

**UNIVERSITY OF CONNECTICUT**  
**DOCTOR OF PHYSICAL THERAPY PROGRAM**  
**Clinical Education Policies and Procedures**  
**Student Manual**  
**2022-2023**

**Jon Rizzo, Director of Clinical Education**  
**Phone: (860) 486-0020**  
**Email: [jon.rizzo@uconn.edu](mailto:jon.rizzo@uconn.edu)**

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### **The Clinical Education Curriculum**

The role of clinical education in the preparation of Physical Therapy professionals cannot be overstated. The UConn DPT program is committed to excellence in this most important area. It is the belief of our faculty that clinical application of classroom knowledge in diverse and contemporary environments is pivotal in allowing students to fully integrate and expand understanding of clinical practice. To that end, clinical partners are selected based on a history of high quality patient care and dedication to a learning process that is consistent with the program's practice expectations.

Our faculty encourage close relationships with those who assist in the preparation of our students. This partnership's ultimate goal is to develop technically competent clinicians who also have strong ethical standards. Interaction with physical therapist role models whose practice is consistent with this philosophy is vital.

Clinical education forms a central theme in the curriculum, incorporated not only as full time clinical experiences, but also as part-time Integrated Clinical Experiences (ICEs). Full time Clinical Education I, II, III occur in inpatient, outpatient, and in some cases, specialized settings. ICE courses occur in three patient disciplines, Acute Care, Musculoskeletal/Orthopedics, and Neuro-Rehabilitation.

The clinical education program includes clinical experiences that encompass management of patients representative of those commonly seen in practice across the lifespan, across the continuum of care, and in settings representative of those in which physical therapy is commonly practiced.

#### **Clinical Education Serves the Student Best When:**

1. Expectations are made clear for everyone involved and are based on American Physical Therapy Association's (APTA) Code of Ethics<sup>1</sup>, Core Values<sup>2</sup>, and Guide for Professional Conduct<sup>3</sup>.
2. Accountability to expectations involves frequent opportunities to show competence in the three behavioral domains as defined by Bloom<sup>4</sup>: Psychomotor (hands-on/motor skills), cognitive (clinical reasoning and decision-making), and Affective (communication, caring/compassion, and professionalism).
3. Planned opportunities exist for student discovery, guided practice, feedback, and growth in applying knowledge, skills and attitudes to real patients/clients.
4. Self-assessment is required and results in plans for growth.
5. Opportunities for presentation and discussion of the advantages and disadvantages of multiple, plausible alternative patient/client management plans are considered and applied within the constraints of competent and ethical clinical practice.
6. Clinical faculty hold the student in unconditional positive regard and view their own role as clinical mentors and an extension of the academic program.

### **Expected Student Outcomes for Full-Time Clinical Experiences**

At the end of Full-time Clinical Education courses, each student will demonstrate entry-level ability to<sup>5</sup>:

1. Practice in a safe manner
2. Demonstrate professional behavior in all situations
3. Practice in a manner consistent with established legal and professional standards and ethical guidelines
4. Communicate in ways that are congruent with situational needs
5. Apply current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management
6. Adapt delivery of physical therapy services with consideration for patient's differences, values preferences, and needs
7. Determine when patients need further examination or consultation by a physical therapist or referral to another health care professional
8. Perform a physical therapy patient examination using evidenced-based tests and measures
9. Evaluate data from the patient examination to make clinical judgments
10. Determine a correct diagnosis
11. Establish a physical therapy plan of care that is safe and effective
12. Perform physical therapy interventions in a competent manner
13. Educate others using relevant and effective teaching methods
14. Complete documentation that is timely, complete, and accurate and meets all relevant requirements
15. Analyze data from outcome measures in a manner that supports accurate analysis of individual patient outcomes
16. Perform practice management functions required for entry into the profession.
17. Direct and supervise physical therapist assistants and other support personnel
18. Participate in self-assessment

## Clinical Education Courses

Each student must successfully complete a minimum of 28-33 weeks of full time (approx. 40 hours/week), supervised clinical practice in approved clinical education settings. These experiences are provided in 3 courses occurring during the final year of the curriculum. The three full-time Clinical Education courses (I, II, and III) and can occur in the following physical therapy settings (acute care, sub-acute care (skilled nursing facilities or similar facilities), inpatient neuro-rehabilitation, home care, outpatient orthopedics, outpatient neuro-rehabilitation, as well as in specialty areas such as pediatrics and oncology. There is no specific sequence for these but the order is frequently dictated by availability of sites, clinical site discretion given student experience level, and the particular student's performance in didactic courses, overall knowledge, and experience. The Director of Clinical Education (DCE) decides in which of these disciplines each clinical experience resides. In some cases, the three specific clinical experience environments might be altered with approval of appropriate faculty members. The reasons for such a change include lack of availability of a specific type of site or late cancellation of a clinical site. Students who wish to perform a clinical experience in Pediatrics are required to take the Pediatric Elective Course, PT 5472. Full-time Clinical Education courses I, II, and III are graded as either Satisfactory (S) or Unsatisfactory (U).

The curriculum also includes part-time clinical experiences integrated within academic courses. These part-time Integrated Clinical Experiences (ICEs) offer students the ability to synthesize and apply concepts and techniques at the same time they are taught in the classroom. ICE courses take place at hospitals, clinics, schools, community wellness centers, and other appropriate PT practice settings.

Clinical faculty at the on-campus Nayden Clinic and UConn Health/John Dempsey Hospital (Farmington, CT) provide mentored, hands-on patient management for Acute Care and Musculoskeletal ICEs (PT 5462, PT 5463, PT 5469). Additional clinical partners provide mentorship for the part-time Acute Care and Neuro-Rehabilitation ICEs (PT 5469, PT 5466). These include local hospitals, nursing homes, and other rehabilitation facilities.

Students are also required to participate in an organized Service Learning activity as part of PT 5465: Public Engagement in Prevention, Health Promotion, Fitness, and Wellness. Students complete these experiences with local community partners including schools, senior centers, outpatient clinics, etc.

**Clinical Education Course Descriptions (see syllabi in appendix):**

PT 5460: Introduction to Clinical Education

Time Offered: Fall, First Year

Course Description:

This one credit course is intended to provide students with a foundation for clinical PT experiences and to enhance collaboration with other health care professionals. Concepts of critical thinking, expert practice, experiential learning, collaborative learning and inter-professional practice will be explored. Students will develop an understanding of the importance of inter-professional practice, professional behaviors, self-evaluation and patient centered care using a team-based approach.

PT 5462: Integrated Clinical Experience, Musculoskeletal I\*

Time offered: Second Summer

Course Description:

A clinical experience that provides students the opportunity to integrate interventions learned in PT 5452 in an outpatient setting. Students will develop and administer plans of care that include therapeutic exercise and physical agents for outpatients with various musculoskeletal conditions.

PT 5463: Integrated Clinical Experience, Musculoskeletal II\*

Time offered: Fall semester, Second Year

Course Description:

A clinical experience that provides students the opportunity to integrate interventions learned in PT 5453 and PT 5454 in an outpatient setting. Students will utilize examination and manual therapy skills in the development and implementation of plans of care for outpatients with various musculoskeletal conditions.

PT 5466: Integrated Clinical Experience, Neuromuscular\*

Time offered: Spring, Second Year

Course Description:

A clinical experience that provides students the opportunity to integrate interventions learned in PT 5455 and PT 5456 in a clinical setting. Students will utilize examination and intervention skills in

the development and implementation of plans of care for patients with various neuromuscular conditions.

PT 5469: Integrated Clinical Experience, Acute Care\*

Time offered: Spring, First Year

Course Description:

This course provides students with clinical experience at hospitals and sub acute health facilities. Students will observe and will assist as appropriate with patient care under the supervision and direction of a licensed physical therapist. The course allows students to integrate and apply the didactic component of the curriculum in an acute or sub acute environment. It is designed to foster the student's appreciation for the multidisciplinary nature of hospital care.

PT 5461, 5464, and 5467: Clinical Education I, II, and III\*

Time offered: July, October, or January (10, 11 and 12 weeks respectively), Third Year

Course Description:

Under close supervision by a licensed Physical Therapist, students will participate as a member of the health care team to provide patient care in an inpatient or outpatient setting for 10, 11, or 12 weeks. Patient care settings may include but are not limited to: Acute Care, Orthopedics, Neuro-Rehabilitation or specialties including but not limited to pediatrics, oncology, or women's health. The course is held off campus at individually assigned clinical facilities throughout the country. Each student is assigned one or two clinical instructors who are physically present and immediately available for direction and supervision.



## **Roles and Responsibilities**

### **Responsibilities of the Director of Clinical Education**

The Director of Clinical Education (DCE) is the course instructor of record for Full-Time Clinical Education courses I & II (PT 5461, 5464) and awards the course grade. The DCE is responsible for planning, coordinating, facilitating, administering, and evaluating the clinical education curriculum and for monitoring each student's performance during Full-time Clinical Education courses. The DCE serves as a liaison between the physical therapy program and clinical education sites. In cooperation with other academic faculty, the DCE establishes clinical education standards, selects and evaluates clinical education sites, and maintains communication among all parties.

The DCE counsels students regarding full-time Clinical Education site choices given student desires/needs and program requirements. This is done via group meetings (with the entire cohort of students) and with individual student meetings where students can communicate their preferences for clinical experiences, including types and willingness to travel. In cooperation with other core faculty, the DCE also determines each student's readiness to engage in clinical education, including review of performance deficits and/or unsafe practices by the student. This is determined via Evaluations and feedback given during the part-time clinical experiences, communication with faculty regarding student performance in the didactic curriculum, and by student performance on the Cumulative Exam held at the end of Year 2. As part of the Academic Advisory Committee, the DCE has an active role in developing remediation measures for students who perform poorly or receive a Failure for a Part-Time or Full-Time Clinical Experience course. The DCE also provides feedback to other faculty members regarding student clinical performance as a means of feedback for the didactic curriculum, ensures that academic policies and procedures related to clinical education are upheld, and determines if clinical education faculty are meeting the needs of the program. Assessment of clinical faculty is completed via site visits, virtual meetings, or phone calls during every Full-Time Clinical Experience. These serve also to monitor continued appropriateness of the experience as well as student progress and assessment using the APTA Clinical Performance Instrument (CPI)<sup>5</sup>. The DCE also establishes new clinical education sites based on need, student interest, and recent trends in Physical Therapy education and clinical care.

### **Responsibilities of the Associate Director of Clinical Education (ADCE)**

The Associate Director of Clinical Education (ADCE) is the course instructor of record for the 3<sup>rd</sup> Full-Time Clinical Education course (PT 5467) and awards the course grade. The Associate DCE also participates in the aforementioned DCE responsibilities. Major responsibilities regarding clinical education for the Associate DCE include but are not limited to the following:

- Developing, conducting, coordinating, and evaluating the clinical education program.
- Counseling students regarding full-time Clinical Education site choices given student desires/needs and program requirements.
- Using information provided by the clinical education faculty and other information as needed to assess student learning in full-time Clinical Education courses and assign a course grade.
- Conducting site visits or phone calls during every Full-Time Clinical Experience to monitor continued appropriateness of the experience as well as student progress and assessment using the APTA CPI.
- Establishing new clinical education sites
- Coordinating Service Learning opportunities with community partners.

### **Responsibilities of Clinical Instructors (CI)**

The Clinical Instructor (CI) is the student's immediate supervisor and mentor during all Integrated and full-time clinical experiences. The CI is employed by the clinical facility and is responsible for formal and informal evaluations of students during the experience.

Responsibilities include:

- Holding a valid PT license and having at least 1 year of clinical experience with the patient population to be seen by the student.
- Valuing the use of evidence in practice and encouraging the student to use critical inquiry effectively.
- Demonstrating clinical competence as well as legal and ethical behavior consistent with the DPT program and APTA standards<sup>1,2,3</sup>.
- Communicating with the student and DCE/Associate DCE in an effective manner.
- Collaborating with students to plan learning experiences that fall within the student's scope of knowledge and skill.
- Reading all materials provided by the DPT Program and seeking clarification where necessary.
- Providing effective direct supervision for assigned students.
- Providing effective and timely feedback regarding student performance.
- Correctly completing the CPI at midterm and the end of each full-time Clinical Education course.
- Submitting all forms/evaluations requested by the program.
- Encouraging the student to self-assess.
- Making time available to discuss patient/client management with student.

### **Responsibilities of the Site Coordinator of Clinical Education (SCCE)**

The Site Coordinator of Clinical Education (SCCE) is employed by the clinical site and manages the site's clinical education program.

Responsibilities include:

- Coordinating the assignments and activities of students in a way that is consistent with the UConn DPT Program curriculum.
- Demonstrating legal and ethical behavior consistent with the DPT program and APTA standards<sup>1,2,3</sup>.
- Communicating with the CI, student, and DCE/Associate DCE in an effective manner.
- Reading all materials relating to the PT program and seeking clarification where necessary.
- Monitoring the performance of the CI and student.
- Distributing all forms and information sent by the DCE to the student and CI.

### **Rights and Privileges of Clinical Faculty**

- All SCCEs and CIs who provide a full time learning experience may request electronic access to the University Libraries. Access is granted pending approval of the CI or SCCE as a "Special Payroll" employee of the University.
- The SCCE and CI has the right to schedule student Clinical Experiences so that patient care is not adversely affected.
- The SCCE and CI have the right to value the quality of patient care over student learning.
- SCCEs and CIs should expect prompt and effective communication with the DCE/Associate DCE when requested.
- SCCEs and CIs may refuse to allow students who are unsafe or incompetent to participate in clinical education at their site.
- SCCEs and CIs have the right to expect that assigned students have been adequately academically prepared to meet expectations of the site and its patients .
- SCCEs and CIs have the right to expect that students will demonstrate the qualities of adult learners and abide by APTA standards of professionalism, ethics, and conduct<sup>1,2,3</sup>.
- SCCEs and CIs have the right to expect that private business information regarding the site will be held confidential by the student.

### **Academic Requirements for Enrollment In Full-time Clinical Education Courses**

Prior to the start of full-time clinical experiences, each student must pass a Cumulative Examination. The examination is intended to ensure that all students have mastered the curricular content required for the three full-time Clinical Education courses (PT 5461, 5464, 5467). The exam consists of three content areas: Acute Care, Musculoskeletal/Orthopedic, and Neuro-

Rehabilitation. The Cumulative Examination will consist of a written examination and three practical examinations (one mock patient encounter for each of the three patient discipline areas). The practical examination will also require documentation of the mock patient encounters. Students must successfully complete testing in all three content areas in order to continue to the full-time Clinical Education courses. If a student fails to demonstrate competency on the written examination or one or more practical examinations, the individual will be permitted to retake that portion of the examination up to 2 times at the discretion of the Academic Advisory Committee.

Each student is periodically reviewed by the core faculty to determine readiness for clinical practice. Determination of readiness includes a discussion of whether the student demonstrates appropriate professional and ethical behavior consistent with program expectations and the APTA<sup>1,2,3</sup> as well as safe and competent practice in all three behavioral domains<sup>4</sup>: psychomotor, behavioral, and affective). The DCE and Associate DCE often consults with individual faculty for specific information regarding potential performance problems that may hinder performance on integrated or full-time clinical experiences.

Students noted to have non-critical problems that do not warrant discontinuation into full-time Clinical Education courses are noted by the DCE and Associate DCE. These students may meet with the DCE and/or Associate DCE prior to the full-time Clinical Education courses to discuss strategies to increase the likelihood for success. The DCE/Associate DCE may develop measures such as additional assignments, mock cases, or other tasks that might promote student success prior to beginning the clinical experience. The DCE or Associate DCE may also visit the clinical site early in the Clinical Experience and monitor student performance closely. Identified problems will be discussed with clinical faculty as determined by the DCE and Associate DCE.

If a student's academic performance or professional behavior is judged by faculty to be unsatisfactory, or his/her GPA falls below a 3.0, the student will be referred to the Program's Academic Advisory Committee. The committee then makes a recommendation to the Dean of the Graduate School as to whether the student may progress to participation in full-time Clinical Education courses. A student on academic probation because his/her overall GPA is less than 3.0 may register for full-time Clinical Education courses only upon the recommendation of the Academic Advisory Committee and approval of the Dean of the Graduate School. The Academic Advisory Committee will consult with the DCE and Associate DCE prior to recommending progression into any full time Clinical Education course.

### **Clinical Education Placement Policies**

- Full-Time Clinical Experiences generally occur in inpatient, outpatient, and specialized settings. Required affiliation types are the following:
  1. One Rotation in an Inpatient setting: Acute Care, Sub-Acute (SNF or similar), Inpatient Team-based Rehab, or Home Care
  2. One Rotation in an Outpatient setting: Outpatient Orthopedic or Outpatient Neuro-Rehab

3. One “Individualized” setting as agreed upon by student and DCE/Associate DCE: One of the settings above or a specialty setting such as Pediatrics, Women’s Health, or Oncology
- The following additional guidelines apply to the three affiliation types:
    1. The three affiliation types can be done in any order but order is sometimes dictated by:
      - a. Facility difficulty and individualized facility guidelines: Facility difficulty will be assessed by the DCE and/or Associate DCE using prior experience with the site as well as with general clinical expertise of PT settings. Additional input may be solicited from the SCCE and/or CI regarding difficulty. Most often, this guideline applies to neuro-rehab settings and specialty settings. These types of settings sometimes require that students have completed 1 or 2 rotations before they can be accepted. It could also apply other types of settings that tend to be more challenging due to patient complexity, diagnosis variety, or high patient volume.
      - b. Facility Availability: Although students may prefer a particular type of setting for a given affiliation, availability of that type of site may dictate a different choice of setting. The DCE and Associate DCE will attempt to fulfill the wishes of students for the Individualized affiliation but may advise the student to choose a new setting after 3 attempts to affiliate with the desired type of setting.
      - c. DCE/Associate DCE judgement secondary to the particular student’s performance in didactic courses, overall knowledge, and experience. The DCE or Associate DCE may determine that a particular type of setting is not appropriate for a given student based on the student’s grades and performance in related courses (i.e. A poor grade in an acute care course may prohibit an affiliation with some acute care settings).
    2. Students are not generally permitted to perform more than one rotation in a Skilled Nursing Facility or Home Care setting. Outpatient Neuro-Rehab sites are extremely limited so most students will need to fulfill the Outpatient requirement with orthopedics.
  - Rarely, there may be an alteration in the three affiliation types for a particular student. Appropriateness of an alteration in the three setting types will be determined by the DCE and Associate DCE. The reasons for such an alteration include lack of availability of a specific type of site or late cancellation of a clinical site.
  - Students are not allowed to contact clinical sites unless they have been assigned there by the DCE. Students may ask general questions regarding the existence of a student program when they are researching a NEW site (one the program has no previous relationship with) but only with prior permission from the DCE.
  - A student may not complete a full-time clinical experience in a facility in which he/she was previously, or is presently, employed. In addition, students may not complete a clinical full-time clinical experience at a facility in which they have, or have had, a significant relationship

with the facility's staff, such as a relative working at the same facility. When the appropriateness of a student relationship with a site or clinician is in question, the DCE and Associate DCE have the final say regarding whether this disqualifies the student from affiliating with that site or clinician. Such measures are taken in order to prevent biases or favoritism that may occur in student evaluation stemming from a previous favorable or unfavorable relationship with the facility.

