



# **MARSHALL UNIVERSITY**

## **College of Health Professions**

### SCHOOL OF PHYSICAL THERAPY

# **CLINICAL EDUCATION HANDBOOK**



#### **Faculty**

**Tamara N. Gravano, PT, DPT, GCS, CEEAA**  
**Director of Clinical Education (DCE)**

[Gravano@Marshall.edu](mailto:Gravano@Marshall.edu)

**304-696-5616**

## Table of Contents

Use of Clinical Education Handbook.....	5
Marshall University Vision and Mission Statement.....	6
College of Health Professions (COHP) Vision and Mission Statement .....	6
Graduate College Mission Statement .....	7
School of Physical Therapy Vision and Program Mission .....	7
DPT Program Goal .....	8
Purpose of Clinical Education .....	10
Clinical Education Program .....	10
Schedule of Clinical Affiliations .....	11
Principles in the Affiliation Experience .....	12
Guidelines for Students Selection of Clinical Affiliations .....	15
Student Responsibilities Prior to Each Affiliation.....	16
Affiliations Forms.....	17
Attendance Policy for Clinical Affiliations.....	19
Daily Schedule During Clinical Affiliation .....	19
Dress Code .....	20
Code of Conduct: School of PT.....	21
Safety in the Clinic Policy .....	24
Student Health Care and Emergencies .....	25
Marshall University Alcohol and Substance Abuse Policy .....	26
Drug Screening Policy.....	27
Criminal Background Check Policy.....	28
Child Abuse and Elderly Abuse Check Policy .....	29
School of PT: Technical Standards Policy.....	30
Site Requirements for Clinical Affiliations .....	33
Orientation to the Affiliation.....	33
Communication .....	34
Between Clinical Facilities and School of Physical Therapy.....	34
Between the Facility and Student .....	35
Between the Student and the School During Affiliation.....	36

Between the DCE and faculty .....	36
Evaluation and Grading.....	37
Grading.....	37
Formative Evaluations.....	37
Summative Evaluations.....	38
Final Grades .....	39
In the Event of Failure .....	40
Passing Scores for Clinical Affiliations .....	41
Rating Scale for Clinical Performance.....	42
Reasons for Using the CPI for Evaluation of Students .....	43
Guidelines for Use of CPI.....	43
Tips for the Clinical Instructor When Rating Student .....	44
Rights of CI and CCCE .....	45
Checklist for Clinical Instructors .....	46
Guidelines for Selection and Expectations of Clinical Affiliation .....	47
Criteria for Selection of Clinical Sites.....	49
Development of New Clinical Affiliation Policy .....	50
Evaluation of Clinical Affiliation Sites .....	51
Clinical Faculty Development .....	51
Complaints Policy .....	52
Appendix A: Clinical Education Course Syllabi.....	54
PT 791 .....	55
PT 792.....	60
PT 793.....	66
Appendix B:.....	72
Doctor of Physical Therapy Curriculum.....	73
Doctor of Physical Therapy Course Descriptions.....	74
Appendix C: Regulatory information: .....	78
Sharing of Student Information .....	79

<b>FERPA Policy .....</b>	<b>80</b>
<b>Patient Confidentiality Policy.....</b>	<b>82</b>
<b>APTA Code of Ethics .....</b>	<b>83</b>
<b>APTA Guide to Professional Conduct .....</b>	<b>84</b>
<b>Appendix D: Student Forms.....</b>	<b>91</b>
<b>Optional New Affiliation Request Form .....</b>	<b>92</b>
<b>Student Information Form.....</b>	<b>93</b>
<b>Appendix E: CI Forms.....</b>	<b>96</b>
<b>Weekly Summary Form .....</b>	<b>97</b>
<b>Sample Anecdotal Form.....</b>	<b>98</b>
<b>Critical Incident Report Form .....</b>	<b>99</b>
<b>Site Visit or Phone Conference Form .....</b>	<b>100</b>
<b>Clinical Performance Instrument (CPI).....</b>	<b>101</b>
<b>Clinical Site Information Form(CSIF) .....</b>	<b>101</b>
<b>APTA Student Evaluation.....</b>	<b>101</b>
<b>Appendix F.....</b>	<b>102</b>
<b>New Clinical Affiliation Review Form.....</b>	<b>103</b>
<b>MARSHALL UNIVERSITY Clinical Affiliation Contract.....</b>	<b>104</b>
<b>Annual Placement Request Form .....</b>	<b>107</b>
<b>Appendix G .....</b>	<b>108</b>
<b>Quality Improvement Tracking Form .....</b>	<b>109</b>
<b>Appendix H .....</b>	<b>110</b>
<b>Technical Standards.....</b>	<b>111</b>
<b>Verification of Receipt of Clinical Education Handbook.....</b>	<b>113</b>

## USE OF THE CLINICAL EDUCATION HANDBOOK

The CLINICAL EDUCATION HANDBOOK has been compiled by the Director of Clinical Education at the Marshall University College of Health Professions. The Handbook is to be used by physical therapy students in the Physical Therapy Program and the Clinicians at the Clinical Sites that have contracts with the Program.

The Clinical Education Handbook provides students with guidelines, policies, procedures, and general information about the clinical education program. The Handbook is used in the following clinical education courses: PT 791, PT 792, PT 793, and PT 753. This Handbook is used by students as a reference for all clinical education experiences.

The Clinical Education Handbook provides Clinicians with an overview of the Physical Therapy Clinical Education Program at Marshall University College of Health Professions. Clinicians should use this Handbook as a resource. Prior to the start of a clinical rotation, Clinicians should review the information contained in the Handbook and Student Information Package regarding Course Syllabus, Grading Policy, Attendance, and other pertinent policies. If Clinicians have any questions or concerns regarding the information and/or policies in the Handbook or Student Information Package, they should contact the Director of Clinical Education noted on the front of this document.

Clinicians may also use the Marshall University School of Physical Therapy website (<http://www.marshall.edu/physical-therapy/>) to obtain additional information about the College of Health Professions and the School of Physical Therapy. Clinicians can also access the University Graduate Catalog (<http://www.marshall.edu/catalog/graduate-catalogs/>) for additional policies and procedures.

*Please note: Clinicians and students will be informed and provided with written and/or electronic copies of any changes or revisions to the Clinical Education Handbook.*

The School of Physical Therapy (SOPT) offers an entry level Doctor of Physical Therapy (DPT) degree program for persons interested in becoming a physical therapist. The policies outlined in this document apply to these DPT students. The entry level program is currently undergoing accreditation by the Commission on Accreditation in Physical Therapy Education (CAPTE). The SOPT continuously evaluates the curriculum and policies, thus, modifications may occur.

---

### **Marshall University Vision and Mission Statement**

Marshall University's Vision Statement (<http://www.marshall.edu/2020/>) posits that "Marshall University, an exemplar of excellence in teaching and learning, will continue to place its highest priority on providing outstanding undergraduate and graduate education, resulting in national recognition in academics and in scholarly, artistic, and creative achievement. Marshall's students will graduate well prepared for the responsibilities of life within a culturally diverse and globally interdependent society. Marshall will address the changing needs of the state and region and will return to the community and state an outstanding value for the resources invested in the university."

The mission statement (<http://www.marshall.edu/strategic/university-mission-statement/>) includes the commitment to provide affordable, high quality education, foster and encourage faculty, staff and student to perform community outreach and seek to enhance health care in the region, provide safe and secure work and learning environments, educate the citizenry, and adhere to the Marshall Creed and Statement of Ethics.

Faculty are expected to support the mission of the university by remaining current in their fields, by providing improved instruction through innovative curricula, by contributing to the body of knowledge and by helping students to engage in scholarly, artistic, and creative endeavors, and to develop the ability to navigate through a rapidly changing society. Staff and administration are expected to support the university and personnel in all these endeavors.

The University seeks to provide students with the opportunity to use knowledge, creativity and critical thinking skills to better their communities, to critically examine issues facing society in order to contribute to the betterment of society, to appreciate diversity, and to prepare themselves for graduate education in their chosen professions.

### **College of Health Professions (COHP) Vision and Mission Statement**

The COHP Vision and Mission statements mirror those of the University, by being committed to offering quality undergraduate and graduate health professions education. The focus of the College of Health Professions is upon being interactive with the community, including rural and underserved areas, and responding to contemporary and future needs of society, and the health professions.

(<http://www.marshall.edu/cohp/>)

## Graduate College Mission Statement

The mission of the Graduate College of Marshall University is to provide quality educational opportunities at times and places convenient to students, employing alternative delivery systems and rich learning resources. The institution promotes excellence in instruction, research and public service in the interest of enhancing the intellectual, professional, and personal growth of students, faculty, and staff.

In support of its graduate mission, Marshall University values:

- excellence in teaching and advising;
- support services for students;
- expansion of knowledge through research and inquiry;
- interactive and collaborative relationship with the community;
- open access to quality educational opportunities;
- lifelong learning;
- cultural diversity;
- the continuous review of our programs and administrative processes;
- innovation and efficiency in the use of resources; and
- personal and institutional accountability.

## School of Physical Therapy Vision and Program Mission

### *SOPT Vision*

In congruence with the Marshall University and the College of Health Professions, and the Graduate College, and in answer to the needs of the community, it is the Vision of the SCHOOL of Physical Therapy and the Doctor of Physical Therapy (DPT) program:

To retain faculty, who collectively and individually, embody and exemplify each of those attributes we seek to instill in our students, and to graduate therapists who will not only be skilled autonomous, primary care physical therapy practitioners and advocates for patients and the profession, but also facilitators of learning through the preservation, discovery, synthesis, and dissemination of knowledge.

### *Program Mission:*

To provide excellence in physical therapist education in order to prepare highly competent self-reflective physical therapists capable of treating culturally diverse populations of clients with varying health care needs from maintaining optimal wellness, preventing onset, symptoms and progression of impairment, functional limitations and disability, to restoring function at the highest possible level;

To produce autonomous practitioners who are effective teachers, community partners and leaders who give back to their community, advocate for patients and the profession at all levels, and are integral members of a patient/client centered interdisciplinary team;

And finally, to produce clinicians who practice evidence based physical therapy, seek to preserve, discover, synthesize and disseminate knowledge, and establish personal development plans to sustain lifelong learning once practicing in the profession.

### DPT Program Goals:

In keeping with the purposes and aims outlined in the mission statement, the goal of the DPT program is to educate, train, and prepare the professional graduate physical therapy practitioner who will:

- Serve as autonomous primary care practitioners who are proactive and responsive to the changes in physical therapy practice by:
  - Demonstrating sound, independent, and evidenced-based clinical decisions utilizing information literacy, critical thinking skills, and empiric data.
  - Committing to evidence-based practice by acquiring basic and applied research skills necessary for discovery, assessment, application and/or dissemination of new knowledge.
  - Adhering to the core professional values and established ethical and legal guidelines for practice and research
  - Making professional referrals to appropriate personnel, and directing and supervising personnel to meet patient goals and expected outcomes.
  - Becoming an advocate for patients, the community and the profession.
  - Accepting responsibility for personal and professional growth.
- Use principles of evidence-based practice and critical thinking to solve clinical problems by:
  - Utilizing the scientific method in the patient care process and peer-reviewed research to inform clinical practice.
  - Engaging in the diagnostic and prognostic process and determination of any patient's needs across the lifespan through the use of appropriate assessment examination and evaluative procedures, and correct interpretation of the data obtained.
  - Observing, recording, and interpreting pertinent information concerning patient problems, goals, treatment, and progress.
  - Establishing and applying treatment plans demonstrating effective intervention techniques which reflect critical inquiry and sound clinical decision making strategies, and are distinguished by advocacy, trust, respect, and an appreciation for individual difference, then monitor and modifying those plans and goals, accordingly.
- Become effective communicators and teachers of patients, families, peers, community and students by:
  - Valuing the importance of effective communication in the provision of health care services.
  - Developing effective listening skills in order to accurately interpret communication with others
  - Developing reading, writing, verbal and non-verbal skills that support and facilitate clear and concise communication and professional documentation of evaluation data, and evidence-based rationale for treatment decisions, plans and the delivery of services.
  - Explaining, in a culturally sensitive manner, a patient's diagnosis, prognosis, and physical therapy plan of care to the patient and his/ her caregiver.
  - Delivering professional presentations and writing professional papers.
- Participate in the design, management, and delivery of physical therapy services by:
  - Applying principles of planning, organization, supervision, and evaluation.
  - Designing a system for the management of personnel, equipment, space, and finance.
  - Supporting professional advancement through appropriate participation in professional activities, research, continuing education, and recruitment.
  - Discussing the issues and problems in health care delivery systems.



- Functioning as a unique, independent, and interdependent member of the health care team.
- Committing to enhancement of quality of life and health and wellness of the community by delivering the highest quality, culturally sensitive physical therapy services, including primary and secondary prevention programs, to the individuals and communities, particularly those living in sparsely populated rural settings and/or dealing with chronic diseases.

**MARSHALL UNIVERSITY  
COLLEGE OF HEALTH PROFESSIONS  
SCHOOL OF PHYSICAL THERAPY**

**CLINICAL EDUCATION PROGRAM**

**Purpose Statement**

Clinical education is an essential component in the physical therapy curriculum. Clinical affiliations provide the integration of the student's didactic and laboratory coursework into a real clinical practice setting. The student will integrate his/her cognitive, psychomotor, and affective skills in an environment that facilitates them to develop and become a competent entry-level physical therapist. It is through a cooperative effort between the University, clinical site, and student that the clinical education program meets its goal of ensuring quality full-time clinical experiences for our students.

**Integration of Clinical Education through the Entry-Level DPT Program**

The Clinical Education Program provides the student with a series of clinical experiences, which exposes the student to a variety of practice settings. It is through the integrated and full-time clinical affiliations that the student achieves curricular goals which lead to entry-level competence.

Students have several different types of clinical experiences in our program. The first type occurs throughout the curriculum. The student participates in clinical experiences based on the didactic information presented in the classroom. Students are introduced to patient populations in courses such as Clinical Skills, Evidence-Based Physical Therapy, Advanced Clinical Physiology, Neurosciences, Movement Science, Medical Pathology in Physical Therapy, Rehabilitation in Select Patient Populations, Neurorehabilitation, Cardiopulmonary Rehabilitation, Musculoskeletal and Integumentary. In many of these courses, students have opportunities to visit local clinical sites to observe, examine, evaluate, and/or treat patients. During the clinic visit, the students are supervised by faculty or clinical faculty.

The second type of clinical experience are the integrated and full-time clinical affiliations of approximately 35 weeks. The clinical affiliations provide the student with opportunities to learn the foundation of patient care, to develop skills in patient/staff education, health promotion/prevention, and administration.

The first encounter, PT 753, is Professional Practice series course which includes an introduction to clinical education that occurs in the fourth semester during their second year. The content is designed to cover general information about the role of a physical therapist in the clinic, professional development in the clinical setting, introduction to the clinical education process, expectations of clinical education (school, student, and clinic responsibilities), evaluation tool, and introduction to the legal ramifications of patient care and student learning.

The first clinical affiliation, PT 791- Clinical Internship I, occurs during the fall in the fifth semester of the program after successful completion of all required academic coursework. The affiliation is eight weeks long in length and the students are usually placed in an acute care hospital, sub-acute facility, or outpatient clinic. The student is supervised by a licensed physical therapist and will have the opportunity to apply the knowledge learned during the prior full year of the program. Emphasis is placed on safe and effective physical therapy practice, applying principles of professional conduct, competence with basic tests/exam, basic patient management skills, competence in communication skills, and documentation.

The second clinical affiliation, PT 792- Clinical Internship II, occurs during the fall in the 8th semester of the program, in the third year and is twelve weeks long, following successful completion of all required academic coursework. A student may choose from a variety of clinical settings such as acute care, outpatient, orthopedics, geriatrics, neurology, pediatrics, or rehabilitation. During this affiliation, the emphasis is on the student mastery of patient examination/evaluation, re-evaluation, patient management skills, and interventions.

The third and final clinical affiliation, PT 793- Clinical Internship III, occurs during the spring semester of the third year and is fifteen weeks long, following successful completion of all required academic coursework. Students may choose a specialty area of interest or improve their skills by participating in another affiliation in an area they have already experienced. A student may choose from a variety of clinical settings such as acute care, outpatient, orthopedics, geriatrics, neurology, pediatrics, or rehabilitation. The emphasis for the students is clinical competence in all areas of patient care.

## **SCHEDULE OF CLINICAL AFFILIATIONS**

### **PT 791: Clinical Internship I\***

An eight-week affiliation scheduled from early August to Late September, which is usually an acute, sub-acute, or outpatient affiliation. Students participate in this affiliation after successful completion of the first four semesters.

### **PT 792\* Clinical Internship II\***

A twelve-week affiliation scheduled from October to Mid-December. Students participate in this affiliation after successful completion of the first two years of coursework and Clinical Internship I.

### **PT 793: Clinical Internship III\***

A fifteen-week Final affiliation scheduled from Early January-Late April. Students participate in this affiliation after successful completion of the first two and a half years of coursework and Clinical Internship I and II.

\*See Appendix A for Course Syllabi

## **PRINCIPALS IN THE AFFILIATION EXPERIENCE**

### **Director of Clinical Education (DCE)**

An individual employed the academic institution, Marshall University School of Physical Therapy, whose primary concern is relating the student's didactic preparation to the clinical education experience. This coordinator administers the clinical education program and, in collaboration with the academic and clinical faculty, plans, coordinates and evaluates each student's clinical education experience.

### **Center Coordinator of Clinical Education (CCCE)**

The individual(s) at each clinical education site who coordinates, arranges, and administers the clinical education program for physical therapy students. The CCCE communicates with the DCE and/or Assistant DCE and faculty at the academic institution. This individual(s) completes the Clinical Site Information Form (Appendix F) and other administrative documents. The CCCE provides supervision and guidance for the Clinical Instructors.

### **Clinical Instructor (CI)**

A licensed physical therapist that is directly responsible for the education and supervision of the physical therapy student in the clinical setting. The CI is expected to provide honest, open, continuous, consistent feedback to students and complete midterm and final CPI assessments (Appendix E) of the student's performance.

### **Student**

An individual involved in the clinical education program. This person is a representative of the academic institution and is expected to adhere to the ethical and legal guidelines of the profession. During a clinical affiliation, the student is an active learner in the clinical education process. The student is not an employee of the facility. This individual is expected to comply with the rules, regulations, and schedule of the assigned clinical affiliation.

## **GUIDELINES FOR STUDENT SELECTION OF CLINICAL AFFILIATIONS**

### **I. Choosing an Affiliation**

1. The DCE will assign students for the first clinical affiliation (PT 791) to an acute care hospital, sub-acute facility, or outpatient clinic. The Demographic and Location Request Form assists the DCE in selecting the first clinical experience. This form includes: student's name, contact information, emergency contact information, and previous physical therapy volunteer and/or work experience.
2. Students choose affiliations for PT 791, PT 792, and PT 793, in conjunction with the DCE, from a list of available clinical sites for each individual clinical affiliation. The DCE will review the Demographic and Location Request Form and will work with the student to select an appropriate facility/clinic. Placements may be changed or cancelled secondary to academic problems, professional issues, behavioral issues or other such reasons.

**\*\*Note:** Several facilities have multiple settings, locations; please make sure to ask about specific locations.

3. Clinical education experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment. Students are encouraged to complete an acute care, an inpatient neurologic rehab, and/or a general outpatient orthopedics affiliation to best meet these needs.
4. Students should not choose an affiliation based on another student's choice of clinical affiliation.
5. Students are encouraged to review the Clinical Site Information Forms, located electronically and in the DCE's office, when considering a choice. When developing their list of choices, student should consider the following:
  - a. Type of facility/clinic
    - i. Acute care, sub-acute, outpatient, SNF, pediatrics, home health, etc.
    - ii. Teaching institution, community based hospital, specialty facility, etc.
  - b. Location of facility
    - i. Urban, suburban, rural
    - ii. Transportation requirements
      1. Public transportation
      2. Car required
  - c. Housing
    - i. Facility/clinic provided
    - ii. Availability of housing near facility/clinic
    - iii. Cost
  - d. Size of facility/clinic

- i. Number of patient beds
  - ii. Number of physical therapists
- e. Special programs
    - i. Cardiac, transplant, trauma, SCI, TBI, pediatrics, etc.
  - f. Student programs
    - i. Number of schools affiliating with facility/clinic
    - ii. Types of programs: PT, PTA, OT, etc.

## **II. Meeting with DCE prior to choosing/ assignment of affiliation**

1. Students are encouraged to meet with DCE prior to choosing a clinical site for a clinical affiliation. Students should be prepared to ask pertinent questions about the potential affiliation facilities/clinics.

## **III. Expenses**

1. Students should consider all expenses related to the affiliation experience when developing a list of choices. Students are responsible for all expenses related to the clinical affiliation, including, but not limited to travel, room and board. Marshall University's College of Health Professions and/or the School of Physical Therapy are not responsible for any expenses incurred in preparation for and/or during any clinical affiliation, including affiliations that are cancelled prior to the start of the clinical affiliation.

