School of Physical Therapy  
6700 Fannin St.  
Houston, Texas 77030

Phone: Office – 713-794-2150  
Fax - 713-794-2071  
E-mail: JBogardus@twu.edu

## **INTRODUCTION**

In today's health care environment, a student graduating from an entry-level physical therapy program must be ready to "hit the ground running." The intern should be able to manage patients in an efficient manner while achieving an effective outcome. At Texas Woman's University we try to achieve this goal through both the didactic and clinical education portions of our curriculum.

This evaluation tool is designed to evaluate the student's ability to manage patients efficiently while achieving effective outcomes. The final comparison of the skills should compare the student to those expected of an entry-level physical therapist entering practice in this specific clinical setting. Please note that this instrument is *general* in nature, assessing the student's overall performance in your clinical setting. The student has already completed the specific skills contained in the PT MACS as part of the clinical education experience during their 3 previous full time clinical rotations.

## **USING THE FORM**

This form is composed of three sections: **Professional Behaviors**, **Patient Management**, and **Practice Management**. Please score this form **twice**: at midterm and at the end of the rotation. The form should be reviewed with the student.

**Please note:** At the end of the internship in order for the student to pass grading criteria for this experience they must achieve a rating of "**Always**" in Section I: Professional Behaviors, AND they must achieve a rating of "**Entry-Level**" or "**Beyond Entry-level**" in Section II: Practice Management.

**Section I: Professional Behaviors** includes the skills of professional conduct, safety, communication, documentation, patient education and other behaviors. Evaluation of the student's professional behaviors should be compared to the frequency of the appropriate behavior expected of an entry-level physical therapist. The ratings to be used in Section I are as follows:

<b>Rating</b>	<b>Frequency of Performance of Behavior(s)</b>
Always	95 to 100%
Usually	75 to 94%
Sometimes	24 to 74%
Rarely	1 to 24%
Never	0%

**WRITTEN COMMENTS:** Specific comments are necessary only if a student's behavior falls below 75%. If the student's behavior falls below 25% at any time on any Section I skills please contact the Assistant Director of Clinical Education, Professor Jennifer Bogardus at 713-794-2150 or JBogardus@twu.edu.



**Section II: *Patient Management*** includes skills identified within the patient management model of examination, evaluation, diagnosis, prognosis, intervention and outcomes assessment. Evaluation of the student should be compared to the expectations of an entry-level physical therapist, with the patient population encountered in this clinical setting. The ratings to be used in Section II are as follows:

RATING SCALE FOR PATIENT AND PRACTICE MANAGEMENT SKILLS	
Rating	Description
Beyond entry-level	This rating is reserved for the student who demonstrates exceptional performance in selected patient and practice management skills.
Entry-level	Student consistently meets all <i>applicable</i> objectives; performs the skill safely and effectively without assistance from the CI.
Below entry-level	Student does not meet <u>all</u> <i>applicable</i> objectives; performs the skill with assistance from the CI; requires guidance and/or correction in performance.
Unacceptable	Student does not meet <i>applicable</i> objectives even with repeated assistance from CI to correct deficits; practices the skill in an unsafe and/or ineffective manner even with repeated guidance from CI.

Specific comments are necessary only if a student's performance is rated 'Below entry-level' or Unacceptable. If the student's performance is rated as 'Unacceptable' at any time on any Section II skill please contact the Assistant Director of Clinical Education Professor Jennifer Bogardus, at 713-794-2150 or email at JBogardus@twu.edu.

**Section III: *Practice Management*** includes the skills necessary to manage support personnel and activities within the clinical setting. Evaluation of the student should be compared to the expectations of an entry-level physical therapists within this clinical setting. The ratings to be used in Section III are the same as those used in Section II (see table above).

**WRITTEN COMMENTS:** On Sections II and III, specific comments are necessary only if a student's performance is rated 'Below entry-level' or Unacceptable. If the student's performance is rated as 'Unacceptable' at any time on Section II or III, please contact the Assistant Director of Clinical Education, Jennifer Bogardus at 713-794-2150 or email at JBogardus@twu.edu.

## Section I: Professional Behaviors

1. Professional Conduct	Always (95-100%)		Usually (75-94%)		Sometimes (25-74%)		Rarely (1-24%)		Never (0%)	
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final
Student Self-Assessment										
CI Assessment										
Behaviors applicable to this skill include the following: <ol style="list-style-type: none"> <li>Conducts patient care activities with respect to patient's rights, including informed consent.</li> <li>Demonstrates compliance with HIPAA regulations regarding patient confidentiality.</li> <li>Demonstrates cultural competence, including sensitivity to individual differences.</li> <li>Adheres to the Code of Ethics and legal standards of practice for the jurisdiction</li> </ol>										
Comments are required for behaviors rated less than 'Usually'										
2. Safety	Always (95-100%)		Usually (75-94%)		Sometimes (25-74%)		Rarely (1-24%)		Never (0%)	
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final
Student Self-Assessment										
CI Assessment										
Behaviors applicable to this skill include the following: <ol style="list-style-type: none"> <li>Maintains a safe environment to prevent injury to self, patient, and others.</li> <li>Follows universal precautions procedures (e.g. hand washing, using Personal Protective Equipment)</li> <li>Asks for assistance when appropriate to maintain safety for self, patient and others</li> <li>Follows facility safety policies</li> </ol>										
Comments are required for behaviors rated less than 'Usually'										

3. Communication	Always (95-100%)		Usually (75-94%)		Sometimes (25-74%)		Rarely (1-24%)		Never (0%)	
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final
Student Self-Assessment										
CI Assessment										

Behaviors applicable to this skill include the following:

- Communicates verbally with patients and families, using appropriate level and terminology.
- Communicates verbally with other health care providers using appropriate level and terminology.
- Identifies cultural, psychological and socioeconomic factors that impact communication.
- Responds appropriately to questions/comments from patients and families.
- Takes initiative to contact referring practitioner as needed.
- Uses appropriate non-verbal communication skills in all situations.
- Demonstrates appropriate documentation skills per facility requirements..