- Endorsements that may aid a student in acquiring a full-time clinical experience by a third-party, especially from friends, family, or clinical personnel at a clinical site in a position of power or influence (e.g. physician who oversees or refers to a physical therapy facility that is requested) are not permitted. Students may not seek out or pursue such endorsements, even if originally proposed by the third-party. This is of particular importance for UConn DPT clinical partners who already consistently provide clinical placements. Such an endorsement, especially if from a person of considerable influence, may result in the clinical partner providing a clinical placement they were not prepared to provide, which may negatively affect the Program's relationship with the site and/or result in less than ideal site conditions for the student awarded the placement.
- Students should expect that travel will be necessary for ICE and full-time clinical experiences. Students are responsible for their own travel arrangements and living expenses that may be required for Integrated and Full-time clinical experiences.
- Students should expect to complete a minimum of one clinical education experience outside the State of Connecticut and/or away from home. However, it is possible that more than one or even all clinical experiences will require significant travel.
- When students express a desire for placement at a particular clinical site, they are responsible for having reviewed all information available for that site. Written information can be found in each site's file in the file cabinets in BIO4, Room 002 and on the commitment sheets found in notebooks in the same area.
- Once placed, students will not be allowed to change their placement site except under extremely unusual circumstances. A change must be approved and implemented by the DCE and/or Associate DCE.
- Although student input is requested for preferred clinical sites, the DCE reserves the right to assign students to a specific clinical experience if one or more student-preferred sites are not available.
- Students who wish to be assigned to a site that is not already a contracted facility with the University, may ask the DCE to pursue a contract. Such a request must be given to the DCE as early as possible. The DCE will determine if a contract should be pursued.
- While the Autoplacement system described below is generally used as the means for student placement choice, the DCE may choose to change individual student assignments if:
  1. The DCE and/or other appropriate DPT faculty do not feel that the student has demonstrated a skill level high enough for a demanding experience



2. The DCE determines that a student has demonstrated a significant interest in an exceptional clinical site because of future career plans.
3. A student with a disability requires placement in a specific site because of that disability.

### **Clinical Education Placement Procedures**

Student counseling regarding full-time Clinical Experience site choices begins in February of each Calendar year. This includes providing first-year students information regarding placement procedures for their first two affiliation in July and September of Year 3 as well as a review of this information given to second-year student with regard to their last (January) rotation in Year 3. Both of these meetings are done with the entire cohort of students. Later in the Spring, when it is felt nearly all of the placement offers from the Clinical Education Placement Request (March 1 mailing) have been attained, individual meetings with each student occurs so they may express their preferences and expectation for the full-time clinical experiences.

The Clinical Education Placement Request form for each calendar year are sent to all previous clinical partners electronically via Exxat Clinical Education software on March 1. The letter sent by the Exxat system provides a web link for sites to add available placements directly to the Exxat system as well as a Microsoft Word attachment that provides a printable paper form for slot commitment. That paper form can be returned by email attachment, fax, or mail.

Also on or about March 1, students will be given the opportunity to request a new clinical site (not partnered with previously) if they so wish (“New Clinical Affiliation Site Request”). These requests are made by clicking a link in the Exxat Database system that redirects the student to a Qualtrics (the university’s online survey management system) form. The form asks for information pertaining to the site (Name, address, phone, etc.) so it can be contacted by the DCE. Requests can only be made by students who wish to complete an experience with a facility that doesn’t generally offer clinical placements to the Program. New Clinical Affiliation Site Requests do not guarantee placement but must be fulfilled by the student if granted by the site. After a New Clinical Site Request is formally requested by the student, the DCE and Assoc. DCE have the final say regarding whether it is appropriate to pursue it process given the Program’s history with the site and potential success of attaining a placement with the site. New Clinical Affiliation Site Requests deemed not appropriate will not be pursued.

Clinical Education Placement Request form Forms are due back from clinical sites by April 15<sup>th</sup>, but many sites return them much later or not at all. In some cases, a second correspondence will be sent to sites who do not initially respond. Electronic and paper form responses are then available to students in the Exxat System. An online spreadsheet will also show available sites. This spreadsheet will also be used to track when affiliation choices are due, when placements have been confirmed, and sites’ contract status with the University.

Selection and confirmation of full-time Clinical Experiences are then performed via a three-step process: student “Wishlist” completion, Exxat “Autoplacement” and Faculty Clinical Readiness discussion.

After all student counseling is completed (via group and individual meetings described previously), students complete a “Wishlist” in the Exxat system that is comprised of 3-8 rank-ordered clinical affiliation sites they wish to attend. After all students have completed the Wishlist, they are sent to Exxat for “Autoplacement”. Autoplacement uses an algorithm to provide initial placement of students based on sites ranking, the required rotation types the student is yet to fulfill, and their travel preferences. After the Autoplacement results are returned to the DCE, they are reviewed and checked against available placements by the DCE. Finally, via Clinical Readiness discussion lead by the DCE, faculty make final placement decisions based on:

- Student academic performance,
- Participation (classroom, lab, clinical experiences),
- Professionalism in relationships with faculty (general courtesy, responsiveness to requests for information, willingness to accept feedback)
- Professionalism in relationships with patients (general courtesy, universal respect with regard to diversity, and thoughtful communication).

Student academic performance measures will be in the form of grades awarded for classroom and clinical work. Students with higher academic performance will not necessarily be awarded affiliations over lower performing students, rather, factoring academic performance may serve to ensure difficult or rigorous placements are matched with students who have demonstrated abilities and behaviors that support success in such an environment.

The process of Wishlist, Autoplacement, and Faculty Review is completed separately for each full-time clinical experience.

At the discretion of the DCE, an optional Lottery (random ranking each student from first to last) may also be drawn. A Lottery will be used only if conflicts in placement cannot be resolved. If a Lottery is needed, lottery numbers will be determined by the Random Sequence Generator at [Random.org](http://Random.org). The Lottery order for the first affiliation will be reversed for the second affiliation. For the third affiliation, a new unique lottery will be drawn. With either Autoplacement or Lottery, the DCE and Assoc. DCE reserves the right to make final decisions on student placements.

Initial communication with students regarding placements is done by the Director of Clinical Education (DCE) in November/December of the first year as part of PT 5460- Introduction to Clinical Education.



Following this general information meeting, the following timeframe for giving more specific information will be followed.

- January/February: Group Meeting with 1<sup>st</sup> year students to discuss specifics regarding clinical placement process
- April/May: Individual meetings with 2<sup>nd</sup> year students for placement for Clinical Education III
- April/May: Individual Meetings with 1<sup>st</sup> year students for placement for Clinical Education I and II

Individual meetings will be with the DCE and/or Associate DCE and will be used to discuss each student's clinical education needs and interests. The DCE and/or Associate DCE will discuss with the student their academic history, professional interests, barriers to participation in clinical education, ability to travel, and learning needs. In addition, The DCE and/or Associate DCE will provide information about sites the student should consider and will answer any questions.

During the time that placements are made, students are strongly encouraged to inform the DCE or Associate DCE as soon as possible when one of their choices has been given the "first come, first served" designation. This means that the site has offered the same slot to other schools and will give it to the school who contacts them first. Students who request a first come, first served site are obligated to attend that affiliation if the placement is confirmed.

Every student is required to submit his/her Autoplacement Choices on a specified date. Following this, the Autoplacement process will be run in Exxat and each student will be notified regarding their placement.

After all placements have been completed, the DCE will send a placement letter to the SCCE at each site assigned a student. The letter will include the type of rotation (e.g. Inpatient), the dates of the experience, and the student's name, address, phone number(s) and email address.

### **Student Contact with Their Assigned Site**

Students are not permitted to contact any clinical site regarding a full-time Clinical Education course until they have been assigned there by the DCE or Associate DCE.

Under no circumstances is it appropriate for students to contact their assigned clinical sites to alter their clinical experience in any way. Any alterations (such as changes in dates) made directly with the clinical site by students, without prior approval from the DCE, may result in cancellation of that clinical experience. Reassignment will be made following department policies and as clinic availability allows. If an alteration is sought by the student, the DCE makes the final decision whether such an alteration is appropriate and will be communicated to the site. All communication to the site regarding a potential alteration will occur only by the DCE.

Four to six weeks prior to the start of the Full-Time Clinical Experience, students are responsible for calling or emailing the SCCE or CI at the facility to which they have been assigned. Names, phone numbers and email addresses are available in the clinical education office in a filing cabinet. This is an opportunity for the student to introduce him/herself and to ask

questions. Questions to the site may include, for example, the dress code, working hours, parking, directions, and the name of the CI. Students must carefully read the clinic file prior to calling so that they do not ask questions that the site has answered in writing.

### **Full-Time Clinical Experience Cancellations**

Occasionally there are sudden, unforeseen changes at a clinical site, such as staff resignations, which require the site to cancel a scheduled placement. The DPT Program is not always given adequate notice of such events. Students should, therefore, be prepared for a change in a clinical experience assignment and understand that:

- The DCE and/or Associate DCE will attempt to find a comparable new site that meets student needs as closely as possible.
- Compromises in discipline type, location, and/or working hours may be necessary due to limited availability of sites and short notice.
- Graduation could be delayed if there is not a suitable replacement clinical site available in a timeframe that supports satisfying all requirement prior to graduation date.

Students should not make unalterable vacation or employment plans near clinical full-time Clinical Education course dates/times because the dates of the clinical may unexpectedly change due to changes in personnel, schedule, and/or policies at the site. Students will be expected to honor any changes made by the site regardless of the student's personal or work schedule.

### **Student Responsibilities Related to Clinical Education**

The student is a representative of the University of Connecticut and the DPT Program in the clinical environment. The University and Program have established contractual agreements with all the clinical sites that provide opportunities for clinical practice. The contracts require that students comply with all the agency's policies, procedures, rules, and regulations. Clinical sites have the authority to terminate a student's experience if the student is not following procedures or is not learning at an acceptable rate. It is anticipated that student behaviors will reflect the standards of the profession<sup>1,2,3</sup>, the University of Connecticut, and the DPT Program.

Physical Therapist Students in Integrated or Full-time clinical experiences are responsible for:

- Adhering to the policies in the University Graduate Catalog, the Program's Academic Policies and the Clinical Education Policies and Procedures

- Complying with clinical site policies, rules and regulations.
- Reading all material placed in their personal mailboxes, sent via e-mail, and posted to HuskyCT.
- Travel and housing arrangements and cost necessary for Clinical Experiences.
- Appropriate and professional behavior at all times as defined by the UConn DPT Program and APTA<sup>1,2,3</sup>. When going to a physical therapy clinic or other health facility, students are expected to wear professional clothing or clothing as specified by the site. Hair must be well groomed, of a normal color and must not interfere with patient care. Piercings must be confined to the ears. No artificial fingernails or open-toed shoes are allowed in clinical practice. Tattoos may need to be covered if this is the policy of the facility.
- Maintaining current certification in American Heart Association Basic Life Support CPR with AED as long as they are in the DPT Program.
- Completing all the required health tests and forms required by the Office of Clinical Placement Coordination (OCPC) and by their assigned clinical site, in a timely manner.
- Maintaining internet communication with the DCE and/or Associate DCE throughout all Full-Time Clinical Experiences.
- Recording their CI's name, email, and CPI login email as well as the site's address and phone number on a spreadsheet distributed online. This information will be used to aid the DCE and Associate DCE in confirming the CI's access to "CPI Web" (website where CPI is completed) as well as to arrange a call or visit to the site.
- During all Full-Time Clinical Experiences, students must provide a one-hour in-service on an evidence-based topic of value to the audience. Alternations in the format are allowed if requested by the clinical site.
- During all Full-Time Clinical Experiences, students must participate in a weekly HuskyCT Discussion Board.

Any and all of the above responsibilities not met by students could result in failure of a Clinical Course (Integrated or Full-Time) and/or dismissal from the UConn DPT Program.

### **Travel**

Students are generally expected to complete at least one full-time clinical experience outside of the state of Connecticut, but additional out-of-state travel may be necessary.

It is the responsibility of the student to arrange and pay for housing and transportation to his/her assigned site. Some sites provide a list of housing that might be available in the area, but very few provide student housing. Students should be prepared for potential daily commutes of up to 1 hour to their clinical site. Students are expected to have a car, valid driver's license and auto insurance coverage.

### **OSHA Training**

The Physical Therapy Program, in cooperation with the Office of Clinical Placement Coordination (OCPC), will provide mandatory annual online OSHA Bloodborne Pathogen

Standards educational sessions for all students. All students must provide proof of completion of the course every year or they will not be allowed in any clinical environment. This policy must be adhered to for both Integrated and full-time clinical experiences.

### **Cardiopulmonary Resuscitation Certification**

Current American Heart Association Basic Life Support CPR with AED training certifications are required throughout the time the student is in the DPT program. New students must submit a copy of their CPR cards during the first summer semester to their Complio accounts, as part of their compliance requirements outlined by the Office of Clinical Placement Coordination (OCPC). Continuing students must submit a copy of re-certifications in advance of their expiration dates. On-line courses will be accepted, but the final certification testing must be in-person. Any student whose CPR expires before the end of a full-time Clinical Education course will not be allowed to start that course. Missed days for this reason will not be waived; the student will be required to make that time up. Schedule for make-up time will be dictated by the clinical site depending on site hours and CI availability. The Office of Clinical Placement Coordination (OCPC) will assist with notifying students of their recertification responsibilities, and provide guidance on where to get this training.

### **Criminal Background Checks and Drug Testing (CBC & DS)**

Many clinical sites require a CBC and/or DS before a student is allowed to work with patients. The Office of Clinical Placement Coordination will assist students in getting these done through the online records portal, Complio. The reports or letters of attestation may be sent to a student's clinical site upon request.

The Office of Clinical Placement Coordination (OCPC) oversees all CBCs and informs the Program Director and the DCE that they have been processed and if any checks return a positive result. If the report is positive (indicating a history of criminal infraction for which the student was found guilty), the OCPC Case Manager will inform the Program Manager and the DCE and then will meet directly with the student to discuss the effect this will have on clinical education courses and site selection. While many clinical sites have not provided specific information about the timing and results of the investigation, students should assume that a positive result of any kind will mean that he/she will not be allowed to practice in any environment that requires a background check, preventing ability to graduate and find both licensure and employment after graduation.

Students who have a criminal record prior to admission to the DPT Program (or are convicted of a crime while enrolled) must inform the OCPC Case Manager and the DPT Program as soon as possible after admission, and preferably before the start of the program. The presence of a criminal record may allow a site to reject the affiliation offer to the student for Integrated and/or full-time clinical experiences and thereby halt the student's progression in the program, preventing ability to graduate and find both licensure and employment after graduation. The UConn DPT program is not responsible for students who are not fully cleared to perform Integrated and/or full-

time clinical experiences (thereby preventing fulfillment of requirements for graduation) because of a disclosed or undisclosed criminal offense.

### **Health and Immunization Requirements and Policies**

Physical Therapy students must be free of communicable disease and in good health in order to be admitted to any clinical experience. Practice in clinical settings where actual patients will be seen requires that those patients be protected from communicable disease. Students will not be allowed to participate in any clinical education opportunity unless they can demonstrate that they are immune to Measles, Mumps, Rubella Varicella and Hep B, and have received an up to date inoculation for TDAP (tetanus, diphtheria and pertussis), and are current with all COVID vaccines and boosters, as well as annual Influenza vaccines.

Every student's health record is maintained by both UConn Student Health & Wellness Services and the online medical records portal, Complio (as outlined in the OCPC Training Guides). Relevant student health information (or attestation thereof) will be provided to clinical sites where the student will provide patient management. The student is required to sign UConn's Student Consent & Attestation for Clinical & Field Placements Form so that this information can be shared to the clinical site.

Prior to any clinical involvement (including Integrated and full-time Clinical Education courses), students must have on record with Student Health & Wellness, as well as Complio a physical examination which is done during the summer of the first year in the program. The health record must include up to date lab results for 5 titers: Measles, Mumps, Rubella, Varicella and Hepatitis B, as well as a current Adult TDAP booster.

A 2-step PPD test or Quantiferon Blood test (preferred) for tuberculosis must be completed during the first-year physical examination and again annually. If the Quantiferon/PPD is read as positive, the record must include documentation of a chest x-ray and/or INH treatment. It is preferred that students use a Quantiferon blood test instead of a PPD test. Some clinical sites require additional TB testing to be done at specified times before the start of an affiliation. Students are responsible for reviewing the clinic information in Exxat, working with the OCPC and complying with the clinic's timetable.

If not completed during childhood, the Hepatitis B series (usually either Engerix or Hepislay-B) must be completed by the end of the spring semester of the first year of the DPT program. If immunizations have been completed within the previous two years, documentation of a positive HBsAB titer (Qualitative) must be submitted. Students who are exempted for medical or religious reasons must complete and sign a *Declination of Hepatitis B Vaccination form*. Students are instructed to read the clinic information carefully to ensure that they meet all health requirements mandated by the clinical site.

The OCPC will remind students of required health policies prior to clinical experiences. Students must complete all the necessary health data forms in a timely fashion. Failure to do so will result in delay of the experience. The DPT DCE may request additional documentation at any time

from the student's personal physician if a health problem might be aggravated by clinical experiences or if a health problem might endanger a patient in a clinical setting.

Students are responsible for all the financial costs related to the maintenance of these Health Policies, including medical tests not covered by a student's health insurance, CBC's, DS's, CPR certification and required health insurance.

Students should review the Program's Student Manual of Policies and Procedures for further information regarding health policies, as well as the OCPC website:

<https://ocpc.office.uconn.edu/information-for-students/>

### **Students with a Disability**

Students with a known or suspected disability should refer to the Technical Standards and Assistance section of the Program's *Student Manual of Policies and Procedures*.

If the need for accommodations is deemed appropriate, the **Center for Students with Disabilities (CSD)** will generate an academic accommodation request letter, which the student will present to the DCE prior to clinical placement. The DCE will work with the student during placements to find a site that offers the greatest potential for the student's success.

It is the responsibility of the student with a disability to inform the DCE and the clinical site regarding a disability if a reasonable accommodation is needed. The clinical site must provide reasonable accommodations unless it constitutes an undue hardship. Accommodations will be determined individually in consultation with the student, the DCE, the SCCE and the clinical instructor. If the student chooses not to identify him/herself to the DCE or clinical site as having a disability requiring accommodation, no accommodation will be made. The student may not request accommodation after the course has begun.

### **Students with a Prescription for Medical Marijuana**

Although medical marijuana is now legal in several states, a positive drug screen resulting from marijuana prescription may lead to significant difficulties in clinical education placement. Hospitals are not required to accept students following a positive drug screen even if the medication has been prescribed by an appropriate, licensed medical provider. Although students have a right not to disclose such a medication to DPT faculty, it must be understood that clinical placement may be difficult or impossible at many sites if a drug screen tests positive for cannabinoids.

Students who have been prescribed marijuana are encouraged to discuss with their physician whether alternatives might achieve the same therapeutic result. Students should never discontinue any medication that has been prescribed without approval of such a change by their medical provider. Students should also not employ any illicit methods to provide a negative drug test sample in an attempt to hide use of a medication that could result in a positive drug screen.



Since some clinical sites may allow medical marijuana prescription during employment (and/or internship), it is in the best interest of the student to disclose such a prescription to the OCPC Case Manager, as well as to the DPT Program Manager. The DCE or Associate DCE can then target clinical sites who may have such a policy, but it is at the discretion of the clinical site if they will accept a student in this situation.