## **IV. Cancellations of Affiliations**

1. Clinical affiliations may be cancelled at any time, either due to student issues or changes in the clinic. It is crucial to note that no selection/assignment is definite until the start day of the clinical affiliation. Clinical sites may cancel an affiliation at any time secondary to such issues as: staffing shortages, patient census, administrative issues, or other such issues/problems.
2. In the event of a cancellation of an affiliation, the DCE will arrange a new clinical affiliation. Students may be required to travel or incur additional expenses when an affiliation is cancelled.

## **V. Other**

1. Students with children will require special consideration by their fellow classmates when choosing an affiliation.
2. The DCE may also consider the student's academic performance, inter-personal skills, personal hardships, and geographic location when determining a clinical affiliation.
3. In order to maximize the depth and breadth of student clinical education experiences, students may not choose clinical affiliations with those facilities/clinics where they have performed volunteer work, worked as a technician, received physical therapy services, pre-existing formal arrangements (ie. scholarship/contract, or job commitment after graduation) or other such situations.

## **STUDENT RESPONSIBILITIES PRIOR TO EACH AFFILIATION**

1. Students are required to update all health records, including PPD. A physical and/or drug screen may be required by some clinical sites. Students are responsible for any costs incurred with the screen.
2. Inform the DCE of anything that might have the potential to impact your clinical performance during the clinical rotation.
3. Provide a copy of current professional liability and CPR certification. These two requirements must not expire while the student is participating in the clinical affiliation experience.
4. Completed the training modules for Code of Conduct and HIPAA Privacy and Security. Training is offered in various formats including orientation sessions, and web-based self-study.
5. A criminal background check/clearance, child abuse check, or elder abuse check may be required by clinical sites. Students are responsible for all costs associated with these procedures.
6. Attend the session on OSHA guidelines, including infection control precaution. This material is presented in the Clinical Skills II and/or Professional Practice III courses.
7. Submit a completed Demographic and Location Request Form to the DCE, or assistant within prescribed time.
8. Email, Mail or drop off a student package to the CCCE of the assigned clinical site.
9. Locate housing for the assigned clinical affiliation. Students should refer to Clinical Site Information Form (CSIF), list provided by facility/clinic, or recommendations from CCCE/ prior students.
10. Students are responsible for all cost of transportation and/or housing.
11. Prepare for each affiliation by reviewing course syllabi and notes taken during each course preparatory session. Contact Clinical Coordinator of Clinical Education (CCCE) on what text and/or coursework to review prior to each affiliation.
12. Be flexible. Cancellations may occur at any time. If a cancellation occurs, the student will be placed in another setting at the facility or a new facility. The DCE will make every effort to find a comparable assignment. **If an affiliation is cancelled, under NO circumstances should a student attempt to establish their own clinical rotation.**

## **AFFILIATION FORMS**

### **Clinical Site Information Form (CSIF)**

The CSIF is used by the SOPT to provide information about a clinical site. A copy of the CSIF for each facility is filed in the facility's folder located in DCE's office. Students are encouraged to read the CSIF to familiarize themselves with each facility. (Appendix F)

### **Clinical Affiliation Contract**

A contract is a required document to indicate the clinical affiliation agreement between Marshall University College of Health Professions School of Physical Therapy and the clinical affiliation site. The contract must be reviewed and signed by the appropriate representatives of both the clinical site and Marshall University College of Health Professions School of Physical Therapy prior to the initiation of an affiliation. (Appendix F)

### **Student Demographic and Location Request Form**

The Student Demographic and Location Request Form is submitted prior to the clinical affiliation. This form assists the DCE in selecting the clinical affiliation. This form contains student's name, contact information, emergency contact information, and previous physical therapy volunteer and/or work experience, and previous clinical rotations. (Appendix D).

### **Student Information Form**

The Student Information Form is provided to the CCCE and CI. This form assists the CCCE and CI in developing a plan for the clinical affiliation experience. The Student Information Form includes: student's information, emergency contact information, type and level of clinical experiences, clinical interests, outside interests, and student's learning styles. This form is part of the Student Package (Appendix D)

### **Student Package**

The Student Package is provided to the CCCE and CI. This package includes the following: general curriculum information, updates on clinical education, course syllabi, copies CPR/professional liability/health records/HIPAA, and student information form.

### **Clinical Performance Instrument – Evaluation of the Student**

The Clinical Instructor is expected to assess a student's performance during all long-term clinical rotations. Feedback between Clinical Instructor and student is expected to be ongoing and continuous. A formal evaluation, using the Clinical Performance Instrument (CPI), will occur at the midterm and final period of the affiliation. Both CI and student will complete and review the midterm and final CPI assessments. Both midterm and final CPI assessments require the signatures of the student, CI(s), and CCCE. (Appendix E)



### **Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction**

Throughout the clinical rotation, the student is expected to provide the CI feedback about the clinical experience. At midterm and completion of the clinical affiliation, the student will complete a written evaluation of the clinical site and CI. The evaluation should be reviewed and signed by the CI and student. After the final evaluation, the form is to be turned in to the DCE within one week of the completion of the affiliation. (Appendix E).

**\*\* DO NOT SIGN ANY OTHER FORMS WITHOUT CONTACTING THE DCE OR ASSISTANT DCE**

## **ATTENDANCE POLICY FOR CLINICAL AFFILIATIONS**

The student is expected to attend all assigned clinical experience days and to be punctual at all times. Students are not allowed to miss any days of the clinical experience for personal reasons. If there is some reason (ie. Sickness, death of a family member, etc.) that may require the student to be absent for one or more days, they are to contact both the facility and the Director of Clinical Education to request permission to be absent. If any days are missed due to these reasons, they must be made up in order to meet the requirements of the course. Failure to show up for the clinical without contacting the CCCE and DCE prior to the absence may result in failure of the course.

1. Time missed for illness or emergency is to made-up at the discretion of the DCE. The CI in consultation with the DCE or Assistant DCE will determine the appropriate schedule to make-up the missed clinical time. It may be necessary to extend the length of the affiliation to allow the student to make-up the missed days.
2. Students are expected to follow the inclement weather or disaster policy of the assigned affiliation.  
The student must never put himself/herself in peril while traveling to the clinical site. Time missed is to made-up at the discretion of the DCE. The CI in consultation with the DCE will determine the appropriate schedule to make-up the missed clinical time. It may be necessary to extend the length of the affiliation to allow the student to make-up the missed days.
3. Students are expected to adhere to the daily scheduled hours of the facility and/or the CI. Students may be required to work evenings, weekends, or holidays. Students and CI(s) should discuss the schedule prior to the start of the clinical affiliation.

## **DAILY SCHEDULE DURING THE CLINICAL AFFILIATION**

**Students are expected to adhere to the scheduled hours of the clinical affiliation.**

1. Students are expected to be present at the affiliation during the scheduled working hours of the facility and/or Clinical Instructor(s).
2. Students are expected to know their daily working hours and to adhere to that schedule.
  - a. Students who are late more than three times may fail the affiliation.
3. Students may be required to work evenings, weekends, and/or holidays.
  - a. Students and CI(s) should discuss the schedule prior to the start of the affiliation.
  - b. Students may asked to adjust their schedule based on the needs of the facility.
4. Students may be required to extend their hours to benefit from in-services, SOPT programs, additional learning opportunities, and/or at the request of the CI.

## **DRESS CODE**

1. Students are required to wear attire which conforms to the image of the professional physical therapist. The School of Physical Therapy School is a patient-care setting where patients, other professionals, and the general public form an impression of us which is based on our appearance and conduct.
2. The trunk region (midriff section) should be covered at all times. This includes classroom and clinical situations.
3. Clinical attire – this applies to dress to be worn during clinical work or during class visits to different clinical settings. Minimally appropriate clinical attire consists of Marshall University polo shirts, cotton twill full length slacks, and flat shoes with closed heels and toes. The students are responsible for contacting their clinical instructors in advance for any other dress requirements that clinic might have (e.g., lab coats, neckties, scrubs, etc.). Marshall University identification should be worn at all times. Any specific clinic dress code requirements supersede the Marshall University SOPT dress code while at that facility.
4. If a facility requires the students to wear an I.D. from their facility, the student may cease wearing the Marshall University identification badge.
5. Failure to comply with the dress code may result in verbal and written warnings. Repeated failure to adhere to professional appearance of the clinical site will result in dismissal from the clinic.

## CODE OF CONDUCT

1. The student is encouraged to see himself or herself as a perpetual learner and to respect the professional aspirations of the other class members. Each student is expected to participate and assist in creating a learning atmosphere in all clinical settings.
2. Students are expected to act in a professional manner at all times. Although professionalism is difficult to define, it includes such things as honesty, integrity, respect of others, being helpful and courteous in the classroom and clinic, prompt attendance at all scheduled classes and meetings, behaving in the appropriate and necessary manner which is consistent with a clinical/academic setting. In other words, it is behavior which reflects your view of yourself and your profession. Students **MUST** maintain a **PROFESSIONAL** attitude at all times, including, above all **HONESTY** and **INTEGRITY**. Students must also demonstrate respect for others at all times, including during classes, labs, clinics, etc. Failure to do so will result in disciplinary action, which may include dishonorable dismissal from the program. Students must also uphold the **CODE** of **ETHICS** and the **GUIDE** for **PROFESSIONAL CONDUCT** of the American Physical Therapy Association (Appendix C). Students are expected to comply with the West Virginia Physical Therapy Practice Act: HB 4140 (see WV Board of PT, HB 4140)
3. Whenever you are in the presence of a patient, you are expected to respect the dignity, individuality, and privacy of that patient. All information regarding any patient is considered private and confidential, and is not to be discussed outside of the academic or clinical setting.
4. Smoking and use of any form of tobacco is not permitted in Marshall University buildings and facility/clinics.
5. Bringing firearms (or other weapons) onto state property or clinical site is illegal. Because the safety and well-being of our faculty, staff, student, visitors, and patient to our campus and clinical sites are of utmost concern, this message is a reaffirmation of our policy of no unauthorized firearms on the campus of the Marshall University College of Health Professions, at university-sponsored functions, and clinical sites. Under the provisions of the West Virginia Code § 61-7-11A., it is illegal and expressly prohibited to engage in the unauthorized carrying of a firearm or dangerous weapon by a student or non-student on University property, including dormitory rooms, at university-sponsored events, or in or on any public or private primary or secondary education building, structure, facility or grounds thereof. These areas are designated by law as firearm-free zones. The law carries with it **severe penalties**.
6. Due to the disruptive nature of mobile devices, all phones must be turned off or kept in the silent mode during all class periods, exams, and during all patient care times (observations, clinical internships. If you are expecting an emergency-type call, place the device on silent mode. Leave the room before answering it. Also, prior to the beginning of class or patient treatment session, inform the faculty or CI that you may be leaving the room due to a potential emergency call.

7. Standards of Conduct for the Use of Electronic/Social Media: The School of Physical Therapy recognizes that social networks and other electronic media can be beneficial to the delivery of quality healthcare. However, inappropriate use of electronic media such as social networks, chat rooms, forums, etc., violate a patient's right to confidentiality and privacy. It may also cross the professional boundary between a therapist and his/her patient. Therefore the School of Physical Therapy has adopted the following guidelines to minimize the risks associated with use of social networks and all other electronic media:

- A. Students must recognize they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- B. Students are strictly forbidden from transmitting any patient-related image via electronic media.
- C. Students must not share, post or otherwise transmit any patient information, including images, unless there is a patient care related need to disclose information or other legal obligation to do so.
- D. Patients should not be identified by name or any other method (such as nickname, room number or diagnosis) that could lead to the identification of the patient. Limiting access to postings through privacy settings is not sufficient to protect the patient's privacy.
- E. It is not acceptable to post any information about a patient even if their name is not identified.
- F. Students should never refer to a patient in a derogatory or disparaging manner, even if the patient is not identified.
- G. No photos or videos of patients may be taken on a personal device, including cell phones.
- H. Students must always maintain appropriate professional boundaries with patients. On-line contact with patients or former patients blurs the distinction between a professional and personal relationship. Inappropriate communication via electronic media is discouraged. This includes instances where the patient contacts the student first. If this should happen, the student should notify their instructor as soon as possible.
- I. Students should understand patients, colleagues, institutions and prospective employers may view postings on social media websites. Students should not make threatening, harassing, profane, or other offensive comments or disparaging remarks about patients, instructors, other students or facilities, even if they are not expressly identified.
- J. Students should bring content that could harm a patient's privacy, rights, or welfare to the attention of faculty.
- K. If the student has any doubt about the appropriate use of electronic/ social media they should contact their instructor for further guidance.

Inappropriate use of Electronic/Social Media can lead to disciplinary action including but not limited to formal reprimand, suspension or dismissal from the program. Students can also be held personally liable. Such violations may result in civil and criminal penalties including fines or possible jail time in accordance with state and federal laws.

## **SAFETY IN THE CLINIC**

**Students are expected to practice in a manner that minimizes risks to patients/clients, self, and others.**

In the Clinical Skills II course, students will receive formal training on the universal precautions and blood borne pathogens.

Students who put safety of patients/clients at risk may be removed from the clinical affiliation and receive a grade of "Fail" for the affiliation.

Student who put their own safety at risk may be removed from the clinical affiliation and receive a grade "Fail" for the affiliation.

Safety at risk may include, but is not limited by:

- Failure to observe health, safety, and emergency regulations
- Failure to maintain a safe work environment
- Failure to observe patient/client treatment contraindications or precautions
- Failure to recognize, monitor and/or adjust treatments according to patient/client responses
- Failure to use appropriate assistance of others
- Failure to use appropriate techniques for safe handling for patients/clients
- Failure to maintain safety for self (body mechanics, environment, etc.)

If the student demonstrates safety concerns in the affiliation, the CI should write an accurate and clear statement regarding the safety concerns. The CI should notify the DCE as soon as possible. The DCE will determine if the safety concerns warrant on of the following:

- A written plan of action or remediation to help the student adhere to safety standards.
- Immediate removal from the clinical affiliation and a grade of "Fail" for the Clinical Affiliation.

**Note: The University is not responsible for the student's safety during travel to and from the clinical affiliation.**

## **STUDENT HEALTH CARE AND EMERGENCIES**

1. Marshall University offers group health insurance program for students (refer to the Marshall Student Handbook). At the time of registration, student must either purchase coverage from this plan or must be prepared to show evidence of coverage by another plan, in which case the requirement to purchase may be waived. Students who receive medical treatment or who are referred to outside hospitals or clinics will be responsible for their bills. Students are expected to pay the charges and then file a claim with their insurance carrier.
2. Outpatient care for episodic illnesses, emergencies, and chronic illnesses is provided by student health services (<http://www.marshall.edu/studenthealth/>).
3. The cost of primary care services for student outpatient visits at student health is supplemented with a portion of the University Fee. Students, and/or their insurance carriers are responsible for costs related to laboratory, X-ray, medications, hospital bills, consultants, and other non-reimbursed fees. A physician is on call 24 hours a day, including weekends and holidays.
4. Short-term mental health crisis/ stress counseling services are available to enrolled students through partial funding from student health fees. Counselors are available on and off campus.
5. Student health records are protected by HIPAA and kept separate from other student records in the Office of Student Health Services.
6. During clinical affiliations, students are required to report all emergencies immediately to the DCE. Students should be familiar with the clinical site's emergency guidelines. Students are responsible for all cost associated with emergency services required during the clinical affiliation.

## **ALCOHOL AND SUBSTANCE ABUSE**

Authorized use of, possession of, or being under the influence of alcohol and the illegal use, abuse, possession, manufacture, dispensation, distribution of, or being under the influence of controlled or illegal drugs is prohibited while at work, on call, on duty, at school, or engaged Marshall University business on or off Marshall University premises. Marshall University provides for on-going alcohol and drug-testing program for reasonable suspicion/for cause, post accident, periodic monitoring, and random testing.

### **STUDENT HEALTH EDUCATION & SUBSTANCE ABUSE PREVENTION PROGRAMS**

Student Health Education Programs (SHEP) <http://www.marshall.edu/shep/> offers counseling and educational services which promote the wellness concept of a balanced lifestyle. SHEP provides: workshops, films, a resource library, counseling and referral for family planning, weight loss classes, smoking cessation classes, and education on a variety of health issues.

The Substance Abuse Education Prevention Program (SAEP) provides seminars, growth groups, and other programs to promote the responsible use of alcohol and to educate the campus community about the problems associated with the use of illegal drugs. Individual counseling and referral are an integral part of this service. Students are encouraged to contact the Coordinator for more information about BACCHUS and other services available. For information or service, contact the office of Student Health Education Programs.

The Substance Abuse Policy applies to all faculty, staff, residents, and students of the COHP. Students must understand the initial and continued enrollment is contingent upon compliance to this policy. The complete policy on substance abuse is located at: <http://www.marshall.edu/wpmu/disclosures/drugfree/>



## **DRUG SCREEN**

Participation in clinical experiences and affiliation is a required part of the curriculum and a requirement for graduation. Clinical rotation sites may deny a student's participation in the clinical experience and rotation because of failure of a required drug test, which would result in delayed graduation or in the inability to graduate from the program.

Students may be required to be screened for use of drugs to fulfill mandates from Clinical Sites or to participate in Clinical Affiliations. Prior to the start of an affiliation, the CCCE will inform the student if a drug screen is required. If a drug screen is required at the clinical site, the student may be provided with the following option(s):

- The clinical facility will perform an on-site drug screen
- The clinical facility will recommend off-site facility to perform the drug screen
- The academic program will recommend an off-site facility to perform the drug screen

The student will be responsible for costs associated with the drug screen.

Results of the drug screen will be sent to the CCCE of the clinical site. If the student's drug screen is positive, the CCCE will notify the DCE immediately. The findings will be forwarded to the Associate Dean for Academic Affairs of the College of Health Professions. The student will be required to meet with the Associate Dean for Academic Affairs. After further review, the Associate Dean for Academic Affairs may decide:

- If additional drug screen(s) is necessary
- Refer the student to the Substance Abuse Education Prevention Program (SAEP) for assessment of alcohol and/or drug problems and counseling  
[\(http://www.marshall.edu/wpmu/disclosures/drugfree/\)](http://www.marshall.edu/wpmu/disclosures/drugfree/)

The student will be removed from the clinical affiliation and required to meet with DCE. The student will be informed and advised of the West Virginia Board of Physical Therapy Practice Act regarding the use of alcohol and/or drugs. "To be eligible for a license to engage in the practice of physical therapy, the applicant must: Not be an alcohol or drug abuser, as these terms are defined in section eleven, article one-a, chapter twenty-seven of this code: *Provided*, That an applicant in an active recovery process, which may, in the discretion of the board, be evidenced by participation in a twelve-step program or other similar group or process, may be considered,"

## **CRIMINAL BACKGROUND CHECK**

Participation in clinical experiences and affiliation is a required part of the curriculum and a requirement for graduation. Clinical rotation sites may deny a student's participation in the clinical experience and rotation because of a felony or misdemeanor conviction, which would result in delayed graduation or in the inability to graduate from the program. Individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional.

Students are required to have a criminal background to fulfill mandates from Clinical Sites or to participate in Clinical Affiliations. This initial criminal background check will be conducted by a criminal background check company contracted with the SOPT upon admittance into the DPT program and coordinated by the DCE. Prior to the start of an affiliation, the CCCE will inform the student if an updated criminal background check is required. If a criminal background check is required at the clinical site, the student may be provided with the following option(s):

- The clinical facility will perform the criminal background check
- The academic faculty/DCE will notify the criminal background check company used upon admittance into the program, or other current company to initiate an updated check
- The clinical facility will recommend off-site agency to perform the criminal background check
- The academic program to recommend an off-site agency to perform the criminal background check

The student will be responsible for costs associated with the criminal background check.

Results of the initial criminal background check will be sent to the student and DCE of the academic program. If the student's criminal background check indicates criminal activity, the DCE and the student are both notified by the criminal background check company. For a student who has engaged in unprofessional conduct or other improper behavior, occurring within or outside the confines of the teaching program, dismissal or other specified disciplinary action may be recommended after review by the Chair of the program and/or a committee convened by the Associate Dean for Academic Affairs for that purpose (refer to Marshall University College of Health Professions Policy and Procedures related to student conduct).

If the background check is flagged while the student is on an internship or other clinical experience, the student will be removed from the clinical affiliation and required to meet with DCE. The student will be informed and advised of the West Virginia Board of Physical Therapy Practice Act regarding individuals who have been convicted of a felony or misdemeanor. "The board may, after notice and opportunity for hearing, deny or refuse to renew, suspend, restrict or revoke the license or permit of, or impose probationary conditions upon or take disciplinary action against, any licensee or permittee for... being convicted of a felony or other crime involving moral turpitude...."

## **CHILD ABUSE CHECK/ ELDERLY ABUSE CHECK**

Participation in clinical experiences and affiliation is an essential component of the curriculum and a requirement for graduation. Clinical rotation sites may deny a student's participation in the clinical experience and rotation because of a felony or misdemeanor conviction, which would result in delayed graduation or in the inability to graduate from the program. Individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional.