Comments are required for behaviors rated less than 'Usually'

4. Self-Management	Always (95-100%)		Usually (75-94%)		Sometimes (25-74%)		Rarely (1-24%)		Never (0%)	
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final
Student Self-Assessment										
CI Assessment										

Behaviors applicable to this skill include the following:

- Manages personal affairs in a manner that does not interfere with professional responsibilities.
- Demonstrates self-assessment of own behaviors/skills and ability to implement constructive criticism.
- Demonstrates commitment to learning by identifying and maximizing opportunities.

Comments are required for behaviors rated less than 'Usually'

## Section II: Patient Management Skills

5. Examination, Evaluation, Diagnosis & Prognosis	Beyond Entry		Entry-Level		Below Entry		Unacceptable		Not Observed	
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final
Student Self-Assessment										
CI Assessment										
<p>Objectives applicable to this skill include the following:</p> <ul style="list-style-type: none"> <li>a. Obtains accurate history of current problem from patient and other sources. (e.g. med record).</li> <li>b. Performs relevant system review and incorporates relevant past medical history.</li> <li>c. Correctly interprets results of tests and measures.</li> <li>d. Recognizes indications and contraindications for completing further tests and measures.</li> <li>e. Integrates data to determine a diagnosis for physical therapist management of patient, incorporating current evidence.</li> <li>f. Determines need for collaboration, consultation with or referral to another health provider.</li> <li>g. Predicts anticipated outcomes for physical therapy intervention based on standard indices.</li> <li>h. Establishes a plan of care to meet the goals of physical therapy, incorporating best evidence.</li> <li>i. Determines discharge criteria.</li> </ul>										
<p>Comments are required for behaviors rated less than 'Entry-Level'"</p>										

6. Interventions & Outcomes Assessment	Beyond Entry		Entry-Level		Below Entry		Unacceptable		Not Observed	
	Mid	Final	Mid	Final	Mid	Final	Mid	Final	Mid	Final
Student Self-Assessment										
CI Assessment										
<p>Objectives applicable to this skill include the following:</p> <ul style="list-style-type: none"> <li>a. Determines appropriate intervention, incorporating best evidence available.</li> <li>b. Applies effective interventions based on established goals.</li> <li>c. Applies the chosen intervention safely and accurately.</li> <li>d. Modifies the intervention based on reassessment and patient's response to the intervention.</li> <li>e. Recognizes when outcome has been reached and makes appropriate recommendations.</li> <li>f. Recognizes other factors affecting outcomes. (e.g. cultural, psychosocial, co-morbidities)</li> <li>g. Demonstrates reflective practice in all aspects of patient care and clinical decision-making.</li> </ul>										
<p>Comments are required for behaviors rated less than 'Entry-Level'</p>										

## Section III: Practice Management Skills

[illegible]

Objectives applicable to this skill include the following:

- a. Demonstrates understanding of roles/responsibilities of support personnel (PTA/Technician or Aide).
- b. Directs patient care activities to the appropriate support personnel based on legal and payer requirements
- c. Communicates appropriately with support personnel verbally and in writing.
- d. Maintains responsibility for all patients for whom patient care activities/tasks were delegates.

---

Comments are required for behaviors rated less than 'Entry-Level'[illegible]

Objectives applicable to this skill include the following:

- a. Recognizes budgeting process of clinical site.
- b. Adheres to Risk Management principles and policies of the clinical site.
- c. Completes duties required for productivity expectations and reimbursement in the clinical site.
- d. Participates in marketing, PR or community based education activities of the clinical site as available (OPTIONAL).

Comments are required for behaviors rated less than 'Entry-Level'

MIDTERM	FINAL
PROFESSIONAL BEHAVIORS	
PATIENT MANAGEMENT	
PRACTICE MANAGEMENT	

Place an "M" in the box that best describes the student's performance at Midterm, and an "F" in the box at Final review.

[illegible]

**Signatures represent discussion of this evaluation.**

**FINAL:**

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

CI Signature: \_\_\_\_\_

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

Return to [New Site Development](#) in Handbook



**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 Site Coordinator of Clinical Education (SCCE).
- (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: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESSED: \_\_\_\_\_

WITNESSED: \_\_\_\_\_

DATE : \_\_\_\_\_

DATE: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/2/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. Park 7 12750 Merit Drive, Suite 1000 Dallas TX 75251		<b>CONTACT NAME:</b> Caitlin Knoll <b>PHONE (A/C No. Ext):</b> 512 652-2445 <b>FAX (A/C No.):</b> <b>E-MAIL:</b> Caitlin_Knoll@aig.com	
<b>INSURED</b> Texas Woman's University 304 Administration Drive Denton TX 76204		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Columbia Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
TEXAIVOM-01		NAIC # 31127	

COVERAGES CERTIFICATE NUMBER: 1745877156 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POB AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Student Blanket Professional Liability			411940203	9/1/2020	9/1/2021	Each Claim Aggregate \$1,000,000 \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
This is a Student Blanket Professional Liability policy that covers the Physical Therapy students, the faculty and the school.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Evidence of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 

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