### **Health Insurance**

All students are required to carry at least the minimum coverage of health insurance as stated in the University's student health policy. It is the student's responsibility to present a copy (front and back) of their insurance card to their Complio account in the first summer of classes, and to update the information each year. Students will not be allowed to attend any clinical experience without this documentation in their Complio account. If the student falls under their parent's health insurance coverage, then the form must be signed by that parent. Information on the UConn insurance plan can be found here: <https://studenthealth.uconn.edu/fees-insurance/#insurance>

The student will assume responsibility for any medical expenses incurred while participating in the clinical portion of their program.

### **Professional Liability Coverage**

All students are required to carry professional liability coverage under the blanket University policy. Fortunately, the University provides this coverage to all clinical student programs free of charge. This coverage is a requirement of the contractual agreements with all agencies participating in the clinical education of DPT students.

### **Procedures for Monitoring Student Compliance with Clinical Education Policies**

Student compliance related to the following are monitored by the Office of Clinical Placement Coordination (OCPC) through their individual Complio accounts:

- OSHA training
- HIPPA training
- Annual health insurance
- CPR certification
- Current health history and immunizations
- Any and all site-specific paperwork

The OCPC Representative will describe requirements and compliance procedures to students during their initial orientation upon entry into the program. Students are asked to sign and submit UConn's Student Consent & Attestation for Clinical & Field Placements Form at the beginning of the orientation process. It is made clear to students that they are responsible for maintaining compliance and providing all information into the Complio medical records system at the proper times.

The OCPC Representative, along with the Complio medical records system will notify students regarding annual OSHA training, TB tests, Influenza Shots, as well as periodic CPR training classes. After every health compliance requirement is met, each student must upload their updated records to their Complio accounts. The OCPC Representative will review compliance of all students throughout the academic year and will notify all non-compliant students regarding the need to update their records.

***Students who do not follow compliance procedures risk their ability to participate in integrated and full-time clinical experiences.***

All faculty teaching academic courses that include clinical practice or observation in affiliating sites are responsible for ensuring that all students demonstrate compliance with program policies and procedures. Faculty will work with the OCPC Representative prior to the time the student goes to any clinical site. If a student is found to be out of compliance, they should not be allowed to participate in the clinical experience.

**Student Forms and Information required prior to each full time full-time Clinical Education course**

Approximately 4 to 6 weeks prior to the start of each full-time clinical education experience, students are responsible for completing all of the facility-mandated onboarding paperwork and submitting them to the clinical facility liason. Students must ensure that they are compliant with all department requirements that relate to full-time Clinical Education courses and that they have done everything necessary to make information available to the clinical site.

Such information to be provided to the site may include:

- CPR certificate
- All relevant health information and immunization records
- Criminal Background Investigation results
- Drug Testing results

**Release of Student Information to Clinical Sites**

All students are required to complete UConn's Student Consent & Attestation for Clinical & Field Placements Form (see appendix) which indicates that the student is authorizing the Clinical Compliance Coordinator to disclose their private health, immunological, criminal background, drug screen and any other information to any and all necessary clinical facilities that the student will be involved with, including Student Health Services. The Form is submitted once during the first summer of classes in the first semester of the PT program.

The following personally identifiable information may be disclosed to clinical sites after the student has been placed there for a full-time clinical experience:



- Health and immunization records
- Criminal Background Report (when requested by the site)
- Results of drug testing (when requested by the site)
- Student directory information including name, permanent and local address, telephone number, email address and level in the program

The following information may be discussed with the SCCE and/or CI at a student's clinical placement site at the discretion of the DCE:

- Any information related to the student's performance during the full-time clinical experience.
- Information regarding a student's academic and clinical education history when the site staff has a legitimate educational interest. This information will be limited to that needed for the purpose of planning and improving the student's learning experience.

Clinical sites are not allowed to re-disclose any student's personal information, as per the Family Educational Rights and Privacy Act (FERPA).

### **Professional Behavior**

The Physical Therapy Program faculty has made a commitment to providing opportunities for its students to develop the entry-level skills, knowledge and attitudes needed for exemplary physical therapy practice. An important part of developing into a respected professional is developing a set of behaviors and values (Affective Domain) that, together with good content knowledge (Cognitive Domain) and hands-on skills (Psychomotor Domain), position students for success as a physical therapist. It is essential that students demonstrate appropriate professional behaviors consistent with the Program and APTA<sup>1, 2, 3</sup> throughout their time in the program, both in academic courses and during all clinical experiences.

Assessment of professional behavior is used by clinical instructors when describing a student's abilities during clinical education experiences and will be used by the DCE in determining grades for all full-time Clinical Education courses.

### **Patient Rights and Confidentiality of Information:**

During all practicum, students must identify themselves as a "student physical therapist" to patients and other health care professionals. A name tag must be worn at all times and must include: the student's first and last name, the words "Physical Therapy Intern" and "University of Connecticut". All documentation performed by the student must be authenticated by a licensed physical therapist and the student's signature must be followed by the title: SPT.

Students participating in Integrated and full-time clinical experiences will be exposed to/work with confidential patient information. They have a moral, ethical and legal responsibility to maintain the confidential nature of this information as defined by the Health Insurance Portability and Accountability Act (HIPAA) of 1996<sup>7</sup>. Under HIPAA, Patient information can be shared with only those persons who have legal access to the patient's medical record.

Therefore, students are NOT allowed to:

- discuss patient information in public places (e.g., the cafeteria, elevators, lobby, etc.)
- make photocopies of any patient records
- use patient information for any purpose other than patient management
- take pictures of patients without written permission from the patient and from the clinical site.
- review records of patients they are not treating

***Any patient has the right to refuse treatment by a student for any reason.***

***Any unauthorized review or release of confidential information by any student to unauthorized persons will be grounds for immediate course failure and potential dismissal from the program.***

All clinical site regulations governing this must be followed. Federal regulations, issued pursuant of HIPAA, require that all PT students receive educational sessions on the importance of complying with all relevant federal confidentiality laws. The PT Program will provide the necessary seminars to its students at the beginning of each academic year. This training is to be attended by the student once during their time in the program and the student must sign a form indicating their attendance, their understanding of the information, and their agreement to comply. The signed form is kept on file in the program's main office. Students will not be allowed to register for Integrated and full-time clinical experiences until they have taken the educational session and signed the form indicating attendance.

### **Protection of Private Clinical Site Information:**

Students must understand that they are not allowed to remove or disclose any business-related information related to a clinical site without permission from that site. This information may relate, for example, to any financial aspect of the business, intervention protocols, or staff information.

### **Schedule and Workload**

The student must participate in the clinical practicum to which he/she has been assigned on the dates and during the times for which he/she has been assigned. Generally, students are to be present at the clinical setting approximately 40 hours/week and to work the hours and days that the

CI is present. It is not uncommon for students to work more than 40 hours/week. A student may be required to be in the clinic on weekends.

The student is expected to follow their CI's patient schedule, even when this requires time beyond the regularly scheduled hours or when the CI's schedule changes from what was proposed originally when the clinical began. Students are not allowed to ask their CI for a change in schedule to accommodate the student's work schedule or other non-clinical activities.

### **Absences**

Absences from Integrated and full-time clinical experiences should be extremely rare. Students are expected to request absences in a manner that is consistent with the demands of the profession and of the clinical site. The student is responsible for requesting any required schedule change through contact with their CI and the DCE. Vacations during full-time clinical experience courses are not allowed for any reason.

If a student must be absent from a full-time clinical experience due to unexpected events such as an illness, the CI at the site as well as the DCE or Associate DCE must be notified as soon as possible, but no less than 60 minutes prior to the start of the workday. If more than 2 days are missed because of illness, the student may be required to make up the missed days. The need to make up any missed time will be decided by the DCE after consultation with the CI. Days and times of make-up time will be coordinated by the CI and will depend on site hours and availability of CI.

For acceptable reasons, students may be allowed up to two days of planned absence with permission from the site and the DCE without having to make up the lost time. Acceptable planned absences would include a family wedding or professional conference, for example, attendance at a national or state APTA meeting. However, both of these events are typically planned months to years before they take place. Therefore, students will be allowed to have days off for a family wedding or professional conference only if notice has been given to the DCE prior to the start of the clinical experience. This will allow the DCE to inform the clinical site and gain permission (if given) as soon as possible. In general, if more than two days of a full-time clinical experience are missed, students need to arrange to make up the days. One additional acceptable planned absence would be for the Thanksgiving Holiday during PT 5464- Clinical Education II. A student may have time off for Thanksgiving only if their CI also is not working. This planned time off can be for a maximum of 2 days. If the student's CI is off for more than two days, the student will need to work with an alternate CI or make the days up before the end of the rotation.

In the case of inclement weather, the facility's policy will determine whether the student reports to the site. This should be discussed with the CI during the student orientation early in the experience. If more than 2 days of inclement weather forces an absence, the student will have to make up the additional missed days.

Closure of the University or University holidays **does not** excuse students from attending full-time clinical experiences.

### **Student injuries/incidents during Clinical Experiences**

All students are required to provide the University with documentation of well-being and good health prior to any course work that may include direct, or indirect, patient contact.

Injuries to students which occur at Clinical Education sites are extremely rare. If any injury (such as direct contamination by infectious substances) occurs, the student must contact the DCE as soon as it is practical. The DCE will forward the program's Incident Report which must be completed by both the student and the CI and returned to the DCE. The DCE maintains the form in their office.

Clinical sites all offer either first aide or complete medical care. The costs of these services are the responsibility of the student.

Decisions regarding any necessary time off after an injury are made by the DCE, CI, SCCE, student, and the student's health care provider. If a serious injury prevents the student from completing the experience, the course will be re-scheduled when it is possible to do so.

### **Adverse events involving patients during Clinical Experiences**

If an adverse event involving a patient occurs while a student is treating a patient, the student must notify his/her CI immediately. The facility's incident reporting form and/or the CPI "Critical Incident Report" form (on the website used for completing the CPI, "CPI Web") (see appendix for CPI Web information) must be completed according to procedures at the site and CPI Web instructions respectively. Both reports should be sent to the DCE as soon as possible. Facilities should redact the patient's name and other identifiers from any documentation. The student is required to contact the DCE to describe the incident at the first opportunity.

The DCE will thoroughly discuss the student's role in the incident with all parties involved and make a decision as to whether any further action is required. A student who is found to be uncaring or unsafe may be involuntarily withdrawn from the clinical experience by either the clinical site or the DCE.

### **Drug and alcohol abuse and criminal offenses by students**

If a student is found to have used alcohol or illegal drugs while participating in any Integrated or full-time clinical experience (with or without arrest), he/she will be immediately removed from the facility. For both types of clinical experiences, the DCE, Associate DCE, and Academic Advisory Committee will decide appropriate action to be taken which may include involuntary withdraw from the associated clinical course, a failing grade, suspension from all further clinical experiences, and/or dismissal from the DPT program.

In some cases where the outcome of a drug or alcohol-related arrest is dependent upon legal proceedings, a grade of "Incomplete" (grade of "I") may be assigned. Any student that might be eligible for return to a clinical experience following a drug or alcohol event will not be allowed to return unless there is mutual agreement between the DPT Program and the clinical site.

### **Student employment**

It is recommended that students avoid any employment commitments while participating in full-time clinical experiences. This is due to the significant time and energy commitment required during full-time experiences. Time away from normal full-time clinical experience work hours for any type of employment is never allowed.

Students are not allowed to be employed by a site (e.g. front office staff, PT aide, etc.) while participating in their Integrated or fill-time clinical experience at that site. Students may not be assigned for full-time clinical experiences at sites where they have been employed.

Students who are employed by or volunteer in any physical therapy clinical environment while enrolled in the UConn DPT program may not represent themselves to others as a student participating in a University of Connecticut clinical experience course and may not wear their UConn DPT name tag. Students who work or volunteer in these environments are not covered by the Student Liability Insurance policy.

### **Student in-service presentations**

All students are required to present at least one in-service/lecture during every full-time clinical experience. Facilities may suggest an alternative assignment type if they choose. However, students must let the DCE or Associate DCE know of a change to confirm whether acceptable to satisfy requirements. Completion of an in-service (or alternative suggested by site) is the minimal expectation of the program; the clinic may ask a student to complete additional scholarly work such as an additional in-service, peer review, journal article, etc. The student must complete any additional scholarly work requested by the clinical site.

Students are responsible for having the in-service audience complete evaluation forms (see appendix) and uploading their presentation and the evaluation forms into the Exxat database system by end of the clinical experience. Specific requirements and expectations for the in-service will be given to the student prior to the first full-time clinical experience and a description of the assignment and the evaluation form will be mailed to full-time clinical sites before the student's arrival.

### **Documents Required at Clinical Affiliation End**

Along with the in-service presentation and in-service evaluation forms, students must submit an evaluation of the clinical site, their CI, and the DCE prior to affiliation end. These will be submitted electronically in the Exxat system. In addition, weekly goal sheets, submitted directly into the Exxat system, or completed first on paper than scanned and uploaded into Exxat, must be submitted by clinical end.

### **Supervision by the clinical instructor**

Students may manage patients **only** under the direct supervision\* of a licensed physical therapist with at least one year of clinical experience and demonstrated clinical expertise. Full-

Time clinical experience courses are not observation experiences. The student is expected to provide all elements of patient/client management and to follow his / her clinical instructor's direction at all times.

During all Integrated and full-time clinical experiences, students are expected to meet all ethical and legal requirements of the profession<sup>1,2,3</sup>. A student who is found to have worked with a patient without authorization and/or on-site supervision\* by his/her clinical instructor risks failure for the course. Any such events will be reviewed by the DCE, Associate DCE, and possibly the Academic Advisory Committee who will decide appropriate action to be taken. Actions may include involuntary withdraw from the associated clinical course, a failing grade, suspension from all further clinical experiences, and/or dismissal from the DPT program.

*\*Direct supervision definition (APTA, 2009)<sup>8</sup>: "The physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period. Telecommunications does not meet the requirement of direct supervision."*

### **Interpersonal problem resolution**

If interpersonal conflict between the student and the CI occurs, it is the student's responsibility to make the first attempts at resolution. This usually involves a private conversation between the parties involved. If the problem is not resolved through this conversation or the student or CI feels they require assistance to initiate such a conversation, the student and/or the CI should contact the DCE and/or Associate DCE as soon as possible. The DCE and Associate DCE are responsible for clearly defining the problem and developing a plan for resolution. This may include counseling the student regarding appropriate interpersonal behaviors in the clinic and working with the CI to improve the educational process. The DCE will keep notes of every conversation dealing with problems. Where interpersonal conflict at the clinical site cannot be resolved, the DCE and SCCE may choose to request change of the CI or withdraw the student. The University's statement on protection of students and staff from discrimination and harassment during off-campus experiences is featured in the appendix.



**Contact with the DCE**

The University is ultimately responsible for the education of DPT Students and the DCE is responsible for maintaining communication among the clinical facility, the student, and the program while a student is completing a clinical experience course. This communication typically takes the form of telephone calls, review of the Clinical Performance Instrument, email, on-line student assignments, and/or on-site visits.

Students are required to maintain contact with the DCE throughout all full-time Clinical Education courses through telephone, email, and HuskyCT weekly discussions.

Participation in HuskyCT discussions is required for all full-time Clinical Education courses and some ICE courses. Generally, the DCE will post questions for discussion on Monday or Tuesday and students will be expected to respond by Sunday. Students are encouraged to post their own questions or discussion points at any time. Failure to participate in weekly discussions may result in a grade of Unsatisfactory for full-time Clinical Education and ICE courses (when required by that ICE course). No confidential patient information (as defined by HIPAA) can be disclosed on weekly HuskyCT discussions. In addition, if a student has a grave concern regarding patient care at their site or the practices of their CI (related to patient care or mentoring of the student), this should be communicated to the DCE or Associate DCE via a private email or phone call. HIPAA regulations still must be followed at all times.

**Site visits**

Nearly all students are visited during each clinical rotation. In some cases, a conference call with the student and CI/SCCE may be done in lieu of a visit if deemed appropriate by the DCE and CI/SCCE. A site visit (or conference call if appropriate) by the DCE/Associate DCE will always be scheduled if the student is demonstrating performance problems or if immediate communication is requested by the student, the CI, or the SCCE.

The purpose of a site visit may be:

- assessment of clinical instruction
- observation of practices within the clinic
- ensuring that the CI has adequate knowledge of UConn's curriculum
- ensuring that the CI is aware of the program's expectations for student performance
- determining whether a clinical site is appropriate for future students
- assessment of student performance
- creating a plan to maximize the student's opportunities for success

**Monitoring performance during Clinical Experiences**

- Students, CI's, and SCCE's are encouraged to contact the DCE/Associate DCE for any reason by telephone (office and cell numbers are provided) or email. This is especially important if there are any problems identified by the student, CI, or SCCE.
- Clinical Instructors monitor student performance on an on-going basis during all clinical experiences and are expected to communicate their positive and negative impressions with the student on a daily basis.
- All students are required to participate in online HuskyCT discussions with their classmates and the DCE/Associate DCE.
- Weekly planning forms (see appendix) are provided to each CI prior to the student's arrival. Directions for the use of the form are provided on the form. If the student or CI note that the student is not meeting the planned objectives, both should notify the DCE/Associate DCE. The DCE/Associate DCE will follow up as indicated. If the student feels that the weekly plan does not provide for an acceptable learning experience, he/she should discuss this with the CI and should also call the DCE/Associate DCE for help.
- During site visits, the DCE/Associate DCE will meet with the student and CI at the same time to encourage appropriate communication and to ensure that both parties are aware of the other's opinions and plans. However, the DCE will meet with each party individually if requested by the CI or student. Both the student and the CI are strongly encouraged to share their thoughts on how things are going and how things may need to change in order to enhance the student's learning experience.

### **Unsatisfactory Performance During Clinical Experiences**

If a student demonstrates unsatisfactory performance during a full-time clinical experience, the CI, student, and SCCE where appropriate, must notify the DCE/Associate DCE as soon as the problem is identified. The DCE/Associate DCE will discuss the problem with the student in a timely manner and offer strategies for improving performance. The DCE/Associate DCE will assist the CI/SCCE in clarifying the problem behaviors and developing a plan intended to enhance the student's opportunity for success. This plan will be written by the DCE/Associate DCE and disseminated to the student and others as appropriate. Generally, the DCE/Associate DCE will contact the student and CI on a weekly basis to monitor compliance with the plan and to help resolve problems. This continues until the problem is resolved. Site visits during clinical full-time Clinical Education courses by the DCE or Associate DCE may occur more than once in situations where the student is having difficulty or is in danger of failing.

When unsatisfactory performance is repeated or includes critical errors (i.e. safety of patients is compromised), the CI will be encouraged to complete a "Critical Incident Report" on CPI Web. This report includes a description of the "Antecedent" details of the incident, the student "Behavior" that comprised or caused the incident, the "Consequences" of the behavior for patients



and clinical staff, and additional “CI Comments” that are pertinent to the incident. The CI and/or SCCE must review the report with the student and the student must sign it. The student’s signature denotes that he/she has read and understood the report. All Critical Incident Reports must be sent to the DCE as soon as possible (done automatically by the CPI Web system). The DCE/Associate DCE will respond to both the CI and student and attempt to remediate the problem by offering an immediate site visit as needed as well as teaching and learning strategies that could be corrective.