Students may be required to have a child abuse and/or elderly abuse check to fulfill mandates from Clinical Sites or to participate in Clinical Affiliations. Prior to the start of an affiliation, the CCCE will inform the student if a child abuse and/or elderly abuse check is required. If a child abuse and/or elderly abuse check is required at the clinical site, the student may be provided with the following option(s):

1. The clinical facility will perform the child abuse and/or elderly abuse check
2. The clinical facility will recommend off-site agency to perform the child abuse and/or elderly abuse check
3. The academic program will recommend an off-site agency to perform the child and/or elderly abuse check

The student will be responsible for costs associated with the child abuse or elderly abuse check. The School of Physical Therapy is not responsible for any cost associated with your child abuse or elderly abuse check.

The results will be sent to the CCCE of the clinical site. If the student's child abuse and/or elderly abuse check indicates positive activity, the findings will be forwarded to the DCE and Chair of the SOPT. For a student who has engaged in unprofessional conduct or other improper behavior, occurring within or outside the confines of the teaching program, dismissal or other specified disciplinary action may be recommended after review by the Associate Dean for Academic Affairs and/or a committee convened by the Associate Dean for Academic Affairs for that purpose (refer to Marshall University College of Health Professions Policy and Procedures related to student conduct).

The student will be removed from the clinical affiliation and required to meet with DCE. The student will be informed and advised of the West Virginia Board of Physical Therapy Practice Act regarding individuals who have been convicted of a felony or misdemeanor. "The board may, after notice and opportunity for hearing, deny or refuse to renew, suspend, restrict or revoke the license or permit of, or impose probationary conditions upon or take disciplinary action against, any licensee or permittee for ...being convicted of a felony or other crime involving moral turpitude...."

## **TECHNICAL STANDARDS POLICY \***

The American with Disabilities Act (ADA) ensures the qualified applicant with a disability the opportunity to pursue program admission at public institutions. To determine whether an individual is a qualified applicant for programs or services, the ADA states that applicants must meet essential eligibility requirements.

The performance standards are set forth below and in Appendix H, so that the student will understand the essential eligibility requirements for participation and progression in the physical therapy curriculum. Standards cover cognitive, psychomotor skills, and affective skills. The ability to observe, evaluate, and treat a patient independently, while ensuring patient safety at all times is an expectation of the School of Physical Therapy.

The purpose of this policy is to ensure that all physical therapy students are able to provide swift, safe, and competent evaluation and treatment to patients. All students will be held to the same standards and must be able to perform the technical standards of their positions with or without reasonable accommodation.

Upon request of persons with disabilities, Marshall University will provide reasonable accommodations. However, the School of Physical Therapy is unable to make accommodations that impose an undue burden, present a threat to the health or safety of the individual or others, or fundamentally alter the nature of the curriculum including didactic components, laboratory sessions, and clinical affiliations.

Each accepted applicant must complete an affidavit that attests to their ability to fulfill the technical standards of the School of Physical Therapy. The procedures for submitting a request for an accommodation is located in the Student Handbook. Questions about the accommodation process may be directed to the SOPT Chair at (304-696-5290).

## **TECHNICAL STANDARDS: PERFORMANCE REQUIREMENTS FOR DPT STUDENTS**

The information below delineates the cognitive, affective and psychomotor skills deemed essential to completion of the Physical Therapy degree programs at Marshall University and to perform as a competent generalist physical therapist.

If a student cannot demonstrate the following skills and abilities, it is the responsibility of the student to request an appropriate accommodation. The University will provide reasonable accommodations as long as it does not fundamentally alter the nature of the program offered and does not impose an undue hardship such as those that cause significant expense, difficulty or are unduly disruptive to the educational process.

### **Cognitive Skills**

The student must demonstrate the following abilities:

1. Receive, interpret, remember, reproduce and use information in the cognitive, psychomotor, and affective domains of learning to solve problems and generate new ways of processing or categorizing information as listed in course objectives.
2. Perform a physical therapy examination including analysis of physiologic, biomechanical, behavioral, cultural and environmental factors in a timely manner, consistent with the norms of clinical settings.
3. Use examination findings to execute a plan of care in a timely manner, appropriate to the problems identified consistent with the acceptable norms of clinical settings.

### **Psychomotor Skills**

The student must demonstrate the following abilities:

1. Locomotion:
  - a. Get to lecture, laboratory and clinical locations, and move within rooms as necessary to change groups, partners and workstations.
  - b. Physically maneuver in required clinical settings to accomplish assigned tasks.
2. Manual skills:
  - a. Maneuver another person's body parts to perform examination and treatment techniques effectively.
  - b. Manipulate common tools used for screening and examination tests, e.g., sphygmomanometer, goniometer, cotton balls, safety pins, reflex hammer.
  - c. Safely and effectively guide, facilitate, inhibit and resist movement and motor patterns through physical facilitation and inhibition techniques, including the ability to give urgent verbal feedback.
  - d. Safely manipulate another person's body in transfers, gait, positioning, exercise and mobilization techniques.
  - e. Manipulate examination and intervention equipment and safely and accurately apply to patients.
  - f. Manipulate bolsters, pillows, plinths, mats, gait assistive devices, and other supports or chairs to aid in positioning, moving or treating a patient safely and effectively.
  - g. Competently perform and supervise cardiopulmonary resuscitation (CPR) using guidelines issued by the American Heart Association or the American Red Cross.

3. Fine motor skills:
  - a. Legibly record/document examinations, patient care notes, referrals, etc. in standard medical charts in clinical settings in a timely manner and consistent with the acceptable norms of the clinical setting.
  - b. Legibly record thoughts for written assignments and tests.
  - c. Sense changes in an individual's muscle tone, skin quality, joint play, kinesthesia and temperature to gather accurate objective information in a timely manner and sense that individual's response to environmental changes and treatment.
  - d. Safely apply and adjust therapeutic modalities.
  - e. Use a telephone.
4. Visual acuity to:
  - a. Receive visual information from classmates, faculty and patients regarding movement, posture, body mechanics and gait necessary for comparison to normal standards for purposes of examination and evaluation of movement dysfunctions.
  - b. Receive visual information from the treatment environment, including but not limited to dials on modalities and monitors, assistive devices, furniture, flooring and structures.
5. Communication:
  - a. Effectively communicate to other students, faculty, patients, peers, staff and personnel to ask questions, explain conditions and procedures, teach home programs, and for safety in a timely manner and within the acceptable norms of academic and clinical settings.
  - b. Receive and interpret written communication in both academic and clinical settings in a timely manner.
  - c. Receive and send verbal communication in life threatening situations in a timely manner and within acceptable norms of clinical settings.

### **Affective Skills**

The student must be able to:

1. Demonstrate appropriate affective behaviors and mental attitudes in order not to jeopardize the emotional, physical, mental and behavioral safety of clients and other individuals with whom they interact in the academic and clinical settings.
2. Comply with the ethical standards of the American Physical Therapy Association.
3. Sustain the mental and emotional rigors of a demanding educational program in physical therapy, which includes academic and clinical components that occur within set time constraints.
4. Acknowledge and respect individual values and opinions in order to foster harmonious working relationships with colleagues, peers and patients.

*Reviewed and adopted by the School of Physical Therapy April 2012.*

\* Adapted with permission from Howard University

## **SITE REQUIREMENTS FOR CLINICAL AFFILIATIONS**

### **I. Medical Information**

1. Students are required to provide the following information prior to participating in a clinical affiliation (see Sharing of Student Information Policy):
  - a. Current evidence of good health as evidenced by a certificate from physician.
  - b. Current immunization as evidenced by vaccination/titre for rubella, measles, and varicella. (Some facilities may require evidence of vaccination/titre for mumps as well as a booster for Tetanus-Diphtheria)
  - c. Current evidence of vaccination/titre for Hepatitis B or evidence of declination.
  - d. Current evidence of vaccination/titre for Influenza or evidence of declination.
  - e. Current evidence of negative two step PPD and/or chest x-ray.
  - f. Other information as required by individual clinical sites

### **II. Drug Screen**

1. Student may be required to screen for the use of drugs to fulfill mandates from the clinical sites and/or participate in clinical affiliations.
2. Costs associated with drug screens are the responsibility of the student.
3. See Policy on Drug Screening for additional information.

### **III. Criminal Background Check**

1. Student may be required to have a Criminal Background Check to fulfill mandates from the clinical sites and/or participate in clinical affiliations.
2. Costs associated with the Criminal Background Check are the responsibility of the student.
3. See Policy on Criminal Background Check for additional information.

### **IV. Child Abuse Check**

1. Student may be required to have a Child Abuse Check to fulfill mandates from the clinical sites and/or participate in clinical affiliations.
2. Costs associated with the Child Abuse Check are the responsibility of the student.
3. See Policy on Child Abuse Check Policy for additional information.

### **V. Elderly Abuse Check**

1. Student may be required to have an Elderly Abuse Check to fulfill mandates from the clinical sites and/or participate in clinical affiliations.

2. Costs associated with the Elderly Abuse Check are the responsibility of the student.
3. See Policy on Elderly Abuse Check for Policy for additional information.

## **VI. CPR Certification**

1. A copy of the current CPR certification must be on file and effective throughout the entire clinical internship period.

## **VII. Healthcare Workplace Educational Modules**

1. Student may be required to have successfully completed modules on the Code of Conduct, HIPAA Privacy and Security, as well as demonstrated competency on OSHA guidelines for blood-borne pathogens and infection control to fulfill mandates from the clinical sites and/or participate in clinical affiliations.

## **VIII. Informed Consent**

Faculty and Students will obtain written informed consent of persons involved in demonstration studies, case studies, clinical trials, and/or depiction in audiovisual materials. All other applicable federal, state, local, or corporate rules, regulations, policies, or procedures must also be followed. It is every patient/client's risk-free right to refuse to participate in clinical education.



## **ORIENTATION FOR THE AFFILIATION**

The affiliation experience varies with each clinical site, as does the background and knowledge of each student. At the beginning of each clinical rotation, the student receives a Rehabilitation and/or PT department orientation.

A department orientation usually includes the following components:

1. A tour of the department and facility.
2. A review of the rules and regulations.
3. An introduction to the personnel of the department.
4. An overview of the philosophy of the department.
5. An introduction to patient records, charts, scheduling, billing, etc.
6. A discussion of the affiliation schedule including hours of work and CI/student responsibilities.
7. A review of the types of experiences and learning opportunities available at the facility.
8. A review of specific protocols and guidelines used by the facility.
9. A review of the emergency procedures.
10. A discussion of the background, learning styles, and needs of the students and CI.
11. A discussion of the goals and objectives for the clinical affiliation for student and CI. This should include the levels of supervision, patient caseload, review course syllabi, preparation for the student project, etc.

### Emergencies

**The Director of Clinical Education at Marshall University- School of Physical Therapy should be contacted immediately if an emergency situation arises. The telephone number is 304-696-5616.**

## **COMMUNICATION**

### **I. Between the Clinical Facilities and the School of Physical Therapy**

Ongoing and timely communication is vital to develop a close and collaborative relationship between the academic and clinical facilities. This communication fosters the interchange of ideas and stimulates growth as each facility has unique perspective on the clinical education process, student, and academic program. Effective communication is achieved formally and informally by on-site visits, phone calls, letters, emails, and meetings between the DCE, CCCE, CI, and student.

1. On-site visit are performed to:
  - a. Evaluate and establish the clinical facility as a clinical affiliation site.
  - b. Discuss the progress and performance of the student.
  - c. Discuss the problems or potential problems the student or facility may encounter. This may involve talking to the DCE, Assistant DCE, faculty, CCCE, CI, and student to assess the situation and develop an appropriate plan.
  - d. Evaluate the clinical site with an emphasis on any personnel or administrative changes that may have occurred since the previous visit.
  - e. Gather feedback from the CCCE/CI on the strengths and weaknesses of the academic curriculum at Marshall University- SOPT.

#### 2. Telephone Communication

The telephone communication provides the method for spontaneous or emergency communication between the student, clinical, and academic facilities. Clinicians and/or students are encouraged to contact the DCE or ADCE at any time before, during, or after the affiliation. Telephone communication will be used as a substitute for on-site visits should distance and time considerations preclude an on-site visit.

#### 3. Email Communication

The email communication provides another method for communication between student, clinical, and academic facilities. The CCCE is contacted by email at least five-six weeks prior to the start of an affiliation. In this email, CCCE is updated on curricular or staff changes, student information, continuing education opportunities, and plans for the affiliation. During the affiliation, the CCCE or CI and student will be contacted by email within the first three weeks of the affiliation. Potential problems areas can be identified and evaluated at this time. Clinicians and/or students are encouraged to contact the DCE or ADCE at any time before, during, and after the affiliation. Each year in February or March, emails are sent to CCCE of all affiliating clinical sites requesting placements.

#### 4. Mailings

Mailings provide the means of sending essential material and documentation of a non-immediate nature. Curriculum updates, staff changes, and information concerning affiliating students, placement request forms are examples of postal communication. The student is responsible for the delivery of their student package to the CCCE. When CCCE has no email account, mailing is the preferred method of sending all materials.

## II. Communication Between the Facility and the Student

Once an affiliation has been confirmed for the student, the student is required to make a phone call to the CCCE to obtain information about work hours, dress code, housing, and type of clinical experiences offered.

A student package is completed and compiled by the student. The student is responsible to mail or drop off the package to the CCCE of the assigned clinical site at least 4-6 weeks prior to the start of the affiliation. Clinical sites may mail information directly to student in care of the School of Physical Therapy at Marshall University.

During the affiliation, it is expected that communication between the student and CI will be ongoing, mutual, and constructive. The CI has the responsibility to continuously assess student performance and recognize when the performance is at the correct level, above the expected level, or below the expected level. In the event, the CI determines that there is a problem; an early warning system will give the student an opportunity to improve.

1. The CI will identify the problems that the student has and bring it to the attention of the student. The CI will use a weekly summary form and/or anecdotal record (or whatever forms the clinic uses). The CI will review all documentation of the student, with student. The CI and student will sign all documentation to verify that it was reviewed.
2. The CI will describe the performance expectations as defined by the CPI or the expectation set by the clinic (defined in the Clinic Student Handbook).
3. The CI, in collaboration with the student, will define a solution for performance issue. This may be done on an existing form or by other means.
4. The CI will set a timeline during which the student must improve.
5. The CI will notify the CCCE and DCE that there is a problem, that the problem will be formally discussed with the student, and that there is a process in place for the student to make the necessary improvements.
6. The DCE, CCCE, CI, and, student will be involved in any contract negotiations and decision making.

If the CCCE or CI has specific concerns or complaints about the DPT program, clinical education program, or DCE, the clinician is requested to contact the DCE (304-696-5616), [Gravano@Marshall.edu](mailto:Gravano@Marshall.edu)). If this is not possible, the clinician should contact the SOPT Chair, (304-696-5614).

It is expected that students will take the responsibility to develop a good working relationship with their CI. Students and CIs are recommended to set aside time during the day to discuss patient issues and progress.

### **III. Communication Between the Student and the School During Affiliations**

Students are expected to call the DCE or assigned faculty (when DCE is not available) if they have any concerns or problems related to the clinical affiliation. Students are encouraged to contact the DCE when they identify potential problems. If a student does not want to discuss any issues while at the clinical site, the student should determine that the DCE or assigned faculty member can call them (during lunch, evenings, weekends, etc.)

Students are required to notify the DCE of any absences or emergencies that result in loss of any clinical time.

During site visits and phone conferences, students are expected to provide open and honest feedback about their clinical education experiences.

### **IV. Communication Between DCE and faculty**

The DCE communicates with the faculty about clinical education sites and students utilizing the following procedures:

- a. Confers with the appropriate faculty (clinical or academic) and Clinical Education Committee
- b. Organizes clinical site and student information and disseminates this information during curricular processes
- c. Prepares reports and/or engages in discussions with faculty on student progress in clinical education
- d. Updates faculty about the clinical program, pertinent policies and procedures
- e. Monitors the changing healthcare delivery system and advises the Program Director and faculty of changing trends and potential impact on student enrollment, instruction, curriculum, design, clinical education, and equipment needs

## **EVALUATION AND GRADING**

### **Basic Information**

The grade for each Clinical Affiliation (PT 791, PT 792, and PT 793) is either Pass or Fail (Credit or No Credit (C/NC)). The Clinical Performance Instrument (CPI), developed by the APTA, is used to determine the final grade (Appendix E). The CPI incorporates a rating scale to assess a student's competence for 18 performance criteria. Students are expected to demonstrate ratings on the CPI as described on the following pages (Credit/Passing Ratings) during each of the three affiliations (PT 791, PT 792, and PT 793). Ratings on the CPI are a direct result of the Clinical Instructor(s)'s direct observation of the student's knowledge and clinical performance, as well as feedback from staff and personnel at the clinical site.

Although students are formally evaluated on the CPI at the midterm and final period of the clinical affiliation, it is expected the feedback between the CI and student will be open, honest, ongoing, and constructive. If there is appropriate feedback and communication between the CI and student, there should be no unexpected feedback for the student during the midterm and final evaluation.

Each student is required to self-assess his/her own performance at the midterm and the end of the affiliation using the CPI. Students must include written comments and rating for all 18 performance criteria on the midterm and final evaluation. The student's self-assessment is to be discussed with and compared to the CI's evaluation. It is vital for the discrepancies in rating to be discussed and student understands the reasons for certain ratings. If the discrepancies are unresolved during the meeting, the DCE should be contacted immediately.

### **Formative Evaluation**

#### **Clinical Instructor**

The Clinical Instructor is expected to provide open, honest, ongoing, and constructive feedback to their clinical performance during the affiliation.

The Clinical Instructor is encouraged to use the Weekly Summary Form (Appendix E) to monitor the student's progress, develop additional weekly goals, and to determine if the goals have been met.

There should be no surprises about the student performance at the midterm and final evaluation.

#### **Student**

The student is expected to provide honest, ongoing, and constructive feedback to their CI(s) about the clinical experience. If a Weekly Summary Form is used, the student is expected to complete the form weekly.

## Summative Evaluation

### Clinical Instructor

The Clinical Instructor will use the Clinical Performance Instrument Online or Paper Form to complete the midterm (halfway point of the affiliation) and final evaluation (at end of the affiliation). The CI should critically evaluate the student's performance and accurately reflect performance using the rating scale and by writing descriptive and supportive comments for all 18 Performance Criteria.

The CPI incorporates a rating scale to assess student competence for the 18 performance criteria. Students are expected to demonstrate ratings on the CPI as described on the following pages (Passing Scores for Clinical Affiliations) during each of the three affiliations (PT 791, PT 792, and PT 793). Ratings on the CPI are the result of the CI's observation of the student's knowledge and clinical performance, as well as feedback from staff and personnel at the clinical site.

If a student is demonstrating slow or late continuous improvement in a clinical rotation, additional clinical experience may be added to the rotation or at another facility. Additional clinical experience will be determined by the DCE in consult with the CI(s).

If a student is demonstrating below expected performance for their level of preparation, the DCE should be notified immediately. If the student is at risk for failing, the "significant concerns box" should be marked on the CPI.

If the student demonstrates problems with safety, professionalism, or adhering to ethical or legal practice standards, the DCE should be notified immediately.

### Student

Each student is required to self-assess his or her performance at midterm and at the end of the clinical affiliation using the CPI. Students are required to provide written comments for all 18 performance criteria for both the midterm and final evaluation. This self-evaluation is to be discussed with and compared to the CI's evaluation. It is vital for the discrepancies in rating to be discussed and student understands the reasons for certain ratings.

**Note: The CPI requires supportive comments for the ratings assigned on the rating scale, both at midterm and final. Documentation for each performance criterion should include comments on student's strength, areas that require more practice, and student's progress.**

**Documented entry-level performance on the rating scale does not necessarily mean that the student is independent in all activities. This is especially true for more complex patient situations.**

## **Final Grades**

The DCE is responsible for determination of the final grade for the affiliation. The final grade is based on the evaluation provided by the CI and the results of meetings, phone calls, etc. with the CI, student, and representative from the academic program and/or other pertinent parties.

### **Pass**

It is expected that students will demonstrate skills congruent with the scores required on the rating scale of the Clinical Performance Instrument (CPI). The written documentation should support the ratings listed on the CPI. For additional expectation for individual affiliations, (PT 791, PT 792, and PT 793) see course syllabi.

Circumstances may warrant a decision by the DCE to award a “pass” or incomplete” grade when a student has not the met minimum criteria include:

- The clinical instructor did not follow correct procedure in assessing mastery of skills, documenting in results, or submitting completed progress reports.
- A determination, based on investigation and sufficient evidence, is made that the clinical instructor was biased or unfair in recording and reporting the student’s clinical performance.

If a student receives an “Incomplete” grade for the affiliation, the student will be provided another opportunity to achieve the requirements of the clinical affiliation in a similar clinical setting determined by the DCE. If the student does not achieve the requirements at the new clinical site, a grade of “Fail” will be assigned and student will be dismissed from the program.

### **Fail**

**A grade of F results in the dismissal from the Physical Therapy Program. Students who receive a grade of F will not have an opportunity to repeat the affiliation.**

#### Reasons for Receiving a Failing Grade

A student may fail an affiliation:

1. If they do not abide by the American Physical Therapy Association Code of Ethics or the rules and regulations of the University, College of Health Professions, the School of Physical Therapy and/or facility where the affiliation takes place.
2. If the ratings on the CPI are not appropriate for the level of schooling (See Passing Scores for Clinical Affiliations).
3. If there are excessive number of absences or tardiness.
4. If the student demonstrates poor safety awareness or practice.
5. If the student fails a remediation clinical affiliation.

### In the Event of Failure

1. If a student appears to be failing a clinical affiliation, the Clinical Instructor (CI) is to notify the Academic Coordinator of Clinical Education (DCE) as soon as possible. The DCE will meet in person or over phone with CI, student, and possibly CCCE to discuss student's performance. At that time, a decision regarding student to continue or removed from the affiliation will be made by the DCE.
2. When a CI and DCE have determined that the student demonstrates "failing" performance, the student will be given an "Incomplete" for the clinical affiliation. The DCE will assign the student an "incomplete" for the clinical affiliation. The student will be provided another opportunity to achieve the clinical affiliation requirements at a similar clinical setting determined by the DCE. If the student does not achieve the requirements, a grade of "Fail" will be assigned and student will be dismissed from the program.

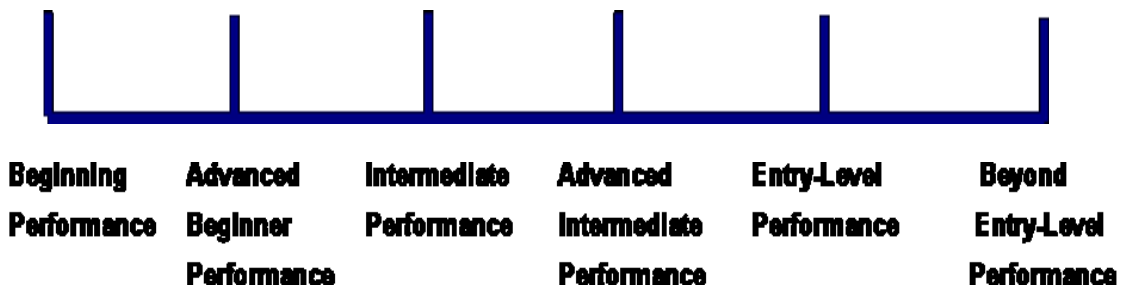


**PASSING SCORES FOR CLINICAL AFFILIATIONS  
CLINICAL PERFORMANCE INSTRUMENT CRITERIA**

<b>Performance Criteria</b>	<b>PT 791 Clinical Internship I</b>	<b>PT 792 Clinical Internship II</b>	<b>PT 793 Clinical Internship III</b>
1. Practices in a safe manner that minimizes the risk to patient, self, and others	>advanced beginner	>intermediate	Entry-level
2. Demonstrates professional behavior in all situations.	>advanced beginner	>intermediate	Entry-level
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.	>advanced beginner	>intermediate	Entry-level
4. Communicates in ways that are congruent with situational needs.	>advanced beginner	>intermediate	Entry-level
5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.	>advanced beginner	>intermediate	Entry-level
6. Participates in self-assessment to improve clinical and professional performance.	>advanced beginner	>intermediate	Entry-level
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.	>advanced beginner	>intermediate	Entry-level
8. Determines with each patient encounter the patient's needs for further examination or consultation by a physical therapist or referral to another health care professional.	>advanced beginner	>intermediate	Entry-level
9. Performs a physical therapy patient examination using evidence-based tests and measures.	>advanced beginner	>intermediate	Entry-level
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.	>advanced beginner	>intermediate	Entry-level
11. Determines a diagnosis and prognosis that guides future patient management.	>advanced beginner	>intermediate	Entry-level
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.	>advanced beginner	>intermediate	Entry-level
13. Performs physical therapy intervention in a competent manner.	>advanced beginner	>intermediate	Entry-level
14. Educates others using relevant and effective teaching methods.	>advanced beginner	>intermediate	Entry-level

<b>Performance Criteria</b>	<b>PT 791 Clinical Internship I</b>	<b>PT 792 Clinical Internship II</b>	<b>PT 793 Clinical Internship III</b>
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.	>advanced beginner	>intermediate	Entry-level
16. Collects and analyses data from selected outcomes measures in a manner that supports accurate analysis of individual patient and group outcomes.	>advanced beginner	>intermediate	Entry-level
17. Participates in the financial management of the physical therapy service consistent with regulatory, legal, and facility guidelines.	>advanced beginner	>intermediate	Entry-level
18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal and ethical guidelines.	>advanced beginner	>intermediate	Entry-level

### Rating Scale



## **REASONS FOR USING THE CPI FOR EVALUATION OF STUDENT PERFORMANCE**

1. To provide formal feedback to the student on his/her progress at the clinical site. This enables to student o emphasize or modify skills and behavior required to promote both professional and personal growth.
2. To enable the faculty and the academic faculty to assess the ability of the student. Depending on these abilities, the program will adapt or modify the program to best meet the professional needs of the student.
3. To help determine whether or not the student has met the objectives of clinical education.
4. To enable the academic program and the clinical facility to assess and improve effectiveness of the academic and clinical education component of the curriculum.
5. To enable the student to participate in self-assessment by determining his/her own strengths, weaknesses, which are then shared and compared with the findings of the clinical instructor.

## **GUIDELINES FOR THE USE OF THE CPI**

1. CIs and student should familiarize themselves with the CPI form (Appendix E), the course syllabus, and grading criteria prior to the start of each clinical affiliation. If there are any questions regarding the use of the CPI or other materials, the DCE should be contacted immediately.
2. The CPI is used to provide summative evaluation of the student performance at the midterm and at the end of the clinical affiliation. However, formative feedback should be provided on a ongoing and regular basis.
3. If a student is demonstrating weaknesses in any of the 18 Performance Criteria, the DCE should be notified immediately.
4. If the student demonstrates weaknesses, the CI should determine if the weaknesses places the student at risk for failing the affiliation. If so, the "Significant Concerns" box should be marked at midterm and/or Final. The DCE should be notified immediately.
5. If the student demonstrates weakness in performance criteria 1-4 and 7, the DCE should be notified immediately. A plan will be developed to help the student to meet the requirements for the affiliation.
6. The rating scale and comment sections should be completed for each of the 18 Performance Criteria at midterm and final.
7. The ratings on the scale and the comments should be congruent.

## **Tips for the Clinical Instructor When Rating Students**

### **1. Become “rating conscious”**

Prior to the clinical affiliation, the CI should familiarize themselves with the grading form. Keep a daily log of the student’s activities and behaviors that will assist you in grading the student’s performance. More examples can assist a CI in discussing the rating with student, DCE, or other personnel.

### **2. How to determine a rating**

Base your ratings on a variety of information sources such as direct observation of student in different situations, documentation review, other clinicians/staff, student self-assessment, patients/clients, role playing, etc. If the CI is unfamiliar with certain aspect of the student’s performance, seek assistance from other members of the staff or DCE.

### **3. Recognize and discount any bias**

Be objective and unbiased. Avoid certain impressions (favorable or unfavorable) of the student to influence the ratings (halo effect). Careful attention to the specific behavioral criteria is required for each performance criteria.

### **4. Compare the student’s performance as it relates to “entry-level” performance**

Evaluate the student in relation to individuals of comparable experience and training. Provide student with accurate, objective, and balanced feedback. Too often, CIs tend to avoid harsh evaluations, usually to avoid the discomfort associated with delivering the candid and honest feedback (error of leniency). Be objective and do not hesitate to contact DCE to report unfavorable performance or characteristics.

### **5. Base your rating upon the entire period covered**

The rating should reflect the most typical and frequent performances rather than isolated instances. When a student has more than one CI, consult with other CIs to determine an overall rating.

## **RIGHTS OF CLINICAL EDUCATION INSTRUCTORS AND THE CENTER COORDINATOR OF CLINICAL EDUCATION**

1. The right to have “one-on-one” consultation with DCE
2. The right to ask for additional information or in-services related to clinical education.
3. The right to be notified of and attend the clinical education courses offered by the Marshall University College of Health Professions School of Physical Therapy at a reduced rate.
4. The right to be advised about the APTA’s Clinical Instructor Credentialing Course.
5. The right to access the APTA web site for additional continuing education courses related to clinical education.
6. A Marshall University Email account (for CCCE’s only).
7. The right to access Marshall University library holdings, and shared documents on the Clinical Education SharePoint Drive. (for CCCE’s only).
8. The School of Physical Therapy gives special consideration to clinical sites for various activities, such as Job Fair.

## **CLINICAL INSTRUCTOR CHECKLIST**

Prior to the beginning of a Clinical Affiliation with students from Marshall University School of Physical Therapy, Clinical Instructors should review the following information:

1. Student Package  
The packages includes the clinical affiliation course syllabus, list of DPT coursework/description, and the student information form.
2. Marshall University School of Physical Therapy Clinical Education Handbook  
Each facility should have a copy of the Clinical Education Student Handbook from Marshall University School of Physical Therapy. It is expected that the Clinical Instructor will review the Handbook prior to the start of the affiliation. In particular, the CI should review the following:
  - a. the Course Syllabus for the assigned student
  - b. the evaluation tools used by the CI and student for the affiliation
3. Clinical Performance Instrument
  - a. Guidelines for Use of the CPI
  - b. Reasons for Using the CPI for Evaluation of Student Performance
  - c. Passing Scores for Clinical Affiliations
  - d. Grading
4. Evaluation tool completed by the Student
  - a. The Physical Therapist Student Evaluation: Clinical Experience and Instruction
  - b. Attendance Policy
  - c. Rights of CI and CCCE
  - d. Orientation to Affiliation
5. Clinical Instructors may also want to review the APTA Guidelines and Self-Assessment for Clinical Education. The Guidelines can help a CI assess his/her own preparation to be a Clinical Instructor. Clinical Instructors are encouraged to contact DCE for a copy.
6. If you have any questions about the affiliation or clinical education, please do not hesitate to contact the Director of Clinical Education (phone 304-696-5616, email: [Gravano@Marshall.edu](mailto:Gravano@Marshall.edu))

## **GUIDELINES FOR SELECTION OF AND EXPECTATIONS OF CLINICAL AFFILIATION SITES AND STAFF**

### A. Facility Administrative Policy at the Clinical Site

1. Committed to equal opportunity.
2. All personnel to practice legally and ethically.
3. Facility has appropriate communication channels between departments.
4. Facility is committed to excellence in patient care.
5. Facility is accredited by the appropriate overseeing body.
6. Facility has adequate resources available at clinical site.
7. Endorses the principles set forth in the American Hospital Association "Patient Bill of Rights".

### B. School of Physical Therapy

1. All staff members are licensed by the appropriate state and national body.
2. Job descriptions are clearly defined and distinct from each other.
3. SOPT performs ongoing evaluations of its procedures to ensure quality control.
4. Staff members are involved in ongoing continuing education and/or activities of their professional organization.

### C. Facility Clinical Policy

1. Facility provides an active stimulating environment appropriate to the level of the student's education and prior experience.
2. Philosophy of the clinical education is consistent with that of Marshall University, College of Health Professions, and School of Physical Therapy.
3. Administration demonstrates support and interest in clinical education.
4. A written agreement for clinical education has been or is in the process of being signed.
5. Facility provides student with the opportunity for a variety of learning experiences (i.e. surgery observation, staffing, rounds, special clinics, in-services).
6. Facility demonstrates a commitment to the personal safety and belongings of the student (i.e. locker space, security guards, parking).

### D. The Physical Therapy Clinical Education Policy at the Clinical Site:

1. Meets the specific objectives of the facility, the University/ College / PT program, and the student.
2. Provides an adequate staff-patient ratio so that the student can optimally benefit from the experience.
3. Philosophy of the School of Physical Therapy is consistent with Marshall University, College of Health Professions.
4. Program is coordinated so the student can learn from the expertise of the staff.
5. Department provides appropriate number of patients on caseload for the student with adequate supervision.
6. Department provides adequate space for student needs (i.e. a storage for coat, desk or

study area).

7. Department has completed the necessary forms required to complete the affiliation process: the contract and Clinical Site Information Form. See Appendix
8. Department completes and submits student evaluation forms on time and returns them directly to the DCE of Marshall University, College of Health Professions, School of Physical Therapy.
9. The physical therapy department at each site will have an appointed CCCE.

#### E. Center Coordinator of Clinical Education Responsibilities

1. Supervise the Clinical Instructors.
2. Coordinate and evaluate the educational policy at the clinical site.
3. Perform a self-assessment of the Clinical Education Site ever one-two years. May use the Self-Assessment for Clinical Education Sites developed by the APTA (Access at [www.apta.org](http://www.apta.org)).
4. Perform a self-assessment as self as the CCCE every one-two years. May use the Self-Assessment for Center Coordinators of Clinical Education developed by the APTA. (Access at [www.apta.org](http://www.apta.org)).
5. Choose clinical instructors (CIs) based on the objectives for the affiliation.
6. Formulate and update the student policy Handbooks and student protocols.
7. Maintain a close contact with the DCE at Marshall University, College of Health Professions, School of Physical Therapy regarding any changes or additions to the clinical education program.

#### F. Clinical Instructors (CI) Responsibilities

1. Be a licensed physical therapist.
2. Demonstrate competency in teaching in the clinical setting.
3. Abide by the State Practice Act, interpretive rules and regulations, and the APTA Code of Ethics.
4. Perform a self-assessment of self as the CI every three years. May use the Self-Assessment for Clinical Instructors developed by the APTA. (Access at [www.apta.org](http://www.apta.org)).
5. Provide appropriate time and opportunities for student learning experiences.
6. Give ongoing and appropriate feedback to the student and meet with the student on a regular and timely basis.
7. Report to the CCCE if any major problems develop between the student and him/herself.
8. Discuss and/or present the student progress with the DCE at least once during the affiliation.



## **SCHOOL OF PHYSICAL THERAPY**

### **CRITERIA FOR SELECTION OF CLINICAL SITES**

Clinical affiliation sites provide students with a wide variety of learning experiences and opportunities.

The School of Physical Therapy is committed to provide students with clinical education experiences that subscribe to the philosophy and standards of the American Physical Therapy Association and Marshall University College of Health Professions.

Clinical affiliation sites are established throughout the school year. Facilities can be established as clinical sites through recommendation of the site itself, a faculty member, and/or a student. The selection of facilities as clinical sites is based on the policies and criteria listed on the following pages. Final selection of a facility as a clinical site will be made via site visits, interviews with staff at site, and/or faculty input. When a facility has been established a clinical affiliation site, the facility will be placed on a mailing list for the yearly request for clinical placement.

A student may recommend the addition of a new clinical site. The student is required to set up a meeting to discuss the recommendation with the DCE. Prior to the meeting, the student is expected to obtain general information on the site (name of site, location, phone number, type of facility, etc.). After the discussion, the DCE will determine if the clinical site is a "potential new affiliation." Students are informed that a clinical affiliation agreement may require 6-12 months to complete. The DCE will send "Request for New Affiliation" form to the designated contact person of the clinical site. The form must be completed and returned to the DCE within 4 weeks.

The DCE will evaluate the information on the "Request for New Affiliation Form" (Appendix G). At that time, the DCE will contact the site and may request additional information. If the recommended site is determined to meet the requirements of the Physical Therapy Education Program, the DCE will forward the information and form to the contract manager of the College of Health Professions to request a formal affiliation agreement. If the new affiliation is established at the request of a student, the student will have first choice to be assigned to the requested site for an affiliation. Students may participate in an affiliation that was established at their request, in so far as the student does not repeat a setting, or participation at one site is at the expense of fulfilling an experience in all three settings- Inpatient, Outpatient and Acute care.

## **DEVELOPMENT OF A NEW CLINICAL AFFILIATION**

A student, faculty member, or clinician may request a clinical affiliation be developed at a clinical facility.

1. Students recommending the development of a new clinical affiliation must set up a meeting with the DCE and review the files (Clinical Site Information Form – CSIF) to determine if the site is new to the School of Physical Therapy, College of Health Professions. New means that COHP does not have a contract with the facility, system, group of facilities, etc. If there is any confusion as to whether the proposed site already has a contract with COHP-PT, the student should discuss the matter with the DCE prior to continuing with this process. The DCE will also contact the COHP contract manager to inquire if a contract is in progress with this clinical site. The meeting and discussion takes place prior to any direct contact with the proposed clinical facility. The student will be provided with one of the following decisions:
  1. The COHP-PT has an active clinical affiliation agreement with clinical site.
  2. The location and/or type of facility may not be appropriate for PT program at this time.
  3. The student may contact the clinical site.
2. If the DCE has determined that the proposed facility will be a new affiliation site for COHP-PT, a "Request for New Affiliation Form" will be sent to the contact person of the proposed clinical facility.
3. The "New Affiliation Form" must be completed and returned to DCE within 4 weeks.
4. The DCE will evaluate the information on the "New Affiliation Form" and will contact the potential clinical site. If the proposed facility is determined to meet the requirements of the Physical Therapy Education Program, the form will be sent to COHP contract manager seeking a formal clinical affiliation agreement. The COHP contract manager will complete all paperwork and send the clinical site a clinical affiliation agreement. After, the DCE will send the clinical site a CSIF to complete and the APTA CCCE Handbook.

Note: Efforts will be made to establish the new affiliation. There is no guarantee that the site will be available for the student during the affiliation period or the contract will be accepted. Due to a variety of reasons, clinical facilities may be unable to develop a new affiliation.
5. If a new affiliation is established at the request of a student, the student will have first choice to be assigned to the requested site for an affiliation. Students may participate in an affiliation that was established at their request, in so far as the student does not repeat a setting, or participation at one site is at the expense of fulfilling an experience in all three settings- Inpatient, Outpatient and Acute care.
6. The DCE will maintain documentation on all meetings with students regarding the establishment of new affiliations.

## **EVALUATION OF CLINICAL AFFILIATION SITES**

The Clinical Sites are evaluated on an on-going basis by:

1. Clinical site visits made by the DCE and/or faculty from Marshall University, College of Health Professions, School of Physical Therapy.
2. On-going review of the Clinical Site Information Form (CSIF) developed by the APTA.
3. Student evaluations of the Clinical Site.
4. Informal gathered via phone calls to the clinical site.
5. Contract review.

## **CLINICAL FACULTY DEVELOPMENT**

The DCE is responsible for coordinating, developing, and delivering educational activities to the clinical educators. These activities are implemented based on the needs of the clinical faculty, feedback from students/CCCE/CI, academic program to help develop and improve the effectiveness of the clinical faculty.

The DCE is available for the clinical faculty to inquire and address:

- clinical instructor training program
- clinical education resources
- how to work through conflict management
- communication styles and techniques with staff
- give and receive feedback
- other education issues

The DCE assesses the clinical faculty through a wide variety of measures and feedback from many sources. When a deficit or need for improvement is identified with the clinical faculty, the DCE will initiate a plan of action. If the area needing improvement involves a particular CI, the DCE engages in conversation with the CI to remediate the problem. Education and advising by the DCE can occur onsite, phone calls, or emails to the CI. When a pattern of deficiency or area needing improvement is noted within a clinical site, the DCE may determine the need for a clinical site or group developmental activity, such as an in-service or meeting with the CCCE who then communicates with the CIs. If the area needing improvement is noted in more than one facility, the development activity may occur in multiple site visits, phone calls, or emails to clinics or CI meeting.

All CIs are encouraged to attend an APTA CI Credentialing course after one year of clinical experience to foster their development as CI. The DCE reviews all CI and student documents to obtain data and discusses with students in class or individually. These documents include:

- Clinical Performance Instrument (CPI)
- APTA's PT Student Evaluation of Clinical Experience and Instruction
- Clinical Site or Phone Conference Forms, Anecdotal records, & Forms used by the clinical site

In addition to the above documents, the DCE gathers information about the needs of the clinical faculty development through:

- Communication with CI and CCCE through phone calls, emails, fax, letters, site visits, district and site WVPTA meetings, Clinical Instructor meetings
- Discussions with student & non-clinical faculty
- Clinical Education courses

## **COMPLAINTS**

The public or any other stakeholder of the program has the right to file a complaint that falls outside the realm of due process. At this time the policy and procedures for filing such complaints can be found in the SOPT Policy and Procedures Handbook, and the Clinical Education Student Handbook, and once the program is underway, will be posted on line at the SOPT website and include(s)/will include the following statement:

“The College of Health Professions School of Physical Therapy encourages any individual who is unhappy with their experience or encounter with any student, faculty or staff member of the School of Physical Therapy to file a written complaint against the School or program. The School takes all program related complaints seriously and will act upon any complaints in an expedient manner. Once a complaint has been made, the Program Chair will be directly involved in gathering information and addressing the complaint. The complaint and resolution will be kept on file in the SOPT Chair’s files under “Program Complaints” for a period of 5 years.”