### **Assessment of student learning**

Mirroring CI assessment of the student, students are required to complete CPI self-assessment, at midterm and again at the end of every full-time clinical experience. It serves as a reflective process for the student and is expected to encourage self-directed learning and performance improvement. Students must complete a CPI training course and pass an associated written examination by the start of the Spring Semester, first year. The course and examination are located at LearningCenter.APTA.org. Students will receive information regarding the CPI as well as the associated training course and exam during PT 5460 during Fall Semester, First Year.

The Clinical Instructor (CI) will evaluate the student and provide frequent, informal feedback throughout the experience. The CI will also provide a formal evaluation using the CPI (via CPI Web) at midterm and at the completion of the full-time clinical experience. Like students, all CIs must take and pass the aforementioned CPI training course before using it. CIs are expected to allot time for review of midterm and final CPI evaluation outside of clinical/patient care times. This is to allow comparison of CPI ratings and comments between CI and student, and to ensure that significant discrepancies do not exist in perceived progress and expectations between the CI and student. Identified discrepancies that represent a concern for the CI or student should be communicated to the DCE/Associate DCE immediately.

The DCE will review all completed CPI evaluations at midterm and final. Students and CI’s are required to keep the DCE informed regarding progress toward the course objectives. Whenever necessary, the DCE will confer with students and CI’s regarding the need for change in their performance and will monitor performance on an ongoing basis.

The DCE/Associate DCE is responsible for determining whether the CPI was completed correctly by the CI and student. The CPI is completed through Visual Analogue Scale Ratings for each CPI Performance Dimension with the associated Comments, comparing the Ratings and Comments to information gathered through discussions with the CI and student, and comparing the noted student performance with the student’s academic and clinical history. The DCE may choose to observe the student working with patients if that seems necessary to ensure proper grading. Where the DCE/Associate DCE feels that the form may not have been completed correctly, they will contact the CI to discuss any discrepancy and will add comments to the form as needed based on this discussion.

### **Grading criteria**

Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) by the DCE and Associate DCE for all full-time Clinical Education courses. Scores on the CPI, along with all other relevant information will be used by the DCE and Associate DCE to provide a course grade. Other relevant information may include, but is not limited to: answers to questions posed by the DCE or Associate DCE regarding specific patient interactions involving the student, the DCE and Associate DCE's experience with the CI or site, the student's caseload (volume and patient complexity), the student's past academic and clinical performance, the learning emphasis areas for the course, any other information deemed academically relevant by the DCE or Associate DCE.

The student must receive a grade of "S" in order to successfully complete full-time Clinical Education courses. A grade of U signifies failure in the course and necessitates a recommendation by the Academic Advisory Committee to the Graduate School as to whether or not the student should be permitted to continue graduate study in the DPT Program. Generally, but not always, a student who receives a grade of Unsatisfactory in a full-time Clinical Education course will be allowed to repeat it one time. In this case, graduation will be deferred until the Clinical Experience is repeated and passed. In addition, remediation measures may be required before repeating the Clinical Experience as deemed necessary by the DCE/Associate DCE, Academic Advisory Committee, and other appropriate faculty (described in "Remediation" section below). The DCE/Associate DCE and Academic Advisory Committee will decide the timeframe in which Clinical Experiences will be repeated. Factors may include availability of clinical sites, time needed for remediation, and timing of other scheduled clinical experiences for the repeating student as well as other students. Generally, a repeat Clinical Experience will occur following the Spring Semester end, Third Year. If a grade of unsatisfactory is awarded for two full-time clinical experiences, the student will be dismissed from the DPT program.

### **Withdrawal from a Full-Time Clinical Experience**

**Voluntarily withdrawal** by the student from a clinical full-time Clinical Education course is allowed until the midterm CPI is completed. If there are extenuating circumstances such as an illness, withdrawal may occur at any time.

The student must notify the DCE/Associate DCE, SCCE, and CI at least 48 hours prior to voluntary withdrawal. If the withdrawal occurs prior to midterm, it will result in a grade of "W" (Withdraw) as the course grade. At the discretion of the DCE, some extenuating circumstances may result in a grade of "I" Incomplete. After a withdrawal, the student will be allowed to repeat the full-time clinical experience course. The DCE, in consultation with the student, Associate DCE, and the Academic Advisory Committee, will develop a plan so that the student can repeat the clinical experience course at a different site. Ideally, the new site will be in the same physical therapy discipline (Acute Care, Orthopedics, Neuro-Rehab, specialized, etc.) but the exact site confirmed will depend on timing of the new experience and availability of sites.

A student may be **involuntarily withdrawn** from a full-time Clinical Education course at any time at the discretion of the DCE and/or the request of the clinical site if he/she consistently demonstrates poor performance, unprofessional/unethical practice, or is determined to be unsafe

with patients. Such performance must be substantiated by documentation of specific incidences representative of the problem behaviors. This documentation must reflect that the student has not demonstrated improvement in attaining satisfactory psychomotor, cognitive, or affective competence (depending on the deficit area) within a mutually determined time by the CI, SCCE, student, and DCE/Associate DCE. In the case of involuntary withdrawal, a grade of “U” (Unsatisfactory) will be awarded for the course and it will have to be repeated. The program’s Academic Advisory Committee and the DCE/Associate DCE may recommend a plan for remediation (described in “Remediation” section below). or dismissal from the program. Repeat full-time clinical experiences will generally occur following Spring Semester end, Third Year.

### **Remediation**

Following voluntary or involuntary withdrawal or a grade of Unsatisfactory, a plan for remediation will be developed as stated above. Upon the recommendation of the Program’s Academic Advisory Committee, the plan will include specific activities and competencies which must be met before the student will be allowed to participate in another Full-Time Clinical Experience. Remediation may include (but is not limited to): completion of case studies/case review with appropriate faculty members, completing additional hours of observation/patient shadowing of pertinent patient populations, written assignments, and/or any other measures deemed appropriate by Program faculty. The student must agree to a remediation plan prior to being permitted to continue in the program. Failure to comply with a remediation plan will result in a recommendation for dismissal from the DPT Program.

### **Due process**

Students may appeal a grade of “U” in a full-time Clinical Education course using the same method used for academic courses.

The University of Connecticut's Graduate School policies regarding students who feel aggrieved or uncertain about whether or not they have been treated fairly by a faculty or staff member have several routes that can be taken to seek resolution or redress. Because many difficulties can result from misunderstandings, clear communication and informal mediation are believed to be the most effective and least anxiety-provoking mechanisms to resolve student grievances. Usually, the first approach is for the student to request a meeting with the PT Program Director in order to state the problem and to attempt a direct solution.

If that proves unsatisfactory or should such a meeting seem undesirable given the particular circumstance, there are several choices. Sometimes appropriate mediation can be provided by other faculty or staff in the program or school. Alternatively, the student may consult with the Director of the Graduate Program, the Department Head, or the Dean, usually in that order. It is the responsibility of the academic administrator, then, to gather the facts in the case and seek a mutually acceptable resolution. All faculty and staff in the School report ultimately to the Dean and formal action can be taken at that level, if appropriate. In the event that the initial collection of facts suggests a violation of law or of explicit University policy concerning prejudice or harassment, the

administrator will immediately consult with appropriate staff in Human Resources or the Chancellor's Office regarding appropriate action.

### **Student assessment of their clinical experience**

Students are required to complete the APTA "*Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction*" (PTSE 1- see appendix), for every Full-Time Clinical Experience. No grade will be awarded until the form has been returned to the DCE. The DCE reviews the form and follows up with any problems identified by the student. Completed forms are completed in in the Exxat database system and are available for review by future students. The DCE summarizes student assessment of their preparation and reports it to the faculty.

### **Evaluation of the clinical instructor**

The APTA "*Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction*" (PTSE 2- see appendix) includes an evaluation of the CI. This evaluation should be completed by the end of each full-time clinical experience. The student should not discuss the details of their assessment of the CI until after the CI and student have completed and reviewed the CPI. This sequence ensures that the CI's CPI scores have nothing to do with the student evaluation of the CI. If the student feels anxious about completing the CI assessment while still at their clinical site, they may complete the CI assessment following completion of the clinical (when no longer working with/reporting to the CI). The DCE reviews the final evaluation and determines whether any further action is needed with the CI or clinical site.

When the DCE notes significant problems with the performance of a CI, the problems must be remediated, or the CI will not be allowed to work with future DPT Program students. Potential problems with a CI are discussed with the SCCE and/or CI. After gathering information from the SCCE/CI, the DCE may make corrective recommendations for the SCCE/CI or choose not to participate with the site or CI again depending on the situation. Recommendations may include instruction by the DCE regarding proper clinical instruction and supervision, correct use of the CPI, or request that the CI attend a Clinical Instructor Training Course. Depending on the severity of problems with a CI, specific problems and recommended actions may be documented as a formal remediation plan.

### **Student evaluation of the DCE**

After completion of each full-time Clinical Education course, students are given the "Student Evaluation of the DCE/Associate DCE" form. This is completed in the Exxat database system. The DCE/Associate DCE do not see individual student responses. Summary information is given to the DCE/Associate DCE and included in his/her annual portfolio which is evaluated by the Program Director.

### **Student evaluation of their academic preparation**

The APTA "*Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction*" (see appendix) includes a brief section regarding academic preparation for clinical experiences.

From this form, the answers to the following questions are summarized in a report called “Student Evaluations” and presented to the faculty. Items include:

1. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?
2. 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.
3. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*?
4. What curricular suggestions do you have that would have prepared you better for *this clinical experience*?

Student Evaluation reports for every clinical course are prepared by the DCE and discussed at a subsequent faculty meeting. A report summarizing the results for each 3-year period is also prepared and discussed at the faculty meeting. Faculty members are encouraged to consider change in their courses if the report indicates this is necessary. Follow up forms are maintained by the chair of the Curriculum and Courses Committee to ensure that any necessary follow-up plan is implemented.

### References

1. [http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/Ethics/CodeofEthics.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf)
2. [https://www.apta.org/uploadedfiles/aptaorg/about\\_us/policies/bod/judicial/professionalisminpt.pdf](https://www.apta.org/uploadedfiles/aptaorg/about_us/policies/bod/judicial/professionalisminpt.pdf)
3. [http://www.apta.org/uploadedFiles/APTAorg/Practice\\_and\\_Patient\\_Care/Ethics/GuideforProfessionalConduct.pdf](http://www.apta.org/uploadedFiles/APTAorg/Practice_and_Patient_Care/Ethics/GuideforProfessionalConduct.pdf)
4. Bloom, B.S. (Ed.). Engelhart, M.D., Furst, E.J., Hill, W.H., Krathwohl, D.R. (1956). *Taxonomy of Educational Objectives, Handbook I: The Cognitive Domain*. New York: David McKay Co Inc.
5. <http://www.apta.org/ptcpi/>

## **APPENDICES**

Course Syllabi

Student Readiness for Clinical Education

New Clinical Site Request

Alternative Placement Form

Student Consent & Attestation for Clinical & Field Placements Form

In-service Assignment and Evaluation Form

University Policy on Harassment of Students

Weekly Planning Form

Student Evaluation of the DCE/Associate DCE

DCE Site Visit Form

Critical Incident Report

Instructions for On-line CPI

Physical Therapist Student Evaluation

**UNIVERSITY OF CONNECTICUT  
DEPARTMENT OF PHYSICAL THERAPY**

**COURSE SYLLABUS**

**Course Title and Number:** PT 5460: Introduction to Clinical Education

**Description:** This one credit course is intended to provide students with a foundation for clinical PT experiences and to enhance collaboration with other health care professionals. Concepts of critical thinking, expert practice, experiential learning, collaborative learning and inter-professional practice will be explored. Students will develop an understanding of the importance of inter-professional practice, professional behaviors, self-evaluation, and patient-centered care using a team-based approach.

**Department offering Course:** Physical Therapy

**Semester and Year:** Fall, 1st Year, 2019

**Credit Hours:** 1.0

**Instructor(s):** Jon Rizzo

**Clock Hours:** Monday, 11am-1pm

**Course Prerequisites:** Students must be in good academic standing and be granted consent of the Department to enroll.

**Course Objectives:**

1. Behave in a manner consistent with the professional behaviors described in the Doctor of Physical Therapy Program, Student Handbook, the Code of Ethics for the Physical Therapist and the Core Values for the Physical Therapist and Physical Therapist Assistant of the American Physical Therapy Association. (7B- Ethics, 7D1, 7D2, 7D3, 7D4, 7D5, 7D6, 7D8)
2. Develop theoretical knowledge of Bloom's Taxonomy, experiential learning, critical thinking, expert vs. novice PT practice, and apply knowledge to mock patient situations and cases (7B- Communication, Ethics and Values, Teaching and Learning, Clinical Reasoning; 7D10, 7D12).
3. Develop an understanding of interdisciplinary practice in PT settings (7D7, 7D28, 7D39).
4. Develop practical knowledge of the APTA Clinical Performance Instrument (CPI) and goal setting in clinical environments (7D12).

**Teaching Methods:** Instructional strategies such as Lecture, Discussion (Instructor and Student-led), In-Class Group Activities, HuskyCT Posts

**Learning Experiences:** Classroom, Dean's Afternoon



**Methods of**

**Evaluation/Grading:** Final Exam- 25%, Discussion Facilitation- 20%, Group Video Presentation Project- 35%.  
Quizzes\*\*- 10%, Kolb Discussion Post Assignment- 5%, Dean's Day Discussion Post  
Assignment- 5%

\*\*Up to 5 quizzes may be given without notice throughout the course. All students have a perfect quiz grade to begin the semester (50 points). Quizzes will only be given if participation is poor with Discussion Facilitation or other in-class Activities as well as when it is obvious weekly reading or other assignments are not being completed.

**Required Text:** None. Readings will be provided on HuskyCT

**Recommended Texts:** None.

**Academic Policies:** All students are expected to abide by the academic policies of the University, Graduate School and Physical Therapy Department as related to their conduct in this course (i.e. attendance, academic integrity, professional behavior, etc.).

To view all UConn Academic Policies, please visit:

<http://provost.uconn.edu/syllabi-references>



## **DOCTOR OF PHYSICAL THERAPY PROGRAM CLINICAL EDUCATION COURSE SYLLABUS**

**Course Title and Number:** PT 5461, Clinical Education I

Description:

Under close supervision by a licensed Physical Therapist, students will participate as a member of the health care team to provide patient care in an inpatient or outpatient setting for 10 weeks. Patient care settings may include but are not limited to: Acute Care, Orthopedics, Neuro-Rehabilitation or specialties including but not limited to pediatrics, oncology, or women's health. The course is held off campus at individually assigned clinical facilities throughout the country. Each student is assigned one or two clinical instructors who are physically present and immediately available for direction and supervision.

**Department Offering Course:** Kinesiology

**Semester and Year:** Summer/Fall (10 weeks beginning in July), Third Year

**Credit Hours:** 8

**Clock Hours:** Varies depending on facility and CI assigned; approximately 40 hours/week

**Grading Criteria:** Satisfactory/Unsatisfactory

**Course Prerequisites:** Students must be in good academic standing and be granted consent by the department to enroll.

**UConn Academic Policies**

To view all UConn Academic Policies, please visit: <http://provost.uconn.edu/syllabi-references>

Course Objectives:

Upon completion of the course, the student will:

- Present self to patients, caregivers, and facility staff in a professional manner that is consistent with the American Physical Therapy Association's (APTA) Code of Ethics, Core Values, and Guide for Professional Conduct (7B- Communication, Ethics and Values, Law; 7D2, 7D3, 7D4, 7D5, 7D6, 7D7, 7D8, 7D28).
- Practice in a safe manner that minimizes risk to patient, self, and others (7B- Ethics and Values, Law, Clinical Reasoning, Evidence Based Practice; 7C- All 7C Sub-Elements, 7D10, 7D11, 7D16, 7D17, 7D18, 7D19, 7D20, 7D22, 7D23, 7D24, 7D25, 7D26, 7D27, 7D29, 7D30, 7D33, 7D37, 7D39, 7D43).
- Demonstrate professional behavior in all situations (7B- Ethics and Values, Law Teaching and Learning, 7D6, 7D7, 7D8).
- Practice in a manner consistent with established legal and professional standards and ethical guidelines (7B- Ethics and Values, Law, Clinical Reasoning, Evidence-Based Practice; 7D2, 7D3, 7D6, 7D7, 7D8, 7D28, 7D32, 7D41, 7D42, 7D43).
- Communicate in ways that are congruent with situational needs (7B- Communication, Ethics and Values; 7D7, 7D12, 7D29).
- Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs (7B- Ethics and Values, Finance, Clinical Reasoning; 7D8, 7D24, 7D25, 7D26, 7D28, 7D29, 7D30, 7D36).
- Participate in self-assessment to improve clinical and professional performance (7B- Teaching and Learning, 7D37, 7D15, 7D38, 7D43).

September 15, 2023

- Determine with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional (7B- Communication, Ethics and Values, Clinical Reasoning; All 7C Sub-Elements, 7D7, 7D16, 7D17, 7D18, 7D19, 7D20, 7D22, 7D23).
- Perform a physical therapy patient examination (7B- Communication, Clinical Reasoning, Evidence-Based Practice; All 7C Sub-Elements, 7D17, 7D18, 7D19, 7D21, 7D30)
- Evaluate data from the patient examination to make clinical judgments (7B- Clinical Reasoning, Evidence-Based Practice, Applied Statistics; 7D20, 7D21, 7D22, 7D23).
- Establish a plan of care that is safe, effective, and patient-centered (7B- Ethics and Values, Clinical Reasoning, Evidence Based Practice; 7D8, 7D24, 7D25, 7D26, 7D28, 7D29, 7D30).
- Perform physical therapy interventions in a competent manner (7B- Communication, Ethics and Values, Clinical Reasoning, Evidence-Based Practice; All 7C Sub-Elements, 7D27, 7D28, 7D34).
- Educate others (patients, family, caregivers, staff, students, other health care providers) using relevant and effective teaching methods (7B- Communication, Teaching and Learning, Evidence-Based Practice; 7D12, 7D27, 7D29).
- Produce quality documentation in a timely manner (7B- Ethics and Values, Law, Finance; 7D32).
- Manage resources (e.g., time, space, and equipment) to achieve goals of the practice setting (7B- Management, Finance, Ethics and Values, Law; 7D25, 7D29, 7D42, 7D43).

#### Evaluation of Student Performance

**CPI:** The Clinical Instructor (CI) will evaluate the student and provide feedback throughout the experience. The CI will provide formal written feedback using the American Physical Therapy Association's on-line Clinical Performance Instrument (CPI) at midterm and at the completion of the practicum. Students, CI's, and the Center Coordinator for Clinical Education (CCCE) are required to keep the DPT Program's Director of Clinical Education (DCE) and Academic Coordinator of Clinical Education (ACCE) informed regarding progress toward the course objectives. The DCE and ACCE will confer with the student, CI, and CCCE regarding the need for any changes in the delivery and execution of the experience (as deemed feasible considering priorities for patient care and the facility's own policies and procedures). In addition to CI assessment of the CPI, Students are required to complete a self assessment using the CPI at both midterm and at the end of the experience.

**HuskyCT Discussion:** Students are required to participate in weekly internet discussions with the course instructor and their classmates.