Complaints should be addressed to:

SOPT Chair  
School of Physical Therapy  
2847 5<sup>th</sup> Avenue, Huntington, WV 25702

*A Quality Improvement Process and Tracking Form* (Appendix: Quality Improvement Process and Tracking Form) will be completed anytime a problem, complaint or opportunity for improvement of the SOPT or program presents itself. Once initiated, this form serves as a record and tool for ensuring that identified problems, complaints or opportunities are addressed by the proper entities in a timely and efficient manner. These forms are available in the SOPT Policy and Procedures Handbook, the Clinical Education Handbook, and in the School of Physical Therapy Reception Office.

### **Procedures for handling a complaint against the School:**

1. When possible, the SOPT Chair will discuss the complaint directly with the party involved within 14 business days. If at all possible, the matter is reconciled at this point. A letter from the SOPT Chair acknowledging the resolution of the complaint will be filed with the complaint and a copy sent to the complainant.
2. If dissatisfied with the discussion with the SOPT Chair, or if the complaint is against the SOPT Chair, the involved party may submit a written complaint to the Dean of the College of Health Professions. The SOPT Chair will meet with each party separately and may schedule a joint appointment with the two parties in order to attempt to resolve the issue. A letter outlining the resolution by the Dean shall be filed with the complaint in the SOPT Chair’s office.

3. If the party feels that additional complaint is necessary, then the last line of complaint is then to the Vice-President of Academic Affairs.
4. Outside of the institution, a complaint can also be files with the physical therapy accrediting body: Commission on Accreditation in Physical Therapy Education, American Physical Therapy Association, 1111 N. Fairfax Street, Alexandria VA. 22314.

With regard to problems, complaints or opportunities identified through the Quality Assurance Process Form, all Quality Improvement Forms will be routed through the Administration committee to be distributed to the appropriate party for resolution. The committee will also follow-up with the resolving party within a reasonable amount of time for a progress report on any action taken.

This information will be shared during student orientation, will be available in the Student Handbook, and Clinical Educational Handbook, and may be obtained through the SOPT Chair at any time.

# **Appendix A**

## **Course Syllabi**

**DPT 791**

**DPT 792**

**DPT 793**

Course Title/Number	<b>PT 791 Clinical Internship I</b>
Semester/Year	<b>Fall A 2016</b>
Days/Time	<b>Days and Time: August 8-September 30, 2016</b> 8 weeks Full time
Location	Clinical site
Course Coordinator /Instructor	Tamara N. Gravano, PT, DPT, GCS, CEEAA
Office	SMEC Room 135
Phone	304-696-5616
E-Mail	Gravano@marshall.edu
Office/Hours	by appointment
University Policies	By enrolling in this course, you agree to the University Policies listed below. Please read the full text of each policy by going to <a href="http://www.marshall.edu/academic-affairs">www.marshall.edu/academic-affairs</a> and clicking on "Marshall University Policies." Or, you can access the policies directly by going to <a href="http://www.marshall.edu/academic-affairs/?page_id=802">http://www.marshall.edu/academic-affairs/?page_id=802</a> Academic Dishonesty/ Excused Absence Policy for Undergraduates/ Computing Services Acceptable Use/ Inclement Weather/ Dead Week/ Students with Disabilities/ Academic Forgiveness/ Academic Probation and Suspension/ Academic Rights and Responsibilities of Students/ Affirmative Action/ Sexual Harassment

### Course Description: From Catalog

This 8 week, 4 credit course is the first of a series of three supervised clinical education experience emphasizing continued development and reinforcement of clinical skills in clinical settings. Competence is expected in areas of the material presented to date in the curriculum. The student must have successfully completed all prior curricular course work.

<b>Course Student Learning Outcomes Upon Completion of this course, the student will:</b>	<b>How Practiced in this Course</b>	<b>How Assessed in this Course</b>
1. Demonstrate the ability to perform safe and effective physical therapy practice. (C5.35, 5.44)	Clinical Experience and application of psychomotor skills	As reported on Clinical Performance Instrument (CPI), Clinic Documentation, Clinic Visit Skills Performance, Discussion with Clinical Instructor (CI)
2. Apply principles of APTA Code of Ethics and Guide to Professional Conduct to the clinical setting. (C5.1-5.3)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
3. Recognize the importance of and act in accordance with all federal and state laws governing the practice of physical therapy. (C5.1-5.3)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI

4. Actively participate in the preparation and implementation of the clinical education experience. (C 5.12- 5.14, C 5.1-5.5)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
5. Demonstrate the ability to self-assess his or her progress accurately in the clinical setting. (C 5.10)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
6. Apply knowledge acquired of human anatomy, physiology, and pathophysiology of all systems in the clinical setting; and, demonstrate understanding of how these concepts affect the overall outcome and prognosis of each patient. (C 5.19- 23)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
7. Demonstrate competence in the ability to perform the following tests and measurements in the clinical setting: (C 5.5.28- 30) a. History b. Observation c. Palpation d. Vital signs e. Posture analysis f. Range of motion g. Manual muscle testing h. Neurological / Sensory testing i. Integumentary integrity	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
8. Provide appropriate, evidence-based rationale for the use of specific tests and measurements in the management of the patient/client. (C 5.21- 23)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
9. Perform a comprehensive physical therapy examination on a simple patient in the general setting in an effective and efficient manner. (C 5.28- 5.30)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
10. Perform the following patient management skills in a safe and effective manner: (C. 5.35, 5.39) a. Draping and positioning b. Basic transfers and bed mobility c. Gait training with assistive devices d. Stair training with and without assistive devices e. Basic wheelchair mobility and management f. Dependent wheelchair mobility	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
11. Produce concise and accurate physical therapy documentation for all examination and treatment services provided by the student in patient care. (C. 5.42)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI



12. Demonstrate competence in communicating appropriately with all members of the healthcare team including, but not limited to, physicians, other therapists, other health care workers, supporting staff, patients, and family members. (C 5.17)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
13. Adapt treatment and communication to the individual needs of patient's and others. (C 5.17, 5.39)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
14. Adequately perform patient / family education by demonstrating the ability to educate on numerous levels using verbal communication, demonstration, and any other applicable methods of instruction. (C 5.51- 5.52)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
15. Assess the reception and understanding of the patient / family to educational concepts addressed. (5.51-5.52)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
16. Assess the effectiveness of a physical therapy plan of care through re-evaluation of patient functional status. (5.28- 30, 5.34- 38, 5.45- 5.49)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
17. Adapt the physical therapy plan of care to increase effectiveness and to meet the changing needs of the patient. (5.34- 39)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
18. Demonstrate an understanding of appropriateness of physical therapy intervention with each patient/client and suggest appropriate consultation when deemed necessary. (5.27)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI

**Required Texts, Additional Reading, and Other Materials**

<p>APTA: Physical Therapy Clinical Performance Instrument Web, 2008, online  APTA: Guide to Physical Therapists Practice, January 2003, online</p>
<p><b>Attendance Policy:</b> Please see the School of Physical Therapy Student Handbook for details.</p>

### Course Requirements

The student is expected to attend all assigned clinical experience days and to be punctual at all times. Students are not allowed to miss any days of the clinical experience for personal reasons. If there is some reason (ie. Sickness, death of a family member, etc.) that may require the student to be absent for one or more days, they are to contact both the facility and the Director of Clinical Education to request permission to be absent. If any days are missed due to these reasons, they must be made up in order to meet the requirements of the course. Failure to show up for the clinical without contacting the CCCE and DCE prior to the absence may result in failure of the course.

Attire: The department policy on professional attire in the clinical setting will apply.

### **Grading Criteria:**

The students will be graded on a pass – fail basis according to comments on the written evaluation by the clinical instructor, use of the APTA Clinical Performance Instrument, and on completion of all objectives and course requirements. The minimum requirements for a “pass” grade using the CPI are as follows: **final marks on all criteria 1-18 at or above “advanced beginner” performance and no “Significant Concerns” boxes checked in any of the 18 performance criteria.** Circumstances which may warrant a decision by the DCE to award a “pass” or “incomplete” grade when a student has not met the minimum criteria include:

- a. The clinical instructor did not follow correct procedure in assessing mastery of skills, documenting results, or submitting completed progress reports.
- b. A determination, based on investigation and sufficient evidence, is made that the clinical instructor was biased or unfair in recording and reporting on the students’ clinical performance.

See attached for definitions of Performance dimensions and rating scale anchors.

## **APPENDIX C DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS**

CATEGORY	DEFINITIONS
<i><b>Performance Dimensions</b></i>	
<b>Supervision/ Guidance</b>	Level and extent of assistance required by the student to achieve entry-level performance. As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.
<b>Quality</b>	Degree of knowledge and skill proficiency demonstrated. As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.
<b>Complexity</b>	Number of elements that must be considered relative to the task, patient, and/or environment. As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
<b>Consistency</b>	Frequency of occurrences of desired behaviors related to the performance criterion. As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
<b>Efficiency</b>	Ability to perform in a cost-effective and timely manner. As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.
<i><b>Rating Scale Anchors</b></i>	
<b>Beginning performance</b>	<ul style="list-style-type: none"><li>• A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.</li><li>• At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.</li><li>• Performance reflects little or no experience.</li><li>• The student does not carry a caseload.</li></ul>

<b>Advanced beginner performance</b>	<ul style="list-style-type: none"> <li>• A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.</li> <li>• At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.</li> <li>• The student may begin to share a caseload with the clinical instructor.</li> </ul>
<b>Intermediate performance</b>	<ul style="list-style-type: none"> <li>• A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.</li> <li>• At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.</li> <li>• The student is <b>capable of</b> maintaining 50% of a full-time physical therapist's caseload.</li> </ul>
<b>Advanced intermediate performance</b>	<ul style="list-style-type: none"> <li>• A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.</li> <li>• At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.</li> <li>• The student is <b>capable of</b> maintaining 75% of a full-time physical therapist's caseload.</li> </ul>
<b>Entry-level performance</b>	<ul style="list-style-type: none"> <li>• A student who is <b>capable of</b> functioning without guidance or clinical supervision managing patients with simple or complex conditions.</li> <li>• At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.</li> <li>• Consults with others and resolves unfamiliar or ambiguous situations.</li> <li>• The student is <b>capable of</b> maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.</li> </ul>
<b>Beyond entry -level performance</b>	<ul style="list-style-type: none"> <li>• A student who is <b>capable of</b> functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.</li> <li>• At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others.</li> <li>• The student is <b>capable of</b> maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.</li> <li>• The student is capable of supervising others.</li> <li>• The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.</li> </ul>

Course Title/Number	<b>PT 792 Clinical Internship II</b>
Semester/Year	<b>Fall B 2016</b>
Days/Time	<b>Days and Time: October 3, 2016- December 23, 2016</b> 12 weeks Full time
Location	Clinical site
Course Coordinator/Instructor	Tamara N. Gravano, PT, DPT, GCS, CEEAA
Office	SMEC Room 135
Phone	304-696-5616
E-Mail	Gravano@marshall.edu
Office/Hours	by appointment
University Policies	By enrolling in this course, you agree to the University Policies listed below. Please read the full text of each policy by going to <a href="http://www.marshall.edu/academic-affairs">www.marshall.edu/academic-affairs</a> and clicking on "Marshall University Policies." Or, you can access the policies directly by going to <a href="http://www.marshall.edu/academic-affairs/?page_id=802">http://www.marshall.edu/academic-affairs/?page_id=802</a>  Academic Dishonesty/ Excused Absence Policy for Undergraduates/ Computing Services Acceptable Use/ Inclement Weather/ Dead Week/ Students with Disabilities/ Academic Forgiveness/ Academic Probation and Suspension/ Academic Rights and Responsibilities of Students/ Affirmative Action/ Sexual Harassment

**Course Description: From Catalog**

This 12 week, 6 credit course is the second of a series of three supervised clinical education experience emphasizing continued development and reinforcement of clinical skills in various clinical settings. Competence is expected in areas of the material presented to date in the curriculum. The student must have successfully completed all prior curricular course work.

<b>Course Student Learning Outcomes Upon Completion of this course, the student will:</b>	<b>How Practiced in this Course</b>	<b>How Assessed in this Course</b>
1. Demonstrate the ability to perform safe and effective physical therapy practice. (C5.35, 5.44)	Clinical Experience and application of psychomotor skills	As reported on Clinical Performance Instrument (CPI), Clinic Documentation, Clinic Visit Skills Performance, Discussion with Clinical Instructor (CI)
2. Apply principles of APTA Code of Ethics and Guide to Professional Conduct to the clinical setting. (C5.1-5.3)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
3. Recognize the importance of and act in accordance with all federal and state laws governing the practice of physical therapy. (C5.1-	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance,

5.3)		Discussion with CI
4. Actively participate in the preparation and implementation of the clinical education experience. (C 5.12- 5.14, C 5.1-5.5)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
5. Demonstrate the ability to self-assess his or her progress accurately in the clinical setting. (C 5.10)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
6. Apply knowledge acquired of human anatomy, physiology, and pathophysiology of all systems in the clinical setting; and, demonstrate understanding of how these concepts affect the overall outcome and prognosis of each patient. (C 5.19- 23)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
7. Demonstrate competence in the ability to perform the following tests and measurements in the clinical setting: (C 5.5.28- 30) a. History b. Observation c. Palpation d. Vital signs e. Posture analysis f. Range of motion g. Manual muscle testing h. Neurological / Sensory testing i. Integumentary integrity	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
8. Provide appropriate, evidence-based rationale for the use of specific tests and measurements in the management of the patient/client. (C 5.21- 23)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
9. Perform a comprehensive physical therapy examination on a simple patient in the general setting in an effective and efficient manner. ( C 5.28-5.30)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
10. Perform the following patient management skills in a safe and effective manner: (C. 5.35, 5.39) a. Draping and positioning b. Basic transfers and bed mobility	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance,

c. Gait training with assistive devices d. Stair training with and without assistive devices e. Basic wheelchair mobility and management f. Dependent wheelchair mobility		Discussion with CI
11. Produce concise and accurate physical therapy documentation for all examination and treatment services provided by the student in patient care. (C. 5.42)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
12. Demonstrate competence in communicating appropriately with all members of the healthcare team including, but not limited to, physicians, other therapists, other health care workers, supporting staff, patients, and family members. (C 5.17)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
13. Adapt treatment and communication to the individual needs of patient's and others. (C 5.17, 5.39)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
14. Adequately perform patient / family education by demonstrating the ability to educate on numerous levels using verbal communication, demonstration, and any other applicable methods of instruction. (C 5.51- 5.52)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
15. Assess the reception and understanding of the patient / family to educational concepts addressed. (5.51-5.52)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
16. Assess the effectiveness of a physical therapy plan of care through re-evaluation of patient functional status. ( 5.28- 30, 5.34- 38, 5.45- 5.49)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
17. Adapt the physical therapy plan of care to increase effectiveness and to meet the changing needs of the patient. (5.34- 39)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI

18. Demonstrate an understanding of appropriateness of physical therapy intervention with each patient/client and suggest appropriate consultation when deemed necessary. (5.27)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI

**Required Texts, Additional Reading, and Other Materials**

APTA: Physical Therapy Clinical Performance Instrument Web, 2008 APTA: Guide to Physical Therapists Practice, January 2003
<b>Attendance Policy:</b> Please see the School of Physical Therapy Student Handbook for details.

**Course Requirements**

The student is expected to attend all assigned clinical experience days and to be punctual at all times. Students are not allowed to miss any days of the clinical experience for personal reasons. If there is some reason (ie. Sickness, death of a family member, etc.) that may require the student to be absent for one or more days, they are to contact both the facility **and** the Director of Clinical Education to request permission to be absent. If any days are missed due to these reasons, they must be made up in order to meet the requirements of the course. Failure to show up for the clinical without contacting the CCCE and DCE prior to the absence may result in failure of the course.

**Project: The student will prepare a professional inservice** to present to the staff of the facility on a topic appropriate to the clinical setting and the educational level on the topic of the clinical staff. A project handout, including references, will be prepared and turned in to the DCE at the culmination of the clinical experience.

**Attire:** The department policy on professional attire in the clinical setting will apply.

**Grading Criteria:**

The students will be graded on a pass – fail basis according to comments on the written evaluation by the clinical instructor, use of the APTA Clinical Performance Instrument, and on completion of all objectives and course requirements. The minimum requirements for a “pass” grade using the CPI are as follows: **final marks on all criteria 1-18 at or above “intermediate” performance and no “Significant Concerns” boxes checked in any of the 18 performance criteria.**

Circumstances which may warrant a decision by the DCE to award a “pass” or “incomplete” grade when a student has not met the minimum criteria include:

a. The clinical instructor did not follow correct procedure in assessing mastery of skills, documenting results, or submitting completed progress reports.

b. A determination, based on investigation and sufficient evidence, is made that the clinical instructor was biased or unfair in recording and reporting on the students’ clinical performance

See attached for definitions of Performance dimensions and rating scale anchors.

**APPENDIX C**  
**DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS**

CATEGORY	DEFINITIONS
<i><b>Performance Dimensions</b></i>	
<b>Supervision/ Guidance</b>	Level and extent of assistance required by the student to achieve entry-level performance. As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.
<b>Quality</b>	Degree of knowledge and skill proficiency demonstrated. As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.
<b>Complexity</b>	Number of elements that must be considered relative to the task, patient, and/or environment. As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
<b>Consistency</b>	Frequency of occurrences of desired behaviors related to the performance criterion. As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
<b>Efficiency</b>	Ability to perform in a cost-effective and timely manner. As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.
<i><b>Rating Scale Anchors</b></i>	
<b>Beginning performance</b>	<ul style="list-style-type: none"> <li>• A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.</li> <li>• At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.</li> <li>• Performance reflects little or no experience.</li> <li>• The student does not carry a caseload.</li> </ul>
<b>Advanced beginner performance</b>	<ul style="list-style-type: none"> <li>• A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.</li> <li>• At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.</li> <li>• The student may begin to share a caseload with the clinical instructor.</li> </ul>
<b>Intermediate performance</b>	<ul style="list-style-type: none"> <li>• A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.</li> <li>• At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.</li> <li>• The student is <b>capable of</b> maintaining 50% of a full-time physical therapist's caseload.</li> </ul>
<b>Advanced intermediate performance</b>	<ul style="list-style-type: none"> <li>• A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.</li> <li>• At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.</li> <li>• The student is <b>capable of</b> maintaining 75% of a full-time physical therapist's caseload.</li> </ul>
<b>Entry-level performance</b>	<ul style="list-style-type: none"> <li>• A student who is <b>capable of</b> functioning without guidance or clinical supervision managing patients with simple or complex conditions.</li> <li>• At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.</li> <li>• Consults with others and resolves unfamiliar or ambiguous situations.</li> <li>• The student is <b>capable of</b> maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.</li> </ul>



<b>Beyond entry -level performance</b>	<ul style="list-style-type: none"><li>• A student who is <b>capable of</b> functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.</li><li>• At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.</li><li>• The student is <b>capable of</b> maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.</li><li>• The student is capable of supervising others.</li><li>• The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.</li></ul>
--	--



Course Title/Number	<b>PT 793 Clinical Internship III</b>
Semester/Year	<b>Spring 2017</b>
Days/Time	<b>Days and Time: January 9-April 21, 2017</b> 15 weeks Full time
Location	Assigned Clinical site
Course Coordinator/Instructor	Tamara N. Gravano, PT, DPT, GCS, CEEAA
Office	SMEC Room 135
Phone	Office: 304-696-5616 FAX: 304-523-7736
E-Mail	Gravano@marshall.edu
Office/Hours	by appointment
University Policies	By enrolling in this course, you agree to the University Policies listed below. Please read the full text of each policy by going to <a href="http://www.marshall.edu/academic-affairs">www.marshall.edu/academic-affairs</a> and clicking on "Marshall University Policies." Or, you can access the policies directly by going to <a href="http://www.marshall.edu/academic-affairs/?page_id=802">http://www.marshall.edu/academic-affairs/?page_id=802</a> Academic Dishonesty/ Excused Absence Policy for Undergraduates/ Computing Services Acceptable Use/ Inclement Weather/ Dead Week/ Students with Disabilities/ Academic Forgiveness/ Academic Probation and Suspension/ Academic Rights and Responsibilities of Students/ Affirmative Action/ Sexual Harassment

**Course Description: From Catalog**

This 15 week, 8 credit course is the third in a series of three supervised clinical education experience emphasizing continued development and reinforcement of clinical skills in various clinical settings. Competence is expected in areas of the material presented to date in the curriculum. The student must have successfully completed all prior curricular course work.