**Student Presentation/Inservice:** Students will present a lecture/in-service on an evidence-based topic agreed upon by the student and site staff.

Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) for the course. Scores on the above evaluative criteria, along with all other relevant information will be used by the DCE to provide a course grade. Other relevant information may include, but is not limited to: answers to questions posed by the DCE or ACCE regarding specific patient interactions involving the student, the DCE's experience with the CI or site, the student's caseload (volume and disease complexity), the student's past academic and clinical performance, the learning emphasis areas for the course, any other information deemed academically relevant by the DCE or ACCE. The DCE and ACCE make the final determination of whether the course grade results in a grade of Satisfactory or Unsatisfactory.

The following CPI scores will be used to describe passing performance for Full-time Clinical Experience I (continued next page):

<b>CPI PERFORMANCE CRITERION</b>	<b>PASSING SCORE</b>
1. Safety	Advanced Intermediate
2. Professional behavior	Advanced Intermediate
3. Accountability	<b>Advanced Intermediate</b>
4. Communication	Intermediate
5. Cultural Competence	Advanced Intermediate
6. Professional Development	Intermediate
7. Clinical Reasoning	Intermediate
8. Screening	Intermediate
9. Examination	Intermediate
10. Evaluation	Intermediate
11. Diagnosis and Prognosis	Intermediate
12. Plan of Care	Advanced Intermediate
13. Procedural Interventions	Advanced Intermediate
14. Educational Interventions	Advanced Intermediate
15. Documentation	Intermediate
16. Outcomes Assessment	Intermediate
17. Financial Resources	Advanced Intermediate
18. Direction	Intermediate

**University of Connecticut**  
**Doctor of Physical Therapy Program**

Course # and Title: PT 5462: Integrated Clinical Experience, Musculoskeletal I – (1 Credit)

Course Description: This course is an internal integrated musculoskeletal clinical practicum. Clinical locations can be found in the section entitled: *Clinical Site Directory*. Students will participate in and observe treatment sessions within the clinics and apply examination and interventions under the supervision and direction of a licensed physical therapist. This internal practicum course will expose students to orthopedic patient care and foster components of experiential learning including, but not limited to *PT 5452: Therapeutic Exercise and Physical Agents* and *PT 5424 MS Pathology*. Although emphasis may be placed upon knowledge and application of concurrent coursework, students are responsible for all prior curricular didactic and clinical coursework.

Department Offering Course: Department of Kinesiology

Semester and Year: 2<sup>nd</sup> Year, Summer 2019

Credit Hours: 1.0

Course Director and Instructor(s): Director: *Jeremy Vigneault*  
Clinical Instructors: *See Clinical Site Directory*

Course Hours: Monday/Wednesday/Friday, 8a-5p\* Clock Hours: Practicum by assignment. \*Please refer to Student Schedule for individual times as scheduled times may differ.

Course Prerequisites: Students must be in good academic standing and be granted consent of the program to enroll.

Course Objectives: Following participation in this course the student should be able to:

1. Display professional behaviors consistent with those identified by the Physical Therapy Program, the University of Connecticut, and the American Physical Therapy Association. [7B- Communication, Values and Ethics, Law; 7D1, 7D4, 7D5, 7D8]
2. Provide rationale for the selection of therapeutic exercise in clinical practice. [7A- Anatomy, Physiology, Kinesiology, Pathology, Histology; 7B- Evidence-based Practice, Clinical Reasoning; 7C- Musculoskeletal, Systems Interactions, Medical and Surgical Conditions Across the Lifespan Commonly Seen in Practice; 7D10, 7D27i]
3. Instruct patients with musculoskeletal/neurological dysfunction in the use of therapeutic exercise in a manner which meets professional standards. [7A- Anatomy, Physiology, Kinesiology Biomechanics, Pathology, Exercise Science; 7B- Evidence-based Practice, Clinical Reasoning; 7C- Musculoskeletal, Systems Interactions, Medical and Surgical Conditions Across the Lifespan Commonly Seen in Practice; 7D27h, 7D27i]
4. Document legibly and accurately the administration of therapeutic exercise and physical agents, including all parameters and any pertinent reimbursement metrics. [7B- Communication, Values and Ethics, Law, Management; 7D32]

5. Assess patient tolerance to exercise and interventions. [7A- Anatomy, Physiology, Kinesiology, Pathology, Biomechanics, Exercise Science; 7C- Musculoskeletal, Systems Interactions; 7D27i, 7D30]
6. Identify patient compensations to therapeutic exercise. [7A- Anatomy, Biomechanics, Physiology, Kinesiology, Pathology, Exercise Science, Neuroscience; 7C- Musculoskeletal, 7D27i, 7D30]
7. Incorporate the concept of self-efficacy, wellness and health promotion in the management of patients with musculoskeletal and neurological dysfunction [7A- Psychosocial Aspects of Health and Disability, 7B- Communication, 7C- Musculoskeletal, Nervous].

Teaching Methods: Direct patient care participation and observation where applicable; HuskyCT assignments.

Learning Experiences: Students will participate and observe in the treatment of patients with a variety of musculoskeletal and neurological disorders in an outpatient physical therapy setting. Students will be encouraged to participate and observe in various aspects of treatment. Students will also complete SOAP note documentation and discussion forums within HuskyCT.

Professional Behaviors: Professional attire is mandatory when attending clinic.

Method of Content Evaluation and Grading:

- |  |                |
|--|----------------|
| 1. Completion of hours: <i>Professional Behavior Feedback Form</i> |                |
| a. <i>Meets Standards--Required for Passing Course</i>             | [50% of Grade] |
| 2. Video Vignettes discussion forum Q/A                            | [35% of Grade] |
| 3. SOAP documentation  | [15% of Grade] |

Completion of assigned observation hours and demonstration of professional behaviors are required to pass this course. In addition, two (2) SOAP notes will be utilized to assess participation and active learning. The note will be submitted in HuskyCT in a “SOAP” note format documenting a patient’s treatment with *absolute and total HIPAA compliance*. Finally, submission of discussion questions related to the video vignette case series are required.

Grading criteria to be used in the course:

A=93-100.0	A-=90-92.9	B+=87-89.9	B=83-86.9	B-=80-82.9	C+=77-79.9
C=73-76.9	C-=70-72.9	D+=67-69.9	D=63-66.9	D-=60-62.9	F=<60

Professional behavior is expected and if not demonstrated will affect your grade. This includes but is not limited to professional communication, dress code, timeliness, and acting as a positive representative of University of Connecticut’s Program in Physical Therapy. The instructor should be notified of impending absence. Extended absences must be approved by the Department Head. The University’s policies as outlined in the *Policy on Scholarly Integrity in Graduate and Post-Doctoral Education and Research* will be enforced. (<http://policy.uconn.edu/2014/04/11/policy-on-scholarly-integrity-in-graduate-education-and-research/>)

Instructional References Recommended:

Kisner L, and Colby, C. Foundations of Therapeutic Exercise. 5<sup>th</sup> edition.

Academic Policies: All students are expected to abide by the academic policies of the University, Graduate School and Physical Therapy Program as related to their conduct in this course (i.e. attendance, academic integrity, professional behavior, etc.)

Summary and Instructor Contact Information:

<u>Instructor</u>	<u>Content</u>
Clinical Instructors	Participation/Observation

Email: [jeremy.vigneault@uconn.edu](mailto:jeremy.vigneault@uconn.edu)

Office Hours are by appointment.

Nayden Clinic Phone: 860-486-8080

Nayden Clinic Fax: 860-486-8081

University Policy and Procedures:

*Policy Against Discrimination, Harassment and Inappropriate Romantic Relationships:*

The University is committed to maintaining an environment free of discrimination or discriminatory harassment directed toward any person or group within its community – students, employees, or visitors. Academic and professional excellence can flourish only when each member of our community is assured an atmosphere of mutual respect. All members of the University community are responsible for the maintenance of an academic and work environment in which people are free to learn and work without fear of discrimination or discriminatory harassment. In addition, inappropriate Romantic relationships can undermine the University’s mission when those in positions of authority abuse or appear to abuse their authority. To that end, and in accordance with federal and state law, the University prohibits discrimination and discriminatory harassment, as well as inappropriate Romantic relationships, and such behavior will be met with appropriate disciplinary action, up to and including dismissal from the University.

More information is available at: <http://policy.uconn.edu/?p=2884>

*Sexual Assault Reporting Policy:*

To protect the campus community, all non-confidential University employees (including faculty) are required to report assaults they witness or are told about to the [Office of Diversity & Equity](#) under the [Sexual Assault Response Policy](#). The University takes all reports with the utmost seriousness. Please be aware that while the information you provide will remain private, it will not be confidential and will be shared with University officials who can help.

More information is available at <http://sexualviolence.uconn.edu/>

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September 15, 2023

## Clinical Site Directory

<u>Clinical Site</u>	<u>Town</u>	<u>Day</u>	<u>Hours</u>	<u>Site Information</u>
Nayden	Storrs	Monday	Assigned	843 Bolton Road
		Wednesday	Assigned	Storrs, CT 06269
		Friday	Assigned	860-486-8080

### Clinical Instructors:

- Kendal Mainville, PT, MSPT, OCS
- Colleen Bonadies, PT, DPT
- Katherine Van Deveire, PT, DPT, OCS
- Jeremy Vigneault, PT, DPT, OCS, Cert. MDT

<u>Clinical Site</u>	<u>Town</u>	<u>Day</u>	<u>Hours</u>	<u>Site Information</u>
UCHC (MSI & OPPV)	Farmington	Monday	Assigned	UConn Health Center
		Wednesday	Assigned	263 Farmington Avenue
		Friday	Assigned	Farmington, CT 06030 860-679-6111

### Clinical Instructors:

- Michelle Bruneau, PT, DPT, OCS
- Nancy Craven, PT, DPT, OCS
- Alexander Fallon, PT, DPT, CWcHP
- Gregg Gomlinski, PT, DPT, OCS, CSCS
- Seth Hagymasi, PT, DPT, OCS
- Karen Wojcik, PT, DPT, OCS, ATC

You are encouraged to contact Kimberly Gileau with any questions related to your UCHC experience:

Kimberly Gileau, PT, MSAH  
Coordinator, Staff Development & Clinical Education  
Department of Rehabilitation Services  
Phone: (860) 679-3234  
Fax: (860) 679-0135  
[gileau@uchc.edu](mailto:gileau@uchc.edu)



**UNIVERSITY OF CONNECTICUT  
DEPARTMENT OF PHYSICAL THERAPY**

**COURSE SYLLABUS**

**Course Title and Number: PT 5463- Integrated Clinical Experience, Musculoskeletal II**

**Description: A clinical experience that provides students the opportunity to integrate interventions learned in PT 5453 and PT 5454 in an outpatient setting. Students will utilize examination and manual therapy skills in the development and implementation of plans of care for outpatients with various musculoskeletal conditions.**

**Department Offering Course: Physical Therapy**

**Semester and Year: Fall; 2<sup>nd</sup> Year, 2019**

**Credit Hours: 2.0**

**Instructor(s): Rizzo, Physical Therapists/Clinical Instructors from UConn Health in Farmington and Storrs, CT**

**Clock Hours: Tuesday: 8:30 AM-5:50 PM; Thursday/Friday: 11:30 AM-5:30 PM**

**Course Prerequisites: Students must be in good academic standing and be granted consent of the Department to enroll.**

**Course Objectives:**

- **Communicate effectively with patients to obtain data relative to impairments in body structure and function, ability to perform necessary functional activities, and participate in normal home, work, and recreational roles. (7B- Communication, 7C- Musculoskeletal, 7D7, 7D8, 7D10, 7D16, 7D17)**
- **Communicate with CIs and clinic staff in a manner that promotes professional curiosity as well as a desire to aide in patient care (7B- Communication, Values and Ethics; 7C- Musculoskeletal, 7D7, 7D39)**
- **Demonstrate professional behaviors in all situations by displaying initiative, being punctual, wearing appropriate attire, seeking and accepting feedback, and delivering care to patients that demonstrates compassion as well as maintenance of privacy and dignity (7A- Psychosocial Aspects of Health and Disability, 7B- Communication, Ethics and Values; 7D28).**
- **Demonstrate evaluation skills for patients with musculoskeletal dysfunction that allow for involvement in patient Initial Examinations, re-examinations, and routine tests and measures (7A- Anatomy, Physiology, Kinesiology, Pathology, Diagnostic Imaging, Psychosocial Aspects of Health and Disability; 7C- Musculoskeletal, Systems Interactions, Medical and Surgical Conditions Across the Lifespan Commonly Seen in Practice; 7D7, 7D8, 7D10, 7D16, 7D17, 7D18, 7D19, 7D22, 7D23, 7D24, 7D31, 7D42)**
- **Devise and instruct in interventions for selected patients based on impairments in body structure and function, limitations in functional activities, and inability to participate in normal home, work, school and play roles (7A- Anatomy, Physiology, Kinesiology, Pathology, Pharmacology, Exercise Science, Psychosocial Aspects of Health and Disability; 7C- Musculoskeletal, Systems**

September 15, 2023

**Interactions, Medical and Surgical Conditions Across the Lifespan Commonly Seen in Practice; 7D20, 7D23, 7D27, 7D28, 7D30, 7D38)**

- **Apply best available evidence in all aspects of patient care (7B- Evidence-based Practice, 7C- Musculoskeletal, 7D9, 7D11)**

#### **Teaching Methods:**

- **Participation in orthopedic/musculoskeletal patient care at UConn Health sites or in the UConn DPT Pro Bono Clinic (as available).**
- **Completion of assignments based on orthopedic/musculoskeletal patient care.**
- **Participation in practical exams that assess history-taking ability as well as ability to prescribe and administer PT interventions.**

#### **Learning Experiences:**

- **Shadowing and engaging in orthopedic/musculoskeletal patient care**
- **Application of knowledge from clinical experiences into assignments and practical exams**

#### **Methods of**

**Evaluation/Grading: Assignments (Subjective Exam Reflection & Concept Map): 15% each, Practical Exams (Interview and Treatment): 15% each, Clinical Professionalism/Performance via Student Assessment Form Score: 40%**

**Grading Scale: A+ = >97; A= 93-97.9; A- 90-92.9; B+ = 87-89.9; B= 83-86.9; B- = 80-82.9; C+ = 77-79.9; C = 73-76.9; C- = 70-72.9; D+ = 67-69.9; D = 63-66.9; D- = 60-62.9; F < 60**

#### **Required Reference:**

**APTA Guide to the Physical Therapist Practice 3.0. Available online at: <http://guidetoptpractice.apta.org>**

#### **Additional Optional Reading:**

1. **Orgnero, Vallieres, Bell. (2006). Concept Mapping: A Knowledge Development Strategy Utilizing Principles of Adult Learning. University of Connecticut.**
2. **Zigmont, J. (2007). Concept Mapping: Competency Tools for Effectively Treating Patients. *JEMS*, 32 (11), 28-32.**
3. **KCL.ac.uk: Using Gibbs Reflective Cycle in Coursework**

**Recommended Texts: Please utilize the internet and other resources as necessary.**

**Academic Policies: All students are expected to abide by the academic policies of the University, Graduate School and Physical Therapy Department as related to their conduct in this course (i.e. attendance, academic integrity, professional behavior, etc.).**

**To view all UConn Academic Policies, please visit: <http://provost.uconn.edu/syllabi-references>**

**Note: All pertinent materials related to following elements of the class can be found on HuskyCT.**

#### **Components:**

**September 15, 2023**

## 1. Clinical Experiences

- a. **UConn Health Physical Therapy patient care: Assisting UConn Health or UConn DPT Pro Bono Clinic physical therapists with caseload of musculoskeletal patients. Expectations for progression of clinical skills are as follows:**
  - i. **Students will be expected to progress to independent performance of Subjective portion of Initial Evaluations (corresponding to skills needed for Practical 1). UConn Health staff will provide guidance as needed for the Objective portion.**
  - ii. **Students will also be expected to progress in engagement in treatment sessions including prescription of exercise and performance of objective measures (corresponding to skills needed for Practical 2).**

**Required:** A small notebook brought to all clinical days for taking notes, recording observations, formulating questions, recording assignments given by CIs.

**Assessment of students' performance:** The Student Assessment Form will be used to rate student performance in the clinic.

**Missed sessions:** Only illness or other emergencies are acceptable. *Contact Jon (rather than your CI) if you anticipate missing your session.* Make-up sessions will occur at UCHC or the Nayden Clinic depending on availability/scheduling.

## 2. Assignments

*Please submit both assignments electronically by email. Please name the files with the assignment type and your name. (Example: Subjective Exam Reflection- John Doe.doc). Check schedule below for due dates.*

### a. **Subjective Exam Reflection:**

- i. **The Subjective Examination Reflection is intended to allow students to take critical look at their performance in doing the Subjective Portion of an Initial Evaluation in the clinic using the Gibbs' Cycle, improving efficiency and preparing for Practical Exam 1 (Subjective exam on mock patient)**
- ii. **The assignment is due around midterm (specific date is below in schedule) but the due date will be extended for selected students if they have not been afforded an opportunity to perform a subjective evaluation. Concerns about this should be made to the Dr. Rizzo by the student and/or CI before the due date.**
- i. **Subjective Exam Reflection Guidelines & Rubric are located in HuskyCT. Please refer to this for detailed guidelines and requirements.**

### a. **Concept Map:**

- i. **Concept mapping was originally developed to help researchers understand how children think while learning. They are to provide a graphical presentation of your thought process to identify the discrete concepts that make up our patient's conditions and the links between those concepts. From a practical perspective, concept maps can contribute to learning of virtually any topic. Instead of memorizing facts or elements discretely, your brain goes through a process of relating the elements for better understanding.**
- ii. **The concept map assignment will require a student to develop a map based on a patient you worked with at UCHC. Components of the map will include the mechanism of injury, pathology, impairments, functional limitations, disabilities, goals, and treatments, but there is NO specific format that students must adhere to. It allows you to be somewhat creative in linking your concepts while staying within the context of evidence-based relationships.**
- iii. **Concept maps can be done by hand, with Microsoft PowerPoint, or with a free application called CMap Tools. The link to download Cmaps is:**

<http://cmap.ihmc.us/conceptmap.html>

The CMaps website also has a lot of additional information regarding construction of concept maps, etc.

- ii. **Concept map Guidelines, Samples, and Rubric are located on HuskyCT. Please refer to this for detailed guidelines and requirements.**

### **3. Practical Exams:**

#### **a. Interview Practical**

**For this practical, the student will review a chart for a mock New Patient and conduct a subjective interview based on the information. The student will be expected to document the evaluation (and will have time to finish note following the encounter). The student will be asked questions and will be given feedback following the evaluation. Grading will be based on completeness of the evaluation, professional behaviors, time management, and responses to questions.**

- i. **Interview Practical Guidelines and Rubric are located on HuskyCT. Please refer to this for detailed guidelines and requirements.**

#### **a. Treatment Practical**

**For the second practical, the student will conduct a treatment session on a mock returning patient. The scenario assumes that the treating therapist is ill, allowing the student to be cast as the "substitute" PT. The student will review the patient's chart and previous treatment notes before taking the patient through the day's session. The student can continue or discontinue previous treatments, advance previous treatments, and/or add new interventions. Modification of the treatment depends on the student's judgment, the mock patient's answers to questions, and the patient's response to treatment during the session. The student will be asked questions and will be given feedback following the**

**treatment session. The student will document the session (and will be given time to finish documentation after the session). Grading will be based on the student's ability to perform interventions and/or instruct on interventions accurately, professional behaviors, time management, and responses to questions.**

- i. Treatment Practical Guidelines and Rubric are located on HuskyCT. Please refer to this for detailed guidelines and requirements.**

**DOCTOR OF PHYSICAL THERAPY PROGRAM  
CLINICAL EDUCATION COURSE SYLLABUS**

**Course Title and Number:** PT 5464, Clinical Education II

**Description:**

Under close supervision by a licensed Physical Therapist, students will participate as a member of the health care team to provide patient care in an inpatient or outpatient setting for 11 weeks. Patient care settings may include but are not limited to: Acute Care, Orthopedics, Neuro-Rehabilitation or specialties including but not limited to pediatrics, oncology, or women's health. The course is held off campus at individually assigned clinical facilities throughout the country. Each student is assigned one or two clinical instructors who are physically present and immediately available for direction and supervision.

**Department Offering Course:** Kinesiology

**Semester and Year:** Fall Semester (11 weeks beginning in October), Third Year

**Credit Hours:** 8

**Clock Hours:** Varies depending on facility and CI assigned; approximately 40 hours/week

**Grading Criteria:** Satisfactory/Unsatisfactory

**Course Prerequisites:** Students must be in good academic standing and be granted consent by the department to enroll.

**UConn Academic Policies**

To view all UConn Academic Policies, please visit: <http://provost.uconn.edu/syllabi-references>

**Course Objectives:**

Upon completion of the course, the student will:

- Present self to patients, caregivers, and facility staff in a professional manner that is consistent with the American Physical Therapy Association's (APTA) Code of Ethics, Core Values, and Guide for Professional Conduct (7B- Communication, Ethics and Values, Law; 7D2, 7D3, 7D4, 7D5, 7D6, 7D7, 7D8, 7D28).
- Practice in a safe manner that minimizes risk to patient, self, and others (7B- Ethics and Values, Law, Clinical Reasoning, Evidence Based Practice; 7C- All 7C Sub-Elements, 7D10, 7D11, 7D16, 7D17, 7D18, 7D19, 7D20, 7D22, 7D23, 7D24, 7D25, 7D26, 7D27, 7D29, 7D30, 7D33, 7D37, 7D39, 7D43).
- Demonstrate professional behavior in all situations (7B- Ethics and Values, Law Teaching and Learning, 7D6, 7D7, 7D8).
- Practice in a manner consistent with established legal and professional standards and ethical guidelines (7B- Ethics and Values, Law, Clinical Reasoning, Evidence-Based Practice; 7D2, 7D3, 7D6, 7D7, 7D8, 7D28, 7D32, 7D41, 7D42, 7D43).

- Communicate in ways that are congruent with situational needs (7B- Communication, Ethics and Values; 7D7, 7D12, 7D29).
- Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs (7B- Ethics and Values, Finance, Clinical Reasoning; 7D8, 7D24, 7D25, 7D26, 7D28, 7D29, 7D30, 7D36).
- Participate in self-assessment to improve clinical and professional performance (7B- Teaching and Learning, 7D37, 7D15, 7D38, 7D43).
- Determine with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional (7B- Communication, Ethics and Values, Clinical Reasoning; All 7C Sub-Elements, 7D7, 7D16, 7D17, 7D18, 7D19, 7D20, 7D22, 7D23).
- Perform a physical therapy patient examination (7B- Communication, Clinical Reasoning, Evidence-Based Practice; All 7C Sub-Elements, 7D17, 7D18, 7D19, 7D21, 7D30)
- Evaluate data from the patient examination to make clinical judgments (7B- Clinical Reasoning, Evidence-Based Practice, Applied Statistics; 7D20, 7D21, 7D22, 7D23).
- Establish a plan of care that is safe, effective, and patient-centered (7B- Ethics and Values, Clinical Reasoning, Evidence Based Practice; 7D8, 7D24, 7D25, 7D26, 7D28, 7D29, 7D30).
- Perform physical therapy interventions in a competent manner (7B- Communication, Ethics and Values, Clinical Reasoning, Evidence-Based Practice; All 7C Sub-Elements, 7D27, 7D28, 7D34).
- Educate others (patients, family, caregivers, staff, students, other health care providers) using relevant and effective teaching methods (7B- Communication, Teaching and Learning, Evidence-Based Practice; 7D12, 7D27, 7D29).
- Produce quality documentation in a timely manner (7B- Ethics and Values, Law, Finance; 7D32).
- Manage resources (e.g., time, space, and equipment) to achieve goals of the practice setting (7B- Management, Finance, Ethics and Values, Law; 7D25, 7D29, 7D42, 7D43).

### Evaluation of Student Performance

**CPI:** The Clinical Instructor (CI) will evaluate the student and provide feedback throughout the experience. The CI will provide formal written feedback using the American Physical Therapy Association's on-line Clinical Performance Instrument (CPI) at midterm and at the completion of the practicum. Students, CI's, and the Center Coordinator for Clinical Education (CCCE) are required to keep the DPT Program's Director of Clinical Education (DCE) and Academic Coordinator of Clinical Education (ACCE) informed regarding progress toward the course objectives. The DCE and ACCE will confer with the student, CI, and CCCE regarding the need for any changes in the delivery and execution of the experience (as deemed feasible considering priorities for patient care and the facility's own policies and procedures). In addition to CI assessment of the CPI, Students are required to complete a self assessment using the CPI at both midterm and at the end of the experience.

**HuskyCT Discussion:** Students are required to participate in weekly internet discussions with the course instructor and their classmates.



**Student Presentation/Inservice:** Students will present a lecture/in-service on an evidence-based topic agreed upon by the student and site staff.

Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) for the course. Scores on the above evaluative criteria, along with all other relevant information will be used by the DCE to provide a course grade. Other relevant information may include, but is not limited to: answers to questions posed by the DCE or ACCE regarding specific patient interactions involving the student, the DCE’s experience with the CI or site, the student’s caseload (volume and disease complexity), the student’s past academic and clinical performance, the learning emphasis areas for the course, any other information deemed academically relevant by the DCE or ACCE. The DCE and ACCE make the final determination of whether the course grade results in a grade of Satisfactory or Unsatisfactory.

The following CPI scores will be used to describe passing performance for Full-time Clinical Experience II (continued next page):

<b>PERFORMANCE CRITERION</b>	<b>EXPECTED SCORE</b>
1. Safety	Entry Level
2. Professional behavior	Entry Level
3. Accountability	Entry Level
4. Communication	Advanced Intermediate
5. Cultural Competence	Entry Level
6. Professional Development	Advanced Intermediate
7. Clinical Reasoning	Advanced Intermediate
8. Screening	Advanced Intermediate
9. Examination	Advanced Intermediate
10. Evaluation	Advanced Intermediate
11. Diagnosis and Prognosis	Advanced Intermediate
12. Plan of Care	Advanced Intermediate
13. Procedural Interventions	Advanced Intermediate
14. Educational Interventions	Entry Level
15. Documentation	Advanced Intermediate
16. Outcomes Assessment	Advanced Intermediate
17. Financial Resources	Advanced Intermediate
18. Direction and Supervision	Advanced Intermediate

UNIVERSITY OF CONNECTICUT  
DEPARTMENT OF KINESIOLOGY  
DOCTORATE OF PHYSICAL THERAPY PROGRAM

COURSE SYLLABUS  
Spring 2020

**Course Title and Number: PT 5466: Integrated Clinical Experience, Neuromuscular**

**Description:** An applied experience that provides students the opportunity to integrate assessments and interventions learned in PT 5456 in a clinical setting. Students will utilize examination and intervention skills in the development and implementation of plans of care for patients with various neuromuscular conditions.

**Department Offering Course:** Physical Therapy

**Semester and Year:** Spring of second year - 2020

**Credit Hours:** 2

**Instructor(s):**

Deborah Bubela, PhD, PT, Board-Certified Clinical Specialist in Pediatric Physical Therapy  
Kinesiology Building 4, 006 (860-486-1995) [deborah.bubela@uconn.edu](mailto:deborah.bubela@uconn.edu)

Dorothy Villano, DPT, Board-Certified Clinical Specialist in Geriatric Physical Therapy

**Clock Hours:**

Flexibility in combination with PT 5456 Neuromuscular Rehabilitation, classes will be held on Tuesday and Thursday 1:00 – 4:00.

**Course Prerequisites:**

Students must be in good academic standing and be granted consent of the Department to enroll.

**Course Objectives:**

By the end of the course, the physical therapy student will be able to:

1. Integrate information about normal and abnormal neurological function in the assessment of persons with neurological dysfunction. [7A (neuroscience, pathology), 7C (nervous, systems interactions), 7D16, 7D19a-w]
2. Identify a variety of outcome measures that have evidence to support their use with persons with neurologic conditions. [7D19a-w]
3. Select appropriate outcome measures based on a client's condition and presentation. [7B (clinical reasoning, evidence-based practice), 7D19a-w]
4. Administer a variety of outcome measures that are appropriate for persons with neurologic conditions. [7D 17, 7D18, 7D19, 7D20]
5. Collect and analyze data which measures impairments, functional limitations, and disability related information about the client with a neurological dysfunction. [7B (clinical reasoning, evidence-based practice), 7D19a-w]
6. Utilize outcome measures to develop treatment plans and long term prognosis of persons with neurologic conditions. [7B (clinical reasoning, evidence-based practice), 7D20, 7D21, 7D22]
7. Integrate outcome measure results into physical therapy decisions with an appreciation for the emotional and social realities faced by persons with neurological problems and their families. [7B (clinical reasoning), 7D20, 7D21, 7D22]

8. Develop evidence based plans of care that are appropriate for the specific individual's needs based on examination findings. [7B (clinical reasoning, evidence-based practice), 7D23, 7D24, 7D27b,d,e,f,g,h,i]
9. Demonstrate appropriate and effective verbal and written communication with respect to client assessment and intervention. [7A (psychosocial aspects of health and disability), 7B (communication, ethics and values, teaching and learning), 7D7, 7D12, 7D32]
10. Demonstrate professional behavior during all interactions with clients, families, health care professionals, instructors and peers. [7A (psychosocial aspects of health and disability), 7B (communication, ethics and values, teaching and learning), 7D4, 7D5]
11. Refer client to access services which the therapist is unqualified to provide. [7A (psychosocial aspects of health and disability), 7B (communication, ethics and values, teaching and learning), 7D28]
12. Analyze the effectiveness of the client care provided during throughout the time of the course through active practice and reflection. [7B (clinical reasoning, evidence-based practice), 7D30, 7D31]
13. Assess personal and professional growth in order to identify continuing education needs through active practice and reflection. 7D15)
14. Behaving in a manner consistent with the professional behaviors identified by the Doctor of Physical Therapy Handbook, the Code of Ethics for the Physical Therapist and the Core Values for the Physical Therapist and Physical Therapist Assistant of the American Physical Therapy Association. [7B (ethics), 7D1, 7D2, 7D3, 7D4, 7D5, 7D6, 7D8]

### **Teaching Methods:**

Teaching methods will include demonstration, psychomotor skill development and repeated practice with peers in the laboratory and with persons who present with a variety of neurologic conditions in clinical settings.

This course is designed to provide meaningful community service with instruction and reflection to enrich the students' learning experience, teach civic responsibility, and strengthen the community. Students will engage in integrated community service with faculty instruction/supervision by delivering physical therapy service to community members who are unable to receive traditional physical therapy services. Students' self-reflection will be a critical pedagogical element. A variety of reflection methods will be used to help students make a connection between the course content, the service provided, and the social change that the service affords.

Students will also be exposed to a variety of patients and rehabilitation options in arranged clinician- mentored experiences at a premier rehabilitation facility, Hospital for Special Care in New Britain, CT.

### **Learning Experiences:**

Students will learn about outcome measures and interventions for persons with neurologic conditions through laboratory and clinical experiences (in-house as well as a rehabilitation facility). Students will have opportunities to select and administer examinations, develop treatment plans, and deliver interventions for persons with a variety of actual neurological conditions under direct academic and clinical faculty supervision in local facilities and in the student-led pro-bono clinic housed in the physical therapy program facility.

In small groups, students will rotate through all available clinical opportunities. Requirements for each experience are as follows:

#### *For In-house Community Member Experience:*

- a. Student groups will document the patient interaction in a medical chart SOAP – note format within 24 hours after seeing each participant.
- b. Students will be prepared to verbally describe the participant condition and plan of care in a medical rounds format to the student therapists who will be delivering the next upcoming session.

#### *For Hospital for Special Care Experience:*

- a. Patient Interaction Visits: Each student will document the patient interaction in a SOAP note format.
- b. Facility Tour: Each student will write a brief reflection on 'lessons learned' from the experience.

#### *For Community Fall Risk Assessment and Education Experience:*

- a. As a group, students will prepare to conduct a Fall-Risk Screening program;
- b. Each student, as part of a small group, will conduct fall-risk screenings, explain results, and provide recommendations for the older adult participants at one of the sessions listed below.

- c. Students will provide written educational materials relating to fall-risk to the older adult participants.

Screenings have been arranged at the following dates, times, and locations

Date

Time

Location

Friday, March 6

10:15 – 12:00

Willimantic – McSweeney Center

Friday, March 13

10:00 – 12:00

Mansfield – Mansfield Senior Center

Friday, March 27

10:00 – 12:00

Tolland – Tolland Senior Center

Friday, April 3<sup>rd</sup>

10:00 – 12:00

Storrs – Juniper Hill Village

**Methods of Evaluation/Grading:**

Practical Examination I	.....	20%
Reflection of learning experience	.....	5%
Pre- & post-reflective statements, one- minute reflection, verbal reports, and class/laboratory debriefings		
Assessment and Intervention with Community Mentors.....		20%
Written Evaluation	Peer/Faculty Review.....	10%
Progress Notes		
Educational Materials for Community Members	.....	5%
Practical Examination II	.....	25%
Professional Behavior	.....	15%

Students will demonstrate respect for peers, patients, faculty, and clinicians and behave in a manner in accordance with the APTA professional behaviors. Students will demonstrate characteristics of an active learner who fully utilizes laboratory time in a constructive and positive manner. Students will represent themselves and our institution well to patients and other facilities.

**Grading Scale:**

A+ = >97; A= 93-97.9; A- 90-92.9; B+ = 87-89.9; B= 83-86.9; B- = 80-82.9; C+ = 77-79.9; C = 73-76.9; C- = 70-72.9; D+ = 67-69.9; D = 63-66.9; D- = 60-62.9; F < 60

**Laboratory Practical Examinations**

There are two practical examinations in this course – one at midterm and one at the completion of the course. Students will be expected to demonstrate a clinical performance with **no red flags/safety issues** on simulated patient encounters. Should a student not demonstrate passing performance on the practical, the student will be permitted to attempt one retake of the practical within a reasonable timeframe agreed upon between the student and instructor. Subsequent retakes are at the discretion of the instructor. Failure to achieve a passing score on either practical examination will result in an inability to pass the course.

**Required Texts:**

- O’Sullivan S & Schmitz T. *Improving Functional Outcomes in Physical Rehabilitation, 2nd Ed.* F.A. Davis Co. Philadelphia, PA, 2016. ISBN-13: 978-0-8036-2218-0. (Lab Manual)
  
- O’Sullivan S, Schmitz T, & Fulk GD. *Physical Rehabilitation, 7<sup>th</sup> Ed.* F.A. Davis Co. Philadelphia, PA, 2019. ISBN-13: 978-0803661622 (Corresponding Neuromuscular Rehab text)
  
- Fell DW, Lunnen KY, Rauk RP. *Lifespan Neurorehabilitation; A Patient-Centered Approach from Examination to Interventions and Outcomes.* F.A. Davis Co, Philadelphia, PA. 2018. ISBN-13: 978-0803646094 (Corresponding Neuromuscular Rehab text)

**Required Readings:** See Outline of Course

**Academic Policies:** All students are expected to abide by the academic policies of the University, Graduate School and Physical Therapy Department as related to such things as attendance, academic integrity and professional behavior.

**DOCTOR OF PHYSICAL THERAPY PROGRAM  
CLINICAL EDUCATION COURSE SYLLABUS**

**Course Title and Number:** PT 5467, Clinical Education III

**Description:**

Under close supervision by a licensed Physical Therapist, students will participate as a member of the health care team to provide patient care in an inpatient or outpatient setting for 12 weeks. Patient care settings may include but are not limited to: Acute Care, Orthopedics, Neuro-Rehabilitation or specialties including but not limited to pediatrics, oncology, or women's health. The course is held off campus at individually assigned clinical facilities throughout the country. Each student is assigned one or two clinical instructors who are physically present and immediately available for direction and supervision. **Department Offering Course:** Kinesiology

**Semester and Year:** Spring Semester (12 weeks beginning in January), Third Year

**Credit Hours:** 8

**Clock Hours:** Varies depending on facility and CI assigned; approximately 40 hours/week

**Grading Criteria:** Satisfactory/Unsatisfactory

**Course Prerequisites:** Students must be in good academic standing and be granted consent by the department to enroll.

**UConn Academic Policies**

To view all UConn Academic Policies, please visit: <http://provost.uconn.edu/syllabi-references>

**Course Objectives:**

Upon completion of the course, the student will:

- Present self to patients, caregivers, and facility staff in a professional manner that is consistent with the American Physical Therapy Association's (APTA) Code of Ethics, Core Values, and Guide for Professional Conduct (7B- Communication, Ethics and Values, Law; 7D2, 7D3, 7D4, 7D5, 7D6, 7D7, 7D8, 7D28).
- Practice in a safe manner that minimizes risk to patient, self, and others (7B- Ethics and Values, Law, Clinical Reasoning, Evidence Based Practice; 7C- All 7C Sub-Elements, 7D10, 7D11, 7D16, 7D17, 7D18, 7D19, 7D20, 7D22, 7D23, 7D24, 7D25, 7D26, 7D27, 7D29, 7D30, 7D33, 7D37, 7D39, 7D43).
- Demonstrate professional behavior in all situations (7B- Ethics and Values, Law Teaching and Learning, 7D6, 7D7, 7D8).
- Practice in a manner consistent with established legal and professional standards and ethical guidelines (7B- Ethics and Values, Law, Clinical Reasoning, Evidence-Based Practice; 7D2, 7D3, 7D6, 7D7, 7D8, 7D28, 7D32, 7D41, 7D42, 7D43).
- Communicate in ways that are congruent with situational needs (7B- Communication, Ethics and Values; 7D7, 7D12, 7D29).

- Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs (7B- Ethics and Values, Finance, Clinical Reasoning; 7D8, 7D24, 7D25, 7D26, 7D28, 7D29, 7D30, 7D36).
- Participate in self-assessment to improve clinical and professional performance (7B- Teaching and Learning, 7D37, 7D15, 7D38, 7D43).
- Determine with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional (7B- Communication, Ethics and Values, Clinical Reasoning; All 7C Sub-Elements, 7D7, 7D16, 7D17, 7D18, 7D19, 7D20, 7D22, 7D23).
- Perform a physical therapy patient examination (7B- Communication, Clinical Reasoning, Evidence-Based Practice; All 7C Sub-Elements, 7D17, 7D18, 7D19, 7D21, 7D30)
- Evaluate data from the patient examination to make clinical judgments (7B- Clinical Reasoning, Evidence-Based Practice, Applied Statistics; 7D20, 7D21, 7D22, 7D23).
- Establish a plan of care that is safe, effective, and patient-centered (7B- Ethics and Values, Clinical Reasoning, Evidence Based Practice; 7D8, 7D24, 7D25, 7D26, 7D28, 7D29, 7D30).
- Perform physical therapy interventions in a competent manner (7B- Communication, Ethics and Values, Clinical Reasoning, Evidence-Based Practice; All 7C Sub-Elements, 7D27, 7D28, 7D34).
- Educate others (patients, family, caregivers, staff, students, other health care providers) using relevant and effective teaching methods (7B- Communication, Teaching and Learning, Evidence-Based Practice; 7D12, 7D27, 7D29).
- Produce quality documentation in a timely manner (7B- Ethics and Values, Law, Finance; 7D32).
- Manage resources (e.g., time, space, and equipment) to achieve goals of the practice setting (7B- Management, Finance, Ethics and Values, Law; 7D25, 7D29, 7D42, 7D43).

#### Evaluation of Student Performance

**CPI:** The Clinical Instructor (CI) will evaluate the student and provide feedback throughout the experience. The CI will provide formal written feedback using the American Physical Therapy Association's on-line Clinical Performance Instrument (CPI) at midterm and at the completion of the practicum. Students, CI's, and the Center Coordinator for Clinical Education (CCCE) are required to keep the DPT Program's Director of Clinical Education (DCE) and Academic Coordinator of Clinical Education (ACCE) informed regarding progress toward the course objectives. The DCE and ACCE will confer with the student, CI, and CCCE regarding the need for any changes in the delivery and execution of the experience (as deemed feasible considering priorities for patient care and the facility's own policies and procedures). In addition to CI assessment of the CPI, Students are required to complete a self assessment using the CPI at both midterm and at the end of the experience.

**HuskyCT Discussion:** Students are required to participate in weekly internet discussions with the course instructor and their classmates.

**Student Presentation/Inservice:** Students will present a lecture/inservice on an evidence-based topic agreed upon by the student and site staff.



Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) for the course. Scores on the above evaluative criteria, along with all other relevant information will be used by the DCE to provide a course grade. Other relevant information may include, but is not limited to: answers to questions posed by the DCE or ACCE regarding specific patient interactions involving the student, the DCE’s experience with the CI or site, the student’s caseload (volume and disease complexity), the student’s past academic and clinical performance, the learning emphasis areas for the course, any other information deemed academically relevant by the DCE or ACCE. The DCE and ACCE make the final determination of whether the course grade results in a grade of Satisfactory or Unsatisfactory.

The following CPI scores will be used to describe passing performance for Full-time Clinical Experience III (continued next page):

<b>CPI PERFORMANCE CRITERION</b>	<b>PASSING SCORE</b>
1. Safety	Entry level
2 Professional Behavior	Entry level
3. Accountability	Entry Level
4.Communication	Entry Level
5.Cultural Competence	Entry Level
6. Professional Development	Entry Level
7. Clinical Reasoning	Entry Level
8. Screening	Entry Level
9. Examination	Entry Level
10. Evaluation	Entry Level
11Diagnosis and Prognosis	Entry Level
12.Plan of Care	Entry Level
13. Procedural Interventions	Entry Level
14.Educational Interventions	Entry Level
15. Documentation	Entry Level
16. Outcomes Assessment	Entry Level
17. Financial Resources	Entry Level
18. Direction and Supervision	Entry Level

**UNIVERSITY OF CONNECTICUT  
DOCTOR of PHYSICAL THERAPY PROGRAM  
DEPARTMENT OF KINESIOLOGY**

**COURSE SYLLABUS**

**Course Title and Number: PT 5469 Integrated Acute Care Practicum**

**Description: This course provides students with clinical experience at hospitals and sub acute health facilities. Students will observe and will assist as appropriate with patient care under the supervision and direction of a licensed physical therapist. The course allows students to integrate and apply the didactic component of the curriculum in an acute or sub acute environment. It is designed to foster the student's appreciation for the interdisciplinary nature of hospital care.**

**Department Offering Course: Doctor of Physical Therapy Program, Department of Kinesiology**

**Semester and Year: Spring 2020**

**Credit Hours: 1.0**

**Instructors/Course Coordinator: Susan Sullivan Glenney, PT, DPT  
Board-Certified Clinical Specialist in Geriatric Physical Therapy  
Certified Exercise Expert for the Aging Adult  
Office: 860-486-5692, Cell: 860-682-3200, email: susan.glenney@uconn.edu**

**Clock Hours: Tuesday 8:00-12:00 or Thursday 8:00-12:00**

**Course Prerequisites: Students must be in good academic standing and be granted consent of the Program to enroll.**

**Course Objectives:**

**By the end of the course, the physical therapy student will:**

- 8. Behave in a manner consistent with the professional behaviors described in the Doctor of Physical Therapy Program Student Handbook, the Code of Ethics for the Physical Therapist and the Core Values for the Physical Therapist and Physical Therapist Assistant of the American Physical Therapy Association. (7B(Ethics), 7D1, 7D2, 7D3, 7D4, 7D5, 7D6, 7D8)**
- 2. Analyze the role of the physical therapist with consideration of other relevant team members in the acute care setting. (7B(commun AND mgmt), 7D16, 7D25, 7D29, 7D37, 7D40)**
- 3. Demonstrate basic skills needed for management of a patient in an acute care or sub acute care setting (e.g. systems review, examination, intervention, communication and documentation). (7B(clin reas), 7C(all), 7D7, 7D16, 7D17, 7D18, 7D19a-w, 7D27, 7D32)**
- 4. Perform and/or observe all items on clinical performance checklist (e.g. positioning, transfers, mobility training, transport, and management of equipment). (7D17, 7D18, 7D19a-w)**

5. Evaluate the evidence for examination procedures used to diagnose and evaluate patients in the acute care setting. (7B(EBP), 7D9, 7D10, 7D11)
6. Practice in a safe manner that minimizes the risk of patients, self and others. (7C(all), 7D1, 7D2, 7D3, 7D4, 7D5, 7D24, 7D37, 7D40)
7. Monitor and adjust the plan of care in response to patient status. (7B(clin reas), 7C(all), 7D24, 7D30, 7D31)
8. Comply with all policies and procedures defined in Clinical Education Policies and Procedure Student Manual including but not limited to health policies, professional behavior and patient and facility rights. (7B(ethics), 7D1, 7D4, 7D5)

**Required Text:** Same as those required for PT 5451.

**Teaching Methods:** Observation and practice under the direction/supervision of a physical therapist.

**Learning Experiences:** Students will observe and participate when appropriate in the examination and treatment of patients with a variety of acute care disorders at designated health care facilities. Students will be provided with the opportunity to observe and participate as appropriate in various aspects of acute health care, primarily physical therapy examination and intervention, with particular attention to safe patient care and mobility in the acute care setting.

**Method of Content Evaluation and Grading:**

**Grading criteria:** Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) by the Course Coordinator. A student must complete the following requirements in order to receive a (S) Satisfactory grade in this course:

4. Completion of hours and successfully complete all activities on the clinical performance checklist:
  - Documentation of required observations/activities verified by supervising clinicians must be submitted to the Course Coordinator at the end of each 4 week rotation.
5. Participation in weekly discussion board with classmates and Course Coordinator: Specific required assignments posted to the discussion board will include evidence of the ability to document a patient care session in a “SOAP” note format with *absolute and total HIPPA compliance* and a discussion of evidence for examination procedures used to diagnose and evaluate patients in the acute care setting.

The instructor should be notified of impending absence. Extended absences must be approved by the Program Director. The University’s policies as outlined in the *Academic Integrity in Graduate Education and Research* (<http://policy.uconn.edu/?p=3282>) will be enforced.

### STUDENT READINESS FOR CLINICAL EDUCATION Criteria and Ratings for Faculty

#### 1. Professional Behaviors

- Takes responsibility for own actions

- completes scheduled assignments in a timely manner
- demonstrates initiative
- demonstrates integrity in all interactions
- values dignity of patients as individuals

## **2. Safe Practice**

- establishes a safe working environment (e.g. removes obstacles in patients' way)
- demonstrates awareness of contraindications and precautions for each patient
- recognizes physiological and psychological changes in patients
- uses acceptable techniques for safe handling of patients (e.g. body mechanics, guarding)

## **3. Communication**

- verbal and nonverbal communication is appropriate for the situation
- initiates communication in difficult situations
- interprets and responds to nonverbal communication of others
- communicates in ways patients can understand
- accepts feedback without defensiveness

## **4. Clinical Skills**

- presents a cogent and concise arguments for clinical decisions
- demonstrates an ability to make clinical decisions in ambiguous situations
- obtains a complete patient history
- performs appropriate systems review
- selects and conducts tests and measures consistent with patient's history and chief complaint
- makes correct clinical judgments
- synthesizes examination data and establishes correct diagnosis
- establishes a safe and effective plan of care
- performs interventions effectively, efficiently, fluidly and in a technically competent manner

***Ratings: Excellent (no concerns), Fair (some concerns), Poor (significant concerns)***

**STUDENT READINESS FOR CLINICAL EDUCATION  
Ratings Form**

	<b>Professional and Ethical Behavior</b>	<b>Safe Practice</b>	<b>Communication</b>	<b>Clinical Skills</b>	<b>Comments</b>	<b>Actions/Remediation (if needed)</b>
<b>Skills and Sample Behaviors</b>	<p>Takes responsibility for own actions                      completes scheduled assignments in a timely manner                      Demonstrates initiative                      Demonstrates integrity in all interactions                      Values dignity of patients as individuals</p>	<p>Establishes a safe working environment (e.g. removes obstacles in patients' way)                      Demonstrates awareness of contraindications and Precautions for each patient                      Recognizes physiological and psychological changes in patients                      Uses acceptable techniques for safe handling of patients (e.g. body mechanics, guarding)</p>	<p>Verbal and nonverbal communication is appropriate for the situation                      Initiates communication in difficult situations                      Interprets and responds to nonverbal communication of others                      Communicates in ways patients can understand                      accepts feedback without defensiveness</p>	<p>Presents a cogent and concise arguments for clinical decisions                      Demonstrates an ability to make clinical decisions in ambiguous situations                      Obtains a complete patient history                      Performs appropriate systems review                      Selects and conducts tests and measures consistent with patient's history and chief complaint                      Makes correct clinical judgments                      Synthesizes examination data and establishes correct diagnosis                      Establishes a safe and effective plan of care                      Performs interventions effectively, efficiently, fluidly and in a technically competent manner</p>		
Student 1						
Student 2						



New Clinical Site Request

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Start of Block: Default Question Block

Q1 Student Name

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Q2 This Site fits the criteria for New Site Request because...

- We have relationship with site but student not usually sent to this specific location (1)
- We do not have a relationship with the site (2)

Q3 Name of Clinical Site

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Q4 Address of Clinical Site

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Q5 Phone Number of Clinical Site

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Q6 Email of Clinical Site (if specific contact known)

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Q7 Clinical Site Discipline

- Inpatient: Acute Care, Sub-Acute (SNF or similar), Inpatient Team-based Rehab, or Home Care (1)
  - Outpatient: Orthopedic or Neuro-Rehab (2)
  - Specialized: pediatric, women's health, oncology, or other specialty (usually only appropriate for Affiliation 3) (3)
- 

Q8 Which Affiliation?

- January, 2021 (Class of 2021, Rotation 3) (1)
  - July, 2021 (Class of 2022, Rotation 1) (2)
  - Sept, 2021 (Class of 2022, Rotation 2) (3)
  - For either July or Sept, 2021- No preference (Class of 2022, Rotation 1 or 2) (4)
- 

Q9 Reason for Request (Examples: Family in area, specialized patient type, great reputation, etc. Simply wanting to "visit" area is not valid reason.)

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Q10 What previous contact (in person or otherwise) have you had with this site? (Examples: Have you been there before in some capacity? Have you not been there but know someone there? Have you been an aide or done some of your pre-PT observations there?)

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Q12 By signing, you understand: 1.) that requesting the site does not guarantee me a placement there, 2.) that if the site accepts me, I MUST attend this affiliation.

End of Block: Default Question Block

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## **Student Consent & Attestation for Clinical & Field Placements**

### **Part One: Student Consent & Authorization for Information Disclosure**

I understand that my health records, background screening information (which may include, but is not limited to checking criminal history, sex offender registries, debarments, and/or healthcare sanctions registries), academic and discipline records, documentation regarding training, and other individually identifiable records about me held by the University of Connecticut are protected under the Family Educational Rights and Privacy Act (FERPA) and/or other relevant Federal and State laws, and may not be disclosed without my permission, except in limited circumstances as permitted or required by law.

By signing this attestation, I authorize the University of Connecticut to review and/or disclose the information identified below.

For the purpose of securing or maintaining clinical site placements, I specifically consent to the University of Connecticut reviewing and/or disclosing some or all of the following information:

- Immunization reports, titers, or documentation of disease incidence for measles (rubeola), mumps, rubella, varicella, tetanus, diphtheria, pertussis, hepatitis B, polio, and influenza
- Meningococcal vaccine
- COVID-19 vaccine (including the specific brand) or a copy of the student's UConn exemption and all associated documentation
- Physical examination
- Tuberculosis tests, including blood analysis, skin tests, or chest x-rays
- Background screening information
- Drug screening information
- Fingerprinting information
- Training information (e.g. documented completion of training re: HIPAA, OSHA, etc.)
- BLS/CPR certification information
- Licensing information (if applicable)
- Health insurance information
- Information regarding my standing at the University of Connecticut
- Academic and student discipline records

I am signing this consent form voluntarily and acknowledge that it will remain in effect for the duration of my enrollment in my degree program with the University of Connecticut, unless I submit a written request to terminate my consent. I understand that failing to sign this consent form may prevent me from securing or maintaining the clinical placements necessary for me to obtain the clinical education credits required to successfully complete the degree program in which I am enrolled.

I further understand that if I exercise my right to revoke my consent, my revocation will only apply prospectively from the date the University of Connecticut receives my written request for revocation, and cannot be applied retroactively. I acknowledge that revoking such consent may prevent me from securing or maintaining the clinical placements necessary for me to obtain the clinical education credits required to successfully complete the degree program in which I am enrolled.

**Part Two: Statement of Learner Expectations (*adapted from AAMC Uniform Clinical Training Agreement*)**

UConn holds in high regard professional behaviors and attitudes, including altruism, integrity, respect for others, and a commitment to excellence. Effective learning is best fostered in an environment of mutual respect between teachers and learners. In the context of clinical/field placements the term “teacher” is used broadly to include peers, resident physicians, full-time and volunteer faculty members, clinical preceptors, nurses, ancillary support staff, and any other employee of the agency, as well as others from whom students learn.

Guiding Principles

- Duty – Students have a duty to acquire and develop the knowledge and skills required for delivering the profession’s standard of care and also to exhibit the values and attitudes required for preserving the profession’s social contract with its patients/clients.
- Integrity – Learning environments that are conducive to conveying professional values must be based on integrity. Students learn professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.
- Respect – Respect for every individual is fundamental to the ethic of the profession. Mutual respect is essential for nurturing that ethic. Students have an obligation to ensure that all teachers and patients/clients are always treated respectfully.

Responsibilities of Learners

- Be courteous of teachers and fellow students
- Be prepared and on time

- Be active, enthusiastic, curious learners
- Demonstrate professional behavior in all settings
- Recognize that not all learning stems from formal and structured activities
- Recognize their responsibility to establish learning objectives and to participate as an active learner
- Demonstrate a commitment to life-long learning, a practice that is essential to the profession
- Recognize personal limitations and seek help as needed
- Display honesty, integrity, and compassion
- Recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical or field settings
- Recognize the duty to place patient/client welfare above their own
- Recognize and respect patients' rights to privacy
- Solicit feedback on their performance and recognize that criticism is not synonymous with "abuse"

### Relationships between Teachers and Students

Students should recognize the special nature of the teacher-learner relationship which is in part defined by professional role modeling, mentorship, and supervision. Because of the special nature of this relationship, students should strive to develop their relationship with teachers to one characterized by mutual trust, acceptance, and confidence. They should recognize the potential for conflict of interest and respect appropriate boundaries.

### **Part Three: General Provisions for Clinical/Field Placement Experiences**

As a student in a UConn program that includes clinical and/or field placement experiences, you are expected to abide by certain standards while in your clinical and/or field placement. These expectations include but are not limited to the following:

- 1) You are expected to comply with all applicable laws (federal and state) as well as all agency rules, regulations, standards, schedules, and procedures, and all instructions from agency personnel or accrediting bodies.
- 2) You are expected to abide by assigned agencies' general confidentiality policies and must not disclose any proprietary information. You further agree that you must obtain prior written permission before publishing any information related to your time at the assigned agency.
- 3) You are expected to maintain the confidentiality of patient/client information as defined by the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, patient information can be shared with only those persons who have legal access to the patient's medical record.

- 4) You are required to immediately report to appropriate personnel any adverse change in a patient or client's status or condition.
- 5) You agree to access only authorized areas of an assigned agency and only when you are assigned to do so. You agree not to remove any equipment or supplies from agency property.
- 6) You are expected to abide by all standards of professional conduct including punctuality, collegiality, ethics, professional code of conduct policies, and any dress code standards that may be in place at an assigned agency.
- 7) You understand that, should you require emergency medical treatment or care while participating in your placement at an assigned agency, you will be responsible for all costs associated with that care.

I attest that I have reviewed and understand the provisions and expectations laid out above and agree to provide my consent and to abide by such expectations while participating in my clinical or field placement experiences over the course of my current academic program at the University of Connecticut.

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

\_\_\_\_\_  
Date

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

**PHYSICAL THERAPY PROGRAM  
INSERVICE/CASE PRESENTATION**

All students are required to complete and present an oral in-service presentation during each of their affiliations.

Prior to the fourth week of the affiliation, the CI and the student should choose a topic of interest to both the facility staff and the student. The topic is expected to be one where recent evidence can be used to assist staff in clinical decision-making. The student is expected to present new, evidence-based information to the audience. It is generally expected that the presentation will take about an hour including all questions and discussions. The student is responsible for providing handouts, including a bibliography and outline, to all participants. The Director of Clinical Education (DCE) may ask to be present for the presentation.

This presentation is an important part of the University of Connecticut curriculum. If questions arise regarding this assignment it is imperative that the student and/or CI call the DCE as soon as possible.

A separate evaluation form for the student's presentation is enclosed, please be sure to review it while planning the session with the student. Multiple copies have been provided so that everyone in the audience can evaluate the presentation.