<b>Course Student Learning Outcomes Upon Completion of this course, the student will:</b>	<b>How Practiced in this Course</b>	<b>How Assessed in this Course</b>
1. Demonstrate the ability to perform safe and effective physical therapy practice. (CC5.35, 5.44)	Clinical Experience and application of psychomotor skills	As reported on Clinical Performance Instrument (CPI), Clinic Documentation, Clinic Visit Skills Performance, Discussion with Clinical Instructor (CI)
2. Apply principles of APTA Code of Ethics and Guide to Professional Conduct to the clinical setting. (CC5.1-5.3)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI

3. Recognize the importance of and act in accordance with all federal and state laws governing the practice of physical therapy. (CC5.1-5.3)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
4. Actively participate in the preparation and implementation of the clinical education experience. (CC 5.12- 5.14, CC 5.1-5.5)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
5. Demonstrate the ability to self-assess his or her progress accurately in the clinical setting. (CC 5.10)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
6. Apply knowledge acquired of human anatomy, physiology, and pathophysiology of all systems in the clinical setting; and, demonstrate understanding of how these concepts affect the overall outcome and prognosis of each patient. (CC 5.19- 23)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
7. Demonstrate competence in the ability to perform the following tests and measurements in the clinical setting: (CC 5.5.28- 30) a. History b. Observation c. Palpation d. Vital signs e. Posture analysis f. Range of motion g. Manual muscle testing h. Neurological / Sensory testing i. Integumentary integrity	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
8. Provide appropriate, evidence-based rationale for the use of specific tests and measurements in the management of the patient/client. (CC 5.21-23)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
9. Perform a comprehensive physical therapy examination on a simple patient in the general setting in an effective and efficient manner. (CC 5.28-5.30)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
10. Perform the following patient management skills in a safe and effective manner: (CC. 5.35, 5.39) a. Draping and positioning b. Basic transfers and bed mobility c. Gait training with assistive devices d. Stair training w/ without assistive devices e. Basic wheelchair mobility/ management f. Dependent wheelchair mobility	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI

11.Perform a comprehensive physical therapy examination on a patient in the cardiopulmonary, neuromuscular, or musculoskeletal realm of physical therapy practice in an effective and efficient manner. (CC 5.28-5.30)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
12.Develop a physical therapy diagnosis based on the clinical findings of the physical therapy examination. (CC 5.32)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
13.Design and implement a physical therapy plan of care to address the functional limitations discovered in the physical therapy examination. (CC 5.39)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
14.Demonstrate competence in communicating appropriately with all members of the healthcare team including, but not limited to, physicians, other therapists, other health care workers, supporting staff, patients, and family members. (CC 5.17)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
15.Adapt treatment and communication to the individual needs of patient's and others. (CC 5.17, 5.39)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
16.Adequately perform patient / family education by demonstrating the ability to educate on numerous levels using verbal communication, demonstration, and any other applicable methods of instruction. (CC 5.51- 5.52)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
17. Assess the reception and understanding of the patient / family to educational concepts addressed. (CC 5.51-5.52)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
18.Assess the effectiveness of a physical therapy plan of care through re-evaluation of patient functional status.(CC 5.28- 30, 5.34- 38,5.45- 5.49)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
19.Adapt the physical therapy plan of care to increase effectiveness and to meet the changing needs of the patient.(CC5.34- 39)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
20.Demonstrate an understanding of appropriateness of physical therapy intervention with each patient/client and suggest appropriate consultation when deemed necessary. (CC 5.27)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
21.Promote health and quality of life by providing information on health promotion, fitness, wellness,	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit

disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice. (CC 5.50- 5.52)		Skills Performance, Discussion with CI
22. Produce concise and accurate physical therapy documentation for all treatment services provided by the student in patient care. (CC 5.42)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI

**Required Texts, Additional Reading, and Other Materials**

<p>APTA: Physical Therapy Clinical Performance Instrument Web, 2008          APTA: Guide to Physical Therapists Practice, January 2003</p>
--

**Course Requirements**

The student is expected to attend all assigned clinical experience days and to be punctual at all times. Students are not allowed to miss any days of the clinical experience for personal reasons. If there is some reason (ie. Sickness, death of a family member, etc.) that may require the student to be absent for one or more days, they are to contact both the facility **and** the Director of Clinical Education to request permission to be absent.

If any days are missed due to these reasons, they must be made up in order to meet the requirements of the course. Failure to show up for the clinical without contacting the CCCE and DCE prior to the absence may result in failure of the course.

**Project:** The student will prepare a professional inservice to present to the staff of the facility on a topic appropriate to the clinical setting and the educational level on the topic of the clinical staff. A project handout, including references, will be prepared and turned in to the DCE at the culmination of the clinical experience.

**Attire:** The department policy on professional attire in the clinical setting will apply.

**Grading Criteria:**

The students will be graded on a pass – fail basis according to comments on the written evaluation by the clinical instructor, use of the APTA Clinical Performance Instrument, and on completion of all objectives and course requirements. The minimum requirements for a “pass” grade using the CPI are as follows: final marks on all criteria 1-18 at or above “Entry level performance” and no “Significant Concerns” boxes checked in any of the 18 performance criteria.

Circumstances which may warrant a decision by the DCE to award a “pass” or “incomplete” grade when a student has not met the minimum criteria include:

a. The clinical instructor did not follow correct procedure in assessing mastery of skills, documenting results, or submitting completed progress reports.

b. A determination, based on investigation and sufficient evidence, is made that the clinical instructor was biased or unfair in recording and reporting on the students’ clinical performance

See APPENDIX C attached for definitions of Performance dimensions and rating scale anchors.

## APPENDIX C

### DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
<i><b>Performance Dimensions</b></i>	
<b>Supervision/ Guidance</b>	Level and extent of assistance required by the student to achieve entry-level performance. As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.
<b>Quality</b>	Degree of knowledge and skill proficiency demonstrated. As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.
<b>Complexity</b>	Number of elements that must be considered relative to the task, patient, and/or environment. As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
<b>Consistency</b>	Frequency of occurrences of desired behaviors related to the performance criterion. As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
<b>Efficiency</b>	Ability to perform in a cost-effective and timely manner. As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.
<i><b>Rating Scale Anchors</b></i>	
<b>Beginning performance</b>	<ul style="list-style-type: none"> <li>• A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.</li> <li>• At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.</li> <li>• Performance reflects little or no experience.</li> <li>• The student does not carry a caseload.</li> </ul>
<b>Advanced beginner performance</b>	<ul style="list-style-type: none"> <li>• A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.</li> <li>• At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.</li> <li>• The student may begin to share a caseload with the clinical instructor.</li> </ul>
<b>Intermediate performance</b>	<ul style="list-style-type: none"> <li>• A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.</li> <li>• At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.</li> <li>• The student is <b>capable of</b> maintaining 50% of a full-time physical therapist's caseload.</li> </ul>
<b>Advanced intermediate performance</b>	<ul style="list-style-type: none"> <li>• A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.</li> <li>• At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.</li> <li>• The student is <b>capable of</b> maintaining 75% of a full-time physical therapist's caseload.</li> </ul>
<b>Entry-level performance</b>	<ul style="list-style-type: none"> <li>• A student who is <b>capable of</b> functioning without guidance or clinical supervision managing patients with simple or complex conditions.</li> <li>• At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.</li> <li>• Consults with others and resolves unfamiliar or ambiguous situations.</li> <li>• The student is <b>capable of</b> maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.</li> </ul>

<b>Beyond Entry-level performance</b>	<ul style="list-style-type: none"><li>• A student who is <b>capable of</b> functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.</li><li>• At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others.</li><li>• The student is <b>capable of</b> maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.</li><li>• The student is capable of supervising others.</li><li>• The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.</li></ul>
---	--

## **Appendix B**

- **Physical Therapy Curriculum by Course**
- **Physical Therapy Course Description**



# Doctor of Physical Therapy Curriculum

## Marshall University SOPT

Course ..... Hours

### Year 1

#### Term 1

##### Summer (11wks)

PT 700 Gross Anatomy for Physical Therapy .....	5
PT 710 Introduction to Human Movement .....	3
PT 750 Foundations of Physical Therapy Practice .....	2
PT 761 Evidence Based Practice I .....	2
<b>Total Summer I .....</b>	<b>12</b>

#### Term 2

##### Fall I (15 wks)

PT 701 Neuroanatomy .....	4
PT 711 Human Movement I .....	4
PT 720 Advanced Clinical Physiology .....	3
PT 731 Clinical Skills .....	3
PT 741 Medical Pathology in PT I-General .....	2
PT 751 Legal/Cultural Issues in PT .....	2
PT 771 Clin Application Sem & Experiences (CASES) I .....	1
<b>Total Fall I .....</b>	<b>19</b>

#### Term 3

##### Spring I (15 wks)

PT 712 Human Movement II .....	4
PT 732 Therapeutic Interventions .....	3
PT 742 Medical Pathology in PT II-Musculoskeletal .....	2
PT 744 Medical Pathology in PT IV-Neuro .....	3
PT 763 Evidence Based Practice II .....	2
PT 772 Clin Application Sem & Experiences (CASES) II .....	1
PT 777 Clin Application Sem & Experiences (CASES) VII .....	1
PT 781 Musculoskeletal I .....	3
<b>Total Spring I .....</b>	<b>19</b>

### Year 2

#### Term 4

##### Summer II (10 wks)

PT 713 Human Movement III .....	2
PT 747 Pharmacology in Rehabilitation .....	2
PT 773 Clin Application Sem & Experiences (CASES) III .....	1
PT 782 Musculoskeletal II .....	4
<b>Total Summer II .....</b>	<b>9</b>

## DPT Plan of Study (Approved:05/15/2015)

Course ..... Hours

### Term 5

#### Fall II (8 wks clinical; 7 wks didactic)

PT 702 Neuroevaluation .....	1
PT 721 Appl Ex Phy .....	3
PT 754 Healthcare Delivery Systems .....	1
PT 764 Evidence Based Practice III-Capstone .....	1
PT 774 Clin Application Sem & Experiences (CASES) IV .....	1
PT 791 Clinical Internship I .....	4
PT 789 Musculoskeletal III .....	1
<b>Total Fall II .....</b>	<b>12</b>

### Term 6

#### Spring II (15 wks)

PT 704 Neurorehabilitation .....	4
PT 755 Service Learning Practicum .....	1
PT 765 Evidence Based Practice IV-Capstone .....	1
PT 775 Clin Application Sem & Experiences (CASES) V .....	1
PT 783 Cardio-Pulmonary Rehabilitation .....	4
PT 786 Rehab Consideration in Select Patient Populations I .....	3

**Total Spring II .....** 14

### Year 3

### Term 7

#### Summer III (11 wks)

PT 756 Administration in PT .....	3
PT 766 Evidence Based Practice V-Capstone .....	1
PT 776 Clin Application Sem & Experiences (CASES) VI .....	1
PT 784 Integumentary .....	3
PT 787 Rehab Consideration in Select Patient Pops II .....	2
<b>Total Summer III .....</b>	<b>10</b>

### Term 8

#### Fall III (6 wks didactic; 12 wks clinical)

PT 757 Adv. Training/Certifications .....	1
PT 785 Health Promotion and Nutrition .....	2
PT 788 Rehab Consideration in Select Patient Pop III .....	2
PT 792 Clinical Internship II .....	6
<b>Total Fall III .....</b>	<b>11</b>

### Term 9

#### Spring III (16 wks clinical)

PT 767 Evidence Based Practice VI-Capstone .....	1
PT 793 Clinical Internship III .....	8
<b>Total Spring III .....</b>	<b>9</b>

**TOTAL REQUIRED PROGRAM CREDITS .....** 115

#	Sem	Credits	Course Title	Course Description
PT 700	1	5	Gross Anatomy for Physical Therapy	Lecture and laboratory focusing on anatomical structure and function of the human body. Cadaveric dissection provides practical experiences allowing students to develop working images of the body and its function.
PT 710		3	Introduction to Human Movement	Lecture and laboratory introducing students to basic histology of connective, nervous, epithelial and muscle tissue utilized in human movement, palpations skills, goniometry and manual muscle testing.
PT 750		2	Foundations of PT Practice	Introduces students to medical terminology, historical foundations, and contemporary practice of physical therapy, traditional and emerging roles and responsibilities and professional behaviors of the physical therapist and issues of self-awareness and communications.
PT 761		2	Evidence Based Practice I	Decision making, diagnosis, and hypothesis development, utilization of information sources, and principles, concepts, and skills required to critically analyze and conduct clinical research in physical therapy.
PT 701	2	4	Neuroanatomy	Normal and abnormal structure and function of central, peripheral and autonomic systems, neurodevelopment, and neural mechanisms mediating motor control and pain with emphasis on clinical relevance to physical therapy.
PT 711		4	Human Movement I	Biomechanical principles, muscle actions, joint mechanics, joint segments and whole body movement pattern analysis, and mastery of surface anatomy and palpation skills necessary for differential diagnosis of movement dysfunction.
PT 720		3	Advanced Clinical Physiology	Reviews normal human cellular- and organ-level physiology, histology, and function, and introduces related topics of pathophysiology including: clinical signs and symptoms, clinical laboratory science, medical management and pharmacological issues.
PT 731		3	Clinical Skills	Theory and practice of essential physical therapy skills, including clinical decision making, interview, postural and functional assessment, safe patient handling techniques of positioning, bed mobility, transfers, and use of assistive devices.
PT 741		2	Medical Path in PT I	Pathological conditions, and medical and surgical considerations for treatment of genetic, gastrointestinal renal, endocrine and metabolic, immune, hematologic, and infectious disorders in patients treated by physical therapists.
PT 751		2	Legal and Ethical Issues in Physical Therapy	Development of cultural competence, analysis and practice of communications skills including documentation, professionalism, group dynamics and leadership to assume roles of practitioner, instructor, supervisor, and leader.
PT 771		1	Clinical Application Seminar and Experiences I	A seminar course designed to foster application of information and clinical skills learned in concurrent and prior DPT coursework in a small group discussion and pseudo-clinical setting. Focus on clinical interview and basic evaluation skills.
PT 712	3	4	Human Movement II	Reviews maturation of movement systems, lifespan motor skills development, and contemporary theories of motor control and learning to build evidence-based foundations for evaluation and management of movement dysfunction.

PT 732		3	Therapeutic Interventions	This 3 credit hour course introduces students to teaching and learning principles through the application of physical, thermal, and mechanical modalities and therapeutic interventions. Therapeutic interventions include activities to improve joint and muscle functions.
PT 742		2	Medical Path in PT II- Musculoskeletal	Pathological conditions, and medical and surgical considerations for treatment of musculoskeletal disorders in patients treated by physical therapists.
PT 744		1	Medical Path in PT IV- Neuro	Pathological conditions, and medical and surgical considerations for treatment of neuromuscular disorders in patients treated by physical therapists.
PT 763		2	Evidence Based Practice II	Students are guided through the process of a Systematic Literature Review development on a topic selected by the student and his or her Faculty Research Advisor, and learn to apply principles of research to the clinical decision making process and to make recommendations for practice.
PT 772		1	Clinical Application Seminar and Experiences II	Continued application of information and clinical skills learned in concurrent and prior DPT coursework in a small group discussion and pseudo-clinical setting. Focus on general interventions in neuromuscular dysfunction.
PT 777		1	Clinical Application Seminar and Experiences VII	Continued application of information and clinical skills learned in concurrent and prior DPT coursework in a small group discussion and pseudo-clinical setting. Focus on health promotion and chronic disease prevention.
PT 781		3	Musculoskeletal I	The basic principles of orthopedic medicine including an overview of etiology, diagnosis, and surgical management will be covered. Physical Therapy examination, evaluation, diagnosis, and treatment of extremities and spine will be emphasized.
PT 713	4	2	Human Movement III	Practice of standardized clinical tools utilized in assessment of movement dysfunction across various patient populations. Review of statistical data (population specific reliability, validity, sensitivity, specificity, odds ratios) on said tools.
PT 747		2	Pharmacology in Rehab	Examination of the effects of commonly used prescription, over the counter and homeopathic drugs. Focus on method of action, indications, contraindications, side effects and impact on physical therapy patients.
PT 773		1	Clinical Application Seminar and Experiences III	Continued application of information and clinical skills learned in concurrent and prior DPT coursework in a small group discussion and pseudo-clinical setting. Focus on upper and lower extremities.
PT 782		4	Musculoskeletal II	Advanced concepts of musculoskeletal examination, evaluation, diagnosis and treatment of the extremities and spine will be covered. An evidenceinformed/clinical reasoning-based manual therapy approach will be used including mobilization and manipulation.
PT 702	5	1	Neuroevaluation	Comprehensive screening, exam and evaluation of patients with neurological dysfunction with focus on selection and interpretation of examination components in order to discern underlying pathophysiology reflective of neurological dysfunction.
PT 721		3	Appl. Ex Phys	Physiological effects of exercise and training in healthy individuals and individuals with pathological dysfunction.

PT 754		2	Health Care Delivery Systems	Micro and macro principles of healthcare delivery systems, sites, and organizations and pro bono services. Legalities of appropriate documentation for third party payers and federal insurance programs are addressed.
PT 764		1	Evidence Based Practice III-Capstone	Continuation of Evidence Based Practice II where students receive continued guidance in the completion of the faculty led capstone project begun in EBP II. Presentation of capstone required before graduation.
PT 774		1	Clinical Application Seminar and Experiences IV	Continued application of information and clinical skills learned in concurrent and prior DPT coursework in a small group discussion and pseudo-clinical setting. Focus on spinal pathology and neuromuscular dysfunction.
PT 791		4	Clinical Internship I	Supervised clinical education experience emphasizing continued development and reinforcement of clinical skills in clinical settings. Competence is expected in areas of the material presented to date in the curriculum.
PT 789		1	Musculoskeletal III	Advanced diagnosis and management approaches for complex orthopedic and sports PT populations will be covered. Differential diagnosis of upper and lower quarter pathology, along with specialized treatments unique to this population will be emphasized. (PR: All prior PT coursework)
PT 704	6	4	Neurorehabilitation	Theoretical basis and clinical application of neurophysiological approaches to treatment utilizing motor control, sensorimotor development and integration principles, including discussion and practice of current methods of evaluation and intervention.
PT 755		1	Service Learning Practicum	Allows participation in service learning programs developed in Professional Practice III, emphasizing advocacy for the health needs of the region, as well as coordination with community agencies.
PT 765		1	Evidence Based Practice IV-Capstone	Continuation of Evidence Based Practice III where students receive continued guidance in the completion of the faculty led capstone project begun in EBP II. Presentation of capstone required before graduation.
PT 775		1	Clinical Application Seminar and Experiences V	Continued application of information and clinical skills learned in concurrent and prior DPT coursework in a small group discussion and pseudo-clinical setting. Focus on cardiopulmonary and complex neuromuscular dysfunction, and interdisciplinary management of patients.
PT 783		4	Cardio-Pulmonary Rehabilitation	An overview of cardiovascular and pulmonary systems pathologies, medical diagnosis and management and physical therapy diagnosis, examination, assessment and management of related physiological and movement dysfunctions.
PT 786		3	Rehabilitation Consideration in Selected Patient Population I	Principles of evaluation and treatment in the areas of pediatrics and geriatrics. Emphasis placed on biopsychosocial aspects of developmental disabilities, coordination of care and complexities of multi-system and multi-organ disease.
PT 756	7	3	Administration in Physical Therapy	Emphasis on administration of clinical practice in multiple settings. Information about licensure, attainment and retention of employment, professional organization membership, residency and fellowship programs, and specialization.

PT 766		1	Evidence Based Practice V-Capstone	Continuation of Evidence Based Practice IV where students receive continued guidance in the completion of the faculty led capstone project begun in EBP II. Presentation of capstone required before graduation.
PT 776		1	Clinical Application Seminar and Experiences VI	Continued application of information and clinical skills learned in concurrent and prior DPT coursework in a small group discussion and pseudo-clinical setting. Interdisciplinary management of patients with complex concerns.
PT 784		3	Integumentary	Lecture and laboratory practice to facilitate development of skills in physical therapy examination, assessment, and intervention directed toward prevention of integumentary dysfunction, restoration of integumentary health, and maximizing functional independence.
PT 787		2	Rehabilitation Consideration in Selected Patient Population II	Principles of evaluation and management of patients with amputation and/or neuromuscular disorders to maximize functional independence. Focus on prosthetic and orthotic prescription, components, fabrication, fit, and use during functional activities.
PT 757	8	1	Advanced Training/ Certifications	This course allows the student to participate in advanced training and certification courses such as the Chronic Disease Self-Management (CDSM) Leader Training and others that may be offered each year.
PT 785		2	Health Promo and Nutrition	Development and maintenance of healthy lifestyles for patients and clients. Focus on disease prevention, nutritional needs, and the benefits of exercise as well as managing individuals with injury or disease.
PT 788		2	Rehabilitation Consideration in Selected Patient Population III	Principles of physical therapy management of select patient populations including bariatrics, women's health, cancer, and selected progressive and chronic diseases.
PT 792		6	Clinical Internship II	Supervised clinical education experience emphasizing continued development and reinforcement of clinical skills in various clinical settings. Competence is expected in areas of the material presented to date in the curriculum.
PT 767	9	1	Evidence Based Practice VI	Continuation of Evidence Based Practice V where students receive continued guidance in the completion of the faculty led capstone project begun in EBP II culminating with presentation of completed capstone.
PT 793		8	Clinical Internship III	Supervised clinical education experience emphasizing continued development and reinforcement of clinical skills in various clinical settings. Competence is expected in areas of the material presented to date in the curriculum.
PT 798		1-4	Independent Study	Not required for completion of the DPT program plan of study.