**PHYSICAL THERAPY PROGRAM  
INSERVICE EVALUATION FORM**

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

TOPIC \_\_\_\_\_

Agree Disagree

1. The student chose a topic that was of interest to the audience. \_\_\_\_\_ \_\_\_\_\_

2. Use of Evidence:

- a) The student presented recent evidence which may be useful in clinical decision making \_\_\_\_\_ \_\_\_\_\_
- b) The student provided a well-researched rationale for patient management choices \_\_\_\_\_ \_\_\_\_\_
- c) The bibliography was complete \_\_\_\_\_ \_\_\_\_\_

3. Presentation Skills:

- a) A clear and complete outline was provided \_\_\_\_\_ \_\_\_\_\_
- b) Educational objectives were appropriate and clear \_\_\_\_\_ \_\_\_\_\_
- c) The student articulated his/her ideas in a clear and logical way \_\_\_\_\_ \_\_\_\_\_
- d) The student demonstrated a thorough knowledge of the content \_\_\_\_\_ \_\_\_\_\_
- e) Tone and inflection were effective \_\_\_\_\_ \_\_\_\_\_
- f) Questions were answered appropriately \_\_\_\_\_ \_\_\_\_\_

COMMENTS:

**UConn Policy Against Discrimination, Harassment, and Related Interpersonal  
Violence**

UConn's policy regarding discrimination, harassment, and related interpersonal violence is located at:

<https://policy.uconn.edu/2015/12/29/policy-against-discrimination-harassment-and-related-interpersonal-violence/>

**PHYSICAL THERAPY PROGRAM  
WEEKLY PLANNING FORM**

**Instructions for the clinical instructor:**

**This form should be used weekly for planning the student's learning experience. Please complete all sections, give it to the student, and arrange a time to discuss it toward the end of each week. The student should be encouraged to have input into the objectives for the upcoming week.**

**At the end of the affiliation, please return all forms to the DCE with the other materials.**

**Affiliation week number: \_\_\_\_\_**

**Accomplishments this week:**

**Last week's objectives were: \_\_\_met \_\_\_partially met \_\_\_not met**

**Comments:**

**Objectives for next week:**

**CI's signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Student's signature \_\_\_\_\_ Date: \_\_\_\_\_**

**DPT PROGRAM  
Student Evaluation of the DCE/Associate DCE**

**Directions:** The purpose of this evaluation is to assist the DCE/Associate DCE in the assessment of his/her performance and to improve the clinical education program. Please rate performance on a scale of 1 to 5 as described below by circling your response; additional comments can be added in the space provided. The form should be returned to Rachel Chasse-Terebo who will summarize the information for review by the DCE/Associate DCE and the Director. The DCE/Associate DCE will *NOT SEE* individual evaluation forms.

<b>N</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>does Not Apply</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly agree</b>

**Part I: Planning for your practicum**

Please check to whom your comments relate:     Sue Glenney     Jon Rizzo

Information about available clinical sites was disseminated in an effective and timely manner.	N	1	2	3	4	5
Adequate information (file and verbal) about clinical sites allowed me to make informed selections.	N	1	2	3	4	5
I was provided with an opportunity for individual counseling prior to making my selection.	N	1	2	3	4	5
The DCE/Associate DCE was approachable and supportive throughout the clinical placement process	N	1	2	3	4	5

**Part II: Preparation for your practicum**

Please check to whom your comments relate:     Sue Glenney     Jon Rizzo

I was given adequate orientation to the policies and procedures related to clinical education	N	1	2	3	4	5
Expectations for my clinical performance were made clear.	N	1	2	3	4	5
The DCE/Associate DCE provided me with adequate means to contact her during my clinical experience.	N	1	2	3	4	5

**Part III: Interactions during your practicum**

Please check to whom your comments relate:  Sue Glenney  Jon Rizzo

I was contacted as often as was needed .	N	1	2	3	4	5
I was encouraged to share any issues or concerns I had during this clinical experience.	N	1	2	3	4	5
Help was provided to address any concerns I had during this clinical experience.	N	1	2	3	4	5
Appropriate attempts were made to facilitate the resolution of any conflicts which were encountered during this clinical experience.	N	1	2	3	4	5
Help was provided in a timely manner.						
Problems with my site/CI were managed effectively						

During my clinical  Sue Glenney  Jon Rizzo

Made a:  site visit  phone call  neither

YOUR COMMENTS ARE APPRECIATED!!!

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(please feel free to use the back of this page)

**UConn DPT Program  
CLINICAL EDUCATION STUDENT PROGRESS EVALUATION**

**STUDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **Week #:** \_\_\_\_\_

**SITE:** \_\_\_\_\_ **CI:** \_\_\_\_\_

**Method (Circle):** Phone call Site Visit

**Reason (Circle):** Routine CI/SCCE Request Student Request Problem (Describe: Part VI)

**Type (Circle):** Acute Ortho Rehab Specialized: \_\_\_\_\_

**Student Living Arrangement (Circle):** Home With Family/Friend Renting/AirBnB  
Location: \_\_\_\_\_

**Part I- CPI**

1. Has the CI read his/her rights and responsibilities? Y N (Discuss if No)
2. Has CI worked with a UConn student before? Y N
3. Has CI used CPI before? Y N (Instruction Required?)

**Part II- Patient Care**

1. Clinic Schedule: \_\_\_\_\_

2. Supervision:

CI Patients/Day	
Student # or % of CI Patients	
Supervision Level (circle):	More than Expected Appropriate Less than Expected

3. Diagnoses Seen:

**a. Acute Care:** Jt Replace; Med Surg, Post-op (arthroplasty, spine); Deconditioning; Pneumonia; Trauma; Neuro (Stroke, Falls/Ataxia)

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

**b. Orthopedic:** General medical, post-op, Fx, Falls/Ataxia, Chronic/pain

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

**c. Neuro/Rehab:** SCI, CHI/TBI, CVA, Trauma, Parkinson's, M.S., ALS

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

\*\*\*CI and Student Comments on Preparedness for Diagnoses:

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4. Patient Care Skills:

- a. Initial examination (history, test and measures, patient ed.)
  - a. Comments:
- b. Evaluation/Synthesis of data (prognosis, goals, plan, patient ed.)
  - a. Comments:
- c. Interventions (choice, depth and breadth of ideas, creativity, patient ed.)
  - a. Comments:
- d. Discharge plans: Timing, destination, patient ed.
  - a. Comments: \_\_\_\_\_
- e. Communication: (Initiation, patient, interprofessional)
  - a. Comments: \_\_\_\_\_
- f. Documentation: (Timely, professional, supervision: Less needed/Appropriate/More needed)
  - Comments:

\*\*\*CI and Student Comments on Preparedness to Deliver Patient Care:

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**Part III- Student Strengths and Challenges** (Student and CI Input)

Strengths	Challenges
1.	1.
2.	2.



3.	3.
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**Part IV- Learning Opportunities**

1. In-service:  
 Topic: \_\_\_\_\_ Date: \_\_\_\_\_
2. Additional Learning Opportunities (Circle any that apply):  
 Surgery Special Units (ICU, pediatrics); Special Interventions (aquatic, O & P, home eval, wheelchair eval), other: \_\_\_\_\_
3. Interprofessional Collaboration
  - a. With (circle): OT Nursing PTA ATC SLP other: \_\_\_\_\_
  - b. Nature of Collaboration: \_\_\_\_\_

**Part V- Additional Information Provided**

- a. Description of the curriculum Y N
- b. Passing criteria for the course Y N  
 Does CI have concerns about whether the student will meet the criteria? Y N
- c. “Entry Level” definition discussed Y N
- d. Is there anything the site/CI needs in order to improve their clinical education program?

**Part VI- Clinical Performance Issues/Problems (if any)**

1. Description:

2. Plan:

3. Follow-up:

a. Resolved? Y N

b. Further Actions Needed? Y N

Describe actions:

## PT CPI Web 2.0 Instructions for a Student

Login to PT CPI Web 2.0 at <https://cpi2.amsapps.com>

1. Your username is your email address provided to the school you are working with.
2. If you had a password in PT CPI Web 1.0, it should still work in 2.0. If you did not have

a password, or forgot your password, please click on the 'I forgot or do not have a password' link and follow the instructions to set/reset your password. PLEASE NOTE: Make sure to close out of any internet browsers containing PT CPI Web 2.0 prior to accessing the link in your email as this may result in an error when trying to set/reset your password.

Update Information (If you've previously have done this, please go to Editing the CPI)

1. Click on the 'My Info' tab to update your information. You must update the APTA Data Release Statements found in the Data Authorization section.
2. When you are done editing, hit 'Update'.

Verify APTA Training/Start the CPI (If you've previously have done this, please go to Editing the CPI)

1. Click on your site's name in the 'My Evaluations' section on your home page or click on the Evaluations tab and then hit 'Edit'.
2. You are prompted to verify if you have completed the APTA PT CPI Training. If you have completed the training, please click the 'I have completed the APTA PT CPI online training and assessment.' button.

Editing the CPI

1. If you have not completed the training, please follow the directions on the page to take the APTA PT CPI Training.
  2. If the email address you took the training with is different than your username, you will be prompted to enter the email address registered with APTA.
  3. If you are having issues verifying you've completed the training, please contact PT CPI Web Support at [ptcpiwebsupport@academicmanagement.com](mailto:ptcpiwebsupport@academicmanagement.com). Please provide your name, email address used to take the training, and the date you passed the training.
- 
1. Once you have verified you have completed the APTA PT CPI Training, you will see all 18 sections of the CPI.
    1. You can edit one section at a time by clicking on 'Edit Now' to the right of the CPI.
    2. You can edit all sections at the same time by clicking on 'Edit All' at the top of the Edit column.
  2. Click on 'View Sample Behaviors', 'View Introduction', and 'View Instructions' to view the details of how to fill out the CPI.

3. Mouse over any underlined word to view an APTA glossary definition. This is available for the Performance Dimensions and the Anchor Points on the APTA Rating scale.

Last Updated 2/25/10

4. Add comments to the comment box and select the rating for the student on the slider scale.
5. When you are done editing a section, click on the ‘Section Sign Off’ box and hit ‘Save’. Be sure to save your work!! If you leave the page without saving, your comments could be lost!!

Signing off on the CPI

1. Once all sections are marked as ‘Completed’, please sign-off on your CPI. You can sign-off on the CPI by clicking on the ‘Evaluations’ tab and clicking on the ‘Sign Off’ link.
2. Once you sign off on your CPI, you are unable to edit it further. Your CI will be able to

see your CPI only if they have also signed off on their CPI. Viewing your CPI with your CI and Signing-Off on your CI’s CPI

1. Click on the ‘Evaluations’ tab.
2. Click on ‘View’ in the Actions column.
3. Use the filters to see the comments from both student and Student at once.
4. In the ‘Evaluations’ tab you will see a link to sign-off on your student’s CPI indicating you’ve discussed the performance with your student.

Additional Features:

Adding Post-Assessment Comments to the CPI:

1. In the ‘Evaluations’ tab you will see a link to sign-off on your student’s CPI indicating you’ve discussed the performance with your student. Once you and your student have signed-off on each other’s CPI, you can add overall comments by clicking on ‘View’ and adding comments.

If you have any questions, comments or run into any issues using PT CPI Web, please contact Support at [ptcpiwebsupport@academicmanagement.com](mailto:ptcpiwebsupport@academicmanagement.com).

Last Updated 2/25/10

### PT CPI Web Instructions for a CI

PT CPI Web Instructions for a CI Login to PT CPI Web at <https://cpi2.amsapps.com>

1. Your username is your email address provided to the school you are working with.
2. If you have previously created a password in PT CPI Web or PTA CPI Web, please use that password to login. If you do not have a password or forgot your password, please follow these steps to create your password:
  - i. Go to the CPI Web address (<https://cpi2.amsapps.com>).
  - ii. Click on the link “I forgot or do not have a password”.
  - iii. Enter your User Name in the box provided.
  - iv. Click on the Continue button.
  - v. Check your email account inbox for further instructions on how to set/update your password.
3. PLEASE NOTE: Make sure to close out of any internet browsers containing CPI Web prior to accessing the link in your email as this may result in an error when trying to set/reset your password. The link to change/create your password that is included in this message will expire 24 hours after the message has been created. If you try to access the link after 24 hours, you will receive a notification that the temporary authorization link is invalid. If this should occur, you will need to click on the 'I forgot or do not have a password' link located on the login page for CPI Web to receive a new password reset link.

Update Information – This needs to be done at least once per year (If your information is up-to-date, please go to Editing the CPI)

1. Click on the ‘My Info’ tab to update your information. You must update the APTA Data Release Statements found in the Data Authorization section. Also, please make sure that your credentials and certifications are accurately listed.
2. When you are finished editing, hit the ‘Update’ button.

Verify APTA PT Training – This can only be done if you are assigned to evaluate a student on

an Open evaluation (If you've previously done this, please go to Editing the CPI)

1. Click on your student's name in the 'My Evaluations' section on your home page or click on the Edit link found in the Actions column in the Evaluations tab.
2. You are prompted to verify if you have completed the APTA PT CPI Training. If you have completed the training, please click the 'I have completed the APTA PT CPI online training and assessment.' button.
  - a. If you have not completed the training, please follow the directions on the page to take the APTA PT CPI Training.
  - b. If the email address you took the training with is different than your username, you will be prompted to enter the email address registered with APTA.
  - c. If you are having issues verifying you've completed the training, please contact PT CPI Web Support at [ptcpiwebsupport@liaison-intl.com](mailto:ptcpiwebsupport@liaison-intl.com). Please provide your name, email address used to take the training, and the date you completed the training so that we can manually verify your training completion.

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### Editing the CPI

1. Once you have verified you have completed the APTA PT CPI Training, you will see all 18 sections of the CPI.
  - a. You can edit one criterion at a time by clicking on the 'Edit Now' link on the right.
  - b. You can edit all criteria at the same time by clicking on the 'Edit All' column header link.
2. Click on 'View Sample Behaviors', 'View Introduction', and 'View Instructions' to view the details of how to fill out the CPI.
3. Mouse over any underlined word to view an APTA glossary definition. This is available for the Performance Dimensions and the Anchor Points on the APTA Rating scale.
4. Add comments to the comment box and select the rating for the student on the slider scale.
5. When you are done editing a section, click on the 'Section Sign Off' checkbox and hit the

‘Save’ button. Hitting Save will save the work edited on all criteria. Be sure to save your work!! If you leave the page without saving, your comments could be lost!!

### Signing off on the CPI

1. Once all sections are marked as ‘Completed’, please sign-off on your CPI. In order to sign-off, you would need to click on the Evaluations tab and then on the ‘Sign-off’ link found in the Actions column. Once this has been done, you would need to scroll to the bottom of the page, select the checkbox associated with the signature, and then click on the ‘Save’ button.
2. Once you sign off on your CPI, you are unable to make any further edits! Your student will be able to view your CPI only if they have also signed off on their own CPI.

### Viewing your CPI with your Student and Signing-Off on your student’s CPI

1. Click on the Evaluations tab.
2. Click on ‘View’ link in the Actions column.
3. Use the filters to see the comments from both the student and the CI at the same time.
4. In the Evaluations tab, you will also see a link to ‘Sign-off’ on your student’s CPI indicating you’ve discussed the performance with your student. Please follow the Sign-off procedures listed in the previous section to complete the sign-off on your student’s CPI.

Additional Features/Tips: Creating a Critical Incident Report using CPI Web (only to be used as needed)

1. To create a Critical Incident Report, click the link that says ‘[Critical Incident]’.
2. Record the details of the incident clearly and concisely without reflecting any biases into the Behavior, Antecedent, Consequence, and Comments text boxes.
3. Once you are finished recording the incident, click on the ‘Submit Critical Incident’ button. When a Critical Incident report is properly submitted, the following text will appear on the screen in bold green lettering, 'You have successfully filed a Critical Incident Report.' If you do not see this text displayed on the screen, please click on the ‘Submit Critical Incident’ button again.



4. Once submitted, a Critical Incident Report notification will be emailed to the SCCE, Associate DCE and student.
5. Any completed Critical Incident Reports can be found in the Critical Incidents tab where it can be viewed and additional comments can be entered.

Submitting a Significant Concern - This MUST be accompanied by a Critical Incident Report using CPI Web

1. Select the Significant Concern checkbox.
2. A pop-up box will appear with the following text. 'You have indicated a Significant Concern for this criterion. A Significant Concern must be accompanied with a Critical Incident report. Click "OK" to document and submit a Critical Incident report. Click "Cancel" to uncheck the Significant Concern for this criterion.'
3. If you click on the 'OK' button, the Critical Incident Report text boxes will automatically appear. Please follow the steps listed above to create and submit the Critical Incident Report. PLEASE NOTE: If the Critical Incident Report is not submitted, the Significant Concern will not be submitted. Once a Significant Concern and accompanying Critical Incident Report are submitted, these CANNOT be reversed!
4. If you click on the 'Cancel' button, the Significant Concern will not be submitted.

Adding Post-Assessment Comments to the CPI:

1. Once you sign-off on the CPI, you cannot go back in to make further edits. After your meeting and review with the student, if you needed to enter in additional comments about the CPI, you would be able to add post-assessment comments to the CPI by clicking on the 'View' link in the Evaluations tab and then adding in the comments in the appropriate box near the bottom of the page. Post- assessments can only be made by the CI or student once they have signed-off on their own evaluation as well as signed-off on each other's evaluations.

Here are some things to note when there are multiple CIs assigned to evaluate one student in CPI Web:

Only one CPI is created. All of the CIs would work on the CI portion of the CPI and the student would work on one self evaluation. Each CI would have a separate comment box for all of the criteria. They would be able to see what the other CI had written, but they are unable to edit the

other CI's comments.

There is only one rating scale for each criterion for the CIs. This is a shared scale amongst the CIs listed on the evaluation meaning that one CI can edit the rating that was selected by the other CI. The minimum requirements to mark the section sign-off box for each criterion are that at least one CI comment box must be completed for the criterion and there must be a rating selected for the criterion. For example, if one CI commented on the CPI and the other CI agreed with what the other CI had written, the other CI wouldn't be required to enter in any comments on the CPI.

Once all of the section sign-offs have been checked and the evaluation is listed as Completed, either CI would be able to Sign-off that the evaluation is completed by clicking on the Sign-off link found in the Actions column in the Evaluations tab.

PLEASE NOTE: Once the evaluation part has been signed-off on, it will lock out any other CIs from being able to edit that evaluation part.

have any questions, comments or run into any issues using PT CPI Web, please contact Support at [ptcpiwebsupport@liaison-intl.com](mailto:ptcpiwebsupport@liaison-intl.com).

Last Updated 01/21/14

# PHYSICAL THERAPIST STUDENT EVALUATION:

## CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION



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

## PREAMBLE

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

### Key Assumptions

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

### Acknowledgement

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

who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

**Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, 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.**

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

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

**Orientation**

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

Patient/Client Management and the Practice Environment

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

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

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

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

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

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



9. During this experience, how frequently did staff (ie, CI, 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
- 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*

	<b>Midterm</b>	<b>Final</b>
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.

### **Description of Optional Lottery System**

A Lottery (ranking each student from first to last) may also be drawn in case of any conflicts that cannot be resolved with Autoplacement or if the Autoplacement process is deemed to be unsatisfactory by the DCE/Associate DCE.

Lottery numbers are used in the following way:

- For Clinical Education I, the student assigned Lottery pick #1 will have first choice from the list of sites available, #2 will have second choice, and so on until all students in the class have chosen.
- For Clinical Education II, the student assigned the first choice for Clinical Education I will have last choice, and all picks will be reversed in this manner.
- For Clinical Education III, the class will be divided into two separate Lotteries: one group for those who must complete an Inpatient rotation and one for Outpatient rotation. Additional subdivisions may be appropriate to separate students who would like a pediatric affiliation or other specialty site.

Lottery Number release (if needed) will be released around January or February. At this time:

- 1<sup>st</sup> year students get assigned Lottery number results for Clinical Education I and II.
- 2<sup>nd</sup> year students get assigned Lottery numbers for Clinical Education III