# **Appendix C**

- **Sharing of Student Information**
  - **Patient Confidentiality Policy**
- **APTA Guide to Professional Conduct**
  - **APTA Code of Ethics**

**Marshall University School of Physical Therapy**  
**SHARING OF STUDENT INFORMATION WITH CLINICAL SITES**

Students are required to sign an information release waiver upon initial entrance into the Doctor of Physical Therapy Program. This allows Marshall University and its representatives to release information to clinical affiliate(s) for approval to schedule a student clinical experience and to facilitate student learning during each clinical rotation. The information that may be released includes the following:

- Name
- Contact and identification information
- Health information
- OSHA & HIPAA training/certification
- Health Insurance Information
- Emergency contact information
- Vehicle registration information
- Academic and clinical performance and status- need to know basis to determine appropriate clinical experiences

The ability to place a student in selected clinical facilities is not possible without the sharing of this information; therefore, failure to authorize this release of information may result in an inability to successfully complete the clinical education component of the Program. Student should also be aware that clinical facilities will be providing information to Marshall University regarding all aspects of the student's performance while participating in clinical experiences. All information will be kept confidential.

I have read, understand, and agree with the statement.

\_\_\_\_\_  
Student Name (please print clearly)

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

\_\_\_\_\_  
Date



# Family Educational Rights and Privacy Act Authorization to Release Information

Please print:

Student Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Student ID:         Date of Birth:

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. By signing this form, you agree that Marshall University personnel may provide information from your education records as indicated below. You further acknowledge that: (1) You have the right not to consent to the release of your education records; and (2) this consent shall remain in effect until revoked by you, in writing, and delivered to Marshall University, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.

I, the undersigned, authorize Marshall University to release the following educational records and/or any information contained therein:

Please identify specific records, types of records, or indicate "all records":

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Person/ Entity Receiving Records: \_\_\_\_\_

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_,  
COUNTY OF \_\_\_\_\_, to wit:

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_.

My commission expires: \_\_\_\_\_.

**FOR MU use only:**

\_\_\_\_\_  
Notary Public Signature

Received by \_\_\_\_\_ Date \_\_\_\_\_

If request made in person, Photo ID may be used in lieu of Notary.  
A copy of Photo ID must be attached to request.





# MARSHALL UNIVERSITY SCHOOL OF PHYSICAL THERAPY

## PATIENT CONFIDENTIALITY POLICY

Health Insurance Privacy and Portability Act of 1996 (HIPAA) Privacy Rule provided federal protections for personal health information held by covered entities and gives patients an array of right with respect to that information. The Privacy Rule is balanced so that it permits the disclosure of personal health information need for patient care and other important purposes.

Confidentiality of patient information and patient records is a priority in all healthcare settings. While participating in clinical education experiences, student will have access to information that must remain confidential. Patients have the rights to privacy and confidentiality of medical information.

- No patient information may be released (verbally, electronically or in writing) to unauthorized personnel such as friends, family, or other patients.
- Any request by the patient to release medical information must be handled by the appropriate departmental representative. No student will accept responsibility to release patient information.
- Do not discuss patient information in public areas or arenas. See policy on use of Electronic Media in Student Handbook, and in Student Conduct section of this handbook.
- Do not leave medical charts in unrestricted areas of the facility.
- Under no circumstances may samples of documents such as evaluations, progress notes, discharge summaries, or letters to physicians be removed from the premises of the healthcare facility.

I have read, understand, and agree with the above policy.

\_\_\_\_\_  
Student Name (please print clearly)

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

\_\_\_\_\_  
Date



## CODE OF ETHICS

### PREAMBLE

This *Code of Ethics* of the American Physical Therapy Association sets forth principles for the ethical practice of physical therapy. All physical therapists are responsible for maintaining and promoting ethical practice. To this end, the physical therapist shall act in the best interest of the patient/client. This *Code of Ethics* shall be binding on all physical therapists.

### PRINCIPLE 1

A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

### PRINCIPLE 2

A physical therapist shall act in a trustworthy manner towards patients/clients, and in all other aspects of physical therapy practice.

### PRINCIPLE 3

A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

### PRINCIPLE 4

A physical therapist shall exercise sound professional judgment.

### PRINCIPLE 5

A physical therapist shall achieve and maintain professional competence.

### PRINCIPLE 6

A physical therapist shall maintain and promote high standards for physical therapy practice, education, and research.

### PRINCIPLE 7

A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

### PRINCIPLE 8

A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

### PRINCIPLE 9

A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

### PRINCIPLE 10

A physical therapist shall endeavor to address the health needs of society.

### PRINCIPLE 11

A physical therapist shall respect the rights, knowledge, and skills of colleagues and other health care professionals.

## **APTA Guide for Professional Conduct**

### **Purpose**

This *Guide for Professional Conduct* (Guide) is intended to serve physical therapists in interpreting the *Code of Ethics* (Code) of the American Physical Therapy Association (Association), in matters of professional conduct. The Guide provides guidelines by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public. This Guide is subject to monitoring and timely revision by the Ethics and Judicial Committee of the Association.

### **Interpreting Ethical Principles**

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They should not be considered inclusive of all situations that could evolve.

#### **PRINCIPLE 1**

**A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.**

##### **1.1 Attitudes of a Physical Therapist**

- A. A physical therapist shall recognize, respect, and respond to individual and cultural differences with compassion and sensitivity.
- B. A physical therapist shall be guided at all times by concern for the physical, psychological, and socioeconomic welfare of patients/clients.
- C. A physical therapist shall not harass, abuse, or discriminate against others.

#### **PRINCIPLE 2**

**A physical therapist shall act in a trustworthy manner towards patients/clients, and in all other aspects of physical therapy practice.**

##### **2.1 Patient/Physical Therapist Relationship**

- A. A physical therapist shall place the patient/client's interest(s) above those of the physical therapist. Working in the patient/client's best interest requires knowledge of the patient/client's needs from the patient/client's perspective. Patients/clients often come to the physical therapist in a vulnerable state and normally will rely on the physical therapist's advice, which they perceive to be based on superior knowledge, skill, and experience. The trustworthy physical therapist acts to ameliorate the patient's/client's vulnerability, not to exploit it.
- B. A physical therapist shall not exploit any aspect of the physical therapist/patient relationship.
- C. A physical therapist shall not engage in any sexual relationship or activity, whether consensual or nonconsensual, with any patient while a physical therapist/patient relationship exists.

Termination of the physical therapist/patient relationship does not eliminate the possibility that a sexual or intimate relationship may exploit the vulnerability of the former patient/client.

D. A physical therapist shall encourage an open and collaborative dialogue with the patient/client.

E. In the event the physical therapist or patient terminates the physical therapist/patient relationship while the patient continues to need physical therapy services, the physical therapist should take steps to transfer the care of the patient to another provider.

## **2.2 Truthfulness**

A physical therapist has an obligation to provide accurate and truthful information. A physical therapist shall not make statements that he/she knows or should know are false, deceptive, fraudulent, or misleading. See Section 8.2.C and D.

## **2.3 Confidential Information**

A. Information relating to the physical therapist/patient relationship is confidential and may not be communicated to a third party not involved in that patient's care without the prior consent of the patient, subject to applicable law.

B. Information derived from peer review shall be held confidential by the reviewer unless the physical therapist who was reviewed consents to the release of the information.

C. A physical therapist may disclose information to appropriate authorities when it is necessary to protect the welfare of an individual or the community or when required by law. Such disclosure shall be in accordance with applicable law.

## **2.4 Patient Autonomy and Consent**

A. A physical therapist shall respect the patient's/client's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

B. A physical therapist shall communicate to the patient/client the findings of his/her examination, evaluation, diagnosis, and prognosis.

C. A physical therapist shall collaborate with the patient/client to establish the goals of treatment and the plan of care.

D. A physical therapist shall use sound professional judgment in informing the patient/client of any substantial risks of the recommended examination and intervention.

E. A physical therapist shall not restrict patients' freedom to select their provider of physical therapy.

## **PRINCIPLE 3**

**A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.**

### **3.1 Professional Practice**

A physical therapist shall comply with laws governing the qualifications, functions, and duties of a physical therapist.

### **3.2 Just Laws and Regulations**

A physical therapist shall advocate the adoption of laws, regulations, and policies by providers, employers, third party payers, legislatures, and regulatory agencies to provide and improve access to necessary health care services for all individuals.

### **3.3 Unjust Laws and Regulations**

A physical therapist shall endeavor to change unjust laws, regulations, and policies that govern the practice of physical therapy. See Section 10.2.

## **PRINCIPLE 4**

**A physical therapist shall exercise sound professional judgment.**

### **4.1 Professional Responsibility**

A. A physical therapist shall make professional judgments that are in the patient/client's best interests.

B. Regardless of practice setting, a physical therapist has primary responsibility for the physical therapy care of a patient and shall make independent judgments regarding that care consistent with accepted professional standards. See Sections 2.4 and 6.1.

C. A physical therapist shall not provide physical therapy services to a patient/client while his/her ability to do so safely is impaired.

D. A physical therapist shall exercise sound professional judgment based upon his/her knowledge, skill, education, training, and experience.

E. Upon accepting a patient/client for physical therapy services, a physical therapist shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. See Section 2.4.

F. If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise, the physical therapist shall so inform the patient/client and refer to an appropriate practitioner.

G. When the patient has been referred from another practitioner, the physical therapist shall communicate pertinent findings and/or information to the referring practitioner.

H. A physical therapist shall determine when a patient/client will no longer benefit from physical therapy services. See Section 7.1.D.

### **4.2 Direction and Supervision**

A. The supervising physical therapist has primary responsibility for the physical therapy care rendered to a patient/client.

B. A physical therapist shall not delegate to a less qualified person any activity that requires the professional skill, knowledge, and judgment of the physical therapist.

### **4.3 Practice Arrangements**

A. Participation in a business, partnership, corporation, or other entity does not exempt physical therapists, whether employers, partners, or stockholders, either individually or collectively, from

the obligation to promote, maintain or comply with the ethical principles of the Association.

B. A physical therapist shall advise his/her employer(s) of any employer practice that causes a physical therapist to be in conflict with the ethical principles of the Association. A physical therapist shall seek to eliminate aspects of his/her employment that are in conflict with the ethical principles of the Association.

#### **4.4 Gifts and Other Consideration(s)**

A. A physical therapist shall not invite, accept, or offer gifts, monetary incentives, or other considerations that affect or give an appearance of affecting his/her professional judgment.

B. A physical therapist shall not offer or accept kickbacks in exchange for patient referrals. See Sections 7.1.F and G and 9.1.D.

### **PRINCIPLE 5**

**A physical therapist shall achieve and maintain professional competence.**

#### **5.1 Scope of Competence**

A physical therapist shall practice within the scope of his/her competence and commensurate with his/her level of education, training and experience.

#### **5.2 Self-assessment**

A physical therapist has a lifelong professional responsibility for maintaining competence through on-going self-assessment, education, and enhancement of knowledge and skills.

#### **5.3 Professional Development**

A physical therapist shall participate in educational activities that enhance his/her basic knowledge and skills. See Section 6.1.

### **PRINCIPLE 6**

**A physical therapist shall maintain and promote high standards for physical therapy practice, education and research.**

#### **6.1 Professional Standards**

A physical therapist's practice shall be consistent with accepted professional standards. A physical therapist shall continuously engage in assessment activities to determine compliance with these standards.

#### **6.2 Practice**

A. A physical therapist shall achieve and maintain professional competence. See Section 5.

B. A physical therapist shall demonstrate his/her commitment to quality improvement by engaging in peer and utilization review and other self-assessment activities.

#### **6.3 Professional Education**

A. A physical therapist shall support high-quality education in academic and clinical settings.

B. A physical therapist participating in the educational process is responsible to the students, the academic institutions, and the clinical settings for promoting ethical conduct. A physical therapist shall model ethical behavior and provide the student with information about the Code of Ethics,

opportunities to discuss ethical conflicts, and procedures for reporting unresolved ethical conflicts. See Section 9.

#### **6.4 Continuing Education**

- A. A physical therapist providing continuing education must be competent in the content area.
- B. When a physical therapist provides continuing education, he/she shall ensure that course content, objectives, faculty credentials, and responsibilities of the instructional staff are accurately stated in the promotional and instructional course materials.
- C. A physical therapist shall evaluate the efficacy and effectiveness of information and techniques presented in continuing education programs before integrating them into his or her practice.

#### **6.5 Research**

- A. A physical therapist participating in research shall abide by ethical standards governing protection of human subjects and dissemination of results.
- B. A physical therapist shall support research activities that contribute knowledge for improved patient care.
- C. A physical therapist shall report to appropriate authorities any acts in the conduct or presentation of research that appear unethical or illegal. See Section 9.

### **PRINCIPLE 7 A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.**

#### **7.1 Business and Employment Practices**

- A. A physical therapist's business/employment practices shall be consistent with the ethical principles of the Association.
- B. A physical therapist shall never place her/his own financial interest above the welfare of individuals under his/her care.
- C. A physical therapist shall recognize that third-party payer contracts may limit, in one form or another, the provision of physical therapy services. Third-party limitations do not absolve the physical therapist from making sound professional judgments that are in the patient's best interest. A physical therapist shall avoid underutilization of physical therapy services.
- D. When a physical therapist's judgment is that a patient will receive negligible benefit from physical therapy services, the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his/her employer. A physical therapist shall avoid overutilization of physical therapy services. See Section 4.1.H.
- E. Fees for physical therapy services should be reasonable for the service performed, considering the setting in which it is provided, practice costs in the geographic area, judgment of other organizations, and other relevant factors.
- F. A physical therapist shall not directly or indirectly request, receive, or participate in the dividing, transferring, assigning, or rebating of an unearned fee. See Sections 4.4.A and B.
- G. A physical therapist shall not profit by means of a credit or other valuable consideration, such as an unearned commission, discount, or gratuity, in connection with the furnishing of physical

therapy services. See Sections 4.4.A and B.

H. Unless laws impose restrictions to the contrary, physical therapists who provide physical therapy services within a business entity may pool fees and monies received. Physical therapists may divide or apportion these fees and monies in accordance with the business agreement.

I. A physical therapist may enter into agreements with organizations to provide physical therapy services if such agreements do not violate the ethical principles of the Association or applicable laws.

## **7.2 Endorsement of Products or Services**

A. A physical therapist shall not exert influence on individuals under his/her care or their families to use products or services based on the direct or indirect financial interest of the physical therapist in such products or services. Realizing that these individuals will normally rely on the physical therapist's advice, their best interest must always be maintained, as must their right of free choice relating to the use of any product or service. Although it cannot be considered unethical for physical therapists to own or have a financial interest in the production, sale, or distribution of products/services, they must act in accordance with law and make full disclosure of their interest whenever individuals under their care use such products/services.

B. A physical therapist may receive remuneration for endorsement or advertisement of products or services to the public, physical therapists, or other health professionals provided he/she discloses any financial interest in the production, sale, or distribution of said products or services.

C. When endorsing or advertising products or services, a physical therapist shall use sound professional judgment and shall not give the appearance of Association endorsement unless the Association has formally endorsed the products or services.

## **7.3 Disclosure**

A physical therapist shall disclose to the patient if the referring practitioner derives compensation from the provision of physical therapy.

**PRINCIPLE 8 A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.**

### **8.1 Accurate and Relevant Information to the Patient**

A. A physical therapist shall provide the patient/client accurate and relevant information about his/her condition and plan of care. See Section 2.4.

B. Upon the request of the patient, the physical therapist shall provide, or make available, the medical record to the patient or a patient-designated third party.

C. A physical therapist shall inform patients of any known financial limitations that may affect their care.

D. A physical therapist shall inform the patient when, in his/her judgment, the patient will receive negligible benefit from further care. See Section 7.1.C.

### **8.2 Accurate and Relevant Information to the Public**

A. A physical therapist shall inform the public about the societal benefits of the profession and who is qualified to provide physical therapy services.



B. Information given to the public shall emphasize that individual problems cannot be treated without individualized examination and plans/programs of care.

C. A physical therapist may advertise his/her services to the public. See Section 2.2.

D. A physical therapist shall not use, or participate in the use of, any form of communication containing a false, plagiarized, fraudulent, deceptive, unfair, or sensational statement or claim. See Section 2.2.

E. A physical therapist who places a paid advertisement shall identify it as such unless it is apparent from the context that it is a paid advertisement.

**PRINCIPLE 9 A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.**

**9.1 Consumer Protection**

A. A physical therapist shall provide care that is within the scope of practice as defined by the state practice act.

B. A physical therapist shall not engage in any conduct that is unethical, incompetent or illegal.

C. A physical therapist shall report any conduct that appears to be unethical, incompetent, or illegal.

D. A physical therapist may not participate in any arrangements in which patients are exploited due to the referring sources' enhancing their personal incomes as a result of referring for, prescribing, or recommending physical therapy. See Sections 2.1.B, 4, and 7.

**PRINCIPLE 10 A physical therapist shall endeavor to address the health needs of society.**

**10.1 Pro Bono Service**

A physical therapist shall render pro bono publico (reduced or no fee) services to patients lacking the ability to pay for services, as each physical therapist's practice permits.

**10.2 Individual and Community Health**

A. A physical therapist shall be aware of the patient's health-related needs and act in a manner that facilitates meeting those needs.

B. A physical therapist shall endeavor to support activities that benefit the health status of the community. See Section 3.

**PRINCIPLE 11 A physical therapist shall respect the rights, knowledge, and skills of colleagues and other healthcare professionals.**

**11.1 Consultation**

A physical therapist shall seek consultation whenever the welfare of the patient will be safeguarded or advanced by consulting those who have special skills, knowledge, and experience.

**11.2 Patient/Provider Relationships**

A physical therapist shall not undermine the relationship(s) between his/her patient and other healthcare professionals.

### **11.3 Disparagement**

Physical therapists shall not disparage colleagues and other health care professionals. See Section 9 and Section 2.4.A.

Issued by Ethics and Judicial Committee American Physical Therapy Association, October 1981, Last Amended January 2004

# **Appendix D**

- **Optional New Affiliation Request Form**
  - **Student Information Form**



## OPTIONAL NEW AFFILIATION REQUEST FORM

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

Email: \_\_\_\_\_, Best Phone: \_\_\_\_\_

**Facility Request: This form is OPTIONAL.**

**First you must** choose from the list of available spots on All of E solutions and Rank the top 7 spots you are willing to attend if placed.

*NOTE: If you are placed in one of these 7, you understand this is your assigned internship, and a new location will **only** be substituted if you get one of the two requested below.*

*After ranking your top seven, if you would like us to research an additional spot not on the list, please indicate up to 2 exact facilities you would like us to investigate.*

*HOWEVER, If you are accepted at one of these NEW locations, (or more) you will be assigned to the first one to reply, which may or may not be the highest ranking one. And your old spot will be released. The DCE will track these for use in the event of a site revoking availability.*

By submitting this form, you indicate your understanding and agreement to this procedure. \_\_\_\_\_ initial.

Facility Name	Type (Rehab/Acute/OP)	Specific Address (specific street and city)	Email address or phone to PT department
<b>1</b>			
<b>2</b>			

All students must experience each of the three settings before graduation:

- Inpatient neuro rehab: (inpatient/rehab/snf/snu/rehab)
- Outpatient
- Acute care

You can choose your spots in which ever order you would like, be aware some allow you to split settings within, (I.E. part time Outpatient/ and part time Acute) Check the notes section for availability on the All of E website.

Please return form to Tina Powell at [runyon6@marshall.edu](mailto:runyon6@marshall.edu) by May 1, 2016



Marshall University  
Doctorate of Physical Therapy Program  
Student Information Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Current Address/Phone: \_\_\_\_\_ Permanent Address/Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Classification:

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

Gender: M F

Emergency Contact (Name, address, phone): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe any medical problems/conditions (past or present) which may affect your clinical performance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Carrier and policy date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Undergraduate School (location and degree):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Clinical Affiliations (location and description of experiences gained):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Clinical Interests and Future Goals:**

---

---

---

**Briefly describe your outside interests:**

---

---

---

**Briefly describe any relevant work experience (location, job title, and responsibilities):**

---

---

---

**Learning Style Preferences:**

Check the response that is most appropriate regarding your learning style:

When involved in a social situation, I am:

- Reserved  
 Outgoing

During the clinical internship I would prefer:

- Daily meetings to discuss my progress  
 Weekly meetings to discuss my progress  
 A meeting at midterm and final  
 No formal meetings

If I perform a task incorrectly I would like:

- Receive feedback immediately  
 Receive feedback at a later point in the day (not in the presence of the patient)  
 Receive feedback during a scheduled weekly meeting only  
 Not receive any feedback at all and learn on my own by trial and error

During any down time (free time) I would prefer to:

- Observe other PTs' treatments  
 Observe other disciplines' treatments (OT, ST, Resp. T, Rec. T, etc.)  
 Observe medical procedures/surgeries  
 Work on gathering information for and planning a professional in-service  
 Be given assignments for performing literature reviews or research on a certain topic

I would prefer to:

\_\_\_ Be told how tasks are expected to be performed

\_\_\_ Be given choices of how I could perform tasks that are expected of me

\_\_\_ Be allowed to perform the tasks that are expected of me how I would like to

**Specific Experience:**

Describe your level of experience with all the following listed diagnoses. After each diagnosis, list whether you have Observed (O), Evaluated (E), and/or Treated (T) patients with that particular diagnosis. Include whether or not you Need Experience (NE) treating patients with that diagnosis.

1. Pediatric (acute/chronic)
2. Geriatrics:
3. Orthopedics
  - a. Total joint replacement:
  - b. soft tissue
  - c. LE Injuries/Surgeries
  - d. UE injuries/surgeries:
  - e. Spinal dysfunction:
4. LE Amputee
5. UE Amputee
6. Wound Care
7. Burns
8. Diabetic foot wounds
9. Stroke:
- 10 Spinal cord injury:
11. Traumatic brain injury:
12. Neuromuscular disease
13. Cardiac conditions:
14. Respiratory disease:
15. Psychiatric conditions:
16. Chronic pain
17. Osteoarthritis
18. Rheumatoid arthritis

# **Appendix E**

- **Weekly Summary/ Planning Form**
  - **Anecdotal Form**
  - **Critical Incident Form**
- **Site Visit or Phone Conference Form**
  - **Clinical Performance Instrument**
  - **PT Student Evaluation Form**



## **SAMPLE WEEKLY SUMMARY/PLANNING FORM**

[American Physical Therapy Association (2000). Physical Therapy Clinical Instructor Educator Credentialing Manual. APTA: Alexandria, VA.]

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

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

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

Week #: \_\_\_\_\_ / \_\_\_\_\_

Summary of Previous Week:

(Progress, Feedback)

Student Remarks:

Clinical Instructor Remarks:

Goals for Upcoming Week:

1.

2.

3.

4.

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

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

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

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

## **SAMPLE ANECDOTAL RECORD**

[American Physical Therapy Association (2000). Physical Therapy Clinical Instructor Educator Credentialing Manual. APTA: Alexandria, VA.]

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

Evaluator / Observer: \_\_\_\_\_

Setting: (place, persons involved, atmosphere, etc.)

Student Action or Behavior:

Evaluator Interpretation:

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CI's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Comments:

## **SAMPLE CRITICAL INCIDENT REPORT**

[American Physical Therapy Association (2000). Physical Therapy Clinical Instructor Educator Credentialing Manual. APTA: Alexandria, VA.]

Directions: Record each entry clearly and concisely without reflecting any biases.			
<b>Student's Name:</b>			
<b>Evaluator/Observer:</b>			
Date (time)	Antecedents	Behaviors	Consequences
Student's Initials: Evaluator Initials:			
Student's Initials: Evaluator Initials:			
Student's Initials: Evaluator Initials:			
<b>Student's signature:</b>			
<b>Evaluator's signature:</b>			



**Clinical Education Visit or Phone Conference**

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

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

Clinical Instructor(s): \_\_\_\_\_

1. Type of visit:  Site  Phone  Other:

2. Clinical Rotation:  
 Clinical Experience  Clinical Internship I  
 Clinical Internship II  Clinical Internship III

3. Week of clinical rotation:  
 Week 1  Week 2  Week 3  Week 4  Week 5  
 Week 6  Week 7  Week 8  Week 9  Week 10

4. Topics discussed with student:  
 Objectives  Rapport with clinical instructor  
 Clinical instructor's teaching methods  
 Level of supervision  Caseload  
 Comments: \_\_\_\_\_

5. Topics discussed with clinical instructor(s):  
 Student's strengths \_\_\_\_\_  
 Student's weaknesses \_\_\_\_\_  
 Areas for improvement and plan \_\_\_\_\_  
 \_\_\_\_\_  
 Caseload: diagnoses \_\_\_\_\_  
 Learning opportunities (clinics, rounds, staffing, surgeries, etc.)  
 Inservice \_\_\_\_\_  
 Clinical Performance Instrument (CPI)  completed  not completed  
 Will the student meet the course objectives?  yes  no  
 Facility/clinic expectations and/or requirements  
 Comments: \_\_\_\_\_

6. Educated clinical instructor(s) and/or CCCE on the following topics:  
 Course syllabus/objectives  Curriculum  
 Clinical Performance Instrument  Student expectations  
 Clinical education  CI credentialing course

**Student Signature** \_\_\_\_\_ **CI Signature** \_\_\_\_\_

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

# PHYSICAL THERAPIST CLINICAL PERFORMANCE INSTRUMENT

Please see the CPI WEB found online at <https://cpi2.amsapps.com/>

All CPI Web learning and training documents found online here:  
<http://www.academicsoftwareplus.com/Products/ClinicEval/ClinicalAssessmentSuiteDocuments>

## Clinical Assessment Suite Documents

Welcome to the new Liaison International Clinical Assessment Suite Training Center where Physical Therapist and Physical Therapist Assistant programs can find information on how to use CPI Web and CSIF Web.

### APTA Learning Center CPI Training Documents:

[APTA PT Quick Click Guide](#)

### CPI Web Student/CI Instructions:

[PT CPI Web CI Instructions](#) (updated 01/21/14)

[PT CPI Web Student Instructions](#) (updated 01/21/14)

### Clinical Site Information Forms and Instructions:

#### CSIF Web Information for CCCEs:

[CSIF Web Quick Start Guide for CCCEs](#) (updated 01/16/15)

[CSIF Web Hint Sheet](#) (updated 3/14/12)

#### CSIF Web Information for Students:

[Student Completion of the CSIF Quick Start Guide](#) (updated 01/21/14) [Student Completion of the CSIF Hint Sheet for Students](#) (updated 3/12/13) [Student Quick Start Guide on How to Access CSIF Web Data](#) (updated 01/21/14)

### Clinical Site Evaluation form:

<http://www.apta.org/search.aspx?q=clinical site evaluation>

**Appendix F**  
**New Affiliation Request Form**  
**Contract Agreement**  
**Placement Request Form**

**MARSHALL UNIVERSITY  
COLLEGE OF HEALTH PROFESSIONS  
SCHOOL OF PHYSICAL THERAPY**

**NEW AFFILIATION Review FORM**

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

Name and Address of Facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone and fax number:

\_\_\_\_\_

Name of Clinical Coordinator:

\_\_\_\_\_

Clinical Coordinator's phone number and email address:

\_\_\_\_\_

Does the facility have a student program? Yes \_\_\_\_\_ No \_\_\_\_\_

How many employees are Physical Therapists? \_\_\_\_\_

Physical Therapists Assistants? \_\_\_\_\_

Aides? \_\_\_\_\_

What type of physical therapy services does this facility offer? Acute, Cardiopulmonary, Rehab, Outpatient, Pediatric, Industrial Rehab, Home Care, Skilled-Nursing, etc.

\_\_\_\_\_  
\_\_\_\_\_

Does this facility take first time affiliating students? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this facility have interest in taking more than one student? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this facility offer free housing? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of student making inquiry (if applicable), clinical rotation, and type of affiliation:

\_\_\_\_\_

**MARSHALL UNIVERSITY  
COLLEGE OF HEALTH PROFESSIONS  
SCHOOL OF PHYSICAL THERAPY**

**AGREEMENT FOR CLINICAL EDUCATION**

THIS AGREEMENT, effective \_ \_\_\_\_ between \_\_\_\_\_ (hereafter known as the facility), and the School of Physical Therapy (SOPT), on behalf of the Marshall University College of Health Professions (MUCOHP) for the purpose of establishing a clinical education program.

**MUTUAL BENEFIT**

IT IS AGREED to be of mutual benefit and advantage that MUCOHP School of Physical Therapy and the FACILITY establish a Clinical Education Program to provide clinical instruction and experience to students enrolled in the MUCOHP.

The following provisions shall govern this agreement:

**ACADEMIC PREPARATION, ASSIGNMENT, SUPERVISION, RULES**

MUCOHP agrees that the students shall have completed academics appropriate to the level of clinical training prior to assignment to the clinical experience. The clinical coordinator/course instructor for the School shall make assignment of its students with mutual agreement of and advance notice to the FACILITY. When at the FACILITY the students shall observe and act in accordance with the policies and procedures set forth by the FACILITY.

**EVALUATION, WITHDRAWAL**

FACILITY shall evaluate the performance of each student subject to final evaluation by the MUCOHP SOPT. In addition, the FACILITY may request that the SOPT withdraw any student whose appearance, conduct, or work with patients or personnel is not in accordance with facility's policies or other acceptable standards of performance and such request shall be granted by the SOPT. Final action of student's evaluation and/or withdrawal is the responsibility of the SOPT.

**LIABILITY**

MUCOHP agrees to provide and maintain professional and general liability insurance through the West Virginia State Board of Risk and Management for all faculty and students participating in any clinical program on behalf of MUCOHP. The amount of coverage provided by the State Board of Risk and Insurance Management is One Million Dollars (\$1,000,000) per occurrence. (See attached proof of insurance.)

**HIPAA REQUIREMENTS**

To the extent required by federal law, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. 1320(d)-2 through 42 U.S.C. § 1320(d)-4 (HIPAA) and any current and future regulations promulgated there under including without limitation the federal privacy regulations contained in 45 C.F.R. § 160-164 (the Federal Privacy Regulations), the federal security standards contained in 45 C.F.R. § 142 (the Federal Security Regulations), and the federal standard of electronic transactions contained in 45 C.F.R §§ 160 and 162, all collectively referred to herein as HIPAA Requirements. The parties agree not to use or further disclose any Protected Health Information (as defined in 45 C.F.R §§ 164.500, et.seq.) or Individually Identifiable Health Information (as defined in 42 U.S.C. § 1320(d)-2 through § 1320(d)-4, other than as permitted by HIPAA Requirements and the terms of this Agreement. Each party will make its internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.



**NONDISCRIMINATION**

Parties agree not to discriminate under this agreement and to render services without regard to race, color, religion, sex, national origin, veterans' status, political affiliation, disabilities, or sexual orientation in accordance with all state and federal law.

**ENTIRE AGREEMENT, REVISIONS, ADDITIONS, EXTENSIONS**

This agreement is strictly an agreement for student clinical education. It does not create an employment relationship. This agreement together with provisions (a,b,c,d) below, constitute the entire agreement between parties and supersedes all previous agreements.

- a) This agreement shall be automatically renewed on an annual basis unless terminated by either party.
- b) This agreement may be terminated by either party with sixty (60) days prior written notice. Any student currently in clinical training at the time of notice should be permitted to complete the program.
- c) Revisions may be recommended by either party which becomes effective upon written approval of both parties.
- d) More specific agreements with individual programs may be entered into as needed.

**IN WITNESS WHEREOF**, the parties have caused this Agreement to be executed by their duly authorized representatives intending to be legally bound as of the effective date defined above.

**Marshall University**  
**College of Health Professions**  
**School of Physical Therapy**  
**2847 5<sup>th</sup> Avenue**  
**Huntington, WV 25702**  
**Tel: 304-696-5611**

**Marshall University**  
**College of Health Professions**  
**Dean, College of Health Professions**  
**One John Marshall Drive**  
**Huntington, WV 25755**  
**Tel: 304 696-3765**

By: \_\_\_\_\_  
**Penny G. Kroll, PT, PhD**  
**Chair and Professor**

By: \_\_\_\_\_  
**Dr. Michael Prewitt**  
**Dean, College of Health Professions**

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

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

**FACILITY:**

-----  
 -----  
 -----

**BY:**

\_\_\_\_\_  
**Printed Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

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

**AGREEMENT FOR CLINICAL EDUCATION**

**Physical Therapy Contract Addendum**

The Student and Physical Therapy program is responsible for providing the following as **may** be required by the FACILITY:

- I. Updated health immunization records including annual PPD, Proof of MMR; Hepatitis B Vaccine (or signed waiver); Negative TB/PPD skin test or Negative Chest X-ray;
- II. A physical and/or drug screen if required by the clinical site. (Students are responsible for any costs incurred with the screen).
- III. A Criminal Background Check if required by the clinical site. (Students are responsible for any costs incurred with this check).
- IV. A copy of Professional Liability and Health Insurance; (except that FACILITY shall provide emergency care at the student's expense)
- V. A copy of CPR certification.
- VI. Successful completion of modules on the Code of Conduct, HIPAA Privacy, and HIPAA Security.
- VII. Demonstrated competency on OSHA guidelines for blood-borne pathogens and infection control.

**IN WITNESS WHEREOF**, the parties have caused this Agreement to be executed by their duly authorized representatives intending to be legally bound as of the effective date defined above.

**Marshall University  
College of Health Professions  
School of Physical Therapy  
2847 5<sup>th</sup> Avenue  
Huntington, WV 25702**

**Facility:**  
-----  
-----  
-----

**Tel: 304-696-5611**

**Tel: -----**

**By: \_\_\_\_\_  
DCE or Chair**

**By: \_\_\_\_\_  
CCCE or FACILITY DIRECTOR**

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

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



## Clinical Education Commitment Form 2015-2016

### FAX OR EMAIL TO:

Tamara N. Gravano, PT, DPT, GCS  
 Director of Clinical Education  
 Gravano@Marshall.edu  
 304-696-5616 (office) 304-523-7736 (fax)

Corrections (if necessary):

---



---



---

**Please fill in your facility's name above.** In the spaces below, **please indicate the number of students** you can accommodate for each clinical rotation and type of setting (acute, outpatient, Inpatient rehab, and any details regarding patient population trends: Neuro, ortho, pediatrics, etc.). Please return the form at your earliest convenience. Thank you! I will respond regarding the number of students matched to your site. *\*\*If you unable to take any student(s) for a particular rotation(s), please enter "0" in the adjacent spaces.* I welcome both the 1:2 and 2:1 clinical education models.

Clinical Internship Dates	Number of Students (0,1,2..)	Type of setting (Acute, SNF, Rehab, OP)
<b>PT 793 01/04/16 to 4/15/16 15wks</b> <i>Final internship, graduation May 2016</i>  This internship may be split between settings if available (IP/OP/ACUTE/HH, etc...) email me to learn more		
<b>PT 791 8/08/16 to 9/30/16 8wks</b>  This internship is after 4 semesters of coursework, including all evaluation skills, and peripheral Musculoskeletal course)		
<b>PT 792 10/03/16 to 12/23/16 12wks</b> <i>Second affiliation, All classroom courses completed</i>  This internship may be split between settings if available (IP/OP/ACUTE/HH, etc...) email me to learn more		

Thank you for your support of our DPT students! If you have any questions, please email me at [Gravano@marshall.edu](mailto:Gravano@marshall.edu)

# **Appendix G**

## **Quality Improvement Process and Tracking Form**

## Quality Improvement and Tracking Form

This portion of the *Quality Improvement Process and Tracking Form* is to be utilized anytime a problem or other opportunity for improvement is identified within the School of Physical Therapy. Once initiated this form will serve as a record and tool for ensuring that identified problems or opportunities are addressed by the proper entities in a timely and efficient manner. These forms are available on the MARSHALL UNIVERSITY network, on the Dept. of Physical Therapy webpage or paper copies are available from the PT office staff. After completing this document, please deposit the form in the drop box labeled "Quality Improvement Suggestions" near the PT Main Office.

### ***Problem/Opportunity Identification***

**Problem/Opportunity identified by (optional):** \_\_\_\_\_

• **Date Identified:** \_\_\_/\_\_\_/\_\_\_

• **Description of problem / concern identified:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ***Please Describe YOUR Suggested Quality Improvement Plan of Action***

• **Problem/Opportunity should be discussed/addressed by:** \_\_\_\_\_

• **Perceived Priority:** High       Medium       Low

• **Suggested resolution of problem / concern:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **Suggested Time Frame of Implementation:**

High – Implement ASAP

Medium – Implement Prior to Next Academic Semester

Low- Implement as Time Allows

Other – (please describe) \_\_\_\_\_

**Form completed by (optional):** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

# **Appendix H**

## **Technical Standards**

## TECHNICAL STANDARDS

### PERFORMANCE REQUIREMENTS FOR DPT STUDENTS

The information below delineates the cognitive, affective and psychomotor skills deemed essential to completion of the Physical Therapy degree programs at Marshall University and to perform as a competent generalist physical therapist.

If a student cannot demonstrate the following skills and abilities, it is the responsibility of the student to request an appropriate accommodation. The University will provide reasonable accommodations as long as it does not fundamentally alter the nature of the program offered and does not impose an undue hardship such as those that cause significant expense, difficulty or are unduly disruptive to the educational process.

#### **Cognitive Skills**

The student must demonstrate the following abilities:

1. Receive, interpret, remember, reproduce and use information in the cognitive, psychomotor, and affective domains of learning to solve problems and generate new ways of processing or categorizing information as listed in course objectives.
2. Perform a physical therapy examination including analysis of physiologic, biomechanical, behavioral, cultural and environmental factors in a timely manner, consistent with the norms of clinical settings.
3. Use examination findings to execute a plan of care in a timely manner, appropriate to the problems identified consistent with the acceptable norms of clinical settings.

#### **Psychomotor Skills**

The student must demonstrate the following abilities:

1. Locomotion:
  - a. Get to lecture, laboratory and clinical locations, and move within rooms as necessary to change groups, partners and workstations.
  - b. Physically maneuver in required clinical settings to accomplish assigned tasks.
2. Manual skills:
  - a. Maneuver another person's body parts to perform examination and treatment techniques effectively.
  - b. Manipulate common tools used for screening and examination tests, e.g., sphygmomanometer, goniometer, cotton balls, safety pins, reflex hammer.
  - c. Safely and effectively guide, facilitate, inhibit and resist movement and motor patterns through physical facilitation and inhibition techniques, including the ability to give urgent verbal feedback.
  - d. Safely manipulate another person's body in transfers, gait, positioning, exercise and mobilization techniques.
  - e. Manipulate examination and intervention equipment and safely and accurately apply to patients.
  - f. Manipulate bolsters, pillows, plinths, mats, gait assistive devices, and other supports or chairs to aid in positioning, moving or treating a patient safely and effectively.
  - g. Competently perform and supervise cardiopulmonary resuscitation (CPR) using guidelines issued by the American Heart Association or the American Red Cross.
3. Fine motor skills:

- a. Legibly record/document examinations, patient care notes, referrals, etc. in standard medical charts in clinical settings in a timely manner and consistent with the acceptable norms of the clinical setting.
  - b. Legibly record thoughts for written assignments and tests.
  - c. Sense changes in an individual's muscle tone, skin quality, joint play, kinesthesia and temperature to gather accurate objective information in a timely manner and sense that individual's response to environmental changes and treatment.
  - d. Safely apply and adjust therapeutic modalities.
  - e. Use a telephone.
4. Visual acuity to:
- a. Receive visual information from classmates, faculty and patients regarding movement, posture, body mechanics and gait necessary for comparison to normal standards for purposes of examination and evaluation of movement dysfunctions.
  - b. Receive visual information from the treatment environment, including but not limited to dials on modalities and monitors, assistive devices, furniture, flooring and structures.
5. Communication:
- a. Effectively communicate to other students, faculty, patients, peers, staff and personnel to ask questions, explain conditions and procedures, teach home programs, and for safety in a timely manner and within the acceptable norms of academic and clinical settings.
  - b. Receive and interpret written communication in both academic and clinical settings in a timely manner.
  - c. Receive and send verbal communication in life threatening situations in a timely manner and within acceptable norms of clinical settings.

### **Affective Skills**

The student must be able to:

- 1. Demonstrate appropriate affective behaviors and mental attitudes in order not to jeopardize the emotional, physical, mental and behavioral safety of clients and other individuals with whom they interact in the academic and clinical settings.
- 2. Comply with the ethical standards of the American Physical Therapy Association.
- 3. Sustain the mental and emotional rigors of a demanding educational program in physical therapy, which includes academic and clinical components that occur within set time constraints.
- 4. Acknowledge and respect individual values and opinions in order to foster harmonious working relationships with colleagues, peers and patients.

*Reviewed and adopted by the School of Physical Therapy April 2012.*



**Verification of Receipt of Clinical Education Handbook**

I, \_\_\_\_\_ have received a copy of MARSHALL UNIVERSITY College Of Health Professions School of Physical Therapy Clinical Education Handbook and have had an opportunity to ask questions or voice concerns.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Program Chair, DCE, or Designee Date

\*Note: The policies and procedures are reviewed at least Biannually by the Advisory Committee. Interim changes are made by the Chair when needed. Please make any comments below as to how well these policies and procedures meet the needs of the faculty and/or staff of the program.

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

Please sign and return this along with pages 79-81:

- FERPA Release form
- Sharing of Student Information
- Patient Confidentiality Policy